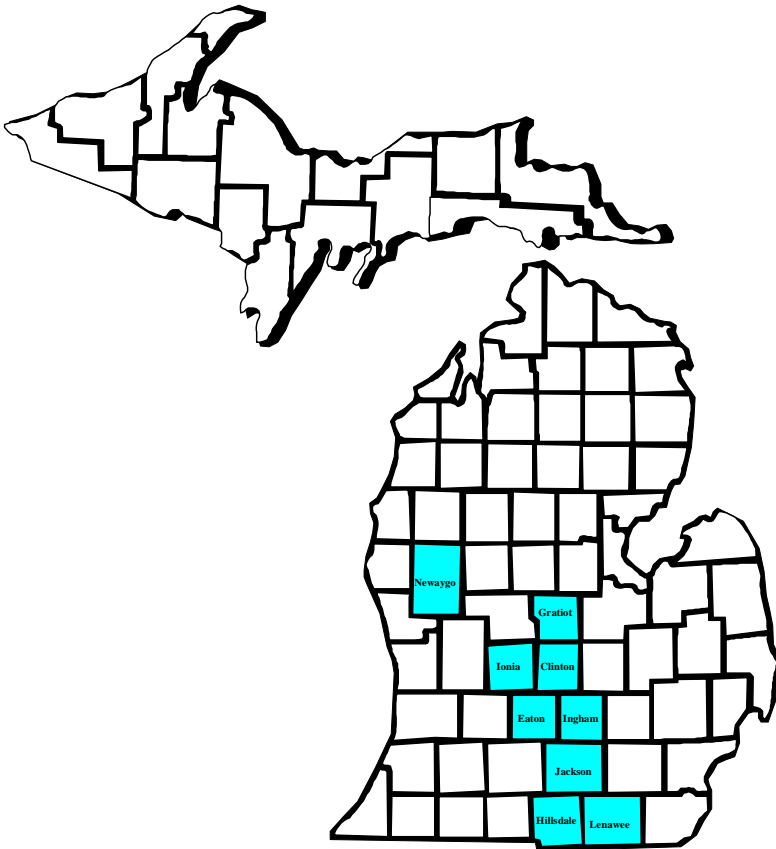




Fiscal Year
2009/2010

ANNUAL REPORT



Mid-South Substance Abuse Commission - 2010

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Robert Showers

EATON COUNTY

Joseph Brehler (Vice-Chairperson)

Dale Barr

GRATIOT COUNTY

Patricia Gillis

HILLSDALE COUNTY

Brad Densmore

INGHAM COUNTY

Shirley Carter

Deborah Smith (Part Year)

Dale Copedge

Debbie DeLeon

Jean Golden (Part Year)

D. Craig Finger (Part Year)

Rico Neal (Part Year)

IONIA COUNTY

Lynn Mason (Treasurer)

Lisa McCafferty (Alternate)

JACKSON COUNTY

Earl Poleski (Chairperson)

Cliff Herl

Pam DeVaney-Bozinoff

LENAWEE COUNTY

Ralph Tillotson

James Van Doren

NEWAYGO COUNTY

Stan Nieboer (Secretary)

Mission Statement

The Mid-South Substance Abuse Commission's purpose is to develop and administer a comprehensive plan to obtain and provide resources that prevent and reduce the misuse and abuse of alcohol and other drugs.

It is our goal to assure the availability of comprehensive, quality services in the areas of prevention, intervention, assessment, and treatment in the Mid-South service area.

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March 28, 2011

Dear Friends and Colleagues:

We are pleased to share our Annual Report for Fiscal Year 2009/10. Every year we present quantifiable information about services delivered by dedicated treatment and prevention staff within our nine county region. In general, the data is consistent with prior years with one noted exception. This year we saw a ten percent reduction in admissions. This was due primarily to two factors; 1) increased severity of condition at time of admission (primarily co-occurring mental health); 2) increased heroin/opiate drug treatment as a percentage of admissions; both affecting the need for extended treatment.

We do not see these two factors lessening in the near future and are very pleased to be working as part of a larger State led transformation of substance use disorders (SUD) services in Michigan that has promise of improving service delivery and improving communities' wellness. As SUD are increasingly recognized as chronic disorders, new approaches to treatment/prevention and recovery management are developing across the country. A new framework is being presented where services and supports integrate treatment/prevention, chronic disease management, recovery supports, and emphasize partnering with other systems providing services (social services, primary health, criminal justice, mental health, etc.). A specific approach within this new framework involves the federal concept of prevention prepared communities. This approach, which we have practiced for some time, involves a shared focus on building capacity and infrastructure within multiple county systems to address the true prevention needs of communities. As this major transformation has taken place elsewhere in the country, significant improvements in individual's sustained recovery as well as community recovery capital have been demonstrated. Therefore, Mid-South will be proactive in bringing this framework to the region to enhance our client outcomes and improve community wellness.

The Board of Directors and the staff of the Mid-South Substance Abuse Commission express our thanks to the many diverse organizations and individuals with whom we have had the opportunity to work with over the past year. We look forward to an even more meaningful year as we more deliberately address transformation of the SUD system. We embrace the challenge to improve services addressing chronic substance use disorders and the stigma related to the disease with the focus on meeting individuals' needs and giving hope to those afflicted with SUD and improving our communities.

Sincerely,

A handwritten signature in blue ink that reads "Joseph C. Brehler".

Joseph Brehler
Vice Chairperson of the Board

A handwritten signature in blue ink that reads "Gary VanNorman".

Gary VanNorman
Executive Director

Authority

The Mid-South Substance Abuse Commission (Mid-South) was established according to Public Act 368 of 1978, as amended and an Interlocal Agreement amongst participating counties, inclusive of Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee, and Newaygo.

The functions of the Commission as specified in Public Act 368 of 1978, as amended are:

- a) Develop comprehensive plans for substance abuse treatment and rehabilitation services and prevention services consistent with guidelines established by the Michigan Department of Community Health (MDCH).
- b) Review and comment to the MDCH applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.
- c) Provide technical assistance for local substance abuse service organizations.
- d) Collect and transfer data and financial information from local organizations to the MDCH.
- e) Submit an annual budget request to MDCH for use of State administered funds for its city, county, or region for substance abuse treatment and rehabilitation services in accordance with guidelines established by the MDCH.
- f) Make contracts necessary and incidental to the performance of the agency's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide substance abuse treatment, rehabilitation, and prevention services.
- g) Annually, evaluate and assess substance abuse services in the city, county, or region, in accordance with guidelines established by MDCH.

Nature of Mid-South's Funding

Medicaid/Adult Benefit Waiver (ABW): As of January 1, 2010, financing for the ABW program moved from the State's Children Health Insurance Program (SCHIP) to be under the Medicaid Program. The funding for ABW was 74.23% federal and 25.77% state under the SCHIP and 73.27% federal and 26.73% state under the Medicaid Program. Additionally, in May the MDCH moved the contractual responsibility for ABW to PIHPs under full risk criteria. PIHPs then began full risk contracting with Mid-South for the ABW population. These various and significant changes to the ABW program created a tremendous challenge for all parties involved to collectively address program implications.

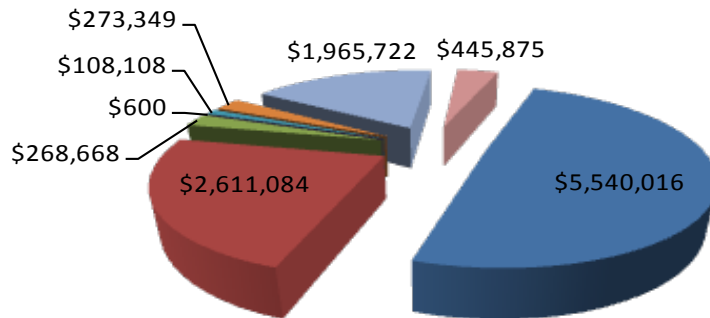
MiChild: approximately 74.23% federal and 25.77% state funding. MiChild is for children age 19 and under determined eligible by the state Department of Human Services. There is a \$5/month payment required to participate.

Community Grant (MDCH): approximately 80% federal and 20% state funding for services to those not able to pay after applying a mandated state sliding fee scale based on income and number of family members.

Public Act 2 of 1986, as amended (Local): Also known as Cobo Hall or liquor tax; one-half of county distributions not used to cut property taxes must be distributed to the county's designated substance abuse coordinating agency for substance abuse prevention and treatment programs. The balance of the distribution goes to the county's general fund.

FY 2009/2010 Expenditures by Funding Source

■ BSAAS \$5,540,016 ■ Medicaid \$2,611,084 ■ ABW \$268,668
■ MICHild \$600 ■ SDA \$108,108 ■ Fees \$273,349
■ Local \$1,965,722 ■ Other \$445,875



Total funding for FY 2009/2010 from all funding sources for services paid for in whole or in part with Mid-South administered funding totaled \$11,213,422. In the above pie chart, funding sources identified as Fees and Other, did not flow through Mid-South but were sources of funds directly received by providers attributable to clients with ability to pay and other grant awards where Mid-South participated in paying only a portion of the treatment costs.

The following table is a breakout of expenditures by service category and what percentage is in relationship to the total budget.¹

Expenditures by Service Category: FY 2009/2010

Service Category	Amount	Percent of Expenditure
Community Grant and Medicaid Contracts		
Administration	\$798,542	7.12%
Service Coordination	\$405,841	3.61%
Detox	\$495,563	4.42%
Case Management	\$969,354	8.64%
Methadone Dosing	\$784,495	7.00%
Outpatient/IOP	\$4,156,835	37.07%
Communicable Diseases- HIV/Aids	\$84,287	0.75%
Residential	\$1,683,176	15.01%
Prevention	\$1,748,701	15.60%
Problem Gambling Grant	\$50,307	0.45%
Recovery Supports	\$36,322	0.32%
Total	\$11,213,422	100%

¹ **Note:** numbers throughout this report may not total due to rounding.

Recovery Oriented Systems of Care – SUD Treatment & Prevention

At the Federal level, SAMHSA/CSAT has been strongly supporting transformation efforts at the state and local levels of substance use disorder (SUD) treatment to a Recovery Oriented Systems of Care (ROSC) framework. ROSC is a conceptual framework designed to engage the whole community to help heal the whole individual in order to improve overall community wellness. BSAAS and Mid-South have added the critical element of prevention into the ROSC framework. Understandably, the majority of clients come into the acute care SUD treatment setting with multiple needs. The SUD treatment and prevention service system cannot resolve these concerns alone, nor should it. The “systems” within ROSC, is the larger community of other human service agencies, the criminal justice system, healthcare providers, homeless shelters, faith based communities, citizens of the community, et al.

In reality, the SUD service system, shares many of the same clients as homeless shelters, criminal justice, child welfare, and other human service agencies. With better partnerships and coordination of care, the limited resources available can be better used for these mutual clients. For a healing community to be created, partnerships with these other service providers and county agencies will be imperative. However, the SUD service system cannot expect these other systems to immediately or automatically accept the ROSC framework. Dialogue will be essential to establishing a common understanding of language and commitment to future efforts. To this end, Mid-South, working with BSAAS, will sponsor a symposium to initiate the conversation with our community partners, especially those in recovery, in FY 10/11 to identify steps to work collectively and collaboratively to create and sustain the necessary partnerships. Mid-South has shared a working draft five-year strategic plan with community partners for their comment and we look forward to refining the document after input is received and the symposium is completed.

Mid-South was awarded a SAMHSA/CSAT grant for Adult Treatment Drug Courts at the end of the fiscal year. The grant was written in partnership with the Jackson County Recovery Court. The project is designed to embed ROSC elements such as Recovery Coaches, community-based case management, and ongoing recovery check-ups into the Drug Court model. The grant award is \$325,000 per year for three years. Services are to begin no later than January 2011.

The draft five-year strategic plan is waiting final approval from the Board of the Commission. It will be an important road map for the transformation process within the Mid-South region. The approved version will be uploaded to Mid-South’s website at www.mssac.com.

Substance Use Disorder Treatment Services

Mid-South collects data on the admissions into treatment beyond what is highlighted in this report. With the increased number of individuals returning from active military service, the number of admissions reported having had military service is of interest. For FY 2009/2010, the number of admissions reporting military service is 179, which is 3.42% of the total admissions; an increase of 33 admissions from FY 2008/2009. Other noteworthy data: the number of unemployed is 3,191 or 60.80% and 271 or 5.17% are homeless. Also collected is data related to mental health issues. Of the 5,240 admissions this fiscal year, 2,559 or 48.83% indicated having co-occurring mental health issues resulting in expenditures from all funding sources of \$6,684,739 or 62.88%.

For locations and phone numbers of our funded providers, go to our web-site, www.mssac.com.

FY 2009/2010: A Duplicated Count of Admissions to Each Level of Care

Level of Care	Number	Percentage of Total
Outpatient	3,725	71.09%
Intensive Outpatient	288	5.50%
Detoxification	537	10.25%
Long-Term Residential	453	8.65%
Short-Term Residential	237	4.52%
Total	5,240	100%

FY 2009/2010: Age at Time of Admission

Age	Number	Percentage of Total
17 & Under	281	5.36%
18 to 25	1,582	30.19%
26 to 35	1,558	29.73%
36 to 45	1,033	19.71%
46 to 55	646	12.33%
56 to 64	127	2.42%
Over 65	13	0.25%
Total	5,240	100%

FY 2009/2010: Gender Breakout

County	County Total	Men		Women	
		Total	% of County	Total	% of County
Clinton	215	141	65.58%	74	34.42%
Eaton	460	276	60.00%	184	40.00%
Gratiot	252	157	62.30%	95	37.70%
Hillsdale	213	126	59.15%	87	40.85%
Ingham	2,034	1,343	66.03%	691	33.97%
Ionia	218	115	52.75%	103	47.25%
Jackson	1,048	536	51.15%	512	48.85%
Lenawee	500	315	63.00%	185	37.00%
Newaygo	298	186	62.42%	112	37.58%
Out of Region	2	2	100.00%	0	0.00%
Total	5,240	3,197	61.01%	2,043	38.99%

*“We are all faced with a series of great opportunities, brilliantly disguised as insoluble problems.”
Author John Gardner*

FY 2009/2010: Race/Ethnicity by County

County	African American	% of County	Hispanic/Latino	% of County	Multi-Racial	% of County	Native American	% of County	Caucasian	% by County	Asian/Arab/Unknown	% of County	County Total
Clinton	6	2.79%	6	2.79%	0	0.00%	3	1.40%	196	91.16%	4	1.87%	215
Eaton	20	4.35%	7	1.52%	12	2.61%	7	1.52%	411	89.35%	3	0.65%	460
Gratiot	2	0.79%	13	5.16%	4	1.59%	1	0.40%	227	90.08%	5	1.99%	252
Hillsdale	4	1.88%	2	0.94%	0	0.00%	1	0.47%	206	96.71%	0	0.00%	218
Ingham	566	27.88%	165	8.11%	97	4.77%	24	1.18%	1,161	57.08%	21	1.03%	2,034
Ionia	2	0.92%	0	0.00%	3	1.38%	2	0.92%	211	96.79%	0	0.00%	218
Jackson	125	11.93%	15	1.43%	16	1.53%	4	0.38%	879	83.87%	9	0.86%	1,048
Lenawee	19	3.80%	66	13.20%	3	0.60%	2	0.40%	404	80.80%	6	1.20%	500
Newaygo	5	1.68%	7	2.35%	6	2.01%	2	0.67%	278	93.29%	0	0.00%	298
Out of Region	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%	2
Total	749		281		141		46		3,975		48		5,240
% of Grand Total		14.29%		5.36%		2.69%		0.88%		75.86%		0.92%	

This chart breaks out by county the racial and ethnic diversity of admissions into services at our SUD treatment providers.

FY 2009/2010: Primary Drug at Time of Admission Broken Out by County of Residence

COUNTY	ALCOHOL		MARIJUANA HASHISH		COCAINE CRACK		NARCOTICS OPIATES HEROIN		METH. & OTHER AMPHETAMINES		OTHER		COUNTY TOTAL
Clinton	73	33.95%	52	24.18%	19	8.83%	60	27.90%	9	4.18%	2	0.93%	215
Eaton	195	42.39%	111	24.13%	26	5.65%	97	21.08%	27	5.86%	4	0.86%	460
Gratiot	146	57.93%	56	22.22%	5	1.98%	44	17.46%	0	0.00%	1	0.39%	252
Hillsdale	92	43.19%	41	19.24%	12	5.63%	55	25.82%	11	5.16%	2	0.93%	213
Ingham	879	43.21%	466	22.91%	212	10.42%	455	22.36%	14	0.68%	8	0.39%	2,034
Ionia	84	38.53%	31	14.20%	10	4.58%	81	37.15%	12	5.50%	0	0.00%	218
Jackson	447	42.65%	191	18.22%	61	5.82%	333	31.77%	7	0.66%	9	0.85%	1,048
Lenawee	296	59.20%	91	18.20%	12	2.40%	94	18.80%	4	0.80%	3	0.60%	500
Newaygo	153	51.34%	49	16.44%	8	2.68%	84	28.18%	2	0.67%	2	0.67%	298
Out of Region	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%	0	0.00%	2
Total	2,365		1,088		365		1,305		86		31		5,240
% of Grand Total		45.13%		20.76%		6.96%		24.90%		1.64%		0.59%	

Alcohol remains the primary drug of choice of clients at the time of admission into SUD treatment, followed by Narcotics/Opiates/Heroin, with Marijuana/Hashish as the third stated primary drug of choice. Marijuana/Hashish moved from the second most stated primary drug of choice to the third after Narcotics/Opiates/Heroin during FY 2007/2008. The past two fiscal years has seen a significant increase in admissions with Narcotics/Opiates/Heroin as the stated primary drug of choice. There will be more discussion on the impact of this increase further in the report.

FY 2009/2010: Criminal Justice Involvement at Time of Admission Broken Out by County of Residence

County	No Status	% of County Total	On Probation or Parole	% of County Total	In Jail	% of County Total	Awaiting Sentencing	% of County Total	Other Criminal Justice Status	% of County Total	County Totals
Clinton	65	30.23%	78	36.28%	55	25.58%	10	4.65%	7	3.26%	215
Eaton	157	34.13%	97	21.08%	71	15.34%	32	6.96%	103	22.39%	460
Gratiot	53	21.03%	181	71.82%	5	1.98%	11	4.37%	2	0.80%	252
Hillsdale	82	38.50%	47	22.07%	15	7.04%	22	10.33%	47	22.06%	213
Ingham	650	31.96%	688	33.82%	482	23.70%	68	3.34%	146	7.18%	2,034
Ionia	103	47.25%	75	34.41%	17	7.80%	12	5.50%	11	5.04%	218
Jackson	528	50.38%	392	37.40%	6	0.57%	44	4.20%	78	7.43%	1,048
Lenawee	114	22.80%	157	31.40%	24	4.80%	31	6.20%	174	34.80%	500
Newaygo	106	35.57%	91	30.54%	47	15.77%	26	8.72%	28	9.39%	298
Out of Region	0	0.00%	0	0.00%	1	50.00%	1	50.00%	0	0.00%	2
Total	1,858		1,806		723		257		596		5,240
% of Grand Total		35.45%		34.46%		13.79%		4.90%		11.37%	

In another section of this report, the distribution of all community referral sources is listed. A primary referral source for publicly funded programs was the criminal justice system. This table, broken out by county, indicates a total of 64.54% of admissions for FY 2009/2010 were involved with the criminal justice system in some way; either in jail, awaiting trial or sentencing, on probation or parole, or under court supervision.

FY 2009/2010: Admissions by Levels of Care

County	Outpatient	% of OP Services Provided	Intensive Outpatient	% of IOP Services Provided	Detox	% of Detox Services Provided	Residential Short Term	% of Res/ST Services Provided	Residential Long Term	% of Res/LT Services Provided	County Total
Clinton	184	85.58%	5	2.33%	9	4.18%	0	0.00%	17	7.91%	215
Eaton	366	79.56%	19	4.13%	31	6.74%	7	1.52%	37	8.04%	460
Graiot	207	82.14%	5	1.98%	11	4.36%	3	1.19%	26	10.32%	252
Hillsdale	179	84.04%	1	0.47%	15	7.04%	10	4.70%	8	3.76%	218
Ingham	1,385	68.09%	173	3.59%	191	9.39%	57	2.80%	228	11.21%	2,034
Ionia	154	70.64%	20	9.17%	19	8.72%	5	2.30%	20	9.17%	218
Jackson	612	58.40%	52	4.96%	186	17.75%	123	11.74%	75	7.16%	1,048
Lenawee	394	78.80%	12	2.40%	49	9.80%	25	5.00%	20	4.00%	500
Newaygo	242	81.21%	1	0.34%	26	8.72%	7	2.35%	22	7.38%	298
Out of Region	2	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2
Total	3,725		288		537		237		453		5,240
% of Grand Total		71.08%		5.50%		10.25%		4.52%		8.65%	

There were 5,240 admissions into treatment for FY 2009/2010.

All SUD treatment services begin with a biopsychosocial assessment to determine the most appropriate level of care for the client. Level of care determination is based on the American Society of Addiction Medicine’s Patient Placement Criteria 2nd Edition- Revised (ASAM-PPC 2R). Outpatient substance use disorder (SUD) treatment services include the biopsychosocial assessment, individual, family, and/or group therapy. There are outpatient SUD services in each of the nine (9) counties and is the most utilized level of care by the Mid-South clients. As the table above shows, there were 3,725 admissions on an outpatient basis that represents 71.08% of total admissions. The average length of stay for clients admitted into outpatient services for FY 2009/2010 was 78.17 days.

Mid-South has been working with its SUD treatment providers over the last several fiscal years regarding how to provide Intensive Outpatient (IOP) as an “unbundled” service. IOP is a difficult level of care to sustain due to its being a highly structured outpatient service requiring major time and financial commitments from the provider as well as time commitments from clients. The model is designed to meet at least three (3) days per week for at least a three (3) hour block of time, consisting of a combination of didactic lectures, group, and individual therapy that meet the individualized treatment needs of the client. For FY 2009/2010 there were 288 admissions for IOP services, which is 5.50% of the total admissions. The average length of stay for clients admitted into IOP was 41.49 days.

Detoxification services are clinically and/or medically supervised care provided for managing the effects of withdrawal from alcohol and/or other drugs. Detoxification services typically last three (3) to five (5) days with the average length of stay for FY 2009/2010 being 3.36 days. There were 537 admissions into either clinically managed or medically monitored detoxification services, which is 10.25% of total admissions.

Residential services are provided either as stabilization (short-term) or long-term care. Short-term residential service is an intense, organized, daily treatment regimen in a residential setting that includes an overnight stay. These programs provide stabilization to the individual. Lengths of stay at such programs are typically between ten (10) to fourteen (14) days, with no more than thirty (30) days. There were 237 admissions into contracted residential provider services, which is 4.52% of the total number of admissions throughout the fiscal year. The average length of stay in stabilization (short-term) residential services for the fiscal year is 5.67 days.

Long-term residential service is a professionally supervised program that includes planned individual and/or group therapeutic and rehabilitative care. These services are provided in a residential setting and include an overnight stay. Such programs typically are more than thirty (30) days and no more than ninety (90) days. During FY 2009/2010, there were 453 admissions into long-term residential services, which is 8.65% of the total number of admissions into treatment this fiscal year; with the average length of stay being 30.44 days.

Referral Sources at Time of Admission: FY 2009/2010

Mid-South and its contracted SUD treatment providers work with a variety of referral sources within each local community. Treatment providers regularly update the referral sources on their shared clients' progress, attendance to treatment sessions, and compliance with treatment goals. The following table lists various categories of referral sources, the number referred, and the percentage of the total admissions for SUD treatment for the fiscal year.

Category	Total	Percentage
Self/Family/Friend	1,526	29.12%
Other SA programs/ AAR/SARF	1,144	21.83%
Probation/Parole/Community Corrections	1,078	20.57%
Courts/Drug Courts/Criminal Justice	788	15.04%
Dept of Human Services/Other HS Agencies	269	5.14%
Health Care Provider/Hospital	176	3.36%
Community Mental Health	140	2.67%
Other Community Referrals	119	2.27%
Total	5,240	100%

Women's Specialty Services

SAMHSA identifies special funding for women who are either pregnant, post-partum, have children in the home, or are in foster care, or are in danger of losing custody. In order to receive this funding, the SUD treatment programs must provide or ensure the following five criteria are being met: 1) primary medical care for women including referral for prenatal care if pregnant and while receiving such services, child care for their dependent children; 2) primary pediatric care, including immunizations for their children; 3) gender specific substance use disorder treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, trauma, parenting and child care; 4) therapeutic interventions for children in the custody of women in treatment; and, 5) sufficient case management and transportation to ensure women and their dependent children have access to the above mentioned services.

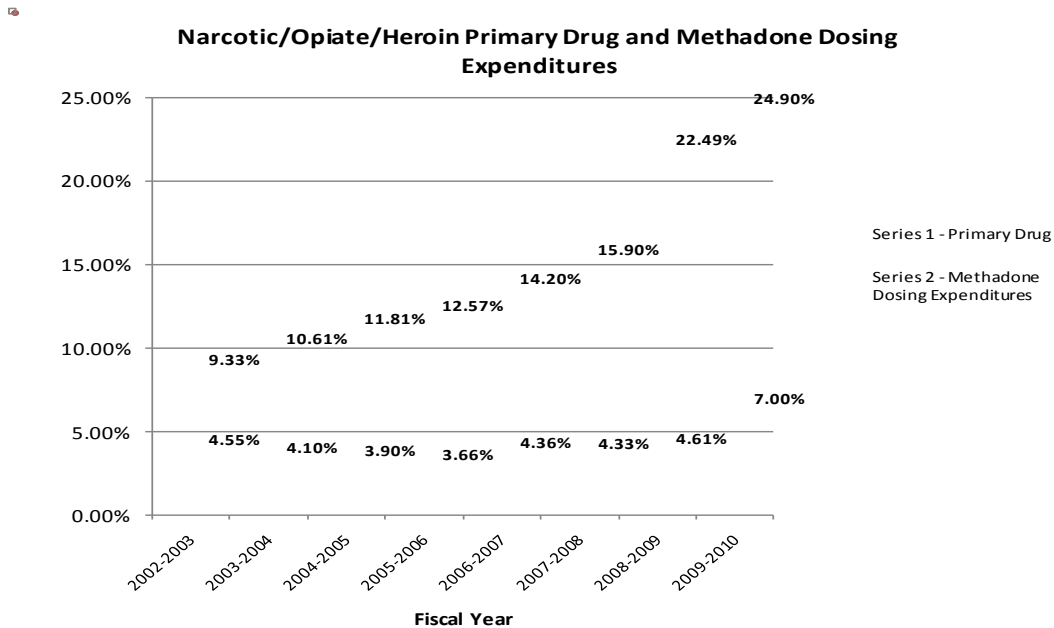
For FY 2009/2010, Mid-South's women's specialty contracted treatment providers worked with 539 women who had a total of 489 children. Additionally, 29 drug-free babies were born during this

fiscal year. Treatment has the potential to affect more than just the individual woman seeking it does. It is important to remember that addiction also affects the youngest family members and recovery improves their lives too.

Methadone Dosing

Methadone is a pharmacological intervention for those individuals whose primary drug falls under the category of narcotics, opiates, and heroin. Methadone is a controlled drug requiring a Drug Enforcement Agency license. The program needs to meet strict standards requiring how the methadone is dispensed to clients, documentation, and secure storage. Opiate and narcotic addiction impacts the individual on many levels, making the decision to place a client on methadone one not to be taken lightly.

The chart below shows the increase in the percentage of admissions stating their primary drug of choice falls under the narcotic/opiate/heroin category and the increase in the percent of total expenditures going for payment of methadone dosing only. This chart does not take into consideration the amount spent on SUD treatment services in conjunction with the methadone dosing.



Those individuals seeking admission into SUD treatment with their primary drug of choice being within the narcotic/opiate/heroin category is moving rapidly to be 25% of our yearly admissions; and is consuming more of our total expenditures just for methadone dosing. It is currently at 7.00% of total expenditures, a 65% increase over last fiscal year.

Prescription drug misuse/abuse can be seen as a significant factor in this increase. Because of this, local prevention coalitions are taking on as one of their goals for the 2010-2015 Prevention Strategic Plan, the misuse and abuse of over-the-counter and prescription drugs to reduce poisonings and deaths.

Communicable Diseases

Mid-South receives funding from BSAAS to provide activities ranging from clinician training, client education and prevention, and counseling and testing surrounding communicable diseases, especially HIV/AIDS. Individuals who use, misuse, or are addicted to alcohol and other drugs are particularly vulnerable to communicable diseases such as HIV/AIDS, sexually transmitted diseases,

Hepatitis B and C, and Tuberculosis. The Lansing Area AIDS Network (LAAN) continues to provide communicable disease/HIV/AIDS education and technical assistance services region-wide. LAAN provided nineteen (19) sessions for three hundred sixteen (316) clinical and support staff at our contracted providers. They tested forty (40) individuals and provided client education to seventy six (76) individuals at methadone and residential treatment providers.

Problem Gambling Grant

Mid-South completed a three-year problem gambling grant from BSAAS during FY 2009/2010. The grant funded training for clinicians to learn how to screen for and refer individuals with a gambling problem to appropriate treatment providers. During the three years of the grant, three training sessions were held with 30 clinicians in attendance; and a total of 225 individuals were screened as needing further assessment for potential problem gambling. BSAAS allowed Mid-South to use funding from the grant to pay for 11 clinicians from our SUD treatment providers to attend the training to become certified problem gambling therapists.

The county prevention coalitions received funding from the grant to create awareness campaigns in their counties. Resource material was developed and disseminated in each county. Several prevention coalition members also attended the training for screening and referral. A major event for one of the county prevention coalitions was arranging with their local 2-1-1 agency training for the staff on identification, screening, and referral. Feedback from this event was overall very positive.

Prevention Services

In FY 2009/2010 Mid-South has continued its investment in specific outcome based prevention programs, policies, and practices that either reduce risk factors or increase protective factors linked to substance use and abuse within communities. These investments are managed through nine structured, community owned, multi-sector substance abuse prevention coalitions. These coalitions continue to build capacity around the Strategic Prevention Framework to achieve true outcomes within their communities. Coalitions who have built capacity well and are moving forward in the process have benefited through Mid-South as well as with other major funding streams. Specifically, the Eaton, Ingham, and most recently Jackson County Prevention Coalitions have been awarded the Federal Drug Free Communities Grant (Eaton in 2006, Ingham in 2007, and Jackson in 2010), which provides an additional \$125,000 for local prevention activities per year for up to five years.

The Mid-South Prevention Department continues to provide resources, training, and technical assistance to all nine county coalitions and their provider networks operating in the region. This includes but is not limited to, the facilitation of the Regional Planning Collaborative and Regional Epidemiological Workgroups, semi-annual Strategic Prevention Framework Orientation trainings, annual six-month reviews, the provision of full day provider meetings each quarter, as well as extensive one-on-one technical assistance provided to individual staff, providers, and coalitions.

Mid-South's newest development is the Regional Training System that was established at the end of FY 2009/2010. Most notably, this resource will promote expertise from within the region and provide relevant training opportunities for the Mid-South region and State of Michigan. The idea resulted from past strategic planning SWOC (strengths, weaknesses, opportunities, and challenges) analysis workshops and has been cultivated through a partnership with the Eaton Intermediate School District and their Prevention Program Services Department. Multiple training topics will be offered each year beginning in FY 2010/2011. Mid-South's Program Services Manager as well as the Regional Planning Collaborative

(RPC) will oversee this activity and provide the leadership and direction needed to build and sustain a regional training system.

Highlights of local level prevention activities in FY 2009/2010 within the Mid-South region include: Prescription drug disposal events and awareness campaigns, Alcohol EDU programming (involves expanded ATOD prevention curriculum in schools), The Life of an Athlete Program (focuses on student athlete ATOD policies), social marketing campaigns, the development and implementation of county wide problem identification and referral systems, parenting programming, Minor in Possession/ATOD Diversion programming, school and business ATOD policy development, drinking and driving law enforcement zones, The Reducing Underage Drinking and Driving Program, Screening and Brief Intervention and Referral to Treatment activity, law enforcement alcohol and tobacco vendor compliance checks and civilian alcohol and tobacco vendor education.

These highlights illustrate an important and necessary paradigm shift in prevention strategy selection and implementation that has occurred over the past several years in the Mid-South region. The region has expanded its service array to include a more comprehensive prevention approach to community issues inclusive of population-based strategies, individually focused programming, and policy change efforts.

The Prevention Department continues to utilize a strategic planning process to create regional and local systems change. This planning process increases capacity (skills and abilities) and organizes infrastructure (agencies, staff, and other resources) in local communities to create positive, lasting population level change involving substance use and abuse. Mid-South's new 2010-2015 Strategic Prevention Plan will provide a renewed focus for the region. This new plan includes four targeted goal areas derived from several years of regional needs assessments and data analysis. The first goal statement involves the continued emphasis on building and sustaining regional and local capacity to institutionalize the Strategic Planning Framework (SPF). The three remaining goal statements encompass the priority substance abuse consequence areas that are being targeted by the region and include Alcohol involved traffic fatalities, Tobacco related death, and Over-The-Counter and Prescription Drug poisonings and deaths.

Strategic Prevention Framework – State Incentive Grant

The BSAAS moved into the sixth and final year of the Strategic Prevention Framework—State Incentive Grant (SPF-SIG) project. The grant permits approximately \$11.75 million to be invested in the state to achieve the following federal goals: build prevention capacity and infrastructure at the state and community levels; prevent the onset and reduce the progression of substance abuse including childhood and underage drinking; and reduce substance-related problems in communities. The Strategic Prevention Framework is a continuous collaborative process comprised of five steps (Needs Assessment, Capacity Building, Strategic Planning, Implementation, and Evaluation) which essentially mirror Mid-South's strategic planning process.

With the completion of the SPF-SIG project, four major developments were solidified in the region. In the last four years, and in preparation for the SPF-SIG funding, the county coalitions and provider networks have been heavily engaged in building additional capacity surrounding the SPF process. This enhanced capacity at the local and regional level has led to significant advances in our outcome-based approach to prevention. The enhanced capacity building efforts also enabled our nine counties to successfully develop individual county logic models that met strict evaluation criteria that continue to be included in the annual county implementation plan submissions to Mid-South. Furthermore, these enhanced logic models provided the opportunity for counties to explore new programming and strategies to target the identified goals and objectives of the SPF-SIG grant. Lastly, a

major administrative milestone within this project involved Mid-South's ability to align the main funding streams that are overseen by Mid-South (Community Block Grant, Public Act 2 (PA2), and SPF-SIG funding) into one county grant application/request for funding. This essential administrative efficiency has significantly reduced any potential overlap or duplication of services in counties, it has enhanced local prevention system alignment, and improved the effectiveness and sustainability of evidence based prevention programs, policies, and practices in the Mid-South region.

Mid-South's Regional Epidemiological Workgroup (REW) and Regional Planning Collaborative (RPC) that have been established per the SPF-SIG project requirements have met multiple times within FY 2009/2010. The REW has continued its transition from collecting data and establishing target priorities to overseeing new collection methods, drug trends, and the SPF-SIG evaluation plan for the region. The RPC has actively recruited and oriented new membership and established itself as one of the most experienced and knowledgeable prevention planning collaboratives in the state of Michigan. The group's main function has been the development and implementation of the 2010-2015 Strategic Prevention Plan. The RPC members are catalysts for change and bring true expertise and vision of what they would like to see occur in the prevention field. Both of these groups are considered vital to the continued success and institutionalization of the Strategic Prevention Framework. Mid-South's interest is to continue to support and appropriately staff the RPC and REW beyond the life of the SPF-SIG project to sustain and enhance the regional prevention system that has been built.

For more information on the 2010-2015 Strategic Substance Abuse Prevention Plan, links to other prevention related documents, and how to contact local county prevention coalitions. Please visit the Mid-South website at www.mssac.com.

Care Coordination Center

Mid-South's Care Coordination Center (CCC) initiated the CareNet Automated Request Processing (ARP) function (auto authorizations) for Initial Authorizations in January 2010. If an initial authorization request met Mid-South's established ARP criterion, the request was automatically approved by the CareNet system, reducing the administrative burden to both the providers and the CCC Utilization Coordinators (UCs) who review authorization requests.

The CCC began care management services for the priority population, recidivists, and those that transfer from one level of care to another for efficient continuing in care, thus contributing to Mid-South's recovery oriented systems of care plan. The UCs contact the individual client and the client's therapist to discuss progress, or lack of progress, on the client's treatment plan. Quality of life issues such as medical and mental health condition(s), living arrangements, employment, and legal involvement are reviewed to see if there is need for more assistance/resource consulting. There is oversight when clients transfer from one level of care to another to assure admission in a timely manner. The overall goal for care management is to improve the client's quality of life, enhance recovery and engagement in treatment, and reduce recidivism.

Clients are referred for SUD treatment from many sources (hospitals, court systems, etc.) within the community that conduct their own comprehensive assessment before being referred to a treatment provider. In order to reduce the burden of duplicate biopsychosocial assessments for clients who need treatment, the CCC works in collaboration with the referral sources and the providers to accept these assessments. When a client has completed an assessment at a referral source, Mid-South expects the client will not have to undergo another assessment at the provider level. Rather, an update by the treatment provider will be conducted with the client to determine any change(s) to the assessment, work with the client toward development of a treatment plan, and fulfill any accreditation requirements of the provider.

This has proved successful in improving the working relationships between referral sources, providers, and Mid-South.

The CCC provides in-services to referral sources to inform them of the activities the CCC performs, explain how to access treatment services, provide up-to-date provider lists and share our multi-agency release to expedite access to treatment. The CCC provided three in-services this year besides what is accomplished via teleconference meetings.

The UCs completed 25 preliminary site reviews that prepared our contracted providers for retrospective reviews. The site review was more stringent for all providers, focusing mostly on the assessment, treatment plans, progress notes, and transfers for continuing care. Three providers asked for technical assistance in order to improve their practices. Such technical assistance encompassed what is the content of a quality screening tool, how to perform screenings, how to assess clients, how to write treatment plan goals and objectives based on the clients' unique needs and strengths, how to write progress notes that relate to the treatment plan, and writing case management treatment plans and progress notes.

Monthly Quality Improvement Meetings continue to provide valuable information on Mid-South's current activities, preparation for pilot projects, review and evaluation of data, and implications of policies/procedures. Fiscal year 2009/2010 ended the requirement for providers to distribute client satisfaction surveys to their clients, as the UCs will begin surveying clients over the phone beginning FY 2010/2011.

Finance Department

Finance's responsibilities include timely invoice paying, provider payments, and processing provider client claims. An estimated 215,100 paid claims were processed for this fiscal year. In addition to these functions, the department is responsible for reporting to Mid-South's funding sources, program financial site reviews, monthly financial program monitoring, data collection, analysis of funding, technical assistance, and participating in state and local work groups. The Finance Department continued its history of having clean financial audits. This could only have been achieved with the outstanding dedication and hard work the finance staff puts forth as well as the Mid-South contracted providers.

During FY 2009/2010, there were 23 treatment financial site reviews with our contracted providers. Financial compliance is based on file documentation and accuracy of billings. The following chart shows the results of those site reviews.

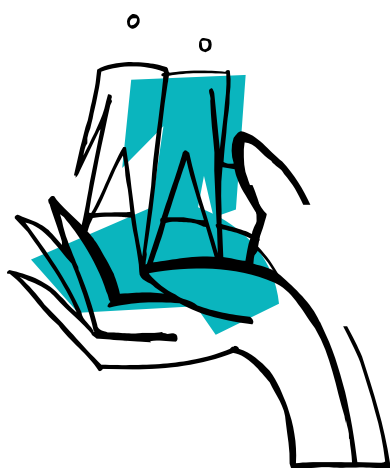
Scoring	# of Providers	% of Providers Reviewed
100% (Excellent)	16	70%
99 – 90% (Great)	7	30%
89 – 80% (Good)	0	0%
79 – 70% (Fair)	0	0%
69% & Below (Poor)	0	0%
Total	23	100%

The overall regional average score was 99%, up 3% from the previous fiscal year. The goal for the fiscal year was a 95% compliance rate. This goal was surpassed. All of the providers scored above 90%. This is the first year that all providers scored 90% or above. The program subcontractors are to be commended on this great accomplishment!

The Mid-South Substance Abuse Commission Staff

Executive Director	Gary VanNorman	517.337.4406, ext. 114
Executive Secretary	Lori Coe	517.337.4406, ext. 101
Administrative Assistant	Melissa Williford	517.337.4406, ext. 100
Finance Manager	Gerrie Roeser	517.337.4406, ext. 112
Program Services Manager	Joel Hoepfner	517.337.4406, ext. 102
Care Coordination Manager	Jeanne Diver	517.853.0495, ext. 111
Special Projects Coordinator	Mary Kronquist	517.337.4406, ext. 113
Finance Assistant	Jill Gawronski	517.337.4406, ext. 115
CareNet Liaison	Linda Proper	517.337.4406, ext. 107
Claims Adjudicator	Monica Young	517.337.4406, ext. 116
Database Coordinator	Paul Harding	517.337.4406, ext. 117
CCC Secretary	Luann LeVeck	517.853.0495, ext. 118
Utilization Coordinator	Lisa Larson	517.853.0495, ext. 121
Utilization Coordinator	Patti Tygre	517.853.0495, ext. 123

“Temporarily transplanting sick trees, nurturing them back to health and then replanting them in the original diseased soil from which they were removed makes little sense. We must treat the wounded individuals and the diseased soil of community life by treating the community as well as its members – by creating a healing forest. It is in this way that the community becomes simultaneously a recipient of treatment and an instrument of recovery initiation and maintenance.” (Don Coyhis, 1999)



Mid-South Substance Abuse Commission
2875 Northwind Drive
Suite 215
East Lansing, MI 48823-5035
517.337.4406

www.mssac.com