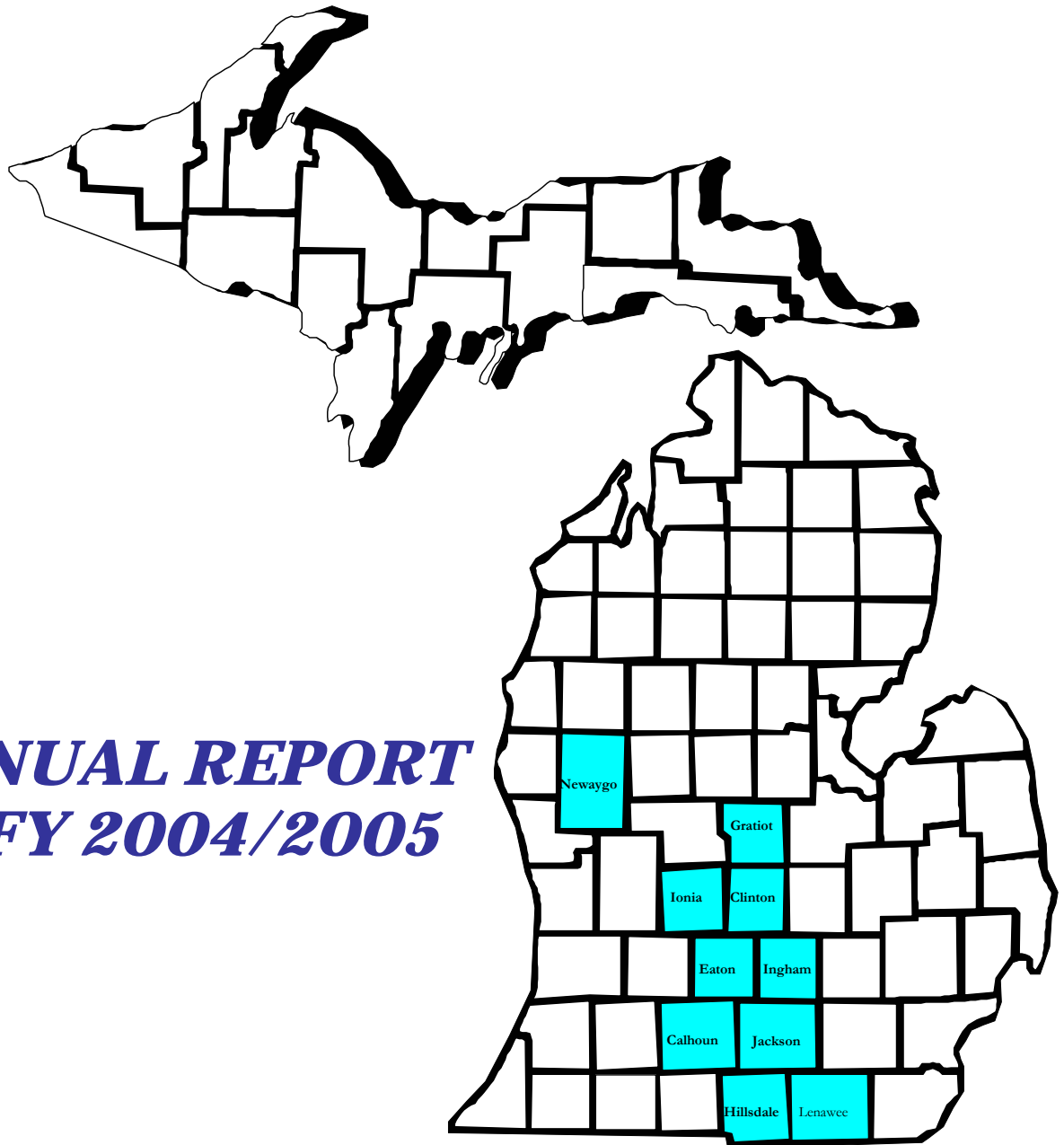


mid-south

substance abuse commission



ANNUAL REPORT
FY 2004/2005

MID-SOUTH SUBSTANCE ABUSE COMMISSION – 2005

CALHOUN COUNTY

Allen Garbrecht
Benjamin Miller
Kenneth Ponds

CLINTON COUNTY

Robert Showers

EATON COUNTY

Joseph Brehler
Robert Johnson

GRATIOT COUNTY

Daniel Alonzi

HILLSDALE COUNTY

Kenneth Lautzenheiser, Chair

INGHAM COUNTY

Shirley Carter
Ron Clark
Dale Copedge
Debbie DeLeon
Jean Golden

IONIA COUNTY

Cheryl Chadwick/Brian Calley
Lisa McCafferty (Alternate)

JACKSON COUNTY

James Gallant
Gail Mahoney
Hattie Oliver

LENAWEE COUNTY

Larry Gould
Ralph Tillotson

NEWAYGO COUNTY

Ross Fulton

EXECUTIVE DIRECTOR'S MESSAGE

Robin L. Reynolds

The 2005 Annual Report describes the activities of the Mid-South Substance Abuse Commission and its service provider programs. The statistics reflect a system providing a high caliber of prevention and treatment services to virtually thousands of people. In 2005, 7028 individuals were admitted into funded treatment programs. This is a 2.7% increase from 2004. The Commission is grateful for the dedication and hard work of each of the directors, staff and boards of our service programs.

We continue to work effectively with the drug courts, the criminal justice system, DHS, public health, mental health and others with the expectation of expanding the limited dollars in every system to meet the needs of individuals with a variety of co-occurring conditions. It is exciting to be involved in the good work of each county through committees, joint planning processes and collaborative ventures toward this goal.

We also continue to refine our data system with the goal of being able to measure the impact of our work. The need for sound outcome data has never been more important. Both state and federal mandates will no longer tolerate services that do not show promising and positive outcomes.

Mid-South continues to implement a five year strategic prevention plan. There are now substance abuse coalitions operating in all of our 10 counties. Each community coalition has developed and begun the implementation of a unique community strategic plan. It has been an exciting process to watch each community come together to address the unique substance abuse needs in their area. Many individuals and agencies have committed a significant amount of time in this process. The level of commitment toward the prevention of substance abuse has been remarkable. Mid-South would like to express our appreciation for the countless hours spent in this process and for the level of dedication exhibited by these individuals.

The youth risk and protective factor survey was performed in **40%** of the schools in the Mid-South region. Being the first year, this was a resounding success. The schools that participated have expressed enthusiasm for the level of local data resulting from their participation in the survey.

Thanks to the Commission's Board of Directors for yet another year of hard work and support. My deep appreciation goes out to each of the Commission's staff. This group of professionals deserves recognition for their daily commitment and exceptional energy and enthusiasm.

I hope you find the information contained in this report to be helpful and informative.

From a Newaygo Client: "This was a great experience. I did not feel pressured or forced to change, but educated and guided to make better decisions in my life, and have improved my emotional state tremendously."

From an Ingham County Client: "Really like the program; I haven't been impressed with other treatment programs as I am this one."

A SNAPSHOT OF MID-SOUTH'S CLIENTS

During Fiscal Year 2004-2005 the Mid-South Substance Abuse Commission served a total of **7028** clients. This is an increase of 188 clients from last fiscal year. Funding for our clients comes from **Community Grant (Block Grant), Medicaid, Medicare, Adult Benefit Waiver (ABW), PA2, Drug Court and some Commercial Insurance.** Adult Benefit Waiver funding is a percentage of designated ABW funds and Community Grant funds. Medicare and Commercial Insurances cover treatment services only in part and either Community Grant or Medicaid funds the remaining costs.

From the ten counties making up our region, **4748** clients were Community Grant funded clients; **287** clients were funded in part with Adult Benefit Waiver (ABW); **52** clients were from other counties within the state but funded by Mid-South and seen by our provider network. Medicaid funded a total of **1805** clients. The remaining **136** clients were funded in part with Medicare and/or commercial insurance.

An Unduplicated Count of Admissions to Each Level of Care:

Level of Care	Number Admitted	Percentage of Total
Outpatient	4873	69%
Intensive Outpatient	717	10%
Detoxification	512	7%
Long-Term Residential	466	7%
Short-Term Residential	460	7%
Total	7028	100%

Age at Time of Admission:

Age	Number	Percentage of Total
17 & Under	409	6%
18 to 25	1850	26%
26 to 40	2899	41%
41 to 64	1860	26%
Over 65	10	<1%
Total	7028	100%

Race/Ethnicity:

Race/Ethnicity	Number	Percentage of Total
African American/Black	1159	16%
Hispanic/Latino	388	6%
Multi Racial	122	2%
Native American	61	<1%
White	5248	75%
Asian/Pacific Islander	8	<1%
Arab American/Arab Chaldean	12	<1%
Refused to Provide	2	<1%
Unknown	28	<1%
Total	7028	100%

Employment is another piece of information to complete the snapshot of Mid-South clients. As would be expected with the population we are mandated to treat, many of the individuals are unemployed.

Employment Status at Time of Admission:

Employment Status	Number	Percentage of Total
Unemployed	4065	58%
Retired from Work	39	<1%
Not in Competitive Workforce*	837	12%
Not Applicable to the Person**	486	7%
Employed – Part-Time	747	11%
Employed – Full- Time	854	12%
Total	7028	100%

* Not in Competitive Workforce includes homemaker, student age 18 and over, day program participant, disabled, resident or inmate of an institution (including nursing home.)

** Not Applicable to the Person is defined as a child under the age of 18.

Gender Broken Out by County:

COUNTY	MEN	WOMEN	TOTAL
Calhoun	966	569	1535
Clinton	174	64	238
Eaton	350	172	522
Gratiot	190	111	301
Hillsdale	200	60	260
Ingham	1180	708	1888
Ionia	99	94	193
Jackson	636	543	1179
Lenawee	419	205	624
Newaygo	187	47	234
Out of Region	45	9	54
Total	4446	2582	7028

Primary Drug at Time of Admission Broken Out by County:

COUNTY	ALCOHOL	MARIJUANA HASHISH	COCAINE CRACK	NARCOTICS OPIATES HEROIN	METHAMPHETAMINE OTHER AMPHETAMINES	OTHER
Calhoun	613	441	297	145	22	17
Clinton	132	35	48	18	4	1
Eaton	238	83	87	66	44	4
Gratiot	191	72	18	18	2	0
Hillsdale	120	59	29	26	19	7
Ingham	858	310	387	298	27	8
Ionia	86	44	27	27	5	4
Jackson	548	228	200	166	28	9
Lenawee	331	133	93	49	13	5
Newaygo	147	51	23	10	1	2
Out of Region	25	13	7	7	2	0
Total	3289	1469	1216	830	167	57

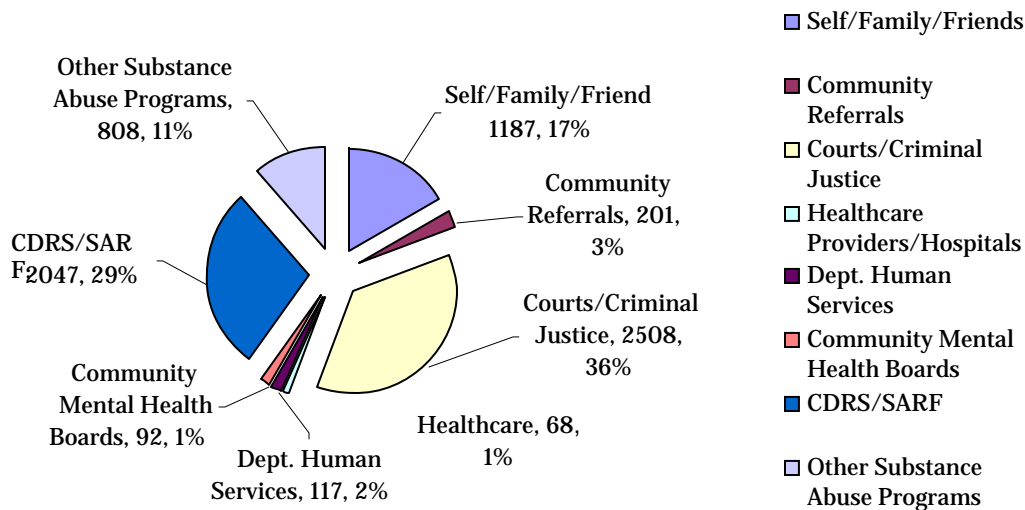
Between Fiscal Year 2001/2002 and Fiscal Year 2004/2005, there has been a 23% increase in the number of admissions where Methamphetamine is identified as the primary drug. In FY 2001/2002, a total of 38 clients indicated at the time of admission that Methamphetamine was their primary drug. In FY 2004/2005, this number was 167, which is a 440% increase. All counties saw an increase in Methamphetamine admissions from last fiscal year, except for Clinton County which remained the same and both Gratiot and Newaygo Counties saw a decrease.

This is the first fiscal year in which the number of clients admitted to treatment identified alcohol as their primary drug was lower than the total number of clients admitted which identified one of the other drugs as primary. There were 3317 admissions or 47.2% with alcohol listed as the primary drug and a total of 3711 admissions or 52.8% of the other primary drugs.

Referral Sources at Time of Admission:

Mid-South and its network of treatment providers work with a variety of referral sources. Treatment providers regularly update the referral sources on their shared clients' progress, attendance to treatment sessions and compliance with treatment requirements. This partnership can result in clients attending sessions regularly and for longer lengths of stay, which can produce positive outcomes for the clients. Surprisingly research shows that coerced treatment does result in better treatment outcomes than for those individuals who are not "coerced" into treatment. [A breakout of referral sources identified by the client at time of admission is as follows:](#)

Referral Sources FY 2004/2005



Drug Treatment Courts:

Drug Treatment Courts are being formed throughout the state, and within the Mid-South region. During FY 2004/2005, Mid-South provided treatment for a total of **172 clients** actively involved with drug courts. Mid-South staff have been involved in the development of the Hillsdale County 30th Probate Court Juvenile Drug Court, slated to begin in January 2006, and with the 54A District Court for Ingham County/City of Lansing, also scheduled to start in Fiscal Year 2005/2006.

From a Jackson County Client: "I love this place. (The program) has given me my life back."

Drug/Sobriety Treatment Courts	Number of Clients
Calhoun County 37th Circuit Court/Women's	26
Calhoun County 37th Circuit Court/Men's	19
Eaton County 56A District Court	10
Eaton County 56th Circuit Court	25
Eaton County 56th Probate Court/Juvenile	7
Ingham County 55th District Sobriety Court	25
Jackson County 4th Circuit Court	60
Total	172

Mid-South staff will continue to work with county District and Circuit courts across the region in the development and implementation of drug/sobriety treatment courts to ensure quality and affordable treatment is available through our funded providers.

ADMISSIONS BY LEVELS OF CARE:

OUTPATIENT:

Outpatient services include the intake session, individual, family and group therapy. Mid-South encourages its providers to work within communities to offer services in a variety of settings to best meet the needs of our clients. Mid-South believes it is essential to have at least outpatient services available in each county; therefore, it has contracts for outpatient services in **all ten counties**. Outpatient services are the **most often level of care utilized** by Mid-South's client base and having a provider in each county increases client access.

Outpatient Admissions per County:

Mid-South served a total of **4873** clients on an Outpatient basis for FY 2004/2005.

COUNTY	ADMISSION	% of TOTAL OUTPATIENT ADMISSIONS
Calhoun	1097	23.0%
Clinton	208	4.5%
Eaton	412	8.0%
Gratiot	243	5.0%
Hillsdale	203	4.0%
Ingham	1255	26.0%
Ionia	137	3.0%
Jackson	544	11.0%
Lenawee	520	11.0%
Newaygo	210	4.0%
Out of Region	44	< 1.0%
Total	4873	100%

METHADONE SERVICES

Methadone dosing is a pharmacological tool for the treatment of opiate addiction which provides the opportunity for an improved quality of life conducive to establishing and maintaining a drug-free lifestyle. Methadone is provided at three locations in the Mid-South region: **CEI/CMH – CSATP** in Ingham County, **Victory Clinical Services, III** in Jackson County and **Project Rehab** in Kent County for Newaygo and Ionia County Clients.

In FY 2004/2005, there were **95** new clients who began receiving Methadone services. This brings the **total** number of individuals in the region on Methadone dosing to **151**.

INTENSIVE OUTPATIENT:

Intensive outpatient services are provided in a structured outpatient setting for at least a three (3) hour block of time, at least three (3) days per week. Didactic lectures, group, and individual therapy in combination with the individualized treatment needs of the client are provided. Aftercare planning and referral services are also provided.

Intensive Outpatient Admissions per County:

Mid-South served a total of **717** clients on an Intensive Outpatient basis for FY 2004/2005.

COUNTY	ADMISSION	% of TOTAL IOP ADMISSIONS
Calhoun	188	26.0%
Clinton	6	< 1.0%
Eaton	32	5.0%
Gratiot	13	2.0%
Hillsdale	24	3.0%
Ingham	121	17.0%
Ionia	18	3.0%
Jackson	268	37%
Lenawee	47	7.0%
Newaygo	0	0.0%
Out of Region	0	0.0%
Total	717	100%

DETOX & RESIDENTIAL SERVICES:

Detoxification is medically supervised care provided for the purpose of managing the effects of withdrawal from alcohol and/or other drugs. Detox services typically last three (3) to five (5) days.

Detox Admissions per County:

Mid-South funded **512** clients for detoxification services for FY 2004/2005.

COUNTY	ADMISSIONS	% of TOTAL DETOX ADMISSIONS
Calhoun	98	19.0%
Clinton	7	1.0%
Eaton	27	5.0%
Gratiot	19	4.0%
Hillsdale	15	3.0%
Ingham	167	33.0%
Ionia	15	3.0%
Jackson	137	27.0%
Lenawee	16	3.0%
Newaygo	8	2.0%
Out of Region	3	< 1%
Total	512	100%

Residential services are provided either as Short-term or Long-term care. **Short-term Residential Service** is an intense, organized, daily treatment regimen in a residential setting which includes an overnight stay. These programs provide stabilization to the individual. Such programs typically are

between ten (10) to fourteen (14) days, with no more than thirty (30) 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.

LT & ST Residential Admissions per County:

Mid-South funded **926** clients in either short or long term residential services for FY 2004/2005.

COUNTY	LT/RES	%/TOTAL ADMISSIONS	ST/RES	%/TOTAL ADMISSIONS
Calhoun	63	14.0%	89	19.0%
Clinton	11	3.0%	6	1.0%
Eaton	30	7.0%	21	5.0%
Gratiot	14	3.0%	12	3.0%
Hillsdale	6	1.0%	12	3.0%
Ingham	207	45.0%	138	30.0%
Ionia	10	2.0%	13	3.0%
Jackson	86	18.0%	144	31.0%
Lenawee	23	5.0%	18	4.0%
Newaygo	10	2.0%	6	2.0%
Out of Region	6	1.0%	1	< 1.0%
Total	466	100%	460	100%

SPECIALTY SERVICES

Individuals who access substance use disorder services often present with additional issues requiring specialized care, such as [mental health disorders](#), [women with young children](#), [pregnant women](#), [adolescents](#), [criminal justice involvement](#) and [employment concerns](#). Aware of these needs, Mid-South in conjunction with a variety of other human service agencies provides the needed services to our clients.

From a Gratiot County Client: "This has been a very rewarding time and learning period."

Ingham County Homeless Outreach Services

Mid-South provides funding for homeless outreach services in Ingham County, funding a case manager from CEI/CMH to work with homeless individuals in Ingham County. For FY 2004/2005 the case manager worked with **233 unique clients** providing intensive case management with the goal of helping those individuals who needed substance use disorder treatment to be able to access it, remove any barriers which prevented individuals to attend treatment and to help with sober living arrangements during and after treatment. This intensive case management has resulted in **12% of clients served** remaining clean and sober **over 12 months**; **22% of individuals** have remained clean and sober **for 6 or more months**; **45% of the individuals** served have been clean and sober **for 9 or more months** and **21% of the individuals** remaining in contact with the case manager.

Women's Specialty Services

Mid-South has [State Designated Women's Specialty Programs](#) in most of its ten counties and continues to work with providers in the other counties to achieve this designation. The designation is given to those providers who meet the Five Federal Criteria for Women's Specialty Services. The **Five Criteria** are: **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, 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 Fiscal Year 2004/2005, Mid-South's treatment providers worked with **150** pregnant women which resulted in **67 drug free births**. This is a 45% positive outcome.

Michigan Rehabilitation Services

Mid-South in conjunction with the Michigan Rehabilitation Services (MRS) in Ingham and Calhoun Counties, partners in a Cash Matching contract to provide case management services for MRS clients needing substance use disorder supportive services in order to obtain and/or maintain employment.

Ingham County Public Health Department Adult Clinic

Mid-South and the Ingham County Health Department have developed a blended funding contract to have a case manager position on site at its adult clinics to provide case management services to individuals who present with substance use issues. Many of these clients also suffer from chronic pain issues. CDRS is funded to provide a staff person to provide screening, case management, assessment, referral, and physician support services at the clinics. This case manager has evaluated **96 clients**, of which 44 are actively case managed resulting in approximately **380 case management contacts** this fiscal year.

Ingham County Department of Human Services

Fiscal Year 2004/05 is the second year of the joint contract between the Ingham County Department of Human Services and Mid-South to braid funding to provide intensive case management for women who are in danger of losing their children due to substance use disorders. CDRS was awarded the contract to work with DHS and the referred families. These women are identified by their case worker and referred to the intensive case managers. **124 clients** were assessed for inclusion in the case management project and **114 clients** have been actively case managed for this fiscal year. The case managers made approximately **1200 case management contacts** throughout the fiscal year. Additional responsibilities include preparation of monthly reports on each client, monthly treatment team meetings on each client, providing testimony at Probate Court custody hearings and development of quarterly project reports.

ACCESS, ASSESSMENT & REFERRAL SERVICES (AAR)

Access, Assessment & Referral Services (AAR) functions include Level of Care (LOC) Screenings, eligibility determination, appropriate referral to substance use disorder treatment providers (ensuring client choice is honored), capacity management (wait lists) and utilization review.

Mid-South currently contracts with two agencies to perform a variety of these functions. Family Service and Children's Aid of Adrian performs initial LOC Screenings and referrals for residents primarily in Lenawee County. These services are performed either via the telephone or face-to-face.

Central Diagnostic and Referral Services, Inc. (CDRS) performs LOC Screenings and appropriate referrals for residents of Calhoun, Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson and Newaygo Counties. The additional functions of capacity management and utilization review, CDRS performs these functions for the entire region.

CDRS has offices in East Lansing, Jackson and Battle Creek. While physically located in these cities, the staff conduct LOC Screenings and referrals across the region via the telephone or face-to-face.

Level of Care Screening

As the LOC Screening function has been refined to be only collecting enough information from the prospective client to **determine medical necessity, appropriate level of care, and a diagnostic impression using the DSMR-IV**, a telephone contact is appropriate. Using the telephone has been a concern for referral sources, but it is a self-correcting process. Once at the treatment provider, a Biopsychosocial assessment is performed to determine the individualized treatment plan and if at that time more information is given and indicates a higher level of care is needed, the provider will work with CDRS to ensure the client is admitted into the appropriate level of care.

During Fiscal Year 2004/05, CDRS performed **3117 LOC Screenings**. Of those, **2482 were new LOC Screenings** and **635 were updates** for clients returning for services within 6 months of their last LOC Screening.

Utilization Review

Beyond the LOC Screenings and placement referral, CDRS also performs **Utilization Review (UR)** for **all** treatment services paid for by Mid-South, including requests for continued care. During the fiscal year, CDRS staff **reviewed appropriately 18,300 requests for authorization**.

Women & Families Specialist

CDRS' East Lansing office houses the Regional Women and Families Specialist. She provides technical assistance to the region's Women and Families Case Managers and assures that each program is meeting the 5 Federal requirements. For this fiscal year, CDRS case managed approximately **115 pregnant women** to ensure the client successfully engaged in treatment and was easily transitioned between levels of care. She averaged **1200 case management contacts for the fiscal year**.

Wait List Management

Periodically, the demand for residential and methadone treatment exceeds regional capacity and a CDRS staff person oversees the "Wait List". This process involves regular contact with those clients who are awaiting treatment availability and regular contacts with the treatment programs to access availability. An important aspect to managing this list is the federal and state admission guidelines as to "priority" populations. Priority populations are those clients who due to specific circumstances are to be placed in treatment immediately. The priority population mandates are: a pregnant woman who uses drugs intravenously; a pregnant woman; a woman who is involved with the child welfare system and is in danger of losing custody of her children, and clients who are Medicaid eligible. The Wait List manager receives on average **600 phone calls per month** from clients and providers concerning wait list issues and completes monthly status reports for the Mid-South Quality Assurance Manager.

Co-Occurring (Dual Diagnosis) Case Management/Treatment

Individuals in need of Mid-South funding for substance use disorder treatment who also present with more complex mental health issues is a growing population. Mid-South, recognizing this population of clients is in need of both substance use disorder and mental health treatment has been working with local Community Mental Health Boards and our provider network in developing dual diagnosis case management and treatment services. Funding for these services is a combination of Community Grant, local dollars and CMH funds.

CEI/CMHA/Substance Abuse Services receives local dollars to fund a full-time case manager. The case manager provides adjunct services for those high risk clients involved in substance use disorder treatment in order to allow them to focus more actively on their recovery and make the necessary lifestyle changes. Clients receive support for housing, entitlement programs, emergency needs, employment, transportation and ongoing health care, which includes medical, dental and

psychiatric concerns. The case manager also works with methadone clients. In FY 2004/2005, the case manager provided services for **157 unique clients** from the Greater Lansing area.

Ionia and Newaygo Counties' Community Mental Health Boards receive community grant funding to provide co-occurring (Dual Diagnosis) case management services for residents of their respective counties.

Ionia County Mental Health provides case management services for those clients also receiving substance use disorder treatment at their substance abuse treatment unit. **Newaygo County Mental Health's** program is for those clients with severe and persistent mental illnesses receiving case management services and have been identified as having a substance use disorder issue. Services include individual and/or group therapy, and a referral to a Mid-South funded provider for outpatient or residential services.

From an Ionia County Client: "The counselor has been very helpful and understanding."

During FY 2004/2005, **Gratiot County Mental Health Board** continued an initiative with our local substance use disorder treatment provider, Human Aid, to provide co-occurring treatment and case management services. The clinician provides treatment and case management services in addition to technical assistance. The technical assistance is targeted to local clinicians to develop their clinical skills for working with this special population for the project goal of expanding capacity in Gratiot County.

LifeWays of Jackson and Hillsdale Counties and Mid-South have been in partnership with **Bridgeway Centers of Jackson and Hillsdale** since FY 2001/2002 to provide co-occurring Intensive Outpatient and Outpatient services. This long running program has been successful in building understanding and effective communication between both Bridgeway Centers and LifeWays' provider network. Better coordinated care for both our clients is the outcome of this effective partnership.

Jackson County residents are also receiving the benefits from another local partnership between **Mid-South, LifeWays and Foote Hospital**. This partnership is jointly funding a project called the "36 Hour Hold" located at Foote Hospital's Emergency Room. The project is designed to better determine an appropriate referral for individuals who come to the emergency room needing detoxification but the medical staff is unable to determine if there is an underlying mental health issue as well. Individuals are allowed to stay at Foote Hospital for 36 hours to be medically monitored as they detoxify from alcohol and/or drugs and then can be assessed for appropriate treatment.

Lansing Teen Court – Ingham County

Lansing Teen Court has been funded in part from Mid-South local dollars since 2001. This unique program provides nonviolent, juvenile respondents (offenders) a second chance to clear their record and achieve personal success. Petitions are screened and referred by the Ingham County Prosecutor's Office. One important requirement for participation is that the juvenile must freely admit guilt, accept personal responsibility, willingly participate and parents/guardians must demonstrate support. While local judges participate in the hearings, the unique aspect of the program is the jury is made up of area high school teens. These teens are trained each month and serve as Jurors, Bailiffs and Clerks during the hearings. The jurors are empowered by the Judge to collect appropriate information about the case by questioning the youth, his or her parent/guardian and the victim. The jurors then adjourn to deliberate an appropriate disposition. For calendar year 2005, the Lansing Teen Court had **233 cases referred** and **138 cases were heard** by the Teen Court Jurors. Of those 233 cases, **67 youth** were assessed for substance use/misuse and referred on for further services.

Calhoun County 37th Circuit Court Probation Department, Relapse Prevention Program

Psychological Consultants of Mid-Michigan was approached by the 37th Circuit Court Probation Department to develop a relapse prevention program aimed at probationers that continue to experience symptoms of relapse. The participants have been previously enrolled in outpatient and/or intensive outpatient treatment. While they may have completed treatment successfully in the past, they report continued symptoms of relapse and many have tested positive for continued mood-alternating substance use. Most of these individuals are facing incarceration if their probation is revoked due to non-compliance with probation mandates and/or continued substance use. Case management services are also included in this project to assist participants in establishing relationships with ancillary services within the community that will assist supporting recovery. For FY 2004/2005, a total of **41** participants completed the program, **4** were successfully transferred to a higher level of care, **1** dropped out voluntarily, **10** participants were terminated due to rule violations, and **5** participants dropped due to probation violation/jail.

From a Calhoun County Client: "I just want to thank everyone here for taking the time to keep and support me through my recover. God bless."

Eaton County Community and Court Services

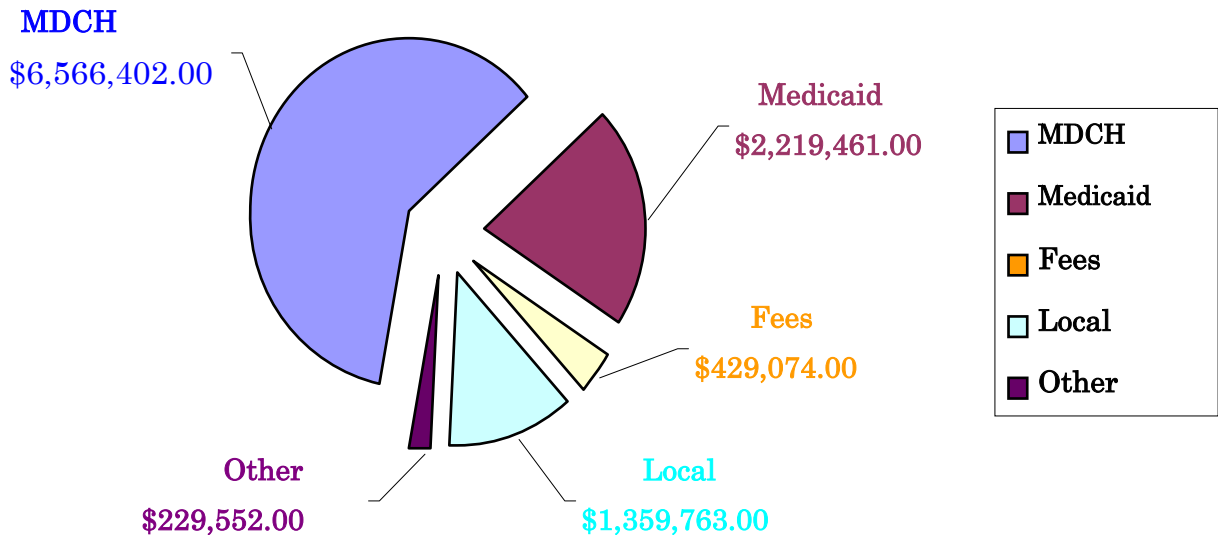
Eaton Substance Abuse Programs (ESAP) receives funding from Mid-South to provide a variety of services in conjunction with the County Courts, the Homeless Coalition and other Human Service Agencies. ESAP collaborates with the **Family Court Division** to work with families currently involved with the court due to abuse and neglect issues or if their adolescent is involved with the juvenile court. The types of services provided range from case management, parenting class and support groups, drug screening, court hearings, review hearings, and case conferences in addition to substance use disorder treatment for the adolescent and/or the family members.

ESAP also receives funding to provide case management services, case coordination and to attend review hearings for OUIL 3rd Time Offenders in the 56th District Sobriety Treatment Court. The other components of the funded services are providing weekly educational groups on life skills with the homeless population, providing assessments, group services and coordinating referrals to community based services for individuals re-entering the community after serving time in the Eaton County Jail.

From a Hillsdale County Client: "I truly enjoy this program. It is a start to a new beginning to a better life."

From an Eaton County Client: "It's a great program that after awhile becomes something to look forward to."

FY 2004/2005 Expenditures by Funding Source



Total funding for Fiscal Year 2004/2005 from all funding sources equaled ten million eight hundred four thousand two hundred fifty two dollars (\$10,804,252).

Below is a breakout of expenditures by service category and what the percentage is in relationship to the total budget.

FY 2004/2005 Expenditures by Service Category

Service Category	\$ Amount	% Spent
Administration	\$ 940,470	9%
AAR	\$1,233,963	11%
Detox	\$ 278,694	3%
IOP	\$ 682,395	6%
Methadone	\$ 421,455	4%
Outpatient	\$3,174,144	29%
HIV/AIDS	\$ 163,956	2%
Residential	\$1,784,272	16%
Prevention	\$2,124,903	20%
Total	\$10,804,252	100%

From a Lenawee County Client: "I think it is great that you help us people that don't have money to come. It is very appreciated by me and I hope you continue to help others the way you help me. Thank you."

QUALITY IMPROVEMENT

The Mid-South Substance Abuse Commission is committed to the provision of quality substance use disorder treatment services for all of our clients at all levels of care. The Quality Assurance (QA) Department's responsibilities include ensuring that all clients are seen on a timely basis and are provided with quality services. Functions of the QA department include clinical site reviews of all treatment providers, reviewing client satisfaction surveys, working with CDRS to monitor wait lists and any other delays in admission to treatment providers, overseeing Methadone services, and working with our providers to increase capacity for co-occurring clients (those with both a mental health and a substance use disorder diagnosis). The Quality Assurance Manager is also the Regional Recipient Rights and Medicaid Fair Hearings Officer, overseeing any complaints regarding treatment services in the Mid-South region.

The QA Manager spends a majority of her time each year conducting clinical quality site reviews. For FY 2004/2005 she conducted **27 reviews**, with an overall average of **88% compliance**. The review looks at both clinical and contractual compliance by the treatment program. If there are significant concerns, a corrective action plan is requested and is monitored by the QA department staff. With an overall average of **88% compliance**, and the benchmark of **95%**, we continue to work on improvements. Of the **27 reviews**, **19** were between 90 and 100%, **6** were between 80 and 90%, **1** was between 70 and 80% and **1** was 69% or less.

The Quality Assurance Department is responsible for the collection of the client comments used throughout this report. The satisfaction surveys distributed to our funded clients on a quarterly basis, returned to our office and the information is entered into a database. The results are sent to each provider and reviewed by Mid-South staff.

From a Clinton County Client: "I feel this is a good program with benefits for anyone who desires abstinence from alcohol/drugs; very knowledgeable. Thank you."



Prevention Services FY 2004/2005

Last year Mid-South began the implementation of our 5 Year Strategic Prevention Plan. This is the second year of the plan and each of our ten counties has been continuing the work of forming their county-wide coalitions. Each county's coalition has its own uniqueness and challenges and yet, the individuals who are involved continue to demonstrate their commitment to the prevention of substance use and misuse. Many dedicated hours have been spent in forming and mobilizing the coalitions. Each coalition has developed a plan which outlines the delivery of substance abuse prevention services in their county.

Prevention funding is being required by the federal government to be data driven and outcome based. It is becoming increasingly more important for each community to have relevant and reliable data to use to base activities and programming decisions on. In FY 2004/2005, Mid-South funded a region-wide Youth Prevention Needs Assessment (PNA) in an effort to collect reliable, community based data. Since youth are easily found in the schools, the survey was conducted with the assistance of school districts across the region. Each coalition worked with the school districts in their county to ask for their participation in the survey. A total of 121 schools throughout the region allowed Mid-South to survey a total of 17,466 youth. The data collected is an excellent baseline for the coalitions to use for planning purposes. The next PNA is scheduled for the fall term of the 2006/2007 school year.

If you are interested in learning more about the PNA and the results for your county, contact the Prevention Manager, Tim Shafto. For more information on your local coalition and how to become involved, contact Joel Hoepfner, the Community Mobilizer.

The Risk and Protective Factor Model of Prevention

The Youth PNA is based on the Risk and Protective Factor Model of Prevention which is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing, and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors.

For more information about our county coalitions, visit our web site at www.mssac.com.

Mid-South Substance Abuse Commission's Treatment Provider Panel

County & Treatment Provider	Outpatient	Intensive Outpatient	Detox	Residential	Special Services
Calhoun County					
Psychological Consultants d.b.a. Central Diagnostic Resources	X	X			Women's Specialty Services, MRS, Drug Court Services, Circuit Court Probation, Jail Based Services (Women)
SPBG, Inc.	X	X			Drug Court Services, Jail Based Services, Faith-based
Clinton County					
CEI-CMH Substance Abuse Services, Clinton County Counseling Center	X				Jail Based Services
Eaton County					
Eaton Substance Abuse Program	X	X			Women's Specialty Services, Drug Court Services – Juvenile & Adult, Jail Based Services
Gratiot County					
Human Aid, Inc.	X	X			Women's Specialty Services, Jail Based Services, Co-Occurring Services
Hillsdale County					
Bridgeway Center of Hillsdale County	X	X			Women's Specialty Services, Co-Occurring Services, Jail Based Services
Ingham County					
Child & Family Services-Capital Area	X	X			Adolescent Services, In-Home Family Services
CEI-CMH Substance Abuse Services, CATS Program	X				Jail Based Services
CEI-CMH Substance Abuse Services, CSATP	X				Methadone Services, Homeless Outreach Services, Co-Occurring Case Management, Sobriety Court
CEI-CMH Substance Abuse Services, House of Commons			X	X	Detox and Short Term Residential Services
Cristo Rey Counseling Center	X				Women's Specialty Services, Sobriety Court Services, Faith Based
Insight Recovery Center	X	X			Adult Medicaid Only
National Council on Alcoholism/Lansing Regional Area (NCA/LRA)	X	X			Sobriety Court Services
NCA/LRA – Glass House				X	Long Term Residential Services, Women Only

County & Treatment Provider	Outpatient	Intensive Outpatient	Detox	Residential	Special Services
NCA/LRA – Holden House				X	Long Term Residential Services, Men Only
Ionia County					
Human Aid, Inc.	X	X			Women's Specialty Services
Ionia CMH	X				Co-Occurring Case Management
Jackson County					
Bridgeway Center of Jackson	X	X			Co-Occurring Services, Jail Diversion, Drug Court Services
Family Service & Children's Aid/Born Free	X	X			Women's Specialty Services
Family Service & Children's Aid/NexGen	X				Adolescent Services
Victory Clinic III	X				Methadone Services
Washington Way Recovery Center	X Limited	X	X	X	Regional Short Term Residential & Detox Services, Drug Court Services
Lenawee County					
McCullough, Vargas & Associates	X	X			Hispanic Programs, Co-Occurring Services, Jail Based Services
Sage Center	X	X			Women's Specialty Services, Juvenile Detention Program Services
Newaygo County					
Arbor Circle	X				Women's Specialty Services
Regional Service Providers					
Salvation Army/Turning Point			X	X	Short Term Residential, Faith Based
Kairos Healthcare Inc.				X	Adolescent Residential Services
Sacred Heart Rehabilitation Center, d.b.a. Clearview				X	Women's Short Term Residential Services, Children allowed, Faith Based, Medicaid Only
Pine Rest Christian Services				X	Women's Short Term Residential Services, Children Allowed, Faith Based
Project Rehab				X	Men, Women and Hispanic Short Term Residential Services, Medicaid Only

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

MID-SOUTH SUBSTANCE ABUSE COMMISSION

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.

INTRODUCTION

The Mid-South Substance Abuse Commission was established pursuant to Act 368 of the Public Act of 1978, and the 1996 Joint Agreement between the Calhoun, Clinton, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Lenawee and Shiawassee County Board of Commissioners.

During FY 2002/2003, the Mid-South region began the process of realigning the counties within the region. The first step in this process was Shiawassee County making the decision to align itself with the new Riverhaven Coordinating Agency. Mid-South continued to provide services for the remaining eight counties for the fiscal year. As of Fiscal Year 2003/2004, the Mid-South region expanded with the addition of Ionia and Newaygo Counties to a total of ten counties.

The functions of the Commission as specified in Act 368 are as follows:

- 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, Division of Substance Abuse Quality and Planning.
- b) Review and comment to the Division of Substance Abuse Quality and Planning on 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 Division of Substance Abuse Quality and Planning.
- e) Submit an annual budget request to the Division of Substance Abuse Quality and Planning 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 Division of Substance Abuse Quality and Planning.
- 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 the Division of Substance Abuse Quality and Planning.

The Mid-South Substance Abuse Commission Staff 2006

Executive Director	Robin Reynolds
Assistant Director	Mary Kronquist
Finance Manager	Gerrie Roeser
Quality Assurance Manager	Jeanne Diver
Prevention Manager	Tim Shafto
Community Mobilizer	Joel Hoepfner
Finance Assistant	Jill Gawronski
Information Analyst	Linda Proper
QA Evaluation Analyst	Doris Mann
Executive Secretary	Lori Griffin
Prevention Assistant	Kimberly Thalison
Claims Adjudicator	Monica Young
QA Administrative Assistant	Angela Simmons
Information Systems/Billing Assistant	V. Ruth Reynolds

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