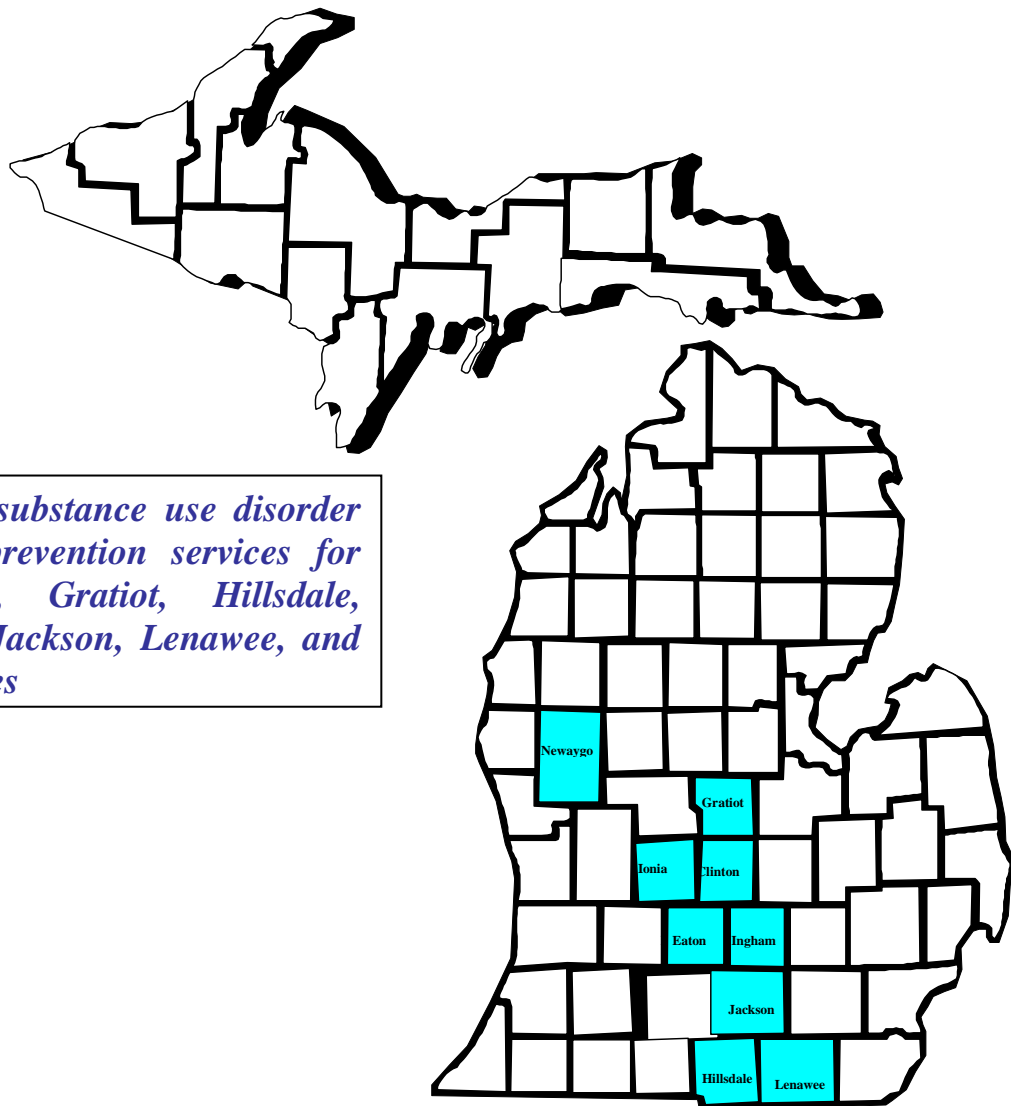




ANNUAL REPORT
FY 2008/2009



The delivery of substance use disorder treatment and prevention services for Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee, and Newaygo Counties

MID-SOUTH SUBSTANCE ABUSE COMMISSION – 2009

CLINTON COUNTY

Robert Showers

EATON COUNTY

Joseph Brehler
Dale Barr

GRATIOT COUNTY

Jan Bunting

HILLSDALE COUNTY

Brad Densmore

INGHAM COUNTY

Shirley Carter
Deborah Smith
Dale Copedge
Debbie DeLeon
Jean Golden

IONIA COUNTY

Lynn Mason

JACKSON COUNTY

Earl Poleski
Cliff Herl
Pam DeVaney-Bozinoff

LENAWEE COUNTY

Ralph Tillotson (Chairperson)
James VanDoren

NEWAYGO COUNTY

Stan Nieboer

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.



February 24, 2010

Dear Friends and Colleagues:

Challenges are abundant. As we looked back at the information collected for fiscal year 2008/09, it was difficult not to wonder what impact continued loss of purchasing power will have on the longer term substance use disorder system and inevitably those we serve. Will providers be able to deliver services while reducing staff to balance their budgets? While data reflects increased admissions, this is not good news. It is a result of increased demand and addressing the increased demand with decreased lengths of stay. Significant increased detoxification services and co-occurring mental health services are evident due to other systems' reductions in available funding and resultant inability to deliver services to those seeking care from their systems. Mid-South's State budget cut was covered by our reserves, now getting precariously low. Unfortunately, significant additional State cuts (21%) have been proposed for 2010/11 on top of what was cut in 2009/10. While the system is fragile, agencies are diligently working to deliver and improve activities in addressing the needs of our residents having the desire to improve their own wellness and that of their community.

In FY 2008/09 Mid-South continued its investment in specific outcome based prevention programs, policies, and practices that either reduce risk or increase protective factors linked to substance use and abuse within communities. The central vehicle through which all community prevention plans originate continues to be the nine community owned multi-sector substance abuse prevention coalitions. These coalitions have vastly improved their overall milestone completion percentage from fiscal year 2007/08 and the majority of coalitions in the region have demonstrated the ability to be catalysts for beneficial community change. Their involvement, influence, and contribution, as we transform to a recovery oriented model in the coming years, will be an asset to our efforts.

While we cannot assure everyone seeking treatment will receive care, we must assure the funds we have are utilized in the best interest of each client pursuing recovery. Thanks to all those providing treatment and prevention services, supporters of our efforts, and especially other systems working as diligently to provide employment, housing, medical care, and other supports to residents of our region. Thanks to the Board of Directors for their continued leadership in distressed economic times, their support, and for their dedication to the mission of our agency.

In closing, we recognize the challenges and hurdles in an economic downturn, and are pursuing opportunities to improve relationships with other systems, to refine service delivery, and improve involvement of our clients in influencing decision making related to their continued recovery.

Sincerely,

Ralph Tillotson

Ralph Tillotson
Chairperson of the Board

Gary VanNorman

Gary VanNorman
Executive Director

Authority

The Mid-South Substance Abuse Commission 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, Jackson, Lenawee, Ionia, 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 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 MDCH.
- e) Submit an annual budget request to the 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 the MDCH.

Nature of Mid-South's Funding

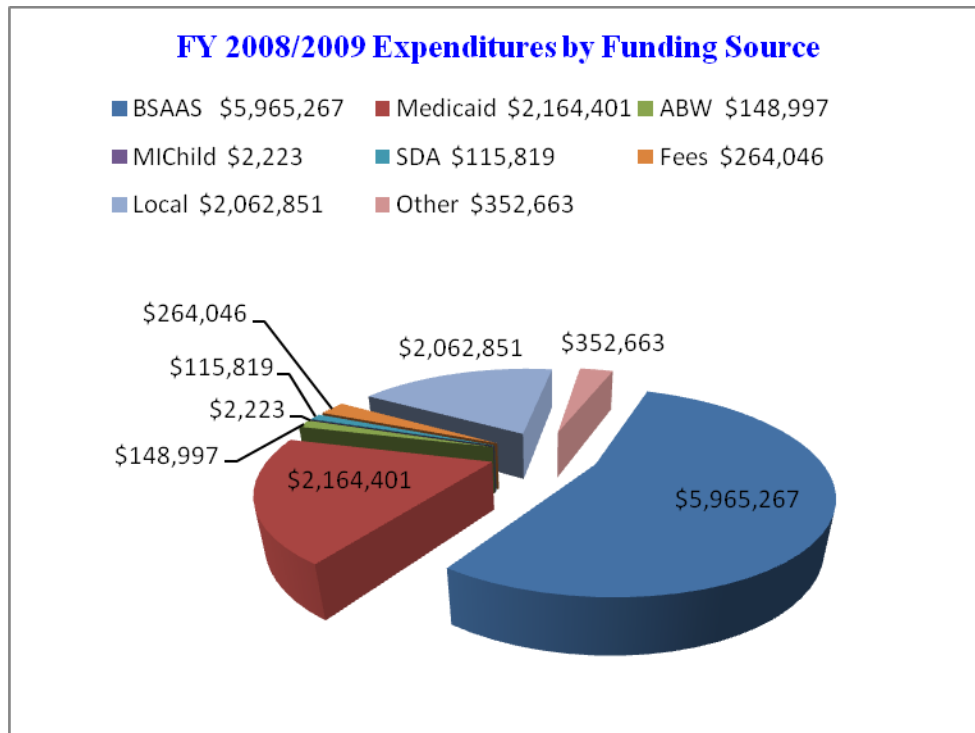
Medicaid: approximately 70% federal and 30% state funding for those persons determined eligible by the state Department of Human Services.

MICHild and Adult Benefit Waiver (ABW): approximately 72% federal and 28% 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. ABW (previously State Medical Plan) is for adults without children.

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.

Investments (Local): earnings on cash deposited from all funding sources and aggressively but securely managed.



Total funding for FY 2008/2009 from all funding sources for services paid for in whole or in part with Mid-South administered funding totaled \$11,076,267. In the above graph, 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 an 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.

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

Expenditures by Service Category: FY 2008/2009

Service Category	Amount	Percent of Expenditure
Community Grant and Medicaid Contracts		
Administration	\$866,607	7.82%
Access Management System	\$328,167	2.96%
Detox	\$677,461	6.12%
Case Management	\$974,347	8.80%
Methadone Dosing	\$510,364	4.61%
Outpatient/IOP	\$4,091,863	36.94%
HIV	\$84,287	0.76%
Residential	\$1,714,573	15.48%
Prevention	\$1,771,735	16.00%
Problem Gambling Grant	\$56,863	0.51%
Total	\$11,076,267	100%

A Duplicated Count of Admissions to Each Level of Care: FY 2008/2009

Level of Care	Number	Percentage of Total
Outpatient	4,149	71.11%
Intensive Outpatient	404	6.92%
Detoxification	535	9.17%
Long-Term Residential	494	8.47%
Short-Term Residential	253	4.33%
Total	5,835	100%

Note: There has been a 9.53% increase in the number of admissions, 5,327 to 5,835, an increase of 508 admissions.

Age at Time of Admission: FY 2008/2009

Age	Number	Percentage of Total
17 & Under	333	5.71%
18 to 25	1,660	28.45%
26 to 35	1,683	28.84%
36 to 45	1,204	20.63%
46 to 55	776	13.30%
56 to 64	168	2.88%
Over 65	11	0.19%
Total	5,835	100%

Race/Ethnicity: FY 2008/2009

Race/Ethnicity	Number	Percentage of Total
African American/Black	838	14.36%
Hispanic/Latino	321	5.50%
Multi Racial	137	2.35%
Native American	52	0.89%
Caucasian	4,440	76.10%
Asian/Pacific Islander	10	0.17%
Arab American/Arab Chaldean	3	0.05%
Refused to Provide/Unknown	34	0.58%
Total	5,835	100%

Gender Breakout: FY 2008/2009

County	County Total	Men		Women	
		Total	% of County	Total	% of County
Clinton	235	149	63.40%	86	36.60%
Eaton	548	348	63.50%	200	36.50%
Gratiot	209	128	61.24%	81	38.76%
Hillsdale	289	181	62.63%	108	37.37%
Ingham	2,114	1,337	63.25%	777	36.75%
Ionia	204	111	54.41%	93	45.59%
Jackson	1,305	666	51.03%	639	48.97%
Lenawee	582	364	62.54%	218	37.46%
Newaygo	327	222	67.89%	105	32.11%
Out of Region	22	15	68.18%	7	31.82%
Total	5,835	3,521		2,314	

Other information relating to admissions during FY 2008/2009

Mid-South collects data on the admissions into treatment beyond what is highlighted in this report. With the number of individuals returning from active military service, the number of admissions reporting having had military service is a data set of interest for the community. For FY 2008/2009, the number of admissions reporting military service is 146, which is 3% of the total admissions. Also collected is data related to mental health issues. Of the 5,835 admissions this fiscal year, 2,573 or 44% indicated having co-occurring mental health issues resulting in expenditures from all funding sources of approximately \$825,000.

Primary Drug at Time of Admission Broken Out by County of Residence: FY 2008/2009

COUNTY	ALCOHOL		MARIJUANA HASHISH		COCAINE CRACK		NARCOTICS OPIATES HEROIN		METH./& OTHER AMPHETAMINES		OTHER		COUNTY TOTAL
Clinton	102	43.41%	66	28.09%	17	7.23%	42	17.87%	4	1.70%	4	1.70%	235
Eaton	246	44.89%	116	21.17%	50	9.12%	112	20.44%	17	3.10%	7	1.28%	548
Gratiot	111	53.11%	58	27.75%	7	3.35%	30	14.35%	0	0.00%	3	1.44%	209
Hillsdale	143	49.48%	63	21.80%	11	3.81%	57	19.72%	10	3.46%	5	1.73%	289
Ingham	889	42.05%	487	23.04%	203	9.60%	512	24.22%	8	0.38%	15	0.71%	2,114
Ionia	91	44.61%	34	16.67%	10	4.90%	58	28.43%	9	4.41%	2	0.98%	204
Jackson	625	47.89%	208	15.94%	117	8.97%	323	24.75%	14	1.07%	18	1.38%	1,305
Lenawee	320	54.99%	101	17.35%	37	6.36%	106	18.21%	5	0.86%	13	2.23%	582
Newaygo	183	55.97%	59	18.04%	16	4.89%	65	19.88%	2	0.61%	2	0.61%	327
Out of Region	10	45.45%	3	13.64%	2	9.09%	7	31.82%	0	0.00%	0	0.00%	22
Total	2,720		1,195		470		1,312		69		69		5,835
% of Grand Total		46.62%		20.48%		8.05%		22.49%		1.18%		1.18%	

Yearly since FY 2005/2006, there has been a steady increase in the number of admissions of people identifying the category of narcotics/opiates/heroin as their primary drug of choice. However, in FY 2008/2009 there was a 55% increase with this drug of choice from the previous fiscal year. This increase is seen in the number of admissions identifying other opiates or synthetics as their primary drug; which is related to the misuse of prescription drugs.

Criminal Justice Involvement at Time of Admission Broken Out by County of Residence: FY 2008/2009

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	70	29.79%	92	39.15%	55	23.40%	14	5.96%	4	1.70%	235
Eaton	174	31.75%	111	20.26%	97	17.70%	62	11.31%	104	18.98%	548
Gratiot	54	25.84%	135	64.59%	0	0.00%	12	5.74%	8	3.83%	209
Hillsdale	96	33.22%	104	35.99%	29	10.03%	30	10.38%	30	10.38%	289
Ingham	807	38.17%	610	28.86%	458	21.67%	89	4.21%	150	7.10%	2,114
Ionia	82	40.20%	81	39.71%	10	4.90%	8	3.92%	23	11.27%	204
Jackson	577	44.21%	487	37.32%	8	0.61%	101	7.74%	132	10.11%	1,305
Lenawee	156	26.80%	183	31.44%	56	9.62%	26	4.47%	161	27.66%	582
Newaygo	92	28.13%	148	45.26%	54	16.51%	12	3.67%	21	6.42%	327
Out of Region	3	13.64%	9	40.91%	4	18.18%	6	27.27%	0	0.00%	22
Total	2,111		1,960		771		360		633		5,835
% of Grand Total		36.18%		33.59%		13.21%		6.17%		10.85%	

In another section of this report, the distribution of all community referral sources is shown in a pie chart. A primary referral source for publicly funded programs is the criminal justice system. This table, broken out by county, indicates a total of 63.83% of admissions for FY 2008/2009 are involved with the criminal justice system in some way; either in jail, awaiting trial or sentencing, on probation or parole, or under court supervision.

Admissions by Levels of Care: FY 2008/2009

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	204	86.81%	0	0.00%	12	5.10%	1	0.43%	18	7.66%	235
Eaton	434	79.20%	14	2.55%	44	8.03%	12	2.19%	44	8.03%	548
Gratiot	176	84.21%	0	0.00%	7	3.35%	3	1.44%	23	11.00%	209
Hillsdale	239	82.70%	6	2.08%	19	6.57%	17	5.88%	8	2.77%	289
Ingham	1,509	71.38%	139	6.58%	207	9.79%	42	1.99%	217	10.26%	2,114
Ionia	148	72.55%	8	3.92%	19	9.31%	3	1.47%	26	12.75%	204
Jackson	668	51.19%	224	17.16%	170	13.03%	148	11.34%	95	7.28%	1,305
Lenawee	470	80.76%	12	2.06%	43	7.39%	26	4.46%	31	5.33%	582
Newaygo	291	88.99%	0	0.00%	12	3.67%	1	0.31%	23	7.03%	327
Out of Region	10	45.45%	1	4.55%	2	9.09%	0	0.00%	9	40.91%	22
Total	4,149		404		535		253		494		5,835
% of Grand Total		71.11%		6.92%		9.17%		4.34%		8.46%	

There was a total of 5,835 admissions into treatment for FY 2008/2009.

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 chart above shows, there were 4,149 admissions on an outpatient basis which represents 71.11% of total admissions. Intensive Outpatient (IOP) SUD treatment 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 consisting of a combination of didactic lectures, group, and individual therapy that meet the individualized treatment needs of the client. IOP is a difficult level of care to sustain in more rural counties because it is difficult to maintain a threshold of clients to make it both effective in quality and financial resources committed. At the beginning of FY 2008/2009, Mid-South “unbundled” the services to have the intensity of services but with more flexibility in delivery. For FY 2008/2009 there was a total of 404 admissions for IOP services, which is 6.92% of the total admissions. The average length of stay for clients admitted into either outpatient or IOP was 78.47 days for FY 2008/2009.

Detoxification services are clinically and/or medically supervised care provided for the purpose of 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 2008/2009 being 2.53 days. There were 535 admissions into either clinically managed or medically monitored detoxification services, which is 9.17% of total admissions for FY 2008/2009. This is an increase of 35% over last fiscal year’s admissions into detoxification services.

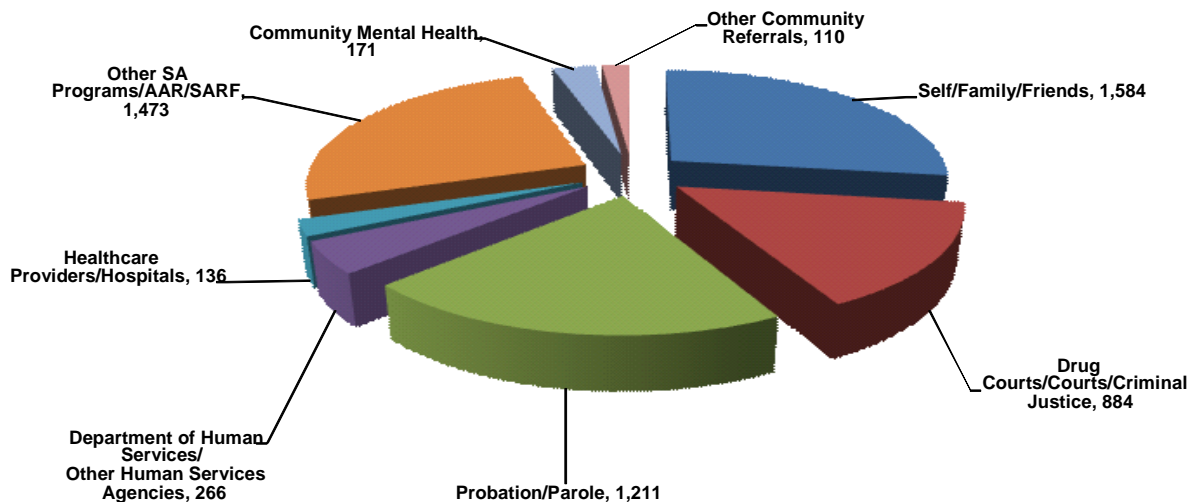
Residential services are provided either as stabilization (short-term) or long-term care. Short-term residential service is an intense, organized, daily treatment regimen in a residential setting which includes an overnight stay. These programs provide stabilization to the individual.

Lengths of stay at such programs are typically between ten (10) to fourteen (14) days, with no more than thirty (30) days. There were 253 admissions into contracted residential provider services, which is 4.34% 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 12.77 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 2008/2009, there were 494 admissions into long-term residential services, which is 8.46% of the total number of admissions into treatment this fiscal year; with the average length of stay being 34.81 days.

Referral Sources at Time of Admission: FY 2008/2009

Mid-South and its contracted SUD 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 goals. The following chart depicts various categories of referral sources and the number referred for SUD treatment for the fiscal year.



The majority of referrals come from the criminal justice system, followed by the category consisting of self/family/friends.

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: 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 FY 2008/2009, Mid-South's women's specialty contracted treatment providers worked with 375 women who had a total of 220 children. Additionally, of the 2,314 women admitted into treatment, a total of 758 women had responsibility for 1,418 dependent children. Treatment has the potential to impact more than just the individual woman seeking it. It is important to remember that addiction also impacts the youngest family members and recovery improves their lives too.

Methadone

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.

Mid-South let a Request for Proposal during FY 2008/2009 for methadone services for the region. Victory Clinical Services was awarded the contract and began dosing clients on June 1, 2009. Due to the diligent work of CEI/CMH Substance Abuse Services and Victory Clinical Services, the transition of all the methadone clients to the new provider went without incident. New admissions in FY 2008/2009 for methadone totaled 80 people. At the end of the fiscal year, there were a total of 290 clients receiving methadone dosing in the Mid-South region. The increase of clients seeking methadone treatment for opiate addiction is directly related to prescription drug misuse.

Communicable Diseases

Mid-South receives funding from MDCH 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 forty-one (41) sessions for two hundred and fifty five (255) clinical and support staff at our contracted providers. They tested forty two (42) individuals and provided client education to one hundred ninety six (196) individuals at methadone and residential treatment providers.

Quality Improvement and Care Coordination Center (CCC)

During FY 2008/2009, Mid-South completed the process of bringing the access management functions in-house and created the Care Coordination Center (CCC). Mid-South staff have made improvements to the process for access to treatment, community awareness, reporting accuracy, utilization management, and quality services.

To improve access to treatment, Mid-South changed its release of information form to a multiple-agency release that allows providers the ability to communicate with each other immediately for a more efficient access and admission process. Residential “openings” for the next day are put on Mid-South’s website to provide available bed information for community referrals to residential providers. This table is updated daily with new openings and allows for a more efficient referral process directly to the provider of choice.

Mid-South was reviewed and was found to be in compliance by two Prepaid Inpatient Health Plans (PIHPs) and the Michigan Bureau of Substance Abuse and Addiction Services (BSAAS), this fiscal year. All site reviews found Mid-South in compliance with minimal corrective action required.

CCC’s goal for improving access to treatment, retention, and recovery is to improve the process of clients transferring between providers and from one level of care to another; improve communication among providers; complete preliminary site reviews that will prepare providers for future retrospective reviews; incorporate care management within the priority population recidivists and the high-risk clients that transfer from one level of care to another; and, provide care management and other related services in order to improve recovery opportunity.

Finance Department

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.

Finance’s responsibilities include timely invoice paying, provider payments, and processing provider client claims. An estimated 163,040 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.

During FY 2008/2009, there were 26 treatment financial site reviews with our contracted providers. The following chart shows the results of those site reviews. The overall regional average score was 96%, up 6% from the previous fiscal year. The goal for the fiscal year was a 95% compliance rate. This goal was achieved for the first time. The program subcontractors are to be commended on this great accomplishment. Financial compliance is based on file

documentation and accuracy of billings. There were 24 providers who scored above 90%. This was an increase of 5 providers from last fiscal year.

Scoring	# of Providers	% of Providers Reviewed
100% (Excellent)	7	27%
99 – 90% (Great)	17	65%
89 – 80% (Good)	2	8%
79 – 70% (Fair)	0	0%
69% & Below (Poor)	0	0%
Total	26	100%

Prevention Department

In FY 2008-2009 Mid-South 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 that have built capacity well and are moving forward in the process have been able to access additional major funding streams. Specifically, the Eaton and Ingham County Prevention Coalitions have been awarded the Federal Drug Free Communities Grant (Eaton in August 2006 and Ingham in August 2007), and several other coalitions continue to access additional prevention dollars on the local, regional, or state level.

The Mid-South Prevention Department continues to provide resources, training, and technical assistance to all nine county coalitions and their provider networks. This includes but is not limited to the facilitation of the Regional Planning Collaborative and Regional Epidemiological Workgroup, semi-annual Strategic Prevention Framework Orientation trainings, annual six-month reviews, and the provision of full day provider meetings each quarter in addition to extensive one-on-one technical assistance provided to individual staff, providers, and coalitions. The department utilizes and maintains a free blackboard website that serves as a prevention resource library for the region and houses the majority of all current prevention related links, guidance documents, templates, and publications.

Highlights of Efforts at the Regional and Local Level in FY 2008-2009

Highlights of local level prevention activities in FY 2008-09 within the Mid-South region include: The Life of an Athlete Program, social marketing campaigns, development of county wide problem identification and referral systems, Parenting programming, Minor in Possession/Diversion programming, school ATOD policy development, drinking and driving law enforcement zones, The Reducing Underage Drinking and Driving Program, smoke free policy initiatives and advocacy, Screening and Brief Intervention and Referral to Treatment programming, law enforcement alcohol and tobacco vendor compliance checks, and civilian vendor education.

The Prevention Department continues to utilize a strategic planning process to create regional and local systems change with the development of a new strategic prevention plan.

Mid-South's Board approved the new 2010-2015 Strategic Prevention Plan on November 23, 2009. This will provide a renewed focus for the region. This 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 Prevention Framework. 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. In FY 2010, all nine counties will have the opportunity to adopt and/or enhance the regional strategic plan with the completion of their own multi-year county strategic plan.

Strategic Prevention Framework – State Incentive Grant

The Michigan Department of Community Health moved into the fifth year of the five year 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 the following tasks and essentially mirrors Mid-South's strategic planning process:

- 1. Needs Assessment - assess population needs, resources, and readiness**
- 2. Capacity Building - mobilize and/or build capacity to address needs**
- 3. Strategic Planning - develop a comprehensive strategic plan**
- 4. Implementation - implement evidence-based prevention programs and activities**
- 5. Evaluation - monitor, evaluate, sustain, and improve or replace those that fail**

Mid-South has completed Phase I and II of the SPF-SIG project, which included a regional needs assessment, strategic plan, and the completion of an implementation plan. During FY 2008/2009, Mid-South involved all nine counties in the development and submission of comprehensive logic models to be approved for SPF-SIG funding allocations. In the last three 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. The enhanced capacity building efforts enabled counties to successfully develop individual county logic models that met strict evaluation criteria and were included in the annual county implementation plan submissions to Mid-South for FY 2008/2009 investment consideration. One major administrative milestone within this project involved Mid-South's ability to align the main funding streams overseen by Mid-South into one county grant application/request for funding. It was accomplished through the FY 2008/2009 county implementation plan submission. This administrative efficiency has significantly reduced the potential duplication of services, enhanced local prevention system alignment, and improved the effectiveness and sustainability of evidence-based prevention programs, policies, and practices in the Mid-South region.

The regions' evidence-based SPF-SIG prevention strategies that began in October 2008 included high visibility enforcement of drinking and driving checkpoints, media and social

marketing campaigns, alcohol vendor compliance checks, Life of an Athlete school policy efforts, and Parents Who Host Lose the Most Campaigns.

Mid-South's Regional Epidemiological Workgroup (REW) and Regional Planning Collaborative (RPC) that were established under the SPF-SIG project requirements have met multiple times within FY 2008/2009. The REW dealt with county staff turnover initially but has begun transitioning from collecting data and establishing target priorities to overseeing the SPF-SIG evaluation plan and overall outcome evaluation 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. It has also been heavily involved in the development of the 2010-2015 Strategic Prevention Plan. These groups are considered vital to the continued success and institutionalization of the Strategic Prevention Framework. The 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 recently approved 2010-2015 Strategic Substance Abuse Prevention Plan or links to other prevention related documents, please visit our website at www.mssac.com.

**Mid-South Substance Abuse Commission's
FY 2009/2010 Treatment Provider Panel & County Prevention Coalitions**

County & Treatment Provider	Outpatient (Inclusive of intensive services)	Detox	Residential	Prevention Coalition Fiduciary	Special Services
Clinton County					
CEI-CMH Substance Abuse Services, Clinton County Counseling Center	X			X	
Eaton County					
Eaton Substance Abuse Program	X				Women's specialty, Drug Court – Juvenile & Adult, Jail-based, Co-occurring
Prevention Program Services/EISD				X	
Gratiot County					
Addiction Solutions Counseling Center	X				Women's specialty, Jail-based services, Co-occurring
Gratiot Isabella Regional Education School District (GIRESD)				X	
Hillsdale County					
McCullough Vargas & Associates	X			X	Women's specialty, Jail-based, Co-occurring
Ingham County					
Child & Family Services-Capital Area	X				Adolescent, In-home family
CEI-CMH Substance Abuse Services, Birchtree Cottage		X			Clinically Managed Detoxification
CEI-CMH Substance Abuse Services, CATS Program	X				Jail-based & case management
CEI-CMH Substance Abuse Services, House of Commons			X		Short & long-term, men only
Cristo Rey Counseling Center	X				Women's specialty, Sobriety Court, Faith-based
Insight Recovery Center	X				Adult Medicaid Only
National Council on Alcoholism/Lansing Regional Area (NCA/LRA)	X				Sobriety Court
NCA/LRA, Glass House			X		Long-term, Women only
NCA/LRA, Holden House			X		Long-term, Men only
Victory Clinical Services, Lansing	X				Methadone, co-occurring
Prevention Program Services /EISD				X	

County & Treatment Provider	Outpatient (Inclusive of intensive services)	Detox	Residential	Prevention Coalition Fiduciary	Special Services
Ionia County					
Ionia County Substance Abuse Initiative	X			X	Women's specialty, case management, Drug Court
Ionia Community Mental Health					Co-occurring Case Management Jail Diversion Services
Jackson County					
Allegiance Substance Abuse Services (formerly Bridgeway Center of Foote/Jackson)	X				Co-occurring services & case management, Drug Court
Allegiance Addiction Recovery Center (formerly Washington Way Recovery Center)	X Limited	X	X		Medically Monitored Detoxification, Short-term residential, Drug Court
Family Service & Children's Aid-Born Free	X				Women's specialty, Drug Court
Victory Clinical Services III	X				Methadone, Co-occurring
United Way of Jackson County				X	
Lenawee County					
Family Service & Children's Aid	X				Women's specialty
McCullough Vargas & Associates	X				Hispanic programs, Co-occurring, Jail-based, Women's specialty
Community Action Agency				X	
Newaygo County					
Arbor Circle	X				Women's specialty
Newaygo County Regional Educational Service Agency				X	
Regional Service Providers					
Kairos Healthcare Inc.			X		Adolescent
Sacred Heart Rehabilitation Center, d.b.a. Clearview			X		Women's Short-term, children allowed, Faith-based

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

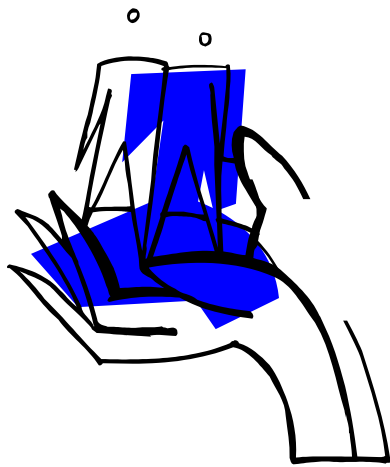
“What we are professionally responsible for is creating a milieu of opportunity, choice and hope. What happens with that opportunity is up to the addict and his or her god. We can neither own the addiction nor the recovery, only the clarity of the presented choice, the best clinical technology we can muster, and our faith in the potential for human growth.”

William L. White, “Slaying the Dragon: The History of Addiction Treatment and Recovery in America.”

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