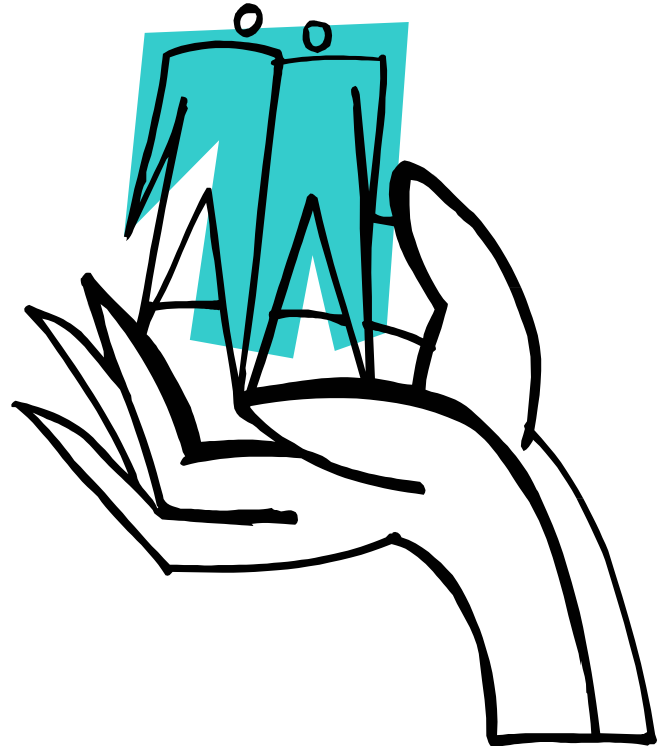


mid-south

substance abuse commission



*ANNUAL REPORT
FY 2003/2004*

CALHOUN COUNTY

Benjamin Miller
Kenneth Ponds

CLINTON COUNTY

Robert Showers

EATON COUNTY

Robert Johnson
William Swint

GRATIOT COUNTY

Daniel Alonzi

HILLSDALE COUNTY

Maxine Vanlerberg

INGHAM COUNTY

Tom Minter
Jean Golden
Debbie DeLeon
Ron Clark
Shirley Carter

IONIA COUNTY

Cheryl Chadwick
Lisa McCafferty (Alternate)

JACKSON COUNTY

Gail Mahoney (Chair)
David Elwell
Hattie Oliver

LENAWEE COUNTY

Larry Gould
Ralph Tillotson

NEWAYGO COUNTY

Mary Anderson

MID-SOUTH SUBSTANCE ABUSE COMMISSION

MISSION STATEMENT

The Mid-South Substance Abuse Commission's (MSSAC) 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 MSSAC 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 River Haven Coordinating Agency. MSSAC continued to provide services for the remaining eight counties for the fiscal year. As of Fiscal Year 2003-2004, the MSSAC 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.

EXECUTIVE DIRECTOR'S MESSAGE

The Mid-South Substance Abuse Commission is pleased to present our 2004 Annual Report.

In 2004, services to individuals in our region increased, despite a loss of revenue. Innovative services and collaboration with other service providers have made it possible to expand our reach. Mid-South has entered into joint agreements with public health, mental health, DHS, drug courts, the criminal justice system and others in our attempt to expand our dollars and serve those with other co-occurring conditions. There are now drug courts operating in four of our ten counties, with additional courts in the development stages. Mid-South continues to work with the courts and our treatment provider network to address the needs of the addicted offender.

We continue to work to expand services in Ionia and Newaygo counties who joined the Mid-South region last year. Newaygo County treatment admissions are showing a steady increase. In Ionia County, service development continues to be a priority. The county, members of the community, the human service network and Mid-South continue to work closely to facilitate services that will meet the needs of Ionia County.

Mid-South and its prevention provider network continue to work through the systems change that was begun last year. Mid-South has developed a five year strategic plan that will guide the counties toward outcome based prevention services. These groundbreaking changes in the delivery of prevention services are both difficult and rewarding. Community commitment to address substance abuse is the way in which we will see true outcomes to reduce the use and misuse of alcohol, tobacco and other drugs. The youth risk and protective factor survey has been introduced to the school systems in our region. Facilitation of the survey by participating schools will occur early in the 2005 fiscal year. We are excited about the local data that will be collected and utilized in prevention planning in the region.

As we look to 2005, we will continue our steadfast commitment to address the prevention and treatment needs of the communities we serve. Mid-South would like to express its appreciation to our network of providers and the many organizations and individuals who are devoted to the delivery of quality services in the region. I would also like to personally thank the Mid-South Board of Directors and the staff at Mid-South for their hard work and dedication, making the goals of our agency possible.

LEVELS OF CARE

OUTPATIENT:

Outpatient services include the intake session, individual, family and group therapy. MSSAC encourages its providers to work within communities to offer services in a variety of settings to best meet the needs of our clients.

Because MSSAC believes it is essential to have at least outpatient services available each county, it has contracted outpatient services in **all ten counties**. Outpatient services are the most often utilized by MSSAC's client base and having a provider in each county increases client access.

Calhoun County

SPGB Services – Battle Creek & Albion (Drug Court Services, Jail Based Services)
Psychological Consultants – Battle Creek & Albion (Women's Specialty Services, MRS, Drug Court Services)

Clinton County

CEI-CMH Substance Abuse Services/Clinton County Counseling Center (Women's Case Management Services, Jail Based Services)

Eaton County

Eaton Substance Abuse Program (Women's Specialty Services, Drug Court Services – Juvenile & Adult, Jail Based Services)

Gratiot County

Human Aid, Inc. (Women's Specialty Services, Adolescent Services, Jail Based Services)

Hillsdale County

Bridgeway Center of Hillsdale (Women's Case Management, Co-Occurring Services, Jail Based Services)

Ingham County

Child & Family Services – Capital Area (Adolescent Services)

CEI-CMH Substance Abuse Services/Cats (Jail Based Services)

CEI-CMH Substance Abuse Services/CSATP – (Methadone, Homeless Outreach Services, Co-Occurring Case Management, Sobriety Court Services,)

Cristo Rey Counseling Services (Women's Specialty Services, Sobriety Court Services)

Insight Recovery Center (Medicaid Clients Only)

National Council on Alcoholism/Lansing Regional Area (Homeless Treatment Readiness Services, Sobriety Court Services)

Ionia County

Life Guidance

Ionia CMH (Co-Occurring Case Management)

Jackson County

Bridgeway Center of Jackson (Co-Occurring Services, Jail Diversion, Drug Court Services)

Family Service & Children's Aid (FSCA)

Born Free (Women's Specialty Services, Drug Court Services)

FSCA/NexGen (Adolescent)

Victory Clinic III (Methadone)

Lenawee County

McCullough Vargas & Associates (Hispanic Programs, Co-Occurring Services, Jail Based Services)

Sage Center – Adrian & Tecumseh (Women Specialty Services & Juvenile Detention Program Services)

Newaygo County

Arbor Circle

OUTPATIENT ADMISSIONS PER COUNTY

Mid-South served a total of **4806** clients on an Outpatient basis for FY 2003/2004. This is a 12.25 % increase from last fiscal year.

COUNTY	ADMISSION	% of TOTAL
Calhoun	1115	23.0%
Clinton	214	4.5%
Eaton	389	8.0%
Gratiot	217	4.5%
Hillsdale	227	5.0%
Ingham	1184	25.0%
Ionia	131	3.0%
Jackson	526	11.0%
Lenawee	551	11.0%
Newaygo	195	4.0%
Out of Region	57	1.0%
Total	4806	100%

METHADONE SERVICES

Methadone dosing is a pharmacological tool for the treatment of opiate addiction that provides the opportunity for an improved quality of life conducive to establishing and maintaining a drug-free lifestyle. It is provided at three locations in the MSSAC 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 2003/2004, there were **106** new clients who began receiving Methadone

services. This brings the total number of individuals in the region on Methadone dosing to **145**.

SPECIALTY SERVICES

Individuals who access substance use disorder services often present with additional issues requiring specialized care, such as [mental health disorders, women and children, adolescents, criminal justice involvement and employment concerns](#). Aware of these needs, MSSAC in conjunction with other agencies such as LifeWays Managed Care Organization (Jackson and Hillsdale Counties' Community Mental Health Board), Ingham County's Department of Human Services (formally Family Independence Agency) and Michigan Rehabilitation Services of Ingham and Calhoun Counties contract with our treatment providers to offer this care.

MSSAC has [State Designated Women's Specialty Programs](#) in most of its ten counties and has been working with providers in the rest of the 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.

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.

Specialty IOP services are provided at the State Designated Women's Services programs as well as for adolescents and individuals with Co-Occurring Disorders and culturally specific needs.

Calhoun County

SPGB Services – Battle Creek & Albion
Psychological Consultants

Eaton County

Eaton Substance Abuse Program

Gratiot County

Human Aid, Inc.

Hillsdale County

Bridgeway Center of Hillsdale

Ingham County

Insight Recovery Center

National Council on Alcoholism/Lansing
Regional Area

Jackson County

Bridgeway Center of Jackson

FSCA Born Free (Women Only)

Washington Way Recovery Center

Lenawee County

Sage Center – Adrian & Tecumseh

INTENSIVE OUTPATIENT ADMISSIONS PER COUNTY

MSSAC served a total of **706** clients on an Intensive Outpatient basis for FY 2003/2004. This is an 11% increase from last fiscal year.

COUNTY	ADMISSION	% of TOTAL
Calhoun	168	24.0%
Clinton	11	2.0%
Eaton	32	5.0%
Gratiot	15	2.0%
Hillsdale	34	5.0%
Ingham	151	21.0%
Ionia	2	<1.0%
Jackson	212	30.0%
Lenawee	78	11.0%
Newaygo	1	<1.0%
Out of Region	2	<1.0%
Total	706	100%

DETOX & RESIDENTIAL SERVICES:

Detoxification services are 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.

MSSAC has two (2) region-wide contracts for detoxification services. 1) Salvation Army/Turning Point, Grand Rapids and 2) Washington Way Recovery Center, Jackson.

DETOX ADMISSIONS PER COUNTY

Mid-South funded **437** clients for detoxification services for FY 2003/2004. This is a 37% increase from last fiscal year.

COUNTY	ADMISSIONS	% of TOTAL
Calhoun	53	12.0%
Clinton	7	2.0%
Eaton	21	5.0%
Gratiot	3	<1.0%
Hillsdale	21	5.0%
Ingham	179	41.0%
Ionia	15	3.0%
Jackson	102	23.0%
Lenawee	23	5.0%
Newaygo	12	3.0%
Out of Region	1	<1.0%
Total	437	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. 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.

Regional Short-term Residential Providers:

Sacred Heart Rehabilitation Center d.b.a. Clearview – Port Huron (Medicaid Only & for Women & Women w/Children)
 Salvation Army/Turning Point – Grand Rapids (Detox & ST Residential)
 Washington Way Recovery Center – Jackson (Detox & ST Residential)
 Karios Healthcare Inc – Bridgeport (Adolescents)
 House of Commons – Mason (Men)

Regional Long-term Residential Providers:

Sacred Heart Rehabilitation Center d.b.a. Clearview – Port Huron (Medicaid Only for Women & Women w/Children)
 National Council on Alcoholism/Lansing Regional Area – Glass House (Women Only)
 National Council on Alcoholism/Lansing Regional Area – Holden House (Men Only)
 House of Commons – Mason (Men Only)

LT & ST RESIDENTIAL ADMISSIONS PER COUNTY

Mid-South funded **890** clients in either short or long term residential services for FY 2003/2004. This is a 33% increase from last fiscal year.

COUNTY	LT/RES	%/TOTAL	ST/RES	%/TOTAL
Calhoun	52	12.0%	76	17.0%
Clinton	6	1.0%	7	2.0%
Eaton	28	6.0%	18	4.0%
Gratiot	9	2.0%	6	1.0%
Hillsdale	6	1.0%	22	5.0%
Ingham	242	54.0%	153	35.0%
Ionia	14	3.0%	15	3.0%
Jackson	47	11.0%	100	23.0%
Lenawee	23	5.0%	33	7.0%
Newaygo	9	2.0%	11	2.0%
Out of Region	13	3.0%	1	<1.0%
Total	449	100%	441	100%

ACCESS, ASSESSMENT & REFERRAL SERVICES (AAR)

Mid-South contracts with Central Diagnostic and Referral Services, Inc. (CDRS) to perform the Access, Assessment and Referral (AAR) services for Calhoun, Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, and Newaygo Counties. And with Family Service and Children's Aid of Adrian to perform the AAR functions for Lenawee County. The AAR is the system utilized in MSSAC's region to improve the accessibility of substance use disorder treatment services providing client informed choice of available treatment providers and an objective unbiased process to determine client need, level of care, referral and placement for substance use disorder treatment.

CDRS has offices in East Lansing, Jackson and Battle Creek. While physically located in these cities, CDRS conducts assessments across the region via the telephone or face-to-face. Family Service and Children's Aid is located in Adrian and also conducts assessments.

The telephone screening process has raised concerns for referral sources over the years. It is important to understand what the purpose is of the assessment process MSSAC utilizes with CDRS. It is to **determine medical necessity, appropriate level of care and a diagnostic impression using the DSMR-IV**. The treatment providers then complete a biopsychosocial assessment to determine the individualized treatment plan.

Beyond the initial screening and placement referral, CDRS also provides utilization review for all treatment services paid for by MSSAC, including requests for continued care. Utilizing a secure web based system CDRS is able to perform real time authorizations for our network of providers.

Additional responsibilities CDRS performs for MSSAC are the Regional Women and Families Specialist, Wait List Management, interim services as needed, referrals for support services, and follow-up for those waiting to be admitted into treatment.

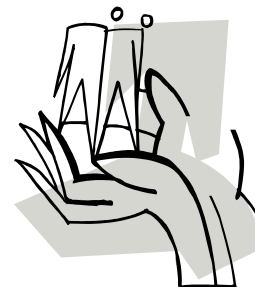
The Women and Families Specialist provides technical assistance to the region's Women Specialty Programs. The important function she does is case manage pregnant women who are seeking treatment in either a regional residential program or a regional methadone program to increase the likelihood the mother-to-be will remain in treatment and deliver a healthy baby.

Unfortunately, there are times when the capacity for residential and methadone treatment is not sufficient for the region's needs. CDRS manages the 'Wait List' to ensure clients are admitted into treatment as quickly as possible following all federal and state admission guidelines and that interim services are being provided.

MSSAC, in a Cash Matching contract with the Michigan Rehabilitation Services (MRS) for Ingham County contracts with CDRS to provide case management services for MRS clients needing Substance Use Disorder supportive services in order to obtain and/or maintain employment.

The Ingham County Health Department, (ICHHD) seeing a need for case management services to address the needs of persons who are seen at their clinics presenting with possible substance use disorders, approached MSSAC to develop a blended funding contract. CDRS provides staff at ICHHD Adult Clinics to provide this case management.

During FY 2003/2004, MSSAC worked with the Ingham County Family Independence Agency (FIA) in developing a braided contract to provide intensive case management for women who are in danger of losing their children due to substance use disorders. CDRS won the Request for Proposal and has staff assigned to provide the case management.



DEMOGRAPHICS and OTHER INFORMATION

FY 2003/2004 TREATMENT ADMISSIONS BY GENDER

COUNTY	MEN	WOMEN	TOTAL
Calhoun	1001	463	1464
Clinton	181	64	245
Eaton	316	172	488
Gratiot	188	62	250
Hillsdale	238	72	310
Ingham	1273	635	1908
Ionia	122	55	177
Jackson	523	464	987
Lenawee	456	252	708
Newaygo	165	63	228
Out of Region	57	18	75
Total	4520	2320	6840

SERVICES TO PREGNANT WOMEN

Mid-South Substance Abuse Commission's Women's Specialty Programs provided services to **44** pregnant women during FY 2003/2004. In total there were **100** admissions in all levels of care of women who were pregnant at time of admission.

FY 2003/2004 TREATMENT ADMISSIONS BY AGE

AGE	NUMBER	% OF TOTAL
Under 17	405	6.0%
18-25	1724	25.0%
26-40	2852	42.0%
41-64	1849	27.0%
Over 65	10	<1.0%
Total	6840	100%

FY 2003/2004 TREATMENT ADMISSIONS BY INCOME

INCOME	NUMBER	% OF TOTAL
\$ 0 – 23,999	6641	97%
\$24,000 – 39,999	166	2.0%
\$40,000 and higher	33	<1.0%
Total	6840	100%

Mid-South is commissioned to serve no-income, low-income residents of the region as well as Medicaid eligible recipients.

FY 2003/2004 TREATMENT ADMISSIONS BY PRIMARY DRUG AT TIME OF ADMISSION

Alcohol continues to be the number 1 substance of abuse or dependence problem in the region.

* Reflects results of Student Assistant Screenings.

COUNTY	ALCOHOL	MARIJUANA HASHISH	COCAINE CRACK	NARCOTICS OPIATES HEROIN	METHAMPHETAMINE OTHER AMPHETAMINES	OTHER	NONE*
Calhoun	599	434	301	115	10	5	1
Clinton	136	42	36	26	4	1	1
Eaton	228	116	58	44	34	3	1
Gratiot	160	71	10	4	4	1	1
Hillsdale	196	50	30	24	7	4	1
Ingham	932	273	356	314	20	13	1
Ionia	94	42	13	25	0	3	1
Jackson	522	189	138	113	20	4	1
Lenawee	382	168	103	39	11	4	1
Newaygo	129	50	25	13	7	1	1
Out of Region	47	8	9	9	1	0	0
Total	3425	1443	1079	726	118	39	10

FY 2003/2004 TREATMENT ADMISSIONS BY RACE/ETHNICITY

	Calhoun	Clinton	Eaton	Gratiot	Hillsdale	Ingham	Ionia	Jackson	Lenawee	Newaygo	Out of Region	Total
African American/Black	411	19	19	0	3	563	1	155	35	4	17	1227
Hispanic/Latino*	34	12	14	13	4	154	4	17	104	3	6	365
Multi Racial	17	4	3	7	0	31	3	10	9	6	1	91
Native American	12	3	4	3	2	21	0	3	3	4	4	59
White	980	210	444	230	301	1144	171	808	539	215	47	5089
Asian/Pacific Islander	2	0	1	0	0	1	0	2	0	0	0	6
Arab American/ Arab Chaldean	0	0	1	0	0	3	0	0	0	0	0	4
Refused to Provide	0	0	0	0	0	2	0	0	0	1	0	3
Unknown	11	0	3	0	0	8	0	7	24	0	0	53

* Hispanic/Latino is made up of individuals who identified themselves as Mexican, Hispanic, Cuban, Other Hispanic or Puerto Rican.

Prevention Services FY 2003-2004

MSSAC along with its community prevention partners have spent FY 2003/2004 immersed in developing a Five Year Prevention Strategic Plan for the region. This plan represents a collaborative effort among the regional and county staff and partners who share an interest in creating a more effective response to substance abuse in their communities. This collaborative effort took a combined total of **6349 hours** during FY 2003/2004. Individual providers have been and will continue to be guided by this plan to engage in collaborative work that will maximize community involvement and interest in addressing this important but often neglected issue. MSSAC will work to assure that each county establishes a county-wide coalition to address the six goals outlined in this plan. These goals focus on the two salient areas of Systems Outcomes (Coalition Development and Data Driven Decision-Making) and the other Behavioral Outcomes (Alcohol, Tobacco, Methamphetamine, and Special High Risk Populations). These six goals are:

Goal 1: Coalition Development

By 2009, each of the counties in the region will have an independent, formalized, multi-sector county-wide coalition with a mission of coordinating planning, funding and evaluating a comprehensive county-wide strategy to address locally determined risk and protective factors and achieve changes in substance use behaviors prioritized by the county, its communities and MSSAC.

Goal 2: Data Driven Decision-Making

By 2009, each of the counties in the region will have a comprehensive data collection process that relies on local reliable survey measures and archival indicators measuring youth risk and protective factors, substance abuse behaviors among youth and other prioritized and underserved populations (e.g. Hispanics, people with disabilities, elderly, adults in the workplace, children of substance abusers) as identified by MSSAC, and an assessment of the level and reach of substance abuse prevention services in each county.

Goal 3: Alcohol

By 2009, there will be reductions in youth use of alcohol, use of alcohol by underage college students, and misuse and abuse of alcohol by adults in counties in the region.

Goal 4: Tobacco

By 2009, there will be a reduction of cigarette smoking and chewing tobacco use rates and an increase in age of initiation of smoking and chewing tobacco and a decrease in smoking prevalence among youth (10-17) in counties in the region.

Goal 5: Special Targeted Drug – Methamphetamine

By 2009, there will be reduced methamphetamine availability and use in selected counties in the region as measured by social indicator proxy measures (e.g. arrests for methamphetamine production, methamphetamine lab seizures and methamphetamine related treatment admissions).

Goal 6: Special High Risk Populations

By 2009 counties in the region will utilize localized data to assess the needs of specific populations at highest risk for substance use/abuse, address prioritized needs through the implementation of evidence based strategies, and evaluate the outcomes of the interventions, changes in related factors that influence the targeted substance using behaviors, and changes in substance using behaviors by the target population.

Salient Guidelines

It will take several years to implement this data-driven system and support for substance abuse prevention planning and decision-making in each county in the region. **Therefore, FY 2004/2005 will be a transition year as the providers mobilize county coalitions and initial data gaps are addressed in order to provide better measures for benchmarking and local planning.** Providers will complete an implementation plan for FY 2004/2005 and each county coalition, during the summer of 2005, will submit a four-year (2006-2009) strategic plan, which will be assessed and reviewed annually.

Other guidelines will require Providers to:

- ✓ Mobilize/establish county coalitions that will have the ability in 2005 to develop a four-year strategic plan that will be implemented from 2006-2009.
- ✓ Be responsible for establishing the coalition in the county in which the providers reside, but may purchase services from other entities or providers, wherever these reside, to complete the scope of work of the other 2005 objectives under goals 2-6.

Additional guidelines for MSSAC will be to:

- ✓ Modify allocation of funding percentages, because although the plan's goals will remain constant for the next five years, the outcomes may be modified as new data emerges about drug use behavior, problems, populations at risk, and system changes across the region.
- ✓ Work with the providers and the established county coalitions to obtain the commitment of 60% of all school systems within the region to participate in the MSSAC funded youth survey.

(The full plan can be found online at www.mssac.com click on the "Prevention Info" box).

Prevention Providers for the MSSAC Region

[Calhoun County](#)

Minority Program Services, Inc.
Substance Abuse Council of Greater Battle Creek

[Clinton County](#)

Clinton County Counseling Center
Professional & Program Services/Eaton Intermediate School District

[Eaton County](#)

Professional & Program Services/Eaton Intermediate School District

[Gratiot County](#)

Professional & Program Services/Eaton Intermediate School District
Human Aid, Inc.

[Hillsdale County](#)

Prevention Partners

[Ingham County](#)

Cristo Rey Counseling Center
Professional & Program Services/Eaton Intermediate School District

[Ionia County](#)

Life Guidance

[Jackson County](#)

Prevention Partners

[Lenawee County](#)

Prevention First/Lenawee Intermediate School District

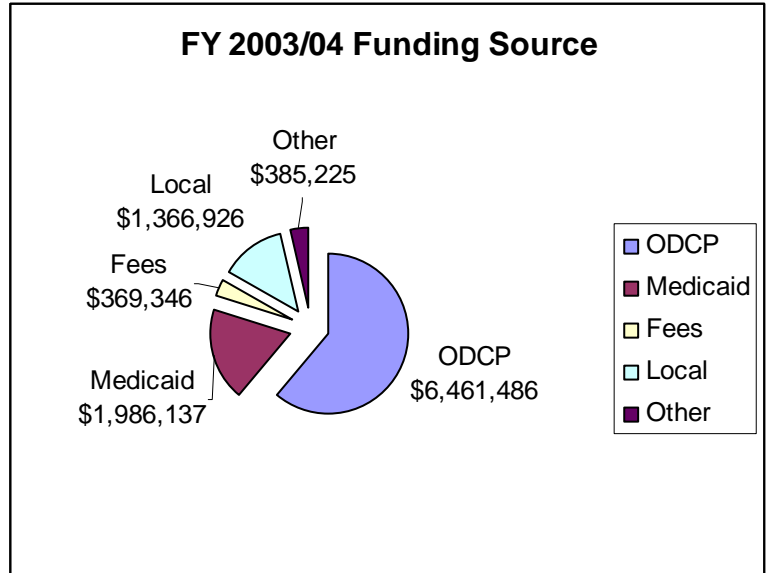
[Newaygo County](#)

Pride Youth Programs, Inc.

FY 2003/2004 EXPENDITURE DETAIL

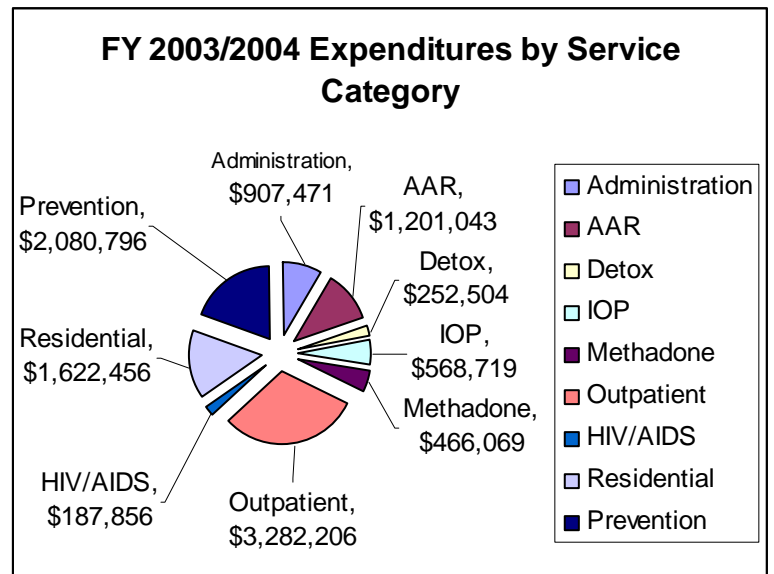
FY 2003/2004 Expenditures by Funding Source

	\$ Amount	% Spent
MDCH	\$6,461,486	61.0%
Medicaid	\$1,986,137	19.0%
Fees	\$ 369,346	3.0%
Local	\$1,366,926	13.0%
Other	\$ 385,225	4.0%
Total	\$10,569,120	100%



FY 2003/2004 Expenditures by Service Category

	\$ Amount	% Spent
Administration	\$ 907,471	9.0%
AAR	\$ 1,201,043	11.0%
Detox	\$ 252,504	3.0%
IOP	\$ 568,719	5.0%
Methadone	\$ 466,069	4.0%
Outpatient	\$ 3,282,206	31.0%
HIV/AIDS	\$ 187,856	2.0%
Residential	\$ 1,622,456	15.0%
Prevention	\$ 2,080,796	20.0%
Total	\$10,572,120	100%



QUALITY IMPROVEMENT

One of the major functions of Quality Improvement is to assure that the MSSAC funded treatment providers are meeting all reporting, contractual and treatment requirements. The Quality Improvement Manager visits each program on a yearly basis to review their programming and other quality benchmarks. For the last year, the QA site review has been performed in conjunction with the Finance Department's review of accurate billing procedures. This reduces the number of times the providers are visited by us for compliance review. If, however there are significant deficiencies either in programming or billing, the program is given time to improve and are then reviewed again to ensure improvement in the deficient areas.

For FY 2003/2004 for the QI department, there were **32** site reviews; 4 of which were "mock" reviews for new providers.

- Of the 32 site reviews **25 agencies received an average between 90% and 100%.***
- **Four agencies received an average between 80% and 90%**, with no agency receiving below the 80% mark.
- This made an overall average of the MSSAC treatment providers of 93.8%

* These results are for the Quality Improvement Department's site review only. During FY 2004/2005, the goal is to create a compatible rating system.)

SUMMARY

MSSAC received from one of our treatment providers a true vignette regarding a woman needing treatment. We would like to share it with everyone. The client's name has been changed to maintain confidentiality.

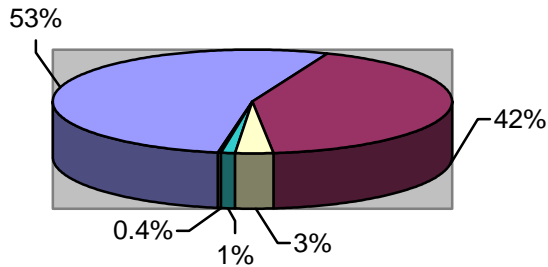
"I would like to share a good outcome for a client. We have been working with Mary on and off for several years. Mary came back to us in early summer stating she was pregnant and had relapsed before she knew she was pregnant. She presented with many difficult areas of her life; she was on parole, HIV positive and living with the father of the baby who too is HIV positive and struggling with his own issues. Mary was overwhelmed but sure she wanted to have this baby.

We immediately got her a case manager with HARC, enrolled her in prenatal care and began to develop a recovery plan. She attended Intensive Outpatient treatment at (the treatment provider) faithfully right up until delivery. On a Sunday in September, she delivered by cesarean section, a healthy drug free baby girl. She returned to group to show off her new daughter.

This outcome could not have been obtained without the participation and support of a number of people and agencies. Treatment for our population doesn't happen in isolation, it truly does take a village. We believe this client had a good outcome not only because she was determined to deliver a healthy infant, but also because the services were in place to make this a reality."

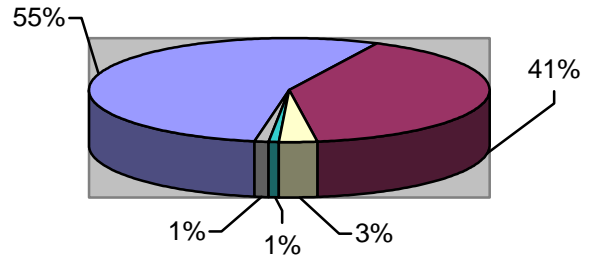
Regional Satisfaction Survey Responses: Fiscal Year 2003/2004

"I would recommend this agency to others"



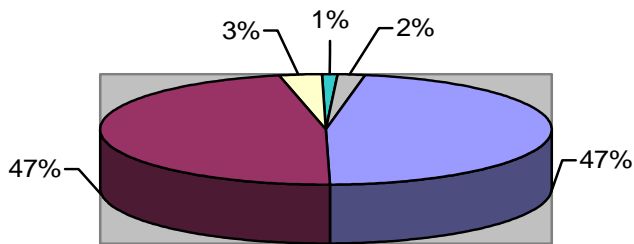
■ Strongly Agree
 ■ Agree
 ■ Disagree
■ Strongly Disagree
 ■ Incomplete

"Staff respects my wishes as to who is and is not to be given information about my treatment."



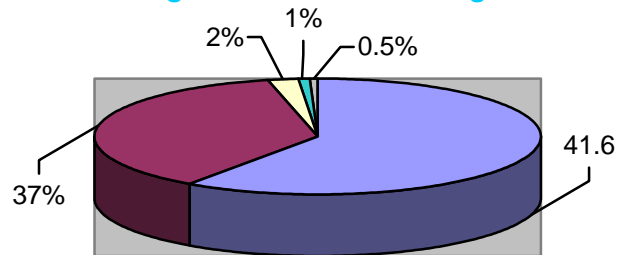
■ Strongly Agree
 ■ Agree
 ■ Disagree
■ Strongly Disagree
 ■ Incomplete

"Agency staff is sensitive to my cultural/ethnic background."



■ Strongly Agree
 ■ Agree
 ■ Disagree
■ Strongly Disagree
 ■ Incomplete

"I am learning to face daily problems without using alcohol or other drugs."



■ Strongly Agree
 ■ Agree
 ■ Disagree
■ Strongly Disagree
 ■ Incomplete

These results illustrate data collected from 2323 surveys received during the 2004 Fiscal Year. The "incomplete" responses indicate unanswered questions for each of the aforementioned statements.

The Mid-South Substance Abuse Commission Staff

Executive Director	Robin Reynolds
Assistant Director	Mary Kronquist
Finance Manager	Gerrie Roeser
Quality Assurance Manager	Jeanne Diver
Prevention Coordinator	Tim Shafto
Finance Assistant	Jill Gawronski
Information Analyst	Linda Proper
QA Evaluation Analyst	Doris Mann
Executive Secretary	Lori Griffin
Prevention Assistant	Sarah Szwejd
Claims Adjudicator	Monica Young
QA Administrative Assistant	Shawn George
Information Systems/Billing Assistant	V. Ruth Reynolds

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

www.mssac.com