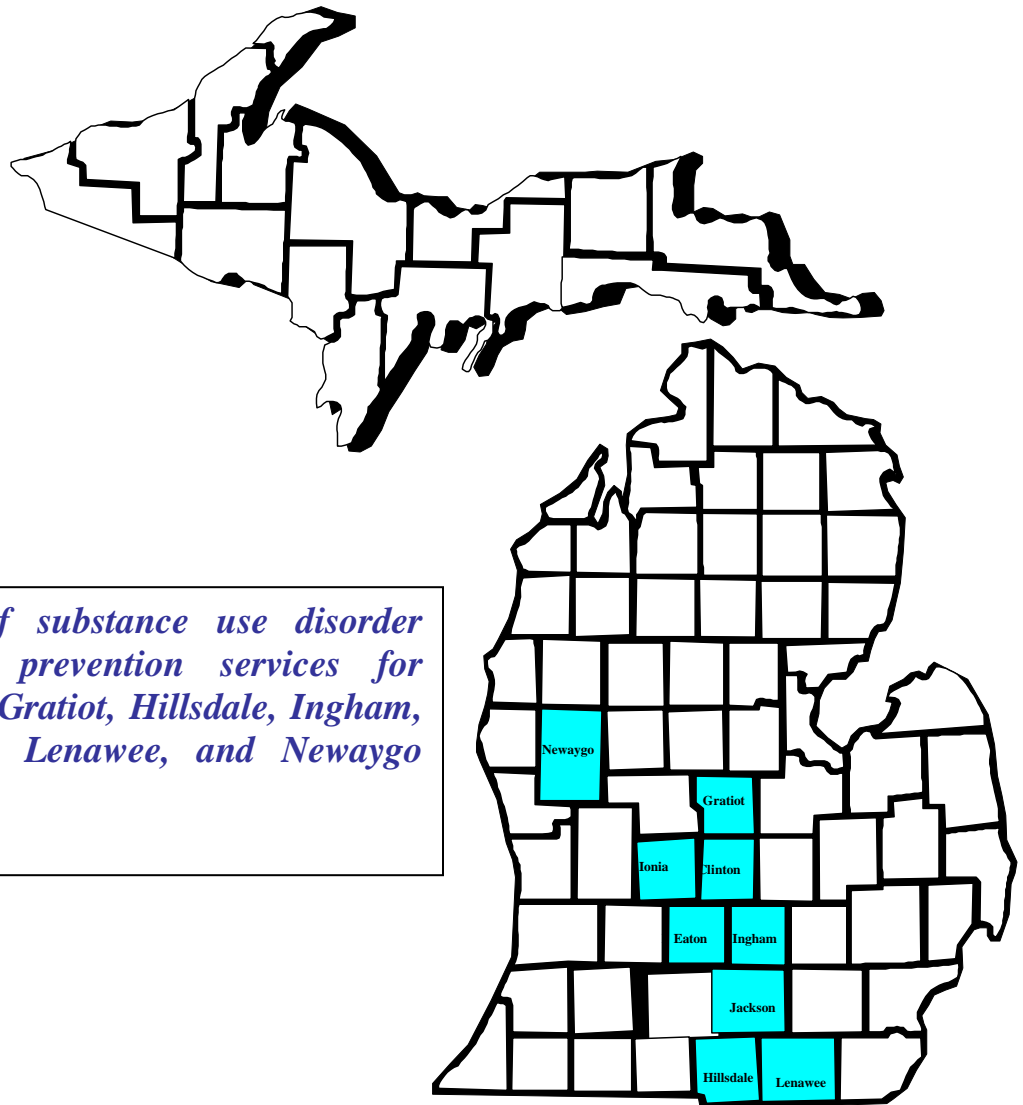


mid-south

substance abuse commission

ANNUAL REPORT FY 2007/2008



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 – 2008

CLINTON COUNTY

Robert Showers (Chairperson)

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
Jerry Michalowicz
Cliff Herl

LENAWEE COUNTY

Ralph Tillotson
James VanDoren

NEWAYGO COUNTY

Robert VanBelzen

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.

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/Office of Drug Control Policy (MDCH/ODCP).
- 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 ODCP.
- e) Submit an annual budget request to the ODCP 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 ODCP.
- 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 ODCP.

Nature of Mid-South's Funding

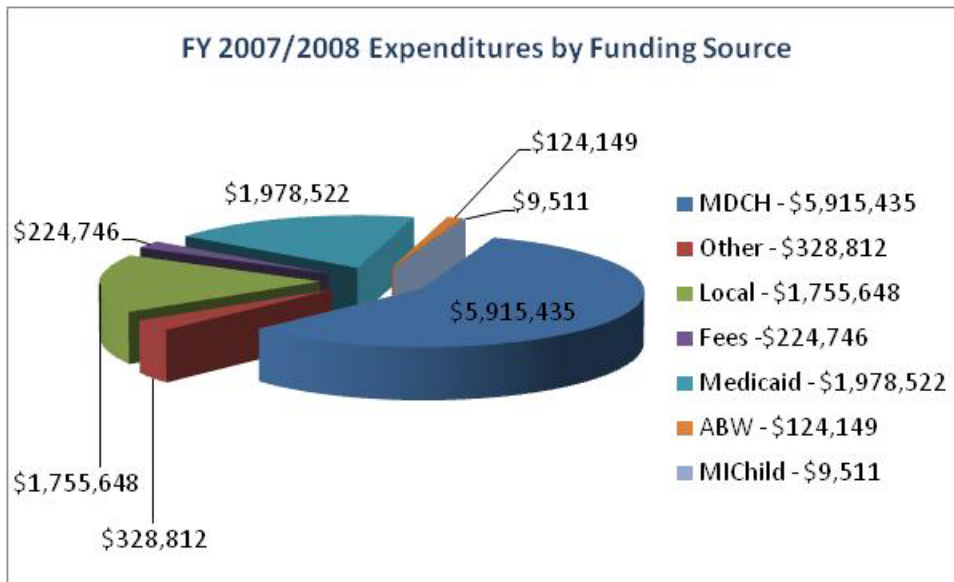
Medicaid: approximately 58% federal and 42% state funding for those persons determined eligible by the state Department of Human Services.

MiChild and Adult Benefit Waiver (ABW): approximately 71% federal and 29% state funding. MiChild is for children 18 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 FY2007/2008 from all funding sources for services paid for in whole or in part with Mid-South administered funding totaled \$10,336,822. 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.

FY 2007/2008 Expenditures by Service Category

Service Category	Amount	Percent of Expenditure
Community Grant and Medicaid Contracts		
Administration	\$923,624	8.94%
Access, Assessment/ Referral	\$639,208	6.18%
Detox	\$293,560	2.84%
Intensive Outpatient	\$376,261	3.64%
Methadone Dosing	\$447,458	4.33%
Outpatient	\$3,547,264	34.23%
HIV	\$100,000	.97%
Residential	\$1,531,124	14.81%
Prevention	\$1,708,957	16.53%
Sub-Total	\$9,567,456	92.56%
Non-Community Grant Contracts		
Treatment & Ancillary Services	\$769,366	7.44%
Sub-Total	\$769,366	7.44%
Total	\$10,336,822	100%

A Snapshot of Mid-South's Clients

A total of 5,327 admissions into treatment occurred during FY 2007/2008. This is a decrease from FY 2006/2007 due to Calhoun County's departure from Mid-South. As the demographic data below shows, Mid-South's typical client is a white, unemployed male between the ages of 26 and 40 whose primary drug of choice at admission is alcohol, however there is an increasing number stating their primary drug of choice is something other than alcohol.

Reviewing the data from FY 2001/2002 to this year for trends indicates Mid-South has been fairly consistent in the total number of admissions, even accounting for the fluctuating regional boundaries. Additionally, services by level of care and their demographic characteristics has been reasonably consistent from one fiscal year to the next. One notable trend identified was that since FY 2005/2006 there has been a 20% increase in the number of admissions of people identifying narcotics/opiates/heroin as their primary drug of choice.

A Duplicated Count of Admissions to Each Level of Care for FY 2007/2008

Level of Care	Number	Percentage of Total
Outpatient	3,804	71.40%
Intensive Outpatient	425	7.98%
Detoxification	395	7.42%
Long-Term Residential	460	8.64%
Short-Term Residential	243	4.56%
Total	5,327	100%

Age at Time of Admission for FY 2007/2008

Age	Number	Percentage of Total
17 & Under	367	6.89%
18 to 25	1,542	28.95%
26 to 40	2,088	39.19%
41 to 64	1,327	24.92%
Over 65	3	0.06%
Total	5,327	100%

Race/Ethnicity for FY 2007/2008

Race/Ethnicity	Number	Percentage of Total
African American/Black	834	15.66%
Hispanic/Latino	305	5.73%
Multi Racial	124	2.33%
Native American	35	0.66%
White	3,959	74.31%
Asian/Pacific Islander	19	0.36%
Arab American/Arab Chaldean	3	0.06%
Refused to Provide	1	0.02%
Unknown	47	0.88%
Total	5,327	100%

Gender breakout for FY 2007/2008

County	County Total	Men		Women	
		Total	% of County	Total	% of County
Clinton	227	128	56.39%	99	43.61%
Eaton	527	330	62.62%	197	37.38%
Gratiot	220	149	67.73%	71	32.27%
Hillsdale	243	175	72.01%	68	27.99%
Ingham	2,054	1,309	63.73%	745	36.27%
Ionia	238	119	50.00%	119	50.00%
Jackson	1,130	590	52.21%	540	47.79%
Lenawee	449	301	67.04%	148	32.96%
Newaygo	204	154	75.49%	50	24.51%
Out of Region	35	24	68.57%	11	31.43%
Total	5,327	3,279		2,049	

Primary Drug at Time of Admission Broken Out by County of Residence for FY 2007/2008

COUNTY	ALCOHOL		MARIJUANA HASHISH		COCAINE CRACK		NARCOTICS OPIATES HEROIN		METH./& OTHER AMPHETAMINES		OTHER		COUNTY TOTAL
Clinton	112	49.34%	47	20.70%	37	16.30%	27	11.89%	3	1.32%	1	0.44%	227
Eaton	254	48.20%	123	23.34%	72	13.66%	53	10.06%	20	3.80%	5	0.95%	527
Gratiot	122	55.45%	76	34.55%	3	1.36%	15	6.82%	0	0.00%	4	1.82%	220
Hillsdale	128	52.67%	45	18.52%	21	8.64%	32	13.17%	16	6.58%	1	0.41%	243
Ingham	926	45.08%	461	22.44%	349	16.99%	296	14.41%	12	0.58%	10	0.49%	2,054
Ionia	110	46.22%	41	17.23%	15	6.30%	65	27.31%	4	1.68%	3	1.26%	238
Jackson	447	39.56%	206	18.23%	185	16.37%	270	23.89%	16	1.42%	6	0.53%	1,130
Lenawee	254	56.57%	88	19.60%	43	9.58%	55	12.25%	3	0.67%	6	1.34%	449
Newaygo	103	50.49%	48	23.53%	21	10.29%	27	13.24%	3	1.47%	2	0.98%	204
Out of Region	12	34.29%	12	34.29%	4	11.43%	7	20.00%	0	0.00%	0	0.00%	35
Total	2468		1147		750		847		77		38		5,327
% of Grand Total		46.33%		21.53%		14.08%		15.90%		1.45%		0.71%	

Admissions by Levels of Care for FY 2007/2008

County	Outpatient	% of OP Services Provided	Intensive Outpatient	% of IOP Services Provided	Detox	% of Detox Services Provided	Residential Short Term	% of Res/SL Services Provided	Residential Long Term	% of Res/LT Services Provided	County Total
Clinton	190	83.70%	6	2.64%	9	3.96%	7	3.08%	15	6.61%	227
Eaton	425	80.65%	40	7.59%	19	3.61%	17	3.23%	26	4.93%	527
Gratiot	200	90.91%	5	2.27%	5	2.27%	2	0.91%	8	3.64%	220
Hillsdale	229	94.24%	1	0.41%	7	2.88%	1	0.41%	5	2.06%	243
Ingham	1417	68.99%	166	8.08%	159	7.74%	87	4.24%	225	10.95%	2,054
Ionia	160	67.23%	3	1.26%	29	12.18%	16	6.72%	30	12.61%	238
Jackson	584	51.68%	199	17.61%	136	12.04%	98	8.67%	113	10.00%	1,130
Lenawee	389	86.64%	4	0.89%	21	4.68%	11	2.45%	24	5.35%	449
Newaygo	183	89.71%	0	0.00%	9	4.41%	4	1.96%	8	3.92%	204
Out of Region	27	77.14%	1	2.86%	1	2.86%	0	0.00%	6	17.14%	35
Total	3804		425		395		243		460		5,327
% of Grand Total		71.40%		7.98%		7.42%		4.56%		8.64%	

Mid-South provided funding for a total of 5,327 admissions for FY 2007/2008.

Outpatient substance use disorder (SUD) treatment services include the biopsychosocial assessment, individual, family, and group therapy. Mid-South encourages providers to work within the communities to offer services in a variety of settings to best meet the clients' needs. There are outpatient SUD services in each of the nine (9) counties as it is the most utilized level of care by the Mid-South clients. As the chart above shows there were 3,804 admissions on an outpatient basis which is 71.40% of total admissions for Mid-South during FY 2007/2008.

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. Didactic lectures, group, and individual therapy in combination with the individualized treatment needs of the client are provided. 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. For FY 2007/2008 a total of 425 admissions for IOP services, which is 7.42% of the total admissions.

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 with the average length of stay for FY 2007/2008 being three (3) days. There were 395 admissions into either clinically managed or medically monitored detoxification services, which is 7.42% of total admissions for FY 2007/2008.

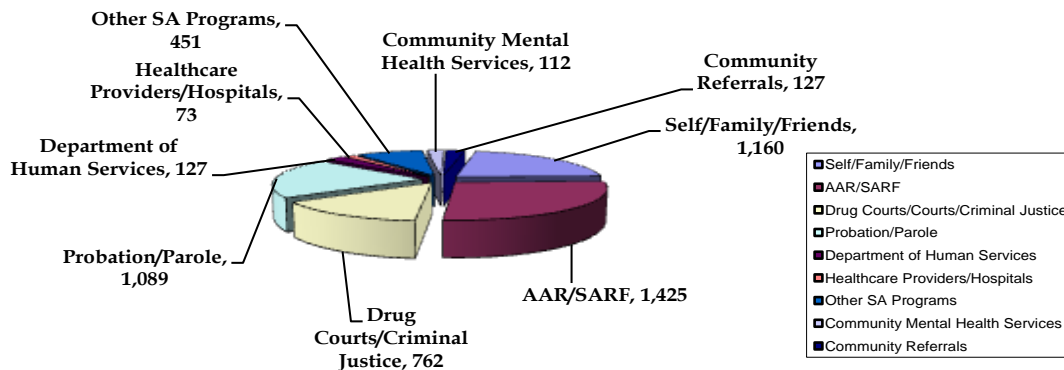
Residential services are provided either as short-term or long-term care. Short-term residential service is an intense, organized, daily treatment regimen in a residential setting which includes an overnight stay. These programs provide stabilization to the individual. Such programs

typically are between ten (10) to fourteen (14) days, with no more than thirty (30) days. There were 243 admissions into contracted residential provider services, which is 4.56% of the total number of admissions throughout the fiscal year.

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 2007/2008, there were 460 admissions into long-term residential services, which is 8.64% of the total number of admissions into treatment this fiscal year.

Referral Sources at Time of Admission for FY 2007/2008

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 of referred for SUD treatment for the fiscal year.



AAR/SARF and other SA programs are referral categories required by the ODCP and indicate referrals within and among the system. Removing those categories, it becomes clearer the primary referral sources within Mid-South's treatment system is the criminal justice system as represented by the Drug Courts, Courts, and Probation/Parole. Reviewing trend data from FY 2004/2005 to the current fiscal year, the category of self/family/friends shows a steady increase from 16.89% to 21.78% of the total referral. So, even though the majority of referrals come from the criminal justice system, individuals do present for treatment on their own.

Drug Treatment Courts

During FY 2007/2008, Mid-South funded treatment for a total of 347 clients actively involved with drug/sobriety courts. Our contracted providers works with the drug/sobriety court staff to ensure the participants are receiving the appropriate levels of care, meeting court requirements of

clean urine screens, and meeting their treatment goals. This ongoing partnership results in better outcomes for our mutual clients as well as increasing public safety.

Drug/Sobriety Treatment Courts	FY 2005/2006	FY2006/2007	FY2007/2008
Eaton County 56A District Court	31	35	33
Eaton County 56th Circuit Court	47	40	73
Eaton County 56th Probate Court/Juvenile	12	10	15
Gratiot County 64A District	N/A	N/A	54
Hillsdale Juvenile	N/A	6	2
Ingham County 54A District Court	N/A	15	37
Ingham County 55th District Sobriety Court	32	47	60
Jackson County 4th Circuit Court	94	93	72
Total	216	246	347

Women’s Specialty Services

Mid-South has State Designated Women’s Specialty Programs in five of its nine 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 FY 2007/2008, Mid-South’s women’s specialty contracted treatment providers worked with 284 women who had a total of 298 children. Additionally, of the 2,049 women admissions into treatment, a total of 453 women had responsibility for 1,096 dependent children. Treatment has the potential to impact more than just the individual woman seeking it, but impacts positively on her children as well. It is important to remember that addiction also impacts the youngest family members and recovery improves their lives too. As a side note, a total of 642 men admitted into treatment had responsibility for a total of 1,313 dependent children.

Methadone

Methadone is a pharmacological intervention for those individuals whose primary drug falls under the categories of narcotics, opiates, and heroin. Methadone is a controlled drug requiring any program dispensing it to have 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 not one to be taken lightly.

Methadone dosing is provided in conjunction with outpatient treatment services at primarily two (2) regional providers: Victory Clinical Services, III in Jackson and CEI-CMH Substance Abuse Services (G-14) in Lansing. New admissions in FY 2007/2008 for methadone totaled 36 people. At the end of the fiscal year there were a total of 170 clients receiving methadone dosing in the Mid-South region.

Communicable Diseases

Mid-South receives funding from ODCP 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 services region-wide. Services range from communicable disease/HIV/AIDS education and technical assistance services. LAAN provided nine (9) training sessions for one hundred eighty three (183) clinical and support staff at our contracted providers. They tested one hundred twenty six (126) individuals and provided client education to three hundred twenty eight (328) individuals at methadone and residential treatment providers. Additionally, LAAN consulted with ten (10) individual clinicians regarding client issues surrounding communicable disease/HIV/AIDS.

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, performance of capacity management (wait lists), and utilization management (UM).

Mid-South contracted with Central Diagnostic and Referral Services, Inc. (CDRS) during FY 2007/2008 to perform LOC screenings and appropriate referrals for residents of Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, and Newaygo counties. CDRS performed 1,080 assessments for individuals seeking SUD treatment services within the Mid-South region during FY 2007/2008. Functions of capacity management and utilization review were performed by CDRS for the entire region. The AAR's UM staff reviewed and authorized over 17,000 separate requests for services during the fiscal year.

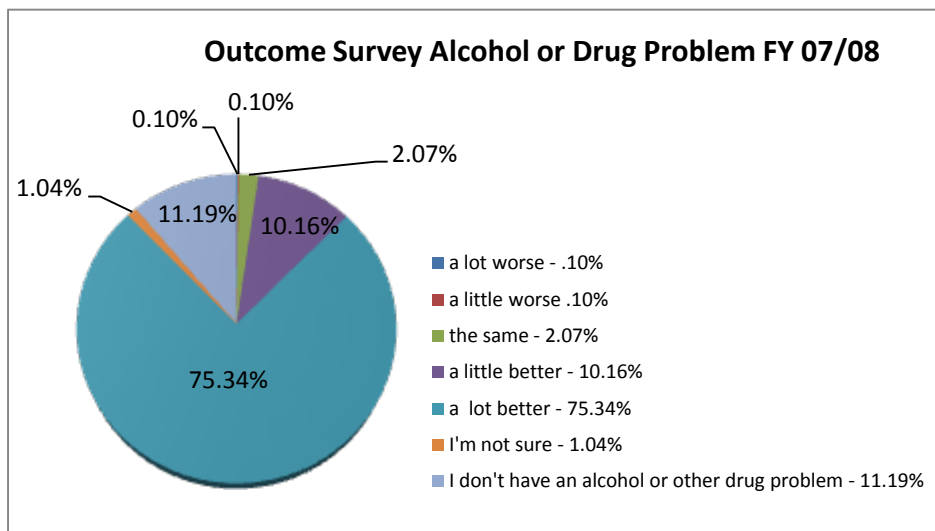
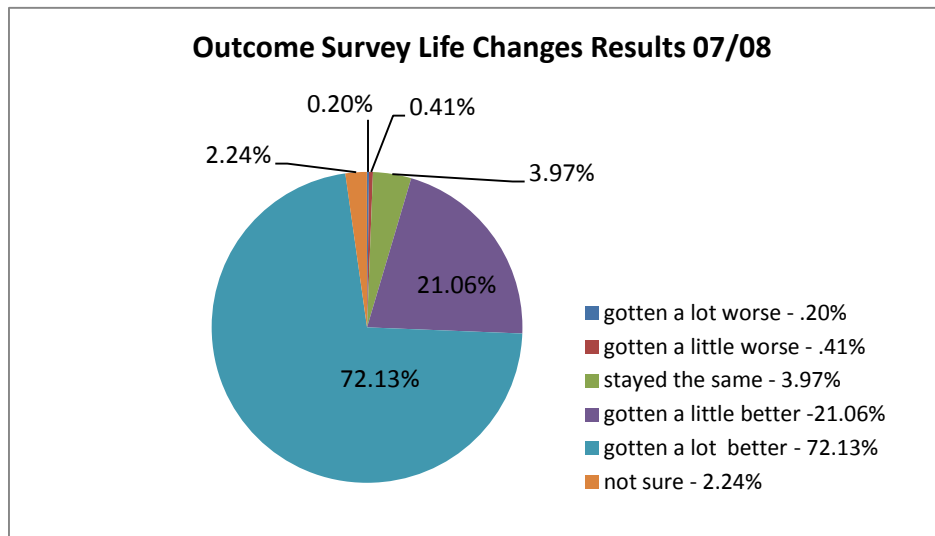
Mid-South continued to work with its providers of outpatient and intensive outpatient SUD treatment services to directly perform face-to-face assessments. Our providers performed 3,757 face-to-face assessments during FY 2007/2008.

On June 23, 2008, Mid-South's Board of Directors approved bringing access management administrative functions in-house. In September 2008, Mid-South's Care Coordination Center (CCC), began providing administrative functions, including after-hours phone coverage.

Quality Assurance Department

The Quality Assurance Department provides oversight of the following: provider site reviews, review of client satisfaction and outcome surveys, utilization management, consultation for recipients' rights for the region, maintaining 95% compliance in access/timeliness for admission to substance use disorder treatment services, and meeting all reporting requirements.

The Outcome Surveys are distributed by each provider to all Mid-South funded clients at time of discharge. It is expected 100% of Mid-South discharging clients will be given the opportunity to complete a survey. Completion of the survey by the client is voluntary. Out of 1,016 surveys submitted, 709 responded their life got a lot better since beginning treatment with the provider. 727 responded to the question that their alcohol or other drug problem was a lot better since beginning treatment with the provider. (See the following two charts.)

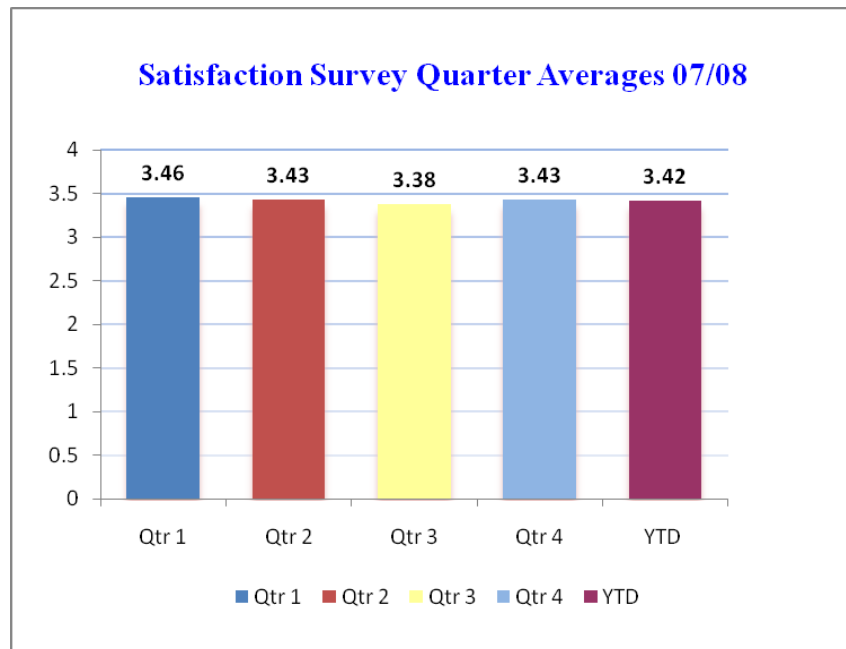


Client Satisfaction Surveys are distributed quarterly for one (1) full week by each provider to all Mid-South funded clients presenting for services that week. It is expected 100% of Mid-South clients seen during that week are given the opportunity to complete a survey. However, completion of the survey by the client is voluntary.

The client satisfaction survey uses the following rating scale: Strongly Agree = 4, Agree = 3, Disagree = 2, and Strongly Disagree = 1.

The year-to-date score is an average of the quarters. The QA Department reviews the results of the surveys and if any provider received an overall score less than 3, which indicates an average rating lower than “Agree,” it was considered unacceptable. The provider was contacted by the QA Department for a discussion on the client satisfaction survey results and, if necessary a plan of action would be developed.

Providers who consistently submitted surveys representing less than 10% of the total clients served during a quarter were directed to develop a plan to increase client completion of the survey. Mid-South received a total of 2,588 surveys with the average satisfaction survey results for FY 2007/2008 at 3.42 out of 4.00.



Finance Department

Mid-South, for the twelfth consecutive fiscal year, had a clean financial report. This outstanding accomplishment is due to the hard work and dedication for detail of not only the Mid-South Finance staff, but also the conscientiousness of our contracted providers.

Finance’s responsibilities include functions such as timely invoice paying and provider payments, processing provider client claims for both Community Grant and Medicaid funds, which are estimated in excess of 120,059 paid claims, reporting to our funding sources, program financial site reviews, monthly financial program monitoring, data collection and analysis of funding, technical assistance, participation in statewide work groups, and participation in local community groups.

For FY 2007/2008, there were twenty-nine (29) financial site reviews with our contracted providers. The following chart shows the results of those site reviews. The overall regional average score was 90%, up 4% from the previous fiscal year. The goal for FY 2007/2008 was 95% compliance. Financial compliance is based on file documentation and accuracy of billings. There were nineteen (19) providers who scored above 90%. This was an increase of four (4) providers from last fiscal year.

Scoring	# of Providers	% of Providers
100% (Excellent)	8	27.59%
99 – 90% (Great)	11	37.94%
89 – 80% (Good)	4	13.79%
79 – 70% (Fair)	3	10.34%
69% & Below (Poor)	3	10.34%
Total	29	100%

Prevention Department

The Prevention Department continues to utilize a strategic planning process to create regional and local systems change. This planning process increases capacity (skills and abilities) and organizes infrastructure (agencies, staff, and other resources) in local communities to create positive, lasting population level change involving substance use and abuse. The Mid-South region operates under the 2005-2009 Strategic Substance Abuse Prevention Plan, which includes six targeted goal areas: Coalition Building, Data Driven Decision Making, Alcohol, Tobacco, Methamphetamine, and Special Populations.

In FY 2007/2008 Mid-South has continued its investment in specific outcome based prevention programs, policies, and practices that address the six targeted goal areas and 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. The Prevention Department provides resources, training, and technical assistance to all nine county coalitions and their provider networks operating in the region.

All of the substance abuse prevention coalitions within the Mid-South region continue to build capacity around the strategic planning process to achieve true outcomes within their communities. Coalitions who have built capacity well and are moving forward in the process have benefited through Mid-South as well as other 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 have accessed additional prevention dollars on the local, county, regional, or state level in the past two years.

Needs and resource assessment efforts at the regional and local level remained a priority in FY 2007/2008. A third Prevention Needs Assessment (PNA) survey was offered to both public and private/charter school students to measure youth risk and protective factor information within the Mid-South region. The increased commitments from local schools to participate in the 2008 youth survey have been considerable. Nearly 22,500 students in 6th, 8th, 10th, and 12th grades committed to participate in the 2008 PNA survey. Mid-South, in partnership with Michigan State University's Community Outreach and Development Department also produced county and regional Strategic Prevention Planning Substance Abuse Needs Assessment Toolkits. These reports were completed in July 2008 and provide an assessment of community needs by highlighting notable negative indicators involving consequences, incidence and prevalence, and risk and protective factors of substance use and abuse. Counties also received PowerPoint slides of the charts and tables included in the reports and a set of Excel files with the complete data for the county surrounding substance use and abuse.

Strategic Prevention Framework – State Incentive Grant

MDCH/ODCP is in the third 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 over five years 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 of the SPF-SIG project, which included a regional needs assessment and strategic plan and has moved into Phase II which included the completion of an implementation plan in FY 2007/2008. Within Phase II, Mid-South has been working with the identified high need target area communities (Gratiot, Hillsdale, Ionia, Jackson, Lenawee, and Newaygo Counties) surrounding the development and submission of comprehensive logic models to be approved for SPF-SIG funding allocations. County coalitions in those target areas have been asked to submit one county implementation plan for investment consideration of all three of the prevention funding streams that Mid-South oversees – Community Block Grant, Public Act 2 (PA2), and SPF-SIG funding. This administrative efficiency will continue to eliminate potential duplication of services, enhance local prevention system alignment, and improve the effectiveness and sustainability of evidence based prevention programs, policies, and practices in the Mid-South region. Targeted counties will begin implementation of identified evidence based strategies in October 2008. Through the implementation of SPF-SIG strategies,

counties also have the potential to impact population level change surrounding the regionally specific target priorities of alcohol-involved traffic fatalities, crashes, and injuries; underage drinking; and deaths attributable to tobacco in the Mid-South region.

Mid-South's Regional Community Epidemiological Workgroup (CEW) and Community Strategic Prevention Planning Collaborative (CSPPC) that have been established per the SPF-SIG project requirements have met multiple times within FY 2007/2008. The CEW has begun its transition from collecting data and establishing target priorities to overseeing the SPF-SIG evaluation plan for the region. The CSPPC has actively recruited and oriented new membership and established itself as one of the most experienced and knowledgeable prevention planning collaboratives in the state of Michigan.

Mid-South has also submitted a request to ODCP in August 2008 for additional SPF-SIG funding to expand and incorporate the three remaining counties (Clinton, Eaton, and Ingham) in the implementation plan phase of the SPF-SIG project as well as to establish networks to draft action plans surrounding the recovery oriented systems of care methodology.

For more information on the 2005-2009 Strategic Substance Abuse Prevention Plan, SPF-SIG Needs Assessment, Strategic Plan, or Implementation Plan as well as links to other prevention related documents, please visit our website at www.mssac.com.

**Mid-South Substance Abuse Commission's FY 2007/2008
Treatment Provider Panel**

County & Treatment Provider	Outpatient	Intensive Outpatient	Detox	Residential	Special Services
Clinton County					
CEI-CMH Substance Abuse Services, Clinton County Counseling Center	X				Jail-based
Eaton County					
Eaton Substance Abuse Program	X	X			Women's specialty, Drug Court – Juvenile & Adult, Jail-based, Co-occurring
Grafiot County					
Addiction Solutions Counseling Center	X	X			Women's specialty, Jail-based services, Co-occurring
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, CSATP	X				Methadone, Co-occurring
CEI-CMH Substance Abuse Services, House of Commons				X	Short & long-term
Cristo Rey Counseling Center	X	X			Women's specialty, Sobriety Court, Faith-based
Insight Recovery Center	X	X			Adult Medicaid Only
National Council on Alcoholism/Lansing Regional Area (NCA/LRA)	X	X			Sobriety Court
NCA/LRA, Glass House				X	Long-term, Women only
NCA/LRA, Holden House				X	Long-term, Men only
Ionia County					
Ionia County Substance Abuse Initiative	X	X			Women's specialty, case management, Drug Court
Ionia Community Mental Health					Co-occurring Jail Diversion Case Management Services
Jackson County					
Allegiance Substance Abuse Services (formerly Bridgeway Center of Foote/Jackson)	X	X			Co-occurring services & case management, Drug Court
Allegiance Addiction Recovery Center (formerly Washington Way Recovery Center)	X Limited	X	X	X	Medically Monitored Detoxification, Short-term residential, Drug Court
Family Service & Children's Aid-Born Free	X	X			Women's specialty, Drug Court
Victory Clinical Services III	X	X			Methadone, Co-occurring

County & Treatment Provider	Outpatient	Intensive Outpatient	Detox	Residential	Special Services
Lenawee County					
Family Service & Children's Aid	X	X			Women's specialty
McCullough Vargas & Associates	X	X			Hispanic programs, Co-occurring, Jail-based, Women's specialty
Newaygo County					
Arbor Circle	X				Women's specialty
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
Pine Rest Christian Services				X	Women's Short-term, children allowed, Faith-based
Project Rehab				X	Men, Women, & Hispanic Short-term

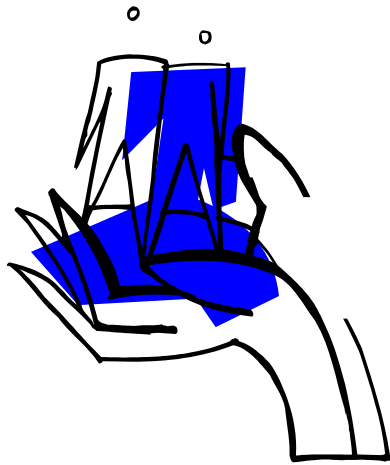
For locations and phone numbers of our funded providers, go to our web-site, www.mssac.com.

“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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