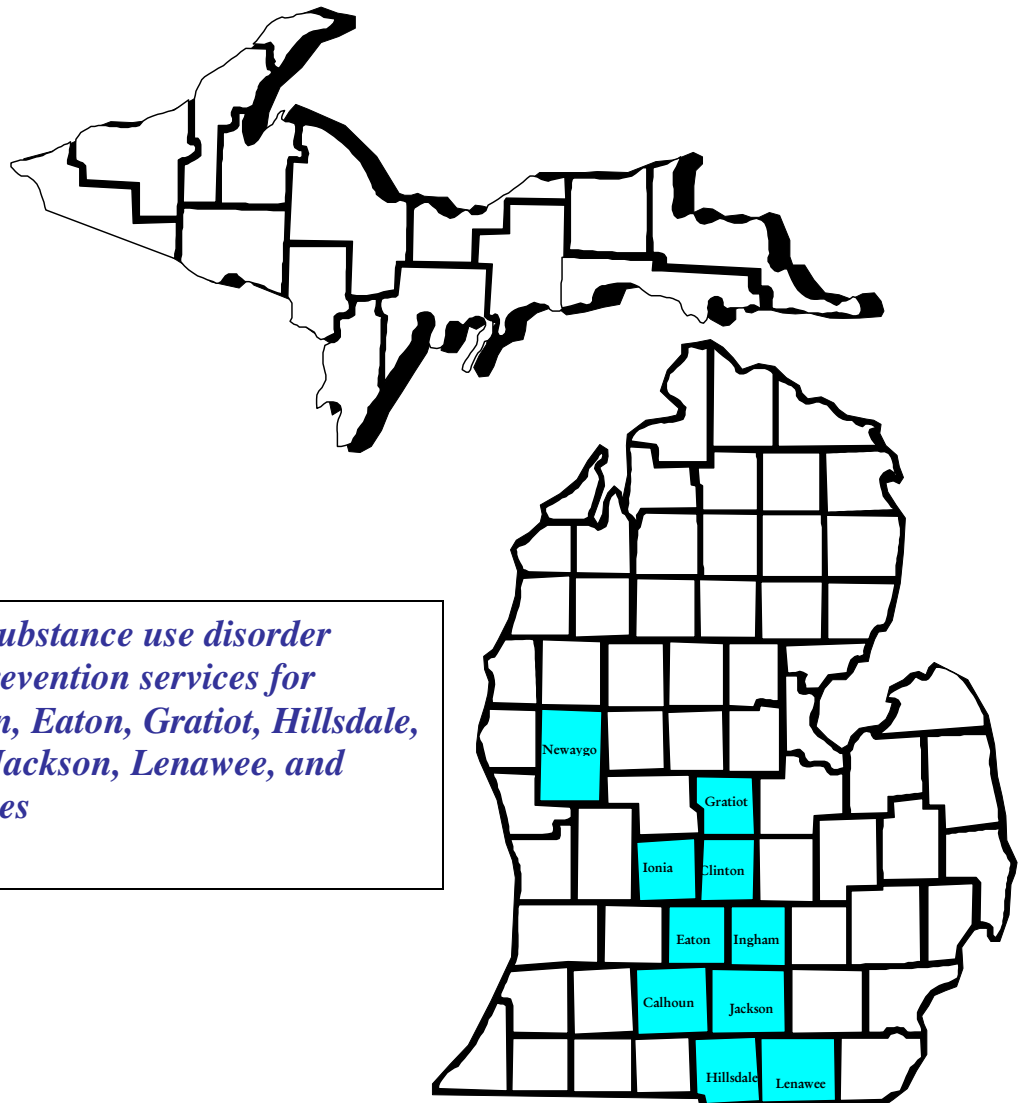


# mid-south

*substance abuse commission*

## ANNUAL REPORT FY 2006/2007



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

## **MID-SOUTH SUBSTANCE ABUSE COMMISSION – 2007**

---

### **CALHOUN COUNTY**

Eusebio Solis  
Michael Rae (only appointed through July)  
Greg Moore (alternate)

### **CLINTON COUNTY**

Robert Showers

### **EATON COUNTY**

Joseph Brehler  
Dale Barr

### **GRATIOT COUNTY**

Daniel Alonzi

### **HILLSDALE COUNTY**

Brad Densmore

### **INGHAM COUNTY**

Shirley Carter  
Honey Minkowitz  
Dale Copedge  
Debbie DeLeon (Chairperson)  
Jean Golden

### **IONIA COUNTY**

Lynn Mason

### **JACKSON COUNTY**

Earl Poleski  
Gail W. Mahoney (served until March)  
Jerry Michalowicz  
Cliff Herl (replaced Gail Mahoney)

### **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.*



April 9, 2008

Dear Friends and Colleagues:

The Mid-South Substance Abuse Commission (Mid-South) is pleased to present its FY 2006/2007 Annual Report. This past year reflects a year of hard work, dedication, and willingness to engage in system changes primarily in response to funding stream implications. A few noteworthy examples are: 1) the State utilized \$35 million of Public Act 2 (PA2) dollars to help reduce the state budget deficit. In an effort to lessen the adverse impact on local agencies the distribution of monies was modified to be quarterly, following the collection of said funds. However, the State inserted utilizing these funds for "general fund expenditures" within the hierarchy for the distribution of the funds. Due to less certainty of receipt of these monies, challenges in annual planning and long-term programming become apparent. 2) In FY 2006/2007 reduced purchasing power of stable federal and state funding continued to adversely impact provider sustainability which resulted in program closures. Efforts have been undertaken, in FY 2007/2008, to better sustain programming which include rate increases and performance contracting for rural areas.

Mid-South prevention efforts continued to focus on the county prevention coalitions. This fiscal year two county coalitions applied for and were awarded the Federal Drug Free Communities Grant (Eaton in August 2006 and Ingham in August 2007), and several others have accessed additional prevention dollars through other funding streams. Additionally, Mid-South is in the midst of the Strategic Prevention Framework –State Initiative Grant, an \$11.75 million federal prevention grant to the State of Michigan that is providing the opportunity to enhance current planning processes and provide additional dollars for prevention efforts. We will be working with the identified high need target area communities (Gratiot, Hillsdale, Ionia, Jackson, Lenawee, and Newaygo Counties) surrounding comprehensive strategy development and implementation planning. Through implementation of evidence-based strategies, counties have the potential to impact population level change surrounding alcohol-involved traffic fatalities, crashes, and injuries; underage drinking; and deaths attributable to tobacco in counties within the Mid-South region.

In closing, a heartfelt thanks goes out to the Board of Directors for their continued leadership, support of the Commission staff, and for their dedication to the mission of our agency. Mid-South's contracted treatment and prevention providers deserve our sincere appreciation for their continued dedication and commitment to serving our clients under difficult and uncertain funding times. Thanks to the Mid-South staff for doing an exceptional job in carrying out the duties of the Commission with professionalism.

We continue to look at the future with optimism as we implement evidence based practices, address the service continuum of care, identify and address service gaps, and look for improved efficiencies in delivery of care. At the same time, we are aware of the responsibility of making hard decisions as the gap between demand for services and declining resource purchasing power grows ever larger.

Sincerely,

Debbie DeLeon  
Chairperson of the Board

Gary VanNorman  
Executive Director

## Authority

The Mid-South Substance Abuse Commission (Mid-South) was established according to Public Act 368 of 1978, as amended, and an Interlocal Agreement amongst participating counties, inclusive of Calhoun, 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), Office of Drug Control Policy.
- 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 Office of Drug Control Policy.
- e) Submit an annual budget request to the Office of Drug Control Policy 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 Office of Drug Control Policy.
- 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 Office of Drug Control Policy.

## Nature of Mid-South's Funding

Medicaid: approximately 55% federal and 45% state funding for those persons determined eligible by the state Department of Human Services.

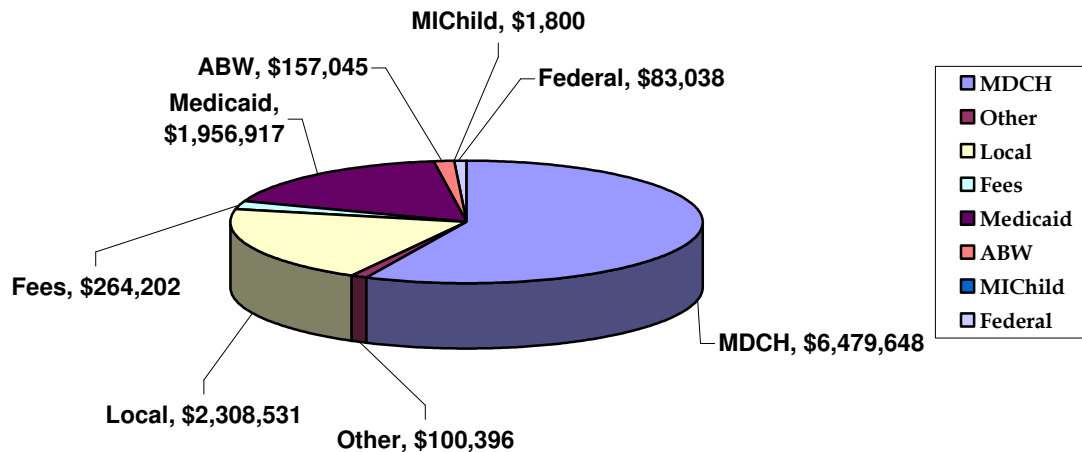
MICHild and Adult Benefit Waiver (ABW): approximately 70% federal and 30% state funding. MICHild is for children 18 and under determined eligible by the state Department of Human Services. There is a \$5/month payment required to participate. ABW (previously State Medical Plan) is for adults without 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 (Local): Also known as Cobo Hall or liquor tax. The statute is targeted to sunset December 31, 2015. 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.

## FY 2006/2007 Expenditures by Funding Source



Total funding for FY2006/2007 from all funding sources for services paid for in whole or in part with Mid-South administered funding totaled **\$11,351,577**. In the above graph, funding sources identified as Federal, 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 in tables may not total due to rounding.

### FY 2006/2007 Expenditures by Service Category

Service Category	Amount	Percent of Expenditure
<b>Community Grant and Medicaid Contracts</b>		
Administration	\$935,934	8.25%
Access, Assessment/ Referral	\$782,710	6.90%
Detox	\$274,167	2.42%
Intensive Outpatient	\$410,252	3.61%
Methadone	\$494,867	4.36%
Outpatient	\$3,826,017	33.70%
HIV	\$100,000	.88%
Residential	\$1,772,270	15.61%
Prevention	\$1,749,711	15.41%
<b>Sub-Total</b>	<b>\$10,345,930</b>	<b>91.14%</b>
<b>Non-Community Grant Contracts</b>		
Treatment & Ancillary Svcs.	\$693,766	6.11%
Prevention	\$311,881	2.75%
<b>Sub-Total</b>	<b>\$1,005,647</b>	<b>8.86%</b>
<b>Total</b>	<b>\$11,351,577</b>	<b>100%</b>

## An Unduplicated Count of Admissions to Each Level of Care

Level of Care	Number	Percentage of Total
Outpatient	4353	67.37%
Intensive Outpatient	666	10.31%
Detoxification	513	7.94%
Long-Term Residential	466	7.21%
Short-Term Residential	463	7.17%
<b>Total</b>	<b>6461</b>	<b>100%</b>

## Age at Time of Admission

Age	Number	Percentage of Total
17 & Under	379	5.87%
18 to 25	1694	26.22%
26 to 40	2552	39.50%
41 to 64	1829	28.31%
Over 65	7	0.11%
<b>Total</b>	<b>6461</b>	<b>100%</b>

## Race/Ethnicity

Race/Ethnicity	Number	Percentage of Total
African American/Black	1011	15.65%
Hispanic/Latino	369	5.71%
Multi Racial	121	1.87%
Native American	63	0.98%
White	4807	74.40%
Asian/Pacific Islander	9	0.14%
Arab American/Arab Chaldean	9	0.14%
Refused to Provide	2	0.03%
Unknown	70	1.08%
<b>Total</b>	<b>6461</b>	<b>100%</b>

## Employment Status at Time of Admission

Employment Status	Number	Percentage of Total
Unemployed	3977	61.55%
Not in Competitive Workforce*	739	11.43%
Not Applicable to the Person**	496	7.68%
Employed – Part-Time	682	10.56%
Employed – Full- Time	567	8.78%
<b>Total</b>	<b>6461</b>	<b>100%</b>

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

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

## Gender

MEN	% of Total	WOMEN	% of Total	TOTAL
3979	61.58%	2482	38.42%	6461

## A Snapshot of Mid-South's Clients

A total of 6,461 clients were admitted into treatment during FY2006/2007. This is a decrease from FY2005/2006 since only three months of Medicaid services for Calhoun County were paid through Mid-South. As the demographic data 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.

## Drug Treatment Courts

During FY2006/2007, Mid-South funded treatment for a total of 278 clients actively involved with drug/sobriety courts. Our provider panel 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 citizens as well as increasing public safety.

Mid-South staff continues to work with county district and circuit courts across the region in the development and implementation of drug/sobriety treatment courts to ensure quality and appropriate treatment is available through our funded providers. There continues to be growth in the development of Family Drug Treatment Courts. These courts are a partnership between the Family Court, Department of Human Services, Child Protective Services/Foster Care Services, and the substance use disorder treatment providers. Within the Mid-South region Jackson and Ingham counties have moved from the planning stage to the implementation stage of their development.

Drug/Sobriety Treatment Courts	FY 2005/2006	FY2006/2007
Calhoun County 37 <sup>th</sup> Circuit Court/Women's	26	12
Calhoun County 37 <sup>th</sup> Circuit Court/Men's	32	20
Eaton County 56A District Court	31	35
Eaton County 56 <sup>th</sup> Circuit Court	47	40
Eaton County 56 <sup>th</sup> Probate Court/Juvenile	12	10
Hillsdale Juvenile	N/A	6
Ingham County 54A District Court	N/A	15
Ingham County 55 <sup>th</sup> District Sobriety Court	32	47
Jackson County 4 <sup>th</sup> Circuit Court	94	93
<b>Total</b>	<b>274</b>	<b>278</b>

## Primary Drug at Time of Admission Broken Out by County

COUNTY	ALCOHOL		MARIJUANA HASHISH		COCAINE CRACK		NARCOTICS OPIATES HEROIN		METH./& OTHER AMPHETAMINES		OTHER	
		% of Total		% of Total		% of Total		% of Total		% of Total		% of Total
<b>Calhoun</b>	424	13.66%	263	21.09%	166	15.62%	118	12.87%	8	9.88%	8	16.67%
<b>Clinton</b>	132	4.25%	30	2.41%	44	4.14%	29	3.16%	5	6.17%	1	2.08%
<b>Eaton</b>	253	8.15%	102	8.18%	65	6.11%	57	6.22%	17	20.99%	1	2.08%
<b>Gratiot</b>	73	2.35%	21	1.68%	13	1.22%	24	2.62%	1	1.23%	2	4.17%
<b>Hillsdale</b>	155	4.99%	63	5.05%	32	3.01%	33	3.60%	12	14.81%	4	8.33%
<b>Ingham</b>	998	32.14%	373	29.91%	392	36.88%	260	28.35%	20	24.70%	11	22.92%
<b>Ionia</b>	69	2.22%	29	2.33%	8	0.75%	49	5.34%	1	1.23%	3	6.25%
<b>Jackson</b>	624	20.09%	212	17.00%	225	21.17%	234	25.51%	10	12.35%	16	33.33%
<b>Lenawee</b>	238	7.67%	79	6.34%	89	8.37%	66	7.20%	2	2.47%	2	4.17%
<b>Newaygo</b>	122	3.93%	70	5.61%	22	2.07%	43	4.69%	3	3.70%	0	0.00%
<b>Out of Region</b>	17	0.55%	5	0.40%	7	0.66%	4	0.44%	2	2.47%	0	0.00%
<b>Total</b>	<b>3105</b>	<b>100%</b>	<b>1247</b>	<b>100%</b>	<b>1063</b>	<b>100%</b>	<b>917</b>	<b>100%</b>	<b>81</b>	<b>100%</b>	<b>48</b>	<b>100%</b>
<b>% of Total</b>		<b>48.05%</b>		<b>19.30%</b>		<b>16.45%</b>		<b>14.20%</b>		<b>1.25%</b>		<b>0.75%</b>

This is the third fiscal year in a row in which the number of clients admitted to treatment identified alcohol as their primary drug was lower than the total aggregate number of clients admitted which identified other than alcohol as primary. There were 3105 admissions or 48.05% with alcohol listed as the primary drug and a total of 3356 admissions or 52% of the other primary drugs.

## Admissions by Levels of Care

County	Outpatient	% of Total OP Services Provided	Intensive Outpatient	% of Total IOP Services Provided	Detox	% of Total Detox Services Provided	Residential Short Term	% of Total Res/SL Services Provided	Residential Long Term	% of Total Res/LT Services Provided
Calhoun	736	16.91%	93	13.96%	66	12.87%	52	11.23%	40	8.58%
Clinton	199	4.57%	8	1.20%	12	2.34%	14	3.02%	8	1.72%
Eaton	378	8.68%	37	5.56%	31	6.04%	29	6.29%	20	4.29%
Gratiot	94	2.16%	8	1.20%	6	1.17%	9	1.94%	17	3.65%
Hillsdale	233	5.35%	22	3.30%	20	3.90%	22	4.75%	2	0.43%
Ingham	1399	32.14%	195	29.28%	146	28.46%	108	23.33%	206	44.20%
Ionia	97	2.23%	1	0.15%	25	4.87%	25	5.40%	11	2.36%
Jackson	623	14.31%	270	40.55%	161	31.39%	169	36.51%	98	21.03%
Lenawee	352	8.09%	30	4.50%	28	5.46%	25	5.40%	41	8.80%
Newaygo	220	5.05%	0	0.00%	17	3.31%	10	2.16%	13	2.79%
Out of Region	22	0.51%	2	0.30%	1	0.19%	0	0.00%	10	2.15%
<b>Total</b>	<b>4353</b>	<b>100%</b>	<b>666</b>	<b>100%</b>	<b>513</b>	<b>100%</b>	<b>463</b>	<b>100%</b>	<b>466</b>	<b>100%</b>
	<b>67.37%</b>		<b>10.30%</b>		<b>7.95%</b>		<b>7.17%</b>		<b>7.21%</b>	

**Mid-South provided funding for a total of 6,461 clients for FY2006/2007.**

Outpatient substance use disorder treatment services (SUD) include the intake session, 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 ten (10) counties as it is the most utilized level of care by the Mid-South clients. As the chart above shows there were 4,353 clients treated on an outpatient basis which is 67.37% of total clients served by Mid-South during FY2006/2007.

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. Planning for FY 2007/2008 is taking this into consideration and discussions are taking place to implement performance based contracting for our more rural county providers. For FY2006/2007 a total of 666 clients received IOP services, which is 10.30% of the total clients served.

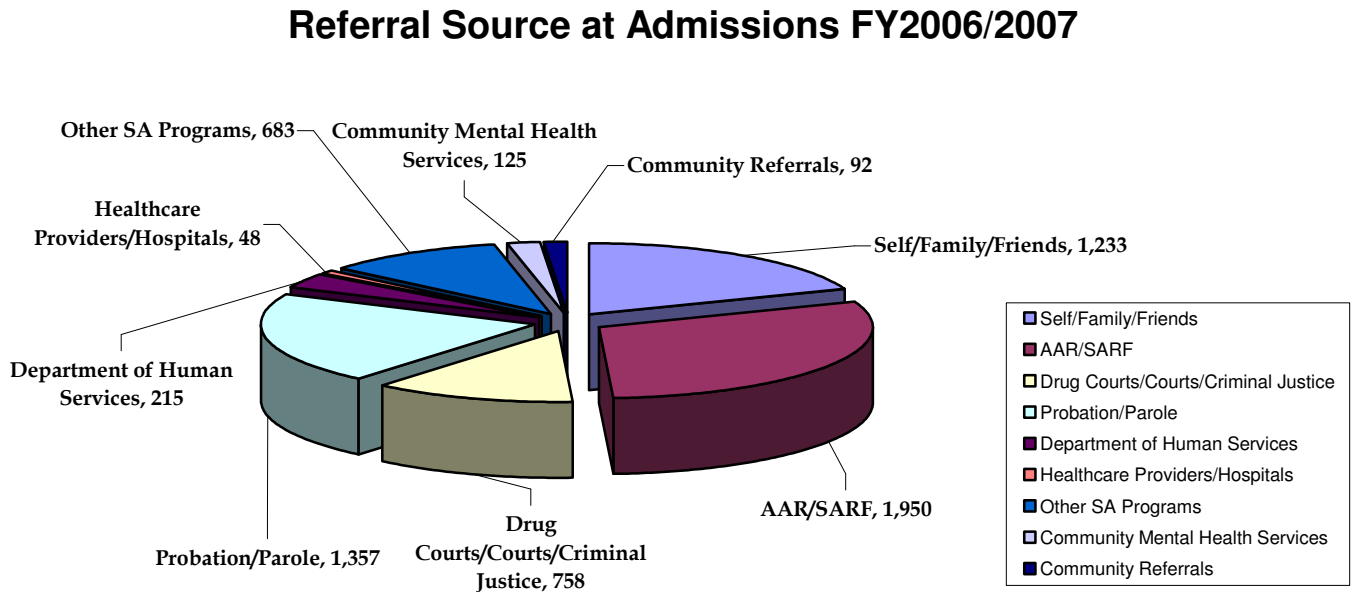
Detoxification services are medically supervised care provided for the purpose of managing the effects of withdrawal from alcohol and/or other drugs. Detox services typically last three (3) to five (5) days with the average length of stay for FY2006/2007 being three (3) days. Detox services were provided to 513 clients which is 7.95% of the total number of clients served.

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. The average length of stay for FY2006/2007 was seven (7) days. There were 463 clients admitted into contracted residential providers, which is 7.17% of the total number of clients served 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 with FY2006/2007 having an average length of stay of thirty-two (32) days for the 466 clients admitted into long-term residential services. This is 7.21% of the total number of clients served this fiscal year.

## Referral Sources at Time of Admission

Mid-South and its contracted network of treatment providers work with a variety of referral sources. Treatment providers regularly update the referral sources on their shared clients' progress, attendance to treatment sessions, and compliance with treatment goals. The following chart depicts various categories of referral sources.



The entire criminal justice system, entities such as community corrections, courts, including drug courts, attorneys, local police departments, and probation and parole departments, is a significant referral source for Mid-South's contracted network of treatment providers. The probation and parole departments within the Mid-South region referred 1,357 men and women into treatment during FY2006/2007, followed by the court system, including drug courts, with 758 referrals, totaling 2,115 referrals, or 32.63% of clients treated.

Further review of referral sources indicates a total of 1,233 individuals, or 19.08%, came into treatment voluntarily. The Department of Human Services referred 215 women with dependent children, or 3.32%; other community human service agencies referred 948 people for treatment, or 14.67% of people treated by Mid-South treatment providers. Community Mental Health Boards referred a total of 125 individuals for co-occurring treatment, or 1.93% of the total number admitted for treatment, yet during FY2006/2007, 2,835 people, or 43.88% of the total number admitted for treatment were identified as having both a substance use disorder and a mental health disorder. Thus, co-occurring clients are being referred by multiple community partners.

The final category of referral sources is AAR/SARF with 1,950, or 30.18% of the total admissions to treatment. SARF is the acronym for screening, assessment, referral and follow-up.

## **Specialty Services**

Individuals who access substance use disorder services often present with additional issues requiring specialized care, such as women with young children, pregnant women, adolescents, mental health disorders, criminal justice involvement, and employment concerns. Aware of these needs, Mid-South and its contracted providers, in conjunction with a variety of other human service agencies, work diligently to address the needed services.

### *Women's Specialty Services*

Mid-South has State Designated Women's Specialty Programs in five of its ten counties and continues to work with providers in the other counties to achieve this designation. For FY2006/2007, Mid-South's contracted treatment providers worked with 93 pregnant women which resulted in 55 drug free births. This has a significant positive outcome to the client, family, and other systems they interact with. Additionally, of the 2,482 total women admitted into treatment, 483 women had the responsibility for 914 dependent children. Treatment has the potential to impact more than just the individual woman seeking it, but impacts positively on her children as well.

### *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. Methadone dosing is provided in conjunction with outpatient treatment services at two (2) regional providers: Victory Clinical Services, III in Jackson and CEICMH Substance Abuse Services (G-14) in Lansing. New admissions in FY2006/2007 for methadone totaled 54 people. At the end of the fiscal year there were a total of 173 clients receiving methadone dosing in the Mid-South region. 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. It is thoroughly reviewed, and other options are considered and offered before the final decision to place a client on methadone dosing is made.

### *Communicable Diseases*

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. 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. ODCP has combined the HIV/AIDS requirements with the additional communicable diseases listed above. The Lansing Area AIDS Network (LAAN) at the beginning of FY 2006/2007 began providing region wide communicable disease/HIV/Aids education and technical assistance services. LAAN provided eighteen (18) training sessions for one hundred seventy (170) clinical and support staff at our network providers. They tested sixteen (16) individuals. Additionally, LAAN developed the training material, a provider "toolkit" with material to use with clients, and was available for ongoing technical assistance

## Quality Assurance

Primary functions of the Quality Assurance (QA) Department are to provide customer services, assure continuum of care, review client satisfaction and outcome surveys, perform site reviews, assure timely access to treatment services, and provide oversight of the wait list while incorporating the steps for quality improvement.

**Customer Services.** Customer services offers toll-free accessibility to assist clients and answer any questions relative to substance abuse treatment services. To help clients understand Mid-South's services and assist in making the best use of the services offered, a *Guide to Services* was created and is available to clients on our Website. This document provides an overview of our services, explanation of various benefit systems, and contact information for each of our contracted providers.

**Continuum of Care.** Another focus this year was assuring clients' successfully transferred from one level of care to another in order to continue in treatment; whether remaining at the same provider or relocating to another. Communication between therapists providing care is vital to maintain quality of individual SUD treatment as clients transfer without interruption of service. Procedures for transferring clients were reviewed, improved, and submitted to all providers. The QA Department monitored the transfers to assure the procedures were followed so clients transferred with timeliness and ease.

**Client Satisfaction Surveys.** Client Satisfaction Surveys were 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:

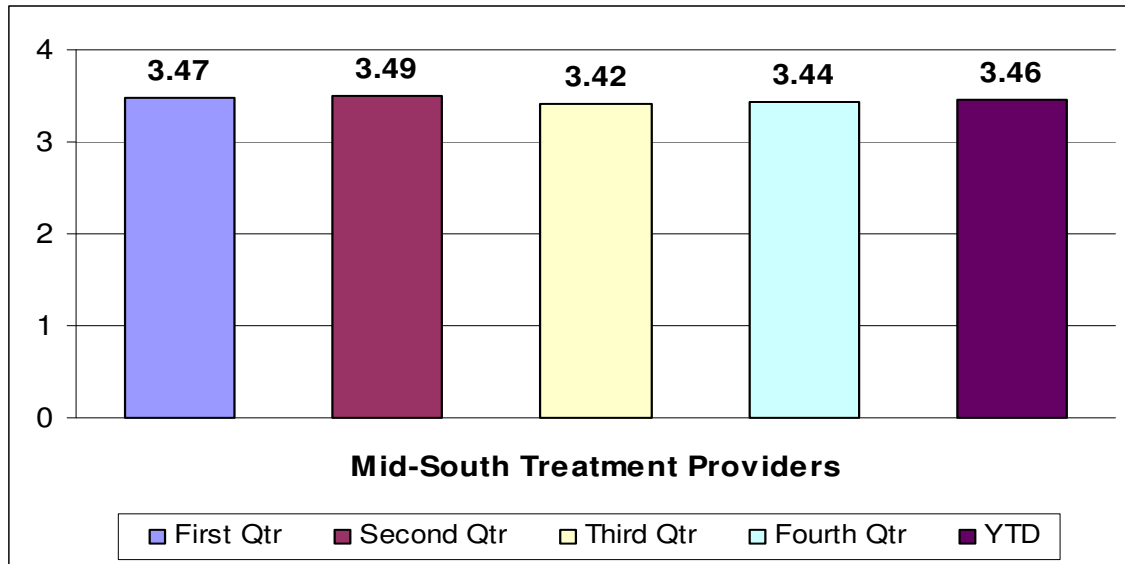
Strongly Agree (4)    Agree (3)    Disagree (2)    Strongly Disagree (1)

The year-to-date score is an average of the quarters. Beginning in FY 2006/2007, one survey form was used for all ages. The QA Department reviewed the results and if any Provider received an overall score of less than 3, which indicates an average rating lower than "Agree," it was considered unacceptable. The Provider would be contacted by the QA Department for a discussion on the Client Satisfaction Survey results and if necessary, a plan of action would be developed.

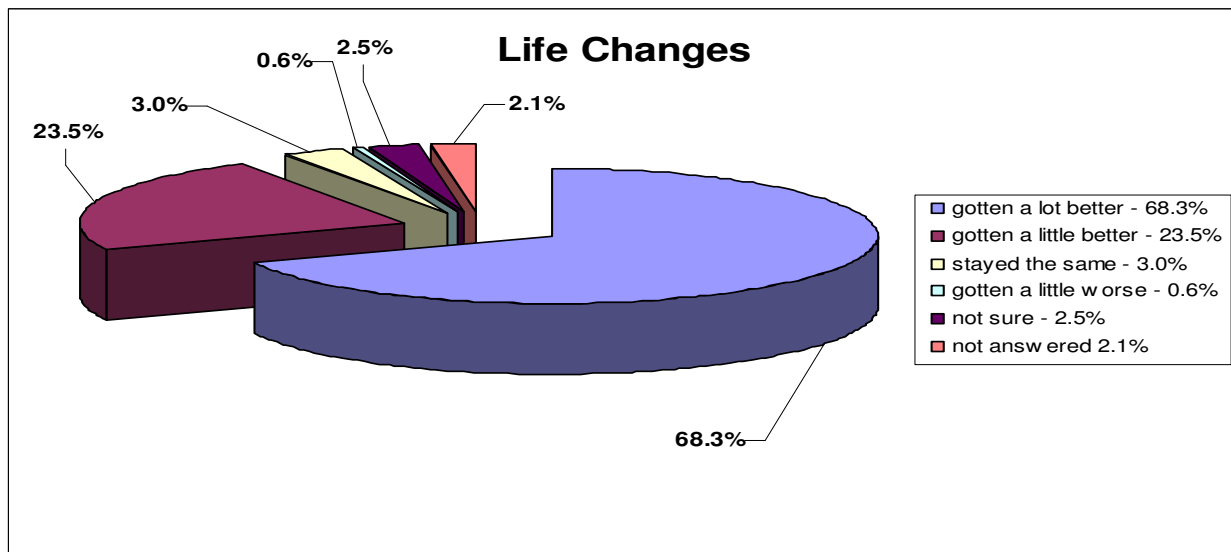
Providers who consistently submitted surveys representing less than 10% of the total clients served during a quarter were directed to develop a plan to increase client completion of the survey. Mid-South received a total of 2,803 surveys with the average satisfaction survey results for Fiscal Year 2006/2007 at 3.46 out of 4.00.

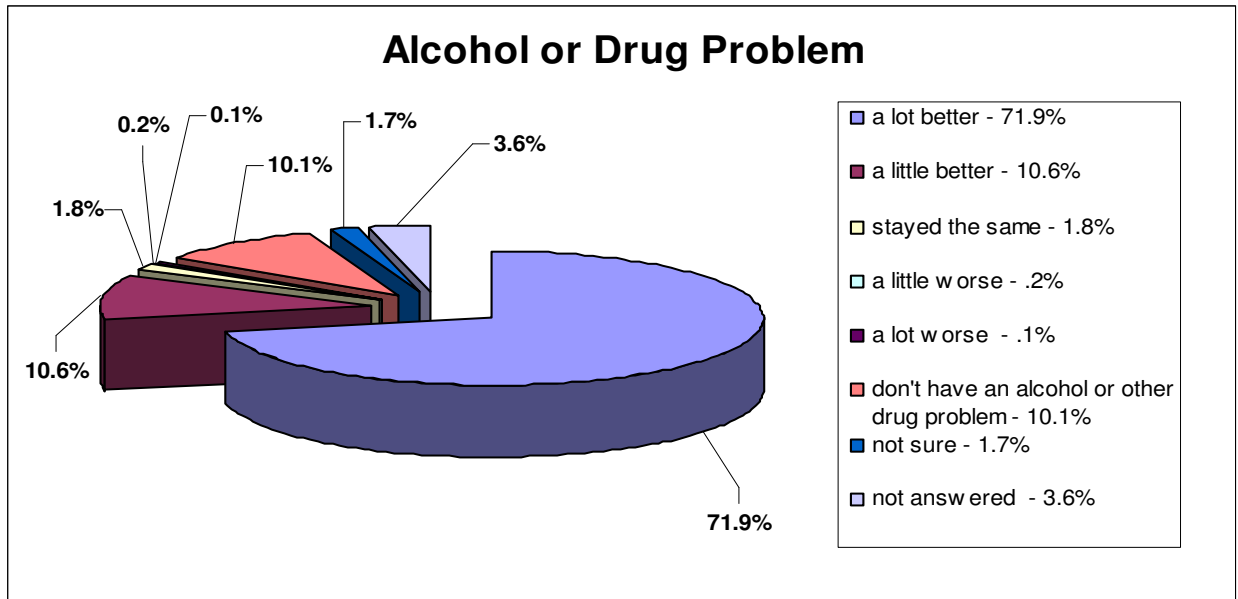
## FY 2006/2007 Client Satisfaction Survey

N=2,803



**Outcome Surveys.** Outcome Surveys were distributed by each provider to all Mid-South funded clients at time of client 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 1,336 surveys, 912 or 68% of surveys reflected life got a lot better since beginning treatment with the provider. Out of the same number of surveys, 960 or 72% reflect their alcohol or other drug problem was a lot better since beginning treatment with the provider. (See the following two charts).





**Administrative & Clinical Site Reviews.** It is Mid-South’s policy to monitor specific requirements for providers at least annually during on-site visits and internal reviews. The Quality Assurance Manager conducted administrative and clinical provider site reviews and internal desk reviews to ensure standards and quality of care were achieved in the delivery of substance use disorder treatment services.

Treatment plans, progress notes, and continuum of care were the major focus for the Quality Department during this year’s clinical site reviews. Protocol for review of client files was revised to better reflect providers’ efforts in relating client treatment plans with documented progress notes. A baseline of scores was established during this fiscal year with the expectation of increased scores for next year.

Below are the combined results of the 27 administrative and clinical site reviews:

Rating Scale	Number of Providers	% of Providers
100% (Excellent)	1	4%
90 – 99% (Great)	13	48%
80 – 89% (Good)	8	30%
70 – 79% (Fair)	5	18%
69 and below (Poor)	0	0%

In an effort to improve case file documentation of the relationship between the treatment plans and progress notes, the Quality Assurance Manager followed up with providers whose clinical score was 69% and below (of which there were 9 or 33%). Informal dialogue took place whereby therapists were given an opportunity to discuss expectations and receive clarity to assure improvement in documentation for next fiscal year.

**Access Timeliness.** The Quality Assurance staff worked closely with the access, assessment, and referral contracted providers to assure timeliness of admission, reviewed authorization requests and pended comments for quality improvement measures, and closely monitored the prioritization of the wait list for access capacity needs.

## Finance

Mid-South enjoyed its eleventh consecutive clean financial report. This successful accomplishment could not have been achieved without the hard work and dedication for detail not only by Mid-South Finance staff, but also the conscientiousness of our contracted provider network.

Finance's responsibilities not only include the oversight of yearly audits and budget, but also oversees functions such as timely invoice paying and program payments, processing program client claims for both Community Grant and Medicaid funds which are estimated in excess of 180,000 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 FY2006/2007 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 86%. The goal for FY2006/2007 was 95% compliance.

SCORING	NO. OF PROVIDERS	% OF PROVIDERS
100% (Excellent)	7	24.14%
99 – 90% (Great)	8	27.59%
89 – 80% (Good)	4	13.79%
79 – 70% (Fair)	6	20.69%
69% & Below (Poor)	4	13.79%
<b>Total</b>	<b>29</b>	<b>100%</b>

Financial compliance is based on file documentation and accuracy of billings. There were fifteen (15) providers who scored above 90%.

## Prevention

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 Substance Abuse Commission's 2005-2009 Strategic Substance Abuse Prevention Plan identifies six goal areas: Coalition Building, Data Driven Decision Making, Alcohol, Tobacco, Methamphetamine, and Special Populations.

In fiscal year 2006-2007 Mid-South continued its investment in specific outcome based prevention programs, policies, and practices that address the six targeted goal areas. These investments are managed through ten structured, community owned, multi-sector Substance Abuse Prevention Coalitions. The Mid-South Prevention Department participates and provides training and technical assistance to all ten county coalitions and their provider networks operating in the region.

Needs and resource assessment efforts at the regional and local level remained a priority in FY 2006-2007. A second PNA Survey was administered to both public and private/charter schools to measure youth risk and protective factor information within the Mid-South Region. The

increased commitments from local schools to participate in the 2006 youth survey have been considerable. Nearly 23,000 students in 6<sup>th</sup> -12<sup>th</sup> grades participated in the 2006 PNA Survey.

Since 2006, the region has invested specifically in four counties to complete law enforcement compliance checks with 100% of county tobacco vendors. A total of 523 tobacco vendors received compliance checks in the Mid-South region. The tobacco sale rate to minors in the four counties as reported to Mid-South were Clinton = 15%, Eaton = 24%, Ionia = 19%, Ingham = 12.8%. These results represent 45% of vendors in the Mid-South region. The compiled regional tobacco sale rate is roughly 16%. [Note: this number can be used as only an estimate until additional compliance checks can be completed in the region.] This estimate means that nearly 16% of tobacco vendors are selling tobacco to minors at any given time.

Since 2006, 455 alcohol vendor law enforcement compliance checks have been completed in Eaton, Gratiot, Ingham, and Lenawee counties. This represents nearly 28% of the alcohol vendors in the Mid-South region. The compiled regional alcohol sale rate to minors is roughly 15%. [Note: this number can be used as only an estimate until additional compliance checks can be completed in the region.] Given the alcohol and tobacco sale rates of vendors, law enforcement compliance checks and enhanced vendor education will continue to be a priority within the Mid-South region.

Several prevention coalitions in the region have updated, expanded, or initiated their use of GIS (Geographic Information System) mapping technology to address local issues surrounding methamphetamine, alcohol, tobacco and other drugs. Other coalitions are still exploring the utilization, cost, and data collection of such a system. In February 2007, Eaton County updated their methamphetamine map to display the most current data involving dump sites, lab seizures, treatment rates, etc. They have also expanded and successfully mapped serious alcohol related issues (adult alcohol violations, prosecution, sales to minors, etc.) in their communities.

All 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 been rewarded. 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 others have accessed additional prevention dollars through other funding streams on the local, county, regional, or state level.

#### *Strategic Prevention Framework – State Incentive Grant*

Based on a statewide review of data by a statewide data work group, Michigan's priority problem was identified to be alcohol-related traffic crash deaths with a parallel initiative to reduce underage drinking. The SPF-SIG Project is designed to impact population level change and is built on outcome-based prevention that focuses on both consequences and consumption patterns for the entire life span rather than a particular age group. By population level change, it is meant that the focus is on entire populations, such as whole communities. This framework is a public health approach to prevent and reduce substance-related problems.

As part of our response to the RFI, Mid-South convened a Regional Epidemiology Workgroup and a Regional Community Strategic Prevention Planning Collaborative (CSPPC). The Epidemiology Workgroup, tasked with data collection and analysis for the ten-county region, completed a regional Needs Assessment that categorized each county

as compared to the region as high, medium, or low risk in each of four target areas, identified in the following table.

<b>Mid-South Substance Abuse Commission</b> <i>Strategic Prevention Framework - State Incentive Grant (SPF-SIG)</i> <i>High, Medium, and Low Need for Substance Abuse Prevention Services</i> <i>By County (2007)</i>				
County	Table 11a	Table 11b	Table 11c	Table 11d
	Need for Prevention Services - Alcohol Adult	Need for Prevention Services - Alcohol Youth	Need for Prevention Services - Youth	Need for Prevention Services - Tobacco
Calhoun	Low	High	High	High
Clinton	Low	Low	Low	Low
Eaton	Low	Medium	Low	Low
Gratiot	Low	Medium	High	Medium
Hillsdale	High	High	High	Medium
Ingham	Medium	Low	Medium	Medium
Ionia	High	Low	Low	Low
Jackson	Medium	Low	Medium	High
Lenawee	Medium	Low	Medium	Medium
Newaygo	High	Low	High	High

*Note: High, medium, or low need for substance abuse services was determined by a combination of alcohol-involved traffic crash fatalities, injuries and alcohol -involved crashes (2001-2005); 30 day alcohol use and binge drinking in youth (2006); high risk and low protection in youth (index of eight variables) (2006); 30 day tobacco use and smoked half pack per day in youth (2006); and deaths attributed to tobacco (2005) in the MID-SOUTH region.*

*This table represents a ten county comparison. Low or Medium need does not mean that substance abuse issues are not of concern and do not need to be addressed regarding alcohol, tobacco, and other drugs in these counties. In relation to the SPF-SIG project, the intent is to prioritize need for limited resource allocation.*

As of October 2007, Calhoun County was moved into the Kalamazoo Coordinating Agency and is therefore no longer a part of the Mid-South Region. Given this development, Gratiot County and Jackson County move up in rankings into the high need categories within the underage drinking and tobacco problem statements respectively.

Mid-South received state approval and positive feedback on the Needs Assessment, Strategic Plan and the Phase II SPF-SIG Implementation Plan. During Phase II, Mid-South will be working with the identified high need target area communities (Gratiot, Hillsdale, Ionia, Jackson, Lenawee, and Newaygo Counties) surrounding comprehensive strategy development and implementation planning for SPF-SIG funding allocation. Through implementation of evidence-based strategies, counties have the potential to impact population level change surrounding alcohol-involved traffic fatalities, crashes, and injuries; underage drinking; and deaths attributable to tobacco in the Mid-South region.

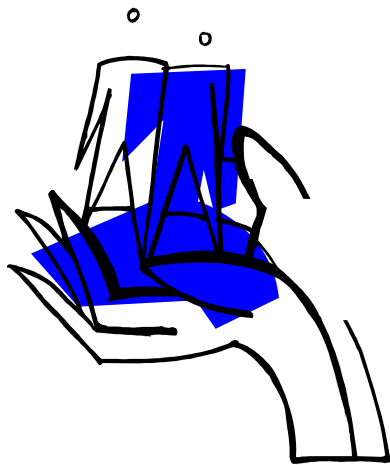
For more information on the 2005-2009 Strategic Substance Abuse Prevention Plan, SPF-SIG Needs Assessment, or Strategic Plan. and links to other prevention related documents please visit our website at [www.Mid-South.com](http://www.Mid-South.com).

## The Mid-South Substance Abuse Commission Staff FY 2006/2007

---

Executive Director	Gary VanNorman	517.337.4406 ext. 114
Executive Secretary	Lori Griffin	
Receptionist	Melissa Williford	
Treatment & Program Development Director	Mary Kronquist	517.337.4406 ext. 113
Quality Assurance Manager	Jeanne Diver	517.337.4406 ext. 111
Information Analyst	Linda Proper	
QA Administrative Assistant	Melinda Young	
Information Systems/Billing Assistant	Angela Kersey	
Finance Manager	Gerrie Roeser	517.337.4406 ext. 112
Finance Assistant	Jill Gawronski	
Claims Adjudicator	Monica Young	
Prevention Coordinator	Joel Hoepfner	517.337.4406 ext. 102
Prevention Assistant	Cara DeNuccio	

This page  
intentionally left blank



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

[www.mssac.com](http://www.mssac.com)