



JOHN ENGLER, Governor

DEPARTMENT OF PUBLIC HEALTH

3423 N. LOGAN / MARTIN L. KING JR. BLVD.  
P.O. BOX 30195, LANSING, MICHIGAN 48909

VERNICE DAVIS ANTHONY, MPH, Director

September 12, 1994

[REDACTED]

This letter is a follow-up to our telephone conversation of Tuesday, August 30, 1994, and a written response to your Recipient Rights State Level Appeal dated August 4, 1994. Your concerns expressed in your complaint have been discussed with Pathway Family Center staff on two occasions (8-19-94 and 8-30-94) with Oakland County Coordinating Agency and Center for Substance Abuse Services staff present.

At this point, Pathway Family Center has been issued a standard license for outpatient services contingent upon resolution of Department of Social Services (DSS) requirements for licensure as a Child Placing Agency. It is our position that this will ensure greater influence from the program in relation to the logistics of the associated "residential" component. We also intend to maintain close association with this program until the licensure is obtained from DSS and through the implementation of the child placing function.

Your concern for the welfare of clients is appreciated. We will make every attempt, also, to ensure that appropriate services are delivered in a safe environment.

Sincerely,

Kathryn Heard, Chief  
Quality Assurance & Licensing Section  
Center for Substance Abuse Services

**\* NO LICENSE EXISTS  
AS DISCUSSED ABOVE**



RECIPIENT RIGHTS  
STATE LEVEL APPEAL

TO RECIPIENT/CLIENT: PLEASE READ  
INSTRUCTIONS ON BACK.

TO BE COMPLETED BY STATE COORDINATOR

PROGRAM NAME: Pathways

LICENSE NO. 630720

--	--	--	--	--	--

COMPLAINT NO. 40

--	--	--	--	--	--

DATE ORIGINAL COMPLAINT FILED: \_\_\_\_\_

!\*

1. DESCRIBE YOUR REASONS FOR FILING AN APPEAL (EXPLAIN THAT WAS DONE OR NOT DONE THAT LEAVES YOU

DISSATISFIED: the recipients of the program still are subject to the verbal abuse, no exercise poor diet (they are overweight/dehydrated/lethargic). The "1AP" sessions often have no licensed therapist. they have not OBJECTIVELY evaluated the clients for appropriateness they remain in unconstitutional brainwashing facility. The illegally kept & run "last homes" are still in operation - basically h/t of talk, very little actual change.

2. WHAT WOULD YOU CONSIDER TO BE A FAIR SOLUTION TO THE APPEAL?

THE SAME AS I WROTE ON COORDINATING AGENCY APPEAL FORM 903.

NOT THE SAME AS I WROTE ON COORDINATING AGENCY APPEAL FORM 903. EXPLAIN WHAT YOU WANT DONE, BY WHOM AND BY WHEN: I wish a full blown and detailed surprise

investigation. it is apparent with notice they will cover things up and make excuses. I want very close monitoring by objective non-involved parties. I want all the recipients who do not meet the requirements of a "last-chance, isolation, brain washing" facility replaced (or released) to a more suitable environment and those that remain I want their basic civil rights honored.

3. HOW DO YOU WANT TO GET YOUR COPY OF THE INVESTIGATION REPORT ON THIS APPEAL? (CHECK ONE)

PICK UP IN OFFICE OF STATE RIGHTS COORDINATOR IN LANSING WITHIN 30 DAYS. WHEN REPORT IS READY, PHONE ME AT: \_\_\_\_\_

MAIL TO ME AT THE FOLLOWING ADDRESS BY REGISTERED MAIL:

ADDRESS	_____
CITY	_____
ZIP CODE	_____

\_\_\_\_\_  
RECIPIENT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME

8/04/94  
DATE

TO BE COMPLETED BY STATE COORDINATOR

DATE APPEAL RECEIVED: \_\_\_\_\_

DATE REPORT DUE TO RECIPIENT: \_\_\_\_\_

\_\_\_\_\_  
STATE RIGHTS COORDINATOR SIGNATURE

\_\_\_\_\_  
PRINTED NAME

KEEP COPY OF THIS FORM AND MAIL ORIGINAL TO:

RECIPIENT RIGHTS COORDINATOR  
OFFICE OF SUBSTANCE ABUSE SERVICES  
LICENSING SECTION  
1423 N. LOGAN, P.O. BOX 10035  
LANSING, MICHIGAN 48909

COPIES TO: RECIPIENT  
PROGRAM  
COORDINATING AGENCY