

PATHWAY FAMILY CENTER
Plum Hollow Office Park
22180 West Nine Mile Road
Southfield, MI 48034-6007

(810) 356-0373
Fax-(810) 356-2524

*To confirm
time frame
results
received by post*

TELECOPIER TRANSMITTAL SHEET

DATE: 8-25-94

TIME: 1:45p

TO: Kathy Heard

FROM: Lea McGeer

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: _____

COMMENTS: _____

PLEASE NOTIFY Linda Lowery IMMEDIATELY AT (810) 356-0373 IF MATERIAL IS NOT RECEIVED PROPERLY.

OUR TELECOPIER NUMBER IS (810) 356-2524

IMPORTANT NOTICE: The information contained in this communication is privileged or confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the employer or agent responsible for delivering the information to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is neither intended nor allowed. If you have received this communication in error, please notify us immediately by telephone at the above number and return this communication to us at the above address via the United States Postal Service. Thank You.

Pathway Family Center

Plum Hollow Office Park, 22180 West Nine Mile Road, Southfield, Michigan 48034-6007
313/356-0373 • 313/356-2524 (FAX)

August 24, 1994

Burden Super
Ms. Bernice Berden
Michigan Department of Social Services
Division of Child Welfare Licensing
Michigan State Plaza Building
1200 Sixth St.
4th Floor, North Tower
Detroit, MI 48226

*Linda Jansil
Jansil
313-256-3114*

Dear Ms. Berden:

I understand that the letter of intention dated 8-23-94 from our agency was "inaccurate", per your telephone conversation with our Clinical Director, David Key today. Therefore, I am writing to clarify Pathway Family Center's current intentions regarding a Foster Care Placement License.

Pathway Family Center intends to apply for a Foster Care Placement License. We would like to be put on the waiting list to attend the next orientation session. We expect no preferential treatment, yet we also expect no prejudicial treatment based on past experience with an agency with which we have no affiliation.

It is my hope that as a licensing worker you are dedicated to assisting people with understanding and meeting the state standards for foster care placement. The first step in that is clearly stating the procedures and offering guidance. So far we feel we have been put off, misguided and as mentioned above, treated prejudicially. I will continue to communicate directly with your superiors until I feel you are demonstrating a willingness to work directly with us.

I look forward to your immediate response.

Sincerely,

Lea A. McGregor, MSW

Lea A. McGregor, MSW
Executive Director

cc: Robert Bee
Karen Schrock

Lea McGregor, MSW, Executive Director

BOARD OF DIRECTORS

Lynn Stevens-Naoum, Esq. President • Barbara McGregor, ACSW, Vice President
Tom Nissley, CPA, Treasurer • Kenneth Nissley, CPA, Vice Treasurer • Daniel Sokolowski, Secretary

Lea McGregor, Program Director
Pathway Family Center
22189 West Nine Mile Road
Southfield, Michigan 48034
License #630740

August 23, 1994

Dear Ms. McGregor:

This letter is written to clarify the Michigan Department of Public Health/Center for Substance Abuse Service's position in relation to licensure of your outpatient program. It is our understanding that your program has a separate, but associated component which houses adolescents in parent homes while they receive outpatient services at your service site. The Administrative Rules For Substance Abuse Service Programs in Michigan state in Rule 111(1), "In addition to the requirements of the act, a program shall comply with all federal, state, and local statutes, rules, and regulations that apply." This situation places adolescents in residential settings in some unlicensed homes and, as such, is contrary to State of Michigan/ Department of Social Services laws and requirements.

Please understand that this office supports ~~your~~ program ~~and a~~ design which accommodates housing needs for adolescents in outpatient treatment. Services for adolescents are much needed and the licensing review of your program demonstrated administrative and clinical compliance to qualify for a standard license. We also understand that your recent review by the Council for Accreditation (COA) did not raise any issues related to this situation.

However, this office must request that your program resolve this issue before we can issue a standard license. We would require evidence that the Department of Social Services is satisfied with the housing arrangements or assurance from your Board of Directors that this component of the program has been entirely eliminated and all references to residential arrangement (i.e. host homes) have been deleted from verbal or written communications originating from your program.

A response to this letter is required prior to the expiration of your current license on August 31, 1994. We wish you well in your endeavors with DSS and hope that you are able to resolve the issue and maintain satisfactory housing arrangements for your adolescents in treatment.

Sincerely,
Karen Schrock

* DSS - licensure

* ~~trying~~ trying to program philosophy

* Deny

DRAFT