

**REPORT TO THE LEGISLATURE**  
**Pursuant to P.A. 114 of 2009**  
**Section 405 (2, 3)**  
**Substance Abuse Reporting Requirements**

Sec. 405(2): By March 1, 2010, the department shall report to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director on the allocation, distribution, and expenditure of all funds appropriated by the substance abuse testing and treatment line item during fiscal year 2008-2009 and projected for fiscal year 2009-2010. The report shall include, but not be limited to, an explanation of an anticipated year-end balance, the number of participants in substance abuse programs, and the number of offenders on waiting lists for residential substance abuse programs. Information required under this subsection shall, where possible, be separated by MDOC administrative region and by offender type, including, but not limited to, a distinction between prisoners, parolees, and probationers.

Expenditures for Fiscal Year 2008- 2009

Category	Expenditures
Outpatient CFA	\$ 1,621,519
Residential CFA	\$ 1,438,665
Outpatient FOA	\$ 3,288,532
Residential FOA	\$ 9,368,804
Drug Testing CFA	\$ 264,156
Drug Testing FOA	\$ 822,660
Urine Monitors FOA	\$ 724,186
Administration	\$ 307,385
Payroll Expense	\$ 922,657
<b>Total</b>	<b>\$18,758,564</b>

Education & Treatment Admission by Service Category and Status for Fiscal Year 2009

	Outpatient Treatment	Residential Treatment	Education	Assessment Only	Total
Prisoners	4,701	344	3,640	136	8,821
Community Prisoners CRP	9	2	0	1	12
Parolees	8,393	3,840	0	1341	13,574
Probationers	2,275	1,251	0	235	3,761
SAI participants	638	0	0	0	638
<b>TOTAL</b>	<b>16,016</b>	<b>5,437</b>	<b>3,640</b>	<b>1713</b>	<b>26,806</b>

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Projections for Fiscal Year 2009-2010

Category	Planned Expenditures	Projected Expenditures	Projected Surplus (Over Expenditure)
Outpatient CFA	\$1,700,000	\$1,684,461	\$15,539
Outpatient FOA	\$3,298,163	\$3,547,682	(\$249,519)
Residential CFA	\$1,168,364	\$ 1,172,546	(\$4,182)
Residential FOA	\$9,996,327	\$9,879,222	\$117,105
Drug Testing CFA	\$ 250,000	\$ 244,157	\$5,843
Drug Testing	\$ 1,051,175	\$ 1,051,172	\$3
Urine Monitors	\$ 750,000	\$ 750,000	0
Administrative Services	\$ 92,750	\$92,750	0
Payroll	\$949,900	774,577	\$ 175,323
<b>Total</b>	<b>\$19,256,679</b>	<b>\$19,196,567</b>	<b>\$ 60,112</b>

The projected surplus is less than 1% of the projected expenditures for FY 2009-2010 and is primarily due to staff vacancies.

**The number of offenders enrolled in treatment by service category**

Service Category	Admissions (as of 1/31/2010)
Prison based education	1456
Prison based outpatient	1880
Prison based residential	138
Community based outpatient – parolees	3357
Community based outpatient - probationers	910
Community based residential – parolees	1344
Community based residential – probationers	276

**The number of offenders on the waiting list for residential treatment services**

Service Category	Number on waiting list	MDOC Region
Prison based residential	206	State wide
Community based parolees	0	FOA Metro Region
Community based parolees	0	FOA Outstate Region
Community based probationers	0	FOA Metro Region
Community based probationers	0	FOA Outstate Region

The Department is not currently operating a waiting list for community-based residential treatment.

(3) By March 1, 2010, the department shall report to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director on substance abuse testing and treatment program objectives, outcome measures, and results, including program impact on offender behavior and success as defined in section 409.

### **Substance Abuse Testing**

The goal of prison based drug testing is to detect and deter unauthorized use of controlled substances by conducting frequent, random drug testing and by applying a sanction to every instance of unauthorized drug use. Every two weeks, 1.5% of the population at each prison is randomly chosen to submit to a drug test. Additional testing or probable cause testing is performed if there is reason to suspect recent drug use. Testing is also performed if the prisoner is participating in high risk activities such as public works, gate pass or industry assignments.

Drug and alcohol use in Michigan's prison system is not extensive, even though substance abuse screening methods suggest that the majority of incoming prisoners have a drug and alcohol dependency problem. The Department currently uses the random testing system as a barometer for drug activity. This rate has dropped dramatically over the years, from 8.9% in 1987 to 2.2% in 2009. Several factors have contributed to this decrease. Prison based treatment programs have expanded, probable cause testing has been encouraged when drug use is suspected, and there has been increased emphasis on applying sanctions for evidence of drug use.

The goal of community based drug testing is similar to that of prison based testing. That is, to detect and deter unauthorized use of controlled substances. Unlike prison based testing, the frequency of community based testing is driven by statutory requirements. Parolees who have a history of substance abuse and are on maximum or medium supervision are required to be tested twice per month. For a number of years the positive testing rate for this population average more than 20%. With the increased availability of treatment services, that rate dropped to 8% for FY 2009. For those offenders under probation supervision the need for testing is determined by the sentencing court. For FY 2008-2009 the positive testing rate for the probation population was 14%. During FY 2008-2009 the department conducted more than 600,000 substance abuse tests.

### **Substance Abuse Treatment outcomes**

#### **Prison return rate**

The following table represents the prison return rate for each program type at 12, 24 and 36 months after program completion or release to parole. The No Treatment comparison group represents those offenders who had a substance history but failed to participate in treatment during their period of incarceration. They may have either refused treatment or discharged prior to completing treatment. Prison return rates for the No Treatment comparison group are taken from a 2003 study completed by the University of Michigan Substance Abuse Research Center. Prison return rates for each of the treatment interventions are for those offenders that completed treatment in FY 2005-2006.

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Program type	Prison Return Rate		
	12 months	24 months	36 months
No Treatment <sup>1</sup>	21%	43%	47%
Community-based Outpatient	18%	28%	32%
Community-based Residential	25%	36%	40%
Prison-based Outpatient	18%	33%	41%
Prison-based Residential (RSAT)	16%	32%	38%

### Successful completion of substance abuse treatment

The following table represents the successful completion rate for those offenders who participate in MDOC managed programs.

Program type	Successful Completion
Prison – based	92%
Community– based Outpatient	62%
Community –based Residential	66%

### Housing

All offenders participating in outpatient or residential programming are eligible for MDOC sponsored transitional housing. These offenders may remain in transitional housing until they locate a stable residence.

### Other Success Factors

At this time the Substance Abuse Services section does not have a reliable method to collect data regarding whether the offenders have obtained a state identification card, if they have completed non-substance abuse related programming (e.g., job training, mental health treatment), “regularly” reported to the agent, investigated all “bona fide” employment opportunities, or if they have been sentenced to a jail term for a new criminal offense. Data collection and measurement for all these intermediate indicators of success is under development, as the OMNI database management system is expanded and enhanced via web-enabling.

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<sup>1</sup> University of Michigan Substance Abuse Research Center, *Assessment of Prison and Community Based Treatment Programs*, July 2004