

**REPORT TO THE LEGISLATURE**  
**Pursuant to P.A. 252 of 2014**  
**Article V, Section 405**  
**Substance Abuse Reporting Requirements**

Sec. 405. By March 1, the department shall report to the senate and house appropriations subcommittees on corrections, the legislative corrections ombudsman, 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 success and programmatic success.

**Substance Abuse Testing**

The goal of prison based drug testing is to detect and deter unauthorized use of controlled substances by conducting drug testing and by applying a sanction to every instance of unauthorized drug use. Since the rate for random testing was less than one percent, in January 2012 the Department discontinued random testing although continued probable cause testing; this change will save the Department nearly \$100,000 annually. 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. This rate has consistently declined over the years, from 8.9% in 1987 to 6.6% in 2013. Since random drug testing is no longer conducted in the prison system the positive testing rate of 4.99% represents for cause testing in 2014. Several factors have contributed to this decrease. The Department offers prison based treatment programs, 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. With the increased availability of treatment services, that rate dropped to 6.4% for FY 2014. For those offenders under probation supervision the need for testing is determined by the sentencing court. For FY 2014 the positive testing rate for the probation population was 10.8%. During FY 2014 the department conducted more than 588,262 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 12 months of the treatment interventions are for those offenders that completed treatment in FY 2013. Prison return rates for 24 months of the treatment interventions are for those offenders that completed treatment in FY 2012. Prison return rates for 36 months of the treatment interventions are for those offenders that completed treatment in FY 2011.

Program Type	Prison Return Rate		
	12 months	24 months	36 months
No Treatment	21%	43%	47%
Community-Based Outpatient	12.3%	23.4%	28.1%
Community-Based Residential	20.7%	36.6%	41.1%
Prison-Based Outpatient	17.2%	34.7%	40.4%
Prison-Based Residential (RSAT)	11.7%	26.9%	33.8%

### Successful Completion of Substance Abuse Treatment

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

Program Type	Successful Completion	Unsuccessful
Prison-Based Residential (RSAT)	86.8% (473)	13.2% (72)
Prison-Based Outpatient	97.2% (3,985)	2.8% (116)
Community-Based Outpatient	62.9% (3,885)	37.1% (2,296)
Community-Based Residential	76.9% (1,818)	23.1% (545)

The successful completion percentage rates are calculated by comparing the successful completions from treatment against offenders who were unsuccessful discharges from treatment. Unsuccessful discharges from treatment may be a result of the offender absconding, rule breaking behavior in treatment, non-compliance in treatment, lack of progress in treatment, and no-shows to outpatient appointments.

### **Housing**

All offenders participating in residential programming are eligible for MDOC sponsored residential aftercare formerly known as transitional housing. These offenders may remain in residential aftercare for up to 90 days while they attain a stable residence and transition back into the community.

### **Other Success Factors**

Data collection and measurement for additional indicators of success is under development, as the OMNI database management system is expanded and enhanced via web-enabling.