

**MICHIGAN  
DEPARTMENT OF CORRECTIONS  
SUBSTANCE ABUSE PROGRAMS SECTION**

**ANNUAL REPORT  
FISCAL YEAR 2000/2001**

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# **SUBSTANCE ABUSE PROGRAMMING IN THE MICHIGAN DEPARTMENT OF CORRECTIONS FISCAL YEAR 2000/2001 EXECUTIVE SUMMARY**

## Program Description

During Fiscal Year 2000/2001, substance abuse outpatient and residential treatment services were provided to 20,676 prisoners, parolees, and probationers through contracted services with the Michigan Department of Corrections (MDOC) Substance Abuse Programs Section. Over two-thirds of offenders are assessed with substance dependence. The significant impact of substance abuse on persons in Michigan's correctional system led the Michigan Department of Corrections to implement a substance abuse treatment, education, and drug testing program thirteen years ago. The goal is to improve the functioning of persons having contact with Corrections by preventing and treating substance abuse, and by detecting and deterring drug use.

The substance abuse treatment program has a planned continuum of services for treatment of offenders entering and departing the Corrections jurisdiction. Services are targeted to ensure that offenders have an opportunity for substance abuse education or treatment before they leave an institutional setting. Services are available in all prisons, camps, community residential programs, and to offenders under parole and probation supervision. Drug testing occurs throughout.

The substance abuse testing and treatment program has several components:

- ◆ A screening and assessment process at the three reception centers which identifies whether offenders have substance abuse problems and, if problems are identified, recommends treatment or education to meet their needs.
- ◆ Outpatient treatment in all camps, prisons, community correction centers and parole or probation offices which is provided by professionals from licensed treatment agencies.
- ◆ Four hundred eighty (480) beds of residential treatment for community-based offenders whose need for structure is greater than can be provided through outpatient services. During Fiscal Year 2000/2001, three prison-based residential programs also addressed the treatment needs of both males and females.
- ◆ An education/treatment readiness program offered by prison staff, who have received at least five days of training from the Substance Abuse Programs Section prior to presenting this structured didactic program. The Substance Abuse Programs Section supports these staff by providing a lending library of video resources and furnishes literature which can be distributed to prisoners and used in their substance abuse education.
- ◆ A drug testing program, possessing a strong monitoring and deterrence component and using urine tests, sweat patch tests and on-site instant tests for community based offenders. A combination testing and treatment program (STOP II) also combines the two approaches.

## **Drug Testing**

- ◆ In over a decade of drug testing, the deterrent effect of drug testing is clear. Prison positive rates have dropped 8 percentage points ( to 0.9%), while both correction center and parole positive rates have dropped 13 percentage points. Most probationers are screened by on-site methods and, when loss of liberty is a potential consequence, positive results are confirmed by a reference laboratory test. Probationer positive rates dropped 9 percentage points since 1995 when testing of probationers began. Sanctions are imposed by individual judges.
- ◆ Several factors may have affected the decrease in reference laboratory positive drug test rates. These include more frequent cell, mail, clothing searches by staff and State Police canine units. Prisoner visiting privileges are removed with positive drug tests, and visitors are closely screened before being allowed to visit prisoners. Security of visiting rooms and prisons has been strengthened. More offenders were referred to substance abuse treatment based on new screening criteria in place in correctional facilities. Prison residential substance abuse treatment programs were expanded. Field operations instituted more specialized supervision programs for parolees, such as STOP II and has increased use of on-site instant test devices.

## **Intensive Testing and Treatment - STOP II**

- ◆ The STOP II program is a treatment/supervision effort with parolees that involves frequent random testing. Referral to treatment and short term detention is used with the population if a positive drug test is identified. Over 2,500 parolees were enrolled during Fiscal Year 2000/2001. Six to twelve months after completion of the STOP II program, STOP parolees had an average positive drug test rate of 2.1%. The swift imposition of sanctions has a significant impact on the positive testing rate of enrollees.

## **Treatment Programming**

The Michigan Department of Corrections substance abuse treatment program has grown since its inception in 1987-88, when the first four treatment programs were placed under contract. The program has grown to the point where it currently provides department-wide services through contracts with 25 residential and 84 outpatient treatment licensed agencies.

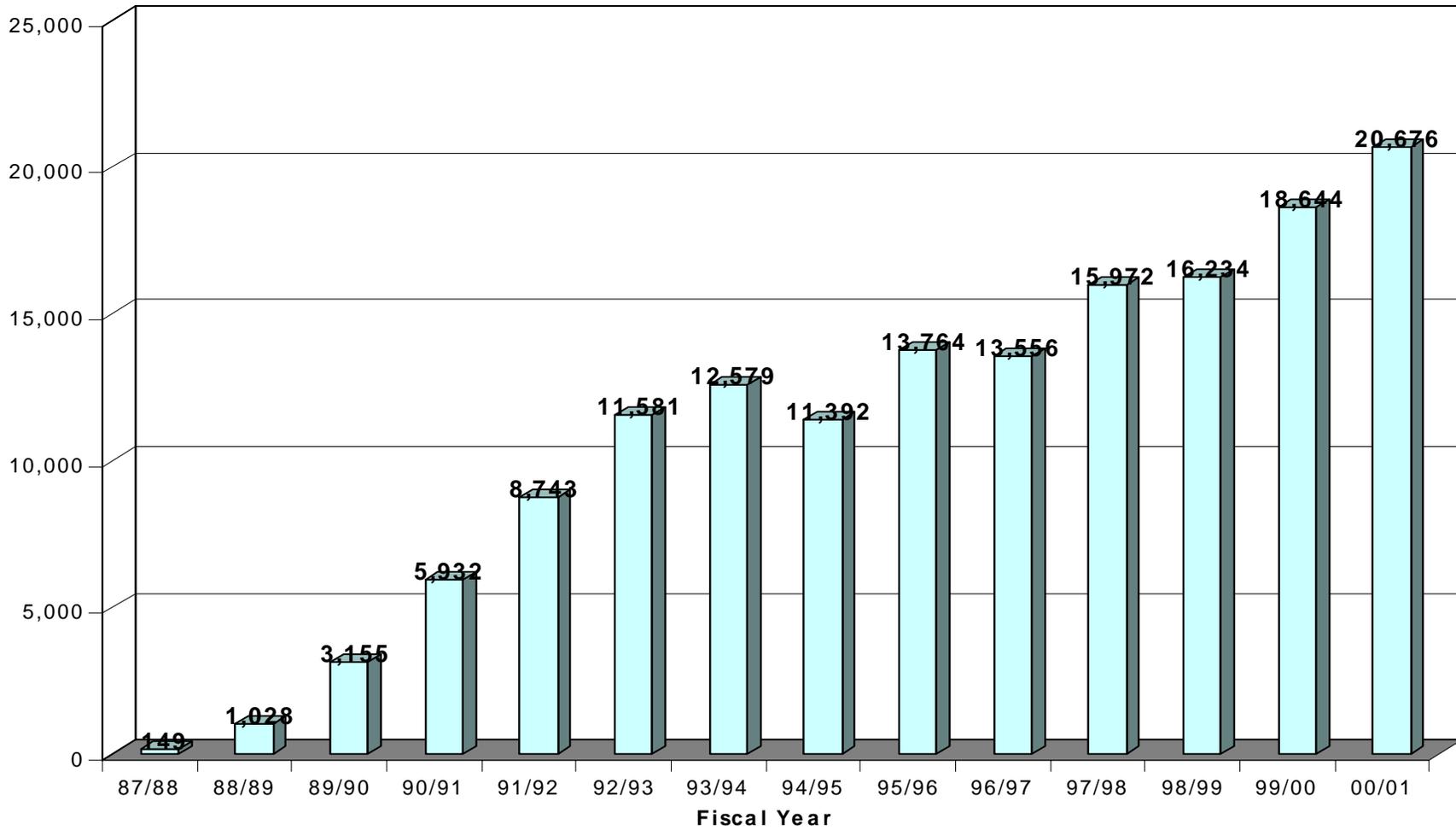
- ◆ Substance abuse treatment was provided to 20,676 prisoners, parolees, and probationers, up from 18,644 the previous year. The number receiving treatment has grown considerably over 13 years of substance abuse programming up from 149 offenders.
- ◆ Treatment services are provided by licensed treatment providers who competitively bid to provide services to offenders.
- ◆ Assessments conducted on prisoners revealed that 60% of the incoming population has a dependency on substances which requires either outpatient or residential services. Another 12% show some evidence of potential for abuse, requiring at least education services.
- ◆ Outpatient services were provided to 16,766 admissions or 81% of those treated, while residential services constituted the other 19% or 3,910 offenders.

- ◆ Prison-based Residential Substance Abuse Treatment (RSAT) services are still relatively new to MDOC. Seven-hundred sixty-two (762) prisoners were admitted to the three prison-based RSAT programs. A total of 556 RSAT beds were available in prison settings; 272 were located at the Cooper Street Correctional Facility; 100 beds for female prisoners were at Camp Branch; and 184 beds were at the male Macomb Correctional Facility.
- ◆ A total of 480 community-based residential beds were available for use by field offices. Of those residential beds, parolees accounted for 2,134 admissions, probationers for 576 admissions, and community-based prisoners for 438 admissions.
- ◆ A residential gatekeeper contract was established in 2000 and expanded in FY 2001 statewide to assist with the coordination and placement of community based offenders. The gatekeeper works with the referring parole and probation agents to place offenders in the nearest appropriate available bed offered by the 22 community-based residential programs.
- ◆ The gatekeeper made more efficient use of the supervising agents time, allowing them to make one call to the gatekeeper, instead of to many programs. The services also enhanced public safety by assessing for public safety issues and making placements appropriately.
- ◆ The average length of stay, overall as well as for successful cases decreased from the time prior to the gatekeeper, resulting in a savings to the state.
- ◆ More residential clients were treated through the gatekeeper than could have been possible if the financial resources had been used to purchase additional beds.
- ◆ Over 15% of placements under the gatekeeper were clinically defined as “high risk” by the American Society of Addiction Medicine standards. These offenders previously had been unable to receive services to meet their special clinical needs unless the supervising agent was able to locate a program providing special services.
- ◆ Offenders successfully completed their treatment in 75% of outpatient admissions, 66% of community residential admissions, and 84% of prison residential admissions (RSAT).
- ◆ Substance abuse education was presented by trained prison staff to 5,121 prisoners, of whom 93% successfully completed the education. The staff are provided with five days of initial training, followed by two days of annual refresher training. The training is designed to ensure that prisoners are ready for treatment if they need it. For some offenders, education is sufficient for a change in behavior.

### **Resources**

- ◆ The Substance Abuse program has been active on behalf of the department to bring in \$2.4 million of federal treatment funds to augment the state support for treatment and testing. During Fiscal Year 2000-2001 expenditures for substance abuse totaled over \$23,869,151.

**FIGURE ONE  
ANNUAL ADMISSIONS TO SUBSTANCE ABUSE TREATMENT**



Number of clients

## **OUTPATIENT AND RESIDENTIAL TREATMENT OF SUBSTANCE ABUSE, FISCAL YEAR 2000/2001**

The Michigan Department of Corrections (MDOC) is responsible for all adult offenders sentenced to serve in the State prison system and under various forms of parole and probation supervision. More than 48,700 inmates are currently incarcerated in facilities within the system. In the community, MDOC supervises an additional 67,475 offenders under parole and probation supervision, for a total of over 116,175 within the Michigan Corrections system.

Substance abuse continues to be a major concern for policy makers and practitioners in the criminal justice system. In Michigan, an estimated 72% (71% of males and 74% of females) in the criminal justice system are assessed as having a substance abuse or dependency problem, 63% with dependency.

Substance abuse and addiction affects all aspects of an offender's thinking and behavior patterns. Many offenders have never worked, poorly educated, and have difficulty controlling their behavior. A combination of discipline and program intervention offers ways to control offender behavior, while simultaneously helping in the effective management of the prison and providing opportunities for inmates to make changes that reduce the likelihood that they will return to prison at a later date.

The Michigan Department of Corrections has a long-standing commitment providing a continuum of facilities and services serving to control costs while providing appropriate levels of security and programming. Substance abuse programming reflects this management approach including various levels of programs for offenders with different levels of substance abuse involvement. Initially and most basic component is an alcohol and drug education curriculum for offenders entering the system who are identified with a substance abuse history, or have positive drug tests. Other, more intensive outpatient treatment programs target substance abusers and offenders who test positive for drugs and alcohol while in the system. These programs use interactive group processes, basic counseling, recovery dynamics, and relapse prevention interventions to achieve cognitive change and sobriety.

The Department has a variety of substance abuse outpatient and residential programs in the prisons and the community. These programs range from educational and weekly outpatient to more intensive forms of intervention. The current philosophy incorporates *cognitive behavioral* approaches and relapse prevention strategies coupled with monitoring, to assist in the elimination of substance abuse and criminal behavior.

Many offenders lack self-control, tending to be impulsive and non-reflective in their actions. They act without adequately considering or calculating the consequences of their behavior. The interventions that are most effective target those thinking styles that sustain criminal behaviors and substance abuse. Objectives of the intervention include teaching offenders relevant interpersonal skills, such as thinking logically, objectively, and rationally; and using a social learning and educational approach to address relapse and recidivism.



The Department mandates group therapy as the primary approach or predominant mode of treatment. Group-based programs are an efficient and effective method of supporting a commitment to a drug-free life by fostering a climate for introspection and change. Groups combine information and an immediate opportunity for observing, practicing, and changing. Groups are also extremely efficient in conveying the basic elements of recovery and relapse prevention, addressing social stigma, nurturing a “pro-social” identity and developing adequate coping skills.

The Department requires that self-help groups be integrated into both treatment and post-treatment planning. Further, the Department provides for post-discharge aftercare services to monitor and support offender adjustment and transition. Supervising parole/probation agents are also expected to monitor offenders in treatment by a minimum of monthly drug testing.

Table One provides a breakdown of treatment admissions for Fiscal Year 2000/2001 by treatment category and offender type.

<b>TABLE ONE TREATMENT AND ASSESSMENT ADMISSIONS BY SERVICE CATEGORY AND STATUS FISCAL YEAR 2000/2001</b>						
	<b>OUTPATIENT</b>	<b>RESIDENTIAL</b>	<b>TOTAL TREATED</b>	<b>%</b>	<b>ASSESS ONLY</b>	<b>GRAND TOTAL</b>
<i>Prisons &amp; Camps</i>	5,044	762*	5,806		160	5,966
<i>CRP</i>	1,335	438	1,773		83	1,856
<b>PRISONER</b>	6,379	1,200	7,579	37%	243	7,822
<b>PAROLEE</b>	6,522	2,134	8,656	42%	707	9,363
<b>PROBATIONER</b>	3,865	576	4,441	21%	107	4,548
<b>TOTAL</b>	<b>16,766</b>	<b>3,910</b>	<b>20,676</b>	<b>100%</b>	<b>1,057</b>	<b>21,733</b>
<b>%</b>	<b>81%</b>	<b>19%</b>	<b>100%</b>			

\*Includes RSAT (650) and RSAT Step Down (112)

### **Persons Treated**

During FY 2000/2001, outpatient and residential services to both men and women were provided to 20,676 prisoners, parolees, and probationers. Outpatient components provided treatment to 16,766 persons. Residential treatment was provided to 3,910 persons, or 19% of those served. The treatment programs of the Substance Abuse Programs Section, 7,579 served were prisoners, 1,773 of whom were located in community residential centers; 8,656 were parolees; and 4,441 were probationers.

In addition to treatment services provided to 20,676 offenders, assessment services were provided to 1,057 offenders, for a total of 21,733 offenders served in FY 2000/2001, as detailed in Table One. Prisoners treated in prisons, camps, and community residential centers accounted for 37% of total admissions, parolees 42%, and probationers 21%. These admissions reflect the departmental priorities in serving these sub-groups.

**Demographics**

Table Two provides demographic information for Fiscal Year 2000/2001 regarding prisoners and parolees.

<b>TABLE TWO TREATMENT CLIENTS BY SEX AND RACE* FISCAL YEAR 2000/2001</b>				
<b>Race</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
White	7,426	655	8,081	46%
Black	8,155	804	8,959	51%
Indian	76	12	88	<1%
Asian	12	1	13	<1%
Hispanic	395	11	406	2%
Other	20	4	24	<1%
<b>Total</b>	<b>16,084</b>	<b>1,487</b>	<b>17,571</b>	<b>100%</b>
	92%	8%	100%	

*\* Demographics for probationers unavailable.*

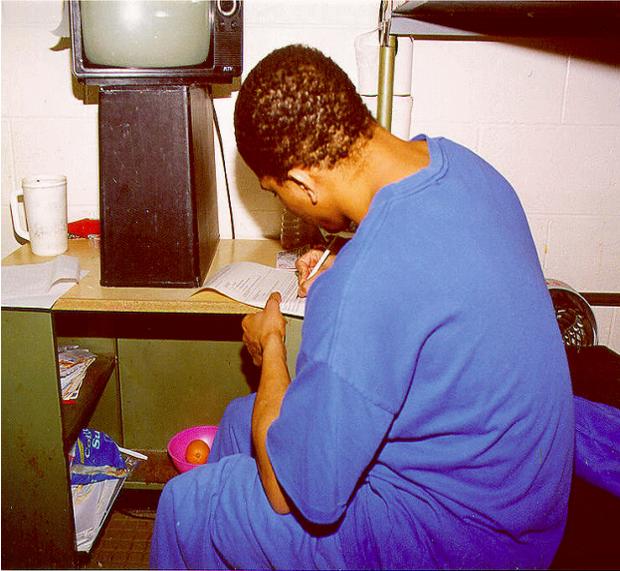
A higher percentage of women are treated by the Substance Abuse Programs Section and its contractors than exist within the corrections population. Women accounted for 8% of those treated, but comprised less than 4% of all incarcerated offenders in Fiscal Year 2000/2001. Specialized programming options exist at the two prisons and one camp for women. In addition, the Substance Abuse Programs Section funds a community-based residential program for pregnant women that provides both pre- natal and post-natal substance abuse treatment.

An analysis of racial demographics indicates that the treated population (46% white, 51% non-white) corresponds closely to the offender population as a whole.

The services were provided by licensed substance abuse treatment programs at Michigan Department of Corrections locations or, for parolees and probationers, at locations within the community. Treatment is accessed through 84 outpatient and 25 residential contracts administered by the Substance Abuse Programs Section, and services are available throughout the state.

Although early intervention is stressed as an effective tool, a positive drug test is also a triggering incident in referring offenders to one of the contracted treatment providers working at the prisons/camps or with offices in the community. During Fiscal Year 2000/2001, assessment data from the reception centers also came available to prison staff to use in making referrals.

### **Substance abuse assessment of inmates, use in treatment and education program placement**



The Michigan Department of Corrections began a formalized system of assessing prisoners for substance abuse in October of 1998, based in part upon the Substance Abuse Subtle Screening Inventory (SASSI) test administered at all three Reception and Guidance Centers. In 1999, prisoners whose receptions occurred prior to October 1998 were assessed using the SASSI. Narrative test results and diagnostic scores were generated, and Correctional Facilities Administration staff were trained regarding the SASSI test and its use in determining placement for substance abuse services.

The state's three Reception and Guidance Centers (RGC's) process all individuals entering the prison system. The Jackson RGC processes incoming males, Scott RGC processes incoming females, and Riverside RGC processes incoming males under 21 years. SASSI questionnaires are administered and scored at each of the Reception Centers, and the scores are downloaded to the Department of Corrections' main computer. This information can then be accessed by any prison within the state system. SASSI questionnaires are also scored by the Substance Abuse office which originate from the Special Alternative Incarceration (SAI) boot camp, from treatment providers, and from Technical Rule Violator (TRV) sites or prisons who have administered the questionnaires to offenders who have not previously taken it.

A computer screen is available for prison staff to review assessment data. Reports are also generated for them to assist in referring prisoners to services matching their needs, and to project and develop resource allocation strategies. Inmates recommended for outpatient or residential treatment may also apply to the Residential Substance Abuse Treatment (RSAT) programs if they are otherwise eligible for placement at these facilities.

Assessment results are used to refer offenders to appropriate substance abuse services, as detailed in Table Three. As can be seen, 45% of incoming prisoners have a high probability of substance abuse dependence and 15% have severe dependence, for a combined total of 60% of offenders for whom either outpatient or intensive substance abuse treatment is recommended. An additional 12% are assessed as needing substance abuse education services.

**TABLE THREE  
INDIVIDUALS ASSESSED AT RECEPTION CENTERS  
FISCAL YEAR 2000/2001**

Assessment (SASSI) Result	Service Required	Number of Cases	Percentage
No/low probability of substance dependence	No Treatment	2,721	21%
Moderately elevated scale scores	Education	1,550	12%
High probability of substance dependence	Outpatient	5,867	45%
Severe dependence	Intensive	2,027	15%
High RAP (Random Answer Pattern)	Invalid	1,004	7%
<b>Total</b>		<b>13,169</b>	<b>100%</b>

Those prisoners with moderately elevated scores are recommended for substance abuse education (12%), comprising a total of 72% of offenders who need some substance abuse services. Those with low or no probability of substance dependence are not recommended for services unless there is subsequent behavior suggesting the development of a problem.

Assessment data is augmented with observation of each offender's behavior (such as drug tests which are positive) for continued updating of their status. Requests for services by prisoners are incorporated into programming, and a review of assessment data is included in the annual review of each prisoner's programming needs.

### **Outpatient Services**

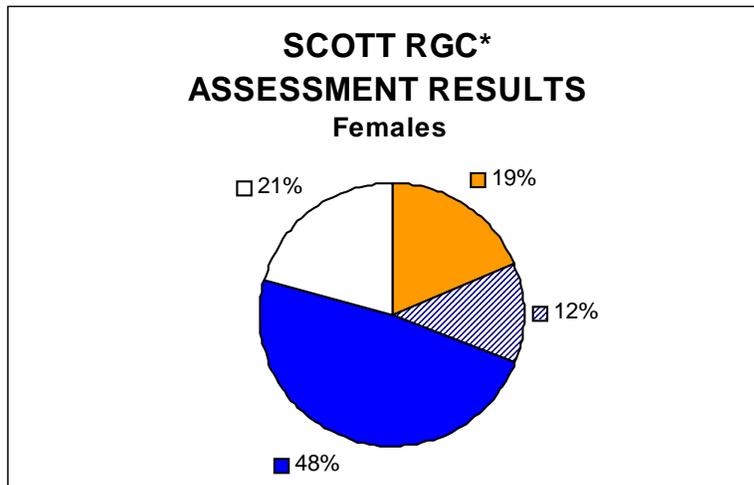
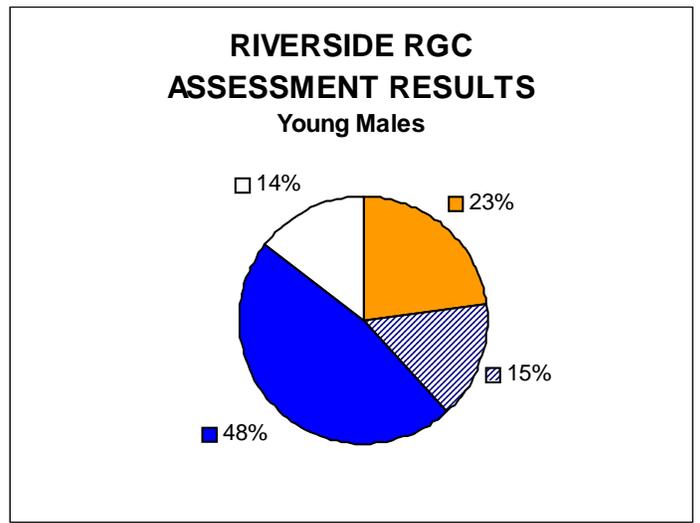
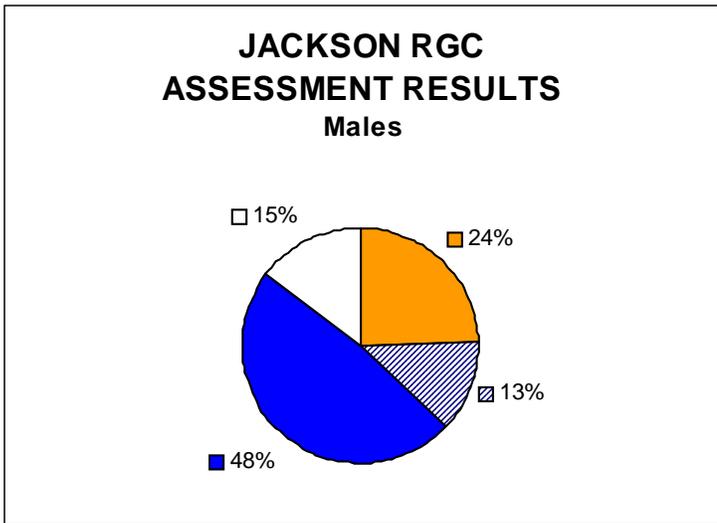
**Prisons.** Outpatient services are provided in 37 prisons (all but maximum security), including both female prisons, and all twelve camps housing lower security prisoners who are nearing completion of their sentences or are approaching parole. Licensed substance abuse providers are on site at prisons periodically throughout the week.

Group and individual counseling address such topics as recovery, relapse prevention, elimination of self-defeating behaviors and family reintegration. Services are provided to prisoners at least twice a week for approximately three months. Aftercare and self-help (AA, NA) services are available for those inmates remaining at the prison site. All treatment is cognitive based.

In prisons and camps, offenders are drug tested on a random basis. Those testing positive are referred to substance abuse education or/and treatment and lose visiting privileges.

**CRP.** Treatment providers come on-site to meet the needs of those prisoners who are nearing parole and reside in Community Residential Programs (CRP). Such services are designated for prisoners recommended to have substance abuse services or who have had a positive drug test.

**FIGURE TWO  
RECEPTION AND GUIDANCE CENTERS  
SUBSTANCE ABUSE ASSESSMENT (SASSI) RESULTS  
FISCAL YEAR 2000/2001**



*\* Also includes Central Office SASSI's from other prison locations that were downloaded from Scott Correctional Facility.*

- |            |  |
|------------|--|
| SEVERITY 1 | 1. Low or no probability of substance dependence |
| SEVERITY 2 | 2. Moderately elevated score (abuse)             |
| SEVERITY 3 | 3. High probability of substance dependence      |
| SEVERITY 4 | 4. Severe Dependence                             |

Prisoners are expected to continue their treatment when they are paroled and released to the community. Special conditions of parole are established, requiring continued treatment and drug tests. Treatment professionals assist offenders in moving from institutional to community life to ensure a smooth transition. Families of parolees are involved in their treatment whenever possible.

Inmates who have been placed in community residential programs prior to being paroled are subject to a stringent drug testing and treatment referral policy. A referral to outpatient or residential treatment is required on the first and second positive drug test. A return to a Technical Rule Violation Center (TRV) or prison is mandatory on the third positive test.

**Parole/Probation.** All parole/probation offices have access to the 84 local substance abuse programs to which parolees and probationers may be referred. Referrals are usually based on a positive drug test or suspicions regarding an offender's substance use or abuse and special conditions of parole requiring treatment aftercare following prison based treatment.

### **Residential Treatment**

Offenders who are unable to be treated successfully by outpatient programming are generally referred to full time, intensive, residential substance abuse treatment. In this more controlled environment, they are expected to attain sobriety and address attitudinal and behavioral issues, in the expectation that permanent changes in substance abuse and criminal behaviors will be achieved. Treatment is generally authorized in increments of 30 days or less, up to a maximum of 90 days.

Community residential treatment is provided by 22 licensed agencies for a total of 480 residential beds. Placement to community residential beds is done through a contract with a gatekeeper. Residential treatment was provided to 3,910 community offenders in Fiscal Year 2000/2001.

Residential treatment provides a drug-free environment, constant surveillance to prohibit drug use, and the opportunity for offenders to develop drug-free living skills, which is especially important for those who have never developed such skills. Residential treatment also addresses the criminal behavior of the offender through cognitive skills development in order to change offenders' antisocial or criminal thinking, thus changing their criminal behavior.

The first month of residential treatment usually precludes leaving the premises while counseling and other rehabilitative efforts take place. Therapy is provided on a daily basis, focusing on information and applying it to issues of personal recovery and sobriety learned through group and individual counseling. Offenders are usually retained in treatment until they can function in a less intensive structure, such as outpatient counseling. Both residential and outpatient treatment providers attempt to involve the client's family in the ongoing treatment process. Attendance at self-help groups such as AA/NA is also encouraged.

### **Residential Gatekeeper for Community Programs**

In the community, a gatekeeper contract was established to act as a central point for referral of offenders identified as needing residential treatment services, to coordinate the assessment and placement of residential clients to the most appropriate residential program with an available bed, and to insure that the length of treatment is appropriate. The number of community residential clients increased from 2745 to 3148, (up 15%) from the previous year.

The type of offender treated in residential has been expanded to include 15.5% who are “high risk” due to clinical or previous criminal history. These persons can now be treated under the gatekeeper, where previously there was no system to do so. Overall, gatekeeper services have enhanced the effectiveness and efficiency of residential services and agent resources.

<b>TABLE FOUR</b> <b>COMPLETION STATUS BY TYPE OF SERVICE FOR PRISONERS/PAROLEES</b> <b>DISCHARGED DURING FISCAL YEAR 2000/2001</b>						
		Successful	Transferred	Unsuccessful	Mutual	Total
<b>Outpatient</b>	Number	10,818	1,271	2,057	304	14,486
	Percent	75%	9%	14%	2%	100%
<b>Residential-- Community§</b>	Number	2,283	90	990	102	3,463
	Percent	66%	3%	28%	3%	100%
<b>Residential-- Prison (RSAT)</b>	Number	753	80	60	8	901
	Percent	84%	9%	6%	<1%	100%
<b>Residential-- Prison (RSAT Step-Down)</b>	Number	119	10	9	2	140
	Percent	85%	7%	7%	1%	100%

§ Includes Probation statistics

### **Completion Status**

Discharge statistics indicate that 75% of offenders successfully completed outpatient and 66% completed residential treatment programs. The in-prison (RSAT) achieved a 84% successful completion rate. Some offenders are transferred before treatment is completed. Transfers may occur for positive reasons, such as a prisoner being placed on parole status, or because their physical location is changed. In such circumstances, treatment is continued whenever possible.

It should be noted that residential clients are the most difficult to treat. They are referred to residential treatment because of their dysfunctional status and because they have been unsuccessful in less intensive prior treatment. The programs are proving to be extremely effective in treating this difficult population. Both outpatient and residential treatment results may also reflect a process of incremental change due to the fact that more than one treatment attempt may be necessary in order to achieve success. Clients receive cumulative benefit from each successive treatment experience.

The completion status of clients admitted to outpatient and residential treatment programs during Fiscal Year 2000/2001 are detailed in Table Four. The table includes all prisoners and parolees discharged from treatment during the fiscal year. Residential statistics include probationers.

Evaluation of offenders after discharge from treatment is an expensive and time consuming process that the department periodically engages in with independent contractors. The department currently has an on-going evaluation study that is following a sample of the offenders who were treated in these various modalities. Recidivism, re-arrest, drug usage and other factors are being included in this study.

### **Length of Stay for Community-Based Treatment**

Residential offenders had an average length of stay of 6.4 weeks, reduced from pre-gatekeeping days of 8 weeks two years ago. Those successfully completing residential treatment had an average stay of 8.7 weeks, reduced from 10 weeks previous. These figures do not include RSAT offenders who stay either 6 months or 9 months. Of those offenders successfully discharged from outpatient services, the average attendance was 17 sessions.

### **In-Prison Residential Substance Abuse Treatment (RSAT)**

During Fiscal Year 2000/2001, three prison based Residential Substance Abuse Treatment (RSAT) programs were funded through both state and federal appropriations and grants: Cooper Street Correctional Facility for minimum security males, Camp Branch for minimum security females, and the Macomb Correctional Facility for medium security males.

Offenders must apply for acceptance into the RSAT program, and are screened based on their history of alcohol and substance abuse/dependence as documented through testing, their prior criminal history and the current offense for which they are incarcerated. Priority for treatment is given to those offenders with serious abuse/dependency problems, as well as the high likelihood of being granted parole within the next 12-18 months.

RSAT offenders live in the housing unit and participate in didactic and cognitive programming. They are required to submit to a minimum of two random urine drug tests per month. The combined efforts of MDOC staff and treatment providers create a highly structured environment designed to address the offenders' criminal conduct and use of alcohol and other drugs. The program's impact on improving the offenders' attitude and behavior is expected to be immediate, as offenders are both expected and required to conduct themselves according to a strict code of conduct.

RSAT residents participate in either six months (Cooper Street and Camp Branch) or nine months (Macomb) of in-prison treatment. Graduates are allowed to remain in the unit to receive up to six additional months of "step down" outpatient treatment with the goal of providing a continuum of treatment care until the offenders' release from prison.

Once released from prison, RSAT graduates are required to be referred to a minimum of outpatient treatment as a condition of their parole. Copies of Aftercare Recovery Plans, completed by treatment staff during the last phase of the RSAT program, are forwarded to both the supervising agent and the selected treatment provider. These plans are used both as the basis for referral and to provide a continuation of community-based treatment, building on prior goals and achievements established in prison.

### **Cooper Street Correctional Facility**

This federal grant-funded RSAT program began operation in January of 1999, treating security level I male offenders. During Fiscal Year 2000/2001, the program operated at a capacity of 272 beds. Effective October of 2001, the program was reduced to 152 beds, while extending services from six (6) months up to twelve (12) months. Downsizing the Cooper Street program enabled a shift in federal grant funding to support the RSAT program for female offenders at Western Wayne Correctional Facility. Currently, the Cooper Street RSAT program operates a six month core phase I program, as well as offering a six month phase II “step down” program to graduates of the core program. Graduates involved in the “step down” program remain in the unit while receiving less-intensive services, and focus on refining and practicing learned skills with the goal of enhancing their integration back into the community once released on parole.

### **Camp Branch**

This state-funded program opened in October of 1999, with a total of 100 beds for treating level I female offenders. Offenders participated in a six month cognitive program. The program closed in July of 2001, when the camp was converted to house male offenders.

### **Macomb Correctional Facility**

This state-funded program opened in January of 2000, with 184 beds for treating level II male offenders. Offenders participating in a nine month core cognitive program occupied 136 of the beds. Graduates of the core program occupy 48 beds in a “step down program” for up to three additional months, or until parole. The program closed in September of 2001 due to decreased state revenue.

### **Western Wayne Correctional Facility**

This program opened in October of 2001, with 78 beds for treating level I female offenders. Sixty beds have been allocated to offenders participating in a nine month cognitive-based curriculum coupled with treatment addressing traumatic stress disorders, co-dependency and domestic violence issues. The remaining 18 beds house graduates of the nine month program, who may participate in up to three additional months of “step down” treatment.

<b>TABLE FIVE</b>				
<b>RSAT APPLICATIONS AS OF 9/30/01</b>				
<b>FACILITY</b>	<b>10/1/98 - 9/30/99</b>	<b>10/1/99 - 9/30/2000</b>	<b>10/1/00 - 9/30/01</b>	<b>TOTALS</b>
Cooper Street	1,014	915	891	2,820
Camp Branch	N/A	204	97	301
Macomb	N/A	323	394	717
	<b>1,014</b>	<b>1,442</b>	<b>1,382</b>	<b>3,838</b>

As is shown in Table Five, 1,382 offenders applied for in-prison residential treatment at Cooper Street, Macomb, and Camp Branch during Fiscal Year 2000/2001.

<b>TABLE SIX RSAT ADMISSIONS AS OF 9/30/01*</b>				
<b>FACILITY</b>	<b>10/1/98 - 9/30/99</b>	<b>10/1/99 - 9/30/2000</b>	<b>10/1/00 - 9/30/01</b>	<b>TOTALS</b>
Cooper Street	499	495	400	1,394
Camp Branch	Not Open	124	56	180
Macomb	Not Open	155	194	349
	<b>499</b>	<b>774</b>	<b>650</b>	<b>1,923</b>

\* Does not include step-down admissions

Table Six indicates that admissions to RSAT programs declined slightly in Fiscal Year 2000/2001 from the previous year. The decline was due to the anticipated conversion of Camp Branch to a male facility. In total, 3,838 prisoners have applied to RSAT program and 1,923 have been admitted to the programs.

<b>TABLE SEVEN RSAT DISCHARGES AS OF 9/30/01*</b>							
<b>Facility</b>	<b>10/1/98 - 9/30/99</b>		<b>10/1/99 - 9/30/00</b>		<b>10/1/00 - 9/30/01</b>		<b>Multi-Year Cumulative Success Rate</b>
	<b>Successful</b>	<b>Not Successful**</b>	<b>Successful</b>	<b>Not Successful**</b>	<b>Successful</b>	<b>Not Successful**</b>	
Cooper Street	179	83	412	69	456	31	85.1%
Camp Branch	N/A	N/A	59	20	73	20	76.7%
Macomb	N/A	N/A	N/A	N/A	224	97	69.7%
<b>TOTALS</b>	<b>179</b>	<b>83</b>	<b>471</b>	<b>89</b>	<b>753</b>	<b>148</b>	
<b>Success Rate</b>	<b>68.3%</b>		<b>84.1%</b>		<b>83.5%</b>		<b>81.4%</b>
<p>* Does not include RSAT Step-down discharges  ** "Not successful" records includes all discharges other than successful. Over half of the 97 "not successful" discharges at the Macomb RSAT program for FY 00/01 were due to the program closing in September, 2001.</p>							

As Table Seven shows, in Fiscal Year 2000/2001, RSAT successfully graduated 753 offenders and unsuccessfully discharged 148, resulting in a 83.5% successful completion rate. This rate of successful completion is highest among all the treatment programs.

Each RSAT participant is randomly drug tested twice per month. As can be seen in Table Eight, a total of 9,053 tests were performed at the three sites during Fiscal Year 2000/2001. Of these, only seven were positive, for a combined positive rate of 0.08%.

The MDOC RSAT program is currently being independently evaluated. The evaluators are reviewing arrest, conviction, parole, and community violation behavior as well as drug usage and drug behavior while in the community to help determine the effectiveness of the program. Graduates are tracked for one year after their release from prison.

<b>TABLE EIGHT</b>							
<b>RSAT IN-PRISON DRUG TESTING AS OF 9/30/01</b>							
<b>Facility</b>	<b>10/1/98 - 9/30/99</b>		<b>10/1/99 -9/30/2000</b>		<b>10/1/00 - 9/30/01</b>		<b>Cumulative Positive Test Rate</b>
	<b>No. of Tests</b>	<b>No. of Positives</b>	<b>No. of Tests</b>	<b>No. of Positives</b>	<b>No. Tests</b>	<b>No. of Positives</b>	
Cooper St.	3,290	3	6,268	7	5,920	5	0.11%
Camp Branch	N/A	N/A	1,225	0	662	0	0.00%
Macomb	N/A	N/A	1,866	3	2,471	2	0.12%
<b>TOTAL</b>	<b>3,290</b>	<b>3</b>	<b>9,359</b>	<b>10</b>	<b>9,053</b>	<b>7</b>	
<b>Positive Test Rate</b>	<b>0.09%</b>		<b>0.11%</b>		<b>0.08%</b>		<b>0.10%</b>

**Education and Treatment Readiness Training Program**

The Educational and Treatment Readiness Program is designed to motivate inmates who have substance abuse problems to accept treatment, either while they are in prison, or subsequently when placed in CRP or on parole. The program operates in 41 prisons, and is based on 13 sessions addressing basic information. Sessions are held once or twice per week or even more frequently, depending upon staff availability, room availability, and the number of participants involved. The objectives of the education/treatment readiness module are to provide current, accurate and easily understood information to prisoners; to assist prisoners in understanding and evaluating their substance abuse situation; and to motivate prisoners to seek and accept treatment, if needed. The sessions are conducted by prison staff who have volunteered for the assignment and have successfully completed an initial five-day training offered by the Substance Abuse Programs Section. Typically, the training staff consists of Resident Unit Managers (RUMs) or Assistant Resident Unit Supervisors (ARUSs), who combine the educational sessions with their other counseling responsibilities. Staff presenters receive 40 hours of prevention and early intervention strategy, as well as training on the effects of the leading substances of abuse. Each participating facility also receives comprehensive presenters' manuals for each staff member trained, a set of videos to support each educational session, and assorted literature for inmate and staff use. In addition, each facility receives periodic follow-up contacts to review progress, assist in implementation, and provide continuing training to maintain and upgrade staff skills.

As shown in Table Nine, substance abuse education was provided to 5,121 prisoners in Fiscal Year 2000/2001, a slight drop from the previous year's total of 5,591. This drop was due in part to the SASSI assessment process implemented in the prisons, which permits prison staff to directly place offenders into the most appropriate service. In some cases, offenders bypassed education and went directly into outpatient services. Ninety-three percent (93%) successfully completed the education programs. Three percent (3%) were transferred before completion, and 4% did not complete successfully.

<b>TABLE NINE  SUBSTANCE ABUSE EDUCATION ENROLLEES BY DISCHARGE TYPE  FISCAL YEAR 2000/2001</b>					
	Successful	Unsuccessful	Transfer	Mutual	Total
Number	4,736	226	131	28	5,121
Percent	93%	4%	3%	<1%	100%

**Alcoholics Anonymous and Narcotics Anonymous**

The Alcoholics Anonymous and Narcotics Anonymous self-help programs are wholly staffed by volunteers who enter the prisons to assist in the self-help process. These volunteers are recruited by individual prison coordinators. The Substance Abuse Programs Section provides contact information to be used in soliciting volunteers, as well as Alcoholics Anonymous' Big Books and other related materials to support volunteer efforts and efforts of the prison staff in establishing and recruiting volunteers.

**Visual, Audio and Printed Resources**

The Substance Abuse Programs Section maintains video resources for loan to institutions on substance abuse and such related topics as victimization, AIDS, relationships, and domestic violence. Over 240 different topics are available in both English and Spanish, as well as some Spanish language cassette tapes. The Section also maintains printed materials for facility-based loan programs and provides free booklets on topics including alcohol, cocaine, crack, marijuana, decision-making, interpersonal relations, anger management, and children of alcoholics.

- ◆ In Fiscal Year 2000/2001, 87,700 booklets and several hundred Big Books on substance abuse were distributed to facilities, camps, and programs statewide.
- ◆ The video resource library mailed a total of 74 separate orders in FY 2000/2001, which totaled 514 videos. They were distributed and used by prison counseling and field staff.
- ◆ Video materials of interest to a majority of facilities are purchased for the prisons' permanent collections and can be used on a regular basis.

The substance abuse education program has been instrumental in filling the gap of providing services to prisoners who would not otherwise be reached with any other type of substance abuse services.

## **Substance Abuse Training for Staff**

The section provides several training packages to Department staff, especially institutional staff. The training ranges from one day to five days.

- ◆ **Basic Substance Abuse Education / Treatment Readiness**  
This is a five-day training module to prepare staff to conduct the substance abuse education and information program with prisoners. During Fiscal Year 2000/2001, 192 staff received this training.
- ◆ **Substance Abuse Update**  
This is the one-day refresher course for the five-day Basic Substance Abuse Education course. During Fiscal Year 2000/2001, 210 staff received this training.
- ◆ **SASSI (Substance Abuse Subtle Screening Inventory)**  
This course trains and prepares staff to administer the SASSI and determine the need and level of intervention for prisoners with substance abuse problems. 103 staff received this training during the fiscal year.
- ◆ **Cognitive Behavioral Therapy and Corrections**  
This training focuses on the cognitive behavioral approach as the primary intervention into relapse and recidivism problems with offenders. 325 staff received this training during the fiscal year.

## **STOP II**

First piloted in 1994, Short Terms of Punishment (STOP) is a strategy designed to increase public safety by eliminating controlled substance use by parolees. An evaluation of the original program suggested that a number of enhancements could increase the program's effectiveness. The evaluators recommended that enrollment be extended to ten months and substance abuse treatment become a mandatory, rather than an optional part of the program. These recommendations were incorporated into the second generation of STOP, named STOP II.

Parolees enrolled in STOP II submit to controlled substance testing, on average, twice per week. A positive test, or failure to appear for testing, results in a three-day loss of liberty, to be served at a community correction center or Probation Residential Center (PRC). During the three-day sanction, parolees are not allowed to leave the residential facility, receive visits, or participate in recreational programming. In order to successfully complete STOP II, parolees must participate in ten continuous months of testing and successfully complete a substance abuse treatment program.

## **STOP II Evaluation Strategy**

In order to assess the effectiveness of this program, the Department contracted with an independent third party evaluator. The evaluation addressed the effectiveness of program enhancements through a comparison of the experiences of three groups of parolees:

1. Those who experienced the six months of STOP enrollment, with a referral to treatment for those who tested positive (original STOP group);

2. Those who experienced ten months of STOP enrollment, with traditional substance abuse treatment mandated as a condition of parole (Grand Rapids / Detroit STOP II group);
3. Those who experienced ten months of STOP enrollment, with a specific form of substance abuse treatment as mandated parole condition (Saginaw / Muskegon STOP II group).

Offenders in the Muskegon and Saginaw programs received substance abuse treatment based upon a cognitive restructuring model. This treatment consisted of 100 hours of treatment delivered in 50 two-hour segments during the course of the 10-month STOP II enrollment period. Offenders in the Grand Rapids and Detroit programs were required to participate in the more traditional outpatient programs. Offenders in these programs typically received 30 hours of therapy delivered over the course of sixteen to twenty weeks.

**STOP II preliminary findings**

The goal of the STOP II evaluation is to collect data on each program until there are 100 successful completions. Muskegon was the first of the STOP II operations to cross the “100 successful completion” threshold. A preliminary review of the data suggests that the enhancements may have had the desired effect. The following table represents positive testing rates for those who successfully complete the STOP II program.

<b>TABLE TEN            POSITIVE TEST RATES FOR OFFENDERS            SUCCESSFULLY COMPLETING STOP II PROGRAM            FISCAL YEAR 2000/2001</b>	
ITEM	PERCENT
Percent of positive tests while enrolled in STOP II	3.5%
Percent of positive tests zero to six months after STOP II completion	7.2%
Percent of positive tests six to twelve months after program completion	2.1%

While it appears that drug use increased shortly after program termination, usage began to taper off to the point where it was less than the rate experienced during STOP II enrollment. While this is a positive outcome, further analysis may be necessary before any conclusions can be drawn.

The following chart represents the termination reasons for the STOP II Parolees:

<b>TABLE ELEVEN            TERMINATION REASONS FOR STOP II PARTICIPANTS            FISCAL YEAR 2000/2001</b>		
<b>TERMINATION CODE</b>	<b>QUANTITY</b>	<b>PERCENTAGE</b>
Successful	100	55%
Absconder	38	21%
Technical Violation	30	16.5%
Medical	7	4%
Parole Violation - New Sentence	5	3%
Substance Abuse	1	0.5%
<b>Total</b>	<b>181</b>	<b>100 %</b>

Based upon this data, it appears that more than half of the offenders enrolled in STOP II completed the program on the first attempt. While absconders and technical violators make up a significant portion of the STOP II terminations, many of these parolees are returned to program participation after a community sanction is imposed. Further analysis of these terminations will be necessary to confirm this supposition.

It is important to take note of the relatively low termination rate for new criminal behavior and substance abuse activity. This information confirms much of what was discovered in the original STOP program: that immediate and certain punishment for substance use violations will reduce drug use and the criminal behavior that is often associated with substance abuse activity.

**Summary of STOP II**

With more than 2,500 parolees enrolled in STOP II during Fiscal Year 2001/2002, this program has the potential to have a significant impact on substance abuse and the associated criminal activity. Positive testing rates are very low compared to the average parolee population and there is a corresponding drop in the criminal activity that is often associated with drug use. Preliminary findings suggest that the program enhancements have been effective and that the program can have a long term impact on parolee behavior.

## **DRUG TESTING FISCAL YEAR 2000/2001**

### **Drug Testing Program**

One of the major detection and deterrence efforts of the Michigan Department of Corrections is drug testing. The goal of the drug testing program is to deter and monitor unauthorized use of controlled substances and other prohibited substances among prisoners, parolees and probationers within the Department. This policy has been implemented by performing monthly, random, unannounced testing of a sample of prisoners in prisons and camps. Currently, three percent (3%) of the prison population is sampled twice per month at all prison and camp sites. Prisoners in correctional centers are also tested at least twice per month, while parolees are tested as appropriate for their drug use history, drug-related crime, or suspected drug use, with a minimum of monthly or bimonthly testing, depending upon supervision level. In addition to randomized drug testing of all prisoners, additional tests are performed if there is reason to suspect drug or alcohol use. Tests are also performed to ensure that only drug-free prisoners are placed in Michigan State Industries (job program) or are considered for community placement. Departmental policies and memoranda provide specific guidance regarding the testing of prisoners, parolees and probationers.

Penalties for drug or alcohol use by prisoners include a required major misconduct, which may lengthen a stay in prison. For those offenders occupying prisons and camps, a misconduct will also negatively affect their visiting privileges. For offenders in correctional centers, a misconduct triggers a referral to treatment. After the first or second positive drug test, a prisoner must be referred to outpatient or residential substance abuse treatment, and a return to a Technical Rule Violation (TRV) center or prison is required after the third positive test. In prison and camp settings, education and/or treatment referrals are made if services are available. Misconducts for substance abuse are major factors that are taken into account in decisions made by the Parole Board. Misconducts also result in increased supervision by the parole agent.

State-wide drug test results are obtained from a forensic laboratory selected by a national bidding process. Typically, the laboratory screens samples using the EMIT process. All samples screening positive are confirmed using an alternate testing methodology. For urine drug tests and for sweat patch tests, the confirmatory method is Gas Chromatography/Mass Spectrometry (GC/MS). Over 200,000 urine tests are typically done in a year in correctional facilities and field operations offices.

Approximately 300,000 on site, instant drug test devices are also used by field operations parole and probation offices. On-site tests are normally not confirmed by a second test and, as a general rule, are not usually used in cases where sanctions involving loss of liberty may be invoked. *On-site test results are not included in the statistics provided in this summary.* Future plans involve the automation of on-site test results.

Table Twelve provides data for all persons tested in the Michigan Department of Corrections' reference laboratory drug testing program during Fiscal Year 2000/2001. Over the past thirteen years of drug testing, the deterrent effects of testing have been realized. As illustrated in Figure Three, prison positive rates have dropped from 8.9% to 0.9%, correction center positive rates have dropped from 17% to 4.2%, and parole rates have dropped from 28% to 15.4%.

### **On-Site Instant Tests**

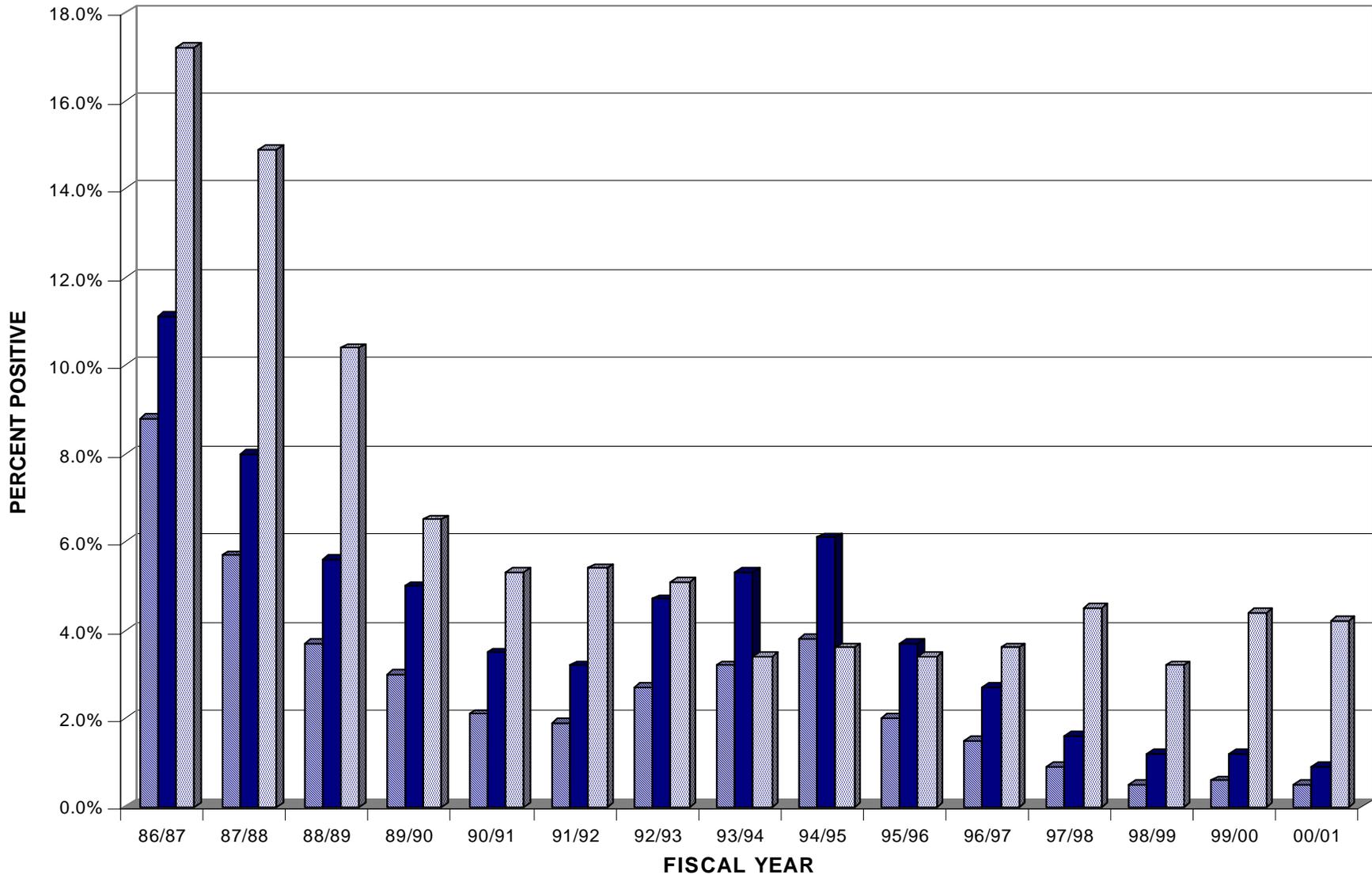
Utilizing on-site instant drug and alcohol tests provides a cost-effective method of screening parolees, probationers and CRP prisoners for controlled substance use. Processed on-site at the parole or probation office, these tests provide a result in less than ten minutes. The ability to have an “instant” drug test result allows the supervising agent to closely monitor the offender’s behavior and take immediate action should there be evidence of drug use. Offenders testing positive for drugs can be referred to treatment, placed on electronic monitoring, and/or targeted for more intensive supervision.

The tests are easy to operate and cost less than reference laboratory tests. After a ten minute training, field staff can operate these tests effectively and efficiently. Their lower cost allows the Department to significantly increase the frequency of testing, while at the same time reducing overall testing costs. During Fiscal Year 2002, the Department processed more than 300,000 on-site tests. Processing these 300,000 tests through a reference laboratory would have cost more than \$2,400,000. Processing these samples with on-site tests cost the Department approximately \$1,000,000, for an estimated savings of more than \$1,400,000.

Plans are underway to utilize on-site tests in the prison system, thereby increasing the testing of high risk groups.



**FIGURE THREE  
PRISONER POSITIVE DRUG TEST RESULTS  
FISCAL YEARS 1986/87 - 2000/01**



Prisons/Random Only
  Prisons/All Tests
  CRP

**TABLE TWELVE  
TESTS CONDUCTED AND PERCENT POSITIVE  
COMPARISON OF FISCAL YEARS 1999/2000 AND 2000/2001**

Category	FY 1999/2000		FY 2000/2001	
	Number Tested	% Positive	Number Tested	% Positive
Prisons and Camps				
<i>Random Only</i>	<b>31,350</b>	<b>0.6%</b>	<b>35,202</b>	<b>0.5%</b>
All Samples	55,472	1.2%	58,147	0.9%
CRP	31,719	4.4%	28,597	4.2%
Parole	31,358	21.3%	46,554	15.4%
Probation	49,257	32.8%	68,621	23.0%
<b>TOTAL §</b>	<b>167,806</b>		<b>201,919</b>	
§ Total does not include on-site tests used in parole and probation.				

**Test Rate Decreases.** Several factors have affected the overall decrease in reference laboratory positive drug test rates during Fiscal Year 2000/2001. There has been a deterrent effect on prisoners from various sanctions. Prisoners testing positive lose visiting privileges and are removed from job assignments. Searches are done of cells, mail, and clothing by officers, as well as by the State Police canine squad. There has been enhanced security in the screening of visitors and visiting rooms, and prison-wide searches for drugs occur using special instruments. More offenders are referred to substance abuse treatment based on new screening criteria in place in correctional facilities. Prison residential substance abuse treatment programs have expanded. Staff have more training in detection of and treatment for drug abuse. Field operations instituted more specialized supervision programs for parolees, such as STOP II that combine testing, intensive monitoring and treatment. In addition, increased use of on-site instant test devices in field operations have increased the monitoring of parolees and probationers.

- ◆ Drug and alcohol use is not extensive in prisons despite the high proportion of inmates (estimated at 63%) with drug dependency. Over 99% of inmates test drug-free. Only 0.5% of randomly selected prisoners tested positive in Fiscal Year 2000/2001, and only 0.9% of all prisoners (including those tested for cause) tested positive. The reason for these decreases are discussed above.
- ◆ Prisoners in CRP are tested at least twice per month. Positive rates have dropped from a rate of 17.2% in Fiscal Year 1986/87 to 4.2% in Fiscal Year 2000/2001.

- ◆ Parolees are tested due to prior substance abuse crimes or behavior and have higher percentages of positive tests than those prisoners tested randomly. Positive results have declined from 28% in Fiscal Year 1986/87 to 15.4% in Fiscal Year 2000/2001. Testing protocol mandates testing at least monthly basis for maximum and medium security offenders with special conditions to test.
- ◆ Probationers' average positive rate is 23.0%, down from 32% in 1995 when testing started. Most probationers are often screened by onsite methods. The minimum testing protocol for probationers is monthly tests. Individual judges around the state must also take action in response to a probationer's positive drug test in order for sanctions to be imposed.
- ◆ For all locations, marijuana has been found to be the primary drug identified in positive test results. As detailed in Table Thirteen, marijuana is found in 58.2% of positive prison samples; two-thirds of positive probation samples; and half of positive parolee samples.
- ◆ In Correction Residential Programs (CRP), cocaine accounts for 29.7% of all positive test results, which is a slight increase from the previous year's positive rate of 25.3%.
- ◆ Opiates account for 21.3% of prison positives and 21.8% - 27.5% of positives in the community. Michigan typically has higher opiate use than in other areas of the country.
- ◆ Compared to the east and west coasts, the Michigan offender population has a lower usage of amphetamines and other drugs such as PCP. These are Special Request Tests.

**TABLE THIRTEEN  
PREVALENCE OF SPECIFIC DRUGS AS A PERCENTAGE OF  
TOTAL POSITIVE SAMPLES FISCAL YEAR 2000/2001**

<b>DRUG TYPE POSITIVE TESTS</b>	<b>PROBATION</b>	<b>PAROLE</b>	<b>CRP</b>	<b>PRISON</b>
Cocaine	24.3	39.5	29.7	4.4
Marijuana/Hashish	66.7	50.1	38.1	58.2
Alcohol (special request in Parole/Probation)	0.6	0.8	14.3	20.1
Opiates	21.8	27.5	24.8	21.3
Special Request Tests	2.1	1.5	3.8	0.9
<b>Total Number of Tests</b>	<b>68,621</b>	<b>46,554</b>	<b>28,597</b>	<b>57,982</b>
<b>Total Number of Positive Samples</b>	<b>15,784</b>	<b>7,148</b>	<b>1,214</b>	<b>546</b>
<b>% of Positive Samples (of Total Tests)</b>	<b>23.0%</b>	<b>15.4%</b>	<b>4.2%</b>	<b>0.9%</b>

## **ADMINISTRATION & OPERATIONS FISCAL YEAR 2000/2001**

The Substance Abuse Programs Section contracts with licensed substance abuse service providers through an open competitive bidding process. These contractors are responsible for providing outpatient and residential treatment services on a statewide basis. Contracted services include diagnosis, referral, residential treatment, drug-free outpatient and follow-up to the persons who have received substance abuse treatment services.

Requests for Proposals (RFPs) are issued in alternate years to initiate the bid process for outpatient or residential services. Each year, RFPs are mailed to over 600 state licensed programs, who respond with not only a price bid, but also with a plan that outlines the components of a program that is within the MDOC framework, while meeting local needs. Proposals are reviewed by the Substance Abuse Programs Section as well as by the local Field Operations Administration offices and correctional sites that contractors are bidding to serve.

During Fiscal Year 2000/2001, the contracted purchase of services cost per client was an average of \$12 per hour of treatment for drug-free outpatient groups, and \$52 for residential services per bed day. The biennial competitive bid process has resulted in the establishment of low contracted program services rates.

The Substance Abuse Programs Section is a small unit of four professionals and three support staff. In addition to the treatment of substance abuse, the section coordinates the department's drug testing program, as well as the substance abuse education program, with its concomitant audiovisual resources operating within the prisons. The section became part of the Bureau of Health Care Services, Administration and Programs Administration, Michigan Department of Corrections, on October 1, 2001.

Figure Five and Table Fourteen illustrate the distribution of expenditures for Fiscal Year 2000/2001, detailing drug testing, treatment, and administrative costs.

- ◆ Over \$23.5 million was spent on substance abuse treatment, education and drug testing in Fiscal Year 2000/2001. Outpatient services accounted for \$5.7 million or 24% of total expenditures. Residential services in the community accounted for \$9.1 million, or 38%. Residential services in correctional facilities accounted for \$3.7 million or 16%. Drug testing with urine, sweat patches, and on-site instant tests accounted for almost \$4.9 million, or 20% of total expenditures.
- ◆ The Department sought and received three federal grants. Two of these were through the Office of Drug Control Policy, Michigan Department of Community Health. The third, for outpatient services, was through the Bureau of Substance Abuse Services, Michigan Department of Community Health. These grants totaled \$2.4 million.

**TABLE FOURTEEN  
SUBSTANCE ABUSE EXPENDITURES  
FISCAL YEAR 2000/2001**

<b>CATEGORY</b>	<b>AMOUNT</b>	<b>% OF SUBGROUP</b>	<b>% OF GRAND TOTAL</b>
<b><i>DRUG TESTING</i></b>			
<b>Reference Laboratory Urine:</b>			
Correctional Fac./Camps (CFA)	<b>\$244,651</b>	<b>5%</b>	<b>1%</b>
Field Operations (FOA)	<b>1,555,051</b>	<b>32%</b>	<b>7%</b>
<b>Patches/Instant Tests:</b>			
Sweat Patches (CFA & FOA)	<b>27,911</b>	<b>1%</b>	<b>&lt;1%</b>
On-Site Instant Tests (FOA)	<b>1,281,893</b>	<b>26%</b>	<b>5%</b>
Drug Test Collection (FOA)	<b>838,212</b>	<b>17%</b>	<b>3%</b>
Project STOP - Byrne Grant (FOA)	<b>235,893</b>	<b>5%</b>	<b>1%</b>
Project STOP Instant Tests (FOA)	<b>701,901</b>	<b>14%</b>	<b>3%</b>
<b>TESTING SUBTOTAL</b>	<b>4,885,511</b>	<b>100%</b>	<b>20%</b>
<b><i>TREATMENT</i></b>			
<b>Residential -- Community:</b>			
FOA State Funded Residential	<b>8,342,982</b>	<b>45%</b>	<b>35%</b>
FOA Gatekeeper	<b>680,000</b>	<b>4%</b>	<b>3%</b>
Kalamazoo Intensive Outpatient (FOA)	<b>79,595</b>	<b>&lt;1%</b>	<b>&lt;1%</b>
<b>Residential -- Prison-based:</b>			
CFA Federal RSAT	<b>1,787,047</b>	<b>10%</b>	<b>7%</b>
CFA State RSAT / RSAT Prisoner Assessment	<b>1,999,410</b>	<b>11%</b>	<b>8%</b>
<b>Outpatient:</b>			
FOA Outpatient	<b>4,048,660</b>	<b>22%</b>	<b>17%</b>
FOA Pilot STOP / STOP Assessment	<b>454,979</b>	<b>2%</b>	<b>2%</b>
CFA Outpatient	<b>1,251,458</b>	<b>6%</b>	<b>6%</b>
<b>TREATMENT SUBTOTAL</b>	<b>18,644,131</b>	<b>100%</b>	<b>79%</b>
<b><i>MISCELLANEOUS</i></b>			
Administrative Support §	<b>339,509</b>		<b>1%</b>
<b>GRAND TOTAL</b>	<b>\$23,869,151</b>		<b>100%</b>

Revenue is derived from state funds combined with three federal grants awarded by:

1. Office of Drug Control Policy, Michigan Department of Community Health (Federal Byrne Grant)
2. Bureau of Substance Abuse Services, Michigan Department of Community Health (Outpatient Services)
3. Office of Drug Control Policy, Michigan Department of Community Health (Federal Residential Treatment Grant)

§ Administrative Support includes educational supplies and materials, reception center assessments/SASSI testing, and Project STOP equipment.

**FIGURE FIVE  
EXPENDITURES  
FISCAL YEAR 2000/2001**

