

MICHIGAN 2007 STATE SNAPSHOT

TREATMENT QUICK FACTS

Treatment Clients

Persons served in FY 2007:

69,564 clients

Gender:

Male	65.4 %
Female	34.6 %

Age:

12 - 17	5.7 %
18 - 35	47.8 %
36 - 54	42.1 %
55 and older	4.4 %

Race/Ethnicity:

White	63.2 %
African Amer./Black	30.4 %
Hispanic	2.6 %
Native American	1.3 %
Multiracial/Other	2.5 %

Primary Substance Reported at Admission:

Alcohol	41.8 %
Marijuana	19.3 %
Cocaine	16.0 %
Heroin	14.4 %
Other Opiates	6.4 %
Methamphetamine	0.8 %
All Others	1.3 %

Introduction (scope of problem): Recent federal surveys indicate that about 1 out of 10 residents (about 837,000 persons) in Michigan, age 12 and older, are either dependent on or have abused alcohol or an illicit drug some time during the past year. These surveys also found that during the past year an estimated 1 out of every 13 Michigan residents (about 672,000 persons) did not receive the treatment needed for their alcohol use, and an estimated 1 out of every 39 Michigan residents (about 221,000 persons) did not receive the treatment needed for their illicit drug use (Note: Persons needing treatment services for both are counted in each estimate.).

While there are many funding sources that pay for treatment services, a large number of residents can only receive necessary substance use disorder treatment services through funds managed by the state. The Michigan Department of Community Health, Office of Drug Control Policy (ODCP), as a Single State Authority (SSA), is responsible for managing federal and state funds available to support substance use disorder treatment, prevention, and recovery services for residents throughout the state. While a large treatment gap remains, through the use of these funds, Michigan was able to provide substance use disorder treatment services to 69,564 residents in fiscal year (FY) 2007.

Services in Michigan: Substance abuse services made available to Michigan residents, through funds managed by the state, are provided by 16 regional coordinating agencies (CAs). By law, these agencies are responsible for developing comprehensive plans for substance use disorder services in their community, contracting with local providers to provide those services, providing technical assistance to those providers, and evaluating and assessing the services in their region.

Expenditures for Substance Abuse Services: In FY 2007, total statewide expenditures reported for substance abuse services in Michigan were over \$136 million (this includes funding from all federal, state, and local sources). The Substance Abuse Prevention and Treatment (SAPT) Block Grant makes up a large portion of these funds and is the backbone of Michigan's publicly funded substance abuse prevention, treatment and recovery system. It is expected that Michigan will receive \$57 million in SAPT Block Grant funds in FY 2009. The SAPT Block Grant requires that 20 percent of those dollars are dedicated to prevention services. While SAPT Block Grant funding has remained approximately the same during the past five years, the number of persons admitted into treatment programs has increased by 21.8%.

Michigan's Outcomes: Substance abuse services provided in Michigan help people remain alcohol and drug free, obtain or regain employment, stay out of the criminal justice system, find stable housing, and enter into recovery. For example, from fiscal year 2007 client data, Michigan reported the following **treatment outcomes:**

- **Of those reporting drinking alcohol daily at their first date of service, 79.9% reported a reduction in their use at their last date of service (70.7% reported complete abstinence).**
- **Of those reporting daily substance use at their first date of service, 81.7% reported a reduction in their use at their last date of service (66.5% reported complete abstinence).**
- **Nearly 60% of clients who reported being homeless at the time of their admission into treatment found a more stable living situation by the time they were discharged.** These clients were able to live independently or with the assistance of family or friends.
- **Over 5,000 clients who were unemployed and seeking work at the time of their admission into treatment became employed by the time they were discharged.** Clients who found work during the duration of their treatment episode were more likely to find full-time than part-time work (nearly 2 to 1).
- **Nearly 80% of all clients discharged from treatment had attained at least one positive outcome (became abstinent, became employed or found stable housing).**
- **Over 4,000 fewer clients reported an arrest in the 30 days prior to their discharge from treatment than within the 30 days prior to their admission.** There was a reported 52.0% reduction in arrests when the 30 days prior to the first dates of service are compared to the 30 days prior to the last dates of service for all clients.

TREATMENT GAP

Needing But Not Receiving Treatment for Alcohol in the Past Year:

Estimated 672,000 persons

Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year:

Estimated 221,000 persons

Note:

About 1 in 11 persons, with a substance abuse problem, received treatment services from state-funded programs.

Efforts are under way to help maintain these positive results, following discharge from treatment, through implementation of case management and **recovery support** services.

Women and Family Treatment Services: Michigan currently has over 50 licensed providers that offer residential, intensive outpatient, and outpatient services to women and their children; and on a case-by-case basis, other family members. These programs offer numerous ancillary services that improve treatment outcomes. In addition, some of the programs offer specialty services such as treatment for co-occurring disorders. Regional coordinating agencies coordinate these ancillary and specialty services, monitor individualized family service plans, coordinate outreach services, advocate for women and families services, develop agreements for ancillary services, and perform other case management and administrative functions as necessary for participants in these programs.

- These efforts contributed to the fact that in FY 2007, CAs reported 123 drug-free births to women receiving substance use disorder treatment services, 631 pregnant women admitted, and 73.4% of pregnant women discharged reported being abstinent.

Prevention Services: Each year, substance abuse prevention services are provided to residents in Michigan including targeted populations such as youth or underage drinkers, socio-economically disadvantaged and parents/caregivers. Over 90% of all programming for these services is evidence-based. Michigan reported the following **prevention outcomes:**

- Results from the Michigan Youth Risk Behavioral Survey of students in grade 9 through 12 indicate that, from 1997 to 2005 (the most recent survey), on virtually every item that measures violence and drug use (33 out of 34) there is a statistically significant decline. Key findings include reductions in: students who ever had at least one drink of alcohol on one or more days during their life (11% reduction); students who ever tried smoking (30% reduction); and students who ever smoked marijuana (22% reduction). Similar reductions are also found for students reporting their past 30 day use, the age of onset, and any recent use of alcohol or drugs on school property.
- The 2007 Synar Survey results showed that the sales rate of tobacco products to underage individuals has fallen from 41% in 1997 to 15.3% in 2007.

<u>PREVENTION QUICK FACTS</u>		
<u>Prevention Services</u>		
Persons served in FY 2007:		
Over 600,000		
Between 2002 and 2006, national household survey data showed statistically significant reductions among 12 to 17 year olds in Michigan, for use of the following substances within the past thirty days:		
Alcohol use	17%	reduction
Tobacco Product use	16%	reduction
Marijuana use	21%	reduction
Illicit Drug use	16%	reduction

Accountability

Each resident receiving publicly funded substance abuse services can be assured that such services will be from an accredited program that has been determined to conform to nationally recognized standards of care regarding the delivery of quality services.

A continuum of substance use disorder treatment services is made available for all residents based on a local determination of the client’s treatment needs; these services are monitored to assure that they are provided in a manner consistent with all federal and state requirements.

In FY 2007, ODCP completed its revision of the International Certification & Reciprocity Consortium (IC&RC) credentialing requirements, specific to substance abuse prevention and treatment with such requirements applying to all individuals providing clinical services or prevention programs, and to all supervisors/managers. Implementation of these changes will begin in FY 2008.

ODCP works collaboratively with the departments of human services, corrections, education, state police, and military and veterans affairs to coordinate and improve the delivery of all substance abuse prevention, education, and treatment programs.

A Solid Economic Investment

According to the National Institute on Drug Abuse (NIDA) the latest estimate for the cost to U.S. society of illicit drug abuse alone was \$181 billion (2002). When combined with alcohol and tobacco costs, they exceed \$500 billion including healthcare, criminal justice, and lost productivity. Successful drug use disorder treatment can help reduce this cost; crime; and the spread of HIV/AIDS, hepatitis, and other infectious diseases. It is estimated that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes. With some outpatient programs, total savings can exceed costs by a ratio of 12:1. *Investing in addiction services reduces costs and helps Americans across the nation regain their lives and families.*

Increased Efficiency: The average cost per person served was reduced from \$1,104 in FY 2005 to \$1,015 in FY 2007, while the number of persons receiving treatment for substance use disorders increased by 6,697 (10.7%) and the percent of clients either completing their treatment program or transferring to another program to continue their treatment remained about the same (increase of about 2%). These savings were a result of changes in treatment practices, streamlining the access system, revisions in the authorization practices, and other improvements made locally.

Impaired Driving: There has been a reduction in estimated costs, to Michigan, over the past 20 years from \$6.6 billion to \$2.3 billion in FY 2007. This \$4.3 billion in savings comes as deaths fell by 57%, injuries by 75%, and miles driven increased by 37%.

Treatment Services Save Money: Based on a conservative \$50,000 estimate of health care costs for a drug-infected infant, the 123 drug free births to women in treatment in FY 2007 resulted in a savings to Michigan during the year of \$6 million.