

REPORT TO THE LEGISLATURE
Pursuant to P.A. 245 of 2008
Section 405 (2, 3)
Substance Abuse Reporting Requirements

Section 405(2): The department shall report on the expenditure of all funds appropriated by the substance abuse testing and treatment line item during fiscal year 2007-2008 and projected for fiscal year 2008-2009. The report shall include an explanation of 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, where possible, shall be separated by MDOC administrative region and by offender type.

Expenditures for Fiscal Year 2007-2008 - Expenditures are not separated by administrative region or by offender type.

Category	Expenditures
Outpatient CFA	\$ 1,420,714
Residential CFA	\$ 1,163,771
Drug Testing CFA	\$ 368,163
Subtotal CFA	\$ 2,952,648
Outpatient FOA	\$ 2,711,866
Residential FOA	\$ 8,977,174
Drug Testing FOA	\$ 1,470,152
Urine Monitors FOA	\$ 695,275
Subtotal FOA	\$13,854,467
Administration	\$ 166,853
Payroll	\$ 1,070,200
TOTAL	\$18,044,168

Admissions by Service Category and Status for Fiscal Year 2007-2008

	Outpatient Treatment	Residential Treatment	Education	Assessment Only	Total
Prisoners	6,268	293	4,426	134	11,121
Community Prisoners CRP	20	12	0	5	37
Parolees	6,960	3,532	0	1,232	11,724
Probationers	1,398	57	0	198	1,653
TOTAL	14,646	3,894	4,426	1,569	24,535

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Projections for Fiscal Year 2008-2009

Category	Planned Expenditures	Projected Expenditures	Projected Surplus (Over Expenditure)
Outpatient - CFA	\$ 1,450,000	\$ 1,420,815	\$29,185
Residential - CFA	\$ 1,268,861	\$ 1,203,970	\$64,891
Drug Testing CFA	\$ 250,000	\$ 245,634	\$ 4,366
Outpatient FOA	\$ 3,350,000	\$ 3,287,450	\$62,550
Residential - FOA	\$10,290,600	\$10,435,164	(\$144,564)
Drug Testing – FOA	\$ 906,000	\$ 895,661	\$10,339
Urine Monitors	\$ 700,000	\$ 682,139	\$17,861
Payroll	\$ 1,014,239	\$ 997,856	\$16,383
Administrative Services	\$ 100,000	\$ 94,090	\$ 5,910
Total	\$19,389,700	\$19,262,779	\$66,921

The projected surplus is less than 1% of the projected expenditures for FY 2008-2009

The number of offenders enrolled in treatment by service category

Service Category	Admissions (as of 3/31/2009)
Prison based education	2,213
Prison based outpatient	3,134
Prison based residential	146
Community based outpatient – parolees	3,480
Community based outpatient - probationers	839
Community based residential – parolees	2,395
Community based residential – probationers	37

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

Service Category	Number on waiting list	MDOC Region
Prison based residential	216	State wide
Community based parolees	7	FOA Metro Region
Community based parolees	18	FOA Outstate Region
Community based probationers	78	FOA Metro Region
Community based probationers	107	FOA Outstate Region

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Section 405(3): The department shall report on testing and treatment objectives, outcome measures and results including program impact on offender behavior and recidivism.

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 or camp 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 0.7% in 2008. 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 7.2% for FY 2008. For those offenders under probation supervision the need for testing is determined by the sentencing court. For FY 2007-2008 the positive testing rate for the probation population decreased slightly from 13.2% to 12.4%. During FY 2007-2008 the department conducted more than 600,000 substance abuse tests.

Substance Abuse Treatment

Many offenders under MDOC supervision 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. Interventions that work best are those that target the thinking patterns that sustain criminal behaviors and substance abuse. The MDOC treatment objectives 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 treatment philosophy emphasizes the incorporation of cognitive behavioral approaches (cognitive restructuring, social skills training, and motivational strategies) to eliminate substance abuse and criminal behavior. The department measures program impact by how they affect substance abuse and criminal behavior. Substance abuse is measured by the positive testing rate for the population. The program's impact on criminal behavior is measured by the number of offenders that have returned to prison within 36 months of their release.

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The following table outlines the impact and outcomes for various DOC treatment modalities.

Service Modality	% Still in the Community 36 months after release	% Drug free 36 months after release
Prison based Residential	72%	61%
Community based Residential	56%	63%
Community base outpatient	62%	63%
No Treatment	52%	44%