

**REPORT TO THE LEGISLATURE**  
**Pursuant to P.A. 124 of 2007**  
**Section 405 (2, 3)**  
**Substance Abuse Reporting Requirements**

Legislative Report Section 405 (2)

*“By April 1, 2008, 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 2006-2007 and projected for fiscal year 2007-2008. 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 2006- 2007

Category	Expenditures
Outpatient	\$5,144,507
Residential	\$7,710,308
Transitional Service	\$1,273,871
Drug Testing	\$ 944,704
Urine Monitors	\$ 905,830
Drug Treatment Prison	\$1,112,060
Administration	\$ 123,465

Projections for Fiscal Year 2007-2008

Category	Planned Expenditures	Projected Expenditures	Projected Surplus (Over Expenditure)
Outpatient	\$5,500,000	\$5,500,000	\$0
Residential	\$9,539,023	\$9,579,222	(\$40,199)
Payroll	\$1,749,740	\$1,700,002	\$49,737.2
Drug Testing	\$1,110,000	\$1,091,295	\$18,705
Urine Monitors	\$400,000	\$400,000	0
Drug Treatment Prison	\$834,837	\$834,837	\$0
Administrative Services	\$179,800	\$182,381	(\$2,581)
<b>Total</b>	<b>\$19,313,400</b>	<b>\$19,287,737</b>	<b>\$25,663</b>

The projected surplus is less than 1% of the projected expenditures for FY 2007-2008

REPORT TO THE LEGISLATURE

Substance Abuse Reporting Requirements – Section 405(2, 3)

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

Service Category	Admissions (as of 3/31/2008)
Prison based education	2148
Prison based outpatient	2344
Prison based residential	122
Community based outpatient – parolees	4911
Community based outpatient - probationers	1305
Community based residential – parolees	2476
Community based residential – probationers	97

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

Service Category	Number on waiting list	MDOC Region
Prison based residential	276	State wide
Community based parolees	37	FOA Metro Region
Community based parolees	78	FOA Outstate Region
Community based probationers	58	FOA Metro Region
Community based probationers	97	FOA Outstate Region

Legislative Report Section 405 (3)

*“By April 1, 2008, 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 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 0.9% in 2006. 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 those offenders under probation supervision the need for testing is determined by the sentencing court. During FY 2006-2007 the positive testing rate for the parole population dropped from 10.4% to 7.9%. The positive testing rate for the probation population increased slightly from 12.0% to 13.2%. During FY 2006-2007 the department conducted more than 500,000 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 24 months of their release.

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

Service Modality	% Still in the Community 24 months after release	% Drug free 24 months after release
Prison based Residential	79%	70%
Community based Residential	62%	66%
Community base outpatient	63%	65%