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**MICHIGAN DEPARTMENT OF CORRECTIONS  
SUBSTANCE ABUSE SERVICES UNIT**

**SUMMARY OF SUBSTANCE ABUSE  
PROGRAM SERVICES AND RELATED ACTIVITIES  
ANNUAL REPORT FOR FY 1990-91**

**NCJRS**

**MAY 28 1992**

**ACQUISITIONS**

March 1992  
Kenneth McGinnis, Director, MDOC  
Gerald Gordon, Administrator SASU

## SUMMARY

The Substance Abuse Services Unit within the Michigan Department of Corrections has the responsibility to develop and implement substance abuse programs for persons under the jurisdiction of the Department. In addition, the Unit has the responsibility to develop and monitor the drug testing effort.

The goals of these two general components are to deter drug use among prisoners, parolees and probationers, and to improve rehabilitation for persons whose substance abuse has been closely tied to their criminal behavior.

The programming effort for fiscal year 1990-91 includes the following activities and services:

- An enhanced and expanded outpatient and residential treatment services continuum operating in three prisons, 12 camps and 22 Community Residential Program (CRP) locations, as well as multiple parole locations.
- An experienced group of 30 outpatient and 16 residential substance abuse treatment providers able to work effectively with criminal justice clients.
- Over 5,655 persons receiving substance abuse treatment, 35% of those from prison and camp settings, 65% in their home community located in Community Residential Programs, parole and probation.
- Discharge data showing that 60% of the outpatient treatment clients and 36% of the residential clients have been successfully discharged. Another 17% of outpatient clients have been transferred either to a less restrictive environment before completing treatment or to more intensive residential treatment.
- Clinician ratings of "very good" or "excellent" for 60% of clients in attendance in treatment, 50% on participation and 47% on treatment goal attainment.
- The implementation of specialized programs for pregnant females and infants which show very positive interim results.
- For prison sites not having a treatment program, 212 staff in 20 facilities were trained to present substance abuse education and run discussion groups. In FY 90-91, follow-up training was given to these Departmental staff to help them improve the education sessions. Basic training was given to 150 new staff.
- For all sites attempting to maintain or develop self-help groups to augment education or treatment for substance abuse, the unit developed recommendations for working with Alcoholics Anonymous and other volunteers.

During the year, there were 38,560 prisoner AA contacts and 12,764 Narcotics Anonymous contacts. This averages to 3,213 AA monthly contacts and 1,063 NA monthly contacts.

- ° In FY 90-91, 2,000 Alcoholics Anonymous (AA) and 500 Narcotics Anonymous (NA) Big Books were purchased and distributed, and 50,000 booklets on substance abuse were obtained for distribution.
- ° A video resource library started by the Unit made over 1,700 loans of videos in support of prevention and treatment efforts. This was based on 100 titles available.
- ° A drug testing and deterrence program that has resulted in significant decreases in drug usage. Positive rates have dropped on an annual average basis from 11% to 3.5% in prisons, from 17% to 5% in Community Residential Programs, and from 28% to 19% for parole.

## SUBSTANCE ABUSE PROGRAMMING AND THE MICHIGAN DEPARTMENT OF CORRECTIONS

### Background and Need

Substance abuse is a major contributing factor for involvement with the criminal justice system and subsequent costs to the society.

- ° A 1990 U.S. Department of Justice study (Drugs and Crime) of defendants arrested for serious crimes in 23 sites including Detroit found that 30% - 78% tested positive for drug use. In Detroit, 74% of male and 51% of female defendants were positive for drugs. Related studies have shown that criminals using expensive drugs commit four to six times as many crimes as the same offenders do when drug-free.
- ° The economic cost of crime to victims is estimated at \$10.9 billion by the National Crime Survey of the U.S. Department of Justice. Based on population, Michigan's proportion of this is \$446,900,000. If at a minimum, 56% is drug-related, this amounts to a cost of \$250 million per year to Michigan victims, plus the cost to taxpayers for operation of the law enforcement, justice and corrections system.
- ° The costs of alcohol and drug-related crime was estimated to be \$9.1 billion in 1983 in the Research Triangle Institute's study on economic costs of alcohol, drug abuse and mental illness. These figures would be higher now.
- ° A survey of inmates of State prisons conducted for the U.S. Department of Justice, Bureau of Justice Statistics, shows considerable alcohol and illegal drug usage by inmates not only at the time of the crime for which they were committed, but also a pattern of use, quite different from the general population.
- ° Inmates are twice as likely as the general public to have used drugs (87%) and to have used them the month before their crime (56%). Heroin, cocaine, amphetamines, barbiturates and hallucinogens have each been used by one-third of the inmates.

Substance abuse is the largest and most significant health problem of persons incarcerated, or having contact with Michigan's criminal justice system through parole and probation.

- ° According to the Department of Corrections Reception and Guidance Center (R&GC), 83% of inmates are diagnosed as needing substance abuse treatment.
- ° In September, 1991, DOC had 32,350 prisoners in prisons and camps, and 3,132 in community residential programs. Of this total of 35,500 inmates, 83% require treatment.
- ° It is estimated that the 12,600 parolees have the same proportion of substance abuse problems as prisoners, and our clinical data suggests that as high as 88% of the 44,000 probationers have substance abuse problems.

## PROGRAM

Because of considerable impact of substance abuse problems by persons in the correctional system, the Michigan Department of Corrections has implemented a substance abuse treatment and education program. The goal is to improve the functioning of persons having contact with Corrections by preventing and treating substance abuse.

The substance abuse program being implemented differs from past efforts in two ways. First, the effort is approached as a system and seeks to provide a logical and progressive path of treatment for persons entering and departing the Corrections system. Secondly, it seeks to provide those organizational supports and components that, if successful, will facilitate the subsequent operation and maintenance of the program.

In addition, the program has a strong deterrence and monitoring component, in part using drug testing procedures. A major evaluation effort is also in place whereby the program will be evaluated to determine if expected impacts have been achieved.

### Outpatient Treatment of Substance Abuse

This program serves both men and women and currently operates in the following Department of Corrections locations:

- Three (3) prisons, currently all female.
- Twelve (12) camps for lower security prisoners nearing completion of sentencing or paroling.
- Twenty-two (22) Community Residential Programs (CRP) for prisoners nearing community placement on parole.
- Three (3) Special Alternative Incarceration boot camps for probationers.
- Multiple parole/probation offices around urban areas.

Prisoners, Community Residential Program (CRP) residents, parolees and probationers identified as being appropriate for substance abuse services are referred to contracting licensed substance abuse treatment professionals providing services in the institutions, camps or CRP locations. Services include:

- Assessment and diagnosis verifying substance abuse problem/dependency.
- Substance abuse didactic information.
- Group and individual counseling on recovery, relapse prevention, elimination of self-defeating behaviors and family reintegration.

Initially, services are provided at least two times per week for a duration of at least three months for a particular inmate. Aftercare and self-help (AA, NA) services are available for inmates remaining at the site.

Clients participating in services continue their treatment once on parole and released into the community. Special conditions requiring treatment and

drug testing while on parole are used. Treatment professionals assist in making the continuation of treatment from institutional to community status a smooth transition. Families of parolees are involved in their treatment where possible.

Outpatient services are being provided by 30 licensed substance abuse programs.

### **Residential Treatment**

Prisoners in community programs and parolees who need more intensive structured care than outpatient may be referred to contracted residential substance abuse treatment programs.

This treatment is provided by 16 licensed residential programs who together have provided approximately 500 residential beds for Corrections clients.

Typically, the first month of their stay precludes leaving the premises while counseling and other rehabilitative efforts go on. As privileges are earned and clients stay drug-free, they may be allowed to participate in employment-related activities as well as their substance abuse counseling.

Inmates who have been placed in Community Residential Programs (CRPs) preparatory to being paroled are subject to a stringent drug testing and treatment referral policy. A referral to outpatient treatment is required on the first positive test and a referral to residential on the second. A return to prison is mandated on the third positive test. Inmates in CRP are all tested at least twice a month. Those CRP inmates needing residential treatment are referred to programs for this more intensive care. High risk parolees are involved in drug testing and may also be referred for residential care on this basis.

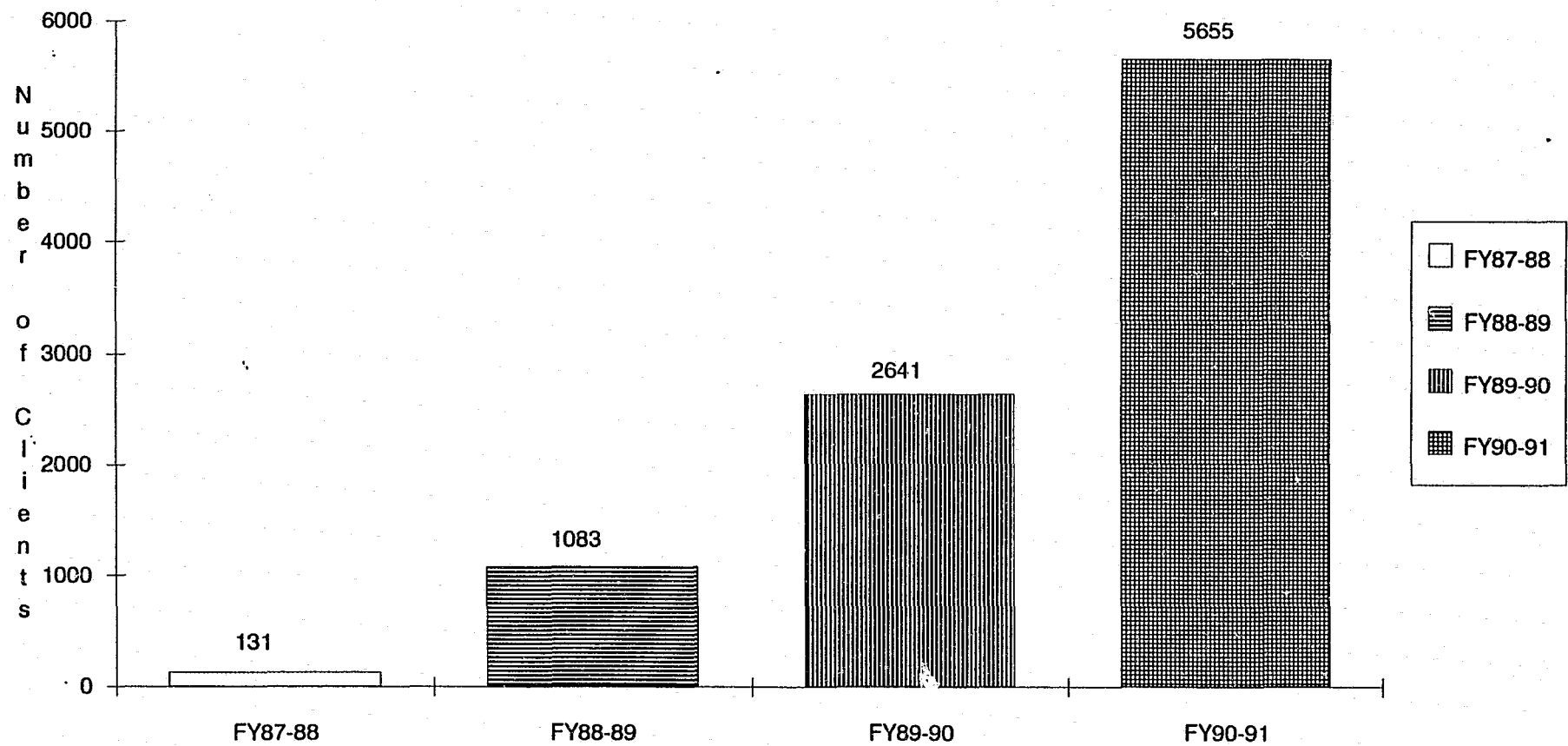
### **Education and Treatment Readiness Training Program**

The Educational and Treatment Readiness Program is a developmental innovation by the Substance Abuse Services Unit to motivate inmates who have substance abuse problems to accept treatment based upon knowledge and understanding received through the program. The program has been designed to be utilized by Departmental staff who have human services education and some counseling experience, such as Resident Unit Managers and Assistant Resident Unit Managers. It also helps fill the gap in the majority of prisons where licensed providers are not available.

The program consists of 12 or more education and discussion sessions on pertinent substance abuse topics. The staff presenters receive 40 hours of training covering learning theory, small group dynamics, substance abuse prevention and early intervention strategy, and the affects of the leading substances of abuse. Each participating facility receives comprehensive presenter manuals for each staff trained, a set of videos to support each educational session, 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.

Figure 1

**Annual Admission to Substance Abuse Treatment**



## Admissions

Program growth has been considerable and rapid since the program began with four sites in 1987.

The Table 1 below shows the number of admissions by location and year, while the graph (Figure 1) shows how treatment availability has dramatically grown. In four years, 9,510 clients have been seen, with over one-half of these admitted during the most recent year.

**Table 1**

### **Admission by Location and Year**

	FY 87-88	FY 88-89	FY 89-90	FY 90-91	Total
Prisons	41	235	295	331	902
Camps	0	158	731	1,186	2,075
SAI Camps	2	243	364	447	1,056
CRP	87	395	1,022	2,385	3,889
Parole	1	52	229	1,108	1,390
Probation	0	0	0	198	198
Total	131	1,083	2,641	5,655	9,510

## **Client Status in the Criminal Justice System**

Of the 5,655 clients admitted for treatment in FY 90-91, they received services while having the following status:

**Table 2**

### **Client Status by Criminal Justice Location**

	Number	Percent
Prison	331	6%
SAI Camp	447	8
Camps	1,186	21
CRP	2,385	42
Parole	1,108	20
Probation	198	3
Total	5,655	100%

The large proportionate increase in the number of parolees (20%, up from 8%) was assisted by programmatic and system improvements made during the year. Funding for probationers was made available late in the fiscal year and resulted in 198 probationers also being served. (These probationers are not on the Department's CMIS data system and thus do not appear in all of the statistics available for the remaining 5,457 clients.)



## Substance Abuse Problem

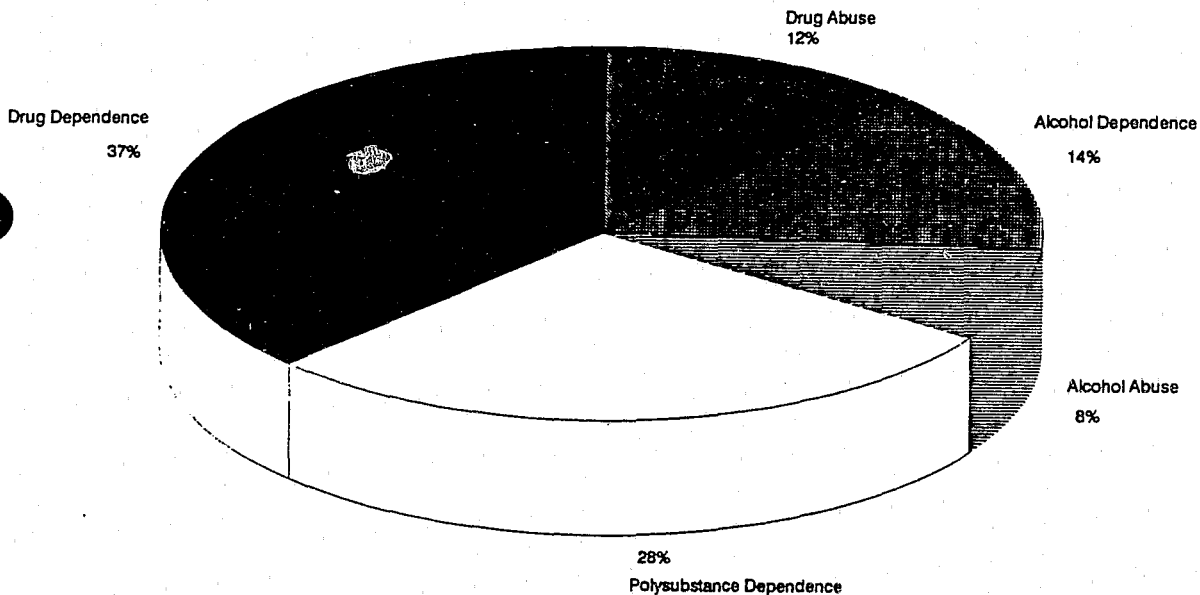
Clients who are being provided with outpatient or residential treatment services are required to have a substance abuse problem, defined as either abuse or dependency according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IIIR) criteria.

Prior to having this clinical diagnosis, prisoners and parolees are pre-screened from information gathered at the Reception Center. Those who were identified as needing treatment are then sent for the clinical interview.

Based on over 2,000 clinical diagnoses from the previous year, Figure 2 shows the diagnoses for treatment clients. Drug dependence is the largest category at 37%. Polysubstance dependence (multiple drugs or drugs and alcohol) is the next largest category at 28%.

Figure 2

Clinical Diagnosis of Treatment Clients

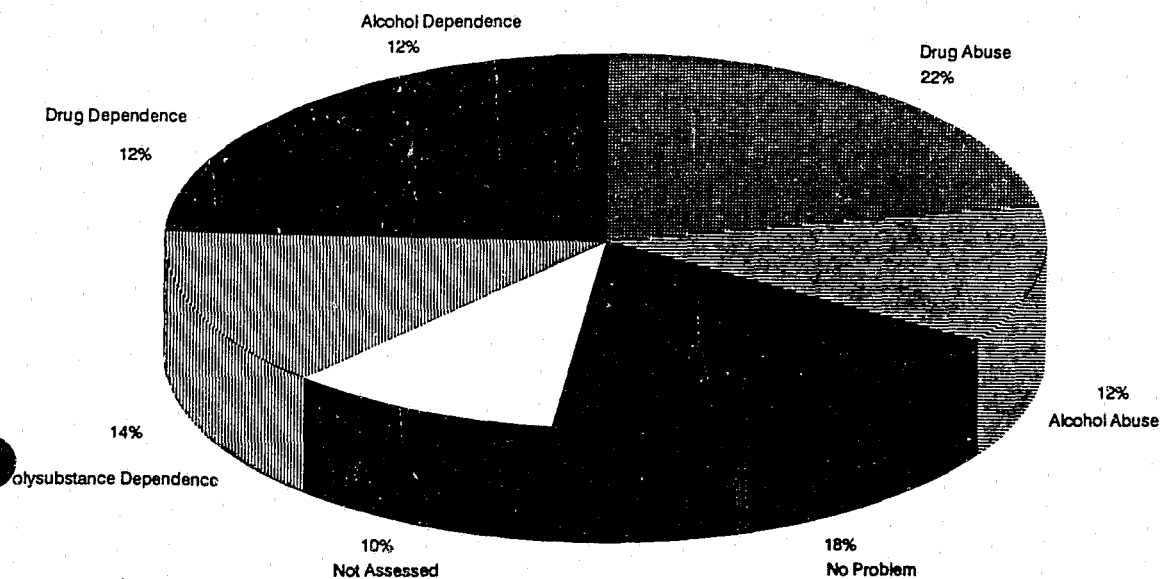


Probationers at the SAI camps are handled differently in diagnosis from the other clients. Substance abuse education is routinely part of the daily activity and all residents who stay the prerequisite time are sent to the substance abuse program. In this population, the diagnoses are less severe.

Figure 3 indicates that while drug dependence is still the largest single category at 22%, the other diagnoses are evenly split at 12-14%. Ten percent of the clients were not assessed and 18% were not identified as having a substance abuse problem.

Figure 3

**Clinical Diagnosis of SAI Clients**



**Demographics**

The demographics below are on prisoners and parolees only. The age and race statistics of the treatment population reflect the population as a whole. However, women are treated at twice the rate of the population group; 14% of the treatment population is female, as compared to 7% of prisoners and parolees. This higher rate of female treatment is because all female facilities have treatment programs, some with specialized activities discussed later in the report.

**Sex**

86% of clients (4,698) are males  
14% are females

### Race

42% are white  
56% are black  
1% are Hispanic  
1% are other or unknown

### Age

The average age is 31 years, consistent with the population as a whole.

The Substance Abuse Services Unit has Justice Research Associates as project evaluators. They have extensively reviewed pre-sentence information on a sample of clients who received at least 30 days of treatment and were paroled between July, 1990 and March, 1991. Demographic information from this sample of 369 men and 90 women appears in Tables 3 and 4.

A majority of both men and women are single. Most women (79%) have children as do 58% of the men. At the time of their pre-sentence exam, children were living with a variety of relatives.

At the time of the offense, few men or women were employed (65% and 89% unemployed respectively). Those who have been employed were only occasionally employed (58% of men and 44% of women). A large proportion of clients had no visible means of employment, less than two-thirds had completed high school, and few had formal vocational training.

### Services by Funding Source

There are three funding sources which contribute to the Department's substance abuse program. State general funds support both outpatient services as well as residential ones. The Office of Substance Abuse Services supports outpatient services through a federal treatment block grant. The Office of Drug Control Policy also supports outpatient services through a federal criminal justice block grant. The Department appreciates the support of these agencies in making programming available.

#### Services by Funding Source

OSAS Supported Outpatient Clients	1,751
ODCP Supported Outpatient Clients	877
State Supported Outpatient Prisoners/Parolees	1,408
State Supported Outpatient Probationers	129
State Supported Residential Prisoners/Parolees	1,421
Total	5,655

### Completion Status

The completion status of clients admitted to outpatient and residential treatment programs is shown in the table below. Clients who were still attending and participating in programs at the end of February are excluded from the adjusted percentage, as are those who were not admitted to treatment other than for an intake.

**Table 3**  
**Participant's Family Background**

	SEX OF PROGRAM PARTICIPANT				Total	
	Male		Female			
PARTICIPANT'S MARITAL STATUS						
Single	260	70%	50	56%	310	68%
Married	27	7%	8	9%	35	8%
Widowed	1	0%	2	2%	3	1%
Living with Paramour	6	2%	2	2%	8	2%
Divorced/Separated	75	20%	27	30%	102	22%
Missing	0	0%	1	1%	1	0%
TOTAL	369	100%	90	100%	459	100%

<b>NUMBER OF CHILDREN</b>						
0	154	42%	19	21%	173	38%
1	100	27%	25	28%	125	27%
2	56	15%	23	26%	79	17%
3	27	7%	13	14%	40	9%
4	12	3%	4	4%	16	3%
5	7	2%	4	4%	11	2%
7	3	1%	0	0%	3	1%
8	1	0%	1	1%	2	0%
Missing	9	2%	1	1%	10	2%
<b>TOTAL</b>	<b>369</b>	<b>100%</b>	<b>90</b>	<b>100%</b>	<b>459</b>	<b>100%</b>

<b>PARTICIPANT'S CHILDREN LIVING WITH</b>						
None - No Children	154	42%	19	21%	173	38%
Offender	27	7%	20	22%	47	10%
Ex-Spouse	38	10%	3	3%	41	9%
Lover	89	24%	4	4%	93	20%
Grandparents	5	1%	14	16%	19	4%
Other Relative	0	0%	10	11%	10	2%
Foster Parents	1	0%	3	3%	4	1%
Friend	1	0%	1	1%	2	0%
Missing	54	15%	16	18%	70	15%
<b>TOTAL</b>	<b>369</b>	<b>100%</b>	<b>90</b>	<b>100%</b>	<b>459</b>	<b>100%</b>

<b>DOES OFFENDER PROVIDE FINANCIAL SUPPORT</b>						
Yes	29	8%	4	4%	33	7%
No	71	19%	11	12%	82	18%
No Family	140	38%	16	18%	156	34%
Missing	129	35%	59	66%	188	41%
<b>TOTAL</b>	<b>369</b>	<b>100%</b>	<b>90</b>	<b>100%</b>	<b>459</b>	<b>100%</b>

**Table 4****Participant's Employment and Educational Background**

WAS PARTICIPANT EMPLOYED AT TIME OF THE OFFENSE?	SEX OF PROGRAM PARTICIPANT				Total	
	Male		Female			
Yes, full-time	90	24%	6	7%	96	21%
Yes, part-time	31	8%	4	4%	35	8%
No	239	65%	80	89%	319	69%
In School	5	1%	0	0%	5	1%
Missing	4	1%	0	0%	4	1%
TOTAL	369	100%	90	100%	459	100%

LENGTH OF PRIOR EMPLOYMENT						
Unemployed	244	66%	80	89%	324	71%
Less Than 1 year	37	10%	7	8%	44	10%
1 Year	7	2%	0	0%	7	2%
Up to 2 Years	16	4%	2	2%	18	4%
Up to 3 Years	7	2%	0	0%	7	2%
Up to 4 Years	3	1%	0	0%	3	1%
Up to 5 Years	3	1%	0	0%	3	1%
More Than 5 Years	13	4%	0	0%	13	3%
Missing	39	11%	1	1%	40	9%
TOTAL	369	100%	90	100%	459	100%

DEGREE OF EMPLOYMENT WITHIN LAST FIVE YEARS						
Regular	57	15%	4	4%	61	13%
Occasional	215	58%	40	44%	255	56%
Not Employed	63	17%	38	42%	101	22%
Missing	34	9%	8	9%	42	9%
TOTAL	369	100%	90	100%	459	100%

IF UNEMPLOYED, MEANS OF SUBSISTANCE						
No Visible Means	130	52%	34	43%	164	50%
Welfare or Other Social Assistance		0%		0%	0	0%
Unemployment	4	2%	0	0%	4	1%
Relatives	37	15%	7	9%	44	13%
Pension or Retirement	2	1%	0	0%	2	1%
Missing	25	10%	7	9%	32	10%
TOTAL	369	100%	90	100%	459	100%

HIGHEST GRADE COMPLETED						
Less Than High School	247	67%	59	69%	306	67%
High School	75	20%	19	21%	94	20%
More Than High School	26	7%	5	6%	31	7%
Did Not Finish High School	21	6%	7	8%	28	6%
TOTAL	369	100%	90	100%	459	100%

DOES PARTICIPANT HAVE FORMAL VOCATION TRAINING?						
Yes	39	11%	15	17%	54	12%
No	330	89%	75	83%	405	88%
TOTAL	369	100%	90	100%	459	100%

Source: Justice Research Associates

**Table 5**  
**Completion Status by Treatment Modality**

Completion Status	#	Outpatient Adjusted		#	Residential Adjusted	
		%	%		%	%
Attending Treatment	838	21%		227	16%	
Successful Discharge	1,828	45	60%	435	30	36%
Unsuccessful Discharge	566	14	19	558	39	47
Transfer Prior to Completion	518	13	17	131	9	11
Mutual Consent	115	3	4	73	5	6
Not Admitted	163	4		4	0	
Total	4,028	100%	100%	1,428	100%	100%

Currently, 1,065 of the persons admitted to treatment in FY 1990-91 are still attending treatment, or 21% of the outpatient clients and 16% of the residential clients. An additional 163 outpatient clients and four residential ones had an intake interview but did not continue, either because they were inappropriate for the program or because they refused the services.

Excluding these two groups from the completion statistics, i.e., looking only at people who went through treatment, we find that 60% of the outpatient clients successfully completed treatment as did 36% of the residential clients. Successful treatment, as recorded by therapists, includes attending required sessions and participating appropriately. Another 17% and 11% (outpatient and residential) transferred before completion and are eligible to continue treatment in their new location.

Tables 6 and 7 show the same completion data but indicate where the client was served; in a camp, a Community Residential Program (CRP), on parole, or while in prison.

The camps with the very structured programs are most likely to have successfully completing clients (82%). The rate for prisoners is similarly high, at 77%.

The treatment programs working with CRP clients and parolees are community-based, and tend to be longer than the prison and camp-based services. As the populations they work with are in environments similar to those of the general population (CRP clients may be on tethers or residents in a center), their rate of successful discharges is somewhat less, at 38% for CRP and 31% for parolees.

Similarly, CRP clients in residential treatment had a higher rate of successful discharges (49%) than did parolees (19%). While we do not know the reasons for this, it may be because the CRP drug testing policy encourages earlier referral to treatment (on the second positive urine drug test) and/or because of greater sanctions for non-compliance (return to prison on a third positive test in addition to other intermediate sanctions).

**Table 6****Outpatient Client Treatment By Completion Code**

<u>Location</u>	<u>Attending</u>	<u>Successful</u>	<u>Unsuccessful</u>	<u>Transferred</u>	<u>Mutual Decision</u>	<u>Other/Not Admitted</u>	<u>Total</u>
<u>Camps</u>	217	1,143	31	216	11	15	1633
	13%	70%	2%	13%	1%	1%	100%
Adjusted %		82%	2%	15%	1%		
<u>CRP</u>	307	430	387	237	85	92	1538
	20%	28%	25%	15%	6%	6%	100%
Adjusted %		38%	34%	21%	7%		100%
<u>Parole</u>	216	79	133	36	11	51	526
	41%	15%	25%	7%	2%	10%	100%
Adjusted %		31%	51%	14%	4%		100%
<u>Prison</u>	98	176	15	29	8	5	331
	30%	53%	5%	9%	2%	2%	100%
Adjusted %		77%	7%	13%	4%		100%
<u>TOTAL</u>	838	1,828	566	518	115	163	4028
	21%	45%	14%	13%	3%	4%	100%
Adjusted %		60%	19%	17%	4%		100%

**Table 7****Residential Client Treatment By Completion Code**

<u>Location</u>	<u>Attending</u>	<u>Successful</u>	<u>Unsuccessful</u>	<u>Transferred</u>	<u>Mutual Decision</u>	<u>Other/Not Admitted</u>	<u>Total</u>
<u>CRP</u>	152	339	208	111	35	1	846
	18%	40%	25%	13%	4%	0%	100%
Adjusted %		49%	30%	16%	5%		100%
<u>Parole</u>	75	96	350	20	38	3	582
	13%	16%	60%	3%	7%	1%	100%
Adjusted %		19%	69%	4%	8%		100%
<u>TOTAL</u>	227	435	558	131	73	4	1428
	16%	30%	39%	9%	5%	0%	100%
Adjusted %		36%	47%	11%	6%		100%

### Ratings of Client Attendance and Participation

When clients are discharged from treatment, successfully or for other reasons, they are rated on three criteria, in part for use by the Parole Board and others needing to know progress.

Ratings cover attendance, participation in the groups, and whether the client met the goals of that portion of their treatment program.

**Table 8**

#### Client Treatment Location By Attendance Rating

Location	Poor	Fair	Good	Very Good	Excellent	Total*
Camps	20 2%	23 2%	171 13%	175 13%	919 70%	1308 100%
CRP	272 15%	133 7%	401 22%	510 28%	475 27%	1791 100%
Parole	296 38%	108 14%	178 23%	162 21%	30 4%	774 100%
Prison	4 2%	4 2%	12 6%	110 52%	81 38%	211 100%
TOTAL	592 14%	268 7%	762 19%	957 23%	1505 37%	4084 100%

**Table 9**

#### Client Treatment Location By Participation Rating

Location	Poor	Fair	Good	Very Good	Excellent	Total*
Camps	21 2%	25 2%	282 22%	371 28%	609 47%	1308 100%
CRP	251 14%	252 14%	509 29%	495 28%	269 15%	1776 100%
Parole	274 36%	155 20%	196 26%	111 15%	21 34%	757 100%
Prison	8 4%	8 4%	39 18%	117 55%	39 18%	211 100%
TOTAL	554 14%	440 11%	1026 25%	1094 27%	938 23%	4052 100%



**Table 10****Client Treatment Location By Goals Achievement Rating**

Location	Poor	Fair	Good	Very Good	Excellent	Total*
Camps	30 2%	39 3%	250 19%	381 29%	605 46%	1305 100%
CRP	377 22%	296 17%	428 25%	434 25%	211 12%	1746 100%
Parole	303 43%	156 22%	144 20%	76 11%	24 3%	703 100%
Prison	6 3%	7 3%	40 19%	119 57%	36 17%	208 100%
TOTAL	716 18%	498 13%	862 22%	1010 25%	876 22%	3962 100%

\*Excludes clients not rated.

These ratings are shown in Tables 8-10. Attendance was rated "very good" or "excellent" for 60% of the clients. Parolees had the poorest attendance with the other groups being quite satisfactory.

Half of the clients had "very good" or "excellent" ratings on their participation, including 73% of prison clients and 75% of camp clients.

Just under half (47%) met the goals of treatment with subgroup ratings similar to the other criteria.

**Specialized Services and Other Substance Abuse Activities**

The material above has described the substance abuse program in general. There also are some specialized services, as well as other activities of a preventive and supportive nature which have occurred during the year.

**Women's Programming**

As noted earlier, treatment services for women are available at all women's prisons and the camp for women. Because of the conversion of the Huron Valley Women's Facility to a mental health facility, many women were moved to the Scott facility during the year, converting this site from a men's to a women's prison. Scott, as a men's facility, had a substance abuse treatment program which was retained for the women.

The treatment and didactic services provided at the women's sites are similar to those provided to men, although they have a greater emphasis on issues concerning females. Substance abuse and family roles are stressed, as are parenting and substance abuse, and women's health.

At the Florence Crane facility, a specialized component has been added to the substance abuse counseling. A very high proportion of female substance

abusers have also had histories of being abused and of domestic violence. As causative factors in substance abuse, they are of concern and will be addressed in fiscal year 1991-92 with specialized programs.

The Huron Valley Women's Facility had the Department's medical services, until they were recently transferred to the converted Scott facility. As the medical services site, all pregnant women were housed there. Last year, this included 68 women. To address the concerns and needs of pregnant substance abusers, a special group was formed for pregnant clients at Huron Valley. A similar treatment group will be formed for pregnant clients now placed at Scott.

This outpatient treatment and counseling program for pregnant women is augmented by another effort described below.

### **Women and Infants at Risk**

A specialized program of Project Transition is the Women and Infants at Risk component located in Detroit. This effort takes women from prison who are eligible for community placement and who are pregnant with a substance abuse problem. Those women who wish to raise their baby, rather than have it placed in foster care or with a relative, reside in the residential program for two months pre-natally and for at least four months after their baby is born. Substance abuse services, GED classes and parenting skills are provided to the women. Family counseling and involvement with other children are encouraged. Mid-wifery services through Hutzel Hospital and delivery from Hutzel's high risk clinic is also part of the coordinated effort.

Since the program opened its doors in early 1990, 19 women have been clients in the 10-11 bed Women and Infants at Risk component. (The program also has 14 beds for non-pregnant women.) Of these 19, 11 women and 11 babies are currently in residence. Four women were unsuccessfully terminated, of which two were returned to prison. Four mothers (and babies) successfully completed the program, with discharges occurring from October-December, 1991. All four are still substance free and doing well.

The program has recently modified its intake process to include pregnant women from circuit courts in Wayne, Oakland and Macomb Counties. These women are placed in the program as a diversion from prison. The program continues also to receive women directly from prison.

Both approaches are lower cost than the alternatives. Probationers would otherwise be sent to prison; the pregnant prisoners would remain in prison; both groups would have their babies placed in foster care at a considerable cost. Other benefits are sizable; including the substance abuse treatment, improved parenting and nurturing skills, infants with fewer complications due to drug use and other.

### **Grant Applications**

All these services only serve a small number of the women needing treatment. A competitive grant application also was written and submitted to the federal government in hopes of expanding services.

### **Self-Help/Volunteer Groups**

The Substance Abuse Services Unit in recognition of the importance of peer support to the maintenance of sobriety, began to cooperate with self-help and volunteer groups dedicated to serving inmates with substance abuse. The unit sought to attract and retain more volunteer group participation at correctional facilities. The unit focused primarily on Alcoholics Anonymous (AA) because of its current status of being the most represented group in facilities.

Discussion with AA led to several methods of assistance. The unit has attempted to reduce and remove those elements of the correctional environment that adversely affect volunteer participation, including inordinate delay in gaining access, negative or hostile reception, and lack of educational/motivational literature. The unit communicated AA concerns and recommendations and obtained large quantities of AA materials, including Big Books, Twelve Steps and Twelve Traditions, and Twelve-Step cards which were provided to each facility to distribute to its AA volunteers.

The unit distributed 2,000 AA Big Books and 500 Narcotics Anonymous (NA) Big Books.

### **Visual and Printed Resources**

The Substance Abuse Services Unit began development of an educational materials resource function last year. The achievements over the past fiscal year have been significant. The visual and printed material resource functions are conducted in two ways. One is a loan function in which videotapes are given out from periods of 30 to 60 days to Department staff at any site. The second function is to provide permanent possession of materials for ongoing programs in facilities and camps, and to provide literature for distribution to inmates.

The video component has approximately 1,000 videos of 100 different titles. Three hundred videos have been assigned permanently to the 23 participating correctional facilities to support their education and treatment readiness program.

The remaining videos are available for loan. Videos were loaned over 1,700 times in 1990-91.

The unit purchased and distributed significant quantities of printed materials to facilities and camps with the intent to establish substance abuse library resources for staff and information resources for inmates. In addition to the AA printed materials, the unit distributed 800 copies of hard cover and soft cover books, including The Recovery Resource Book, Beyond Co-Dependency, Healing the Shame, and the Road Less Traveled for staff use. Further, the unit distributed 35,000 pamphlets on cocaine, alcohol, self-esteem, anger, stress management and co-dependency for inmate use.

### **Education and Treatment Readiness Training Program**

The Educational and Treatment Readiness Program is a developmental innovation by the Substance Abuse Services Unit to motivate inmates who have substance abuse problems to accept treatment based upon knowledge and

understanding received through the program. The program has been designed to be utilized by Departmental staff who have human services education and some counseling experience, such as Resident Unit Managers and Assistant Resident Unit Managers.

The program consists of 12 or more education and discussion sessions on pertinent substance abuse topics including alcohol, cocaine, heroin, denial, relapse prevention, family dynamics, and recovery. The staff presenters receive 40 hours of training covering learning theory, small group dynamics, substance abuse prevention and early intervention strategy, and the effects of the popular substances of abuse. Each participating facility receives comprehensive presenter manuals for each staff trained, a set of videos to support each educational session, 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.

In its first year, 1990, the program attracted widespread acceptance with 20 facilities making commitments to participate. Training and certificates of qualification were received by 212 Departmental staff based upon training participation and written examinations. All staff participants were required to take part in "role play" and other group setting simulations and engage in discussion groups over the five-day training, as well as take part in a pre and post-test based upon the program manual. The 212 participants scored an average of 75% on the 100 questions (50 true and false and 50 multiple choice) during the pre-test at the beginning of the first class. At the end of the fifth day, participants again took the test and scored an average of 93%.

The 1991 year was a most productive year in terms of providing training and staff development for staff of the Michigan Department of Corrections who work with correctional clients who have a history of substance abuse and/or dependency.

There were extensive follow-up training activities with the originally trained 220 Resident Unit Managers and Assistant Resident Unit Managers that had been trained during the 1989-1990 period. This was accomplished in two formats. During October-December, 1990, there were extensive on-site contacts with previously trained staff members. There were basically several key questions asked on those site visits: (1) What substance abuse programs did you subsequently develop as a result of the training?; (2) What were the results of the programs that you developed in terms of providing services to clients?; and (3) What training activities do you need for 1991? The second part of that training came out of the questioning process which was to provide specific training based on the responses to the three questions.

Programs had been developed and put into operation as a result of the training in the Basic Substance Abuse Education and Treatment Readiness seminars. These programs did take on the needs of the particular prison setting. For example, the Brooks Regional Facility developed programs around individual staff members sharing the responsibilities and thus making the workload more acceptable during times of short staffing and high case-loads. Scott prison developed a 12-week not a 10-week program to address issues of homecoming and avoidance of relapse potential. By far, the most important aspect of that follow-up period was to demonstrate that the

Substance Abuse Unit was committed to staying with the trained personnel and would in fact work with the trained staff in the implementation stage. There were many verbal statements of surprise, pleasure and reassurance that actual on-site contacts were done after the original training period!

We also obtained a much clearer understanding of the training needs for 1991 which were: (1) more group dynamics; (2) culturally relative materials; (3) more cocaine related tapes and materials; and (4) information on relapse dynamics. Thus, a course was developed on Group Leadership Theories and Skills, we obtained the Pride Tapes on Cocaine and Crack, that were both culturally relative and current on the topic, and developed a workshop on Relapse Dynamics. These workshops were presented throughout the January, 1991 to October, 1991 period.

In addition, there were requests from the Assistant Deputy Wardens (ADWs) of various prisons for additional week-long Substance Abuse Treatment Readiness workshops. Such requests were honored and workshops were done at such sites as Ryan Regional, Department of Corrections Training Academy in Lansing, Gus Harrison Regional Facility, and Kinross Correctional Facility to name a few sites. We were able to increase the pool of trained RUMs and ARUMs by an additional 150 staff members.

Also, the two training programs became a part of the Michigan Department of Corrections training system and were given course numbers: 02379 for Substance Abuse Education and Treatment Readiness, and 02501 for Group Leadership Theories and Skills.

The year came to an end with a two-day on-site program in Lansing for both trained staff and program consultants. Both days were well attended and the feedback was most positive.

In summary, the year was one of continued service, feedback, challenge and demands for more focused training with attention to expanded training based on culturally relative data, skill development, and better usage of time and structure.

#### **DRUG TESTING SUMMARY RESULTS** **For Fiscal Year 1990-91**

##### **Drug Testing Program**

One of the detection and deterrence efforts of the Department involves drug testing. The goal of drug testing is "to deter and monitor unauthorized use of controlled substances and other prohibited substances among prisoners, parolees and probationers within the Department."

The policy is carried out by doing a monthly random, unannounced testing of a 5% sample of prisoners in prisons and camps. Prisoners in Community Residential Programs (CRPs) are all tested twice a month, while parolees are tested as appropriate based on drug history, drug-related crime or suspected drug use.

In addition to the random drug testing of prisoners, additional tests are taken if there is reason to suspect drug or alcohol use, and tests are done to ensure that drug-free prisoners are placed in Michigan State Industries (job program) or are considered for a community placement.

Penalties for drug or alcohol use include a required major misconduct which increases the prisoner's stay in prison. For prisoners in CRP, a misconduct also triggers referral to treatment. Prisoners must be referred to outpatient substance abuse treatment on the first positive drug test, referred to residential treatment on the second positive test and returned to prison on the third positive. A misconduct for substance abuse is considered seriously in decisions made by the Parole Board, and for parolees, it influences supervision by the parole agent, possibly resulting in a revocation of parole.

Statewide drug testing results are obtained from a forensic laboratory which was selected by a national bidding process. The laboratory screens all samples, typically using the EMIT process. All samples screening positive are confirmed using an alternate testing methodology. For nearly all drugs, this confirmation is by Gas Chromatography (GC).

Listed in the table below are statistics for the persons testing positive in the Michigan Department of Corrections' drug testing program.

**Table 11**  
**Percentage Positive - FY 1990-91**

	<u>Number Tested</u>	<u>Number Positive</u>	<u>Percent Positive</u>
Prisons and Camps			
Random Samples Only	19,934	403	2.1%
All Samples	35,929	1,249	3.5%
Community Residential Programs	71,630	3,813	5.3%
Parole	31,685	6,032	19.0%

### **Observations**

The Statewide results combined with other data permit these general observations to be made:

- For prisons and camps, there has been a very gradual decrease in drug and alcohol positive rates. In September, 1991, randomly selected cases show a 0.7% positive rate, the lowest level historically. The average for the year as a whole was 2.1%.
- Since testing began, active drug and alcohol use in the prisons is shown to be not extensive in spite of the high proportion of persons with drug and alcohol problems. Over 96% test drug free (see Table 11).
- Comparisons over the past five fiscal years also show this decline (see Figures 4 and 5). Randomly selected cases in prisons and camps went from a yearly average of 8.8% positive in FY 86-87 to 2.1% in FY 90-91. Similarly, all samples in prisons and camps dropped from a yearly average of 11.1% to 3.5% positive.
- Prisoners in CRP centers are tested twice monthly. Although these positive rates started higher than for prisoners in prison, the rates have also decreased on an annual basis at a more rapid pace, going from 17.2% in FY 86-87 to 5.3% in FY 90-91.

- Parolees who are tested because of prior substance abuse crimes or behavior have higher rates of positive tests than prisoners. This might be expected as the parolees are selectively tested because they are at high risk. The five-year trend shows a decline in positives from 28% in FY 86-87 to 19% in FY 90-91 (Figure 4).
- The general population in treatment has alcohol as the primary drug problem in two out of three cases. The Department of Corrections' population more likely shows positive for cocaine, opiates and marijuana.

In prisons, marijuana is the primary drug found in positive samples (65%) followed by alcohol and cocaine. For parolees, cocaine is the primary drug (67% of positive samples), followed by opiates (28.1%). Cocaine is also most prevalent in CRP (45%) (see Table 12).

Overall, the drug testing program has shown evidence that the goals of deterring and reducing drug use are being achieved.

CW:cjb  
3/6/92

FIGURE 4

# DRUG TESTING TREND RESULTS Fiscal Years 1986/87 - 1990/91

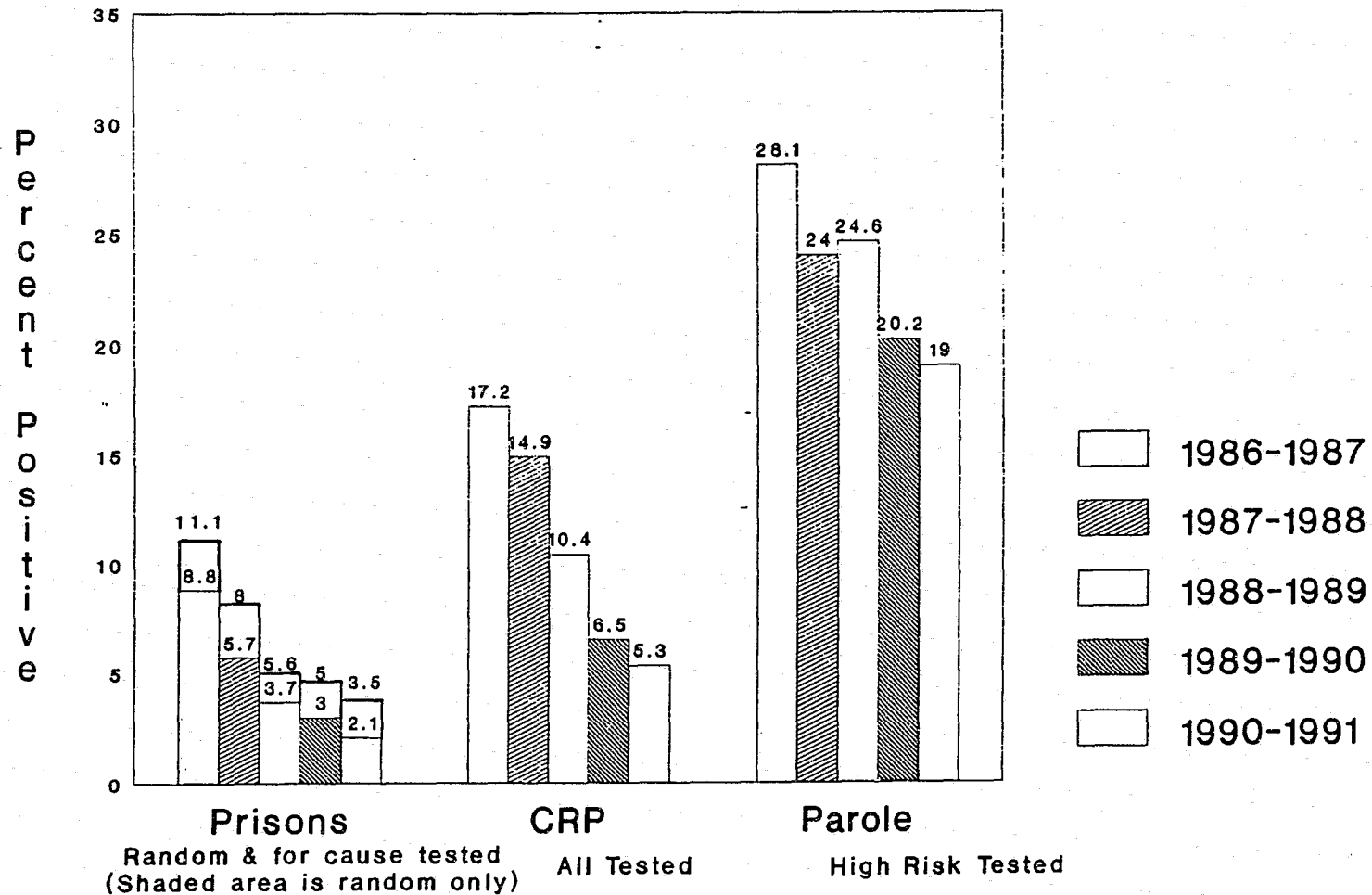




FIGURE 5

# DRUG TESTING TREND RESULTS

## Correctional Facilities - Random & All

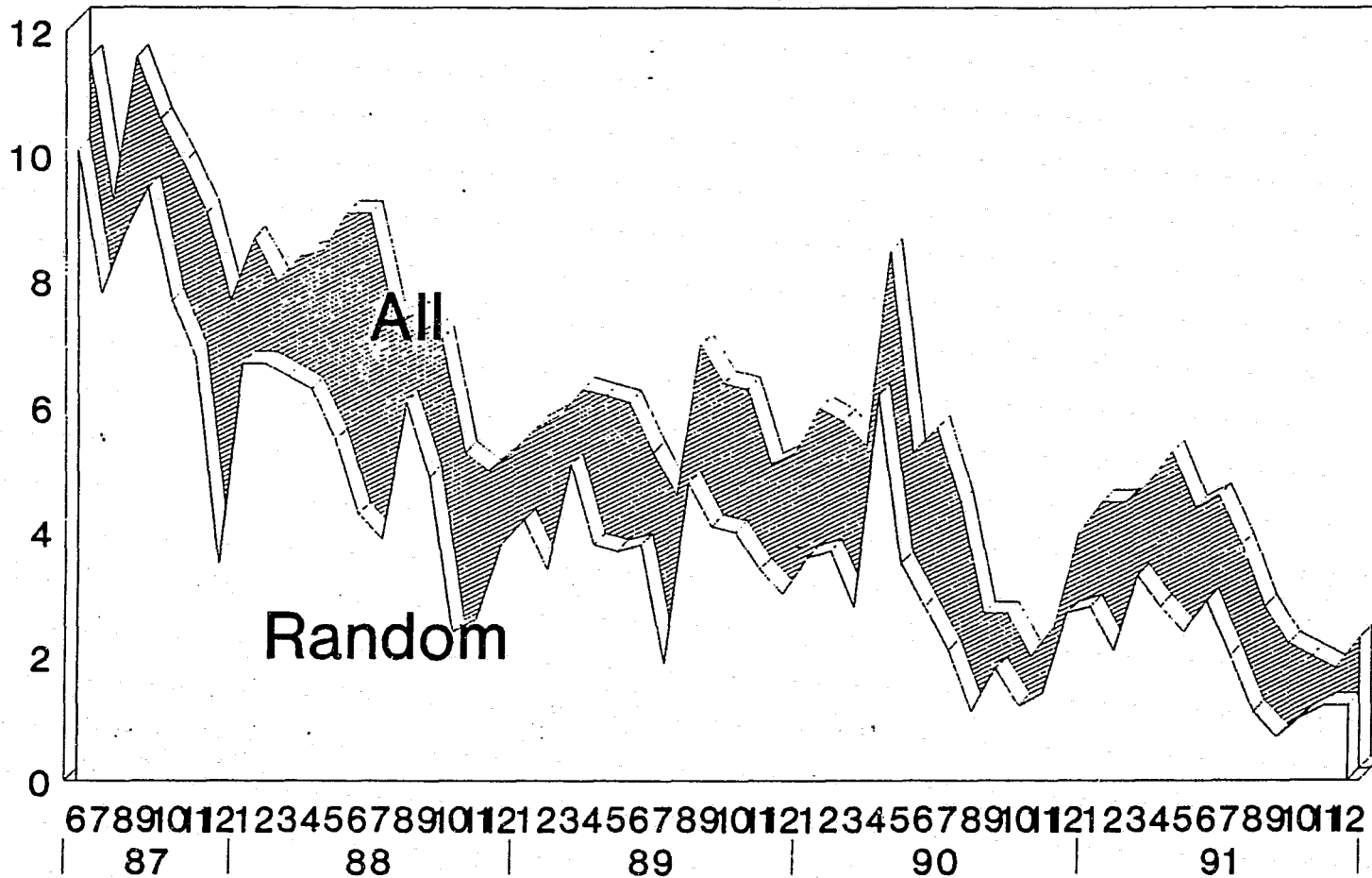


FIGURE 6

# CRP POSITIVE DRUG TEST RATES

## FY 1988/89 - 1990/91

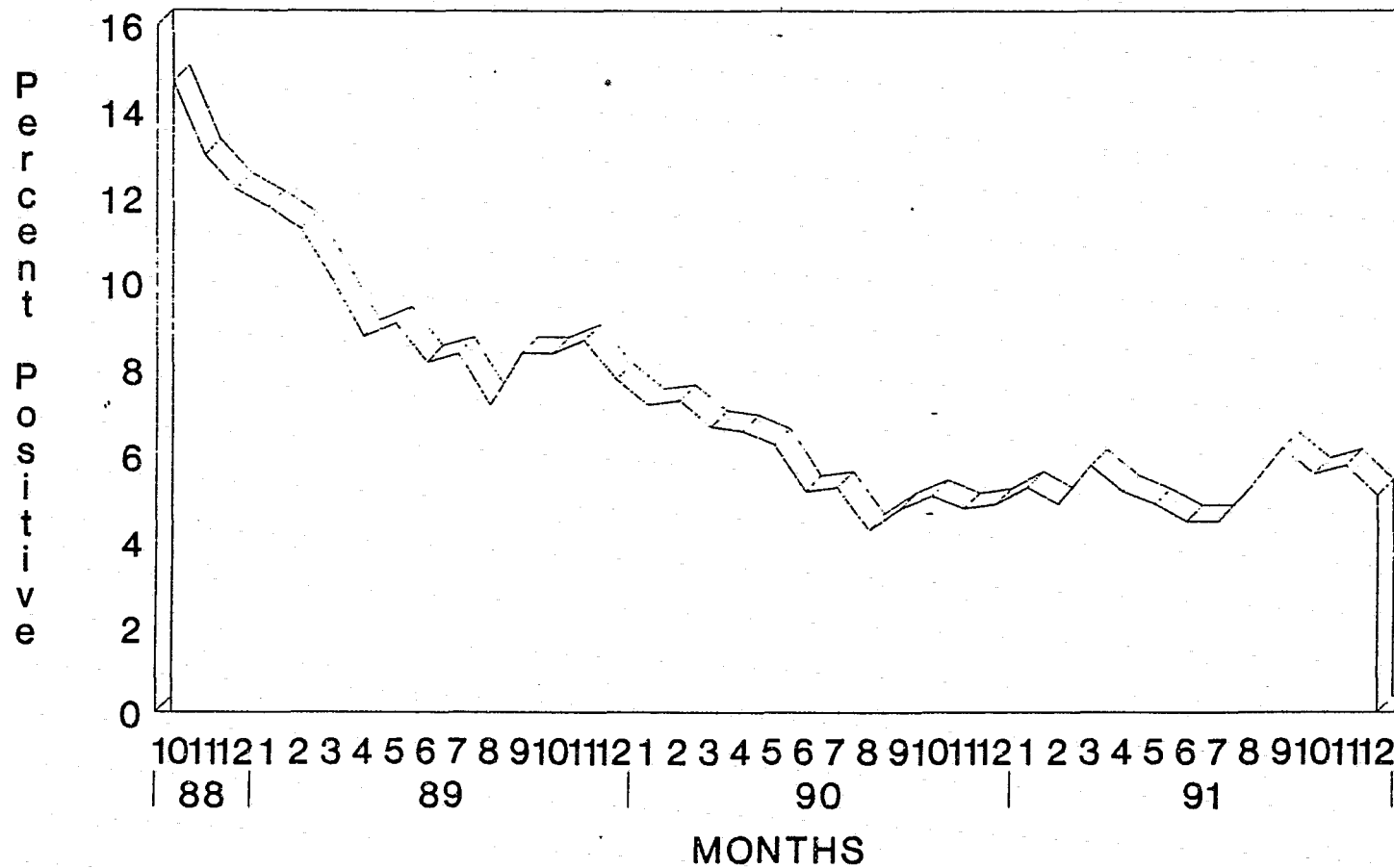


TABLE 12

**PREVALENCE OF DRUGS AS A PERCENTAGE OF THOSE POSITIVE  
FY 89-90 COMPARED TO FY 90-91**

Drug Type	<u>Parole</u>		<u>CRP</u>		<u>Prisons</u>	
	89-90	90-91	89-90	90-91	89-90	90-91
Cocaine	60.6	67.3	42.9	44.9	5.5	11.6
Marijuana/Hashish	22.3*	19.2*	28.0	23.9	72.6	65.3
Valium (Benzodiazepines)	5.4	4.2	1.7	2.2	3.8	5.4
Alcohol	3.5*	3.0*	17.4	18.0	9.7	11.5
Barbiturates	1.8	1.2	2.4	1.6	7.6	7.0
Amphetamine	0.1	0.1	0	0.1	0.2	0.1
Phencyclidine (PCP)	0.1	0.1	0.1	0.1	0	0
<u>Opiates:</u>	(32.4)	(28.3)	(26.9)	(27.0)	(6.2)	(7.3)
Morphine	19.4	15.7	16.5	16.5	4.8	5.1
Codeine	9.5	8.5	8.0	7.6	1.2	1.8
Methadone	2.1	2.3	0.3	0.5	0	0.4
Darvon (Propoxyphene)	1.4	1.8	2.1	2.3	0.2	0
Dilaudid (Hydromorphone)	0	0.1	0	0.1	0	0
Number of Tests	31233	31685	69972	71630	40623	35929
Number Positive	6310	6032	4553	3813	2017	1249
Percent of Total Samples Positive	20.2%	19.0%	6.5%	5.3%	5.0%	3.5%

An example of how to interpret percentage of those positive would be, "cocaine is found in 60.6% of the 6,310 positive tests for parolees." More than one drug may be identified in a sample.

<sup>1</sup> Morphine is a derivative of opiates (heroin, morphine or codeine) which is identified in testing.

\* Not tested except by special request.

## APPENDIX A

TREATMENT ADMISSIONS BY PROVIDER							
October 90 - September 91							
Provider Code	Provider Name	Camps	CRP	Parole	Probation	Prison	Sub Total
171	LMAS	274	0	0	22	0	296
172	Martin Psychological	81	0	0	0	0	81
824	Sub. Abuse Services	237	0	0	0	0	237
860	Human Aid	351	1	6	0	0	358
882	Harbor Hall	0	3	5	22	0	30
884	Dakoske Hall	0	1	3	26	0	30
928	Bay Haven	0	18	12	4	0	34
1104	House of Commons	0	1	0	0	0	1
1108	Clinton Eaton Ingham	0	63	36	14	0	113
1381	Family Service & Children	33	102	45	0	0	180
1470	WMU/SPADA	0	167	7	6	0	180
1494	STARS	0	0	1	0	190	191
1532	Jellema House	0	0	0	0	0	0
1580	Project Rehab	0	130	10	1	0	141
1587	New Day Center	0	41	35	0	0	76
1711	RAP	0	236	152	0	0	388
1740	New Hope	0	0	11	0	0	11
2541	Transition House	0	0	0	0	0	0
2583	Community Recovery	0	150	85	43	0	278
2870	OAR	0	0	2	3	0	5
2889	West MI Alcohol Therapy	0	208	11	20	0	239
3277	Berrien County HD	0	69	1	10	1	81
3575	Lutheran Social Services	132	0	0	0	0	132
3579	Re-Entry	0	2	0	0	0	2
5049	Salvation Army Macomb	0	47	1	9	0	57
5222	Project Rehab North	0	0	10	12	0	22
5890	Heritage - Gilman	10	1	0	0	0	11
6321	Options	0	40	16	0	0	56
6322	Highland Waterford	0	260	63	3	0	326
7322	Insight International	0	34	0	0	0	34
7404	Catholic Social Services	0	34	1	0	0	35
7907	Tuscola Substance Abuse	146	0	0	0	0	146
8144	CLEAR	0	0	43	0	95	138
8215	Boniface	0	4	0	0	0	4
8216	Boniface	0	156	76	1	0	233
8220		1	0	0	0	0	1
8226	Annapolis Hosp. - Heritage	368	115	2	0	44	529
8244	Sobriety	0	1	64	0	0	65
8278	Family Serv of Detroit/WC	0	1	17	2	0	20
8401	Project Transition	0	43	0	0	0	43
8410	Metro East	0	19	8	0	0	27
8415	Catholic Social Serv. Wayn	0	2	24	0	0	26
8417	NSO Calvin Wells	0	36	0	0	0	36
8418	NSO Concord	0	0	0	0	0	0
8472	Family Serv of Detroit/WC	0	0	1	0	0	1
8478	Black Family	0	0	30	0	0	30
8495	Christian Guidance	0	208	1	0	1	210
8496	Salvation Army - Detroit	0	192	329	0	0	521
Totals		1,633	2,385	1,108	198	331	5,655
Percentages		29%	42%	20%	4%	6%	

## APPENDIX B

## TREATMENT ADMISSIONS OF PRISONERS/PAROLEES(1) BY SITE

Location	Name of Location	Outpatient Contractor(2)	Date Service Began	Clients Admitted 1988 - Sept. 90	Clients Admitted(3) Oct. 90 - Sept. 91
<b>Prisons</b>					
ACF	Florence Crane Facility	Branch Co. CMH	3/88	260	190
ATF	Adrian Temporary	Branch Co. CMH			1
HVW	Huron Valley Women's Facility	CLEAR	6/88	232	95
SCF	Scott Correctional Facility	Heritage	6/88	325	44
WCF	Western Wayne Corr. Facility				1
	<b>Subtotal</b>				<b>331</b>
<b>Camps</b>					
CBA	Camp Baraga	Lutheran Social Services	3/90	183	32
CBI	Camp Brighton	Heritage	2/91		95
CCF					1
CCU	Camp Cusino	LMAS	3/90	84	268
CCW	Camp Waterloo	Family Service and Children	3/91		33
CGL	Camp Gilman	Heritage	10/89	100	74
CKO	Camp Koehler	Martin Psychological	3/90	105	81
CKT	Camp Kitwen	Lutheran Social Services	1/91		24
CLE	Camp Lehman	Human Aid	3/89	300	140
CLT	Cassidy Lake	Heritage	4/91		206
CMQ	Camp Manistique	LMAS	9/91		4
COJ	Camp Ojibway	Lutheran Social Services	10/90		76
CPL	Camp Pellston	Human Aid	10/90		129
CPO	Camp Pontiac	Heritage			4
CPP	Camp Pugsley	Human Aid	6/89	See CLE	83
CSA	Camp Sauble	Sub. Abuse Services	10/89	596	237
CTU	Camp Tuscola	Tuscola Sub. Abuse	3/88	178	146
	<b>Subtotal</b>				<b>1633</b>

# TREATMENT ADMISSIONS OF PRISONERS/PAROLEES(1) BY SITE

Location	Name of Location	Outpatient Contractor(2)	Date Service Began	Clients Admitted 1988 - Sept. 90	Clients Admitted(3) Oct. 90 - Sept. 91
<b>Parole Offices</b>					
PAD	Adrian Parole	Family Service and Children			6
PAN	Ann Arbor Parole	Heritage			44
PBH	Benton Harbor Parole	Berrien Co. Health Dept.			1
PBY	Bay City Parole	Bay Haven			12
PCD	Cadillac Parole				1
PCL	Clare Parole				3
PDC	Detroit North Central Parole	Heritage			151
PDF	Detroit Parole - Female				1
PDL	Detroit Northwest Parole	Heritage			111
PDM	Detroit Metro Parole	Heritage			29
PDN	Detroit Northeast Parole	Heritage			66
PDW	Detroit Central Parole	Heritage			89
PFL	Flint Parole	Community Recovery			85
PGR	Grand Rapids Parole	New Day Center			44
PHL	Holland Parole	OAR			4
PJK	Jackson Parole	Family Service and Children			39
PKL	Kalamazoo Parole	WMU/SPADA			7
PLA	Lansing Parole	CEI			34
PLI	Lincoln Park Parole	Heritage			102
PLU	Ludington Parole	Sub. Abuse Services			1
PMA	Marquette Parole	Lutheran Social Services			11
PMC	Mt. Clemens Parole	Options			18
PMR	Monroe Parole				1
PMU	Muskegon Parole	West Mi Alcohol Therapy			12
PPH	Port Huron Parole	Catholic Social Services			1
PPN	Pontiac Parole	Highland Waterford			217
PPT	Petoskey Parole				2
PRO	Roscommon Parole				3
PSM	Sault Ste. Marie Parole				9
PSN	St. Johns Parole				2
PTC	Traverse City Parole				2
	<b>Subtotal</b>				<b>1108</b>

# TREATMENT ADMISSIONS OF PRISONERS/PAROLEES(1) BY SITE

Location	Name of Location	Outpatient Contractor(2)	Date Service Began	Clients Admitted 1988 - Sept. 90	Clients Admitted(3) Oct. 90 - Sept. 91
<b>Resident Homes and Centers</b>					
BCL	Clare Resident Home - Male				1
BGA	Gaylord Resident Home - Male				1
BGY	Grayling Resident Home - Male				1
BIM	Iron Mountain Resident Home - Male				2
BPT	Petoskey Resident Home - Male				1
BSM	Sault Ste. Marie Resident Home - Male				2
BSN	St. Johns Resident Home - Male				2
YAD	Adrian Center - Male	Family Service and Children	7/89	94	19
YAN	Ann Arbor Center - Male	Heritage	5/89	19	123
YBC	Battle Creek Center - Male		9/91		14
YBH	Benton Harbor Center - Male	Berrien Co. Health Dept.	2/91		69
FBH	Benton Harbor Center - Female	Berrien Co. Health Dept.	2/91		6
YBY	Bay City Center - Male	Bay Haven	6/91		18
YDA	Detroit Woodward Center - Male	Boniface/Christian Guidance	6/88	706	122
YDC	Detroit Drug Confinement Center - Male	Boniface/Christian Guidance	10/90		7
FDC	Detroit Drug Confinement Unit - Female				1
FDE	Detroit Center - Female				67
BDE	Detroit Resident Home - Male	Heritage			4
BDL	Detroit Low Risk Resident Home - Male	Heritage			95
YDH	Detroit Harbor Light Center - Male	Boniface/Christian Guidance			7
YDI	Detroit Woodward Intake Center - Male	Boniface/Christian Guidance			6
YDN	Detroit Northeast Center - Male	Heritage/Metro East	6/88	See YDA	71
YDS	Detroit Salvation Army Center - Male				93
YDT	Detroit Downtown Center - Male	Heritage/Neighbor Serv. Org.	6/88	See YDA	119
YDW	Detroit West Center - Male	Christian Guidance	6/88	See YDA	62
YFL	Flint Center - Male	Community Recovery	6/88	227	148
FFL	Flint Center - Female				1
YGR	Grand Rapids Center - Male		1/91		153
GGR	Grand Rapids Res. Home - Female				9
YHL	Holland Center - Male	OAR	9/91		
YJK	Jackson Center - Male	Family Service and Children	10/91		67

# TREATMENT ADMISSIONS OF PRISONERS/PAROLEES(1) BY SITE

Location	Name of Location	Outpatient Contractor(2)	Date Service Began	Clients Admitted 1988 - Sept. 90	Clients Admitted(3) Oct. 90 - Sept. 91
GJK	Jackson Resident Home - Female				2
BJK	Jackson Resident Home	Family Service and Children			1
YKL	Kalamazoo Center - Male	WMU/SPADA	8/89	164	167
YLA	Lansing Center - Male	Clinton Eaton Ingham	3/91		58
YMC	Mt. Clemens Center - Male	Options	2/91		113
BMC	Mt. Clemens Resident Home	Options			1
YMU	Muskegon Center - Male	West Mi Alcohol Therapy	10/90		210
FMU	Muskegon Center - Female				1
YPH	Port Huron Center - Male	Catholic Social Services	12/90		36
YPN	Pontiac Center - Male	Highland Waterford	10/90		469
FPN	Pontiac Center - Female				2
YSG	Saginaw Center - Male	Insight International	1/91		33
FSG	Saginaw Center - Female				1
Subtotal					2384
Total				3573	5456

## NOTES:

- (1) Clients admitted do not include probationers
- (2) The listed Contractor is the outpatient provider which serves the site and the surrounding area. While no contractors are listed for Parole Offices, they are served by the contractor listed for the CRP in that community.
- (3) Clients receiving residential services are listed in the admission statistics for the site where they were assigned.

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