

MICHIGAN

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems. Michigan's Department of Community Health, Office of Drug Control Policy, is the State's SSA.

Substance Abuse Prevention and Treatment Block Grant: The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. Michigan's FY 2007 SAPT Block Grant allocation of \$57,698,012 represents a cut of approximately \$500,000 since FY 2004.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services 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, Michigan reported the following **treatment** outcomes in FY 2006:

- 68.8% of those using alcohol on a daily basis were abstinent at discharge
- 61.7% of those using illicit drugs on a daily basis were abstinent at discharge
- 71.6% of those using illicit drugs weekly, but not daily, reported abstinence at discharge
- There was a 60% reduction in homelessness reported at discharge
- There was a 22% increase in employment for those receiving substance abuse treatment
- Those finding work during treatment were more likely to find full-time employment as compared to part-time employment by a margin of nearly 2 to 1
- 77.4% of those who reported being employed at admission retained their employment at discharge
- There was a 63.8% reduction in arrests when comparing admission to discharge

Prevention

SAPT Block Grant funds, which represented approximately half of the SSA's prevention expenditures (excludes federal categorical awards), helped provide critical prevention services to approximately 900,000 in SFY 2006. Over 90% of all programming for these prevention services is evidence-based. Results from Michigan's Youth Risk Behavioral Survey indicate statistically significant declines in drug use. Results from the Survey indicate that, from 1997 to 2005, the following reductions were achieved: students who ever tried smoking (from 75.0% to 52.4%); students who ever had at least one drink of alcohol on one or more days during their life (from 81.9% to 72.6%); and students who ever smoked marijuana (from 48.1% to 37.4%).

Women and Family Treatment Services: Michigan currently has over 50 providers that offer residential, intensive outpatient, and outpatient services to women and their children, and other family members. In addition, a number of the programs offer specialty services such as treatment for co-occurring disorders. Regional coordinating centers coordinate ancillary and specialty services, monitor individualized family service plans, manage outreach services, advocate for women and families, and perform other case management and administrative functions. Overall, 161 drug free-births were reported in FY 2006. During the same year, 67% of pregnant women were abstinent at discharge.

Michigan Quick Facts

Clients Served

- 70,837 clients served in SFY 2006
- **Primary substance of abuse at admissions:**

Alcohol	42.0%
Cocaine	16.3%
Marijuana	19.3%
Heroin	14.4%
Other Opiates	5.7%
Methamphetamine	1.1%
All Others	1.2%
- **Gender:**

Male	65.3%
Female	34.7%
- **Age:**

Under 21	14%
21-35	39.5%
36-54	42.4%
55 and older	4.1%
- **Race/Ethnicity**

White	63.7%
African American – Black	29.5%
Hispanic	2.8%
Native American	1.3%
Multiracial	0.9%
Unknown/Other	1.7%

Treatment Gap

655,000 Michigan residents needed but did not receive services for alcohol use in the past year.

231,000 Michigan residents needed but did not receive treatment for illicit drug use in the past year.

Fewer than 1 in 5 persons who are dependent, and less than 1 in 44 persons with a substance abuse problem, receive treatment services for which they were clinically eligible in the past year.

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability

Substance abuse services in Michigan are provided through 16 regional coordinating agencies (CAs) throughout the State. By statute, these agencies are responsible for developing comprehensive plans for substance abuse services in their community, contracting with local providers to ensure provision of the services, provide technical assistance to those providers, along with assessing and evaluating services in their region.

Michigan's Department of Community Health, Office of Drug Control Policy monitors and oversees services provided in the State using a number of tools to ensure quality and accountability. Some examples are included below:

- *Oversight:* Providers submit contract performance reports to the State through the regional CAs. The State substance abuse agency then reviews the reports to ensure contract compliance and performance. Problems or irregularities are addressed through follow up contact either through phone consultation or site visits. The SSA also works to improve performance by offering technical assistance and related assistance. Over the last five years, the State substance abuse agency has withheld funding several times for non-compliance.
- *Quality:* Michigan requires accreditation of all treatment providers to ensure clinically appropriate care. Through the contracting process, the State requires that 90% of prevention services use evidence-based practices. The agency also promotes the use of proven protocols through trainings, conferences and work with the Great Lakes Addiction Technology Transfer Center (ATTC).
- *Transparency:* The State publishes outcome measurement information on the agency's web page. In particular, the State substance abuse agency posts information on selected performance measures on a sub-State basis in order to promote the value of service improvement.

A Solid Economic Investment

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to the U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9% of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the nation regain their lives and families.

- The average cost per person served in Michigan was reduced from \$1,655 in FY 2005 to \$1,617 in FY 2006, while the number of persons receiving treatment for substance abuse disorders increased by 6,478 (10%). These savings were a result of changes in treatment practices, streamlining the access system, revisions in the authorization practices, and other improvements made locally.
- There has been a reduction in costs, to Michigan, over the past 20 years from \$8.2 billion to \$2.9 billion in FY 2006. This \$5.3 billion in savings comes as deaths fell by over 50%, injuries by almost 75%, and miles driven increased by more than a third.
- Based on a very conservative \$50,000 estimate of health care costs for a drug-infected infant, the 161 drug free births to women in treatment in FY 2006 resulted in a savings to Michigan during the past year of \$8 million.
- One out of every ten employees suffers from substance abuse, costing employers about \$7,000 per year, per employee for lost productivity. Of Michigan's 5.1 million workers, approximately 510,000 are estimated to have a substance abuse problem, costing Michigan's employers about \$3.6 billion in lost productivity annually.



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