

III. SUBSTANCE ABUSE TREATMENT AND PREVENTION CAPACITY

Data limitations prevented the Research Team from determining the true level of capacity among SEMCA treatment and prevention providers. For example of the 10 treatment providers responding to the mailed survey only three or four providers answered questions about their capacity. Informal treatment/recovery resources were identified such as NA and AA. At the time of the study there were 19 AA and 7 NA programs in Monroe County and 133 AA and 38 NA programs in Wayne County.ⁱ See GIS maps in Appendix K.

Monroe County Although Monroe City and Township have the overall highest rates of admission across the three years, a [change analysis of admission rates between 2002 and 2004](#) shows that they also register among the greatest decreases in admission rates with a loss of 10 adults per 1,000. This is especially important given that most of SEMCA's treatment facilities are concentrated within the Monroe City and Township region. While this may serve current needs, it would be prudent to also concentrate on areas with expanding need such as Milan City and township, Petersburg, and Erie Township. See GIS maps in [Appendix K](#).

Wayne County In Wayne County, there is a concentration of SEMCA treatment centers in Detroit City which is outside the SEMCA jurisdiction. Overall, SEMCA admission rates/1,000 adults, is decreasing in Wayne County between 2002 and 2004. Rockwood and Grosse Pointe Woods are the only two townships that have registered an increase in admission rates per 1,000 of age appropriate population and there are no treatment centers in either of these areas. Belleville shows the highest decrease in admission rates between 2002 and 2004 with a loss of 31 adults per 1,000. See GIS maps in [Appendix K](#).

Other Agencies/Systems Treatment Capacity

MDOC reports it has increased its treatment capacity in the past 12 years and all institutions and camps offer some form of substance abuse services. In 2001 nearly 11,000 prisoners were involved in substance abuse services. Between 1987 and 2001 the number of random drug tests with positive results went from 9% to .05%.ⁱⁱ

Law Enforcement and Schools Prevention Capacity

Law Enforcement The mailed stakeholder survey to law enforcement asked about activities relative to enforcement/compliance. Among law enforcement respondents 90% report they ticket retailers who sell tobacco products to underage youth, while 80% report they ticket minors in possession of tobacco products. Fines imposed on retailers range from \$50 to \$500 and average \$200, and for youth fines range from none to \$80 for an average fine of \$37.50. Most (85%) of law enforcement respondents conduct tobacco compliance checks, but only 50% collect data on tobacco violations. When it comes to alcohol the percentage of violators ticketed is the inverse of the tobacco trends, with 90% of youth being ticketed, and 80% of retailers. The average fine imposed on retailers is \$250 and the range is \$100 to \$500, for youth the range of fines is \$50 to \$500 with an average fine of \$190. Of law enforcement respondents (70%) conduct alcohol compliance checks and 55% collect data on alcohol violations. The majority (80%) report that access to alcohol is a problem in their area and 95% state underage use of alcohol is a problem in their area.

Schools School system respondents to the mailed stakeholder surveys were asked about the strategies their building or district uses to prevent substance use among students. Most 82% cite educational programs such as DARE or the Michigan Model health curriculum. Another 9.6% mention youth and parent programs, followed by counseling or policy. Roughly two-thirds (77%) report that parent are involved with prevention activities in the district, most frequently this involvement takes the form of participation on committees or task forces (50%), followed by parent involved in education activities (33%) and correspondence (17%). Sixty-nine percent ($n = 16$) report they seldom make a referral to child protective services, police or the juvenile court due to child or parental substance abuse. Well over half (69%) characterize their district's policy as zero tolerance and another 18.1% characterize it as strict or strong. The number of students expelled or suspended in the 2003/2004 school year for substance possession or use ranged from 1 to 90 students with an average of 23 students per district in 2003/2004. Among respondent school districts roughly one-quarter (26.3%) report suspending or expelling fewer students in the 2003/2004 school year than they expelled or suspended in the 2002/3003 school year.

Dual Diagnosis Need and Capacity

The Monroe County CMHA numbers for dual diagnosed clients served declined 40% between 2002 ($n = 446$) and 2004 ($n = 264$). The total average days these client's cases were open rose 10% from 2002 ($n = 179.6$) to 2004 ($n = 197.5$). Fourteen fewer clients (down 15%) had their cases stay open all year in 2004 than in 2002.ⁱⁱⁱ From 2002 to 2004, 41 or 7.2% of SEMCA admissions in Monroe County had both a mental disorder and a substance disorder. In Wayne County the dual diagnosis population comprised 14.1% of SEMCA admissions ($n = 1,412$).

Key Informants Nearly one-quarter (23%) of all key informants identified depression as the main reason older adults use drugs. Of Wayne County key informants 41% cited depression as a reason for substance abuse by older adults (ages 55 and older). Depression was the second most often cited reason by all key informants for drug use by adults (22 to 54 years of age). Key informants were also asked about the percentage of persons they work with that have: 1) a substance abuse issue, 2) a mental health issue and 3) both a mental health and substance abuse issue. Responses to these questions are presented in Charts 1, 2 and 3 in [Appendix L](#). Between half and 41% of all informants answered these questions. The sample size for all key informants for substance abuse problems is ($n = 15$), for mental health ($n = 15$), and for dual diagnosis ($n = 18$). All Wayne County informants answered these questions ($n = 13$) as did Monroe County informants ($n = 13$).

Wayne County informants report more of the people they work with have a mental health and/or a substance abuse issue than Monroe County informants. According to Wayne County informants between half and 99% of their customers have a substance abuse problem. Roughly one-third (33%) of Wayne County informants describe 50% to 99% of the people they work with as having both a mental health and substance abuse issue. Only 20% of Monroe County informants' state that between 50% and 99% of the people they work with has a substance abuse problem. This percentage falls to only 11% for mental health issues alone, and none for both a mental health and substance abuse issue.

When asked about the barriers to treatment with a dual diagnosis, not enough programs and trained staff was cited as the largest barrier with between a quarter and one-third of informants citing this barrier. Stigma and lack of system coordination were the second most frequently cited barriers. Stigma was seen as bigger barrier in Monroe County (33%) than Wayne County, where lack of system coordination was felt to be the largest barrier. Wayne County informants comments about this lack of system coordination include: “the dismantling of the mental health system” and “it is difficult to get into the mental health system, it’s been a barrier for at least 12 years,” and “substance abuse programs have a bias toward mental health issues.” Table 1 in [Appendix J](#) distributes the data on key informants’ perceptions of barriers to treatment for dual diagnosed persons.

Providers SEMCA treatment providers responding to the mailed survey questions about the percentage of clients they see with a mental disorder and a substance abuse problem ($n = 11$) report that on average 52% of the clients they serve have both a substance abuse and mental disorder. The percentage varied by provider and ranged from 10% to 95%. Providers identified funding barriers as the primary barrier to treatment for dual diagnosed clients (40%). Stigma, lack of system coordination, lack of programs and trained staff each constituted 20% of provider responses about barriers to treatment for dual diagnosed clients. Like key informants, providers and other mailed survey stakeholder groups identified depression among the 55 and older population as the second reason this age group uses drugs (18.2%). Among Growthworks youth admissions 63% report having received mental health counseling suggesting a mental or emotional disorder as well as a substance abuse problem.

Needed Services

Key informants, stakeholder survey groups were asked about needed services or in the case of providers services they would like to offer. Table 1 in [Appendix M](#) presents these data on services informants would like to see offered. Three themes appeared relative to both prevention and treatment: 1) services that strengthen and involve families such as family therapy and supports, 2) education for specific populations (youth and seniors), and 3) service coordination/care continuum. Typical of recommendations about education for specific populations was the following statement by one informant who works with the elderly.

We need help with the caregivers who are chemically dependent and to teach them how to help their chemically dependent elders. . . . We need training for our nurses and social workers around chemical dependency so we can help our population. Sometimes my team of social workers, counselors, and nurses are pushed out of their comfort zone when it comes to substance abuse treatment. I would let my team take time off to get certifications and training in substance abuse treatment, I just need the training to be funded.

In speaking about service coordination/care continuum informants made comments such as “We need a care continuum ranging from residential to community supports, with a coherent theory of treatment and expectation. Comp Care does not match level of need with the treatment plan. Case management is needed.” Or as another informant stated, “A

continuum of care is needed. Managed care has pressured the substance abuse system to think and operate like the mental health system, and substance abuse is a lifestyle.” Relative to prevention a typical comment was “more coordination of other local businesses and agencies is needed.”

Specific to prevention services key informants suggested “more education of liquor and tobacco retailers about not selling to minors and more partnerships with them” and education of physicians “health care providers need to be more attentive to substance abuse needs.” Informants felt it was also important for SEMCA and its providers to do more community outreach to educate people about the dangers of substance abuse. Recommending “more outreach to churches and nondenominational efforts,” “go where people are, the barbershops, game tournaments” and “more prevention programs in community settings that are accessible.”

In speaking about treatment services informants in Monroe County wanted more intensive outpatient programs, longer inpatient length of stays and inpatient services for youth. For Wayne and Monroe informants the need for aftercare services and follow up support groups was also perceived as a need. Under the heading of “other” Informants mentioned testing for HIV/AIDS, services for women with children, and more dual diagnosis programs.

Key informants were asked about the availability of intervention programs for persons who did not meet the medical necessity eligibility criteria for treatment, but whose substance abuse problem was beyond prevention interventions. The majority of informants answering this question said they did not know” ($n = 16$), among all informants five said “yes”, four of these affirmatives were from Monroe County. Another four Monroe County informants responded “no.” Of Wayne County informants ($n = 13$) 38% reported no, and 8 responded “don’t know.”

Stakeholder Survey Groups Treatment providers were asked what services they would like to offer they currently do not. The five answers given to this question were: Intensive Outpatient ($n = 2$), Aftercare ($n = 1$), longer inpatient/inpatient for youth ($n = 1$) and coordination of services with others ($n = 1$).

When stakeholders were asked what services they would like prevention providers to offer community outreach and education in locations where people are was the top item (21%), followed by more programs/more accessible programs (15%). Responses to this question are distributed in Table 2 in [Appendix M](#).

Relationship to Service Funding

Key informants were asked about their relationship relative to funding or partnering with prevention and treatment providers. Half (51.5%) of Key informants ($n = 33$) report partnering with or funding prevention services, even more 61.8% of 34 informants state they fund or partner with treatment programs. Among Wayne informants half report partnering with or funding prevention services and 69.2% state they fund or partner with treatment service providers. In Monroe County these response rates are higher, with 69.2% of

informants partnering with or funding prevention and 84.6% funding or partnering with treatment providers. Law enforcement respondents ($n = 20$) to the mailed stakeholder survey report that 55.6% of them partner with or fund prevention providers and 68.8% currently fund or partner with treatment providers.

Nine treatment providers responded to the question on the mailed stakeholder survey about the number of clients served annually who have private pay or third party insurance. Two offered up a percentage and the other seven supplied a number which ranged from 10 to 6,760 for an average of 1,270 clients a year. Prevention providers identified a variety of other fund sources they use to support their program including Office of Drug Control Policy funds, Oakland County and City of Detroit funds, Safe and Drug Free Schools' dollars, Michigan Prevention Network, Education and Summer Lunch Program funds.

Community Assets: Other Fund Source Expenditures and Grant

A review of direct State expenditures and grants by public and private agencies provides insights into the amount of prevention and treatment services and substance related activities being funded by the public and private sector. This funding inventory does not capture everything as there may be federal or private grants that agencies for which data could not be obtained. As expected due to population differences, 2004 – 2005 expenditures in Wayne County (\$337,261,130.78) exceed those in Monroe (\$6,130,172) Western Wayne County townships have been aggressive about pursuing Office of Drug Control Policy funds in prior and current years from both Byrne Grants and Local Law Enforcement Block Grants: Canton \$45,046; Northville \$50,341; Plymouth \$36,704.^{iv} Some of SEMCA's provider agencies also aggressively pursue private or other governmental funds. Examples of these are: The Guidance Center; Growthworks; and Starfish Family Services.^v

Both Wayne and Monroe Counties spend some County Child Care Fund dollars for in-home prevention and treatment services. In 2003, MDOC spent \$17,029,800 for substance abuse treatment in prisons, half way houses and other residential facilities. Each county's Community Corrections advisory board also receives an allotment from the State some of these funds can be used for to match Substance Abuse Coordinating Agencies' expenditures for MDOC's population.^{vi} Virtually all public and private schools receive Title I and Title IV Safe and Drug Free Communities Act dollars that fund prevention activities in the schools.^{vii} The community foundations in both counties also fund prevention and treatment services as do other area foundations.^{viii} The Department of Human Services county agencies have access to Strong Families/Safe Children funding and family preservation dollars that can be used for prevention and treatment. These budgets are decided locally and the plan for expenditure of these funds requires sign off by the county's Human Services Collaborative.^{ix} [Appendix N](#) presents tables and a detailed narrative of these and other expenditures and grants relative to substance abuse.

ⁱ Narcotics Anonymous Metro Detroit Region. (October 2004). *Metro Detroit Regional Meeting Directory*.

Ferndale, MI: Narcotics Anonymous Metro Detroit Regional.

Alcoholics Anonymous of Greater Detroit. (January 2005). *Where to Find AA in Eastern Michigan and Southwestern Ontario*. Ferndale, MI: Alcoholics Anonymous of Greater Detroit.

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- ⁱⁱ Michigan Department of Corrections Retrieved from www.michigan.gov/corrections June 2005
- ⁱⁱⁱ Personal Communication from Tracy Gomez, Monroe County Community Mental Health. April 2005.
- ^{iv} Michigan Department of Community Health, Office of Drug Control Policy Byrne Grant Report 2004. Retrieved from <http://www.michigan.gov/mdch> April 2005
- Michigan Department of Community Health, Office of Drug Control Policy Byrne Grant Report 2005. Retrieved from <http://www.michigan.gov/mdch> April 2005
- Michigan Department of Community Health, Office of Drug Control Policy Local Law Enforcement Block Grant Report 2004. Retrieved from <http://www.michigan.gov/mdch> April 2005
- Michigan Department of Community Health, Office of Drug Control Policy Local Law Enforcement Block Grant Report 2005. Retrieved from <http://www.michigan.gov/mdch> April 2005
- ^v Michigan Department of Community Health, Office of Drug Control Policy State Incentive Grants 2005. Retrieved from <http://www.michigan.gov/mdch> April 2005
- Michigan Department of Community Health, Office of Drug Control Policy Governor's Discretionary Grants 2003/2004. Retrieved from <http://www.michigan.gov/mdch> April 2005
- Michigan Department of Community Health, Office of Drug Control Policy Governor's Discretionary Grants 2004/2005. Retrieved from <http://www.michigan.gov/mdch> April 2005
- ^{vi} Personal communication from Dennis Schrantz, Michigan Department of Corrections October 2004.
- ^{vii} Michigan Department of Community Health, Office of Drug Control Policy 2005-06 H.R. 1, Title IV, Part A, Safe and Drug Free Schools and Communities Act Allocation Table Retrieved from <http://www.michigan.gov/mdch> May 2005
- ^{viii} The Community Foundation of Monroe County Retrieved from www.cfmonroe.org/ April 2005 and August 2005
- Community Foundation of Southeast Michigan, Annual Report 2005. Detroit, MI: Foundation Directory Online, Lexus-Nexus Statistical Data base, www.Guidestar.org,
- ^{ix} Personal Interview Constance Cole, DHS Analyst with the Senate Fiscal Agency October 11, 2005.