

IX. TRENDS: WHAT THE DATA AND LITERATURE TELL US

The Economy

Michigan's structural deficit could lead to elimination of Medicaid funded mental health and substance abuse services. These services are optional under federal rules, and the State does not have to provide them. Clearly substance abuse services are not a priority of the Michigan House of Representatives. Although unemployment is not rising at the rate it was in 2003-04, the loss of jobs will continue to increase the pool of Medicaid eligible persons in SEMCA's service area. This trend is already occurring in Monroe County, where the number of Medicaid recipients in the families with dependent children increased 32% between 2001 and 2004. Attendant with the loss of employment are other stressors and often depression which is a contributing factor to substance use according to study participants across the board.

Elderly

Persons 55 years of age and over went from being 2.7% of SEMCA admissions in 2002 to 3.7% in 2003 and were 3.1% of admissions in the first nine months of 2004. Caretaker relatives are one of the fastest growing categories for Medicaid eligible SEMCA clients. The number of children residing in their grandparents' homes without a parent present tripled between 1970 and 1997.ⁱ Research on grandparents raising grandchildren reveals they tend to be older, persons of color who have limited incomes, and less formal education than unrelated foster parents.ⁱⁱ Caregiving grandparents also have more mental health and health problems than non-relative foster parents.ⁱⁱⁱ These health problems are exacerbated by the significant additional stress for grandparents associated with caring for their grandchildren.^{iv} Financial pressure is a major source of stress for these grandparents. Fewer than 10% of relative caregivers in Wayne County receive foster care payments or adoption assistance.^v These caretakers are losing access to Medicaid increasing their stress and the potential need for substance abuse services.

Research suggests that by 2020 there will be 4.4 million substance abusing adults in the US up 65.9% from 1.5 million in 2001.^{vi} This older population will be more ethnically diverse and some experts estimate they will have 3 to 4 times the rates of emotional disorders including alcohol and drug use than today's elderly population. Currently geriatric mental health facilities report 10% of all cases they treat are for substance abuse including alcohol. One-third of the elderly who abuse alcohol did not when they were younger. Older drinkers are usually prompted to begin drinking by some major life change such as a death, retirement or becoming a caretaker relative. Managed care plans limit the provision of mental health and substance abuse services to the elderly and Medicare requires a 50% co-pay for treatment of these problems driving more substance abusing elderly away from treatment.^{vii} Assuming an elderly substance abuser is identified and can pay for treatment there is little research on evidence-based practices for this population. Of the 65 recommendations in the Treatment Improvement Protocol Series No. 26 *Substance Abuse Among Older Adults* (CSAT, 1998), only 54% of these recommendations are empirically-based.^{viii}

Analysis of psychosocial assessments conducted in Michigan for the 30,300 Medicaid recipients in the nursing home population in July of 2004, reveals that approximately 7% may have an alcohol or substance abuse problem.^{ix} The incidence of alcohol abuse among the elderly nationally is estimated to be from 3% and 9%, while estimates of the incidence of prescription drug abuse ranges from 5% to 33%.^x The elderly comprise only 12.4% of the US population, but consume 25% to 30% of all prescription drugs. They are 2 to 3 times more likely to be prescribed psychoactive drugs than the rest of the population. Especially benzodiazepines, which make up 17% to 23% of drugs prescribed to the elderly. It has also been reported that among the elderly 11% to 22% of acute care hospital admissions are alcoholism related.^{xi}

Youth

SEMCA's penetration rates for youth are low .05% considering the level of need indicated by Monroe County consumers, court petitions and drug screening data in Wayne County.^{xii} Serving this population will become increasingly difficult in the future due to funding cuts and the elimination of 19 and 20 year olds from Medicaid. Local and national data suggest many of these youth have co-occurring mental health problems. Cognitive Behavioral Therapy and Multi-dimensional Family Therapy are just two models that have been found to be effective for youth with substance disorders changing behavior and maintaining it up to 1 year post treatment. Whereas youth with co-occurring disorders made initial improvements with these treatment models, but had relapsed to pretreatment levels a year later. This pattern was particularly true for girls with co-occurring disorders. The National Institute of Health suggests these treatments be modified and supplemented with mental health treatment to improve their efficacy for dual diagnosed youth.^{xiii} Research also supports the efficacy of longer treatment stays (minimum of 90 days),^{xiv} and 12-Step programs with youth for at least one year following treatment to promote abstinence.^{xv}

Since many youth have juvenile justice involvement, SEMCA may wish to explore partnerships with its providers who have private funding or use of its own local funds to leverage State match for County Child Care Funds in collaboration with DCFS in Wayne County or the Circuit Court, Family Division in Monroe County. United Way of Southeastern Michigan is entering into such an agreement with several of its youth serving agencies delivering substance abuse and violence prevention services in Wayne County. United Way's deposit of approximately \$500,000 into the County Child Care Fund will leverage an equal amount of state match, effectively doubling prevention funds.

Community

Coordination As resources diminish the importance of community coalitions and efforts such as implementation of the Communities Mobilizing for Change on Alcohol (CMCA) model identified as a best practice by the Center for Substance Abuse Prevention increases.^{xvi} The communities participating in focus groups are seeking more coordination and leadership from SEMCA in this regard. Almost all school districts receive Safe and Drug Free Schools and Communities funds and some of the law enforcement agencies in SEMCA's service area receive Byrne Formula and Local Law Enforcement Block Grant funds. SEMCA should consider working with law enforcement agencies and schools to

coordinate the funding these organizations receive thus maximizing local resources for preventing substance abuse.

SEMCA's outreach efforts need to be broadened to "go where the people are" as many Key informants, stakeholders and focus group participants stated. Few school superintendents or law enforcement agencies know about SEMCA or how to make a referral to SEMCA. SEMCA should consider printing and distributing more than 5,000 brochures in its service area, which is a rate of only 3.5 brochures per 1,000 residents.

Part of its outreach and community work should include educating community members about legislation such as SB110 sponsored by Senator Basham, which will increase penalties for retailers selling tobacco products to minors. Introduced in January of 2005 this bill is languishing in the Senate Judiciary Committee. This study identified specific businesses and communities where alcohol and tobacco retailers violate laws relative to selling to minors. SEMCA may wish to work with law enforcement, schools and other stakeholders in these communities to educate vendors about this issue or if necessary to organize community boycotts of these retailers.

Efforts to increase enforcement of alcohol ordinances and to change community norms that accept alcohol use are needed since alcohol is the drug of choice in both counties. In Monroe County marijuana is the second drug of choice, followed by crack cocaine. In Wayne County marijuana is also the second drug of choice followed by opiates. However, marijuana as a percentage of SEMCA admissions seems to have flat lined, while opiate use is increasing. While the problem of substance abuse is smaller in scale in Monroe County than Wayne County, the risk factors that contribute to substance abuse are increasing in Monroe County.

Special Populations In both counties the numbers of persons with co-occurring disorders are likely underreported. SEMCA providers and other agencies in SEMCA's macro-environment serve a sizeable number of persons. Barriers to services for the co-occurring population are stigma, lack of system coordination and adequate numbers of programs and staff trained to serve the dual diagnosis population. SEMCA's youth service penetration rates are low, but community perception and data from other sources than SEMCA's CARENet® data set suggest there is a need for substance abuse treatment and prevention services for youth. Inpatient services for youth along with more intensive outpatient programs and after-care services were identified as needed treatment/recovery support services. On the prevention side of the equation, education of youth and parents about the dangers of substance abuse were seen as needed services. The education of physicians and senior caregivers about the signs of alcohol and drug abuse among the elderly was also seen as a need. SEMCA may want to bring its training resources to a partnership with the Area Agencies on Aging to provide training about this issue to not only physicians and caregivers, but Meals on Wheels staff and others who interact with senior citizens. Other needed prevention services were programs that involve families (e.g. family therapy) and support families and a continuum of prevention services.

Assets Although funding for substance abuse prevention or treatment services has never been adequate and is in decline, opportunities to coordinate and leverage additional

funds are available to SEMCA. Also in both counties the local United Ways are sponsoring initiatives that support SEMCA's mission and are two of many positive assets that SEMCA can tap into as the substance abuse coordinating agency for these jurisdictions. SEMCA's own provider network and the stakeholder groups they work with are active in civic organizations that can be tapped to form community coalitions and to work towards changing community norms that condone alcohol and drug use.

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- ^{vii} Ibid.
- ^{viii} Ibid.
- ^{ix} Personal communication from Stephen Bachleda, Michigan Department of Community Health, June 2005.
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