

VIII. COMMUNITY PERCEPTION OF THE NEED FOR SERVICES, PROGRAM CAPACITY AND QUALITY

Telephone Poll Respondents

Telephone poll respondents were not asked about program quality or related issues.

Key Informants

Program Accessibility and Quality Key informants were asked if there are enough treatment and prevention programs in their community. Between 15% and 17% of informants said “yes” with two-thirds saying “no” there are not enough programs. However, for prevention programs *not one* key informant answered “yes,” with one person stating they “didn’t know.” Virtually all informants feel there are not enough prevention programs. When asked about the accessibility of these existing programs, half of informants in all groups felt treatment programs were not accessible with more Wayne informants reporting programs were not accessible than Monroe (46.2% and 53.8% respectively). Although informants said there were an insufficient number of prevention programs, they felt prevention programs were more accessible than the treatment programs. [Monroe](#) informants were more likely to say prevention programs were accessible (46.2%) than [Wayne](#) informants (36.4%). See Tables 1 and 2 in [Appendix S](#).

When asked about the locations of these two types of programs, over one-third of informants cited schools as the primary location for prevention programs. Wayne County informants were more likely to list churches locations as second (24%) and Monroe County informants were more likely to mention private agencies as second (31.8%). In relationship to treatment programs specific private agencies were cited as the primary location for these programs across all three Informant categories. Monroe County informants were more likely to mention private agencies than the other two groups. Hospitals and health care providers were Monroe informants second choice (18.8%), but these locations were not even mentioned by Wayne County Informants. Wayne County informants second choice of locations was hospitals and private agencies. Answers to these questions about program locations are distributed in [Table 3 in Appendix S](#).

Key informants were asked about the barriers to accessing prevention and treatment programs. Transportation was the most often mentioned barrier to prevention with roughly one-quarter of informants from all groups mentioning it. In Monroe County cost and wait lists were the second and third biggest barriers, while lack of programs and cultural/religious issues were not mentioned. However, in Wayne County cultural/religious issues and lack of programs was the second and third most frequently cited barrier.

Transportation was also seen as top barrier to accessing treatment programs. Cost was the number one barrier according to Monroe County informants (27.5%) and managed care (22.7%) was the number one barrier among Wayne informants. Informants in both counties cited wait lists as the third largest barrier to accessing treatment programs. Here again Wayne informants varied from Monroe by mentioning cultural/religious issues and lack of programs as barriers.

Some Wayne County informants also rated treatment program quality as poor (8%), and another 8% rated the quality as excellent, but most rated treatment program quality as fair (62%). Among Monroe County informants half rated the quality of treatment programs as fair and half as good. [Chart 1](#) presents these data on quality perceptions of treatment programs.

Most informants rated prevention program quality as fair or good with more Monroe County Informants perceiving these programs as fair to good than other informant groups. Among Wayne County informants 15% rated prevention program quality as poor. [Chart 2](#) presents data about the perception of prevention program quality.

Community Strategies There were several questions on the Key Informant Questionnaire about the roles of community institutions in prevention and community strategies for prevention and recovery promotion.

Informants were asked “what strategies were needed in their community to help people in recovery stay clean and sober?” Of the 30 informants answering the question aftercare and follow-up services such as employment placement, transitional housing, support groups and case management were cited by informants as needed strategies. Under the category of “other” key informants gave responses such as “support and incentives to go for services,” “Paula’s House,” (a program for women) “get rid of the beer tent at every event,” “more parents not using substances,” and “funding.”

Key informants were also asked “what strategies were needed in the community to help prevent people from using substances?” Responses to this question are distributed in [Table 10](#). Early intervention and community education topped the list, followed by changing community norms (e.g., “less promotion of alcohol being sexy”). The need for more “drug free recreation opportunities for all ages” and “job opportunities” was cited as was the need for “more youth and senior activities” such as “prevention programs at seniors centers to cut through senior’s isolation.”

SEMCA was interested in knowing what key informants recommendations were for promoting or marketing prevention. Use of mass media was cited by between roughly one-quarter and one-third of informants. Using personal testimonials from persons in recovery was the second most popular strategy for marketing prevention in [Monroe County](#). In [Wayne County](#) nearly one-quarter of informants suggested using the schools more to promote prevention. The third most frequent response across all key informant categories was to have SEMCA “work with programs to promote awareness of programs,” “to develop a common vision,” and to “bring the right people to the table to discuss strategies.” [Chart 3](#) in Appendix S presents the percentage of informants by type of recommendation made.

Perception of SEMCA SEMCA was interested in community perceptions of the agency among key informants, to that end informants were asked what they “know about SEMCA” and “how easy it is to make a referral to them for services?” Most informants relate to SEMCA in its role as the state designated substance abuse coordinating agency and funder of services. Informants cited difficulties in working with either the agency’s administration or AAR the following comments were typical “the agency is not

collaborative,” “not open to feedback from others,” or the agencies intake subcontractor, “phones not answered after 4:30 p.m.,” and “clients report being kept on hold for hours.”

Basis of Opinions A closing question of the interview was “what is the basis for the opinions provided to the Key Informant Questionnaire?” Most frequently cited was life experience followed by life experience and the media. No informants mentioned data or politicians, but several offered all of the above as their response.

Stakeholder Survey Groups

Treatment Services Accessibility and Quality One-fifth (20.8%) of school system mailed survey participants feel there are enough treatment programs for young people. Half of law enforcement participants report there are enough treatment programs for all four age groups, but only 22.2% of treatment providers feel there are enough substance abuse treatment programs available in their community. Private agencies are where most respondents feel treatment programs are located. Transportation and cost are the top two barriers to accessing treatment. Treatment providers are more likely to rate the quality of treatment services as excellent (21%) than other groups. The rating of good was assigned to treatment programs’ quality more (45%) than the other ratings. Data on participants rating of treatment programs’ quality are presented in [Chart 4](#). 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 ($n = 1$).

Prevention Services Accessibility and Quality Three-quarters (74%) of participants in the mailed survey define substance abuse prevention as education and early intervention. Respondents vary in their perception of whether or not there are enough prevention programs: school system participants (79%), providers (61%), and law enforcement (42%) Community-based agencies are where most respondents feel programs are located. Cost and transportation are also perceived as the key barriers to accessing prevention program, with more law enforcement respondents perceiving cost as a barrier (42.1%) than providers (12%). More providers view wait lists as a barrier (23.5%). Law enforcement providers are more likely to rate prevention program quality as excellent (15%) than other groups. Fair is the most oft assigned rating of prevention quality, [Chart 5](#) presents these quality ratings by respondent group.

Community Strategies When asked about strategies to prevent people from using substances, mass market and media was selected by 44% of law enforcement respondents, 53.8% of providers and 40.9% of school system respondents. Mass market/media methods were also named as the mechanism to promote prevention programs across survey groups (45%) followed by schools among school system respondents (22.7%) and utilizing community networks by providers (46.2%) and personal testimonials by law enforcement (33%). [See Tables 10 and 11 in Appendix S](#).

Basis of Opinions Life experience forms the basis of opinions given in the survey for most providers (62.5%) and law enforcement respondents (67%), while life experience combined with data forms the basis of opinions for school system respondents (50%).

Perception of SEMCA Over half of school system respondents (56.7%) state they know nothing about SEMCA, and 77.8% of law enforcement survey respondents have minimal to some information about SEMCA.

Focus Group Responses

Program Accessibility and Quality In Monroe County MCHSCB members rated the quality of prevention and treatment programs as fair, and Highland Park participants were unclear what programs were in their community and could not offer a rating of quality. Consumers were dissatisfied with the quality of the services received and felt there was not enough capacity to meet the need. Long wait lists and funding restrictions that limit the duration and intensity of treatment were cited by consumers as significant barriers. All focus group participants identified lack of capacity as a barrier, along with lack of awareness of what is available. Cultural differences and programs for specific populations including seniors, youth and women with children were identified as barriers, along with transportation. Access was identified as especially difficult for persons with both a substance abuse and mental health issue.

“Long wait lists- about 2 months in the East” “This time however I got in within 2 days- but have waited long before.” “Some people have to lie to SEMCA to get in.”

“Staying clean is a big problem in the interim.” “My first time- it was no problem at all- no wait lists etc.” “My first time too.” “Average length of stay is about 60-70 days. Has a lot to do with access of services- if your relapse within 25 days- you are back in.” “One needs to co pay about \$3 to \$7 each day to get in here.” “There is a lot of people here- many were homeless- so that is difficult.” “In Harbor light Monroe- there is about a 3 month waitlist to get in there. So I got a reauthorization and had to fight to get into QBH- which is the worst center in Monroe”

“In Highland Park, people with mental abuse and substance abuse are the special population.” “There is a disconnect even if they are getting treated for both problems and it will be nice to have the same place- dually diagnosed clinics.” “historically, people with mental health problems also have some sort of substance abuse problem.” “people or agencies tailor the assessments of mental or substance abuse according to the funding agencies they talk to.”

“demographic (cultural) barriers” “Long waiting lists.” “Stigma.” Another cultural phenomenon (among African-American communities) mentioned was “the wariness of treatment, especially as it is perceived to be funded by the government and hence people don’t want to trust.”

“If not DOC funded pay like crazy, put some cocaine or something in pocket and get arrested than you can get services.”

“No rehabilitation.” “Out-patient treatment is okay but inpatient no.” “Not many programs.”

“The doctors don’t provide many services unless we are from the DOC- they will point us to the street for the most basic things. They don’t even gave us a Halls - seriously!” For the DOC consumers “they provide everything- they don’t need to pay and they don’t have any waitlists.” “They won’t come around and give us flu shots or any other services.” “Things like these takes focus away from the primary reasons we are here.”

“Some parents love it and some hate it.” “Fair-not that many of them.” “One to two success rates out of a large group of substance users.” Fair.” One stated, “I cannot think of anything outstanding.”

Community Strategies Housing, employment, education, transportation, hot lines to talk you through a tough time, women specific programs, programs like “Ozone House” for youth were cited by consumers. Education to change community norms and more dual diagnosis programs were also mentioned by consumers and other groups. Parent education and early interventions were mentioned by consumers and providers as needed services. A need for collaboration and service coordination among providers and across sectors was identified by providers and community members. Many groups expressed an interest in having SEMCA take on more of a convener and clearinghouse role. The following quotes exemplify these discussions.

“The programs such as AA and NA are enough but there isn’t enough transportation to get to them.”

“capacity building, coalitions, partnering, needs to be coordinated and more money put towards this; coordinate with neighboring communities;”

“Need some place like Ozone House here for kids”

“Jobs,” “no jobs around here.” “Was off for 2 months went back to joint.”

“No transportation when need it, limited coverage area and hours of current public transit.” “Transportation is a barrier – once outreach reaches someone who needs help, there is no transportation available to get that person to where they can receive help;”

“Whole set up is for people with money already.”

“Open to and wanting co-location at one-stop center, need for directory of what SEMCA funds and what is generally available in the community would be a big help.” “SEMCA needs to provide education and communication about themselves and about other programs in the community; co-locations to have ‘one-stop shops’

often lose people once they walk out the door, as assessment and treatment services are often not located in the same place”

“would like to organize a round-table discussion with SEMCA – the agencies existing in Highland Park and SEMCA funded agencies would attend and they would sit down and talk about services and work towards collaboration.”

“SEMCA should be the primary communicator and relationship holder with what we can offer to the community.” “There are no longer service areas and it has become a free for all.” “We are doing the model the most expensive way; duplication of effort. We need to make it simple. Curriculum and models are expensive and administrative time is not paid for. SEMCA paid for the purchase of the same model for many agencies. They need to monitor it, distribute it and look at the effectiveness of the model. It is expensive.” “Can SEMCA pull in and pay for group training?” “People aren’t sharing their programming secrets because of competition. We need to share community information.”

Promotion of Prevention Mass media was mentioned by most groups in passing, but they also referenced the importance of using formal and informal networks to get the word out about prevention messages and services. Consumer and community groups suggested using persons in recovery as spokespersons and educators for youth as a means to prevent youth from starting to use substances. Parental involvement and education was mentioned by prevention providers, consumers and community members as key mechanisms to prevent youth from starting to use substances.

“take a look at the leaders in the community and who is high on the list. Including but not limited to school board members, pastors, and local business owners. Use these people to promote prevention. Ask them to support preventive measures, and bring them in to help market prevention. Put up displays in church – banners proclaiming 100% drug free. Present awards for being 100% drug free church etc.” “Have community gatekeeper involvement – they know everybody.” “Have former abusers volunteering their time in the community.” “Offer a “carrot” to pull people in – the appearance of a well-known celebrity from the community, which provides name recognition.” “Block clubs are still powerful in the community.” “Use slogans, and involve school kids by getting them to compete to design a slogan for posters or a t-shirt.” “Use community literature drops, which are more effective because they leave people with something they can touch. Use billboards, street outreach, and phone banks.”

“We need more marketing.”

“Meet people where they are.” “We feel like a stepchild to SEMCA-lagging it to out Wayne County.” “We want to be compared fairly when looking at the two counties.”

“You need to start at the very beginning.” “Get to kids and parents-educate parents.” “A lot of kids have parents or homes with substance users.” “I have spoken to high school students about use etc.- shared my story.” “Stop advertising positively on TV- like beer commercials.”