

# SEMCA – REGIONAL SUBSTANCE ABUSE NEEDS AND ASSET ASSESSMENT OF MONROE AND OUT-WAYNE COUNTY

## I. INTRODUCTION

The Southeast Michigan Community Alliance (SEMCA) is one of 16 State designated Substance Abuse Coordinating Agencies in Michigan. Its coverage area is Monroe County and Out-Wayne County (excludes Detroit). SEMCA administers roughly \$7 million in Federal and State Substance Abuse Mental Health Block Grant funds, and Federal and State Medicaid funded treatment services to Medicaid eligible persons residing in these two counties. In addition to contracting for substance abuse and prevention services, SEMCA oversees the operations of a centralized entry point into substance abuse treatment, the Access Assessment and Referral Services (AAR). SEMCA's charge from the Michigan Department of Community Health (MDCH) also includes periodically conducting a comprehensive needs assessment of substance abuse prevention and treatment service status and needs in Monroe and Out-Wayne Counties, as required by PA 368 of 1978 §333.6228. In April of 2004, SEMCA contracted with Eastern Michigan University's (EMU) School of Social Work to conduct a regional assets and needs assessment of its service area.

### **Assets and Needs Assessment: Goals and Objectives**

SEMCA identified three goals and accompanying objectives that this study addressed.

*Goal 1. To obtain an environmental scan of SEMCA's service area.*

*Objective 1.* Determine the prevalence of substance abuse in Monroe County and Out-Wayne County.

*Objective 2.* Determine service capacity (public & privately funded, formal and informal service providers) relative to need based on prevalence estimates.

*Objective 3.* Identify community conditions relative to risk and protective factors.

*Objective 4.* Assess SEMCA's fiscal environment.

*Goal 2. To understand community perception relative to substance abuse in SEMCA's service area.*

*Objective 1.* Assess community attitudes about substance abuse as a societal problem.

*Objective 2.* Assess community perception relative to the need for, and capacity of, substance abuse treatment and prevention services.

*Objective 3.* Assess community perception about the quality of substance abuse programs.

*Goal 3. To understand the current and projected need for substance abuse treatment and prevention services.*

*Objective 1.* Identify drug abuse trends.

*Objective 2.* Identify the conditions impacting these trends.

*Objective 3.* Identify best practice service models to address the current and projected need.

### **Methodology and Approach**

To meet these goals and objectives multiple data sources data collection techniques were used. The data collection methods included reviewing and analyzing of administrative

data, mailing stakeholder group surveys, conducting key informant interviews and focus groups, implementing a telephone survey of residents in Monroe and Out-Wayne Counties, and a review of relevant literature. The specific methods employed for data collection and the analysis techniques used are described below.

EMU and SEMCA convened a Research Team of SEMCA providers, board members, and staff to guide the research project. Members of the team helped collect some of the data, provided access to consumers and community members, and helped to interpret the results of the EMU's analysis. Research Team members are listed in [Appendix A](#). Selection of the types of data to collect and its sources was driven by Research Team members input, particularly SEMCA staff. This study also built upon the Michigan Department of Community Health's 2002 report "Assessing Substance Use Prevention Needs in Michigan Counties: A Study Using Social Indicators."<sup>ii</sup> This study conducted factor analysis on 41 risk factors that led to its selection of 19 factors that effect substance use. Some of these same factors and additional items were used for this study. Results of this study are displayed in descriptive tables, charts and Geographic Information Systems (GIS) maps in the appendices.

Administrative Data on Prevalence To determine the prevalence of substance abuse in Monroe County and Out-Wayne County and to identify drug abuse trends five administrative data sources were used: 1) SEMCA's CARENet® data set, 2) the Michigan State Police (MSP) Uniform Crime Reports, 3) the Michigan Department of Corrections (MDOC) OMNI parolee and probationer data set, 4) the 3<sup>rd</sup> Circuit Court Family Division's Juvenile Court Information System, and 5) the Juvenile Assessment Centers (JAC) drug screen data for youth. These data were supplemented by a snapshot of admissions data from one of SEMCA's provider's Growthworks and from the Monroe County Community Mental Health Authority (MCCMHA) dual diagnosis caseload data.

A primary data source was SEMCA's own CARENet® electronic case file. This data set aggregates information quarterly that is inputted by SEMCA providers and its AAR. SEMCA provided data for the four quarters of the years 2002, 2003 and 2004. The Michigan State Police (MSP) Uniform Crime Reports were retrieved from the web <http://www.michigan.gov/msp> for the years 2000 to 2003. Because not all police jurisdictions report to the MSP or fail to report for the entire year, Court petitions for youth records and admissions data from MDOC for adult records were also sought. Wayne County Third Circuit Court Family Division was able to provide petition information for the period between 2000 and 2004. The MDOC provided parolee and probation information for 2002 and 2003. The JAC provided 2000/2001 drug screening data for youth referred to the JAC by the Circuit Court Family Division and the Wayne County Department of Children and Family Services (DCFS). The JAC conducts drug screens for youth who are at-risk of being adjudicated as delinquent and youth who have been adjudicated delinquent.

The Executive Director of Growth Works also offered to provide six months worth of data (January through June of 2005) on agency youth admissions for substance abuse disorders. These 122 youth are primarily referrals from DCFS, with some referrals from SEMCA and other area agencies besides self/family referrals. In addition to being a SEMCA service provider Growth Works serves Western Wayne County youth as one of five

Care Management Organizations subcontracted by DCFS to serve delinquent youth and youth at-risk of becoming a delinquent. Tracy Gomez a member of the Research Team supplied the evaluators with the count of dual diagnosed consumers served by MCCMHA.

*Analysis* Before analyzing SEMCA CARENet® data the non-SEMCA service area clients the quarters for each year of data were combined for a full year snapshot for each of the SEMCA EXCEL® data tables (insurance, admissions, demographics, and discharge). These tables were then pulled into SPSS and merged into a comprehensive data set. Data cleaning was then undertaken on this master dataset. Duplicate records were first cleaned out of the data, and only the most recent entry of the client was retained for the analysis. Non-SEMCA services areas clients were also removed from the master dataset. All clients that were outside of Wayne (not including most of Detroit) or Monroe Counties were excluded from the data set. After discussion with SEMCA, clients from three zip codes (48203, 48211 and 48212) that covered Hamtramck and parts of Detroit were incorporated in full in the master dataset. The master data set had 12,984 cases (including 428 cases from Detroit). Clients from Detroit who belonged to these three zip codes were included because these clients were either provided treatment by SEMCA and/or the city data was possibly entered incorrectly. All other Detroit area cases were excluded from this analysis. Birth dates were converted to age at the time of admission. Descriptive analyses were run on these data.

The admissions data was also converted to rates of admissions per 1,000 adults by county subdivisions (based on the subdivisions' population between 18 and 64 years of age) for each year and mapped (see section on GIS analysis). The Detroit area cases from the three zip codes mentioned above were *not* included for the calculation of admission rates per 1,000 people since rates for these 428 cases will be based on the population of the city of Detroit. Using the population of the entire city of Detroit to determine the rates for three zip codes within the city would have heavily skewed the results for Detroit and therefore have rendered these results unusable.

MSP data were already cleaned and the numbers and percentages by year for adult and juvenile offenses/arrests and juvenile petitions were calculated. MSP data were also converted to rates per 1,000 person's ages 10 to 64 in the population. For those police departments not reporting a full year worth of crime information to the MSP, the number of crimes reported (e.g. 155 crimes over seven months) was divided by the number of months reported to reach a monthly average of drug arrests/offenses. This monthly average was then multiplied by 12 months to obtain an annual figure. The MSP Uniform Crime Reports provides information on both arrests and offenses. Arrest data counts people and offense data counts the number of crimes/offenses committed. One individual can be arrested for several different offenses at the same time, for example possession of both narcotics and a weapon while committing a burglary. This one arrest would account for three offenses. Thus offense numbers are higher than arrests. The MSP data does not allow for analysis by age group. MSP reports only on the total number of drug crimes a year in a given jurisdiction. To calculate rates per 1,000 of population, data from the 2000 Census was used for the number of individuals between the ages of 10 and 64 years old. This age group represents the likely age for criminal activities.

Data provided by the Third Circuit Court Family Division were clean and the rates per 1,000 were calculated using the Census data on the population of youth in a city/township ages 10 to 17 years old. At the request of EMU, MDOC queried its probation and parolee data base for basic demographic and other information relative to residents of Wayne and Monroe Counties with either a drug offense history or a history of drug use for the period 2002-2004. Detroit residents were cleaned out of these data and birthdates were converted to age at court order to probation or parolee. JAC and Growth Works drug screening data was also cleaned for non-SEMCA communities and zip codes and birthdates were converted to age at the time of the drug screen or admission.

Administrative and Survey Data on Capacity To identify community assets and expenditures in SEMCA municipalities by other fund sources multiple data sources and methods of data collection were employed. First regional Narcotics Anonymous and Alcoholics Anonymous organizations in both counties were contacted for directories of services in the SEMCA service area. Second, in conducting key informant interviews and stakeholder surveys individuals being interviewed/surveyed were asked to provide data on expenditures by year and municipality or county. Third, expenditure reports of various State departments were reviewed and analysts with the Senate Fiscal Agency and within relevant State departments were asked for expenditure reports. Fourth a review of 2004/2005 expenditures by area United Ways and Community Foundations was conducted. Finally, a search of foundation expenditures relative to substance abuse prevention and treatment services was conducted using the Foundation Directory Online, ERIC First Search, Lexis-Nexis Statistical database, and [www.guidestar.org](http://www.guidestar.org) a national database of nonprofit organizations where the Form 990s (income and expenditure reports) filed by foundations and other non-profits with the Internal Revenue Service were accessed. In addition SEMCA provided location information for their service providers.

*Analysis* Assets/expenditures in non-SEMCA Detroit area zip codes, or in the case of Charter Schools where there is no specific service area location, but the program is open to all county residents were filtered out from the data sets. 2004 and 2005 expenditure data were then aggregated by type of fund source and municipality/county. If data for these two years was unavailable the most recent available years were used. Statewide expenditures relative to drug treatment/prevention are listed in the accompanying narrative, tables and GIS maps. Project descriptions in the narrative are exactly as they appear in the primary data source.

To shed light on provider service capacity and available assets in the community and community perceptions relative to substance abuse mailed surveys were sent to four stakeholder groups in the Southeast Michigan Community Alliance's (SEMCA) macro-environment. In November, December and January of 2004/2005 mailings were also sent to SEMCA prevention providers, treatment providers SEMCA contracted and non-contracted (e.g., Toledo Focus, Toledo Rescue Crisis) , Safe and Drug Free Schools Coordinators, school superintendents and law enforcement agencies in Wayne and Monroe Counties. In February and March follow-up calls were placed to persons not returning surveys. SEMCA also did several reminder emails to its provider networks to complete the surveys. These follow up efforts often resulted in a second set of survey materials being resent to the individual or agency via mail or fax. In April of 2005, a second set of surveys was mailed to law enforcement, Safe and Drug Free Schools Coordinators and school

superintendents. [Appendix B](#) contains the list of agencies to which mailed surveys were sent and copies of the surveys.

*Analysis* Qualitative sections of these surveys were coded and entered into SPSS along with quantitative sections for the purposes of statistical analysis. The following pages reports on the results of this analysis of returned surveys. For the purposes of analyzing these data some groups were combined: prevention and treatment providers, school superintendents and Safe and Drug Free Schools Coordinators. At SEMCA's request some questions vary by different stakeholder groups. Descriptive statistics were run on these data.

Administrative and Survey Data for Risk and Protective Factors Data on a variety of community, family and youth risk and factors were collected from the US Census Bureau, the Michigan Department of Human Services (MDHS), the MDCH and the Michigan Department of Education (MDE), Liquor Control Commission, and The Knopf Company. Population-based data were converted to rates per 1,000 of the appropriate age group (e.g. births per 1,000 of 15 to 19 year old females) where applicable. The stakeholder group mailed surveys supplemented these administrative data as did key informant interviews.

A snowball sampling method was used for the key informant interviews. Working with the Research Team an initial list of 37 Key Informants from Wayne and Monroe Counties as well as those from State/Regional level informants was developed and prioritized. Through the process of conducting these initial interviews, 30 more informants were recommended. A total of 67 key informants were contacted by telephone and a request was made to conduct a key informant interview either in person or by telephone at the informant's convenience. Of these 67 contacts, 36 interviews were completed (53%). Each identified informant was called at least three times. If they responded to the calls, a letter of request for an interview with the accompanying forms (Informed Consent, Demographic Survey, and a Key Informant Questionnaire) was sent via fax, mail or electronic mail. This was accompanied by a follow-up call to schedule the interview. Informants were given the option of a face to face interview, a telephone interview, or completing the questionnaire on their own and returning it to the researchers. Most informants opted for a telephone interview. Some informants declined to participate, others indicated they would participate, but failed to respond to numerous requests to complete the informed consent and other materials and/or to schedule an interview. Interviews were conducted by the Principal Investigator Joan M. Abbey, or Graduate Research Assistant Kristen Ora between August 2004 and April 2004. A full list of the agencies/individuals that were contacted is found in [Appendix C](#), as is the interview instrument.

*Analysis* Qualitative data from surveys and key informant interviews were coded, entered into SPSS and descriptive statistics run. As with all other data the results of this analysis are presented in tables and charts in the report's appendices.

Data on Fiscal Environment In addition to the collection of asset expenditure data described above, State and Federal budgets were reviewed for trends. A review of legislation and State department actions within the past year that will impact SEMCA was also undertaken.

Data on Community Perception Relative to Substance Abuse To assess community perception a telephone survey of Monroe County residents and Out-Wayne County residents was conducted in the winter and spring of 2005. In addition, eight focus groups were held with different stakeholder groups. Key informant interviews and mailed stakeholder surveys also provided insights into community perception.

With input from the Research Team a telephone survey was developed and piloted in February 2005. Based on feedback from the pilot group, the questions were clarified and the length of the survey was cut from 30 minutes to 10 minutes. (See [Appendix D](#) for the interview instrument). Telephone survey work was started in house, but due to staff scheduling limitations and the high cost of long distance calls using EMU's long distance carrier, the survey was out-sourced to the Analytical Group.

Using 2000 Census data on age and population density, a probability proportionate to size (PPS) sample was created setting calling quotas for each community within Wayne (exclusive of Detroit) ( $N = 210$ ) and Monroe Counties ( $N = 124$ ). PPS was selected as it is the most accurate method for polling a representative sample, in that overall there is a  $P = .05$  likelihood that anyone with a phone in their home who is over the age of 18 will be called by a telephone interviewer, while accounting for the size of each community. For example, Carleton Village in Monroe County received 2 calls, while a larger community such as the city of Monroe received 20 calls.

A total of 242 interviews were completed out of 4,850 attempts. Of these, 128 interviews were completed out of 3,477 attempts, in Wayne County, 114 interviews were completed out of 1,373 attempts in Monroe County. [Appendix D](#) contains the break-out for the final disposition of the telephone survey by county (e.g., number of refusals, mid-interview disconnects, blocked calls). Calls were made during the evening hours of 5:00 p.m. to 8:00 p.m. and on week-ends to maximize the response rate. [Appendix D](#) presents the number of calls completed in each jurisdiction as a percent of total calls completed in that county. This table does not contain those communities where attempts were made, but no calls were completed. For example, a quota was set for Northville Township ( $n = 5$ ), but no calls were completed in that community.

*Analysis* Telephone survey data were pulled into SPSS from WinQuery®. These data were then cleaned and descriptive analysis was run. The data for each county were then compared to identify variations, if any, in public opinion between the two communities.

Eight focus groups were held between October 2004 and June 2005. Two were held with community groups, one county wide group with the members of the Monroe County Human Services Coordinating Body (MCHSCB) ( $N = 24$ ), and at SEMCA's request one in Highland Park with community stakeholders ( $N = 6$ ). Two focus groups were held with SEMCA's providers, one with treatment providers ( $N = 9$ ) and one with prevention providers ( $N = 14$ ). SEMCA decided to hold an open forum with members of the law enforcement community ( $N = 48$ ) in lieu of a focus group with them. The remaining three focus groups were held with consumers of substance abuse services. One of these focus groups was held in Wayne County ( $N = 9$ ) and the other two groups were held in Monroe County ( $N = 23$ ). With the exception of the consumer groups, the list of individuals invited

or in the case of the law enforcement forum actual attendees are in [Appendix E](#). [Appendix E](#) also contains focus group questions from each session.

The type of focus groups and target audiences were identified from working with SEMCA and the members of the Research Team the type of focus groups and target audiences were identified. In the case of treatment and prevention providers, SEMCA staff identified likely participants, who were then contacted by EMU and invited to participate via letter, with follow up e-mails and phone calls. For the consumer groups several providers offered access to their consumers and SEMCA decided which of its providers it wanted to use for this purpose: Salvation Army in Monroe County and Personalized Nursing Lighthouse in Wayne County. The Principal Investigator from EMU then made arrangements with these providers relative to dates, times and locations for these focus group meetings.

To access perceptions of community members in Monroe County and to introduce the study to a broad sector of the Monroe County public and private agencies the Principal Investigator contacted the coordinator of the MCHSCB and made arrangements to attend one of the MCHSCB meetings for the purpose of conducting the focus group. EMU collaborated with a resident of Highland Park as well as SEMCA's Chief Operating Officer to identify invitees for the Highland Park focus group. Letters of invitation were sent out by EMU, with follow up phone calls and e-mails to encourage attendance.

At each of these focus groups, EMU provided refreshments for the participants. A sign in sheet was circulated at each focus group, except for consumer groups. Each focus group was attended by two members of the Evaluation Team. The Principal Investigator who facilitated the group's discussion and a Research Assistant who recorded the group discussion on news print pads for all to see. The meetings began with the Principal Investigator providing an overview of the study and its goals and methods. The informed consent and demographic survey were then described and the attendees were requested to complete these items and to leave them with the evaluation team members. Focus group members were given the option of a private interview in lieu of participating in the focus group. Any questions the participants had about the study, the informed consent process and/or the demographic survey, were answered at that time. Not all participants completed the Demographic Surveys, or all the items on the Demographic Survey, thus the N for responses to demographic questions may vary.

SEMCA decided not to hold a focus group for 12 to 15 representatives from the law enforcement community, but to invite 75 law enforcement personnel, providers and media representatives to an open forum entitled a Proactive Pow Wow. SEMCA also decided that instead of having participants complete the law enforcement questionnaire and Demographic Survey at the meeting, they would ask these individuals to complete a different survey on line at [www.Zoomerang.com](http://www.Zoomerang.com). The results of the jurisdictions that did so were compiled by SEMCA and sent to EMU, which incorporated the answers to comparable questions into the law enforcement results from the mailed stakeholder group survey EMU sent out to all law enforcement agencies.

*Analysis* Qualitative data from the focus groups were coded, entered into SPSS and cleaned before descriptives were run.

Current and Projected Needs Nearly all of the above data sources were used to identify trends in drug use. Due to limited data about substance abuse among the elderly a review of relevant literature was conducted. GIS maps were created that show change over time in SEMCA admissions. The use of GIS in social science research is a relatively new phenomenon hence the following section describes the GIS methods used in this study.

GIS Analysis A GIS analysis was undertaken to help achieve two of the three goals identified by SEMCA for this needs assessment- obtaining an environmental scan of the SEMCA service area and understanding the current and projected need for substance abuse treatment and prevention services. The GIS analysis enables one to visually determine physical locations and prevalence of both needs and assets in the SEMCA service region, thereby providing a basis for targeted intervention.

To this end, data from various sources were incorporated into the GIS maps. These data sets have been aggregated and mapped by Census subdivisions. The Census and American Factfinder data sets were used as a key source of background, demographic, and other relevant information for the two counties. The following data sources have been used to understand the prevalence of need and trends (where time-series data is available).

Alcohol violations data was downloaded from the Liquor Control Commission website for Out-Wayne and Monroe counties. Data on tobacco compliance checks were obtained via e-mail from Jeanne Knopf (of The Knopf Company) and also downloaded from The Knopf Company website for the years from 2002 to 2004. SEMCA CARENet® admissions and demographic data were combined and mapped by county subdivision for the years 2002 to 2004. Other sources such as aggregate data from the Michigan State Police (MSP) Uniform Crime Reports for the years 2000 to 2003, Third Circuit Court petitions for youth records and admissions data from MDOC for adult records for the period between 2000 and 2004 are also incorporated into the GIS.

The following assets data for prevention services that currently provide coverage to the SEMCA service areas have been incorporated into the GIS. Again the data has been aggregated by Census subdivisions for both counties. Prevention providers' data was obtained from the SEMCA performance reports from which relevant information was provided by Theresa Webster and Bill Hellar of SEMCA. Other prevention data such as locations of SEMCA Service Centers, etc. were obtained from the SEMCA website. The Alcoholic Anonymous (AA) and Narcotics Anonymous (NA) meeting locations were obtained directly from the AA and NA associations. Locations of drug courts were provided by Chris Smith of SEMCA. All of these formal and informal prevention and treatment services data were combined to provide a more complete picture of the service environment in the SEMCA coverage region.

Data on exemplary schools and successful/failing school districts were downloaded from the "Failing Schools in Michigan" report done by the Anderson Economic Group in 2001.<sup>ii</sup> Locations of Senior Centers were downloaded from various internet sources such as Monroe County Library Systems and the Monroe County Commission on Aging Older Adults Resource Guide.

*GIS Methods* Base layers of the two counties were extracted from larger Census layers of the entire state of Michigan. These base layers include political frameworks such as county and county subdivision outlines/boundaries, zip codes and Topologically Integrated Geographic Encoding and Referencing system (TIGER) line files that include roads/streets, railroads, and other utilities (such as pipes, drains etc.). The Census layers are all based on the 2000 Census frameworks.

Initial processing of all map layers includes projecting all the layers into the same geographic coordinate system. All the GIS data layers used in this study have been projected to the **Michigan Georef** coordinate system (also known as the **Hotine Skew Orthomorphic Projection**) which follows an Oblique Mercator projection based on the **North American Datum (NAD) of 1983**. The Oblique Mercator projection preserves angle properties and works especially well on oddly-shaped skewed regions like Michigan, which is expansive from southeast to northwest. The Michigan Georef also has its origin in Michigan thereby minimizing the other distortions.

After projecting all the layers into the Michigan Georef projection, the Wayne County base layer was further processed to exclude the geographic region of Detroit city. To this end, the city of Detroit was selected and exported as a new map layer. Similarly, the rest of Wayne County was also selected to form a new layer called Out-Wayne County. All relevant Wayne County layers were then clipped to this extent. The outline layer of the city of Detroit is often included separately to this main layer to provide context but is shaded gray and offers no other information.

All other data sources (mentioned in the introduction), including Census demographic and American Factfinder data and SEMCA admissions and demographic data, etc. for both the counties were downloaded or aggregated for the county subdivision level in the form of tables. When data files were available only in plain formats (non-tabular), they were first converted into a tabular form.

These tables were then included in the GIS analysis in one of two ways: either the tables were exported into a dBase file format and then selectively combined, using join and/or union function with the base map layers; or the base-layers were exported as another layer and the attribute information was manually edited within the ArcGIS interface to add Census subdivision-based aggregate information to form new and more complex map layers.

Data related to locations of services were obtained as postal addresses in print form or as soft-copies and entered into a specific database template for **geocoding** purposes. **Geocoding** is the process of plotting or assigning geographic coordinates to location data, such as postal addresses, that is stored in a specific tabular format, so as to display that location on a map. These postal address locations are assigned coordinate identifiers based on a reference file where each line segment contains location attribute information about the street name, the address number ranges on the right and left side of the street, and the zip code.

The geocoding process was first automated in the ArcGIS interface. Addresses that remained unmatched after the automation process were manually edited and visually

matched to relevant reference file information. The TIGER street file USA provided geocoding reference data for this study. Since the reference data was already set to the Michigan Georef projection, the geocoded data files were automatically projected into the same projection.

After obtaining the requisite data, all related layers were manipulated and analyzed together and the results were displayed in user-friendly map layouts that capture essential information. These map layouts were then exported into PDF formats for ease of access outside the GIS software.

## **Limitations**

As with every research study the scope of the study and subsequent results are limited by the availability of data, time, and other resource limitations. The present study was limited by the lack of available administrative data for Monroe County from community institutions. Moreover due to its relatively small size and rural nature State and Federal data sources often provide information only for the entire county or selected subdivisions of Monroe County.

Mailed survey data responses while of adequate size (power) for statistical analysis were not as high as one would like, especially among SEMCA providers. Providers were seen as a valuable data source, but over half were either unable or unwilling to provide information to the Research Team. Further the response rate for survey questions relative to prevention and treatment providers' capacity were very low. Likewise refusal rates for the telephone survey were much higher than the normal telephone survey refusal rate of 6% to 7%. For example in Monroe County the refusal rate was 37% and in some municipalities in Monroe and Wayne County the refusal rate was 100%. Some of the most important key informant sources declined to participate in the study and some data that was promised by key informants and other data sources was not provided.

SEMCA's contracts and performance reports, as well as its CARENet® data set did not contain some needed data elements for the study. Data for 2004 reflects only nine months of the year. Residency is based on when the data was entered into CARENet® or modified versus where the person actually lived at time of admission or discharge. CARENet® data entry is not consistent as data is entered by providers at various time periods. Discussions with SEMCA indicate that at least some of the cases identified as Detroit area cases (especially from the zip codes 48203 and 48211 and 48212) are due to data entry errors. Also SEMCA reports in the specific case of Belleville there is an overrepresentation of the zip code(s) that demote Belleville proper, and clients reporting city of residence often tend to say that they live in "Belleville" when in reality they live in surrounding Van Buren Township, Sumpter Township and Romulus. It is not possible to recapture this kind of information or account for what percentage of such errors is found in the data provided by the SEMCA CARENet® data base.

## **Organization of the Report**

The report's organization adheres to SEMCA's goals and objectives relative to its needs and assets assessment. Beginning with an analysis of needs derived from admissions and drug screening data as well as needs/trend data from law enforcement. The next section then presents a discussion of community assets and capacity relative to needs. Community conditions relative to risk and protective factors succeed this section. This is followed by a discussion of community perceptions about substance abuse. Subsequent to that the reader will find a discussion on what the trends and literature suggest along with recommendations for SEMCA to consider in using this study for future planning. Each section of the report contains a narrative highlighting the findings depicted in the tables, charts and GIS maps in each section's Appendix.

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<sup>i</sup> Calkins R., F., Banks, C. E., & B.J. Weimer. (September 2002). *Assessing Substance Use Prevention Needs in Michigan Counties: A Study Using Social Indicators*. Lansing, MI: Michigan Department of Community Health.

<sup>ii</sup> Anderson Economic Group. (2001). *Failing Schools in Michigan: The Surprising Scale*. [http://www.michigan.gov/msp/0,1607,7-123-1645\\_3501\\_4621---,00.html](http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4621---,00.html) Retrieved November 2004.