

INTRODUCTION

The purpose of this community needs assessment (CNA) was to determine how Detroit Recovery Project could improve their services to better service the population of Detroit. This survey intended to identify the public's knowledge on substance prevalence, overdoses, and communicable disease prevention, identify services needed in the public, and identify the public's access to basic needs and health services. A 23-question survey was developed on Microsoft Forms and dispersed to utilizers of DRP services and/or Detroit residents at various events or locations. Some of these locations included the DRP outreach vehicle, the William Dickerson Detention Center, Detroit Job Corp, the DRP clinic, and the National Black HIV/AIDS Awareness Day Summit. This survey was completed individually by respondents via scanning the QR code and filling it out online or by filling out a paper copy. Answers were received between February 16th and April 20th. The target population was residents of Detroit, aiming for half of the responses to come from users of DRP services.

SUMMARIZED RESULTS

The results of this assessment revealed that marijuana, crack/cocaine, and heroin are leading substances in Detroit. Some limitations identified by the target population were a low awareness of trending illicit substances and PrEP and PEP. Additionally, overdoses continue to be a large issue with the population, as over 1/3 of survey participants saw someone overdose in the past year. Most participants had access to basic needs like food, water, and shelter. Services that lacked accessibility for the given population were housing, transportation, food, mental health, and substance use treatment.

SUMMARIZED CONCLUSIONS

The results of this community needs assessment will help DRP to improve upon current services focused on communicable disease and overdose prevention and optimize implementation of new services to improve attainability of additional community needs. Also, this community needs assessment will guide solutions for increasing awareness and decreasing stigma in Detroit on communicable disease and drug use.

PARTICIPANT PROFILE

Responses were collected from participants located in almost every zip code in Detroit. Zip codes that were unaccounted for were 48211, 48213, and 48215.

Table 1: Gender Identity Distribution of Participants

Gender Identity	n(%); N=171
Woman	75 (44%)
Man	94 (55%)
Non-binary	0 (0%)
Prefer Not to Say	2 (1%)

Table 2: Race/Ethnicity Distribution of Participants

Race/Ethnicity	n(%); N=171
Black/African American	113 (67%)
White	41 (24%)
Hispanic, Latino, or Spanish Origin	4 (2%)
American Indian/Alaskan Native	3 (2%)
Multiracial	3 (2%)
Other	4 (2%)

Table 3: Housing Status Distribution of Participants

Housing Status	n(%); N=109
Housed	84 ()
Unhoused	25 ()

Table 4: Age Distribution of Participants

Age	n(%); N=171
15-17	7 (4%)
18-24	34 (21%)
25-34	24 (15%)
35-44	41 (25%)
45-54	28 (17%)
55-64	41 (25%)
65+	5 (3%)

BRIEF REPORT

Substance Use

The most prevalent substances identified by the surveyed communities were marijuana (109), crack/cocaine (82), heroin (66), and fentanyl (61). Methamphetamine was scarcely identified with only 34 respondents claiming its prevalence. The prevalence of alcohol in Detroit communities is well-defined, therefore it was omitted from the survey. The most frequently identified path to addiction was friends using drugs (85), followed by poverty (75), and trauma (74). Two trending illicit substances for 2023-24 were xylazine and pressies. Respondents were asked for their knowledge on these substances. Over half (54%) had never heard of xylazine, 32% knew what it was, and 14% had heard of it but didn't know what it was. For pressies, only 17% claimed they knew what they were. When asked how dangerous you feel marijuana is to your community on a scale of 1 (not at all dangerous) to 5 (very dangerous), 75 answered not at all dangerous, and 22 answered very dangerous. The overall average rating was 2.24. When asked if they've seen someone in their community overdose in the past year, over 1/3 (38%) responded that they have.

Services

The importance of services in one's community was measured on a Likert scale of not important to very important. The following services were measured: STI testing, affordable clothing, affordable housing, access to clean water, access to healthy food, mental health services, transportation services, adult education classes, SUD treatment, STI treatment, positive peer support, primary care. For all services, over 70% of respondents answered somewhat important or very important.

The satisfaction of services in one's community was measured on a Likert scale of not satisfied to very satisfied. Respondents were least satisfied with affordable housing (32.3% not satisfied, 18.7% somewhat not satisfied), mental health services (22.1% not satisfied, 24% somewhat not satisfied), and transportation services (24.8% not satisfied, 20.3% somewhat not satisfied). Respondents were most satisfied with clean water, primary care, and STI treatment. Respondents were also asked to specify three services they want increased in their community. Responses were sorted into overarching themes. Housing was identified the most with 26 responses, followed by food (23), and mental health services (22). 24 respondents (15%) claimed they did not have accessible medical services in their community, while 45 respondents (27%) claimed they did not have accessible mental health services in their community.

Participants were asked about their accessibility to basic needs. About 1/7 (23) responded that they did not have daily access to shelter. Regarding daily access to food and water, only 8% (14) answered that they did not have daily access. When asked if they felt safe in their community, ¼ (40) of participants responded that they did not. Respondents were asked if they knew what PrEP or PEP was. Over ½ (52%) responded that they did not know what PrEP or PEP was.

The community needs assessment survey data was presented on May 2nd to other community organizations at a DRP hosted town hall. Most inaccessible services were identified by the data and were used as risk factors for a logic model exercise. These risk factors were housing instability, transportation insecurity, lack of mental health support, food insecurity, and substance abuse. Teams of participants identified causes associated with these risk factors, then identified examples and possible interventions. Below are some of the conducted logic model maps, copies of the logic model maps on housing instability and food insecurity were not recovered.

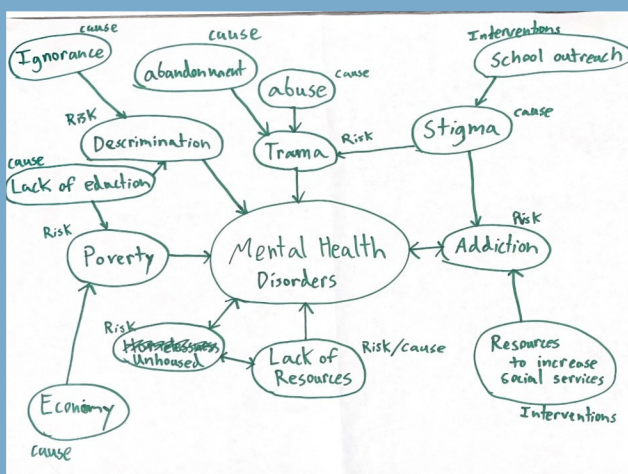


Figure 3: Logic Model on Substance Abuse 2

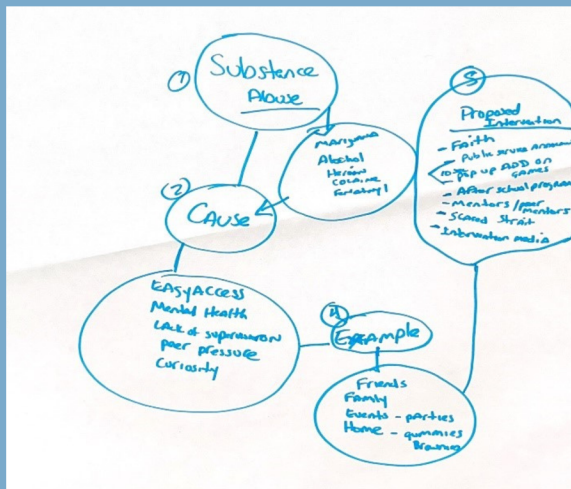
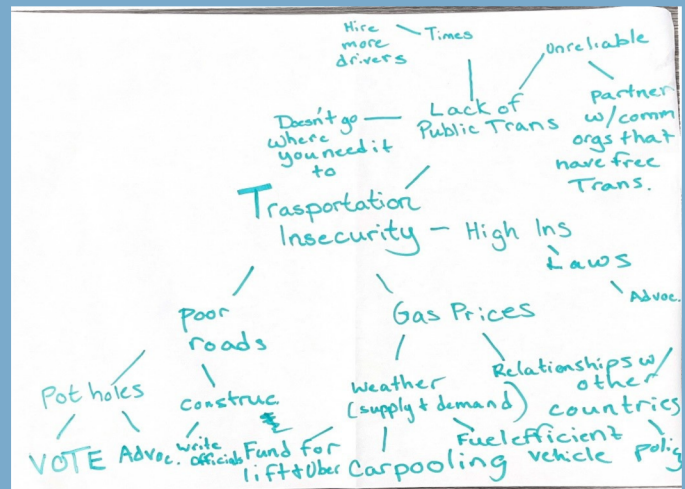


Figure 4: Logic Model on Transportation



Participants engaged in a conversation on the importance of addressing stigma and building trust with those seeking medical/mental health/recovery services. They agreed on the importance of meeting someone in their community, regularly reaching out to people to create trust, and the importance of having a physician that is like them to understand the stigma they might face because of their identity. They discussed the importance of educating other organizations, like police, on topics like substance abuse and mental health so they can perform their duties without stigma.

RECOMMENDATIONS

Based on the results of the community needs assessment survey and conversations at the town hall, there are several recommendations that DRP can implement to improve services in the community. Some knowledge barriers that DRP can address are related to PrEP, PEP, and awareness of evolving substances. Holding open conversations on these topics in easily accessible locations may heighten the public's awareness. Increased understanding of these subjects could elevate one's confidence in effectively enhancing their health and promote them to share information with others. Providing community trainings for health care workers on these subjects would also lead to a decrease in stigma surrounding topics like HIV and drug use, and ensure effective treatment is provided to those who need it.

As evidenced by the large percentage of participants who witnessed an overdose, overdose prevention is an essential service. Increasing distribution of Naloxone and testing strips, alongside increasing the frequency of training sessions, is crucial to mitigating the occurrence of overdoses. Providing trainings in public places like libraries and distributing in areas like grocery stores would increase the public's awareness of these overdose prevention tools. Another intervention is developing communication materials on harm reduction resources, the state's 911 Good Samaritan laws, trending illicit substances, and putting them up in public spaces or clinics.

Finally, increasing linkage to MOUD for participants could combat overdose numbers. MOUD is an opioid use treatment approach that may be more achievable for participants that cannot detox. As an organization, making MOUD as accessible as possible for participants should be a main goal. This could entail driving participants to the clinic, bringing medication to the participants, and connecting them with additional recovery services. Moreover, a trusting relationship with participants is essential in persuading them to try substance use treatment.

Services identified as least satisfactory were housing, transportation, food, and mental health support. DRP can help address the needs of mental health services by increasing the number of mental health professionals at DRP and holding therapy sessions at recovery homes or other locations to make it more accessible for participants. Increasing the number of drivers at DRP can combat transportation insecurity. Additionally, allowing the handout of food via the mobile unit or opening a food pantry at a DRP location can help counter food insecurity. Affordable housing is hard to access in Detroit, and many shelters do not have adequate room. Therefore, increasing the number of group homes offered by DRP would contribute to affordable housing in the area.

CONCLUSION

In conclusion, the community needs assessment conducted by the Detroit Recovery Project has provided invaluable insights into the prevailing challenges within the Detroit community. Through a comprehensive survey and subsequent analysis, key areas for improvement have been identified, ranging from increasing awareness of substance prevalence and communicable disease prevention to addressing critical gaps in access to essential services such as housing, transportation, and mental health support. By leveraging these insights, DRP can effectively prioritize resources, collaborate with community members, and drive positive change towards improving health outcomes and fostering resilience within the Detroit community.

THANK YOU TO OUR PARTNERS

Organization Partners

- SHAR Inc. (Self-Help Addiction Rehabilitation)
- CHAG (Community Health Awareness Group)
- UNIFIED
- CARE
- Spectrum Human Services
- Quality Behavioral Health
- Covenant House of Michigan
- LGBTQ Detroit
- Ruth Ellis
- The Youth Connection
- National Council on Alcohol and Drug Dependence – Greater Detroit Area
- Teen HYPE
- Detroit Community Health Connection
- Southeastern Michigan HIV/AIDS Council
- Health Emergency Lifeline Programs (HELP)
- Coalition of Temporary Shelter (COTS)
- The Horizons Project
- Matrix Human Services
- Emmanuel House
- Salvation Army
- Sobriety House
- Perfecting Community Care Center
- Cass Community Social Services
- The Wellness Plan Medical Centers
- Elite Customer Services, LLC
- Neighborhood Legal Services of Michigan
- Sinai Grace Hospital
- Wayne State University (WSU) School of Medicine Infectious Disease
- WSU School of Public Health
- WSU School of Social Work
- Eastern Michigan University School of Social Work
- University of Michigan School of Public Health
- Jabez Recovery Management Services
- Detroit Rescue Ministries
- Mariners Inn
- Detroit Urban League
- Empowerment Plan

Wayne County and Detroit City Partners

- City of Detroit Health Department
- Detroit Wayne Integrated Health Network
- Out-Wayne Harm Reduction Committee

State of Michigan Partners

- Michigan Department of Health and Human Services
- Michigan Certification Board of Addiction Professionals
- State of Michigan- Office of Recovery Oriented System of Care
- Community Mental Health Association of Michigan
- Great Lakes Addiction Technology Transfer Center

National Partners

- Substance Abuse Mental Health Services Administration (SAMHSA): CSAT, CSAP, and CMHS
- Center of Disease Control (CDC)
- Health Resources and Services Administration (HRSA)
- Department of Justice - Bureau of Justice Assistance
- Faces and Voices of Recovery
- Howard University School of Social Work
- Brandeis University - Schneider Institute for Health Policy and Research
- Brandeis University - Heller School for Social Policy and Management

CONTACT US



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Doing It Together!

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Website

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Social Sites

- Instagram: @recovery4detroit
- Facebook: Detroit Recovery Project Incorporated



**If you or someone you know is in need of help, reach out
to us.
We're here to help.**

24/7 Crisis Line: 1-833-DRP-HEAL (833-377-4325)

Eastside Health & Wellness Recovery Resource Center

1121 East McNichols Road

Detroit, MI 48203

Office: (313) 365-3100

Fax: (313) 365-3101

Hours: Monday – Friday, 8:30 AM – 8:00 PM

Saturday, 8:30 AM – 3:00 PM

Calvin Trent Health & Wellness Recovery Resource Center

1145 West Grand Boulevard

Detroit, MI 48208

Office: (313) 324-8900

Fax: (313) 894-2126

Hours: Monday – Friday, 8:30 AM – 5:00 PM

Bray Recovery Home for Men

400 Cortland Street

Highland Park, MI 48203

Main: (313) 579-6967

Trent Home for Recovering Men

1163/1165 West Grand Boulevard

Detroit, MI 48208

Main: (313) 579-6967



Thayne Shaw is a dedicated professional
Detroit Recovery Project since November
completing CPEM Academy Summer
employed as a recovery coach with
Certified Peer Recovery Coach (CPRC)
Peer Recovery Mentor (CPRM) Thayne
with a deep commitment to understanding
supporting recovery.
His path included working at the
These are the places where he served

WAYNE STATE
UNIVERSITY