

DCCCA Outpatient Treatment Services

Program Description

DCCCA has been providing outpatient alcohol and drug treatment services in Lawrence since 1974. During our 32 years of serving the community, the agency has grown to provide a variety of human service programs throughout Kansas & Colorado. Our Lawrence office has expanded and has consistently worked to reduce alcohol and other drug problems. In addition to Outpatient Treatment Services, Lawrence efforts include programming by Family Preservation Services, the Regional Prevention Center, and First Step House.

DCCCA is requesting continued funding support for our Outpatient Treatment Services. For FY2006, the Alcohol Tax Fund has provided \$79,819 of funding support to maintain outpatient treatment programming. We would characterize the outpatient services as an essential behavioral health service to the community. This funding is vitally important for providing outpatient services for individuals and families without insurance or private payment resources. We believe that core treatment services should be supported before new programs are initiated and funded.

Our outpatient services provide a variety of treatment options. Many of our clients begin treatment with either an information session or an evaluation. Based upon information from evaluations, individuals and their families may participate in individual or group counseling, alcohol & drug information school, or our intensive outpatient treatment program. The groups can be once a week up to five days a week, depending on the client's assessment. The programming is specific to adults or adolescent groups and is based on the National Institute on Drug Abuse (NIDA) best practices. Family education and aftercare groups are also options for services. Additionally our agency provides childcare on site for family members participating in recovery programs.

Needs Assessment

Lawrence is a vibrant and growing community with a youthful population. The demographic make up of the community lends itself to higher levels of harmful alcohol and other drug use when compared to like sized communities without large university populations. Both Haskell Indian Nations University and the University of Kansas completed student surveys on alcohol use as part of a needs assessment for the Joint City-University Task Force on Alcohol Abuse. A total of 848 KU students completed the survey. Key findings were the following:

- 58% reported binge drinking (5 or more drinks in one sitting) in the previous two weeks.
- 51% reported driving under the influence of alcohol
- 39% reported drinking until they became unconscious at least one time.

At Haskell a total of 347 students completed a similar survey resulting in the following findings:

- 50% reported binge drinking in the previous two weeks.
- 40% reported driving under the influence of alcohol
- 34% reported drinking to the point of memory loss.

As these data clearly indicate, the college-age population is experiencing patterns of problem behavior resulting from excessive consumption of alcohol

Unfortunately, there seems to be a corresponding influence on our high school age students. The 2005 Kansas Communities That Care Survey showed that USD 497 students report alcohol and drug use at significantly higher rates than the state results:

- 62% of 12th graders report binge drinking in the past 30 days, compared to state wide rate of 55%.
- 42% report binge drinking in the past two weeks, compared to 35% state wide.
- 62% report using marijuana, compared to 38% state wide.

Our adult population is also well represented. The 2005 Kansas Comprehensive Treatment Needs Assessment shows the following facts about Douglas County:

- An estimated 11,113 adults have alcohol &/or drug abuse or dependence problems.
- An estimated 9,368 adults are in need of substance abuse treatment.
- An estimated 8,440 adults with an alcohol or drug diagnosis have *unmet* treatment needs.

Another way of establishing need is to review the level of services we provided with our outpatient programming. During Calendar year 2005, DCCCA provided outpatient services to 772 individuals. DCCCA staff completed 303 evaluations. During CY 2005, we provided alcohol & drug information school for 235 participants, 1,763 hours of individual or family counseling, 9,465 hours of intensive outpatient treatment, 4,141 hours of aftercare groups, and 2,960 hours of outpatient groups. Furthermore, DCCCA provided 1,510 hours of adolescent specific services.

Based upon SRS AAPS reports of Douglas County residents in FY2004 (the most recent data available), the primary drug of choice for this group of individuals seeking treatment was as follows:

- Alcohol 48%
- Marijuana 23%
- Cocaine 20%
- Meth 5%
- Other drugs 3%
- Heroin 1%

In Lawrence, licensed alcohol and drug treatment services on an outpatient basis are available from DCCCA and a variety of private practitioners. As with other areas of behavioral health, additional providers from the Topeka and Kansas City are sometimes

provide limited services in the Lawrence area. These services often do not include programming for people who cannot pay. DCCCA services are provided at our 1739 E 23rd Street location, at the University of Kansas Counseling Center, the Douglas County Jail, the Lawrence Community Shelter, and the Hope House.

Outcomes

Treatment works and can produce levels of moderate success in changing this complicated human behavior. Since relapse commonly occurs, it is important to recognize that the recovery process will be different for each individual and may involve relapse episodes. The goal of treatment programs is to reduce the personal, familial, and social cost of addiction by intervening with the most appropriate intervention necessary at the time. The outcomes for outpatient counseling at the DCCCA Lawrence office are related to improvement in lifestyles of clients who complete treatment. These outcomes were implemented effective July 1, 2005, to bring DCCCA Outpatient Treatment into compliance with AAPS changes:

1. 70% of clients will maintain sobriety for a minimum of 30 days prior to discharge.
2. 40% of dually diagnosed clients will demonstrate mastery of at least 1 self-stabilizing mental health skill.
3. 70% of clients with criminal justice requirements will remain in compliance with those mandates (no new offences)
4. 60% of clients discharging from outpatient treatment will have safe, supportive living conditions.
5. 60% of clients will attend a minimum of six 12-step or other support group meetings before discharge.
6. 80% of clients referred for outpatient treatment will begin programming within 2 weeks after assessment.
7. 40% of clients in outpatient treatment will remain actively involved until completion of treatment plan.

Evaluation

Outcome forms were updated to reflect the updated targets. The results for the 7 outcome targets follows:

1. 72% of clients maintained sobriety; alcohol use to intoxication decreased from 9.5 days in the 30 days *before* admission to .34 days in the 30 days before discharge. Target met.
2. 100% of dually diagnosed clients mastered at least one skill; most mastered multiple skills. Target exceeded.
3. 78% remained in compliance. Target exceeded.
4. 71% discharged to safe, supportive living situations. Target met.
5. 63% attended at least 6 AA/NA/CA/DRA meetings while in treatment. Target met.

6. Average for clients who started treatment this quarter was 9.8 days. Target exceeded.
7. 59% successfully completed the modality of treatment in which they were involved. Target exceeded.

DCCCA will continue to collect evaluation data to document our successes and guide us in continuous program improvement.

Coordination

Coordination of services provides an integrated approach to the complex problems of substance abuse. For 32 years, our agency has provided treatment services for Lawrence area residents. Another DCCCA program, First Step House, offers reintegration services to women and their children as the clients stabilize their lives after years of addiction. Our prevention programs have provided education and training to agencies, citizens, and coalitions for more than 18 years. Continued liquor tax support allows us to provide adolescent specific treatment. Furthermore DCCCA provides staff one morning a week at the Lawrence Community Shelter, and two days a week at Counseling and Psychological Services – Watkins Clinic located on the University of Kansas campus, and two days a week at Hope House. DCCCA continues to work with the Lawrence-Douglas County Housing Authority and Bert Nash on delivery services to those who are chronically homeless. We provide alcohol and drug abuse /addiction treatment at DCCCA and assist in facilitating a pre-treatment group at the Hope House. We believe that it is in the interest of the community to build upon existing core of services when developing a plan for alcohol funds during CY 2007.

Organizational Capacity

DCCCA is a private non profit organization, which has provided a variety of human services during the past 32 years. Our agency has an active and informed board of directors that monitor our services. We have received alcohol tax funds since they became available to community agencies and we have expended those funds using recognized accounting principles. Our agency history, management structure, and staffing demonstrate our ability to appropriately use funds provided through the alcohol tax fund.

Budget

During our most recent fiscal year, outpatient services received \$150,000 from the Kansas SRS Addiction and Prevention Services (AAPS), and \$231,915 from private pay, insurance and Medicaid. SRS AAPS dollars are designated for clients with incomes at or below 200% of the federal poverty level. Since these dollars are limited, DCCCA provided services for many clients from this population without reimbursement. In FY 2005, we provided \$33,102 worth of such services without reimbursement. Other services are provided on a sliding fee scale. Our outpatient services routinely use student interns to increase the level of services provided by our program.

Budget Request

2.0 Existing Certified Counselors (Master's level)	\$56,784
Fringe Benefits and Taxes	\$15,900
Office Space	\$ <u>7,135</u>
Total	\$79,819

ASSESSMENT DATA	GOALS/OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOME	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>Alcohol use to intoxication decreased from 9.45 days in the past month prior to admission to .6 days in the month prior to discharge.</p> <p>Marijuana use decreased from 4.7 days to .4 days.</p>	<p>Reduce incidence of AOD use in the community.</p>	<p>Residents of Lawrence-Douglas County & students who are seeking services for alcohol or other drug abuse/addiction and/or their families.</p>	<p>Assessment, Referral, Community Education</p> <p>Level I –</p> <ul style="list-style-type: none"> - Education. - Individual, Group or Family Counseling. - Relapse Prevention 	<p>DCCCA will provide services to approximately 800 individuals during C 2007</p>	<p>70% of clients will test negative for AOD usage over 30 days prior to discharge</p>	<p>Clients will report a 100% reduction in AOD use after receiving services at DCCCA, Inc.</p>
<p>25-30% of all clients are dually diagnosed, complicating their treatments and recoveries</p>	<p>Increase in stability of dually diagnosed clients</p>		<ul style="list-style-type: none"> - Case Management - Continuing Care <p>Level II –</p> <ul style="list-style-type: none"> - Intensive Outpatient Treatment 		<p>40% of dually diagnosed clients will demonstrate mastery of self-stabilizing mental health skill</p>	<p>Dually diagnosed clients will have fewer episodes requiring psychiatric hospitalization</p>
<p>90 clients didn't complete treatment successfully; the majority of these were non-compliant with requirements of the criminal justice system.</p>	<p>Decrease in criminal recidivism & increase in compliance with mandated requirements</p>				<p>70% of clients involved with criminal justice will remain in compliance with court</p>	<p>Clients will report 100% compliance with criminal justice system and 0% recidivism/incarceration</p>
<p>Homeless and socio-economically deprived clients make up bulk of DCCCA client case load; unsafe living conditions are often present.</p>	<p>Increase in # of clients discharging to supportive living situation.</p>				<p>60% of clients discharging successfully will have safe, supportive living conditions.</p>	<p>100% of clients will have safe, supportive living situations upon discharge.</p>

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<p>Survey of clients in 1st Qtr of FY2006 revealed only 43% involved in supportive recovery community.</p> <p>Averaged 19 days from assessment to admission.</p> <p>NIDA Principle of Effective Tx #13 recognizes that addiction is a chronic disease, marked by relapses. Retention through completion of treatment reduces relapse episodes.</p>	<p>Increased participation in supportive recovery community at point of discharge</p> <p>Decrease # of days between referral & treatment</p> <p>Increase in successful completion of treatment</p>				<p>60% of clients will attend at least 6 12-step or other approved self-help support group meetings before discharge</p> <p>80% of clients referred for open ended treatment modalities will begin programming within 2 weeks after assessment.</p> <p>40% of clients will remain actively involved until completion of treatment plan</p>	<p>100% of clients will develop meaningful, effective recovery support systems for themselves before discharge</p> <p>100% of clients recommended for open ended modalities will start treatment within 2 weeks of assessment.</p> <p>100% of clients will successfully complete treatment</p>