

Program Description

With the support of this grant, HRADAC will continue to dedicate a full time clinician to provide substance abuse assessments and care coordination services to residents of Lawrence, Kansas. These services are an expansion of existing services and include individuals that do not meet the eligibility criteria.

All of appointments for assessments will be made through the central office in Roeland Park Kansas (a toll-free number is currently in place). Centralized scheduling provides a uniform and consistent means to conduct preliminary screening over the telephone, and ensures calls are answered quickly. An appointment will be set with a credentialed clinician in Lawrence area, who will meet the client either in the SRS office, or in an appropriate space that is convenient to the client. In order to determine whether a substance abuse problem exists, the clinician uses a standardized version of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria which is used nationwide by substance abuse professionals. Other psycho-metric inventories will be utilized as needed. With this clinical information and other data provided by family, social workers, probation officers, etc., the clinician formulates a diagnostic impression. If treatment is indicated clients are matched to an appropriate treatment program, at the clinically appropriate level of care and/or other therapeutic setting. Treatment modalities range from individual counseling or case management, group outpatient treatment or residential treatment programming.

In addition to making a referral to an appropriate treatment program, the clinician provides pre-treatment care coordination. These services are designed to facilitate arrangements for treatment, eliminate barriers that may prevent successful admission to the program, and to keep clients engaged and motivated, should there be a wait to enter the agreed upon program. These services include individual and group meetings, contact and correspondence with the treatment provider, assisting with emergency needs such as medication and transportation, and/or advocating for the client with employment or child care issues.

Needs Assessment

Because HRADAC was awarded this grant for services in 2006, we modified our outcome reporting capabilities to aggregate data specifically for the city of Lawrence residents. Because 2006 data is not available, the following is for 2005 based on the modifications that were made.

In 2005, Heartland RADAC provided 232 Lawrence residents with neutral and objective substance abuse assessments. Of those, 201 were referred to treatment and 31 were not in need of substance abuse treatment. Twelve residents were referred to community education (AA, NA, or alcohol/drug education group). Eight were referred out of the AAPS system because they had access to private insurance or veterans benefits. A total of 209 residents received pre-treatment care coordination services to assist with arrangements for treatment, reduce barriers to treatment, and help keep them engaged in the treatment process when it was not readily available. A total of 161 Lawrence city residents that were originally assessed by a HRADAC counselor accessed treatment (note: some of these individuals may have been assessed in the month prior to 2005). On average they waited 35.55 days before accessing any level of treatment. An additional 72 clients continued to receive services while they were receiving treatment. These services typically involved following up with other systems (e.g. courts, human service providers, SRS

workers, family members) to provide information on treatment progress, or working with the client to make alternative treatment arrangements when the treatment episode was not successful.

Alcohol and drug assessment and care coordination are currently provided in the city of Lawrence through HRADAC. They are available for individuals earning less than 100% of federal poverty guidelines, who are involved with SRS, are pregnant, have HIV, and/or have received at least four DUI offenses. These services are available for individuals that fall outside of those parameters, but only after services to the “priority” population have been met. Consequentially, individuals who are typically considered the “working poor”—those who are working in low paying jobs that do not offer health benefits, and those that are “underinsured”—have health insurance, but it does not cover substance abuse related activities, experience long waiting periods before services are accessed. Intervening with people who are in need of substance abuse needs to be timely, and needs to engage them until they are admitted to a clinically appropriate level of treatment.

In the fall of 2006, the state will restrict eligibility exclusively to this population due to federal block grant requirements. This will further limit the number of Lawrence city residents that will be eligible for services that are funded through the state of Kansas. Of the 232 Lawrence residents that received services in 2005, 155 were considered “priority population” as defined by the state of Kansas. The community “safety net” for individuals with substance use or abuse issues will be further limited, with many city residents falling through the cracks. A continuation of funding for this project will ensure that Lawrence continue to receive these services

Outcomes

HRADAC modified its outcome tracking system to be able to aggregate data specifically by city to meet reporting requirements for this grant. The required outcomes are attached in the program logic model.

Coordination

All of HRADAC’s services involve coordination with a vast network of treatment providers, legal and human service providers, and community based entities. We currently work closely with DCCCA, Kansas Department of Corrections, probation and parole, SRS, Burt Nash Mental Health Center, and Lawrence Memorial hospital to name a few. HRADAC’s services do not duplicate the services of other organizations (e.g. we do not provide substance abuse treatment), but assist individuals in accessing the services they need in order to eliminate barriers and ultimately to access treatment.

Organizational Capacity

Heartland Regional Alcohol and Drug Assessment Center (HRADAC) is committed to serving those affected by the impact of substance abuse by facilitating access, engagement and retention through the treatment continuum of care and fostering professional partnerships in order to improve services. HRADAC is one of three organizations state-wide that contracts with the State of Kansas, Social and Rehabilitative Services (SRS), Addiction and Prevention Services (AAPS) to complete substance abuse assessments and referrals for persons in 75 counties, which includes Douglas. Through this contract, services are available to individuals with no health insurance coverage that also meet the following eligibility criteria:

- Individuals with incomes 100% or below of the federal poverty guidelines (also available to individuals at or below 200% of poverty on a sliding fee scale)
- Pregnant women
- Women with children
- IV drug users
- HIV positive

HRADAC's role in the substance abuse treatment sector is to serve as a *central point* of entry, facilitating access to treatment services while also assisting individuals, families and communities in the process of recovery. To accomplish this, HRADAC offers the following services:

- ***Neutral and Objective Assessments*** are provided to individuals that may be abusing alcohol and/or drugs to determine if there is a problem, and when there is to facilitate access to the most clinically appropriate level of substance abuse treatment. Research indicates that the success of treatment is impacted by an appropriate match between the severity of addiction and level of treatment (inpatient, outpatient or case management). HRADAC's clinical staff are fully credentialed and work closely with a vast array of substance abuse treatment programs throughout the State of Kansas.
- ***Care Coordination*** is provided to individuals that are waiting to enter a treatment program due to the lack of available treatment resources to keep them engaged and motivated. Care coordination services are also provided to individuals involved with multiple jurisdictions (e.g. Department of Social and Rehabilitative Services and the Department of Corrections) to determine if substance abuse is an underlying issue for their clients and when treatment is indicated, coordinate case plans and ensure clear communication and accountability.
- ***Case Management*** Services are provided specifically to individuals who receive Temporary Assistance to Needy Families (TANF), or whose children are involved in the Child Welfare system, when substance abuse is suspected of interfering with his/her ability to work and/or care for the family. These services focus on reducing personal barriers to treatment, and the inappropriate use of costly community resources such as public assistance, emergency rooms, ambulances, and psychiatric services.
- ***Community Education*** is provided to the general community and to organizations whose constituents may be dealing with issues of substance abuse in order to help combat the stigma associated with addiction.

Historically, HRADAC's programs and services have been restricted to low income or indigent individuals that met State contractual eligibility criteria (listed above). However, after completing a strategic planning and outcome development process, the decision was made to expand services with the following vision: "*HRADAC envisions a community where substance abuse treatment is accessible to those who need it*". The goal is to be a resource to help all individuals needing substance abuse treatment in accessing, engaging, and remaining in a clinically appropriate level of treatment, regardless of income or health insurance status. As such, the organization has begun to solicit additional funds to serve those individuals that fall outside of state mandated eligibility criteria.

In September of 2005, HRADAC was awarded the Western Region (Region 3) Contract by the state of Kansas. The following data reflects data only for Regions 4 & 5. In calendar year 2005,

HRADAC provided multiple services to over 3,500 individuals throughout the State of Kansas. 3,582 received independent and neutral substance abuse assessments of which over 2,800 were referred to a substance abuse treatment program. Approximately 3,200 clients received care coordination (e.g. elimination of barriers to treatment, coordinating services with other health care and human service providers) to assist them in identifying substance abuse as a "root cause" of issues leading to other health, human service and legal problems. Over 125 individuals received more intensive case management services due to the severe progression of their illness.

Budget

\$41,220 Personnel—1 FTE Clinician—including Fringe Benefits (health insurance, FICA, 403B, workman's comp, unemployment insurance)

\$2,000 Travel (at \$0.37/mile for approximately 450 miles per month)

Office Space: In Kind

\$1,375 Supplies (postage, printing costs, office supplies, phone and pager)

\$500 Client Transportation

\$400 Workshops and Training

\$4,549 Administrative, Clinical Supervision, Support Staff, Program Evaluation, and Audit (10%)

Total: \$50,044

Total Request: \$40,000

\$10,044 is committed from HRADAC reserves generated through third party payments, and client fees.

ASSESSMENT DATA	GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>Risk Factor: Parental (or individual) abuse of alcohol, drugs, and/or gambling</p> <p>200 Lawrence City Residents in need of substance abuse assessment.</p> <p>85% of residents assessed will be in need of treatment</p> <p>90% of those in need of treatment will be provided with pre-treatment care-coordination services</p> <p>80% will access treatment</p>	<p>Intervene, facilitate access, and provide care coordination to substance abuse treatment programs for individuals above 100% of federal poverty guidelines who are either un-insured or under-insured.</p>	<p>Individuals whose income is above 100% of Federal Poverty Guidelines and/or who are under-insured</p> <p>Service Goal: approximately 300 individuals per year (25 per month)</p>	<p>Provide Neutral and Objective Substance Abuse Assessments to determine if substance abuse treatment is needed.</p> <p>Provide referral to substance abuse treatment program that is both clinically appropriate to the severity of addiction, and accessible to the individual</p> <p>Provide care coordination activities and services that engage the client and eliminate barriers until treatment is accessed.</p>	<p>300 individuals will receive impartial determination of substance abuse and treatment needs (25/ month)</p> <p>100% of clients referred to treatment will learn about available treatment options and health related information as indicated by the signed resource and referral source.</p> <p>Client's will learn about available community resources when treatment is not recommended (estimated at 15% of those assessed)</p>	<p>Clients' resistance to the treatment process is reduced and become engaged in treatment evidenced by engagement in pre-treatment care coordination services such as groups, individual meetings, and follow up phone calls.</p>	<p>Clients that need treatment enter treatment.</p>