

**City of Lawrence
2009 Alcohol Tax Funds
Request for Proposals
Calendar Year 2009 (January-December)**

Agency Name: DCCCA, Inc.

Program Name: Lawrence Outpatient Treatment

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Request is for funding in the following categories and amounts:

_____	Prevention	\$ _____
<u> X </u>	Treatment	\$ <u> 79,819.00 </u>
_____	Intervention	\$ _____
_____	Coordination	\$ _____

DCCCA Outpatient Treatment Services

Program Description

DCCCA has been providing outpatient alcohol and drug treatment services in Lawrence since 1974. During our 34 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 FY2008, 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 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.

The latest (2006) Kansas Communities That Care Survey reported the following data for Douglas County:

- 67.5% of youth (12-18 yr. olds) in Douglas County reported alcohol use in the past 30 days, and 87.4% reported marijuana use in the past 30 days.
- 28.2% of 6th, 8th, 10th & 12th graders answered "Yes" to the question "Has anyone in your family ever had a severe alcohol or drug problem?"
- 15.3% of students reported being offered, being sold, or being given drugs *on school property* at least once in the past 12 months. This is compared to the state wide average of 12.1%.

- 7.16 pregnant women per 1,000 live births received state funded treatment in Douglas County, compared with 8.34 per 1,000 state wide.

The 2005 Kansas Comprehensive Treatment Needs Assessment (KCTNA) shows the following facts about Douglas County adults:

- 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.
- *None* of the recommendations made by the State of Kansas in the KCTNA for increasing capacity included any new programming in Douglas County.

Another way of establishing need is to review the level of services we provided with our outpatient programming. Our program activities during CY 2006 have included the following:

- Facilitating two intensive outpatient groups, each providing 15 hours of treatment per week (5 days per week for 3 hours per day)
- Providing seven (7) complete cycles of Challenge group, both morning and evening sessions, of 8 weeks each. These groups offer 32 hours of treatment and education (2 days a week for 2 hours each)
- Teaching 18 Alcohol & Drug Information Schools
- Running an Adolescent Intensive Outpatient Program – an 8 week program providing 6 hours of treatment per week (3 days per week for 2 hours per day)
- Continuing an Adolescent Aftercare group once a week for 2 hours.
- Serving 7-8 adult Aftercare groups – ongoing groups that meet weekly for 2 hours
- Outreach services to the University of Kansas through the CAPS office
- Outreach services to the chronically mentally ill, homeless substance abusing population at the Lawrence Community Shelter.
- Outreach services in coordination with the Lawrence Housing Authority & Bert Nash through the Hope House program
- Participation in the IDDT program.
- Numerous public presentations & target trainings.
- Conducting 239 evaluations
- Providing 693 free initial assessment sessions (“information sessions”)
- Admitting 678 new clients to treatment
- Continuing services with 139 clients who were already in services prior to 1/1/07.
- Providing free childcare to clients who needed this in order to be able to attend treatment.

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 area 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, 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 updated effective July 1, 2007, in compliance with AAPS standards:

1. 70% of clients will maintain sobriety for a minimum of 30 days prior to discharge.
2. 80% 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. 60% 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 follow:

1. 87% of clients who completed treatment were scheduled for UA's and submitted clean ones. Target exceeded.
2. 100% of dually diagnosed clients mastered at least one skill; most mastered multiple skills. Target exceeded.
3. 90% remained in compliance with the requirements of their probation or parole. Target exceeded.
4. 91.5% discharged to safe, supportive living situations. Target exceeded.
5. 64% attended at least 6 AA/NA/CA/DRA meetings while in treatment. Target met.
6. 84% of all clients were admitted within the targeted time frame. Target met.
7. 89% 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 34 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 20 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 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 2009.

Organizational Capacity

DCCCA is a private non profit organization, which has provided a variety of human services during the past 34 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 \$175,146 from the Kansas SRS Addiction and Prevention Services (AAPS), and \$364,259 from private pay, insurance, SB123, KDOC, 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 2007, we provided \$34,379 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.

After several years without any increased support, DCCCA is requesting a 4% increase in funding for CY2009. This additional request will help to continue to deliver the current level of services and to offset rising operating costs.

Budget Request

2.0 Existing Certified Counselors (Master's level)	\$59,055
Fringe Benefits and Taxes	\$16,536
Office Space	<u>\$ 7,420</u>
Total	\$83,011

LOGIC MATRIX

ASSESSMENT DATA	GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOME	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>The average self report of alcohol use to intoxication decreased from 5.5 days in the past month prior to admission to .8 days in the month prior to discharge. Marijuana use decreased from 1.96 days to .3 days.</p> <p>35-40% of all clients are dually diagnosed, complicating their treatments and recoveries</p> <p>The majority of clients who didn't complete treatment successfully were non-compliant with requirements of the criminal justice system.</p> <p>Homeless and socio-economically deprived clients make up bulk of DCCCA client case load; unsafe living conditions are often present.</p>	<p>Reduce incidence of AOD use in the community.</p> <p>Increase in stability of dually diagnosed clients</p> <p>Decrease in criminal recidivism & increase in compliance with mandated requirements</p> <p>Increase in # of clients discharging to supportive living situation.</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 – - Education. - Individual, Group or Family Counseling. - Relapse Prevention - Case Management - Continuing Care</p> <p>Level II – - Intensive Outpatient Treatment</p>	<p>DCCCA will provide services to approx. 800 individuals during CY 2009</p>	<p>70% of clients will test negative for AOD usage over 30 days prior to discharge</p> <p>40% of dually diagnosed clients will demonstrate mastery of self-stabilizing mental health skill</p> <p>70% of clients involved with criminal justice will remain in compliance with court</p> <p>60% of clients discharging successfully will have safe, supportive living conditions.</p>	<p>Clients will report a 100% reduction in AOD use after receiving services at DCCCA, Inc.</p> <p>Dually diagnosed clients will have fewer episodes requiring psychiatric hospitalization</p> <p>Clients will report 100% compliance with criminal justice system and 0% recidivism/ incarceration</p> <p>100% of clients will have safe, supportive living situations upon discharge.</p>

ASSESSMENT DATA	GOALS/OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOME	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
Survey of clients in 1 st Qtr of FY2008 revealed 64% involved in supportive recovery community.	Increased participation in supportive recovery community at point of discharge				60% of clients will attend at least 6 12-step or other approved self-help support group meetings before discharge	100% of clients will develop meaningful, effective recovery support systems for themselves before discharge
The average days elapsed between assessment and admission varied from 11 to 26 days during 2007.	Decrease # of days between referral & treatment				80% of clients referred for open ended treatment modalities will begin programming within 2 weeks after assessment.	100% of clients recommended for open ended modalities will start treatment within 2 weeks of assessment.
NIDA Principle of Effective Tx #13 recognizes that addiction is a chronic disease, marked by relapses. Retention through completion of treatment reduces relapse episodes.	Increase in successful completion of treatment				60% of clients will remain actively involved until completion of treatment plan	100% of clients will successfully complete treatment