



## 2015 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

### SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: DCCCA, Inc.

Name of Program for Which Funding is Requested: Lawrence Outpatient Treatment Services

Primary Contact Information (must be available by phone 5/23/14 and 5/30/14 from 8 a.m. to noon.)

Contact Name and Title: Sandra Dixon, LMSW; Director of Addiction Services

Contact Phone Number (for use on 5/23 and 5/30): 785-840-5179

Agency Address: 3312 Clinton Parkway, Lawrence, KS 66047

Facility Address: 1739 E. 23<sup>rd</sup> Street, Lawrence, KS 66046

Facility Telephone: 785-830-8239 Facility Fax: 785-830-8246

Email: sdixon@dccca.org

### SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

**A.Amount of funds requested from the City for calendar year 2015: \$124,928**

**B.Provide a brief description of the program.**

DCCCA has offered a continuum of outpatient substance use disorder treatment services in Lawrence since 1974. Our efforts speak directly to City Charter Ordinance 33, (c) "Intervention in alcohol and drug abuse or treatment of persons who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers." While there are other organizations and practitioners in the city and surrounding area providing substance abuse treatment, Lawrence Outpatient Treatment Services has maintained a commitment to serve citizens who are often the most disadvantaged. Individuals who are homeless, impoverished, struggling with mental illness in addition to their substance addiction, are uninsured or who are experiencing legal consequences as a result of their addictive lifestyles are referred to, and successful in our treatment program.

City of Lawrence Special Alcohol Fund dollars will continue to support outpatient treatment services for the uninsured citizens of our community. We are requesting increased funding for 2015, allowing us to integrate a continuum of substance use brief screening, early intervention and treatment services into the medical and social service settings in which the uninsured often seek help. Collaborating partners in this effort are Health Care Access Clinic, Lawrence Community Shelter, and The Willow Domestic Violence Center.

The substance use disorder treatment interventions at Lawrence Outpatient are based on the National Institute on Drug Abuse (NIDA) best practices. Services are complimented by individual counseling, 12 Step support group attendance, service referrals for mental and physical health, and case management for housing, employment, parenting, and other assessed needs. Families, especially parents of adolescents, are offered education and counseling to help them understand the impact of their loved ones' substance use on their lives. Integrating services within the medical or social service settings with which individuals have established relationships creates more timely access and effective care coordination.

**Screening and Brief Intervention** – DCCCA utilizes Screening, Brief Intervention and Referral to Treatment (SBIRT) in the medical practices and social service organizations with whom we are collaborating. SBIRT is an evidenced based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and other drugs. Designed for individuals whose substance use has not yet advanced to the level of needing a comprehensive assessment and/or formal treatment, SBIRT's brief intervention offers feedback about the impact substance use has on acute or chronic health conditions that may be present. The educational focus of the intervention motivates individuals to make small changes that result in improved health. Finally, SBIRT screening offers early identification of those who may need

substance use disorder treatment, referring for a more comprehensive assessment and resulting outpatient, intensive outpatient or residential services.

SBIRT is funded by Kansas Medicaid and most insurance companies, but is not currently available to the uninsured. City of Lawrence Special Alcohol funding will ensure those individuals have equal access to this beneficial service, reducing healthcare disparities in our community.

Substance Use Disorder Comprehensive Assessment – Substance use disorder treatment begins with a comprehensive assessment of an individual's strengths and needs. The assessment results in a diagnosis (when indicated) using criteria established by the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV), and a recommended treatment level based on the American Society of Addiction Medicine (ASAM) criteria.

Outpatient Group – Group treatment interventions are intended for those adults who are abusing substances but may not meet DSM-IV criteria for being substance dependent. Evening groups are offered in one or two hour blocks of time.

Intensive Outpatient Treatment – Intended as an alternative to residential treatment, IOT is designed for individuals who are assessed as chemically dependent. Groups meet three hours a day, three days a week.

Aftercare – Aftercare groups offer a relapse prevention focus and support for individuals who have completed intensive outpatient or residential treatment. Groups meet two hours weekly.

### **C. Provide a brief description of how the need for this program was determined.**

Alcohol and drug misuse and addiction are pervasive in the United States and our community. Data from multiple sources proves their impact on individuals, families and the community at large. Research verifies the positive impact early screening, intervention and treatment can have on overall health outcomes and quality of life.

#### **The Challenge**

Healthcare – Addiction contributes directly to many medical conditions. Heavy drinking, for example, contributes to illness in each of the top three causes of death: heart disease, cancer and stroke.<sup>1</sup>

Emergency Room Visits/Costs – Lawrence Memorial Hospital reported 1,879 emergency room visits due to alcohol as a primary or secondary diagnosis in 2013, a 100% increase in 10 years. Drug use was identified as primary or secondary diagnosis in 1,573, visits, a 360% increase in the same ten year period. The cost of this care increased 200%, topping \$13,000,000 in 2013.<sup>2</sup>

Uninsured – 17.7% of Douglas County adults under the age of 65, 16,404 residents, reported not having health insurance in 2010<sup>3</sup>. Most of them, 15,300, fall within the "Eligibility Gap," unable to afford health insurance through the Affordable Care Act, but make too much money to qualify for Medicaid.<sup>4</sup> Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health outcomes.

Alcohol and Drug Use in our Community – Heavy alcohol use was reported by 7.6% of Kansans age 21 and older in 2012, but only 1 in 25 received treatment. Over 90% of individuals with alcohol dependence, and 87% with drug dependence did not receive treatment.<sup>5</sup> In 2010, 23.5% of Douglas County adults reported binge drinking on at least one occasion in a recent 30 day period.<sup>6</sup> Binge drinking, defined as 5 or more drinks for men and 4 or more for women in day, is a risk factor for alcohol poisoning, hypertension, fetal alcohol syndrome, suicide, and motor vehicle crashes. The 2013 Kansas Communities That Care Survey documented 26.3% of children reporting at least one adult in their family had a severe alcohol or drug problem. The Survey further indicated that Douglas County has a higher rate of alcohol related arrests than Kansas as a state.<sup>7</sup>

<sup>1</sup> Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," [www.treatmentgap.org](http://www.treatmentgap.org)

<sup>2</sup> Lawrence Memorial Hospital, Community Education Department

<sup>3</sup> Lawrence Douglas County Health Department, Community Health Report, 2012

<sup>4</sup> Kansas Health Institute, "Nearly 182,000 Kansans in the Eligibility Gap," January, 2014

<sup>5</sup> Department of Health and Human Services, Substance Abuse and Mental Health Services Association, 2013.

<sup>6</sup> Lawrence Douglas County Health Department, Community Health Report, 2012

<sup>7</sup> Kansas Communities That Care Data, [www.ctcddata.org](http://www.ctcddata.org), 2012

## **Some Solutions**

Positive Impact of Screening, Intervention and Treatment – Individuals who received screening and brief intervention (SBIRT) in primary care settings experienced 20% fewer emergency room visits, 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests, and 50% fewer motor vehicle crashes.<sup>8</sup>

Treatment and Recovery – Recovery from substance use is associated with dramatic improvements in all areas of life, including a healthier financial and family life, higher civic engagement, dramatic decreases in public health and safety risks, and significant increases in employment and work productivity. Recent research comparing substance abusing individuals to those in recovery noted the following:

- Involvement in domestic violence, as either a victim or perpetrator decreases dramatically in recovery.
- Frequent utilization of costly emergency room departments decreases tenfold for those in recovery.
- The percentage of uninsured decreases by half for those in recovery.
- Individuals in recovery increasingly engage in health behaviors such as taking care of their health, having a healthy diet, getting regular exercise, and having dental checkups<sup>9</sup>

## **D. Describe the desired outcomes of this program (see Logic Model).**

### **Proposed Outcomes**

Impact Outcome - DCCCA's primary goal is to reduce the personal, familial and social cost of substance use by intervening with the most appropriate intervention necessary at the time. The investment of the City's Special Alcohol Fund will result in decreased tax dollar expenditures in other systems, such as health care, criminal justice and public assistance. Positive health outcomes and economic productivity will be experienced by individuals served.

Process Outcomes – DCCCA's Lawrence Outpatient Treatment program will provide comprehensive assessment and treatment services to 575 individuals in Calendar Year 2015. An additional 200 individuals will be referred by our collaborating partners for Screening, Brief Intervention and Referral to Treatment (SBIRT). Data will be collected through CareLogic, DCCCA's electronic health record.

Behavioral Outcomes - The following outcomes measure improvement in lifestyles of individuals who complete treatment. They are based on the National Outcome Measures as defined by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Data is gathered and reported using the Kansas Client Placement Criteria, an electronic data system required by the Kansas Department on Aging and Disability Services.

- 90% of individuals will report a decrease in alcohol use at service completion
- 90% of participants will report a decrease in drug use at service completion
- 85% of adult participants will have safe, supportive living conditions
- 75% of adult participants will be employed at service completion
- 50% of participants will successfully complete services, as defined by meeting goals and objectives on their service plan.

Recent Performance - DCCCA provided substance use disorder assessment and outpatient treatment services to 566 individuals in 2013. Roughly half of these individuals were uninsured with incomes at or less than 200% of the federal poverty level.<sup>10</sup> The most recent twelve month outcome data continues to indicate the treatment approach at Lawrence Outpatient Treatment Services has positive individual and community impact.

- 94% of individuals who completed treatment no longer drank alcohol (target: 90%)
- 95% of individuals who completed treatment no longer used drugs (target: 90%)
- 97% of individuals who completed treatment had safe and stable housing (target: 85%)
- 68% of individuals who completed treatment were employed (target: 75%)
- 54% of individuals remained actively involved until treatment plan completion (target: 50%)

Meaningful employment continues to be a challenging goal in Lawrence, particularly for those who have a history of homelessness, chronic illness, poverty and limited education. The data indicates, however, that progress has been made each year. Employment was achieved 43% of our clients in 2011, 65% in 2012, and 68% in 2013.

<sup>8</sup> Substance Abuse and Mental Health Services Administration, Center for Integrated Health Solutions, 2012

<sup>9</sup> Faces and Voices of Recovery, "Life in Recovery: Report on Survey Findings," Alexandre Laudet, PhD., 4/2013

<sup>10</sup> \$23,340 for an individual, or \$47,700 for a family of four.

**E. Describe any coordination efforts your agency has made.**

**Community Coordination**

DCCCA's successful treatment intervention with adults and adolescents at Lawrence Outpatient is contingent on our ability to address their holistic needs through effective community collaboration. Program staff link treatment clients with Health Care Access Clinic, Douglas County Health Department, Heartland Community Health Clinic, local primary care physicians, Douglas County Aids Project and Douglas County Dental Clinic for physical health care needs. The Lawrence/Douglas County Housing Authority and Lawrence Workforce Center provide access to affordable housing and employment opportunities. Clients with co-occurring mental health needs are seen at Bert Nash Community Mental Health Center. The Willow Domestic Violence Center and GaDuGi are resources for female clients who are victims of domestic violence and sexual assault. Staff providing adolescent services collaborate closely with The Shelter, Inc., O'Connell Youth Ranch, and KVC Behavioral Health Care. Women who participated in residential substance abuse treatment at DCCCA's First Step at Lake View may continue their treatment at Lawrence Outpatient upon re-entry into the community.

**Integrated Service Delivery**

The Institute of Medicine concluded "improving the nation's general health and resolving the quality problems of the overall health care system requires attending equally to the quality problems" of mental health and substance use health care<sup>11</sup>. The federal Affordable Care Act and KanCare, the State's Medicaid managed care system, focus medical services and funding on treating the whole person, not individual diseases. Understanding the potential for improved patient health outcomes through integrated care, DCCCA began working collaboratively in 2013 with Health Care Access Clinic, Bert Nash Community Mental Health Center, and Lawrence OB/GYN Specialists, offering onsite screening, brief intervention and comprehensive assessment for patients presenting with a variety of behavioral health concerns. The initiative expanded to Total Family Care, a new primary family practice at Lawrence Memorial Hospital, in January 2014. In the first year of our integration efforts, collaborating partners scheduled, on average, 40 behavioral health appointments with DCCCA staff working in their locations. The average grew to 63 appointments monthly in the first quarter of 2014.

City Special Alcohol Fund dollars in 2015 will be dedicated to further expanding DCCCA's ability to reach the uninsured in locations at which they already seek help. DCCCA staff will co-locate at Health Care Access Clinic twenty hours weekly, talking with patients identified by medical staff as at risk for substance use disorder. Screening, brief intervention and assessment will be offered in the safe home shelter operated by The Willow Domestic Violence Center. Finally, planning is already underway to offer outpatient substance use disorder treatment at the Lawrence Community Shelter to prevent their guests from struggling with transportation to a treatment facility. City dollars will enable us to expand the LCS partnership to include screening and brief intervention for those needing support, but not yet needing formal treatment.

**F. Describe how your agency is capable of implementing the proposed program.**

DCCCA is a Lawrence based non-profit organization that has provided substance abuse treatment services for adults and adolescents for 40 years. Our active, entrepreneurial Board of Directors and leadership staff have created an array of human services that focus on quality, efficiency, and positive outcomes for consumers. DCCCA's management practices and proactive planning have given confidence to various funders that we are good financial stewards and can withstand changing economic conditions.

Lawrence Outpatient Treatment Services is licensed by the Kansas Department of Aging and Disability Services, nationally accredited by the Council on Accreditation, and is a contracted provider with Value Options of Kansas, United Health Care/Optum (Medicaid), Sunflower State Health Plan/Cenpatco (Medicaid), Amerigroup Kansas (Medicaid), the Kansas Sentencing Commission, Blue Cross Blue Shield of Kansas, and multiple insurance companies. Program staff are Licensed Addiction Counselors or Licensed Clinical Addiction Counselors, and many hold additional professional licenses issued by the Behavioral Sciences Regulatory Board as social workers, counselors, or marriage and family therapists.

DCCCA has been strategic in our efforts to expand historical revenue streams (public dollars) and client population. Building a staff team that can receive third party insurance reimbursement, achieving national accreditation, and reducing wait times for treatment were intended to make our Lawrence treatment programs more attractive to managed care companies. We have been successful in joining managed care provider panels, and continue efforts to expand the list of payers who will purchase our services. While we are confident that our revenue will diversify through these efforts over time, we will not lose sight of our mission to help those who otherwise could not receive needed treatment. Our extensive planning efforts the past two years with primary medical care, mental health providers and partnering social service agencies reflects our investment in doing business differently, improving health outcomes for all populations but especially the uninsured, and reducing the overall cost of substance use and addiction in our community. Public dollars from

<sup>11</sup> Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," [www.treatmentgap.org](http://www.treatmentgap.org)

federal, state, county and city partners are necessary to ensure vulnerable community residents are served in the most appropriate setting to meet their needs.

**G. Provide a detailed budget for the proposed program using the categories provided.**

Lawrence Outpatient Treatment Services has multiple funding streams, most with strict eligibility requirements for client admission in order to access those funds. Revenue changes in 2013 included the completion of a contract funding urine drug screens for federal probationers and parolees, and the addition of a contract with Health Care Access Clinic to facilitate mental health services. That contract will be ending August 31, 2014 in order for us to focus on substance use screening, assessment and treatment with their patients.

In addition to paid staff, Lawrence Outpatient is a training site for The University of Kansas, Washburn University and Addiction Counselor interns.

The following data reflects revenue from each primary funding source for the nine month time period of July 1, 2013 through March 31, 2014 and their eligibility requirements:

Value Options of Kansas (client income must be 200% of poverty)	\$119,023
Private Pay/Insurance	\$59,286
Medicaid	\$41,834
Special Alcohol Fund Fund (City of Lawrence)	\$30,750
Health Care Access (mental health services)	\$15,000
Kansas Sentencing Commission Senate Bill 123 and SB 6 DUI	\$6,885
Douglas County Special Liquor Tax	\$4,608
Lawrence Housing Authority HOPE	\$3,222
Miscellaneous and contributions	\$1,621
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	\$282,229

DCCCA's Lawrence Outpatient Treatment Services is an annual recipient of Special Alcohol Funds. Historically, these dollars have allowed us to treat low income adults and adolescents who do not meet the criteria of our primary funding sources, as well as leverage the federal dollars allocated by Value Options of Kansas that do not cover the entire cost of care. DCCCA's annual funding request has been constant throughout the years even though program expenses have increased. Our 2015 request is higher to reflect the actual costs of doing business, and is an investment in an evidenced based intervention, SBIRT, that has been proven to reduce long term healthcare costs. We will continue to seek diversified revenue, but until Medicaid is expanded to cover treatment costs for those in the eligibility gap, we anticipate seeking the City's help to serve the uninsured.

Special Alcohol Funds in 2015 will be used to fund 2 full time Clinicians, based on the following budget figures. One Clinician will facilitate SBIRT, assessment and treatment services within our community partner settings. Twenty hours weekly of her time will be spent in Health Care Access Clinic. The second Clinician will provide treatment services in our outpatient office and work in the community settings as service volume increases. Costs related to travel, supplies and equipment will be reimbursed through other funding streams.

**Personnel:**

2.0 FTE Substance use disorder counselor (existing staff)	\$91,520
<b>Fringe Benefits @ 30% of salary</b>	<b>\$27,456</b>

**Office space off site:**

Office at Health Care Access Clinic	\$5,952
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<b>Total Request</b>	<hr/> <b>\$124,928</b> <hr/>
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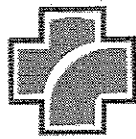


City of Lawrence

### SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
23.5% of adult residents report binge drinking on at least one occasion in a recent 30 day period.	Lawrence Outpatient Treatment Services will reduce the personal, familial, and social cost of substance use by interceding with the most appropriate intervention necessary.	Uninsured adults and adolescents in Lawrence who: Engage in substance use that is detrimental to their health.	Screening, Brief Intervention and Referral to Treatment (SBIRT)	Collaborating partners will refer 200 individuals for Screening, Brief Intervention and Referral to Treatment.	90% will report a decrease in alcohol use at program completion	By the end of the program, 100% of participants will have decreased alcohol and/or drug use; adults will have attained meaningful employment and/or increased their education level when appropriate; adolescents will have increased their educational level; adults and adolescents will live in safe and stable housing; and all will have access to quality, affordable medical care that sustains their recovery.
26.3% of children in Douglas County reported at least one adult in their family had a severe alcohol or drug problem.	Funds provided by the City Special Alcohol Fund will increase the number of uninsured adults and adolescents who access services.	Abuse alcohol or other drugs. Are chemically dependent.	Comprehensive Substance Use Disorder Assessment <u>Level 1 Outpatient</u> -Education -Individual, Group or Family Counseling -Relapse Prevention -Case Management -Aftercare <u>Intensive Outpatient</u> -9 hours of treatment activities weekly	DCCCA will provide comprehensive assessment and treatment services to 575 individuals in CY2015.	90% will report a decrease in drug use at program completion	
16,404 residents report having no insurance. The uninsured are more likely to have poor health outcomes and die early.					85% of adults will have safe, supportive living conditions	
ER visits related to substance use cost our community \$13,000,000 in 2013.					75% of adults will be employed	
					50% will successfully complete treatment, as defined by accomplishing the goals and objectives on their service plan	



**Health Care Access**  
CLINIC | Serving the Uninsured

April 30, 2014

Lori Alvarado, Executive Director  
DCCCA, Inc.  
3312 Clinton Parkway  
Lawrence KS 66047

Greetings:

I am writing in support of the proposal by DCCCA, Inc., to place an addictions counselor in the Health Care Access Clinic 20 hours per week to provide Screening Brief Intervention and Referral to Treatment (SBIRT) services to uninsured and lower-income residents of Douglas County.

The mission of Health Care Access Clinic is to provide superior and comprehensive care to all patients and to reduce overall healthcare costs in the community. The population served by Health Care Access Clinic often has health concerns that are exacerbated by lack of resources, income and access to care. The SBIRT model will be particularly effective in the primary care environment of Health Care Access Clinic as it will quickly provide critical information about potentially risky use of substances to both patients and providers. It also provides a streamlined referral system for patients identified as needing more intensive substance abuse treatment.

The proposal by DCCCA, Inc. to place an addictions counselor at Health Care Access Clinic 20 hours per week is fully supported by Health Care Access Clinic staff and administration. It will promote awareness and motivation toward behavior change for patients and providers before the patients' use of substances becomes a chronic and often costly problem. This early awareness will ultimately benefit patients' over-all health and wellbeing and will reduce overall health care costs in the Douglas County Community.

Sincerely,

Shelly R. Wakeman  
Executive Director



*The Willow Domestic Violence Center Mission: Restoring the health and safety of victims of family and domestic violence.*

April 22, 2014

Lori Alvarado  
DCCCA, Inc.  
3312 Clinton Parkway  
Lawrence, KS 66047

Dear Ms. Alvarado;

The Willow Domestic Violence Center (The Willow) is proud of the partnership with DCCCA, Inc. we have formed through the years. Both agencies have recognized through collaboration we can extend services in our community and assist greater numbers of women. The Willow recognizes a woman many times is not able to fully heal from her experience with domestic violence if she is suffering substance abuse. The addiction recovery must come first and the domestic violence healing second.

Through a program as you propose, Screening Brief Intervention and Referral (SBIRT), we will be able to increase the numbers of women entering treatment. After a woman suffering domestic violence has completed treatment, she is able to return to the safe home shelter and heal from the trauma of domestic violence. While The Willow is fully equipped to guide the survivor through domestic abuse healing, we are ill-equipped to recognize, assess, and begin treatment of substance abuse. By welcoming the SBIRT professional into the safe home shelter, we will be expanding services to a greater number of survivors. This collaboration between DCCCA, Inc. and The Willow will increase the likelihood of a woman finding safety and self-sufficiency and health.

The Willow is fully supportive of DCCCA's proposal to bring SBIRT into The Willow's safe home shelter. We know that Screening and Brief Intervention in the shelter will increase a woman's chances of sobriety and healing. We are excited to begin.

Sincerely,

Joan Schultz

Executive Director

Ph. 785-331-2034 x106

Email. jschultz@willowdvcenter.org