

City of Lawrence Outside Agency Bi-annual Report 2016

Reports on activity should be submitted electronically to Danielle Buschkoetter, at dbuschkoetter@lawrenceks.org. Reports on activities from January 2016 to June 2016 are due on July 15th 2016. Cumulative reports on activities from January 2016 through December 2016 are due on February 15th 2017.

Agency Name: DCCCA-Lawrence Outpatient Services

Reporting Period (please check one): ☒ January - June (deadline July 15) ☐ January – December (deadline February 15)

1. Give a brief narrative of the activities that were funded with City funds over the reporting period checked above.

Lawrence Outpatient provided a continuum of community based substance use disorder treatment services for 326 individuals in this report period. Engaged clients participated in comprehensive screening and assessments; individual and group therapy interventions; Alcohol/Drug Information School; coordination with physical health, mental health, housing, and employment services; self-directed recovery tools; and connections to ongoing community based peer and support groups. Lawrence Outpatient implemented an Intensive Outpatient Treatment (IOP) option during this report period to address an identified service need. Individuals eligible for IOP have enhanced needs that typically cannot be addressed in a typical outpatient program, but do not need a residential structured environment.

Lawrence Outpatient staff continued collaborative arrangements with various local partners, however the scope of those collaborations changed during the report period (see below).

2. Provide specific detail (and supportive documents, if needed) to demonstrate progress made toward your goals/objectives.

Goal/Objective	Target	Six Month Actual
Number of individuals served	400	326
Number referred by collaborating partners	200	31
Clients will report a decrease in alcohol use at service completion	90%	95%
Clients will report a decrease in drug use at service completion	90%	95%
Adult clients will have safe, supportive living conditions at service completion	80%	100%
Adult clients will be employed at service completion	75%	86%
Clients will successfully complete services	50%	54%

3. How have you impacted the citizens of Lawrence?

Access to affordable, timely and quality treatment services is critical to a community's health. Thirty-five percent of the individuals served at Lawrence Outpatient are uninsured, meaning they would be unable to access needed help without funding from the City of Lawrence. Substance use negatively impacts work productivity, quality of life and family functioning. It results in increased healthcare, law enforcement, and social service costs. Treatment and recovery, on the other hand, are associated with dramatic

improvements in those areas, as well as higher civic engagement, decreases in public health and safety risks, and significant increases in employment.

The majority of individuals leaving Lawrence Outpatient report improvements in their family relationships, legal situation, mental health and physical health. Their treatment experience encourages and supports long term recovery, giving them a greater chance of being a productive member of our community.

4. What barriers, if any, have you encountered?

City of Lawrence funding was identified to support service integration in community partner locations, and a special focus on Peer Support. Implementation of a distinct Peer Support position has been challenging, however the Peer Support approach – connecting individuals to someone with shared life experiences who has successfully maintain recovery – is woven throughout the treatment program's interventions. DCCCA continues moving forward with formalized Peer Support implementation during the funding year.

Community partner service integration was modified early in the year. The original design placed a DCCCA staff in the partner setting to encourage immediate "warm handoffs" for the partners' consumers. Several months of data, however, suggested that outsourcing DCCCA staff was not producing the volume of client activity anticipated from partner organizations and limited the total number of community members that could be seen by licensed counseling staff. DCCCA met with each partnering agency to redesign the referral process and reached agreement to no longer co-locate our staff. Our collaborations continue with the same day/next day access to screening, assessment and treatment services when a partnering agency requests DCCCA services.

5. Review the line-item budget you provided in your application. How much of your allocation has been spent?

DCCCA manages our City allocation closely, ensuring sufficient funding for client services throughout the entire funding year. We have spent 50% of the allocation through June 30, 2016.