



2016 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: **DCCCA, Inc.**

Name of Program for Which Funding is requested: **First Step at Lake View**

Primary Contact Information (must be available by phone 5/27/14 from 8 a.m. to noon.)

Contact Name and Title: **Sandra Dixon LMSW, Director of Behavioral Health Services**

Contact Phone Number for 5/27/14: **785-840-5179**

Address: **3312 Clinton Parkway, Lawrence, KS 66047**

Facility Address: **3015 W. 31st Street, Lawrence, KS 66047**

Facility Telephone: **785-843-9262** Facility Fax: **785-843-9264**

Email: **sdixon@dccca.org**

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

Amount of funds requested from the City for calendar year 2016: \$37,180

Provide a brief description of the program.

First Step at Lakeview, a program of DCCCA, Inc., is one of only eight substance use disorder treatment programs in Kansas, and the only one in Northeast Kansas, that specializes in services for pregnant women and women with children. 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." First Step offers a continuum of treatment options specifically designed to respond to the biological, psychological, and social factors influencing women's substance use and recovery.

Women requiring a stable environment to detox from alcohol or other intoxicating substances are monitored in our non-medical detoxification unit for one to two days while staff assesses their ongoing treatment needs. Our intensive, short term residential program provides 40 hours weekly of therapeutic and structured activities. Typically lasting 21 to 28 days, residential treatment is intended for women whose substance use disorder is so severe they are unable to effectively achieve sobriety and work on their new recovery in an outpatient setting. The Intensive Outpatient Treatment with Supportive Housing option offers 15 hours of clinical services weekly over a six week average time period. Women participating in this service typically lack safe housing and, with the assistance of our staff, build financial resources needed to access a new living environment prior to their treatment completion. Interventions in each of our service options focus on a woman's individual challenges, using proven, evidenced based strategies including Motivational Interviewing, Cognitive Behavioral therapy and Twelve Step programs.

Women's treatment needs extend beyond abstaining from alcohol and drug use. First Step's expanded service components help reduce barriers to long term recovery. Children age 12 years and younger can stay with their mothers while in treatment, attending school or the program's licensed child care center during the day. Pregnant women participate in extensive well-baby services, often returning to First Step after the baby is born to continue their recovery journey. Parenting skills training, health and wellness services, family therapy, case management support to access employment and housing, and referrals for domestic violence intervention are just a few of the unique offerings.

DCCCA's commitment to evidenced based practice and continually enhancing service delivery has focused on more timely engagement into treatment and maintaining that engagement so that women successfully complete their treatment plan goals. A new strategy identified to support these initiatives is Peer Support Services. Meeting someone with shared life experiences who has successfully maintained recovery often breaks through resistance, fear and hesitancy, encouraging individuals to consider getting help and remaining engaged in treatment during the difficult times. A DCCCA

Peer Support Specialist will assume this role, working in collaboration with our community partners and staff. Peer Support is beneficial before, during and after substance use disorder treatment in the following ways:

- Peer mentoring or coaching—developing a one-on-one relationship in which a peer leader with recovery experience encourages, motivates, and supports a peer in recovery
- Peer recovery resource connecting—connecting the peer with professional and nonprofessional services and resources available in the community
- Recovery group facilitation—facilitating or leading recovery-oriented group activities, including support groups and educational activities
- Building community—helping peers make new friends and build healthy social networks through emotional, instrumental, informational, and affiliation types of peer support

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

The Case for Gender Specific Treatment¹

The need for women's treatment is critical, as both research and clinical evidence have identified gender-specific risk factors for substance use disorder. Women are more likely than men to be subjected to sexual violence as both children and adults. Co-occurring mental health disorders often accompany substance use as women use alcohol or drugs to cope with anxiety, depression, eating disorders, and trauma resulting from childhood abuse and domestic violence. Women's physiology makes them more vulnerable to a substance use disorder. Women advance more rapidly in their progression from initial to regular use to abuse. Parenting and caregiving are important roles and identity aspects for women, and must be accounted for in treatment. Effectively addressing the needs of women includes consideration of their children's needs for whom they are responsible².

The Challenge

Children –Substance use during pregnancy can cause poor pregnancy outcomes and early childhood behavioral and developmental problems³. Children of parents with a substance use disorder are three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse substances⁴.

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 stroke⁵.

Emergency Room Visits/Costs – Lawrence Memorial Hospital reported 1,955 emergency room visits due to alcohol as a primary or secondary diagnosis in 2014, a 4% increase from the prior year. Drug use was identified as primary or secondary diagnosis in 1,703 visits, an 8% increase in the same twelve month period. The cost of this care increased 20%, topping \$27,000,000 in 2014.⁶

Uninsured – 17% of Douglas County adults under the age of 65, 12,585 residents, reported not having health insurance in 2012⁷. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health outcomes. Over 50% percent of the women who received substance use disorder treatment at First Step in 2014 were uninsured and had incomes at or below 200% of the federal poverty level.

Alcohol and Drug Use in our Community – Excessive drinking is defined as the percentage of adults consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. Fifteen percent of Kansans reported drinking excessively in a County Health Ranking study funded by the Robert Wood Johnson Foundation⁸. The percentage of Douglas County residents who reported excessive drinking was 19%, 4% higher than state figures. The Kansas Communities That Care survey indicated 25% of Douglas County children reported someone in their family had an alcohol or drug problem⁹. The Kansas Department of Children and Family Services reported 28% of the children in

¹ Union Institute and University, "Women, Addiction and Mental Health: The Vulnerable Population," Dr. Jeremy Fishman

² Substance Abuse and Mental Health Services Administration, "Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals," 2011

³ National Survey on Drug Use and Health, "Substance Use Among Women During Pregnancy and Following Childbirth," 2009

⁴ U.S. Department of Health and Human Services, Administration of Children and Families, "Protecting Children in Families Affected by Substance Use Disorders," 2009

⁵ Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," www.treatmentgap.org

⁶ Lawrence Memorial Hospital, May, 2015

⁷ University of Wisconsin Population Health Institute, www.countyhealthrankings.org, 2015

⁸ University of Wisconsin Population Health Institute, www.countyhealthrankings.org, 2015

⁹ www.kctcddata.org

Douglas County who entered foster care through March, 2015 did so because of their parents' substance use, the most prevalent removal reason in the County¹⁰.

Substances Used – Methamphetamine is the primary substance used by uninsured women admitting to treatment at First Step, continuing the trend we began to see in 2013. Forty-seven percent of admitted women reported methamphetamine, as compared to 29% identifying alcohol and 12% reporting opiates (prescription or illicit substances typically used for pain management).

Some Solutions

Healthcare Benefits of Addiction Treatment – Regular health and addictions care for people with substance use disorders can decrease hospitalizations by up to 30%. Two or more primary medical care visits have shown to improve abstinence from substances by 50% and those in recovery who have other medical conditions are three times more likely to achieve remission of those disorders over five years.¹¹

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.
- Twice as many women as men regained custody of a child while 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.¹²

Peer Support Services – Research regarding the impact of Peer Support Services in mental health and addiction treatment indicates the following outcomes¹³:

- reduced symptoms and substance use
- reduced use of health services, including hospitals
- improvements in practical outcomes including employment, housing and finances
- reduced mortality rates, particularly for suicide in people with addiction.

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

Impact Outcome - DCCCA's primary goal is to reduce the personal, familial and social cost of addiction 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, foster care and public assistance. Positive health outcomes and economic productivity will be experienced by individuals served.

Process Outcomes – DCCCA's First Step at Lakeview treatment program will provide substance use disorder treatment for 400 women and 50 children in Calendar Year 2015. At least 50% of those women will be uninsured and receive services through funding support from the City of Lawrence Special Alcohol Fund. Data will be collected through CareLogic, DCCCA's electronic health record.

Behavioral Outcomes - The following outcomes measure improvement in lifestyles of individuals who complete substance use disorder 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 women will report a decrease in alcohol use at service completion
- 90% of women will report a decrease in drug use at service completion
- 80% of women and women with children will have safe, supportive living conditions
- 75% of women will be employed at service completion
- 50% of women will successfully complete services, as defined by meeting goals and objectives on their service plan.

¹⁰ www.dcf.ks.gov/services/PPS/Documents/FY2015DataReports/FCAD_Summary/RemovalReasonByCountyFY2015.pdf

¹¹ SAMHSA Center for Integrated Health Solutions, "Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services," May, 2013

¹² Faces and Voices of Recovery, "Life in Recovery: Report on Survey Findings," Alexandre Laudet, PhD., 4/2013

¹³ "Peer Support in Mental Health and Addictions: A Background Paper," Mary O'Hagan, Kites Trust, May 2011

Recent Performance – In Calendar Year 2014, First Step at Lakeview provided treatment services for 433 women. Over 165 women have been served in 2015 through April 30.

The most recent twelve month outcome data for First Step indicates the treatment approach has a positive impact for most women, but areas of opportunity remain.

- 80% of women who completed treatment no longer drank alcohol (target: 90%)
- 80% of women who completed treatment no longer used drugs (target: 90%)
- 100% of women who completed treatment had safe and stable housing (target: 80%)
- 56% of women who completed treatment were employed (target: 75%)
- 61% of women successfully completed treatment at First Step (target: 50%)

Abstinence outcome performance improved in the most recent twelve month period, but efforts continue to provide alternatives to drinking or using other substances. Ongoing case reviews reflect a client population with extensive physical and mental health needs, multiple substance use (versus primarily alcohol), and significant trauma histories. The First Step team is continually working to enhance or modify treatment interventions to effectively address the increased severity of needs presented by our clients. Implementing Peer Support is yet another strategy to positively impact these outcomes.

Meaningful employment remains a challenging goal in this economic environment, particularly for those who have a history of homelessness, chronic illness, poverty and limited education. A few local employers, primarily in the food service industry and Berry Plastics, work collaboratively with First Step's Case Manager, but those jobs are usually part time and temporary. We continue to seek partners who need employees, understand the challenges our women face early in recovery, and offer flexible hours that allow them to care for their children. Peer Support Services will help women prepare for and access employment based on the Peer's experience of returning to the workforce as a person in recovery.

Describe any coordination efforts your agency has made.

DCCCA's successful treatment intervention with women and their children is contingent on our ability to effectively address their holistic needs through effective community collaboration. Program staff link treatment clients with Health Care Access Clinic, Heartland Community Health Center, Douglas County Health Department, local primary care physicians, 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. Services for children, including educational needs are coordinated with Success by Six and Sunflower Elementary School.

DCCCA actively participates in community collaboration initiatives designed to identify and seek resolution to service gaps. The past year, in particular, has focused on initiatives targeting Lawrence's uninsured and more cost effective and efficient service integration.

Domestic violence and sexual assault – DCCCA entered into a Memo of Understanding with Willow Domestic Violence Center and GaDuGi in 2012. The partnership focuses on communication among agencies regarding shared clients, as well as drawing upon the expertise of each organization to avoid service duplication. More recent efforts target reducing access barriers for women in any of the three programs, by offering screening and assessment in their location.

Healthcare – DCCCA and Heartland Community Health Center implemented a formal working relationship in 2014 that provides primary medical care for uninsured women and children during and beyond their First Step stay. Heartland and DCCCA share a Medical Director, offering oversight and coordinated service delivery in the treatment setting. We continue our formal working agreement with Lawrence Memorial Hospital, offering substance use disorder screening and assessment for pregnant and post-partum women at Lawrence OB/GYN Specialists, as well as patients seen at Total Family Care. These integration initiatives reduce access barriers for both behavioral health and primary medical health care interventions, and support coordinated care for improved health care outcomes.

Mental Health – Bert Nash Community Mental Health Center offers a standing weekly appointment for First Step clients, allowing them access to psychiatric screening.

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

DCCCA is a Lawrence based non-profit organization that has offered 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 our 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.

First Step at Lake View 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/Cenpatico (Medicaid), Amerigroup Kansas (Medicaid), the Kansas Sentencing Commission, Blue Cross Blue Shield of Kansas, and multiple insurance companies. Program staff is Licensed Addiction Counselors or Licensed Clinical Addiction Counselors, and many hold additional Behavioral Sciences Regulatory Board professional licenses as social workers, marriage and family therapists or counselors.

DCCCA embarked on a strategic direction process in 2014 that has established a foundation for long term vision, quality services, and financial viability. The employee engaged process has resulted, to date, in an updated organization mission statement¹⁴ and five strategic initiatives: leadership development, marketing and internal communications, new initiatives, program integration and efficiency, and quality improvement. Our extensive integration efforts the past three 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 federal, state, county and city partners are necessary to ensure vulnerable community residents are served in the most appropriate setting to meet their needs.

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

First Step at Lake View has multiple funding streams, most with strict eligibility requirements for client admission in order to access those funds. Supplemental funding is received through Kansas Department for Children and Families public assistance benefits (food stamps and child care), food commodities, donations, and client fees.

In addition to paid staff, First Step is a training site for the University of Kansas, Washburn University, Emporia State University and other regional colleges. Students at the bachelor and master's level receive valuable professional experience while providing direct services under approved supervision. Community volunteers from the Lawrence Art Center, churches and other local groups coordinate structured leisure and recreational activities, including monthly chiropractic visits, tending the facility garden, and welcoming the women and their children in their faith communities.

The following data reflects revenue from each primary funding source for the nine month time period of July 1, 2014 through March 31, 2015 and their eligibility requirements:

Value Options of Kansas (client income must be 200% of poverty)	\$497,522
Medicaid	\$343,556
Kansas Sentencing Commission Senate Bill 123, SB 67 DUI, and Drug Court	\$147,080
Supplemental funding	\$27,209
Private Pay/Insurance	\$42,988
Special Alcohol Fund (City of Lawrence)	\$23,185
Contributions and miscellaneous	\$4,349
	<u>\$1,085,889</u>

DCCCA's First Step at Lake View is an annual recipient of Special Alcohol Funds. These dollars have allowed us to treat uninsured women and their children 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. We received a generous increase in our allocation in 2015 and are requesting an amount slightly lower for 2016.

For 2016, Special Alcohol Funds will be used to fund a fifty percent time Substance Abuse Counselor. The position translates to 68 women and their children accessing needed substance use disorder treatment. Funds will also be used to support a twenty-five percent time Peer Support Specialist, allowing the facility to focus on timely and sustained engagement. Costs related to travel, office space, supplies and equipment will be reimbursed through other funding streams.

¹⁴ DCCCA provides social and community services that improve the safety, health and well-being of those we serve.

Personnel

.50 FTE Substance Abuse Counselor (existing staff)	\$20,800
.25 FTE Peer Support Specialist (new staff)	\$7,800
Fringe Benefits @ 30% of salary	\$8,580

Total Request

\$37,180

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>Substance abusing women are at higher risk than non-substance abusing women for poverty, unemployment and domestic violence.</p> <p>Children of parents with a substance use disorder are three times more likely to be abused and four times more likely to be neglected.</p> <p>Over 50% of women admitted to First Step in 2014 were uninsured. 47% identified methamphetamine as their primary drug of choice.</p>	<p>Treatment at First Step at Lake View will reduce the personal, familial and social cost of addiction by interceding with the most appropriate intervention necessary, at the time.</p> <p>Funds provided by the City of Lawrence Special Alcohol Fund will support 68 uninsured women seeking treatment.</p>	<p>Substance abusing/ dependent women who are uninsured;</p> <p>Substance abusing/ dependent women with children;</p> <p>Substance abusing/ dependent pregnant women</p>	<p>Non-medical detox, intensive residential and intensive outpatient treatment with supportive housing. Service components include:</p> <p>Education groups Group therapy Individual therapy Family therapy Licensed childcare Parenting skills Peer Support Aftercare</p> <p>Case management for: Housing Employment Medical Dental Mental Health Domestic violence Outpatient treatment</p>	<p>First Step at Lake View will provide treatment services to 400 women and 50 children in calendar year 2015.</p>	<p>90% will report a decrease in alcohol use at service completion</p> <p>90% will report a decrease in drug use at service completion</p> <p>80% will have safe, supportive living conditions at service completion</p> <p>75% will be employed at service completion</p> <p>50% will successfully complete treatment, as defined by achieving goals and objectives identified on their service plan</p>	<p>By the end of the program, 100% of women will have gained meaningful employment and/or be engaged in activities that allow them to be self-sufficient; will be engaged in supportive relationships; will have access to quality medical care that sustains their healthy lifestyle; and will have safe, stable housing that ensures ongoing recovery for themselves and their children.</p>