



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: **Lawrence Outpatient Treatment Services**

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**

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SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

Amount of funds requested from the City for calendar year 2016: \$93,534

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.

The substance use disorder treatment interventions at Lawrence Outpatient are based on the National Institute on Drug Abuse (NIDA) best practices. Modalities offered include:

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, Fifth Edition (DSM-V), 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-V criteria for severe use. Evening groups are offered in one or two hour blocks.

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

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. DCCCA implemented a technology based recovery tool, myStrength, in 2014. This web-based and smart phone application offers clients self-

directed recovery tools to better manage depression, anxiety, and substance use while improving overall well-being. myStrength is available at no cost to clients even after they finish DCCCA services.

City of Lawrence Special Alcohol Fund dollars will continue to support the continuum of substance use brief screening, early intervention and treatment services at Health Care Access, Lawrence Community Shelter. And The Willow Domestic Violence Center initiated in January, 2015. A fourth community partner, Heartland Community Health Center, will offer access to DCCCA services beginning in June. Implementation of two evidence based practices will be the focus of City dollars: Screening, Brief Intervention and Referral to Treatment (SBIRT) and Peer Support Services.

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.

Peer Support Services – Accessing DCCCA treatment services has historically occurred when an individual makes a decision to seek help, or is directed by someone to seek treatment to avoid some type of consequence. Integrating screening, intervention and treatment services in community settings frequently involves engaging individuals in conversations about their substance use before they have made a decision that the use is problematic. It is common for individuals in those settings to refuse services at first. Meeting someone with shared life experiences who has successfully maintained recovery often breaks through resistance, fear and hesitancy, encouraging those individuals to consider getting help. 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.

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 stroke¹.

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 2014².

¹ Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," www.treatmentgap.org

² Lawrence Memorial Hospital, May, 2015

Uninsured – 17% of Douglas County adults under the age of 65, 12,585 residents reported not having health insurance in 2012³. 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 – 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 Foundation⁴. The percentage of Douglas County residents who reported excessive drinking was 19%, 4% higher than state figures. While the percentage of driving deaths due to alcohol impairment was lower than statewide figures (33%), Douglas County's percentage is concerning at 27%.

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.⁵

Peer Support Services – Research regarding the impact of Peer Support Services in mental health and addiction treatment indicates the following outcomes⁶:

- 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.

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.⁷

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 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, treatment, and peer support services to 575 individuals in Calendar Year 2016. An additional 200 individuals will be referred by our collaborating partners for Screening, Brief Intervention and Referral to Treatment (SBIRT) and Peer Support. 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.

³ University of Wisconsin Population Health Institute, www.countyhealthrankings.org, 2015.

⁴ University of Wisconsin Population Health Institute, www.countyhealthrankings.org, 2015.

⁵ Substance Abuse and Mental Health Services Administration, Center for Integrated Health Solutions, 2012

⁶ "Peer Support in Mental Health and Addictions: A Background Paper;" Mary O'Hagan, Kites Trust, May 2011

⁷ Faces and Voices of Recovery, "Life in Recovery: Report on Survey Findings," Alexandre Laudet, PhD., 4/2013

Recent Performance - DCCCA provided substance use disorder assessment and outpatient treatment services to 632 individuals in 2014. Over 256 people have been served in the first four months of 2015. Roughly half of these individuals were uninsured with incomes at or less than 200% of the federal poverty level. The most recent twelve month outcome data continues to indicate the approach at Lawrence Outpatient Treatment Services has positive individual and community impact.

- 94% of individuals who completed treatment no longer drank alcohol (target: 90%)
- 94% of individuals who completed treatment no longer used drugs (target: 90%)
- 96% of individuals who completed treatment had safe and stable housing (target: 85%)
- 69% of individuals who completed treatment were employed (target: 75%)
- 45% of individuals remained actively involved until treatment plan completion (target: 50%)

Finding meaningful employment and remaining engaged in treatment are outcomes we hope a Peer Support Specialist can positively impact.

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, 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.

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 care⁸. 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 primary family practice at Lawrence Memorial Hospital, in January 2014.

City Special Alcohol Fund dollars in 2015 further expanded our ability to reach the uninsured in locations at which they already seek help. DCCCA staff have been co-locating at Health Care Access Clinic nine or more hours weekly, talking with patients identified by medical staff as at risk for substance use disorder. Screening, brief intervention and assessment are offered in the safe home shelter operated by The Willow Domestic Violence Center. Finally, our continuum of services is offered at the Lawrence Community Shelter to prevent their guests from struggling with transportation to a treatment facility.

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 over 40 years. Our 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/Cenpatico (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.

⁸ Open Society Institute, "Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs," www.treatmentgap.org

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 a updated organization mission statement⁹ 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.

Lawrence Outpatient Treatment Services has multiple funding streams, most with strict eligibility requirements for client admission in order to access those funds. 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.

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|---|------------------|
| Value Options of Kansas (client income must be 200% of poverty) | \$87,324 |
| Value Options SB6 DUI grant (referral for 3 rd and subsequent DUI assessment/treatment) | \$4,370 |
| Private Pay/Insurance | \$44,506 |
| Medicaid | \$35,413 |
| Special Alcohol Fund (City of Lawrence) | \$43,924 |
| Health Partnership Clinic (Olathe services) | \$8,967 |
| Kansas Sentencing Commission Senate Bill 123 | \$8,355 |
| Douglas County Special Liquor Tax | \$14,229 |
| Lawrence Housing Authority HOPE | \$3,222 |
| Miscellaneous and contributions | \$1,140 |
| | <u>\$251,450</u> |

DCCCA's Lawrence Outpatient Treatment Services is an annual recipient of Special Alcohol Funds. Historically, these dollars 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. We were appreciative of the funding increase for 2015, enabling us to reach a larger population of uninsured residents who were in need, but were hesitant to initiate services. Our 2016 request reflects a slight decrease from 2015. It continues the community's investment in SBIRT, while also offering new access to evidence based Peer Support Services and technology based self-directed recovery resources.

Special Alcohol Funds in 2016 will be used to fund 1 full time Clinician, a three quarter time Peer Support Specialist, and a small portion for our Supervisor/Coordinator. Costs related to travel, supplies and equipment will be reimbursed through other funding streams. The Clinician will facilitate SBIRT, assessment and treatment services within our community partner settings. The Peer Support Specialist will support individuals as they consider treatment or prepare to leave treatment, helping them access recovery and basic living resources. The Supervisor/Coordinator will not only oversee this initiative, but coordinate the effort with our community partners to ensure their clients have timely access to DCCCA services.

Personnel:

| | |
|---|-----------------|
| 1.0 FTE Substance use disorder counselor (existing staff) | \$41,600 |
| .75 FTE Peer Support Specialist (new staff position) | \$23,400 |
| .13 FTE Supervisor/Coordinator (existing staff) | \$6,949 |
| Fringe Benefits @ 30% of salary | \$21,585 |

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| Total Request | <u><u>\$93,534</u></u> |
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⁹ "DCCCA provides social and community services that improve the safety, health and well-being of those we serve."

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>19% of adult residents report excessive drinking, 4% higher than the state average</p> <p>17% of residents report having no insurance. The uninsured are more likely to have poor health outcomes and die early.</p> <p>ER visits related to substance use cost our community \$27,000,000 in 2014.</p> <p>27% of driving deaths are due to alcohol impairment.</p> | <p>Lawrence Outpatient Treatment Services will reduce the personal, familial, and social cost of substance use by interceding with the most appropriate intervention necessary.</p> <p>Funds provided by the City Special Alcohol Fund will increase the number of uninsured adults and adolescents who access services</p> | <p>Uninsured adults and adolescents in Lawrence who:</p> <p>Engage in substance use that is detrimental to their health.</p> <p>Abuse alcohol or other drugs.</p> <p>Are chemically dependent</p> | <p>Screening, Brief Intervention and Referral to Treatment (SBIRT)</p> <p>Comprehensive Substance Use Disorder Assessment</p> <p>Level 1 Outpatient -Education -Individual, Group or Family Counseling -Relapse Prevention -Case Management -Aftercare</p> <p>Peer Support Services</p> <p>myStrength technology</p> | <p>Collaborating partners will refer 200 individuals for Screening, Brief Intervention and Referral to Treatment.</p> <p>DCCCA will provide comprehensive assessment, treatment and peer support services to 575 individuals in CY2016.</p> | <p>90% will report a decrease in alcohol use at program completion</p> <p>90% will report a decrease in drug use at program completion</p> <p>85% of adults will have safe, supportive living conditions</p> <p>75% of adults will be employed</p> <p>50% will successfully complete treatment, as defined by accomplishing the goals and objectives on their service plan</p> | <p>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.</p> |