

2020 Budget Request Form – Douglas County, KS

Summary and Community Partner Overview

Community Partner:	DCCCA, Inc.
2020 Request	\$440,470

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Community Partner Overview:

DCCCA behavioral health prevention and treatment programs have served Kansans for 45 years. Our services have evolved as community needs, substances of choice, and treatment interventions have changed. Our commitment to evidence based, data driven interventions was recognized when DCCCA became one of only three Kansas SUD providers to achieve national accreditation in 2011. Through our participation with Council on Accreditation, our facilities and programs are held to standards more rigorous than those required by state licensing. We must not only say we provide safe, supportive, and quality care, we must prove that we implement that care daily. Accreditation also requires processes for reviewing critical incidences, addressing client and public complaints, and routinely gathering and addressing stakeholder feedback.

Prevention

DCCCA manages the statewide Behavioral Health Training and Technical Assistance (BHTTA) contract providing support to community coalitions targeting substance abuse prevention, mental health promotion, suicide prevention and problem gambling and awareness. We respond to the needs of community coalitions, our partners within the Kansas Prevention Collaborative and our funders in a timely manner. Through this project, we developed a suite of training and technical assistance services to community coalitions including in-person and virtual support and training opportunities. We have developed easy to understand e-learning modules to support the work of Kansas prevention coalitions. All modules have a strong emphasis on evidence-based practices and utilizing the Strategic Prevention Framework.

DCCCA also is addressing the prescription drug and opioid crisis across Kansas through current CDC DDPI funding from KDHE as well as the Partnerships for Success (PFS) 2015 Prescription Drug Prevention Initiative, funded by KDADS. Through these projects, we provide statewide coordination as well as training and technical assistance associated with the prescription drug and opioid crisis in Kansas. DCCCA facilitates the Kansas Prescription Drug and Opioid Advisory Committee which developed the Kansas Prescription Drug and Opioid Misuse and Overdose State Plan. We also provide direct funding to two community coalitions to address prescription drug misuse. We provide grant administration, oversight and compliance monitoring to ensure grant outcomes are met.

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DCCCA also operates the Strategic Prevention Framework Partnerships for Success (SPF-PFS) contract to address non-medical use of prescription drugs among youth ages 12-25 in Oklahoma County, Oklahoma. Through this project, DCCCA staff has gained first-hand knowledge of evidence-based programs, policies and practices to address prescription drug abuse being implemented at the community level. We have developed relationships with additional partners including local universities and technical colleges to engage individuals 18-25 years old, a traditionally difficult population on which to gather data. Through the Oklahoma County SPF-PFS, we have compiled an evidence-based practices matrix that will help our agency categorize and select strategies that address local and statewide needs and have strong evidence of effectiveness.

In Douglas County, DCCCA is currently facilitating a strategic planning process utilizing the Strategic Prevention Framework to assess community needs, build capacity to address identified needs, and develop a logic model and action plans to address prevention needs in the county. As the planning process is finalized, we will implement our action plans and evaluate the effectiveness of programs, policies and practices selected. We also are planning a Behavioral Health Prevention Summit to address a wide range of issues in the community including alcohol, vaping, marijuana, suicide and other challenges. We are providing this educational opportunity to the community to raise awareness about the issues and build a sense of urgency to make effective changes utilizing best practices.

Intervention and Treatment

DCCCA's commitment to meeting the increasing acuity and complex needs of our clients has resulted in an integrated service delivery system that includes medical oversight, contractual arrangements for primary health, mental health and psychiatric care, standardized depression and anxiety screening, care coordination with social service and partner treatment agencies, integration of Medication Assisted Treatment (MAT) and Peer Support services, and use of technology to expand access and support recovery post discharge. Implementation of CareLogic, our electronic health record, in 2012 demonstrates our commitment to thorough clinical records and financial stewardship and ensures that only authorized, documented services are billed.

Data document the positive impact of our efforts. Seventy percent of residential clients successfully complete treatment. Two-thirds of those who returned to treatment after completing services admitted to a lower level of care for temporary support. Satisfaction survey feedback, National Outcome Measures, and screening data overwhelmingly reflect client improvements in health care, mental health care, family relationships, housing, abstinence, depression and anxiety.

DCCCA's Douglas County facilities – First Step at Lake View and Lawrence Outpatient Services – have been actively engaged in the Behavioral Health Leadership Coalition and community conversations about reducing incarceration, health care costs, and data driven service delivery. Our facilities served 1,179 individuals in 2018. First Step at Lake View provided treatment for 530 adults and child care for 35 children living with their mothers in the facility. Lawrence Outpatient facilitated education, outpatient and intensive outpatient modalities for 649 men and women. An additional 34 Douglas County residents, including

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24 men, received residential treatment in our Wichita facilities. This data reflects a 30% increase at First Step, 16% at Lawrence Outpatient, and 30% increase in local residents served in our Wichita facilities in a year's time. Methamphetamine continues as the primary substance identified in residential treatment admissions, alcohol for outpatient clients, and opiates remaining the fourth most reported drug of choice in both locations.

Service Overview - Metrics and/or data that describe the service impact:

Douglas County supports prevention and intervention/treatment efforts in four DCCCA projects. The first series of projects is funded through the Behavioral Health Projects budget and represent the total budget request identified on page one. Projects funded by Criminal Justice Services and Sheriff's Department budget are described briefly to offer the full scope of our organization's investment in this community.

Prevention - \$177,000

During the first three months of 2019, DCCCA has been focused on the first three steps of the Strategic Prevention Framework – Assessment, Capacity Building, and Planning. Through this process, we have gathered a variety of quantitative local data (municipal court, district court, KCTC, YRBSS, KU NCHA, KTRACS, BRFSS) and qualitative data (readiness interviews - 24 completed and focus groups – 5 completed, more in process through April and May). Our readiness interviews indicate that the readiness level of Douglas County to address behavioral health issues is 4.52. This ranking is between the pre-planning and preparation stages and means that residents are aware of issues in the community, are concerned about them and want to do something about them but have limited knowledge about how to proceed. This work is part of our effort to build capacity to address issues and we will provide a final capacity building plan to the county to ensure that prevention efforts are successful.

We are currently analyzing the data, but preliminary analysis reveals that alcohol, vaping, marijuana and suicide are primary areas of concern for community members in Baldwin, Eudora, Lawrence and Lecompton. County residents feel more equipped to handle and have more knowledge of mental health issues. We also are reviewing health equity reports to identify disparate populations to ensure services are accessible. As part of the planning process, we will develop baseline data measures and select programs, policies and practices that will lower risk factors after our assessment process is completed and appropriate partners are recruited to implement identified strategies with fidelity. We will have a logic model and action plans that clearly outline each strategy, how it will impact identified risk factors, how it will be implemented and evaluation measures for each strategy. We also are considering how we can align the interests of the Zero Suicide initiative targeting healthcare providers with suicide prevention efforts targeting the general population and are engaging appropriate partners in this conversation.

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Another area of focus for 2019 has been the development of the Behavioral Health Prevention Summit. This event is currently scheduled for June 25th and will provide Douglas County citizens with knowledge about issues such as alcohol, vaping, marijuana, and suicide prevention. The event is one strategy to increase community readiness to address these issues. Participants will complete evaluations for the summit and we will provide the county with a summary of the evaluations and recommendations for service enhancement. Additionally, we are engaging local pharmacies in efforts to increase the safe use, storage, and disposal of prescription medication. We will provide Deterra bags to local pharmacies with messaging for safe disposal to avoid diversion of prescription medications for non-medical use. We will track the number of bags dispersed and gather data from each pharmacy on customer feedback. We also are working with pharmacies to increase options for safe disposal of prescription medication using Med Safe containers. These containers provide a safe way for citizens to conveniently dispose of unused medication at their local pharmacies. We will track the poundage collected from each Med Safe container and provide this data in our quarterly reports. We are currently in the process of securing agreements with four pharmacies throughout the county to install the containers.

Final metrics for 2020 initiatives will be provided to the county upon completion of the strategic planning process currently on track for completion in July 2019.

Social Detox Access Project (\$170,000)

Douglas County's current detox resources are limited to the two women's beds at First Step at Lake View. As part of the community's planning process for expanded mental health and substance use services, the Board of County Commissioners funded a DCCCA project aimed at helping Douglas County residents access regional services and gather utilization data to inform program development in the proposed crisis center. The project focuses on adult men and women presenting in the hospital emergency department who are uninsured; are assessed as medically stable; do not have a supportive, stable living environment in which to safely detox from substance use; and who voluntarily agree to a social detox stay. DCCCA employs trained Peer Support Specialists who meet the patient in the emergency department, identify an available social detox placement, and transport the patient to that provider. Heartland Regional Alcohol and Drug Assessment Center engages with the patient upon placement to encourage primary substance abuse treatment as the next step toward recovery. The DCCCA team facilitates transportation post discharge to the identified treatment provider. In 2019, Heartland Community Health Clinic was added as a potential referral for detox clients. DCCCA Peers respond to calls from Heartland when a patient presents as meeting detox criteria. Our detox partners – Johnson County Community Mental Health Center, Valeo Behavioral Health, CKF Addiction Treatment, and DCCCA's licensed facilities in Wichita – continue to serve referred individuals.

One hundred forty individuals were referred by LMH in 2018. Seventy-one percent of those referred were placed in social detox and 73% of those completed the service. The high percentage of placements suggests the Peer Support model is successful in engaging folks in crisis. Detox placements averaged 3.2 days per person with a total of 319 days purchased. The first quarter of 2019 resulted in 49 calls from LMH and 3 calls from Heartland Clinic. Seventy-nine percent of patients were transported to detox with 78% completing. We project serving 210 individuals in 2020. Enhancements in 2019 and

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2020 will focus on a partnership with Heartland RADAC to track treatment admissions and completions following detox to assess the impact this project has on individuals engaging in treatment and longer-term recovery.

Substance Use Disorder Treatment Services for Uninsured Men (\$75,000)

DCCCA's involvement in the Health Leadership Coalition and the Criminal Justice Coordinating Council has increased the understanding of substance use in our community and the need for treatment, especially for the uninsured. Admissions to our outpatient location increased 25% in 2017 and another 16% in 2018. Sixty-six percent of those clients are men, with approximately 50% of those men uninsured. Referrals to our men's residential facility in Wichita increased 30%. The federal block grant issued by the Substance Abuse and Mental Health Services Administration and managed by the Kansas Department for Aging and Disability Services, is the primary revenue used to treat the uninsured. DCCCA's annual allocation is finite, meaning the agency receives no additional revenue as referrals increase. Douglas County's investment in treating uninsured men reduces wait time for higher levels of care – intensive outpatient and residential services. In the first three months of this funding, DCCCA is serving six men in intensive outpatient treatment. We anticipate 18 men will engage in treatment in 2019, and up to 20 additional men in 2020.

Douglas County Special Liquor Tax Fund (\$18,470)

DCCCA is an annual recipient of the Douglas County Special Liquor Tax fund. Because the dollar amount is not known until funding is received, Liquor Tax revenue is allocated monthly as unrestricted dollars to bridge the gap between treatment cost and fee for service revenue received.

Projects Funded by Other County Sources

Behavioral Health Court (38,455)

DCCCA is an original partner in BHC, facilitating substance use disorder assessment and treatment services for court referred individuals. Ed Lobdell, the Lawrence Outpatient Clinical Coordinator, oversees DCCCA's involvement on this team with Andrea Ott, LCPC, LCAC serving as the primary staff liaison. A small percentage their staff hours spent on this project are reimbursed by Douglas County funding. In 2018, DCCCA received sixteen referrals for an assessment with thirteen engaging in treatment. Service units included 158 residential days, 54 intensive outpatient days, 258 group therapy sessions, and 164 individual sessions. Thus far in 2019, DCCCA has received 3 new referrals with eight clients continuing from the prior year.

Almost 50% of referred Behavioral Health Court clients have Medicaid coverage to fund their treatment. This resulted in DCCCA not spending its entire County allocation. With approval from County staff, in 2019 and continuing into 2020, DCCCA will expand the use of County dollars for individual and group Peer Support Services to support ongoing client engagement in services. We will also incorporate our eight-hour Alcohol Drug Information School for referred individuals who need comprehensive education about substance use but may not need formal treatment. Dollars will also be used for "barrier

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reduction,” i.e. transportation, hard goods, and other expenses that may negatively impact an individual’s treatment adherence and recovery if not purchased.

Women’s Substance Use Disorder-Prosecutor Led Diversion Program (\$110,240)

The Douglas County Women’s Substance Use Disorder Prosecutor-Led Diversion and Treatment Program was established in collaboration with the District Attorney’s Office, Douglas County Sheriff’s Reentry Program and DCCCA to more effectively address the increasing number of non-violent repeat females cycling through the local court systems and the adult detention center. The pre-trial diversion may last up to 12 months for women incarcerated at Douglas County Correctional Facility, who have an identified substance use disorder, and who are selected for participation based on medical necessity criteria and Reentry screening. Selected participants are released to First Step at Lake View for a nine-month treatment continuum that includes residential, intensive outpatient and outpatient modalities; facilitated access to primary medical care and mental health services; ongoing case management and accountability structures with court and Reentry personnel; and coordination with local partners for employment and housing.

In 2018, 22 women were screened for this diversion program. Eight women – the target number – were admitted to treatment. Three women discharged prior to completion. The remaining five continued in the program into 2019. Each woman completed residential and intensive outpatient levels of care and continue in outpatient services while living independently in the community. Two women are living in an Oxford House. All participants are actively engaged in a 12-step program, have a sponsor, and are working. The first official project graduate will have her diversion officially completed in May. The project’s ninth participant entered First Step’s residential program in March.

As with Behavioral Health Court, the majority of this project’s participants have had their treatment services reimbursed by Medicaid. This combined with referral numbers decreasing the end of 2018 resulted in DCCCA not using the entire County allocation. The partnership team is currently assessing eligibility criteria and considering other avenues within the criminal justice system to identify potential participants. County dollars will continue to support primary treatment for uninsured women, child care for their children if DCF benefits are not attainable, value added interventions such as Peer Support, and “barrier reduction” expenses to encourage retention and sustain recovery. A small percentage of personnel costs are allocated to this project.

We anticipate serving an additional eight to ten women in 2019, and a similar target number in 2020.

Douglas County Correctional Facility Substance Abuse Services (The 2020 budget number is being developed by the Sheriff’s Department.)

DCCCA entered into a partnership with the Sheriff’s Department to implement a substance use disorder initiative within the Douglas County Correctional Facility. Beginning January 1, a full time DCCCA addiction counselor has been embedded in the DCCF facilitating substance use education, assessment and individual substance use treatment services. Staff provide two hours of psychoeducational groups each in the women’s pod, minimum security pod, and maximum-security pod. Fifty-four

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individuals have participated in these groups. Seven individuals completed the comprehensive substance use assessment and are now engaged in individual treatment sessions. DCCCA staff coordinate admission to local community-based treatment facilities, including DCCCA, in preparation for inmate release. Summer or fall will see the implementation of Sheriff's Office funded community-based treatment and Medication Assisted Treatment for up to twelve individuals who begin MAT in the DCCF.

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Alignment to County Focus Areas and Collaboration:

Community Partner:	DCCCA, Inc.
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Focus Area:	Human Services
<p><u>Prevention</u></p> <p>DCCCA prevention and treatment services align with the Human Services area of focus area in the county. Prevention services are focused on the promotion and prevention pieces of the Continuum of Care. We coordinate with many community partners through the prevention team including law enforcement (Douglas County Sheriff’s Office, Lawrence Police Department, Eudora Police Department, and Baldwin City Police Department), Lawrence-Douglas County Health Department, Bert Nash Community Mental Health Center, local school districts (Baldwin, Eudora, Lawrence, Lecompton), juvenile services, and others to complete the Strategic Prevention Framework, an evidence-based planning model for prevention. Through promotion and prevention, we are coordinating a project focused on safe storage and disposal of prescription medication, including opioids; facilitating a behavioral health prevention summit to raise awareness about prevention needs in the county; and developing a strategic plan for coordinated prevention services to reduce the incidence of substance use and suicide and increase protective factors in the county.</p> <p>DCCCA’s capacity to help individuals achieve and sustain a recovery based, healthy life is contingent on our ability to collaborate effectively, integrate care, and operate as an integral partner in a comprehensive community-based service system. Our intervention and treatment services exemplify this commitment.</p> <ul style="list-style-type: none">• Our Peer Support Specialists facilitate an individual’s first step toward recovery by responding timely to LMH, coordinating placement with our regional detox partners, and connecting with Heartland RADAC and multiple treatment providers to encourage ongoing treatment.• The Women’s Diversion Project is built on a collaboration model that engages criminal justice, housing, primary health care, mental health, and social support partners, creating innovative “out of the box” solutions that minimize each participant’s risk to reoffend and increases the likelihood of sustained success.• Our primary treatment services incorporate the expertise of our community partners while individuals are engaged with DCCCA, but more importantly, create a foundation for continued community-based supports post discharge. Primary health care, psychiatry and medication management are contracted with Heartland Community Health Clinic (or HealthCore Clinic for individuals transported to Wichita facilities). Low cost mental health services are provided by Bert Nash Community Mental Health Center. Representatives from The Willow and The Sexual Trauma and Abuse Center conduct weekly educational groups at First Step, with DCCCA staff offering similar opportunities for their consumers. Connections to safe, supportive housing occur through the Lawrence Douglas County Housing and Friends of Recovery.	

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- DCCCA's commitment to serving community partners extends beyond primary treatment. Our licensed child care center is open to entities who serve families that struggle to find quality, low cost child care. Organizations such as Family Promise, Lawrence Douglas County Housing Authority and the Lawrence Community Shelter can refer families who otherwise who desperately need child care but are otherwise limited in their options.

Finally, multiple DCCCA staff are actively engaged in the community's ongoing efforts to expand and enhance access to a comprehensive system of behavioral health care.

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	2016 Actuals	2017 Actuals	2018 Actuals	2019 Adopted Budget	2019 Current Estimates	2020 Budget Request
Revenues:						
Unrestricted Fund Balance 1/1/xx	(182,653)	(366,661)	(604,936)		(936,330)	(944,319)
Douglas County			194,871	448,695	448,695	440,470
City of Lawrence	130,916	130,709	132,000	150,000	150,000	154,500
United Way						
Grants	854,717	857,132	962,907	964,570	1,032,441	1,050,000
Fundraisers						
Contributions	5,198	1,686	9,310	15,000	9,345	15,000
Other: DG Special Liquor Tax, DG Sheriff's Office	17,940	15,259	19,817	142,575	142,575	142,575
Other: Contracts, Program Fee for Service, and Miscellaneous	786,395	781,032	1,081,717	1,052,200	1,020,240	1,050,000
Interest						
Total Revenues:	1,795,166	1,785,818	2,400,622	2,773,040	2,803,296	2,852,545
Total Revenues and Fund Balance	1,612,513	1,419,157	1,795,686	2,773,040	1,866,966	1,908,226
Expenditures:						
Salaries	876,802	919,167	1,247,892	1,256,923	1,294,656	1,295,000
Employee Benefits	87,323	82,172	133,265	133,679	134,175	132,000
Health Insurance	130,700	147,700	211,400	218,108	220,511	220,000
Supplies	17,382	17,316	28,249	23,440	31,413	31,000
Utilities, Building Maintenance	253,244	262,571	225,674	213,420	234,575	234,000
Travel & Training	4,054	4,728	14,315	18,926	18,254	18,000
Office Equipment	16,485	17,508	14,247	10,935	18,964	18,000
Debt Payments						
Other: Client Food and Program Supplies	211,223	183,758	268,789	133,427	259,658	260,000
Other: Contractual	76,797	82,142	145,221	145,934	174,291	174,000
Other: Miscellaneous	305,164	307,031	442,964	447,259	424,788	425,000
Total Expenditures:	1,979,174	2,024,093	2,732,016	2,602,051	2,811,285	2,807,000
Ending Fund Balance 12/31/xx	(366,661)	(604,936)	(936,330)	170,989	(944,319)	(898,774)

-1.83%

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Budget Request Analysis

Community Partner: **DCCCA, Inc.**

Analysis of Revenue Sources:

Prevention - DCCCA's focus for prevention revenue diversification is leveraging current staff and service capacity with new business lines. In Douglas County, we aggressively seek federal, state and foundation grant opportunities to improve, enhance or supplement our other state-wide and local prevention efforts.

Treatment - DCCCA treatment services are primarily funded on a "fee for service" basis by the SAMHSA treatment block grant, Medicaid, SB123 (treatment in lieu of incarceration) and private insurance. Each payer has unique authorization processes and length of stay expectations, outcome requirements, and utilization review. The changing complexity of the client population has resulted in significant cost increases to help individuals achieve treatment outcomes. Over the past nine years, DCCCA programs have incorporated psychiatry, primary medical care, and therapists dually licensed as mental health and addiction practitioners, with no corresponding rate increases by our primary funders or the ability to bill for added services. An analysis of our primary revenue streams follows:

- **Block grant:** DCCCA's annual block grant allocation has remained flat after an 11% decrease in fiscal year 2016. Our women's treatment allocation for two facilities, including First Step at Lake View, has remained stable, but challenged by an increasing request for service. The impact of no new funding is felt by locations like Lawrence Outpatient who serve uninsured men.
- **Medicaid:** Attempts to expand Medicaid eligibility in Kansas have been unsuccessful to date, as have efforts by organizations like DCCCA to expand the network of eligible providers for statutorily restricted mental health modalities. Our dually licensed therapists are credentialed with all Medicaid companies to provide traditional outpatient mental health services. Lawrence Outpatient has also recently expanded services for substance using adolescents in the child welfare and corrections systems, both who are covered by Medicaid.
- **Primary Insurance:** Private insurance companies like Blue Cross Blue Shield and United Health Care reimburse for individual and group therapies, and with prior approval, limited intensive outpatient and short-term residential stays for substance use. DCCCA is a contracted provider with BCBS for all levels of care, and most other insurance companies for outpatient treatment.

Our focus for revenue diversification is leveraging current staff and service capacity with new business lines to cover losses incurred by traditional funders. The Douglas County projects, for example, expand current expertise, increase the number of individuals served, and integrate community-based opportunities without significantly increasing costs. The licensed child care at First Step at Lake View is another example of using available capacity to increase low cost child care to the community

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while covering operational expense. Finally, a proposed agency fund development plan establishes targets to cover costs associated with client barrier reduction and building needs to focus limited fee for service dollars on treatment interventions.

Analysis of beginning & ending fund balances, and dedicated or restricted cash reserves:

DCCCA has long-term investments in a quasi-endowment type of arrangement that allows for a policy-based annual spend of an amount not to exceed 3% of the three-year average market valuation of the investment, based upon annual Board of Directors approval. The Board has identified four specific categories for allowable expenditures - building maintenance, infrastructure and systems, workforce development, training and support and new business expansion.

These Board-restricted Net Assets support the entire DCCCA organization, not just the portions of DCCCA that are located within Douglas County. Analysis of the expenditures benefiting only Douglas County based DCCCA programs and operations include approximately \$642,740 for building/equipment maintenance and improvements, \$316,325 for technology improvements, enhancements, systems and computer replacements, \$124,821 for workforce development and training and \$340,547 in other business investments, such as land.

Having the ability for the Board to provide \$1,424,443 of funding that does not come from operations provides the Douglas County based DCCCA programs with the ability to continue to provide quality services without having to divert operational funds away from serving the client into organizational support systems.

As of February 28, 2019 DCCCA (in total – not breaking out the Douglas County portion of DCCCA) had \$52,814,419 in total net assets on their interim, unaudited financial statements. Included in that amount is \$40,884,994 of board restricted investments with a policy-based spend limit, temporarily restricted net assets of \$82,389 and \$5,794,388 in property and equipment, providing \$6,052,648 of assets in excess of liabilities.

Analysis of expenditure changes:

DCCCA treatment services experienced an increase in referrals and admissions in 2017 and 2018, and projections based on 2019 first quarter activity suggests a third year of higher numbers. Expanded community awareness about Douglas County initiatives and the ongoing enhancement of partner collaboration are two driving factors. Our services have regulatory requirements for caseload sizes, thus more referrals and admissions necessitate incremental increases in staffing and related expenses. DCCCA's two largest expense categories – wages and benefits – rise at a higher rate than do program reimbursements, requiring us to continually seek opportunities for cost containment and unrestricted revenue enhancements.

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Covering those increases with status quo grant and contract funding will potentially mean serving fewer individuals during the year.

A high priority for DCCCA's current fiscal year was identifying potential expense reductions, efficiency opportunities, and improving client access and retention to align with limited revenue enhancements. Examples of those initiatives include:

- DCCCA renegotiated primary medical care and psychiatry service costs with Heartland Community Health Clinic. Service rates were reduced without jeopardizing quality.
- DCCCA's contract for tele-psychiatry was reduced from twelve hours monthly to four to focus on lower cost psychiatry in the community.
- We used our procurement process to rebid all food service costs in the residential program.
- We used our procurement process to rebid our health benefit management contract to identify a less costly benefit package for the agency and our employees.
- We used our procurement process to rebid Information Technology support.
- Contracts for social detox placements remain at 2018 rates.

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Supplemental Request for Additional Funding

(This is in addition to the 2020 Request amount on page 1)

Community Partner:	DCCCA, Inc.	\$000
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Purpose for additional revenue from County:

DCCCA is not proposing supplemental funding for 2020. It should be noted that one project, Psychiatry, is not included in the 2020 request. Per our original agreement with the County, these dollars were a one-time allocation for 13 months, ending December 31, 2019. We do intend, however, to engage in conversations later in the year with the Psychiatric Infrastructure team to identify potential strategies for DCCCA treatment clients to access psychiatry through other County projects.

Impact if supplemental request is not funded: