

Kansas Comprehensive Needs Assessment

Executive Summary

October 2006

Social and Rehabilitation Services
Addiction and Prevention Services

Prepared by:
P. Allison Minugh, Ph.D.
Nicoletta A. Lomuto, M.A.
Susan L. Janke, M.S.

DATA CORP
200 West 17th Street
Cheyenne, WY 82001
307.634.1808
info@mjdacorp.com
www.mjdatacorp.com

INTRODUCTION

In November 2005 the Addiction and Prevention Services of the Department of Social and Rehabilitative Services awarded a competitive contract to DATACORP and PAXIS Institute to conduct a comprehensive study of substance abuse treatment needs throughout Kansas.

The purpose of the project is to estimate the need for treatment among Kansas' counties and populations using secondary data. These estimates provide objective, "hard data" to help planners create strategic plans and make allocation decisions.

PROJECT DESCRIPTION

The comprehensive needs assessment involves a series of four studies: a synthetic estimate study, a social indicator study, a capacity and gap analysis study, and a secondary analysis study of the Communities that Care (CTC) data. The first three focused on current treatment need, were completed June 30, 2006 and are summarized in this document. The CTC secondary analysis study uses substance use patterns reported by junior high and high school students to forecast their future treatment needs. It will be completed by June 30, 2007. Together, the studies will build a comprehensive picture of substance abuse treatment need.

The synthetic estimation study involved applying national substance use disorder prevalence rates to Kansas's county-level demographics to create county-level estimates of substance abuse treatment need by gender, race, and age. The synthetic estimation methodology provides absolute numbers to help estimate treatment need.

The social indicator study was designed to enhance the picture of treatment need by using Kansas specific data to capture regional variation. This included crime, hospital discharge, treatment admissions, fatal crash, liquor license, mortality and vital statistics data. Reliable and valid indicators were used to create three composite indices: an alcohol index, a drug index, and a combined alcohol and drug index. These data give an estimate of relative treatment need and are mapped across counties in Kansas.

The gap analysis study compared the state's treatment admissions data with the needs assessment findings to identify areas of the state where unmet treatment need is the greatest. Comparisons were performed for specific demographic groups and special populations: adult women, adult and adolescent Hispanics, and AAPS eligible clients. This study looked at cross-agency impacts that put "pressure on the system." These included court orders for treatment, drug-related arrests, meth lab seizures, involuntary commitments, and children in out-of-home placements. County and regional level results were formulated into regional profiles with recommendations on which gaps should be a priority and how they may be filled.

KEY FINDINGS

Approximately 10% of People in Kansas Need Treatment

Many people in Kansas meet DSM-IV criteria for alcohol or drug abuse or dependence. An estimated 200,000 adults and 24,000 adolescents in Kansas needed treatment. For comparison, this is roughly double the number of people in all of Topeka.

Table 1. Adults and Adolescents in Kansas who Need Treatment for Substance Abuse Problems

	Number in Need	% in Need
Adults	200,581	10%
Adolescents	24,574	10%

Most People in Need of Treatment do not Receive it

The majority of people with substance abuse problems do not receive the treatment they need. This study estimated that more than 150,000 adults and more than 15,000 adolescents needed treatment but did not receive it.

Only a Fraction of the People in Need Are Eligible for Services Funded by Social and Rehabilitation Services

Eligibility for services funded by Social and Rehabilitation Services is limited to people 200% or more below the poverty line. The Kansas Comprehensive Needs Assessment found that among this population, 63,500 adults needed treatment for substance abuse. This amounts to approximately 32% of adults in need. Among adolescents eligible for SRS-funded services, 7,000 adolescents were eligible for services, which amounts to 28% of adolescents in need.

Figure 1. Eligibility for Treatment Funded by SRS among Adults with Substance Abuse Problems

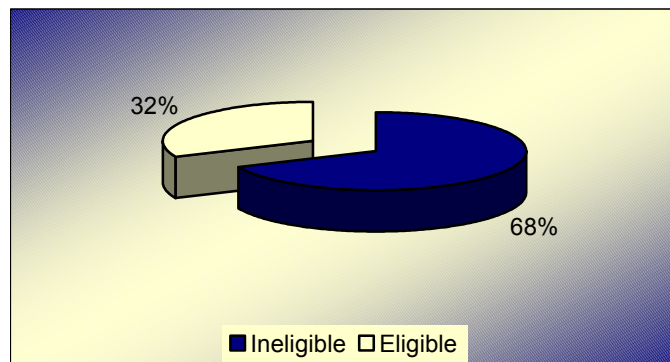
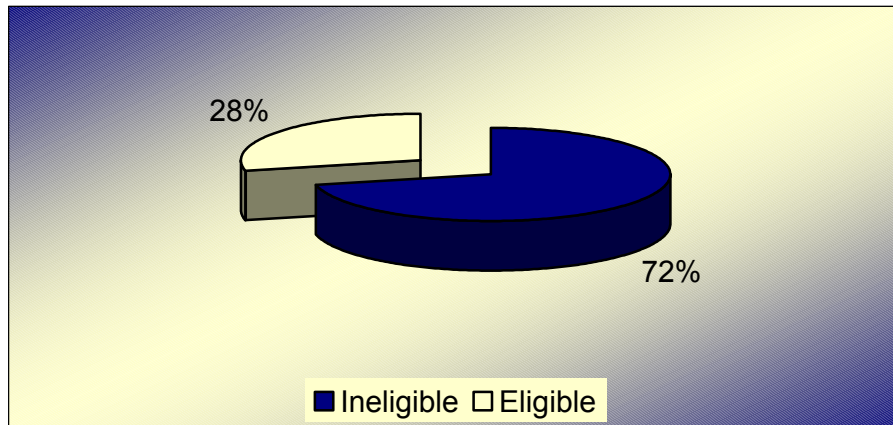
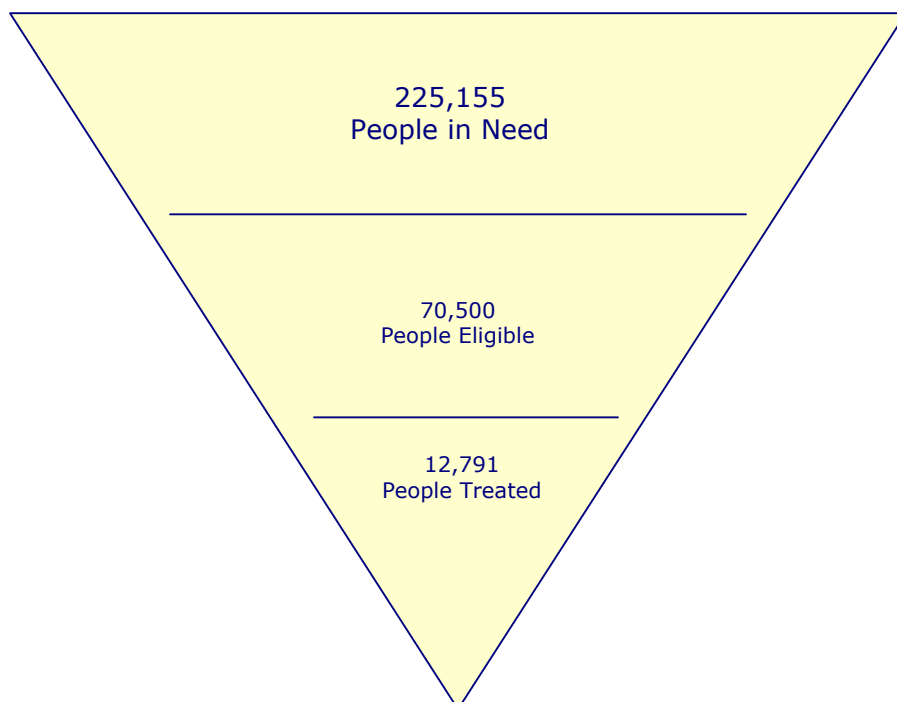


Figure 2. Eligibility for Treatment Funded by SRS among Adolescents with Substance Abuse Problems



Most People Eligible for Services from AAPS do not Receive the Treatment They Need

This study estimated that 63,500 adults and 7,000 adolescents needed treatment and were eligible for AAPS-funded services. In contrast, there were approximately 12,791 people treated for AAPS funded services in Fiscal Year 2005. In addition, providers in the AAPS network serve approximately 2,300 people through other funding streams, for a total of 15,000 people treated by AAPS-funded providers. Thus, only 18% to 21% of eligible clients received treatment through AAPS.



Service Availability is Limited in Many Areas

Although there are many treatment programs operating at reasonably high capacity levels, there remains a shortage of programs in counties where they are most needed. The needs assessment study revealed:

- ❑ The more intense the modality (residential versus outpatient), the further people have to go from home to get treatment;
- ❑ Detoxification services are only available in a few counties;
- ❑ Intensive Outpatient Treatment, a relatively easy modality to implement, is only slightly more available than detoxification;
- ❑ Residential/Reintegration is available in the most populated counties but needed in other areas;
- ❑ There are very few Hispanic treatment programs;
- ❑ Women’s residential treatment programs are concentrated in a few parts of the state.

RECOMMENDATIONS

Overall, this study documented a large unmet need for treatment and a shortage of capacity in many areas of the State. Key recommendations on where to add capacity include the following:

- ❑ Add capacity in the southeast corner of the State, particularly Intermediate or Intensive Outpatient Treatment
- ❑ Establish an Intensive Outpatient program in Riley County
- ❑ Support an additional Intensive Outpatient program in Sumner County
- ❑ Expanded the continuum of care in Finney, Seward, and Ellis, particularly programs for Hispanic populations, adolescents, and women
- ❑ Expand the continuum of care in the northwest corner of the State, possibly locating additional services in Thomas

Data from this study elicited several additional recommendations related to the service delivery system as a whole.

- ❑ Large catchment areas pose challenges when transitioning clients out of residential services. Residential providers must take extra steps to ensure clients are able to connect to outpatient care when they return to their

communities. The state can facilitate by helping providers network and make connections with each other.

- Providing family-based treatment will be challenging in many parts of the state because driving distances to the nearest program are long.