City of Lawrence
2008 Alcohol Tax Funds
Request for Proposals
Calendar Year 2008 (January – December)
Cover Page

Agency Name: Bert Nash Mental Health Center

Program Name: WRAP Working To Recognize Alternative Possibilities

Contact Person: Charlie Kuszmaul LSCSW

Address: 200 Maine St., Suite A, Lawrence Ks., 66044

Phone Number: Desk- 830-1793 Cell- 423-4273

Fax Number: 843-6720

Email Address: Ckuszmaul@bertnash.org

Request is for funding in the following categories and amounts:

____ Prevention $______

____ Treatment $________

____ Intervention $________

____ Coordination $________
Program Description

In 1997 the Bert Nash Community Mental Health Center (Bert Nash CMHC), in concert with the Lawrence Partnership for Children and Youth, the City of Lawrence, and USD 497, initiated the Working to Recognize Alternative Possibilities program (WRAP Program). The WRAP Program is a prevention and early intervention program which places licensed Master’s level clinicians on-site in local public schools where they provide screening, assessment, early intervention services, prevention services, and referrals for students and their families. WRAP participates in universal prevention services, while providing extensive selective and indicated prevention services for alcohol and drug use in a natural community setting. Selective and indicated prevention has been shown to be the most effective approach to reducing drug and alcohol use and related antisocial and criminal behavior among youth (e.g., Hawkins et al., 1992; Institute of Medicine, 1994).

The National Institute on Drug Abuse has identified 16 core prevention principals representative of the current research findings (e.g. U.S. Department of Health and Human Services, 2003). Significant ideas include the following:

1. Prevention programs should enhance protective factors and reverse or reduce risk factors. Early intervention with risk factors often has a greater impact than later intervention because it changes a child’s life path.
2. Prevention programs should address the type of drug abuse problems in the local community.
3. Prevention programs aimed at general populations at key transition points, such as the transition to middle school can produce beneficial effects even among high-risk families and children.
4. Prevention programs should be long-term with repeated interventions.
5. Prevention programs for middle or junior high and high school students should increase academic and social competence skills (study habits, self-efficacy, communication, peer relationships, and drug resistance skills).
6. Research-based prevention programs can be cost-effective. Research shows that for each dollar invested in prevention, up to $10 in treatment can be saved.

The WRAP program continues to incorporate these core prevention principles into daily work with children in the Douglas County school system in the following ways:

- Targeting the modifiable risk and protective factors in our work with students.
- Focusing on the underlying psychological and mental health causal factors of drug abuse, through selective and indicated interventions.
- Providing summer programs, in addition to the school year, that help students make the difficult transitions between school levels.
- Utilizing multiple, short, interventions throughout the duration of a student’s school career.
- At all levels, focusing on social-emotional problems, communication skills, problem-solving skills, positive peer relationships, and academic support with students through individual and in group work.
- Providing interventions that strengthen protective factors which help prevent problem behaviors later in life.

Additionally, these effective psycho-social skills can reduce the effects of existing risk factors for antisocial behavior. They also help establish pro-social attitudes and decision-making skills that affect long-term choices about drug and alcohol use. WRAP also addresses issues with the student’s home life and peer groups. Stressors from these areas often affect students’ school performance, decision-making skills, and self-esteem. Risk factors are also highlighted in the
Office of Juvenile Justice and Delinquency Prevention report: “Implementing the Comprehensive Strategy,” and in the Kansas Communities That Care (CTC) Planning Guide. Treatment of early risk factors in natural environments including schools, homes and the community and working with a variety of individuals involved in the lives of at risk youth is effective in the prevention of later antisocial behavior including drug and alcohol use.

**Needs Assessment**

The following community needs assessments provided the most recent data relevant to the prevention and treatment of juvenile offenders in Douglas County: *Seventh Judicial District Comprehensive Strategic Plan (1998); Bert Nash Center Community Needs Assessments; USD 497 Annual Drug-Free Schools Student Survey and USD 497 Student Behavior Records.* The data reported below are taken from those reports:

A. **Increase in Juvenile Crime:** Douglas County experienced a dramatic increase in the number of adjudicated juvenile offenders during the mid to late 1990's. Between 1993 and 1997, juvenile adjudications increased from 321 to 483—a 50% increase. Records show Juvenile arrests for violent crime increased by 100% over the same period (from 50 in 1993 to 101 arrests in 1997). Juvenile court filings in Douglas County occurred at an average rate of 361 per year between 1993 and 1997. In 1998 that rate had increased to 519, an increase of more than 40%. In 1999 the rate was still unacceptably high at 397. In 2003, Douglas County arrest rates continued to rise with the arrest rate at 460 for juveniles.

B. **Community Consensus about Needs:** The Bert Nash Center has been an active participant in a community consensus building process for Lawrence and Douglas County as a member of the Douglas County Juvenile Crime Prevention Panel, and the Lawrence Partnership for Children and Youth and development of the Seventh Judicial District Comprehensive Strategic Plan. The core conclusions developed across these groups include earlier detection and intervention for risk factors such as behavior problems; more services that are flexible, accessible and take place in natural settings; and coordination of services across agencies.

C. **Youth Drug and Alcohol Use:** In Douglas County, juvenile arrests for drug violations increased over 300% between 1993 and 1997. In one sample of juvenile offenders in custody in Douglas County, the rate of substance abuse problems was 43%. In a 1998 survey, 52% of Douglas County youth reported having used alcohol in the previous month. In 2005, 61.6% of 12th graders reported having beer, wine or hard liquor in the past 30 days. In the same year, 42.7% of 12th graders reported having 5 or more alcoholic drinks in a row during the prior two weeks. Problems with drugs or alcohol were the focus of treatment or referral in 1539 different contacts by WRAP staff in Lawrence schools from 1997 to 2004. CTC data shows that in 2002, 3.7% of 12th grade students reported that they had been arrested at least once. In 2005, the percentage had almost doubled to 7.2%. In 1995, 1.32% of 10th graders reported being arrested at least once. Ten years later, 8.6% report being arrested at least once. In the years 2003, 2004 and 2005 over 10% of all students responding reported that in the previous 12 months they has attacked someone with the idea of seriously hurting them.

D. **Early Conduct Problems:** In the Lawrence high schools approximately 211 students received one or more out-of-school suspensions during the 2004-2005 school year. Violent behavior (violence to staff or students and weapon possession) was the focus of treatment or referral for 1,348 different contacts by WRAP staff in Lawrence public schools from 1997 to the present.

E. **Achievement/Low Commitment to School:** About 13% of the students served by WRAP between 1997 and the present (about 1,120 students) had Individualized Educational Plans, and a similar number were receiving special in-school academic support. Uniquely, WRAP can
combine selective and indicated prevention efforts, with the universal prevention activities of
the school district and by its ability to provide and follow-up on referrals for treatment and
intervention. WRAP workers often serve as liaisons between the school and community.

Outcomes

Process Outcomes
1. 300 USD 497 at-risk students will receive WRAP services from the 3 positions paid for by these
funds during FY 2008.
2. 1200 hours of direct contact hours will be provided to USD 497 students from the 3 positions
paid for during FY 2008. This will be reported by the following: a) Number of students served
b) Number of students served at each school, c) Number and types of groups provided, d) 
Number and nature of indirect contact, e) Number of sessions and time spent with students, f)
Amount of time spent consulting with school staff, g) Other types of data reflecting the amount
or type of work completed by WRAP Staff
3. WRAP will offer support to the students and families of the four schools impacted by this grant
at the difficult transitions in life during the 2008 school year. This will be reported by:
a) Number of students referred for general transition support, b) Number of students
participating in summer and transition groups, c) Number of students receiving WRAP support
for transition from Juvenile Detention

Behavioral outcomes
1. WRAP students will maintain or show a decrease in emotional symptoms on the BASC
assessment during the 2008 school year. Decreases in emotional symptoms have been shown to
increase academic functioning. ((Roeper et al.1998). WRAP will collect at least 100 pre and post
test BASC assessments on participating students. 65% maintenance or decrease in emotional
symptoms.
2. WRAP has shown that students who are participating in WRAP have shown improvement over
 time in the Successful Learner Behaviors that are reported on Lawrence elementary report cards.
WRAP intentionally works on goals which can be directly related to those behaviors. WRAP
will do a sample of elementary students in the WRAP program and this sample will show that
60% of students will have an improvement in SLB.

Impact outcomes
The long term impact would be that all students seen in the WRAP program would show
significant improvement on their BASC scores and they would stop all substance use and abuse.

Evaluation

WRAP program evaluation outcomes include:
1. Continuous data collection by WRAP staff into a database which tracks; a) student
demographics, b) current issues, c) referral source, d) length and date of contact, e) goals of
contact, f) type of contact – group, individual, multi-student or systems contacts, and g)
generals services – clinical consults, school support services, training, documentation, etc.
This approach not only gathers the data necessary for program evaluation, it also brings
direction to the interventions that support the developed goal.

2. Scores on the BASC (Behavioral Assessment System for Children). The BASC is a
recognized and valid psychological measurement instrument and is used as a tool to help determine changes in functioning of the students seen in the WRAP program. Preliminary research, conducted by the WRAP program, has shown that students participating in WRAP have shown a significant change in emotional symptoms that relate to optimal functioning.

Coordination
WRAP, fundamentally a prevention program, is designed to use inter-agency coordination in the detection of problems, early intervention and referral for more intensive services. Within the schools, WRAP collaborates with school administrators, staff and school-based service providers, and Lawrence Police Department School Resource Officers (SROs). WRAP makes referrals to services including DCCCA drug/alcohol treatment, prevention specialists, school counselors and social workers, mental health services, and SRS. WRAP coordinates with Douglas County Youth Services (DCYS) since by working directly with youth and collaboration with police/probation officers during juvenile detention in preparation for return to their school. Also, the WRAP program complements (not duplicates) the activities of school drug and alcohol Prevention Specialists, school and DCCCA counselors.

Organizational Capacity
Janice Storey, LSCSW and Director of Child and Family Services, who has over 18 years of experience in child and family clinical social work, will provide clinical and administrative oversight of the program. Charles Kuszmaul, LSCSW, is the WRAP Program Director. He has 19 years of experience in clinical work and 10 years of supervisory experience. He oversees employees of the WRAP program, coordinates efforts with Lawrence Public Schools and DCYS. Currently the WRAP program has 17 licensed social workers, employed by the Bert Nash CMHC, placed in Lawrence Public Schools.

Sustainable funding for the WRAP program has been obtained from the City of Lawrence, USD 497 and Douglas County. Funds from the City Alcohol tax will be used to keep WRAP at its current level of operation. It is the intention of the Bert Nash CMHC to have the WRAP program funded in a manner that would allow the children of Lawrence to receive high quality mental health services that include selective and indicated prevention services for alcohol and drug use in the natural community setting of the schools.
<table>
<thead>
<tr>
<th>ASSESSMENT DATA</th>
<th>GOALS/ OBJECTIVES</th>
<th>TARGET GROUP</th>
<th>STRATEGIES</th>
<th>PROCESS OUTCOMES</th>
<th>BEHAVIORAL OUTCOMES</th>
<th>IMPACT OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous data collection by WRAP staff into a specialized database.</td>
<td>WRAP will provide increased access to mental health services for traditionally underserved populations.</td>
<td>105 students @ LHS 105 students @ LFSHS 90 students @ Sunflower and Hillcrest Elementary</td>
<td>Universal prevention-child based intervention to many students Selective prevention-targeting subgroups at greater risk Indicated prevention-target individuals exhibiting early signs</td>
<td>300 USD 497 at-risk students will receive WRAP services from the target groups.  - Number of students served  - Number of students served by school  - Demographic breakdown of target group. 1200 hours of direct contact hours will be provided to the target group.  - Number and types of groups provided  - Number and nature of indirect contacts  - Number of sessions and amount of time spent with target group  - Amount of time spent consulting with school staff</td>
<td>WRAP students will maintain or show a decrease in emotional symptoms on the BASC assessment during the 2008 school year. WRAP will collect at least 100 pre and post tests. 65% of students tested will show a decrease in emotional symptoms.</td>
<td>The long term impact would be that all students seen in the WRAP program would show significant improvement on their BASC scores and they would stop all substance use and abuse.</td>
</tr>
<tr>
<td>Scores on the BASC (Behavioral Assessment for System for Children).</td>
<td>WRAP participants will show maintenance or improvement in functioning in the school environment as evidenced by scores on the BASC and work towards established treatment goals.</td>
<td>WRAP will provide services necessary to support transitions from:  - Pre-k to kindergarten  - Elementary to Secondary  - Juvenile Detention to traditional school environment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district demographic and student progress data.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above outlines the assessment data, goals, target groups, strategies, process outcomes, and impact outcomes related to the WRAP program. The program aims to improve access to mental health services for underserved populations, with specific strategies to target at-risk students and individuals exhibiting early signs of need. Process outcomes include the provision of services to at-risk students, with specific metrics for the number of students served, types of groups provided, and time spent consulting with school staff. Behavioral outcomes focus on maintaining or showing a decrease in emotional symptoms as measured by the BASC assessment. The long-term impact is expected to be significant improvement in emotional symptoms.
Grant period January 2008-December 2008
WRAP City Alcohol Tax Budget
4/26/2007

<table>
<thead>
<tr>
<th>Salaries:</th>
<th>staff id</th>
<th>% of gross</th>
<th>salary</th>
<th>Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nikki Daneke</td>
<td>FSHS</td>
<td>1.00</td>
<td>$35,448.75</td>
<td>35,449</td>
</tr>
<tr>
<td>Elizabeth Day</td>
<td>LHS</td>
<td>1.00</td>
<td>$38,813.00</td>
<td>38,613</td>
</tr>
<tr>
<td>Shanna Vantuyl</td>
<td>SJHS</td>
<td>1.00</td>
<td>$16,440.34</td>
<td>16,440 6mths</td>
</tr>
<tr>
<td>Janice Storey</td>
<td>admin</td>
<td>1.00</td>
<td>$1,473.86</td>
<td>1,474 admin OH</td>
</tr>
</tbody>
</table>

Total Gross Wages: 91,976

<table>
<thead>
<tr>
<th>Rate:</th>
<th>Eligible wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA:</td>
<td>$91,976.00</td>
</tr>
<tr>
<td>Workman's Comp:</td>
<td>7,036</td>
</tr>
<tr>
<td>General Liability:</td>
<td>573</td>
</tr>
<tr>
<td>KPERS:</td>
<td>5,519</td>
</tr>
<tr>
<td>Health Insurance:</td>
<td>400</td>
</tr>
</tbody>
</table>

Total Taxes & Benefits: 13,528

Other expenses:
- Supplies (including indirect supplies): 1,071
- Miscellaneous: 2,157
- Travel: 626
- Communication (cell phones): 515
- Overhead including depreciation: 10,127

Total Other Expense: 14,496

TOTAL ESTIMATED EXPENSE: 120,000

Grant award amount:

Grants/Grants 2007-08/WRAP City Alcohol Tax 2008 budget.xls
<table>
<thead>
<tr>
<th>(0)</th>
<th>(0)</th>
<th>(0)</th>
<th>(0)</th>
<th>(0)</th>
<th>(0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.100.505</td>
<td>1.100.505</td>
<td>275.126</td>
<td>275.126</td>
<td>35.170</td>
<td>35.170</td>
</tr>
<tr>
<td>140.880</td>
<td>140.880</td>
<td>0</td>
<td>0</td>
<td>35.170</td>
<td>35.170</td>
</tr>
<tr>
<td>46.962</td>
<td>46.962</td>
<td>11.741</td>
<td>11.741</td>
<td>11.741</td>
<td>11.741</td>
</tr>
<tr>
<td>912.863</td>
<td>912.863</td>
<td>228.216</td>
<td>228.216</td>
<td>228.216</td>
<td>228.216</td>
</tr>
<tr>
<td>1.100.505</td>
<td>1.100.505</td>
<td>275.126</td>
<td>275.126</td>
<td>275.126</td>
<td>275.126</td>
</tr>
<tr>
<td>90.006</td>
<td>90.006</td>
<td>10.900</td>
<td>10.900</td>
<td>10.900</td>
<td>10.900</td>
</tr>
<tr>
<td>43.600</td>
<td>43.600</td>
<td>66.250</td>
<td>66.250</td>
<td>66.250</td>
<td>66.250</td>
</tr>
<tr>
<td>225.000</td>
<td>225.000</td>
<td>62.500</td>
<td>62.500</td>
<td>62.500</td>
<td>62.500</td>
</tr>
<tr>
<td>250.000</td>
<td>250.000</td>
<td>62.500</td>
<td>62.500</td>
<td>62.500</td>
<td>62.500</td>
</tr>
<tr>
<td>120.000</td>
<td>120.000</td>
<td>30.000</td>
<td>30.000</td>
<td>30.000</td>
<td>30.000</td>
</tr>
<tr>
<td>210.000</td>
<td>210.000</td>
<td>62.500</td>
<td>62.500</td>
<td>62.500</td>
<td>62.500</td>
</tr>
<tr>
<td>350.000</td>
<td>350.000</td>
<td>87.500</td>
<td>87.500</td>
<td>87.500</td>
<td>87.500</td>
</tr>
<tr>
<td>87.600</td>
<td>87.600</td>
<td>49.720</td>
<td>49.720</td>
<td>49.720</td>
<td>49.720</td>
</tr>
</tbody>
</table>

### 2008 WRAP Budget Summary

**Revenue**

|-------|------|------|------|------|

*Calendar Year 2008 WRAP Budget*