# City of Lawrence 2007 Alcohol Tax Funds Request for Proposals Calendar Year 2007 ( January – December) Cover Page

Agency Name:	Bert Nash CMH	C				
Program Name: _	Working to Recognize Alternative Possibilities (WRAP)					
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Request is for fur	nding in the follow	ving categories and amounts:				
_x_	Prevention	<b>\$_121,478.00</b>				
	Treatment	\$				
N	Intervention	\$				
	Coordination	e				

I. 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). Over the past 9 years, WRAP services have expanded from the high schools to being available to all Lawrence schools. 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). In this form of prevention, all levels of risk factors and early signs of juvenile substance use are targeted.

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 elementary school children should target improving academic and social-emotional learning to address risk factors by focusing on emotional awareness, communication, social problem solving, and academic support. 6. 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). 7. 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: 1. Targeting the modifiable risk and protective factors in our work with children. 2. Focusing on the underlying psychological and mental health causal factors of drug abuse, through selective and indicated prevention strategy. 3. In addition to the academic year program, a popular summer program exists that helps students make the difficult transition from elementary to Jr. high school. 4. The WRAP program utilizes multiple, short, interventions throughout the duration of a student's school career. 5. WRAP clinicians at the elementary level focus on social-emotional problems, communication skills, problem-solving skills, positive peer relationships, and academic support when meeting with students individually and in group settings. 6. This method of treatment continues in the Junior High and Senior High WRAP Program. 7. The WRAP Program focuses on intervention to strengthen protective factors to help prevent problem behavior develop later in life. Additionally, effective psycho-social skills can reduce the effects of existing risk factors for antisocial behavior and help establish pro-social attitudes and decision-making skills that affect long-term choices about drug and alcohol use. It is important to note that the WRAP program 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.

#### II. 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, USD 497 Student Behavior Records and District Court Records. The data reported below are taken from those reports:

A. Increases 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 12<sup>th</sup> graders reported having beer, wine or hard liquor in the past 30 days. In the same year, 42.7% of 12<sup>th</sup> 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 12<sup>th</sup> 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 10<sup>th</sup> 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

E. Low 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.

contacts by WRAP staff in Lawrence public schools from 1997 to the present.

WRAP is in a unique position to address the above issues by combining its 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 agencies involved in the student's recovery, keeping all involved up to date on new developments, facilitating cooperative discussion, and coordinating efforts.

#### III. Outcomes

#### **Process outcomes**

530 USD 497 at-risk students will receive WRAP services from the 3 positions paid for by these funds during FY 2006. This outcome goal includes 180 students from Lawrence High School (LHS), 200 students from Lawrence Free State High School (LFSHS), 150 students from South Jr. High School (SJHS).

3200 units of service will be provided to USD 497 students from the 3 positions paid for during FY 2006. This outcome goal includes 1300 units provided at LHS, 1000 units provided at LFSHS, 900 units provided at SJHS.

#### Behavioral outcomes

60% of all High School students with significant behavioral problems who receive WRAP services will have either zero discipline referrals or improved behavior over the school year (Fall 2006 vs. Spring 2007 data comparison).

### Impact outcomes

The long term impact would be that enough WRAP services were provided that 90% of all students seen in the WRAP program would have no discipline referrals and the graduation rate for these students would be at the 95% level.

#### IV. Evaluation

We track student behavior using school district data and WRAP staff contact records. Rates of disciplinary actions based on the District's data will be summarized. We analyze each WRAP student's data individually to determine if his or her performance had improved, worsened or stayed the same over the school year. We track program input and output through continuous data collection by WRAP staff. Data reflects reasons for services, services provided, interventions, number of contacts, and number of units of service. In the last report, WRAP had a very high success rate in achieving its outcomes goals. The total number of students receiving WRAP services and the total units provided were exceeded, while the reduction in discipline referrals was within 4% of the goal. Experience with the School Districts data base has shown us that it is difficult to gain accurate data at the elementary level making accurate evaluation difficult. Therefore we will place workers only at the Junior and Senior high school level where more accurate data in available. During the next school year, researchers at the University of Kansas will participate in the evaluation process of the WRAP program through the Safe Schools/Healthy Students grant. They will also assist us in refining our outcome measurements as needed. The WRAP program has begun to utilize the BASC (Behavioral Assessment System for Children), a psychological measurement instrument, as a tool to help determine changes in functioning of the students seen in the WRAP program. This instrument has only been used on a limited trial basis thus far and so possible results will not be included in outcomes section of this application. If the BASC proves to be a viable tool in our program then it may well be included in any future applications.

#### V. Coordination

The WRAP program is fundamentally a prevention program designed to use inter-agency coordination in the detection of youth and family problems, early intervention and referral for more intensive services. By working within in the public schools we forge direct collaborations with

school administrators, staff and school-based service providers, and Lawrence Police Department School Resource Officers (SROs). Additionally, WRAP relies on the full continuum of community service and recreational programs to enhance the development of youth protective factors and provides youth and families necessary services. WRAP staff refers students and their families to a variety of other community agencies as well, including DCCCA drug/alcohol treatment, prevention specialists, school counselors and social workers, mental health services, and SRS. WRAP services are closely coordinated with Douglas County Youth Services (DCYS) since youth re-entering school after detention, youth on probation, and youth negotiating other legal or court services are at especially high risk. WRAP staff work directly with youth during juvenile detention in preparation for return to their school and they collaborate extensively with police and probation officers. The WRAP program complements (not duplicates) the activities of school drug and alcohol Prevention Specialists, school and DCCCA counselors. Additionally, there are WRAP staff involved in partnership meetings of the Safe Schools Healthy Students Initiative (SSHS) to help to coordinate the activities of partners and community agencies.

As other grant funding for the WRAP program decreases and state funding for school districts is such an unknown factor (and school districts are faced with monetary demands created by years of shortfalls in funding) the funding from the City Alcohol Tax fund is even more imperative now.

VI. Organizational Capacity

The Bert Nash CMHC was established in 1950 and continues to provide community services today. Janice Storey, LSCSW and Director of Child and Family Services, who has over 17 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 18 years of experience in clinical work and seven years of supervisory experience. He oversees employees of the WRAP program, coordinates efforts with Lawrence Public Schools, DCYS, and SSHS. Currently the WRAP program has 19 licensed social workers, employed by the Bert Nash CMHC, placed in Lawrence Public Schools. They provide all services mentioned above to students of Lawrence Public Schools. The WRAP program has served Douglas County students for nine years.

VII. Budget

Personnel: 3 FTE for Lawrence School positions \$102,881,

Total Taxes & Benefits: \$12,819 (payroll taxes, health, workman's comp, & liability

insurance, retirement)

Travel: \$1,140 (based on the IRS mileage reimbursement rate of 40.5 cents per mile)

Office Space - In kind donation from Bert Nash CMHC and USD 497

Supplies: \$720 (including indirect supplies)

Equipment/Software: \$600

Communication: \$1260 (cell phones)

Overhead: \$2058

(see attached budget form for further detail)

Other sources of funding for the entire program and amounts \$463,636 (State & Federal) The WRAP program has utilizes 2 interns, from KU Social Welfare, at each Jr. and Senior high school. They contribute at total of 144 hours of interventions per week during school.

Sustainable funding for the WRAP program is currently being sought locally. 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.

ASSESSMENT DATA	GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
For the 2004-2005 school year, 71% of LFSHS WRAP students with significant behavioral problems had fewer DRs in the second semester. 48% of LHS WRAP students had fewer DRs. Overall, 56% of the students who were referred to WRAP for behavior problems had fewer DRs in the second semester	Reduce or eliminate discipline referrals of students seen in the WRAP program.	180 students @ LHS  200 students @ LFSHS  150 students @ SJHS	Universal prevention- broad based intervention to many students  Selective prevention- targeting subgroups at greater risk  Indicated prevention- target individuals exhibiting early signs	530 total students will receive WRAP services  3200 total units of service provided  1300 units @ LHS  1000 units @ LFSHS  900 units @ SJHS	60% of High School students who receive WRAP services will have either zero discipline referrals of improved behavior during second semester after WRAP interventions	The long term impact would be that there would be enough interventions so that 90% of all students seen in the WRAP program will have no discipline referrals and the graduation rate would rise to 95% for all students at the high school level.

## Grant period January 2007-December 2007 WRAP City Alcohol Tax Budget 4/13/2006

**RU 2316** 

Salaries:		staff id	% of gross	salary	Budget Amount
	FSHS LHS	3068 3223			34,137 37,128
	SJHS	681			31,616
Total Gross Wages:				_	102,881
			Rate:	Eligible wages	
FICA:			0.0765	\$102,881.35	7,870
Workman's Comp:			0.0040		
General Liability:					
KPERS:			0.0481		4,949
Health Insurance:					
Professional Education:					
Total Taxes & Benefits					12,819
Other expenses: Supplies (including indired	et sunnlies	)			720
Equipment/Software	ж очррноо	,			600
Travel	200)				1,140 1,260
Communication (cell phor Overhead	ies)				2,058
Total Other Expense					5,778
TOTAL ESTIMATED EXP	PENSE				121,478

Grants/Grants 2005/WRAP City Alcohol Tax 2006 budget.xls