



City of Lawrence

## 2016 Social Service Funding Application – Non-Alcohol Funds

Applications for 2016 funding must be complete and submitted electronically to the City Manager's Office at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) by 5:00 pm on Friday, May 15, 2015. Applications received after the deadline or not following the attached format **will not** be reviewed by the Social Service Funding Advisory Board.

**General Information:** Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used to support activities that align with the Community Health Plan which was developed with input from many people throughout the community. The five areas for the plan are listed below:

- Access to healthy foods
- Access to health services
- Mental health
- Physical activity
- Poverty and jobs

More information on the Community Health Plan can be found at <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>.

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 8:00 a.m. to 12:00 p.m. on May 27. **Applicants are asked to make a contact person available by phone at that time in case questions arise.**

Following their review, the Advisory Board will forward recommendations for funding to the City Commission. Recommendations will be based upon the following criteria:

- availability of city funds
- the stated objectives of the applicant's program
- alignment of the program with the Community Health Plan
- the efforts to collaborate and create a seamless system of support for residents
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the Community Health Plan
- past performance by the agency in adhering to funding guidelines (as appropriate)

The final decision regarding funding will be made by the City Commission when they adopt the Annual Operating and Capital Improvement Budget in August.

Please note that funds will be disbursed according to the following schedule unless otherwise agreed to in writing:

- First half of funds will not be disbursed before April 1
- Second half of funds will not be disbursed before October 1

**Questions?** Contact Casey Toomay, Assistant City Manager at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) or at 785-832-3409.

## 2016 Social Service Funding Application – Non-Alcohol Funds

### SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: The Shelter, Inc.

Name of Program for Which Funding is Requested: Juvenile Intake

Primary Contact Information (must be available by phone 5/27/15 from 8 a.m. to 12:00 p.m.)

Contact Name and Title: Judy Culley, Executive Director

Address: 105 W. 11th

Telephone: 785-843-2085 Fax: 785-843-2086

Email: jculley@theshelterinc.org

### SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2016: \$32,000
- B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe: No
- C. Will these funds be used to leverage other funds? If so, how: No
- D. Did you receive City funding for this program in 2015? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.): \$32,000 General Fund
- How would any reduction in city funding in 2016 impact your agency? A reduction would reduce the amount of assistance we would be able to provide for families.
  - If you are requesting an increase in funding over 2015, please explain why and exactly how the additional funds will be used: NA

### SECTION 3. PROGRAM BUDGET INFORMATION

- A. Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other.

	DOC	Co., HLC & PFD Fees	City	Total
Personnel Total (all existing positions)	126,300.00	154,655.00		280,955.00
Intake Supervisor (1 FTE)	X (70%)	X (30%)		
Day Intake Staff Person (1 FTE)	X			
After Hours (4 PTE, on call)	X			
PFD/COR/Prevention Case Managers (4 FTE)		X		
Agency Administrative	X			
Fringe Benefits	21,522.00	26,585.00		48,107.00
Travel & Training	1,375.00	805.00		2,180.00
Communication	924.00	760.00		1,684.00
Supplies	270.00	140.00		410.00
Equipment		710.00		710.00
Other				
Services to Families			28,516.00	28,516.00
Indirect Cost (not incl. admin staff)		3,665.00	3,484.00	7,149.00
Misc/other expenses		50.00		50.00
Total	\$150,391.00	\$187,370.00	\$32,000.00	\$369,761.00

Note: The state of Kansas and local government are on different fiscal years. The above budget figures are based on our most recent requests to each funding source, i.e. DOC for FYE 06/30/16, Douglas County for CY2016 and City of Lawrence for CY2016. Healthy Life Choices (HLC) is reimbursed through our state association on a fee for service basis by class provided.

- B. What percent of 2016 program costs are being requested from the City? 8.65%

C Provide a list of all anticipated sources of funding and funding amount for this program in 2016:

DOC	150,391
Douglas County	156,815
Fees for Pre-Filing Diversion	9,555
City of Lawrence	32,000
HLC	21,000
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	\$369,761

Note: The above figures are based on the assumption that pending requests will be approved. The above does not reflect our full request to Douglas County for 2016, as we are also requesting funding for a service that is not performed by Juvenile Intake.

**SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM**

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.

The funds that we receive from the City are administered by our Juvenile Intake Program. Juvenile Intake provides services to children as they are identified by law enforcement as well as providing prevention and diversion services designed to help children avoid system involvement. All of the services provided through Juvenile Intake are described below, with income and expenses for those services reflected above.

Through our core Juvenile Intake service, we have staff on call to law enforcement on a 24/7 basis, with a 15 minute response time, to assist with any case involving a child. Since 1997, this core service has been funded through the state, and is currently administered by the Department of Corrections (DOC).

Beyond the core service, we offer numerous prevention services through Juvenile Intake. The largest of those services is our Pre-Filing Diversion/Conditions of Release Supervision service (PFD/COR). PFD/COR provides an opportunity for first time and/or low level offenders to be diverted from prosecution as well as providing supervision for alleged offenders from the time of arrest until they appear before a judge, all in an effort to keep alleged offenders from re-offending and help them avoid court contact. PFD/COR is funded by Douglas County and client fees, indicated above.

A second prevention service administered through Juvenile Intake and funded by Douglas County is our High School Truancy Prevention/Diversion Program. This service attempts to prevent court involvement for students who are having attendance problems and are enrolled in one of our local high schools. We provide case management services and coordination with schools and other professionals, with the hope of helping these students complete their high school education.

A third prevention service administered through Juvenile Intake is our Specialized Case Management Program (SCM). Rather than focusing on children whose behaviors actually break the law, SCM is designed to focus on children who are out of control at home, at school, and in the community, who have not reached the point of breaking laws yet. For example, we have served numerous grade school children who have out of control tantrums at school and home, as well as adolescent children who have a pattern of running away from home. This service was funded by the state from its inception in 2005 until 2013, at which point state funding was no longer available. We are very grateful that Douglas County began providing funding for this service in January, 2014.

Through Healthy Life Choices (HLC), yet another prevention program, we provide classes that focus on decision-making skills and at-risk behaviors for children ages 12 to 18. We provide these classes in schools and other locations that serve at risk children. This program is supported by federal dollars that come to our agency through our state association on a fee for service basis.

Last, but certainly not least, the funds that we receive from the City allow us to provide what we believe to be a

primary prevention service. We use our City funds to pay for Family Services for children and families, many of whom have come through Intake, with the goal of preventing or minimizing involvement with the court system. For families meeting certain criteria for financial need, we have paid for such services as tutoring, drug/alcohol evaluations, monitoring, and treatment, and various other specific needs to enable children to remain out of the system, in school, and productive. Since 2008, not surprisingly, requests to maintain housing and utilities have been particularly important, and they currently make up the majority of our requests. Eligible families are identified not only through our staff, but also through other specified agencies in the community, such as the Housing Authority, DCF (SRS), Eckan, Salvation Army, Centro Hispano, Willow, infant/toddler programs, schools, and others, all of those agencies being in a position to see children and families who are at high risk for being involved with the court.

We believe that what we do with City funds through Family Services is extremely important because it addresses individual needs for children at a time when it is still possible to intervene positively, and in a way that may provide enough support to allow children to stay with their families without assistance from the court. All of this money, with the exception of a small administrative cost, is used directly for families, not staff. The consequence of not funding this request, then, would be that some children and families would not receive help and would be at significant risk. In 2013, we provided services for 199 families with City funds. We received 42 other requests for these services that we denied. Sadly, some were denied because the family's needs were beyond what we could provide. (See Section 5. A. Description of Program Services.) Others were denied due to lack of funds. We believe that the number of families we have helped, along with the number of requests we have had to deny, indicates that there is a significant need for this service.

B. How was the need for this program determined?

We have been doing the core Juvenile Intake Service since 1987, and the need for funds for Services to Families has been apparent to our staff virtually since the inception of Intake. Because a part of our responsibility in providing the core service is making referrals to DCF (SRS) for at-risk families following a law enforcement contact, we regularly saw the crisis situations these families were in and the types of help that they needed. In 1997, then, the funding for the core service was shifted from local government to the state, at which time we asked permission from local government to use local funds to invest in the families we see, with the hope that we could make less referrals to DCF (SRS) and perhaps reduce the numbers of children with law enforcement/Juvenile Intake contact. We received permission at that time to use both City and County funds to pay for Services to Families. In 1998, then, the number of Intakes we did with law enforcement started to decrease, going from 994 in 1997 to 951 in 1999 to 847 in 2001. While we don't know that providing funds for Services to Families was the direct cause of the Intake numbers going down, we do know that the number of Intakes has continued to decrease in subsequent years. In 2010, our number of Intakes hit a new low, at 523, followed by 582 in 2011, 556 in 2012, and 483 in 2013. We believe that these low numbers can be attributed at least in part to our Services to Families funds, in company with other prevention efforts developed by many agencies in the community. Due to loss of federal funds, we are now using our County funds to pay for other prevention programming, which makes the funds that we receive from the City for this purpose extremely important.

C. Why should this problem/need be addressed by the City?

We believe that prevention is an ideal role for the community to play in the lives of children and families who are at risk. The primary financial responsibility for the "system" surrounding children who can no longer live with their families rests with the state, which is appropriate, as the law provides for the state to take custody of these children and provide services to them. Because these children are first identified as at risk in the community when they are seen in school, by law enforcement, and by other community agencies, the community has a chance to intervene early in ways that are less intrusive and more individualized, with the hope that state custody can be avoided. We believe that, through our Services to Families funds, our community is making an attempt to "take care of our own," with the hope that the state will not need to be involved.

D. How does the program align with the Community Health Plan (see page one)?

This request most directly relates to the Community Health Plan's interest in Poverty and Jobs, the Plan's stated goal in that area being that all people shall have equal opportunity for employment and resources that meet their family's needs. We assist with families' needs when they are in crisis, thus creating bridges that will allow them time to develop long-term plans. We are, then, providing crucial resources so that children can remain with their families, and families can live and thrive in our community.

## SECTION 5. DESCRIPTION OF PROGRAM SERVICES

- A. Provide a brief description of the service you will provide and explain how it will respond to the need you identified in Section 4. The description should include how many clients will be served, and should describe as specifically as possible the interaction that will take place between the provider and the user of the service.

In order for a family to access our service, we prefer that they are referred on our written referral form from a professional who knows the family, which may include our own Intake staff, other staff from our agency, or staff from other designated agencies. We like to have another professional's referral in an attempt to include only families who have a real need that, if met, will help prevent or minimize system involvement. Some families contact us directly, in which case we contact other professionals to verify their situation, and we may then require applicants to take steps on their own prior to approving their request. Generally, the amount of money available per family is \$200, because our goal is to provide a bridge for the family to deal with their immediate crisis and get set up for a long-term plan to deal with their situation. If it appears to us that a family's immediate needs are clearly beyond our financial limitations, they do not meet the criteria for our service. Since 2008, we have consistently received a high percentage of requests for rent and utilities, as indicated above. We believe it is important to consider these, as lack of housing and utilities puts children at risk, and it is difficult for a family to focus on functioning well if their basic needs are not met. We do not generally consider more than one request for \$200 from the same family for the same crisis situation. However, if, over time, a family experiences more than one emergency but appears to be making an honest attempt to implement a reasonable long-term plan, we may consider a repeat request.

After we receive a referral, we meet face to face with the family to get more information about their need. Often this meeting involves some crisis intervention, after which we get the specific information about their identified need, including appropriate documentation. We also go over their financial situation, including a budgeting sheet to help them understand and plan for their on-going needs. As a part of that budgeting discussion, we ask about other agencies that are providing any help for the family. Following that initial meeting with the family, we can make collateral contacts with the referring professional, and if there are other agencies also involved in helping the family at that time, we can also do collaborative work with those agencies. At the point that we determine that we will fund the request, we authorize payment to the service provider directly rather than giving money to the family, and we get receipts from the provider. If we deny their request because we don't believe that their situation meets the criteria for our funding, we work to help them locate a service that will be helpful to them.

- B. What other agencies in the community are providing similar types of services. What efforts have you made to avoid duplication or coordinate services with those agencies?

There are certainly other agencies and funds in town that help meet individual or family needs by paying for various services. As indicated above, we ask the family about any other agencies involved when we meet with them, and we contact those agencies as appropriate. The agencies we work with most frequently include Ballard Center, Eckan, churches, and Just Food, with DCF (SRS) being the agency that has the most long-term resources for these families. While it would appear on the surface that efforts may be duplicated among these agencies, the goals for each one of them are different. Their funding sources are different as well, some of them having access to federal funds and state funds, all involving different funding criteria and limits. We are very committed to the goal of prevention or minimization of system involvement for at risk children, and we think we are in a very good position to provide for a family's crisis needs and then facilitate a workable long-term plan to achieve our goal, while coordinating with other agencies to maximize the help available for the family in the community.

## SECTION 6. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2016. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2016," "credit counseling services will be provided to 600 clients in 2016," etc. **Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.**

1. We will serve 215 families with these funds in 2016.

Note: This number is artificially limited by the amount of money we receive and the amount of money we will consider per family. This number is in line with the last 3 years, so we believe it is a realistic objective.

2. In 2016, we will provide help with budgeting prior to our approval of a request for these funds for at least 95% of families served. Families receiving only drug/alcohol monitoring services will not be included in this count.

Note: We are leaving the expected percentage for this objective for 2016 at the same level that it has been for the last 6 years. Four years ago, we changed our procedure to ensure that all families will get budgeting help except in unusual circumstances. We have followed that procedure since that time, with the exception of situations that required an immediate response. We believe that the 95% goal will allow for situations such as those. As has been the case in the past, for purposes of tracking this outcome, we will not include identified families who only need drug/alcohol monitoring services for their children. We have always provided those services for children we believe need them, without assessing the family's financial situation. We have thereby avoided potential resistance from families and made sure that children who need this service get it.

3. In 2016, at least 90% of the families who have been served by these funds will not have a child go through Juvenile Intake within 6 months after their case is closed.

Note: Three years ago, we increased this outcome from 85% to 90%, and that has proved to be an attainable goal. In the last six month period that we measured, we met this objective at 92%.