Neighborhood and Community Development Committee
Standing Committee Meeting Agenda
Monday, December 01, 2014
5:00 PM

Location:
Municipal Office Building
701 N 7th Street
Kansas City, Kansas 66101
5th Floor Conference Room (Suite 515)

Name  Absent
Vacant  
Commissioner Brian McKiernan, Chair  
Commissioner Gayle Townsend  
Commissioner Ann Brandau-Murguia  
Commissioner James Walters  

I .  Call to Order / Roll Call

II .  Approval of standing committee minutes from September 29, 2014.

III .  Committee Agenda

Item No. 1 - DISTRIBUTION: 2015 SPECIAL DRUG AND ALCOHOL TAX FUNDS

Synopsis:
Recommendation of the Alcohol and Drug Fund Advisory Committee to disburse 2015 Special Drug and Alcohol Tax funds to the following agencies, submitted by Angie Masloski, Public Safety Business Office.

- Mirror, Inc. - $51,048
- Associated Youth Services - $127,536
- Friends of Yates - $70,916

Tracking #: 140384
Item No. 2 - ORDINANCE: REPEAL LANDLORD TRAINING PROGRAM

Synopsis:
An ordinance repealing Section 19-237(9) relating to residential rental dwellings and the regulating of the issuance of rental dwelling licenses, submitted by Colin Welsh, Legal. The governing body approved a Landlord Training Program in February 2014; however, the Neighborhood Resource Center (NRC) is now pursuing a non-compulsory, free online video seminar for landlord training.
Tracking #: 140389

Item No. 3 - COMMUNICATION: LAND BANK APPLICATIONS

Synopsis:
Communication requesting consideration of the following applications, submitted by Chris Slaughter, Land Bank Manager. The Land Bank Advisory Board has recommended approval of the applications.

642 Orville Ave. - Adam Wittmer for yard extension
1027 Richmond Ave. - L G Barcus & Sons, Inc. for commercial use
1029 Richmond Ave. - L G Barcus & Sons, Inc. for commercial use
420 R N. 32nd St. - James Colber, Jr. for yard extension
2213 N. 12th St. - Verlinda Yates for parking and play area for children
310 S. Valley St. - Maria Sifuentes for yard extension
2041 N. 4th St. - Pearl Washington for yard extension
1361 Kimball Ave. - Charles Mills for yard extension
1363 Kimball Ave. - Charles Mills for yard extension
2742 Tennyson - Willie Walters for yard extension
940 Kansas Ave. - Richard Sanchez for yard extension
849 Splitlog Ave. - Greater Pentecostal Temple for parking
853 Splitlog Ave. - Greater Pentecostal Temple for parking
317 N. 9th St. - Greater Pentecostal Temple for parking
319 N. 9th St. - Greater Pentecostal Temple for parking

Tracking #: 140390

Item No. 4 - COMMUNICATION: TRANSFER LAND INTO LAND BANK

Synopsis:
Communication requesting consideration of the following application, submitted by Chris Slaughter, Land Bank Manager.

Transfer 610 and 620 Minnesota Ave. from the UG into the Land Bank (Negotiating a user agreement to grant owner of 626 Minnesota Ave. exclusive use of the parking lot. The Land Bank will maintain ownership and it allows for the user to improve the parking lot and allow parking for his tenants.)

Tracking #: 140394
Item No. 5 - POLICY: LAND BANK

Synopsis:
Review and request approval of a proposed Wyandotte County Land Bank Policy, submitted by Chris Slaughter, Land Bank Manager.
Tracking #: 140391

Item No. 6 - PRESENTATION/RECOMMENDATION: UG CONTROLLED PROPERTIES

Synopsis:
Presentation on UG controlled properties and recommending those properties be transferred into the Land Bank for strategic holding and disposition, submitted by Chris Slaughter, Land Bank Manager.
Tracking #: 140393

IV. Outcomes

Item No. 1 - UPDATE: TRANSIT OPERATIONS

Synopsis:
Update and information regarding Transit operations and opportunities, by Commissioner McKiernan and Justus Welker, Interim Director of Transportation.

For information only.
Tracking #: 140324

V. Adjourn
The meeting of the Neighborhood and Community Development Standing Committee was held on Monday, September 29, 2014, at 5:04 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner McKiernan, Chairman; Commissioners Townsend, Murguia and Walters. The following officials were also in attendance: Jody Boeding, Chief Legal Counsel; Gordon Criswell, Assistant County Administrator; Joe Connor, Interim Assistant County Administrator; Ken Moore, Deputy Chief Counsel; Emerick Cross, Interim Commission Liaison; Ellen Hanson, Chief of Police; Wilba Miller, Director of Community Development and Jason Banks, Assistant to the Mayor/Manager.

Chairman McKiernan called the meeting to order. Roll call was taken and members were present as shown above.

Approval of standing committee minutes for August 4, 2014. On motion of Commissioner Murguia, seconded by Commissioner Townsend, the minutes were approved. Motion carried unanimously.

Committee Agenda:

**Item No. 1 – 140318… COMMUNICATION: LAND BANK APPLICATIONS**

**Synopsis:** Communication requesting consideration of the following applications, submitted by Chris Slaughter, Land Bank Manager. The Land Bank Advisory Board has recommended approval of the applications.

Chris Slaughter, Land Bank Manager, said we have seven applications. One is parking and the rest are yard extensions. If you guys would like, I can read those addresses off. They should be in your packet.

Applications for yard extension unless noted otherwise
929 Central Ave. – Jesus Osegura for parking
1213 Gilmore Ave. – Denise Olea
1225 Gilmore Ave. – Denise Olea
1052 Dodson Ave. – Jeffrey Lysinger for yard expansion
2200 McDowell Ln. – Jeffrey Lysinger for yard expansion
2404 Ball Ln. – Jeffrey Lysinger
306 S. Valley St. – Maria Sifuentes

**Action:** Commissioner Murguia made a motion, seconded by Commissioner Walters, to approve the parking and yard expansions. Roll call was taken and there were four “Ayes,” Walters, Murguia, Townsend, McKiernan.

Donation to Land Bank
1605 N. 51st from Frank Piper, Jr.

**Mr. Slaughter** said we have one property that we’re asking to be donated to the Land Bank at 1605 N. 51st St. **Commissioner Murguia** said and you’re getting it donated to the Land Bank. **Mr. Slaughter** said to the Land Bank, yes. **Commissioner Murguia** said we’re taking this because we don’t have enough. **Mr. Slaughter** said we have plenty, however, we feel it’s a good size piece of land and we feel that maybe someday this could possibly have a single type of house put on it. Maybe it’s something that would attract someone like Habitat or something like that. **Commissioner Murguia** asked can I ask who the property is owned by. Does it say? **Mr. Slaughter** said Frank Piper Jr. It’s actually a trust of him and his wife. **Commissioner Murguia** asked is there anybody besides us that thinks that this lot might be developable someday. **Mr. Slaughter** said well, I’m bringing it to your attention now. I mean has anybody else looked at it within the UG staff, probably not. **Commissioner Murguia** said no I mean anybody outside of government ever expressed any interest in this parcel of land because we don’t usually develop anything. **Mr. Slaughter** said I mean I haven’t reached out to the neighbors also but we have accepted donations before without—I guess feeling that they’re not being developed. I guess I don’t understand your question. **Commissioner Murguia** said well, the only—I’m okay with what everybody else wants to do. All I know is that you have a lot of vacant lots on your hands that require a lot of attention that you don’t have money to put into. Then what happens is that Code Enforcement gets called by the surrounding community and then if Code Enforcement doesn’t get out there the next day and cut them or clean them up or whatever then all of the commissioners are getting called. I think I get enough of those calls.

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I’m not sure I want to get called about somebody else’s land. I’m not sure I want to take on that responsibility but if there is something that I’m missing here that I don’t know. The reason I was asking it that way is does somebody within the UG or outside of the UG say that hey this might be a good piece of land to start collecting. **Mr. Slaughter** said maybe I should answer it this way. It meets the requirements for me to present it to you as what we’ve done in the past. Now maybe we need to relook at that section of the policy, come up with the criteria for a property that is maybe outside some more developable areas or more desired areas to be developed. I’d be open to that kind of conversation as well.

Generally, if we’re approached we look at, our abstractors do work up to determine there is no other mortgage or anything and it’s sitting there. I believe it is sitting in a delinquent state anyway. By bringing it into the Land Bank we would get rid of those delinquent taxes and makes it available versus someone trying to buy it with a delinquent tax. I would just say it’s probably just our normal procedure unless we see a red flag from what the abstractors present us to bring it to you guys to approve or deny.

**Commissioner Murguia** said by doing it this way take—if the current property owner hasn’t paid their property taxes, if we take it from them does this wash away the fact that they didn’t pay their property taxes, does it clean up their credit so to speak. **Mr. Slaughter** said I do not know how that affects their credit but if we take property into the Land Bank, then generally the practice is we will abate the taxes to make it more attractive to sell. **Commissioner Murguia** said I’m just not interested in taking care of someone that’s not paid their taxes. **Mr. Slaughter** said I understand where you’re coming from but it’s no different than a property where a house had burned down and it’s going through the tax sale and we get those properties as well. **Commissioner Murguia** asked why wouldn’t we just run it through tax sale. **Mr. Slaughter** said we could but they came to us to receive it as a donation.

**Commissioner Townsend** said I wanted to pursue that last question a little bit. I was assuming, and I should not have, that there was not a matter of back taxes or maybe that the neighbors had not been alerted that this might be available for sale. Is there a possibility that can be done first? As Commissioner Murguia I think was getting at is it comes as a donation but then we become responsible for the maintenance and you’re right number one with the bullet during the summer time are the number of calls I know that I get about weeds that are not cut, property vacated and

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not maintained. Are there a couple of other things that we can do before this is accepted? Mr. Slaughter said again, I think there are points that are worth discussing. I will say that that has the potential to make the process longer as I have to wait on a response from neighbors. We don’t have telephone numbers to call the neighbors. I don’t have money in my budget to get into my car and drive out there and knock on their door, but if that is the desired approach the board wants to take, I think we should look at it. Commissioner Townsend said what about just mailing them letters to let them know it’s there. Mr. Slaughter said sure I can mail them something certified and give them a deadline. I can also do that with someone that’s been awarded a Land Bank property and never hear from them again either so. Commissioner Townsend said well the ones that are awarded don’t trouble me as much. That’s somebody trying to get property out of the Land Bank but adding to the Land Bank I guess is the concern. I think I would like to see at least those efforts made to contact people in the vicinity. They may be the ones with the most vested interests that might want to do it. How much acreage are we talking about? Mr. Slaughter said I don’t have that in front of me. I know because the further west you go it’s going to be larger than probably a 40 or 50 ft. lot. To be honest I don’t remember the backstory of why they were donating it, but again, there is no red flag so generally we present those to you guys and it’s up to you guys to make that decision. Commissioner Townsend said it sounds very charitable but there are costs associated with us taking it on I guess that once we have it we have it. I would like to see those communications sent out, just to see an inquiry. Mr. Slaughter asked how would you like me to present that. Do you want a copy of the certified receipt? Do I just need to kind of give you brief—Commissioner Townsend said well, yes. If you can send it certified first class and just make the neighbors aware this is available for sale. Mr. Slaughter asked if this is in a neighborhood group, that has a strong neighborhood group would maybe just correspondence with the neighborhood group work. Commissioner Townsend said I think maybe in addition to that, because there are some people even though there is a strong neighborhood group, not every neighbor is as active in it as some.

Chairman McKiernan said another thing that kind of comes to my mind based on what Commissioner Murguia said was just a little note about the magnitude of any taxes owed. Commissioner Murguia said I’m just concerned that they’ll get some sort of tax deduction for making this property donation to the Unified Government and you know I really appreciate
Commissioner Townsend’s comments in trying to notify the neighborhood. I think that’s great but if it goes through the normal tax sale process, that happens where public notice is made and that won’t create any additional work for Chris and his staff. I mean what do you have, yourself. You don’t have anybody that works for you do you. Mr. Slaughter said I was the only one that reported today. Commissioner Murguia said the process itself is the one that gives public notice. People that are interested usually know where to find that. Mr. Slaughter said we do get approached by people with property that is not delinquent. I think its part of the Land Bank program that we probably need to—I’ll bring some suggestions or some ideas and I would love to have a discussion and strengthen it. Direction has always been well received from this side. If there is a better way to do it, then I think we should look at it and consider it.

Commissioner Townsend said that public notice is good but if you have neighbors with property adjacent to that, giving them particular notice I think would increase the likelihood that those people who are the neighbors who might have even a more vested interest in getting it will know that it’s available and not just take the risk that in some 3x5 notice in a paper they would miss it.

Chairman McKiernan asked what’s our direction here for Chris on this particular property, to serve notice and then bring the property back with a report on notice served. Commissioner Townsend said that sounds good.

Mr. Slaughter asked now would you like this to be standard procedure for all donations going forward. Commissioner Murguia said I knew that’s where you were going to go Chris, I know you. Commissioner Townsend, that’s a great idea, unfortunately though we have so many properties in the Land Bank if we start doing that for this one, I could tell by Chris’ face, that he’s going to come back and say well do we do this on every piece of property to make sure that the residents know that it’s available so we can move it out of our system and move it forward. Mr. Slaughter said I will add even though again it is published in the county newspaper. Any property that comes in the Land Bank we do publish a notice of intent to sale. Now I don’t know what their publication rate is other than probably through us. I’m open to these suggestions. I think they’re great. I just need to know coming forward if I bring a donation next month if I need to have this type of documentation accompanying it. Commissioner Murguia said I’d
recommend, if it’s okay with Commissioner Townsend, that we deny this application and that you come back in front of us at some point and sometime soon and talk to us about how we can do exactly what Commissioner Townsend is talking about and get direct notice to some of these people that live next to these vacant lots that might interested in taking them off of our hands instead of us taking on the burden of someone else’s vacant lot. Is that alright with you Commissioner Townsend? **Commissioner Townsend** said yes that sounds fine. I don’t recall that there had been in the year and almost a half that I’ve been here that we’ve had that many donations. I guess that’s the key thing, not really try to add to your burden, but keeping the number of houses and lots that go on to the Land Bank I guess that’s the step one. Once we have them they’re on for heaven knows how long and become our concern and responsibility. **Mr. Slaughter** said and normally when these are presented it’s not on an every month deal. I try to accumulate enough but this one kind of I think got lost in my file. I thought I’d try to clean my file out and bring it but it can obviously stay there for another month. Yes, I present and you decide.

**Commissioner Murguia** said do you really want me to repeat that long motion. I would suggest that we deny this donation and that we revisit Commissioner Townsend’s potential strategy for maybe moving some property out our Land Bank and encouraging adjacent property owners to take a look at those properties. **Mr. Slaughter** said so when you say deny, you do not want to see this again. **Commissioner Murguia** said I don’t want to see again. What I’d like to see us focus on instead of taking donations into the Land Bank and adding to our long list of vacant properties, what I would like to see is us begin a conversation about strategies to address the vacant lots we currently have like reaching out directly to people that sit next to vacant tax delinquent properties that may be currently interested in those that may not be aware of the publication that we put them out in. **Commissioner Townsend** asked can I amend that. What I’d like to do is see this one denied. That would be the outcome of this one.

**Action:** **Commissioner Townsend** made a motion to deny the donation to the Land Bank.

That would be the outcome of this one. In the interim before this comes back I would like to know that those persons who are in adjacent properties have been contacted to let them know

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that this property may be available for purchase. It may be that you know we decide to take this on later but I would like to have at least that level of vetting and notice done and then we can look to see what we would like to do for the future when those donations come to us.

**Action:** Commissioner Murguia seconded the motion to deny the donation to the Land Bank.

Mr. Slaughter said and we’re strictly just talking donations. Commissioner Townsend said I am because that’s what this is. Mr. Slaughter said I know it’s been brought up before that way, isn’t every adjacent property owner notified that’s adjacent to our Land Bank property notified that there’s property for sale. I know the Land Bank marketing has not really been stellar to say the least. Commissioner Townsend said but the distinction I’m making is this isn’t in Land Bank yet and we’re talking about bringing it in. The concerns raised here address property not yet in the Land Bank and what can be done basically to keep it out of the Land Bank. Mr. Slaughter said okay, as long as we can have the conversation on the direction because there’s going to be times I’m going to bring property request to be donated to the Land Bank maybe because of Project X so you’ll have to give me some insight on how you want me to demonstrate that or a project coming up through the pikes type of deal. Accumulating property can be a good thing through the Land Bank even though there are cost associated with holding that but I just want to make sure I’m clear so I can bring to you the proper information you guys need to make the right decision or the proper decision. Commissioner Townsend said these comments pertain just to this property, may have more far reaching implications but for this item, that’s what I would like to see done.

Commissioner Murguia said I’ve already seconded that. Chris, I would just add I know you have a lot of questions because of the way we’ve done business in the past. I think what we’ve already done is invite you to come back again and we’ll talk about those issues separate. I think Commissioner Townsend is trying to do a good job of keeping this one issue separate from a bigger picture that will require a commission strategy to address, so for this issue let’s do that and then come back at a later date and let’s have a discussion about marketing in general for our vacant lots or donations, either or. Mr. Slaughter said I would agree.

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Chairman McKiernan said we’ve got the motion; we’ve got the second for this particular property with the bigger issue still hovering that I’ll come back to in just a moment.

Roll call was taken and there were four “Ayes,” Walters, Murguia, Townsend, McKiernan.

Chairman McKiernan said so you will work this property, bring it back and we’ll reconsider this property when it is brought back. Now that really transitions more into a lot of the goals that we might set. We’ve been talking about under the category—Mr. Slaughter said I just have a quick question. I thought I was not to bring this property back. Chairman McKiernan said my understanding from Commissioner Townsend was that you were to work the property, serve the notice and then bring that back at a later time. Commissioner Townsend said yes with what we found out from the notices. Mr. Slaughter asked and that was part of the motion. Commissioner Townsend said yes.

Chairman McKiernan said but this now does speak to the bigger issue and it falls really under one of our goals. What do we want to achieve in terms of under our big housing goal. By the way, I kind of broke that down. In our commission goals from two years ago we have developed policies and programs that one, grow neighborhoods to their maximum potential. Let’s skip that one for a moment. That’s pretty obtuse. Make property owners accountable for their property.

I think we can write some goals in that but foster a diverse housing stock. If we put the Land Bank under foster a diverse housing stock, to me that implies housing and to me that implies moving properties out of our Land Bank, strategies to move them out of our Land Bank or strategies to not accumulate any more in our Land Bank. I think we might want to think about what sort of goal do we have for our Land Bank that it grows, that it shrinks, that takes certain type of properties only, or that it takes no properties. Regardless of the strategies we use to get there, what would be our goal. I’m certainly on record of saying I would like for us to decrease the number of lots that we control through our Land Bank.

Commissioner Townsend said I think the exercise we just went through goes to that. You keep and/or help shrink the number of properties in the Land Bank by one, not only trying to move properties out that are already there but looking at how we vet things that are taken into the Land.
Bank. Even though we’ve looked at this one particular item and asked for more vetting on it, that might be the way we go on each donation. What’s the backstory behind it? Is it a family trust? Are there people who no longer live in the Kansas City area and don’t have a way to maintain it? I think that’s one way to approach it.

Chairman McKiernan said we can certainly put a quantifiable number. We want to, for example, shrink the number of parcels in the Land Bank by 5% in the coming year. To me, the real problem lies in what strategy do we use to get there and what’s the way we use to get there. That’s going to have to be a collaboration of commission and staff to figure out what works, what doesn’t, what will cost a lot of money and what won’t cost much. We I think are all agreed that we would like to see the properties that we control for all the holding cost reasons go down, but how do we do that. That is a discussion that’s going to take far longer than the time that we have left in this meeting because we did set the start of our next meeting for 5:30 p.m. and we do have a couple of issues that I think are going to deep engender some discussion there. I think we are all agreed that we would like to see the number of properties in the Land Bank shrink rather than grow but there are a lot of factors that play. If somebody walks away from their property, we end up taking care of it anyway so why shouldn’t we control it.

Commissioner Walters said I think this discussion that we had tonight brings up a few things and one is that land winds up in the Land Bank for a variety of reasons. Maybe in future deliberations we could just have a handful of likely categories, certainly accumulating land as part of a future development is a reasonable and positive goal. Taking land off someone’s hand just because they don’t want to do deal with it any longer is maybe on the different end of that spectrum. It’d be nice to have some information for our evaluation as to which category the various parcels fall into before we have to decide whether to take it or not; particularly when you could make the case that some people are just giving the land up in order to save the taxes that they haven’t paid. That would be my suggestion.

Chairman McKiernan said so is that information that we can gather for our next meeting just to kind of detail the number of different ways in which land comes into the Land Bank and the number of ways it can potentially go out of the Land Bank; whether that be adopt-a-lot, whether that be a developer that wants to build something on that lot. Certainly, I’d love to have our
parcels go out of the Land Bank but I’d also love to see structures built on them as opposed to a vacant just based on the difference in the taxes that we would generate on an improved parcel versus an unimproved one. Is that a report or some information that we can get for this committee on the various ways into and at the present the various ways out of the Land Bank and then possibly some suggestions as to strategies for decreasing in flow and outflow and maybe a thought about what costs both resource and money would be involved in those. **Mr. Slaughter** said yes I can put something together. **Chairman McKiernan** said so let’s do this, if you could—in the best of all possible worlds our next meeting isn’t until the first Monday of November I believe. If we could get kind of that detail in advance of out next meeting then let’s put on the agenda for that meeting a discussion of the pros and cons of in and out, developed, not developed and then a discussion of the cost and benefits of some of the strategies that we would use to achieve a reduction in the size of the Land Bank. Because whether we say it’s 10%, 5%, or 1% reduction in the acreage or the number of parcels or whatever it is, we’re still going to have to fight some resource limitations in terms of achieving that I think. **Mr. Slaughter** said yes. I mean that can be another discussion. If submitted during the normal timeframe to submit stuff for standing committee that should give you two weeks. Would that ample enough time? **Chairman McKiernan** said let’s do that and what I’m going to do—is that enough time for you to pull that together. We’ve accelerated our deadline for turning things in but that then puts a burden on you. **Mr. Slaughter** said I’ll be prepared. **Chairman McKiernan** said what I would suggest at our next meeting that we block a much longer time than we did today so that we can actually get into that discussion, really deliberate it for a while and come up with something more concrete than we have so far today.

**Commissioner Murguia** said just one quick question so Chris can be prepared for that meeting. Has all the commissioners on this committee ever seen a map that visually indicates the number of tax delinquent property in their district currently in the Land Bank? Has everyone seen a visual of that? **Commissioner Walters** said I have not. **Commissioner Townsend** said I have not. I’ve seen the number of properties in the district. I don’t know that it was identified by their tax status. **Chairman McKiernan** said I have that map on my phone. I will let you know. **Commissioner Murguia** said I have it on mine too. Chris, what I think would be very helpful is—I know you’ve done this already so it would just be printing it off and bringing it so that each commissioner at least on this committee could see what’s already in the Land Bank. I think that

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picture says a thousand words and would help the commissioners make a more informed decision on a strategy moving forward. Mr. Slaughter said just Land Bank or—Chairman McKiernan asked can we get the full blown map that shows vacant parcels that shows Land Bank parcels and that shows tax sale eligible parcels whether or not they are vacant. The map that you previously generated for Commissioner Murguia and me—Mr. Slaughter asked countywide or how do we want to do it. Commissioner Murguia said let’s start with us four. We don’t want to overwhelm you. This is the committee making the decision now and then if this committee thinks that you need to do that for the county then we can worry about that later. Chairman McKiernan said I just got a new map last week. Don’t worry about my district. I would assume Commissioner Murguia has an updated map. Commissioner Murguia said yes. You don’t need to worry about my district. Chairman McKiernan said if we can get District’s No. 1 and 7, a map similar to what Commissioner Murguia and I already have, I think that would be really, really helpful. Because whether you look really close or you put it on the wall and stand 20 feet away and just look at where the colors kind of come together, it’s very beneficial to visualize the scatter of both vacant and developed and of both tax current and tax sale eligible.

That I think can start another one of our discussions for our next meeting which would be that I think under the category broadly of housing one of our strategies in terms of making homeowners responsible for their properties is the code violation discussion that we’ve already started in a special session and that is ongoing but also one that looks at trying to reduce the total pressure of unpaid property tax that’s out there historically and trying to improve our collection of property taxes on any given billing. May of this year, December of this year, whatever it might be, we budget about 7% uncollected. Just think what would happen if we could actually achieve 6% uncollected rather than 7%, it would make a positive difference in our budget on an annual basis. As you look at this map look at the color coding for those parcels and structures that are at least now three years tax delinquent that are eligible for foreclosure as we start to think about what strategies can we use to decrease those number of parcels, increase collection of taxes owed, in some cases for a half of dozen or a dozen years on some properties and then increase the collection of any billing. The percentage we get in return from any tax billing that goes out. If you can get those, if you and Chris can work on those—Mr. Slaughter said yes and I’ll have one available for the next standing committee that we can put up on the projector there. Chairman McKiernan said that would be great, wonderful. Commissioner Murguia said that’s great.
Chairman McKiernan said thank you. Thank you very much. It will be a very productive discussion. We will block about—well we’re going to have to block over an hour for it next time because I think this discussion really could go for quite a while. Unfortunately, tonight we do have a blue sheet item for our next standing committee and I do want to leave plenty of time for that.

Outcomes:

**Item No. 1 – 140324…UPDATE: TRANSIT OPERATIONS & OPPORTUNITIES**

**Synopsis:** Update and information regarding Transit operation and opportunities by Commissioner McKiernan and Justus Welker, Interim Director of Transportation.

**Action:** Item was not discussed.

**Item No. 1 – 120136…OUTCOMES**

**Synopsis:** Overviews/discussion on the next phase.

NCD’s outcomes presented at the following standing committee meetings:

April 29, 2013
a. Housing. Develop policies and programs that:
   - Grow neighborhoods to their maximum potential
   - Make property owners accountable for their property
   - Foster a diverse housing stock
b. Healthy Community/Recreation. Encourage lifestyles through programs, services, and facilities that maximize the health and well-being of our citizens and enhances equality of life.
c. Update strategic planning regarding the Land Bank.
d. Social Services. Promote and provide social services and facilities to improve the life, health, and living conditions of our citizens, targeting the most at risk.

August 26, 2013
a. Housing. Develop policies and programs that:
   - Grow neighborhoods to their maximum potential
   - Make property owners accountable for their property
   - Foster a diverse housing stock

September 29, 2014
b. Update strategic planning regarding the Land Bank.
c. Social Services. Promote and provide social services and facilities to improve the life, health, and living conditions of our citizens, targeting the most at risk.

September 30, 2013
Presentation on K.S.A. 79-2811-County sale of properties eligible for tax sale for affordable housing, community development or economic development purposes, by Brandy Nichols, Legal.

November 4, 2013
Discussion on how to grow neighborhoods to their maximum potential.

January 6, 2014
Discussion regarding data that could be collected that would help in the creation and completion of housing goals.

February 3, 2014
Presentation on the following, by Ameribid for:
  • Their ability to comply with the NON
  • Their past history of selling real estate for various entities
  • Their recommendations for selling UG and Land Bank properties
This information is in response to an October 2013 notice of need (NON) for real estate brokerage services.

Adjourn

Chairman McKiernan adjourned the meeting at 5:37 p.m.
Staff Request for Commission Action

Type: Standard
Committee: Neighborhood and Community Development Committee

Date of Standing Committee Action: 12/1/2014
(If none, please explain): 

Proposed for the following Full Commission Meeting Date: 12/18/2014
Confirmed Date: 12/18/2014

Changes Recommended By Standing Committee (New Action Form required with signatures)

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<th>Date</th>
<th>Contact Name</th>
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<th>Ref</th>
<th>Department / Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/17/2014</td>
<td>Angie Masloski</td>
<td>5853</td>
<td><a href="mailto:amasloski@wycokck.org">amasloski@wycokck.org</a></td>
<td></td>
<td>PSBO</td>
</tr>
</tbody>
</table>

Item Description:
The Unified Government receives funds every year from taxes on mixed drinks sold in the county. By statute the funds are distributed in thirds to the general fund, parks & recreation, and drug & alcohol prevention, intervention, and treatment. The statutorily required advisory board met and reviewed the 4 applications received. The advisory board recommends the following:
Alcohol Safety Action Project requested $22,397, recommendation $0
Mirror Inc requested $65,446, recommendation $51,048
Associated Youth Services requested $153,658, recommendation $127,536
Friends of Yates requested $96,135, recommendation $70,916

Action Requested:
Approve 2015 agency grants:
Mirror Inc - $51,048
Associated Youth Services - $127,536
Friends of Yates - $70,916

Publication Required

Budget Impact: (if applicable)

Amount: $0
Source: Special Alcohol Tax Fund
☑ Included In Budget  Policy Action as to distribution. Budget is available.
☐ Other (explain)
Request for Proposal

RFP R25035

“2015 Special Drug and Alcohol Tax Fund”

Submitted by:

Alcohol Safety Action Project
Security Bank
Room M-6
707 Minnesota
Kansas City, Kansas 66101
913-342-3011

Submitted: September 25, 2014
Article VIII. Attachments

2014 Drug Alcohol Grant Application

Attachment A: Intent to Self-Perform
Attachment B: Proposal Form
Attachment C: Debarment Proposal Form
Drug and Alcohol Grant Application

Legal Name of Organization: **KCK ALCOHOL SAFETY ACTION PROJECT**

Street Address: 707 Minnesota Avenue, Suite M-6

City: Kansas City  
County: Wyandotte  
State: KS  
Zip: 66101

Agency Phone Number: 913-342-3011  
Agency Fax Number: 913-342-7227

Name of Agency Director: **W.H. REESE**  
Director Number: 913-342-3011

Signature of Authorized Person:  
Title:  
Contact Person: **W.H. REESE**  
Contact Number: 913-342-3011

Contact Person e-mail address: ksasap@ymail.com

Federal Employers Taxpayers I.D. Number: 48-0947237

Type of Organization:  
Public  
Private non-profit X

Service Area: City Kansas City, Kansas  
County Wyandotte

Funding Request:  
New Program  
Continuation of existing program X

Type of Proposal:  
Prevention  
Treatment X  
Recovery

Requested grant amount: $ 22,397  
Previous funding amount: $ 0

Cash Match: $ 22,397  
In-kind Match: $ 7200

Total program costs: $ 51,994

List additional funding sources and the amounts received from each source

NONE

Page 2 of 15
### A. Program Funding Request

Program Contact Information Section (include email address for program director)

<table>
<thead>
<tr>
<th>Program Name and Organization Name</th>
<th>Director Name/Email address</th>
<th>Financial Officer *</th>
<th>Physical Address</th>
<th>Phone</th>
<th>Requested Amount</th>
<th>Match Amount</th>
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</thead>
<tbody>
<tr>
<td>ALCOHOL SAFETY ACTION PROJECT</td>
<td>W.H. REESE</td>
<td>JEANINE BAUGHMAN</td>
<td>707 Minnesota 913-KCK 66101</td>
<td>642-3011</td>
<td>$22,397</td>
<td>$29,597</td>
</tr>
</tbody>
</table>

Note: *The Financial Officer for individual program is the person with the day to day operational authority to approve expenditures. The Program Director and the Financial Officer cannot be the same person.*
B. Program Narrative

Not to exceed 5 pages

Your narrative should include:

A) A statement and supportive data to demonstrate the need for the proposed program
B) Detailed program description
C) Program Goals
D) Geographical area to be served
E) Target population
F) Number of persons the program anticipates serving
G) How clients are referred to the program
H) How funds received will be used
I) What will happen to the program if the agency does not receive the requested funds
B. Program Narrative

A) Need

This grant proposal is based upon three unique parts of the Wyandotte community. The Criminal Justice System, a substance abuse program (ASAP) and the culture of poverty and/or urban culture.

Statistically, Mike Grimm in charge of Information and Research (UG) reports that in the last fiscal year (2013) the Kansas City, Kansas Municipal Courts reported that 697 DUI cases were filed. While in the Wyandotte District Court, Bill Burns Court Administrator reported 242 DUI’s were reported during 2013.

The KBI crime rate index for Wyandotte County in 2013 was 8,621. Using a conservative estimate that 25% of these cases involved either alcohol or drug abuse, the number of felony/misdemeanor substance abuse cases in Wyandotte County were at least 2,155.

The cost for hiring and attorney for a DUI ranges from $1000-2500. Because of the possibility of incarceration, Judges do not like for individuals to defend themselves. There is Kansas case law which encourages defendants having legal representation especially in DUI cases. Public defenders are available but are very overworked. First offense DUI fines range from $750 to $1500 depending on the nature of the case. With a refusal of the breath testing license can be suspended for one year. For most individuals this involves the potential loss of employment.

Currently if an individual gets a DUI in the State of Kansas, their CDL is terminated.

Substance abuse evaluations fees which are mandatory for all cases are set by the State of Kansas at $150. This includes demographic reporting of the KCPC to Topeka, Kansas as well as the Court of record.

Educational programs for nondependent diversion cases cost $75 (there are some local providers who charge as much as $200) plus monitory or probation cost.

Second and third DUI cases usually have significantly higher lawyer cost, legal fees, treatment program cost and Include incarceration. Most second offenders are sentenced to “ninety days in jail reduced to five days with entry into a licensed treatment program”. In some cases, second offenders are eligible to attend a Weekend Intervention Program (WIP) in lieu of jail.

Felony cases involving drugs or alcohol usually mean significantly higher lawyer fees. Most cases require substance abuse evaluations. These evaluations costs are not set by the State of Kansas. The probability of drug or alcohol dependency in these types of cases is extremely high. Courts favor treatment programs over incarceration. Most of these cases require seeking a bond to be released from jail. If the bond is made, then the individual is released. Those who do not make their bonds are usually indigent.
In light of this need, there are several realities:

1. The cost of incarcerations is $92.00 per day (Wyandotte Court Jail Administrator).
2. The solutions for substance abuse and the related legal concerns require money.
3. Individuals from culture of poverty as well as medium income individuals lack the financial ability to buy solutions therefore serve longer jail sentences.

B. Detailed program description:

ASAP proposes three program solutions to the presented need:

COPS Outpatient Treatment
Currently ASAP offers a licensed outpatient substance abuse program called COPS. It is a sixteen week program offered several times including day/night and weekend. It is cognitively based and follows the Minnesota Model (see appendix) It requires either AA or NA involvement based upon the client’s desire and ability. Drug/alcohol testing included. Currently no one is denied treatment if they can genuinely show sobriety and progress. All grant treatment slots would be for Second DUI offenders. Currently, COPS has a 65% graduation rate.

Indigent Jail Evaluation
ASAP is well known by the Court as well the Wyandotte County jail and is able to provide Indigent jail evaluations which meet the Kansas Behavioral standards as well the KCPC standard.

Weekend Intervention Program (WIP)
WIP is a privatized incarceration program which takes place at the Hilton Inn, 5th and Minnesota, Kansas City, Kansas. The program is offered monthly averaging twelve (12) clients per month. WIP offers a Hispanic bilingual track.

Under Kansas statutes, an individual can meet jail requirement by enrolling on a Friday night to Sunday night (48 hours) of intensive education program. Off duty KCK police provide evening security. Clients cannot leave their room in the evening and must attend intensive day education programs. WIP includes speakers, victim panel and intensive substance abuse education. Client feedback is very good. (See annex)

C) Program Goals:

COPS

Client:
1. Maintain regular attendance.
2. Achieve sobriety
3. Attend self-help group/probation/other meetings
4. Pass all substance abuse testing
5. Complete COPS program
Research suggest that mandatory Court counseling has “enhanced coping skills...and significantly reduce re-arrest rates” (NIDA- see annex)

Indigent Jail Evaluations
1. Provide an accurate and timely evaluation
2. Meet the Kansas evaluation standards
3. Insure evaluation distribution to Court system

WIP
1. Provide positive intensive substance abuse education
2. Create individual substance counseling opportunities
3. Insure satisfactory transition to House Arrest program
4. Meet Kansas Statute standard to reduce incarceration

D) Geographic area to be served:

All proposed programs, COPS, Indigent Jail evaluations and WIP are only available to Wyandotte County residences.

E) Target population:

Eligibility is for all programs including COPS, Jail Evaluation and WIP with indigent status demonstrated by unemployment, medical/disability or probation verification.

F) Number of persons anticipated serving and benefits:

COPS
Grant request: Four (4) treatment slots per month (Total per year 24)

Treatment benefits: Twenty four indigent individuals completing substance abuse treatment.

Estimated savings: Ninety (90) day sentence reduction to five days
Saving eighty-five (85) jail days per client.

24 clients x 85 days saved = 2040 days of incarceration saved.

2040 days of incarceration x $92/per day = $187,680

Indigent Jail Evaluations

Grant request: Four (4) evaluations per month (Total per year 48).

Treatment benefit: Forty-eight (48) indigent individuals will receive substance abuse evaluations.

Decreased incarceration

Improved substance abuse referral
Grant request: One (1) WIP scholarship per month (Total per year 12)

Treatment benefit: Twelve (12) indigent individuals will not go to jail and receive Intensive substance abuse education. Saving 48 days of jail for the County.

G) All clients are referred to the program(s) through the criminal justice system, their attorneys and Probation officers.

H) All funds received will go directly into providing the services (COPS, Indigent Jail Evaluations, and WIP)

I) If funding is not available, the existing programs will continue, only on a limited basis.
Special Drug and Alcohol Tax Fund  R25035
Selection Criteria (Section 7.01)

(a) Responsiveness to providing services to youth and/or young adults:

2014 to date statistics support 38% of ASAP provided services are to individuals between the ages of 18-25.

(b) Innovative Experience/ Past Performance

Innovative Experience:
In 2014, recognizing there was no Hispanic substance abuse treatment facility in Wyandotte County, ASAP applied for a Wyandotte Health Foundation grant for Hispanic substance abuse treatment program. July 10, 2014. (See attached letter).

Past Experience:
ASAP was founded in 1983, since that time, ASAP has been licensed to provide substance abuse interventions in Wyandotte County. In 2004, ASAP was appointed by the Wyandotte County District Court to establish and manage the Weekend Intervention Program. In 2012, ASAP established a Memorandum of Agreement with Safe House in compliance with the Batterer’s Intervention and Substance Abuse programs. Finally, over the years ASAP has attempted to offered pro bono jail evaluation for the Wyandotte County jail.

(c) Clear understanding of the work to be performed:

ASAP has been providing substance abuse interventions as demonstrated by the letters of support by District Court as well as the Municipal Judges letters of support.

(d) Presentation: Pending

(e) Research based program model

ASAP has adopted the Minnesota Model. This approach has met and been approved by the Kansas Behavioral Health Services. (See attached letter, dated March 6, 2014)
C. RESEARCH FOUNDATION OF THE PROGRAM

1. Please check the one most appropriate response from the 4 options below. When stating a model program name, or registry name, please ensure it is stated exactly as it appears on the web site.

☐ Program named on a federal list or registry? __Yes__ If yes, specify program and registry name: ____________________________

☐ Program appears in a peer-reviewed journal or professional publication, with demonstration of positive outcomes? ______ If so, include a copy of the publication

☐ Program is based on best practices and has a strong research basis for its design, it is developmentally appropriate, and has preliminary data demonstrating effectiveness in changing participant-level knowledge, attitudes, skills, or behaviors

When specifying a practice, please provide the research supporting the practice

2. Has/will your program been/be implemented as an exact replication of the program design?

☐ Yes  ☐ No (If no, please describe the modification/adaptations)

3. Does your program have a book, manual, action plan, training materials, or other written materials that describe the components of the program?

☐ Yes (provide a copy as an attachment)  ☐ No

4. Has your program been evaluated for effectiveness?

☐ Yes (provide a copy as an attachment)  ☐ No

5. Has research indicated the program to have a sustained effect of at least one year beyond the completion of the program and no evidence that the effect is lost after this time?

☐ Yes  ☐ No

6. Does your program have a formal written evaluation plan that describes the specific activities and data collected?

☐ Yes (provide a copy as an attachment)  ☐ No
7. Are evaluations conducted on an annual basis?

☑ Yes  ☐ No (If not, how often are evaluations completed? ______)

8. Who is responsible for conducting the evaluation? (Check all that apply)

☐ Internal Evaluator – program staff
☑ External Evaluator – independent consultant or organization
☐ External Evaluator – staff of judicial district providing funding for program
☐ None conducted
☐ Other: if other please describe __________________________

9. What is the purpose of your evaluation? (Mark all that apply)

☑ Formative (process) Evaluation – is an evaluation conducted for the program staff with a focus on program improvement
☑ Summative (behavior) Evaluation – is an evaluation conducted for an external audience or decision maker for the purpose of determining the worth or effectiveness of a program
☐ Continuous quality improvement process
☐ None conducted
☐ Other: if other please describe __________________________

10. Describe your process for quality improvement and who participates?
Verification

Requirements for research:
    2) Implementation
    3) Manuel
    4) Evaluation
    5) Sustainability
    6) Written evaluation plan
    7) Annual evaluation
    8) State of Kansas

These requirements or covered and included in annual State evaluation and License review. Letter of verification attached. (Letter of license award dated March 6, 2014)

C. Quality Improvement

    Quality control is driven by three important systems. First since ASAP is licensed by the State of Kansas, the standards that are prescribed must be met. This is verified by annual on-site case review and evaluation. Failure to follow the exact standard is critiqued and corrections are required. Failure to meet the State quality will result in closing of the program.

    Second, weekly staffing including administration, operations as well as clinical creates healthy problem solving and internal review.

    Third feedback. All programs require written client feedback. Feedback is reviewed and discussed. Most of the feedback is positive, however if there is contradictory information it is discussed and if changes are required, changes are made.
D. EXPENDITURE JUSTIFICATION EXAMPLE

General Budget Instructions:

- **Budgeted amounts must be of dollars allocated for calendar year 2015 ONLY.**
- **Budget line items throughout the application must be shown in whole dollars (no cents).**
  If your calculation is $.01 to .49 round down to next whole dollar, if $.50 to .99 round up to next whole dollar.

a. Personnel

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Annual Salary/Rate</th>
<th>Level of Effort</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Clinical Director</td>
<td>W.H. REESE</td>
<td>51,672</td>
<td>59%</td>
<td>2583</td>
</tr>
<tr>
<td>Counselor</td>
<td>S. Freelon</td>
<td>$25.00 per hour</td>
<td>25%</td>
<td>800</td>
</tr>
<tr>
<td>Admin</td>
<td>J. Baughman</td>
<td>36,950</td>
<td>04%</td>
<td>1476</td>
</tr>
<tr>
<td>Counselor</td>
<td>R. Dodson</td>
<td>13,752</td>
<td>25%</td>
<td>3438</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>TOTAL</td>
<td>8297</td>
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</table>

$2583 is requested to fund the Clinical Director. Job duties include drug and alcohol assessment, mental health status, counseling and clinical review with counselors. This position is funded 5%
Salary: $4306 monthly.
Benefits/FICA is included.

$800 is requested for the Director of COPS (counseling). Job duties include direct treatment, individual and group, treatment compliance, and care management. The position is 20% funded.
Salary: $25 per hour.
Benefits/FICA is included.

$1476 is requested for Program administration. The duties include case management for reports to the Court, Attorneys, and Notification of legal status, personnel records, and financial administration. Salary is $2325 monthly.
Benefits and FICA are included.

$3438 is requested for counseling position. The job duties include counseling, record keeping, file management as well as coordinating legal reporting. The position is 25% funded. Salary is $1146 monthly.
Benefits/FICA included.

b. Travel/Subsistence

Total: $0
<table>
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<tr>
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<td><strong>TOTAL</strong></td>
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**Mileage reimbursement must be based on State mileage reimbursement rate**

c. Equipment

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<td>phone/computer/fax</td>
<td>$100/month</td>
<td>$1,200</td>
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d. Supplies

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<td>paper/printing/</td>
<td>$100/month</td>
<td>$1,200</td>
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<tr>
<td>Ink</td>
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<td></td>
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<tr>
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e. Client Services

*Specify services*

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<th>Intent</th>
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f. Communications

**Total: $1,200**
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<tr>
<td><strong>TOTAL</strong></td>
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</table>

**g. Other**

$XXXX is requested for advertising. 50% of the cost is charged to the Drug and Alcohol fund with the remaining being financed through the other grant sources.

<table>
<thead>
<tr>
<th>Item</th>
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<td>jail evaluations</td>
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<tr>
<td>WIP scholarships</td>
<td>$275/ per (12)</td>
<td>4500</td>
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<tr>
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<td></td>
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</tbody>
</table>

**SUBTOTAL**

**GRANT REQUEST $22,397.00**
E. PROGRAM/SUBGRANTEE OUTCOME STATEMENT

In requiring programs to address outcomes, the Unified Government requires outcome measures to be in place to measure process and behavior. This format permits the program to implement measures that examine both the implementation (process) and the theory of change (behavior) which the program proposes to impact.

Process Outcome – this is designed to be a way to measure the program itself to determine if the program is being implemented or delivered as planned. It deals specifically with the program and provides the ability to monitor success and to identify areas that can be improved within the program. Process outcomes may be referred to as “outputs” in some other systems and typically will measure the implementation of the program or program elements, utilization of the program and organizational issues.

Process Outcome example:
Increase the number of classes available by 25% from 2 nights a week to 3 nights a week.

Behavior Outcome – this is designed to allow the ability to monitor what change is being made in the targeted behavior of the client. These specifically measure the change in participants in the program for which the program was designed and implemented. Typical measures may include participants improved performance on measureable tests or changed level of participant engagement in target behavior.

Behavior Outcome example:
Increase the number of program participants who test negative for drugs 30 days after program completion from 100 to 110.
PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: ABC Substance Abuse Program

Process Outcome Statement (What will the program change and by how much?)
Increase the number of youth who participate in substance abuse classes by 25% from 50 to 62

1. How will the change be measured and what data will be used?

Track the number of class participants

2. By when will it change?

December 31, 2015

3. What is the baseline?

Throughout 2013 50 youth participated in classes
PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: ABC Substance Abuse Program

Behavioral Outcome Statement (What will the program change and by how much?)

Increase the number of program participants who test negative for drugs 30 days after program completion from 100 to 110.

1. How will the change be measured and what data will be used?

Each program participant is required to take urinalysis tests, the results of these tests will be recorded.

2. By when will it change?

December 31, 2015

3. What is the baseline?

In 2013, 100 of the program participants did not have a positive drug test 30 days after program completion.
PROGRAM/SUBGRANTEE OUTCOME STATEMENT

ASAP - Indigent Jail Evaluation

Process Outcome Statement (What will the program change and by how much?)
Increase number of indigent jail evaluations 63% from 18 to 48

1. How will the change be measured and what data will be used?
Track time line of all indigent jail evaluation

2. By when will it change?
December 31, 2015

3. What is the baseline?
2014 - 18 indigent jail evaluations
PROGRAM/SUBGRANTEE OUTCOME STATEMENT

ASAP - Indigent Jail Evaluation

Program Name: 

Behavioral Outcome Statement (What will the program change and by how much?)

Insure 100% indigent jail evaluations are complete and delivered to the Court within 72 hours of completion

1. How will the change be measured and what data will be used?

Track time line of all indigent jail evaluation

2. By when will it change?

December 31, 2015

3. What is the baseline?

48 indigent jail evaluations
PROGRAM/ SUBGRANTEE OUTCOME STATEMENT

ASAP - COPS

Program Name: 

Process Outcome Statement (What will the program change and by how much?)
Increase number of indigent clients in COPS 60% from 10 to 24

1. How will the change be measured and what data will be used?
   Track number of clients

2. By when will it change?
   December 31, 2015

3. What is the baseline?
   2014 - 10 indigent clients
PROGRAM/SUBGRANTEE OUTCOME STATEMENT

ASAP - COPS
Program Name: ________________________________

Behavioral Outcome Statement (What will the program change and by how much?)
Increase number of indigent clients in COPS intake meetings from one per month to two indigent clients per month

1. How will the change be measured and what data will be used?
Track number of clients

2. By when will it change?
December 31, 2015

3. What is the baseline?
2014 - 1 indigent client meeting per month
Program/Grantee Outcome Statement

ASAP - WIP

Program Name: ____________________________

Process Outcome Statement (What will the program change and by how much?)

Insure 50% more indigent WIP clients are accepted from 6 to 12

1. How will the change be measured and what data will be used?
   Track indigent WIP client enrollment

2. By when will it change?
   December 31, 2015

3. What is the baseline?
   2014- 6 indigent WIP placements
Behavioral Outcome Statement (What will the program change and by how much?)
12 scholarship indigent people will graduate from WIP in 2015

1. How will the change be measured and what data will be used?
Each individual will successfully complete the 48 hour program

2. By when will it change?
December 31, 2015

3. What is the baseline?
2014 - 12 indigent in individuals
Attachments

A. Agency Board Members
B. Agency Budget
C. Grant Application Budget Form
D. List of staff and a copy of their job responsibilities — no job responsibilities
E. Program Organizational Chart
Attachments
Ernie Moore
Retired Wyandotte County District Court
African American Male
Appointed 1983

Dave Spaulding
Member Alcoholics Anonymous
White Male
Appointed 1983

Ed Simmons
Retired Wyandotte County Court Services
Appointed 1983
White Male

Ann Altermann
MSW
Appointed 1994
White Female

Eugene Mefford
Ex-Felon KSP
White Male
Appointed 1995

Jose Ramirez
Business Owner
Hispanic Male
Appointed 2013

W.H. Reese Ph.D./LCAC
Retired Psychologist Wyandotte County District Court
American Indian Male
Appointed 1983
<table>
<thead>
<tr>
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<th>Amount</th>
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<tbody>
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</tr>
<tr>
<td>Rent</td>
<td>$10,920</td>
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<tr>
<td>Phone/FAX/Computer</td>
<td>$4800</td>
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<tr>
<td>Taxes</td>
<td>$38,400</td>
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<td>Supplies</td>
<td>$2400</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$207,936</strong></td>
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This information can be verified by Leon Logan CPA 913-631-9800
<table>
<thead>
<tr>
<th>Date</th>
<th>Balance</th>
<th>Total Available</th>
<th>Expenditures</th>
<th>Notes</th>
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<tbody>
<tr>
<td>9-23-17</td>
<td>$</td>
<td>$</td>
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### Quarterly Expenditure Report

**2015**

**Drug and Alcohol Funds**

**Wyandotte County**

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Request Line Number:</th>
<th>2014 Award</th>
<th>Program Director:</th>
<th>Operating Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>WILLIAM H. REESE</td>
<td></td>
</tr>
</tbody>
</table>

**E-Mail:**  
k DEA24297732

**Fax #:** 913-242-7277

**Telephone #:** 913-242-3011
RESUMES
Resume

Sharon Freelon
2148 North 33rd Street
Kansas City, Kansas 66104

PERSONAL: DOB: 10-27-52

Marital Status: Married: Four children

EDUCATION:

High School: Sumner High School  (Graduated 1970)

College: St. Mary’s  B.S. (Human Services) 1992

Graduate: Kansas University- MSW (1998)

Professional Certification: LMSW  LCAC

INTEREST AND ACTIVITIES: Reading. Family

WORK EXPERIENCE:

1990-1994 Counselor SACEK (Part Time)

1991-1998- Counseling and Training Catholic Social Services Substance Abuse

1998-2012 Wyandot Mental Health Clinic (Adult/Youth) Substance Abuse Treatment

1993 -present Counselor LCAC ASAP
   COPS Director
   Intake, assessments, monitor, outpatient drug and alcohol program
   Managed Kansas SRS license compliance
Resume

Janet Louise Roberts
12803 Sloan
Kansas City, Kansas 66109

PERSONAL: January 1, 1953

Marital Status: Married: two children

EDUCATION:
Graduated Bishop Ward High School 1970
General Education/ Secretarial Emphasis

SPECIAL SKILLS:
Typing: 70 words per minute, tem-key adding machine, typing IBM
Computer, transcribing machine

INTEREST AND ACTIVITIES:
Pep Club Officer at Bishop Ward in 1970, Snow Skiing, Softball, Babysitting grand
children

WORK EXPERIENCE:
September 1970 to December 1972
Mail Clerk and Filing Clerk
Universal Adjustment and Inspection Company

December 1972 to August 1974
Supervisor
H.D. Lee Company, K.C. Ks.

September 1974 to August 1975
Secretary
Koch Oil Company, Wichita, Ks.

September 1975 to June 1985
Deputy Clerk moved to Assistant Supervisor
District Court Wyandotte County Set motions,
Assigned cases to Judges, provided monitoring
for Court cases.
Kansas City, Ks.

July 1985 to present
Alcohol Safety Action Project
Operations Director
Kansas City, Ks.
Resume

Name: W.H. Reese Ph. D. /LCAC

Business Address:

Alcohol Safety Action Project
Clinical Director
Security Bank M-6
707 Minnesota, Kansas 66101
913-342-3011

Education:

B.A. William Jewell College 1969
M.A. 1975 University of Missouri Counseling Psychology
Ph. D. Union 1979 (internship Menninger) Counseling Psychology


Work Experience:

Psychologist District Court Wyandotte County, Kansas (1973-1993) retired
Director TRIO Haskell Indian Nations University (1995-2008)

Specific Certification:

Licensed Clinical Addiction Counselor (Ks #64)

Currently certified Kansas Attorney General’s Office Batterer’s Intervention Program provider:
BIP Evaluation/Treatment Anger Management Program

Duties

Manage ASAP
Meet Kansas State License Requirement
Clinical Director
Resume

Carol Jeanine Baughman
10531 Rowland Avenue
Kansas City, Kansas 66109
(913) 299-1974

PERSONAL:

Birth date: June 25, 1960
Marital Status: Married with four children

EDUCATION

Graduate, Kansas City, Kansas Community College, 1980
Associate of Arts Degree/Professional Secretarial Administration
Graduate, F.L. Schlagle High School, 1978
General Education/ Secretarial Emphasis

WORK EXPERIENCE

June, 1980- January, 1983
Secretary/Title Searcher
Guarantee Abstract & Title Co., Inc.

January-April, 1983
Secretary I Court Services Department
Wyandotte County Courthouse

June, 1983-Present
Administration Program Director
Kansas City, Kansas Alcohol Safety Action Project

Duties include: Diversion/probation monitor, KCK Municipal Court, administration for COPS Program, responsible for financial aspects of ASAP – payroll, working with accountant, bill paying, preparation of evaluations and pre-sentence investigations to Court, along with Diversion Agreements.
Resume

Robert Dodson
2010 Chelsea Avenue
Kansas City, Missouri 64127

PERSONAL: DOB: 3-17-47
Marital Status: Married: two children

EDUCATION:

High School: Shawnee Mission West (Graduated 1965)
College Friends University (Criminology) 1996
Graduate: Master's Degree (Business) - Friends University 2000

Professional Certification: LAC

INTEREST AND ACTIVITIES: Sports, Charity, Family

MILITARY: US. Navy 1966 to 1970
Honorable Discharge

WORK EXPERIENCE:

1973-1981 Counselor (Independent Contractor for Business Owners)
1982-1999 Self Employed
2000 -2003 Evaluator/Estimator for Commercial Door (BSH)
2004-present Counselor LAC ASAP
ASAP
2014
Organization Chart

Board of Directors

W. Reese PHD LCAC

Janet Roberts

Jeanine Baughman

Sharon Freelon LCAC/LMSW

Bob Dodson LAC
State of Kansas Letter of Verification

and

License
March 6, 2014

Mr. William Reese
Alcohol Safety Action Project
707 Minnesota Ave. M-6
Kansas City, KS 66101

Dear Mr. Reese:

Please find the attached report addressing your Behavioral Health Services Licensure/Certification site visit conducted on February 24, 2014. Your consultant has recommended your programs receive Licensure/Certification for Outpatient Counseling Program, Alcohol & Drug Assessment & Referral Program. I am approving this recommendation. The Licensure/Certification will expire March 31, 2015. Your program is also approved to provide A&D evaluations.

Prior to that date we will contact you to establish another site visit date.

The attached site visit report addresses Sections of the Standards that are unmet. You will be required to submit a Corrective Action Plan in 2014 for violations identified as “major” that could impact the safety and/or the quality of care provided to individuals receiving treatment. Also, If you received the same standard violations (that are not major) for two consecutive years, you will be required to submit a Corrective Action Plan on those violations. A Corrective Action Plan addressing the violations must be submitted to Behavioral Health Central Office within thirty (30) calendar days of receipt of this report. Your program has ninety (90) calendar days from the date of this letter/report to correct the violations in accordance with your approved Corrective Action Plan.

If you have any questions concerning your license, please contact the Behavioral Health Central office or your program consultant. We appreciate your contribution to our mission of “Partnering to promote prevention, treatment, and recovery to ensure Kansans with behavioral health needs live safe, healthy, successful and self-determined lives in their communities”.

Sincerely,

[Signature]

Stacy R. Chamberlain, MA
Behavioral Health Quality Manager
Behavioral Health Services

[Signature]

Sheri Jurad
Program Consultant
Behavioral Health Services

SC:bjg
cc: File
Regional Program Consultants
The Kansas Department for Aging

and Disability Services

Number of Beds: N/A
License Number: 0670143

Community Services & Programs
Behavioral Health Director:

Chairman T. Berg

This Certificate is effective on the 1st day of April 2014.

The Department of Aging, under the authority of KSA 65-4610, K.A.S.A. 65-4612-4024, and Kansas State Board of Health, is licensed and regulated by the Kansas Department of Aging, pursuant to the provisions of the Kansas Mental Health Act, K.S.A. 59-2032 et seq., to provide the following services to the following clients:

License 66101
Kansas City, Kansas 66101
707 Minnesota Avenue, Suite M-6
Alcohol Safety Action Project

AND DISABILITY SERVICES
THE KANSAS DEPARTMENT FOR AGING
Letters of Support
Special Drug and Alcohol Funds Advisory Board

In re: application of Alcohol Safety Action Project

To whom it may concern:

Please accept this letter in support of Alcohol Safety Action Project (ASAP), for funding under the Special Drug and Alcohol Funds grant.

As a municipal court judge, I have had over 15 years of experience dealing with ASAP in connection with DUIs and other drug cases. Dr. Reese and Bob Dodson have always provided exceptional service in evaluating, treating and monitoring our clients in municipal court. They have willingly not only dealt with those who come to them voluntarily, but ASAP is my go to agency when I need an evaluation done in the jail. Often, defendants have a pending DUI or drug charge in our court and they face a different felony charge. As a result we often ask ASAP to evaluate the defendant while they are incarcerated and provide a report and suggest treatment options.

In addition to providing the evaluation services as described above, ASAP is very forthcoming about difficult clients and is willing to put in extra effort in order to assist these clients to get onto the right track.

Should you request any additional information, please do not hesitate to contact me.

Maurice J. Ryan
Administrative Judge
WILLIAM W. HUTTON
ATTORNEY AT LAW
509 Armstrong Avenue
Kansas City, Kansas 66101
(913) 371-1944
Facsimile (913) 281-1320
wwhutton54@gmail.com

September 12, 2014

Re: Alcohol Safety Action Project

To Whom It May Concern:

My office has dealt with the Alcohol Safety Action Project for more than the last 20 years. I have had the opportunity to see the efforts of Dr. Bill Reese’s staff during that time. I have worked with the staff of A.S.A.P. both as a Municipal Court Judge in the City of Bonner Springs for the last eleven years as well as a private attorney. In those positions I have had the opportunity to see their efforts with regards to week-end intervention program, otherwise known as WIP, and have actually spoken at the week-end intervention program. It is an extremely well run program and serves a great need for offenders here in the Kansas City, Kansas area. I am also aware of the staff’s Jail Evaluations which enables people who are incarcerated to be evaluated while in jail. Again, this is a most helpful service and has been extremely well performed by A.S.A.P. staff. Finally the A.S.A.P. office does an extremely good job with their COPS program.

If I can provide further information concerning A.S.A.P. and their application for funding, please do not hesitate to contact me. I heartily recommend and support their programs.

Sincerely,

WILLIAM W. HUTTON
ATTORNEY AT LAW
and
MUNICIPAL JUDGE
City of Bonner Springs

WWH/edm
LAW OFFICES OF JAMES F. FOSTER  
748 Ann Avenue  
Kansas City, Kansas 66101

September 23, 2014

Dr. William H. Reese, Ph.D.  
Clinical Director  
Alcohol Safety Action Project  
707 Minnesota Avenue, Suite M-6  
Kansas City, KS 66101

RE: GRANT RECOMMENDATION

Dear Dr. Reese:

I fully support your efforts to submit grants for the support of your agency. Over the years, I have become very familiar with your agency and the efforts of your office staff, including Janet Roberts, Jeanine Baughman, Bob Dodson, and yourself, in providing a necessary service to clients in the criminal justice system.

It is my opinion that there is much more demonstrated here than just giving evaluations and preparing reports. I am familiar with your agency attempting to place individuals according to their geographic and financial capacity. I am well aware of the extras that your agency provides to ensure individual’s success in the criminal justice system. You certainly have made my job easier in the ability to know that I can trust and depend on your recommendations and your referrals.

I also want to point out that I am especially appreciative of the jail evaluations provided by your agency. They are very well done and reflect the need of the client and the Court situation. I am unaware of any other agency that does such an efficient job with this task as well as ASAP.

In conclusion, I fully support your grant application and will provide any assistance I can to ensure ASAP’s success in the future. You are well respected in the community for your professionalism and capacity to demonstrate a human touch in an otherwise difficult time and situation.

Sincerely,

[Signature]

JAMES F. FOSTER
Budget Letter Verification
September 23, 2014

Dr. William Reese
Director ASAP
707 Minnesota Avenue
Suite M-6
Kansas City, Kansas 66101

Re: Suite# M-2

Dear Dr. Reese,

This letter is to confirm that General Securities/Security Bank of Kansas City has provided and at this time will continue to provide Suite# M-2 at no charge to our long time tenant ASAP (Alcohol Safety Action Project, 501 c 3).

In today’s market at this location (downtown, urban), the most rentable space in this area is the smaller individual suites with good access to parking. Our building is attached to the Unified Government Enclosed Parking Lot “C” and Suite# M-2 is on the same floor that accesses directly into parking garage “C”.

Market value of this rental space would be in the $500-$600 per month range.

We appreciate the services that are greatly needed and ASAP is providing for this community.

Sincerely,

[Signature]

Russell O. Sage III
Vice President
501 C 3 Not for Profit
Dear Sir or Madam:

This modifies our letter of the date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization of the type described in section 509(a)(2). Your exempt status under Code section 501(c)(3) is still in effect.

Grantees and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Glenn Cagle
District Director
Letter of Support for

Hispanic Treatment Program
July 9, 2014

Wyandotte County Health Foundation
755 Minnesota Ave.
Kansas City, Kansas 66101

In re: Grant application for ASAP bilingual treatment

To whom it may concern:

I have been advised that Alcohol Safety Action Project (ASAP) has applied for a grant to offer a bilingual program for alcohol & drug evaluation and treatment. Please accept this letter as an endorsement of such a grant.

The undersigned is the Administrative Judge for the municipal court of Kansas City, Kansas. As such, I have presided over a DUI docket every Wednesday for the last 15 years. There are approximately 700+ DUI arrests each year filed in the municipal court. There are an additional number filed in the Wyandotte County District Court. Both courts have a list of approved evaluators and monitors. The municipal court’s list is a bit more restrictive, based upon a provider’s willingness to appear in my court routinely and to monitor the progress, or lack thereof, of the individual defendants. We currently have Approximately 15 approved evaluators and monitors, five purport to offer bilingual services. Only one of those is based in KCK.

Of the evaluators and monitors that routinely appear in my court, ASAP is the one that I see with the most frequency. It goes without saying that they are dependable, affordable and accommodating. In addition, they are the agency I call when I need an evaluation done for a prisoner in the Wyandotte County Detention Facility. I have always found their work to be outstanding with a firm understanding of the dichotomous duties they have to the client and to the courts.

In short, I would highly recommend their application for a grant to provide bilingual services. Should you have any questions, please do not hesitate to contact me.

Maurice J. Ryan
Administrative Judge
Court Mandated Treatment
COURT-MANDATED TREATMENT WORKS AS WELL AS VOLUNTARY
By: Lori Whitten, NIDA Staff Writer

A group of men who completed court-ordered treatment for alcohol and drug problems reported lower intrinsic motivation at the beginning of treatment, but, five years later, reported the same rates of abstinence, employment, and re-arrest as peers who sought help on their own. The findings from a NIDA and Department of Veterans Affairs (VA) Health Services Research and Development Service supported analysis of data on treatment outcomes affirm the results of shorter term studies that have shown similar therapeutic outcomes for voluntary and legally mandated patients. The new study also included an important, but largely unstudied, comparison group: People who had been in court, but were not mandated to enter treatment.

"Once in a therapeutic environment, mandated patients seem to reflect on their situation and accept the need for treatment," says Dr. John Kelly, lead investigator of the study, conducted at the VA Palo Alto Healthcare System and Stanford University School of Medicine. "Our findings suggest that people can learn from the 'teachable moment' offered by a judicial mandate, even though the initial motivation for treatment is external. Judicial mandates may provide an opportunity for offenders to gain access to and benefit from needed treatment."

Drs. Kelly, Rudolf Moos, and John Finney analyzed data gathered by Drs. Moos and Finney and Dr. Paige Ouimette on 2,095 men who were treated for alcohol and drug problems in 15 VA programs, and followed for five years. About half the men (54%) were addicted to drugs; 80% were dependent on alcohol. Most (82%) had no criminal justice system involvement and entered treatment voluntarily (NO-JSI); 7% were on probation or parole and were required to participate in treatment by order of a court or criminal justice official (JSI-M); 11% had been before a court, but not mandated to treatment (JSI). About half (49%) of the participants were African-American; 45% were White; and the remaining 6% were Hispanic, Native-American, or Asian. Most (74%) were unemployed when they started treatment.

The men completed 21 or 28 days of residential treatment which took one of three therapeutic approaches: Group psychotherapy and individual activities based on the 12-Step approach; cognitive-behavioral therapy; or a mix of both. When the men completed treatment, they were urged to participate in outpatient programs and self-help activities.

At the beginning of treatment, each man completed a questionnaire that assessed characteristics considered important to recovery: Motivation, self-efficacy, coping skills, 12-Step participation, psychiatric symptoms, history of negative consequences of alcohol and drug problems, number of previous treatment episodes, and whether they considered themselves to be addicted. They also reported any prior year arrests and any judicial mandate for treatment. At the end of the treatment program, participants repeated the assessment and reported their perceptions of the therapeutic experience. Most also received a self-administered assessment in the mail at the 1- and 5-year follow-up points, with the rest contacted by telephone or in person. Research assistants telephoned patients when necessary to complete or clarify information.
In the initial assessment, men in the JSI-M group reported experiencing fewer negative consequences of alcohol and drug consumption, fewer symptoms of depression and anxiety, and less desire to abstain than NO-JSI or JSI participants. Fewer mandated (45%) than voluntary patients (58%) met the standard clinical criteria for drug addiction. Voluntary patients more frequently recognized their addictions, connected them to other problems, and reported a readiness to change.

RE-ARREST RATES FALL, REMAIN LOW

At the end of treatment, all three groups of patients demonstrated enhanced coping skills and expressed more confidence that they could resist alcohol or drugs in high-risk situations. Symptoms of psychological distress improved for participants in all groups. At the 1-year follow-up, larger proportions of JSI-M participants reported abstinence, successful moderation in their use of alcohol, and freedom from drug-related consequences (for example, missing work or fighting with a family member because of drugs) than JSI and NO-JSI participants. Arrest rates for the two JSI groups fell dramatically after treatment. Mandated patients showed arrest rates similar to those of their NO-JSI peers (about 20%) and lower than those of their JSI peers (32%) at the 1-year follow-up. Five years after treatment, most outcomes among the three groups did not differ.

The investigators believe that, in addition to the other positive effects of treatment, mandated patients may acquire motivation to change. "The high level of camaraderie in VA residential treatment, where these individuals interacted with self-motivated peers, may have contributed to a shift in attitude," says Dr. Kelly.

The implication of Dr. Kelly's findings go beyond the criminal justice population, says Dr. Beverly Pringle, formerly of NIDA's Division of Epidemiology, Services and Prevention Research, "The idea that patients must want to change seems to permeate current practice, but the drug abuse treatment field may need to reexamine its definition of motivation," she says. Clinical measures of motivation mostly indicate intrinsic drive to change, but extrinsic motivators as well as rewards can increase treatment entry and improve long-term outcomes.

Source:

Attachment A
Intent to Self Perform

Affidavit of

(Name of Bidder)

I hereby certify that it is our intent to perform 100% of the work required for the contract.

(Name of Project)

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and the Bidder agrees to provide any additional information or documentation requested by the Unified Government in support of the above statement.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Sign (Name of Bidder)

Date 9/23/14
Attachment B

RFP 25035
PROPOSAL FORM

AUTHORIZED SIGNATURE

By submission of this proposal, the undersigned certifies that:

1.0 it has not paid or agreed to pay any fee or commission, or any other thing of value contingent upon the award of this contract, to any Unified Government employee or official or to any current consultant to the Unified Government;

2.0 it has not paid or agreed to pay any fee or commission or any other thing of value contingent upon the award of this contract, to any broker or agent or any other person;

3.0 it has not violated, is not violating and will not violate the prohibition against gratuities and kickbacks set forth in Chapter 12 of the Unified Government's Procurement Code; and,

4.0 the prices contained in this proposal have been arrived at independently and without collusion, consultation, communication or agreement intended to restrict competition.

5.0 it has the full authority of the Respondent to execute the proposal and to execute any resulting contract awarded as the result of, or on the basis of, the proposal.

I hereby certify that the attached proposal has been prepared in compliance with the specifications and that the quotations are valid for a period of ________ days.

Authorized Representative: W.H. Reese

Signature: ____________________________

Title: Director

Company Name: ASAP

Address: 707 Minnesota, Security Bank M-4

City, State, Zip: Lawrence, Kansas 66049

Phone Number: 913-342-3011

Fax Number: 913-342-7227

E-mail Address: ksasap@gmail.com

Federal Tax ID Number: 48-0947237
This certification needs to be completed by all Unified Government Suppliers who are fulfilling a single procurement in excess of $20,000. Please complete, sign, and submit the form to the Unified Government Procurement Department (address at the bottom):

1. The undersigned certifies, to the best of his or her knowledge and belief, that:
   a. The Respondent and/or any of its Principals:
      i. _____ Are ☑️ Are not
         Presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
      ii. _____ Have ☑️ Have not
         Within a three-year period preceding this Respondent, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of Respondents; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and
      iii. _____ Are ☑️ Are not
         Presently indicted for, or otherwise criminally or civilly charged by a government entity with, commission of any of the offenses enumerated in section (1)(a)(ii) of this provision; and
      iv. _____ Have ☑️ Have not
         Within a three-year period preceding this Respondent, had one or more contracts terminated for default by any Federal agency.

2. "Principals," for the purpose of this certification, means officer; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions). This Certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution.

3. The Respondent shall provide immediate written notice to the Procurement Department if, at any time prior to contract award, the Respondent learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;

4. A certification that any of the items in this provision exits will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Respondent’s responsibility. Failure of the Respondent to furnish a certification or provide such additional information as requested by the Unified Government Procurement Department may render the Respondent non-responsive;
5. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this provision. The knowledge and information of an Respondent is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings; and

6. The certification of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Respondent or knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Unified Government Procurement Department may terminate the contract resulting from this solicitation for default.

Authorized Supplier Representative

WILLIAM H. REESE

Name (typed)

Director

Title

ASAP

Company

W

Signature

9-23-14

Date

RFP R25035

Project
Unified Government
2015
Drug and Alcohol Fund
Application
Drug and Alcohol Grant Application

Legal Name of Organization: The Mirror, Inc.

Street Address: 130 E. 5th/ P0 Box 711

City: Newton 
County: Harvey
State: KS
Zip: 67114

Agency Phone Number: (316) 283-6743 
Agency Fax Number: (316) 283-6830 

Name of Agency Director: Beverly D. Metcalf 
Director Number: (316) 283-6743 

Signature of Authorized Person:

Contact Person: Beverly D. Metcalf 
Contact Number: (316) 283-6743 

Contact Person e-mail address: bmetcalf@mirrorinc.org

Federal Employers Taxpayers I.D. Number: 23-7433368

Type of Organization: Public ______ Private non-profit ______ X

Service Area: City Kansas City ______ County Wyandotte ______

Funding Request: New Program ______ X Continuation of existing program ______ X

Type of Proposal: Prevention ______ Treatment ______ X Recovery ______ X

Requested grant amount: $ 65,466
Previous funding amount: $ 23,961

Cash Match: $ 0
In-kind Match: $ 0

Total program costs: $ 65,466

List additional funding sources and the amounts received from each source
N/A
# A. Program Funding Request

Program Contact Information Section (include email address for program director)

<table>
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<tr>
<th>Treatment Programs</th>
<th>Director</th>
<th>Financial Officer *</th>
<th>Physical Address</th>
<th>Phone</th>
<th>Requested Amount</th>
<th>Match Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Mentoring &amp; ACESS Programs of Mirror, Inc. of Wyandotte County</td>
<td>Janet Haynes</td>
<td>David Wuthnow</td>
<td>1024 Hoel Parkway, Kansas City, KS 66102 (program site)</td>
<td>130 E 5th St., POB 711, Newton, KS 67114 (corporate address)</td>
<td></td>
<td>$65,416</td>
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</table>

Note: *The Financial Officer for individual program is the person with the day to day operational authority to approve expenditures. The Program Director and the Financial Officer cannot be the same person.*
B. Program Narrative

Not to exceed 5 pages

Your narrative should include:
A) A statement and supportive data to demonstrate the need for the proposed program
B) Detailed program description
C) Program Goals
D) Geographical area to be served
E) Target population
F) Number of persons the program anticipates serving
G) How clients are referred to the program
H) How funds received will be used
I) What will happen to the program if the agency does not receive the requested funds

The Mirror, Inc. was established as a not-for-profit private corporation in Kansas in 1972, and is a leader in the addiction field, providing substance abuse treatment programs, community correctional housing, prison based treatment services, and prevention services at multiple sites in Kansas. Mirror’s vision is: “safe, healthy people in strong communities,” as adopted by the organization’s Board of Directors. The mission of Mirror, Inc. is that through broad-based partnerships, the agency will provide substance abuse, correctional, and other community health and human services to people in need.

Mirror has operated substance abuse treatment programs in the Kansas City, Kansas community since 2008 with the opening of our outpatient program located at 1024 Joel Parkway. Next door to our treatment program is Mirror’s Regional Prevention of Wyandotte County at 1854 Minnesota Ave. The program was initially funded by the state substance abuse authority to serve Wyandotte County. A vast majority of our clients are from Kansas City, Kansas but we do serve residents from surrounding areas within the county. Our program currently provides outpatient treatment and assessment services to clients needing assessments, primary treatment or aftercare services. Our clients are referred by a variety of correctional organizations, social service agencies, other substance abuse treatment and mental health providers. Some clients refer themselves.

In the first eight months of FY 14, Mirror served 285 clients in our Wyandotte County program. Of those clients:

- 66 are still receiving treatment.
- 86 received assessments but did not enter Mirror’s program for treatment.
- 28 clients were not able to complete the program due to change in eligibility, incarceration, medical or mental health problems, change in residence or the need for a transfer to more intensive programming.
- 93 clients left treatment prematurely or were unable to comply with treatment requirements.
- 65 clients met all requirements for completion and were successfully graduated.*

* some clients had multiple admissions

Since implementation of Peer Mentoring services, our successful discharge rate has risen to 41%, an increase compared to successful completion rates prior to the Peer Mentoring services became available. We hope to continue to see those rates rise as our Peer Mentoring Services evolve developmentally.
In spite of the best efforts of our clinical staff, some clients have a difficult time changing their peer group outside of treatment and are therefore destined to be unsuccessful in treatment. Without more exposure to positive role models in recovery who can provide support and one on one mentoring, success in treatment can be difficult. Our proposal is focused on building this support for our clients by creating a Peer Mentoring Program.

Recovery Oriented Systems of Care (ROSC) is an emerging philosophy that acknowledges the importance of the recovering “community” and its members in helping people “attach” to the recovering community and thereby increase their chances for success. The concept of Peer Mentors grew out of SAMHSA’s Recovery Oriented Systems of Care model which acknowledges the need for the recovery community to augment the treatment process.

Peer Mentors are persons who are strongly invested in their own recovery process and have a desire to help others newly in recovery. Peer mentors provide emotional support to clients throughout their treatment experience and afterwards. Peer mentors provide information and instructional support by providing clients help in achieving tasks such as finding employment opportunities, establishing transportation of support group meetings and accessing other community services that will strengthen their recovery. Peer Mentors provide companionship and help clients in early recovery feel connected with others, especially in recovery activities in alcohol and drug free environments. Peer mentors help clients learn new activities for leisure time. In summary, peer mentors are people in recovery helping other people learn how to live a healthy and sober life.

Mirror’s Peer Mentoring Program consists of Peer Mentoring groups that are open to all clients. If there is need, we will encourage clients to continue to participate in our peer mentoring service even after they have completed treatment. The transition from treatment to active recovery can be difficult and challenging which is why peer mentoring during that transition will be available for all clients. We anticipated that our successful discharge rates would increase due to this adjunct service. The current rates of successful discharges for our Wyandotte program are about 32%. We believe that these rates will increase as our Peer Mentoring services are more fully developed and more clients are engaged.

Peer Mentoring individual sessions are reserved for those clients who are at higher risk of failure due to their poor social network not conducive to recovery. Each client that has participated in the Peer Mentoring Program has a written plan, with goals and objectives, for services they will receive from the Peer Mentor. Peer mentoring groups are held at times when clients are most tempted to use such as the weekends and evenings. Groups are held and especially popular on Friday nights. Our peer mentoring program has held a weekend BBQ and other social events that have served to engage our clients in sober fun activities - a key to long term recovery.

We anticipated the Peer Mentoring Program would serve 100 clients annually and we requested funding to provide 2000 hours of peer mentoring services to our clients. We have hired and have our two peer mentors working but this process took longer than expected. Our initially identified candidate fell through due to his failure to meet our background requirements and therefore we have provided about 115 hours of Peer Mentoring services and expect that number to increase significantly.

We are requesting continuation of this very worthwhile program in Wyandotte County. Our clients have experienced much benefit from these services and we feel continuation of this program will help others into recovery. For FY15 we anticipate serving 100 clients again providing 2000 hours of peer mentoring service.
Smart Phone Recovery Application: Additionally, we are attempting to implement an emerging technological approach to recovery with our clients. In this day and age of technology, we are moving toward everything being available with an “app.” Recovery is no exception. People expect to be able to use their technology to support their recovery. Therefore, we are requesting funding for ACHESS - Addiction Comprehensive Health Enhancement Service System. ACHESS is the only evidenced based smart phone application for recovery from addiction that we would install on our client’s smart phones giving them access to a recovery tools on their smart phones.

Our proposal for the implementation of ACHESS is intended to support our clients with relapse prevention and social support activities as an adjunct to their treatment and peer mentoring participation. The application provides on demand activities to users that include:

1. Access to real time discussion groups.
2. Expert responses to online questions concerning recovery.
3. Personal stories of recovery via a library of texts and video recovery experiences.
4. Summaries of articles and manuals related to recovery.
5. Brief questions to FAQs related to addiction.
6. Easing distress: a cognitive behavioral relapse prevention program to assist with coping skills.
7. Healthy events newsletters which alerts clients to supportive events in their area, including 12 step recovery meetings.
8. High risk patient locator. With client permission, high risk GPS locations are entered into the program and alerts and support are activated if client is near a high risk location.
9. A panic button provides immediate contact to counselor or other support staff, such as a peer mentor, to assist with immediate relapse prevention actions.

Mirror proposes through this request to purchase 100 ACHESS licenses, which includes training and support by the developers, to provide to clients with smart phones and who are active in our outpatient program either in counseling services or peer mentoring. A portion of a counselor’s time, as well as administrative support, will be required to provide the virtual counseling in emergencies and train clients in the use of their mobile application.

C. RESEARCH FOUNDATION OF THE PROGRAM

1. Please check the one most appropriate response from the 4 options below. When stating a model program name, or registry name, please ensure it is stated exactly as it appears on the web site.

☐ Program named on a federal list or registry? ____________________________ . If yes, specify program and registry name: ____________________________

☑ Program appears in a peer-reviewed journal or professional publication, with demonstration of positive outcomes? Yes _____ If so, include a copy of the publication.

In 2014, the Journal of the American Medical Association published an article summarizing the research on ACHESS that was conducted by the ACHESS developers. The article is titled A Smartphone Application to Support Recovery From Alcoholism and is included in the Appendices.
☐ Program is based on best practices and has a strong research basis for its design, it is developmentally appropriate, and has preliminary data demonstrating effectiveness in changing participant-level knowledge, attitudes, skills, or behaviors.

The national Substance Abuse and Mental Health Services Administration has included Peer Mentoring and the Recovery Oriented Systems of Care Model as a best practice in SUD treatment. The Kansas Department of Aging and Disability Services/Behavioral Health Services office supports this direction and has also written policies for providers to use in the implementation of Peer Mentoring Services.

2. Has/will your program been/be implemented as an exact replication of the program design?
   ☐ Yes □ No (If no, please describe the modification/adaptations)

3. Does your program have a book, manual, action plan, training materials, or other written materials that describe the components of the program?
   □ Yes (provide a copy as an attachment) ☑ No (In development)

4. Has your program been evaluated for effectiveness?
   □ Yes (provide a copy as an attachment) ☑ No

5. Has research indicated the program to have a sustained effect of at least one year beyond the completion of the program and no evidence that the effect is lost after this time?
   ☑ Yes (See JAMA article) □ No

6. Does your program have a formal written evaluation plan that describes the specific activities and data collected?
   □ Yes (provide a copy as an attachment) ☑ No (In development)

7. Are evaluations conducted on an annual basis?
   ☑ Yes □ No (If not, how often are evaluations completed?__________

8. Who is responsible for conducting the evaluation? (Check all that apply)
   ☑ Internal Evaluator – program staff
   □ External Evaluator – independent consultant or organization
   ☑ External Evaluator – staff of district providing funding for program
   □ None conducted
   □ Other: if other please describe________________________
9. What is the purpose of your evaluation? (Mark all that apply)

☐ Formative (process) Evaluation – is an evaluation conducted for the program staff with a focus on program improvement
☐ Summative (behavior) Evaluation – is an evaluation conducted for an external audience or decision maker for the purpose of determining the worth or effectiveness of a program
☑ Continuous quality improvement process
☐ None conducted
☐ Other: if other please describe

10. Describe your process for quality improvement and who participates?

Mirror’s Quality Improvement Team (QIT) is made up of Mirror’s Program Directors and Clinical Supervisors and is chaired by Mirror’s Vice President of Treatment Services. The team meets once a month with the agenda developed jointly by all team members. The team reviews process data and related trends and is in the process of developing their 2015 Quality Improvement Plan which will be available upon completion. Outcome data is also reviewed that is gathered at exit via a client satisfaction survey. The team also reviews operating procedures on an ongoing basis to look for ways to improve program delivery.

D. EXPENDITURE JUSTIFICATION

General Budget Instructions:

- *Budgeted amounts must be of dollars allocated for calendar year 2015 ONLY.*
- *Budget line items throughout the application must be shown in whole dollars (no cents). If your calculation is $.01 to .49 round down to next whole dollar, if $.50 to .99 round up to next whole dollar.*

a. Personnel

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Annual Salary</th>
<th>Level of Effort</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Counselor</td>
<td>Charles Ray</td>
<td>$46,500</td>
<td>2%</td>
<td>$ 930</td>
</tr>
<tr>
<td>Peer Mentors</td>
<td>Harold Worley</td>
<td>$23,914</td>
<td>90%</td>
<td>$21,523</td>
</tr>
<tr>
<td></td>
<td>Trisha Shopbell</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe</td>
<td>FICA, Unemployment Ins, Workers Comp, Life &amp;</td>
<td></td>
<td></td>
<td>$8,320</td>
</tr>
</tbody>
</table>
Benefits | Disability, Medical Ins, & Retirement Plan
---|---
Total: | $30,773 (Peer Mentoring)

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Annual Salary</th>
<th>Level of Effort</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselors</td>
<td>To be determined</td>
<td>$43,000</td>
<td>15%</td>
<td>$6,450</td>
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<tr>
<td>Program Support</td>
<td>Corey Taylor</td>
<td>$28,184</td>
<td>5%</td>
<td>$1,409</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>FICA, Unemployment Ins, Workers Comp, Life &amp; Disability, Medical Ins, &amp; Retirement Plan</td>
<td></td>
<td></td>
<td>$2,244</td>
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</tbody>
</table>

Total: $10,103 (ACHESS)

Total Personnel: $40,876

This amount reflects the amount of salaries and benefits to be paid by Drug and Alcohol Funds for this program. The remainder is paid by existing services already being provided and anticipated new services from other funders.

b. Travel/Subsistence $1,200

$1,200 is requested to finance the cost of mileage at the rate of $0.46 per mile or for the cost of gas, repairs and upkeep for the company vehicle to provide transportation only for the peer mentors and their clients to and from related meetings.

$1,200 (Peer Mentoring)

c. Equipment

There is no equipment proposed for this grant. We will use ACHESS with clients who have smart phones already. Our research indicates about 90% of current clients have smart phones.

d. Supplies/Contract $17,000

$17,000 is requested for licensing and training fees for ACHESS

$17,000 (ACHESS)
e. Client Services

N/A
f. Communications  $420

This is for a cell phone through a contract with Verizon for the peer mentors. $420 for a cell phone for the peer mentors for a total of $420.

$420 (Peer Mentoring)

g. Other $5,950

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs (This is for accounting (payroll, accounts receivable and accounts payable), information systems, human resources, clerical support, maintenance and executive oversight. Currently runs 14% of revenue but only charging 10% to this project)</td>
<td>$5,950</td>
</tr>
</tbody>
</table>

Total:  $3,240 (Peer mentoring)

Total:  $2,710 (ACHESS)

Total Other $5,950

Total:  $35,633 (Peer mentoring)

Total:  $29,813 (ACHESS)

Total Request:  $65,446

** Note ** The proposed financial request for this project from Wyandotte County Drug and Alcohol Funds is considered by Mirror, Inc. to accurately describe the complete needs to implement the associated strategies. However this is negotiable, if necessary.
E. PROGRAM/SUBGRANTEE OUTCOME STATEMENT

In requiring programs to address outcomes, the Unified Government requires outcome measures to be in place to measure process and behavior. This format permits the program to implement measures that examine both the implementation (process) and the theory of change (behavior) which the program proposes to impact.

Process Outcome – this is designed to be a way to measure the program itself to determine if the program is being implemented or delivered as planned. It deals specifically with the program and provides the ability to monitor success and to identify areas that can be improved within the program. Process outcomes may be referred to as “outputs” in some other systems and typically will measure the implementation of the program or program elements, utilization of the program and organizational issues.

Process Outcome example:
Increase by 25% the number of classes available to clients from 2 nights a week to 3 nights a week.

Behavior Outcome – this is designed to allow the ability to monitor what change is being made in the targeted behavior of the client. These specifically measure the change in participants in the program for which the program was designed and implemented. Typical measures may include participants improved performance on measurable tests or changed level of participant engagement in target behavior.

Behavior Outcome example:
Increase the number of program participants who test negative for drugs 30 days after program completion from 100 to 110.

PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: Peer Mentoring Program of Mirror Inc. of Wyandotte County

<table>
<thead>
<tr>
<th>Process Outcome Statement (What will the program change and by how much?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implement Peer Mentoring Program by offering two peer mentoring groups per week to serve 100 clients annually.</td>
</tr>
<tr>
<td>2. In addition to the groups, 50 clients will receive individual mentoring sessions by the completion of the grant year.</td>
</tr>
</tbody>
</table>
1. How will the change be measured and what data will be used?

All clients served and group and individual sessions delivered are recorded in Mirror's electronic health record and will be monitored monthly.

2. By when will it change?

Services will be implemented upon notification of the award and data collected from beginning of project.

3. What is the baseline?

We have served 26 clients since our Peer Mentoring Program was implemented and believe year two of the grant will show best results.

PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: Peer Mentoring Program of Mirror Inc. of Wyandotte

<table>
<thead>
<tr>
<th>Behavioral Outcome Statement (What will the program change and by how much?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As a result of their involvement in the Peer Mentoring Program, successful discharges from treatment will increase by 50%.</td>
</tr>
<tr>
<td>2. 75% of clients who participate in the Peer Mentor Program will remain drug/alcohol free at 60 days post treatment.</td>
</tr>
</tbody>
</table>

1. How will the change be measured and what data will be used?

Change will be measured by admission/discharge dates and discharge reasons in our electronic health records. Abstinence at 60 days after treatment will be monitored through the use of urinalysis and in documentation of client participation in Peer Mentoring sessions which will be done in the electronic health record.

2. By when will it change?

Upon program implementation, changes will be monitored immediately, via our database, and therefore, can be tracked and reported at any point in time, Annual results will be available at the end of the grant period.
3. What is the baseline?

Because this is a fairly new program, there is no real baseline for the intervention of peer mentoring services. Successful and unsuccessful discharge data is currently available. 26% of our clients discharged in 2013 were successful. Since implementation of Peer Mentoring Services our successful discharge rate has increased to 41%.

Program Name: ACHESS Program of Mirror Inc. of Wyandotte County

---

Process Outcome Statement (What will the program change and by how much?)

1. Implement ACHESS by installing the smart phone application on 100 client’s phones annually.

2. 50% of these 100 clients will successfully complete OP treatment.

---

1. How will the change be measured and what data will be used?

*All clients served are recorded in Mirror’s electronic health record and will be monitored regularly.*

2. By when will it change?

*Services will be implemented upon notification of the award and data collected from beginning of project.*

3. What is the baseline?

There is no baseline given this is a new program.

---

PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: ACHESS Program of Mirror Inc. of Wyandotte
Behavioral Outcome Statement (What will the program change and by how much?)

1. As a result of having and using the ACHESS smart phone application, as evidenced by weekly surveys, clients will report improved quality of life as evidenced by:
   Fewer days drinking
   Improvements in sleeping
   Improvements in depression or anxiety
   Decreases in drinking urges
   Decreases in risky situations
   Improvements in relationships with family and or friends
   Improvements in confidence in staying clean and sober
   Improvements in recovery support meeting attendance

2. 75% of clients who participate in the ACHESS program will remain drug/alcohol free during OP treatment.

1. How will the change be measured and what data will be used?

Change will be measured by weekly surveys taken by clients using the ACHESS smart phone application. If this survey indicates increased risk of relapse, a peer mentor and or counselor will intervene with clients to interrupt or reduce the severity and or duration of the relapse process.

2. By when will it change?

Upon program implementation, changes will be monitored immediately, via our database, and therefore, can be tracked and reported at any point in time. Annual results will be available at the end of the grant period.

3. What is the baseline?

Because this is a new program, there is no baseline for the intervention of the ACHESS program. Research indicates a reduction in risky drinking days by ACHESS users.

Attachments

A. Intent to Self Perform
B. Authorized Signature page
C. Debarment Proposal form
D. KDADS License
E. Agency Board Members
F. Agency Budget
G. Grant Application Budget Form (See Quarterly Expenditure Report Form)
H. List of Staff
I. Dr. Janet Haynes Resume
J. Charlie Ray Resume
K. Harold Worley Resume
L. Trisha Shopbell Resume
M. Area Director Job Description
N. Lead Counselor Job Description
O. Peer Mentor Job Description
P. Mirror Organizational Chart
Q. Mirror References
R. A Smartphone Application to Support Recovery From Alcoholism
MIRROR, INC.

"Promoting Safe, Healthy People in Stronger Communities."

Request For Proposal
#R25035
Unified Government of Wyandotte County

ATTACHMENTS
Attachment A

Intent to Self Perform

Affidavit of Mirror Inc.

(Name of Bidder)

I hereby certify that it is our intent to perform 100% of the work required for the contract.

Peer Mentoring & ACHES programs of Wyandotte County

(Name of Project)

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and the Bidder agrees to provide any additional information or documentation requested by the Unified Government in support of the above statement.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Sign

Date 9/32/14
Attachment B

RFP 25035
PROPOSAL FORM

AUTHORIZED SIGNATURE

By submission of this proposal, the undersigned certifies that:

1.0 it has not paid or agreed to pay any fee or commission, or any other thing of value contingent upon the award of this contract, to any Unified Government employee or official or to any current consultant to the Unified Government;

2.0 it has not paid or agreed to pay any fee or commission or any other thing of value contingent upon the award of this contract, to any broker or agent or any other person;

3.0 it has not violated, is not violating and will not violate the prohibition against gratuities and kickbacks set forth in Chapter 12 of the Unified Government's Procurement Code; and,

4.0 the prices contained in this proposal have been arrived at independently and without collusion, consultation, communication or agreement intended to restrict competition.

5.0 it has the full authority of the Respondent to execute the proposal and to execute any resulting contract awarded as the result of, or on the basis of, the proposal.

I hereby certify that the attached proposal has been prepared in compliance with the specifications and that the quotations are valid for a period of 36.5 days.

Authorized Representative: Beverly D. Metcalf

Signature: Beverly D. Metcalf

Title: President/CEO

Company Name: Mirror, Inc.

Address: 130 E. 5th/P.O. Box 711

City, State, Zip: Newton, KS 67114

Phone Number: (316) 283-6743

Fax Number: (316) 283-6830

E-mail Address: bmetcalf@mirrorinc.org

Federal Tax ID Number: 23-7433368
This certification needs to be completed by all Unified Government Suppliers who are fulfilling a single procurement in excess of $20,000. Please complete, sign, and submit the form to the Unified Government Procurement Department (address at the bottom):

1. The undersigned certifies, to the best of his or her knowledge and belief, that:
   a. The Respondent and/or any of its Principals:
      i. _____ Are  X Are not
         Presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
      ii. _____ Have  X Have not
         Within a three-year period preceding this Respondent, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of Respondents; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and
      iii. _____ Are  X Are not
         Presently indicted for, or otherwise criminally or civilly charged by a government entity with, commission of any of the offenses enumerated in section (1)(a)(ii) of this provision; and
      iv. _____ Have  X Have not
         Within a three-year period preceding this Respondent, had one or more contracts terminated for default by any Federal agency.

2. "Principals," for the purpose of this certification, means officer; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions). This Certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution.

3. The Respondent shall provide immediate written notice to the Procurement Department if, at any time prior to contract award, the Respondent learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;

4. A certification that any of the items in this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Respondent’s responsibility. Failure of the Respondent to furnish a certification or provide such additional information as requested by the Unified Government Procurement Department may render the Respondent non-responsive;
5. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this provision. The knowledge and information of an Respondent is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings; and

6. The certification of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Respondent or knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Unified Government Procurement Department may terminate the contract resulting from this solicitation for default.

Authorized Supplier Representative

Beverly D. Metcalfe
Name (typed)

President/CEO
Title

Mirror, Inc.
Company

Signature

Date
9/22/14

Peer Mentoring & ACHES programs
of Wyandotte County
Project
THE KANSAS DEPARTMENT FOR AGING
AND DISABILITY SERVICES

License

Mirror, Inc.
1024 Hoel Parkway
Kansas City, Kansas 66102

This license is to provide the following Substance Use Disorder services:
Outpatient, Intensive, Outpatient: Counseling Treatment, Alcohol & Drug Assessment & Referral Program.
This license is issued under the authority of one or more of the following statutes: KSA 65-4601-4610, KSA 65-4012-4024, and remains in force subject to compliance with the provisions of
said statutes and the Rules and Regulations and Standards of the Department adopted thereunder, until the 30th day of June, 2015.

This Certificate is effective on the 1st day of July, 2014

Commissioner,
Community Services & Programs

License Number: 00930645
Number of Beds: N/A

Secretary
Kansas Department for Aging
and Disability Services

Attachment D
MIRROR INCORPORATED BOARD OF DIRECTORS
JANUARY 01, 2014

Rev. Bill Ester, Chairperson (12/31/15)
Retired Minister
401 Arapaho
Kechi, KS 67067
(316) 993-1812 (Cell)
estebol16@outlook.com

Janis Whifield, Vice-Chairperson (12/31/14)
Retired USD 373 Administrator
709 Normandy Road
Newton, Kansas 67114
283-9032 (Home)
janisw44@cox.net

John S. Robb, Secretary/Treasurer (12/31/16)
Attorney-At-Law
110 E. Broadway
Newton, Kansas 67114
283-4539 (Home)
283-4560 (Office)
FAX 283-5049
jrobby@robbylaw.com

Vincent Collier (12/31/15)
Owner of Pizza Hut(s)
414 N. Main #114
Newton, Kansas 67114
283-4263 (Home)
283-4273 (Office)
FAX 283-5301
Vince_Collier@yahoo.com

Ada Schmidt-Tieszen (12/31/14)
Professor of Social Work, Bethel College
209 SE 2nd St
Newton, KS 67114
(316) 283-1182 (Home)
(316) 284-3352 (Work)
FAX 284-5286
asdt@bethelks.edu

George Rogers (12/31/15)
Estimator - Whitmire Construction
3219 Royal West Drive
Newton, Kansas 67114
283-5272 (Home)
283-8180 (Office)
FAX 283-8188
g314@cox.net

Mark Frazier (12/31/16)
Investment Representative, Edward Jones Company
700 N. Main
Newton, Kansas 67114-0336
283-4631 (Home)
283-7902 (Office)
FAX 888-449-5611
mark.frazier@edwardjones.com
ofred502@yahoo.com

John Graber (12/31/16)
President-Graber's Hardware, Plumbing & Heating
7304 S.E. 12th
Newton, Kansas 67114
283-8537 (Home)
283-1903 (Office)
FAX 283-7738
Graber3202@yahoo.com

John R. Sudderth (12/31/15)
President, Midland National Bank
P.O. Box 427
Newton, Kansas 67114-0427
283-0873 (Home)
283-1700 (Office)
FAX 283-3813
sudderman@midlandsb.com

Byron Motter (12/31/16)
Sheriff Harvey County (Retired)
1010 S. Pine
Newton, KS 67114
bmothet@cox.net

Frank Stucky (12/31/16)
J.P. Weigand & Sons, Inc. Realtor
400 S. Main
Newton, Kansas 67114
283-4262 (Home)
283-1330 (Office)
FAX 283-6828
frankinstucky@gmail.com

Marianne Eichelberger (12/31/14)
Library Director, Newton Public Library
P.O. Box 65
N. Newton, Kansas 67117
283-2137 (Home)
283-2890 (Office)
FAX 283-2916
meichelberger@outlook.com

Carl Harris (12/31/14)
Vice-President & General Manager of the
Carl Harris Company
2214 S. Duncan
Newton, Kansas 67114
283-8932 (Home)
(316) 267-8700 (Work)
FAX (316) 267-8702
park@carlharrisco.com

Tom Williams (12/31/15)
Chief Executive Officer, Askery Park
200 SW 14th
Newton, KS 67114
(316) 283-4770 (Work)
(316) 283-4799 (Fax)
tomw@askery-park.org

Randall Riggs (12/31/14)
City Manager, City of Newton
201 East 6th, Box 426
Newton, Kansas 67114
316.284.4239 (Home)
316.284.6002 (Office)
FAX 316.284.6990
riggs@newtonkansas.com
<table>
<thead>
<tr>
<th>Revenue Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Client Fees Residential</td>
<td>29,800</td>
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<tr>
<td>Client Fees Outpatient</td>
<td>68,800</td>
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<tr>
<td>Misc. Fees</td>
<td>519,809</td>
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<td>Medicaid</td>
<td>1,445,800</td>
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<tr>
<td>Rental Income</td>
<td>25,680</td>
</tr>
<tr>
<td>State SRS-AAPS</td>
<td>2,609,696</td>
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<tr>
<td>State SRS-AAPS Allowance</td>
<td>(272,624)</td>
</tr>
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<td>SRS-AAPS PROB GAMBLING</td>
<td></td>
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<td>SRS-AAPS 4TH TIME DUI</td>
<td>51,100</td>
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<td>Department of Corrections</td>
<td>150,000</td>
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<td>SB 123</td>
<td>1,639,600</td>
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<td>Federal Outpatient</td>
<td>99,600</td>
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<td>Federal Residential</td>
<td>3,756,076</td>
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<td>United Way</td>
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<td>Donations</td>
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<td>Food Stamps</td>
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<td><strong>Total Revenue</strong></td>
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<tr>
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<tbody>
<tr>
<td>Salaries</td>
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<td>Payroll Taxes</td>
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<td>Fringe Benefits</td>
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<td>Travel</td>
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<td>Equipment</td>
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<td>Supplies</td>
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<td>Contract Services</td>
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<td>Facilities Cost</td>
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<td>Other</td>
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<td><strong>Total Operating Expenses</strong></td>
<td><strong>8,571,027</strong></td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>NET OPERATING INCOME</strong></td>
<td><strong>656,510</strong></td>
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<tr>
<td>Other Income</td>
<td>89,800</td>
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<tr>
<td>Interest</td>
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<td>Depreciation</td>
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<td>Bad Debt Expense</td>
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<table>
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<tbody>
<tr>
<td><strong>NET INCOME (LOSS)</strong></td>
<td><strong>228,190</strong></td>
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### Wyandotte County
**Drug and Alcohol Funds**
**2015**
**Quarterly Expenditure Report**

**Operating Agency:** Mirror, Inc.  
**Program Name:** Peer Mentoring & ACHESS programs of Wyandotte County  
**Program Director:** Dr. Janet Haynes  
**Telephone #:** 913-371-9688 (program site)  
**Fax #:** 913-371-9688 (program site)  
**E-Mail:** haynes@mirrorinc.org

<table>
<thead>
<tr>
<th>Line Item</th>
<th>2014 Award</th>
<th>2015 Request</th>
<th>Adjustments 2015 03/31/2015</th>
<th>2nd Quarter 06/30/2015</th>
<th>3rd Quarter 09/30/2015</th>
<th>4th Quarter 12/31/2015</th>
<th>Expenditures to Date</th>
<th>Budget Balance</th>
<th>Percent Available</th>
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<td>Personnel</td>
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<td>Benefits</td>
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<tr>
<td>Travel &amp; Subsistence</td>
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<td>$1,200.00</td>
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<td>Equipment</td>
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<td></td>
<td></td>
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<tr>
<td>Supplies/Contract</td>
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<td>Consultants</td>
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<td>Client Medical</td>
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<td>Client Assistance</td>
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<td>Client Food Services</td>
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<tr>
<td>Facility Payment/Upkeep</td>
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<td>$-</td>
<td>$-</td>
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<td>Liability Insurance</td>
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<td>Utilities</td>
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<td>Communications</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>$23,961.00</strong></td>
<td><strong>$6,346.00</strong></td>
<td><strong>$6,346.00</strong></td>
<td><strong>$6,346.00</strong></td>
<td><strong>$6,346.00</strong></td>
<td><strong>$6,346.00</strong></td>
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</tbody>
</table>

**Allocation:** $-  
**Notes:**

**Total Available:** $-  
**Balance:** $-

**Certifications:** I certify that to the best of our knowledge this report is true in all aspects and that all disbursements have been made for the purposes and conditions of the grant.

**Dr. Janet Haynes**  
Program Director (printed name)

**Signature - Program Director**

**David D. Wuthnow**  
Chief Financial Officer (printed name)

**Signature - Chief Financial Officer**

*Signature certification - I certify this report is correct and complete and represents actual expenditures of funds for the period covered and for the grant to date.

For Private Providers/Subgrantee submitted report: Chief Financial Officer
Peer Mentoring Program of Mirror Inc. of Wyandotte County
Staff List

1. Dr. Janet Haynes, Wyandotte County Area Director: Dr. Haynes will be responsible for the implementation and operation of the program.

2. Charles Ray, Lead Counselor: Mr. Ray will be the onsite supervisor of the Peer Mentors and will provide supervision of their work with clients including approval of peer mentoring plans for each client who participates in the program.

3. Harold (Jake) Worley, Peer Mentor: Mr. Worley will be providing peer mentoring services to clients.

4. Trish Shopbell, Peer Mentor: Ms. Shopbell will be providing peer mentoring services to clients.

ACHESS Program of Mirror Inc. of Wyandotte County
Staff List

Counselor staff, To be determined

Support staff, Corey Taylor
Janet Haynes (Nutter)
PO Box 5054 – Topeka, KS 66605-0054
Phone (785) 633-9268 or (907) 350-4088 – jhaynes@mirrorinc.org

Behavioral Health / Human Service / Clinical Management

Experienced Clinical Manager seeking to contribute relevant expertise in the human services and behavioral health fields to a challenging management/supervisory position that offers skill utilization and growth opportunities.

QUALIFICATION STATEMENT

Experienced federal grant reviewer, evaluator, writer, and auditor. Capable of expressing ideas clearly and concisely and of planning and executing work effectively. Extensive knowledge of behavioral health principles, techniques, practices, and their application to complex case, group work, and community issues. Very good knowledge of a wide range of behavior and psychosocial problems and their diagnosis and treatment. Experience in family and group dynamics, knowledge of a range of intervention techniques, governmental and private organizations, resources in the community, laws, regulations and policies which govern the program, methods and principles of clinical supervision and training. Extremely skilled in establishing client rapport and treatment modality or assessing psychosocial, behavioral, and psychological aspects of client treatment concerns. Able to supervise, train and instruct entry level social workers, students and interns, establish and maintain effective working relationships with clients and families as well as civic, legal, medical, social and religious organizations.

EDUCATION

Doctor of Education (Ed.D.), 2002, GPA 4.0
Fielding Graduate University

Bachelor of Arts (B.A.) Human Resources, 1990
Alaska Pacific University

Associate of Arts (A.A.), Psychology, Sociology
Jefferson Community College

PROFESSIONAL EXPERIENCE

- Program Director for an institution based addiction treatment program for female inmates
- Program manager for tribal based behavioral health organization
- Grant research, evaluation, and writer
- Case management, therapeutic group clinician, program management, federal grant reviewer
- Maintain liaison with civilian and military law enforcement agencies; presently interface with magistrate courts and other courts to provide program access to fulfill special conditions of probation for DWI/DUI offenders
- Create, safeguard and maintain confidential client records in accordance with ethical standards and federal privacy laws including HIPAA and 42 C.F.R.
- Develop curriculum and facilitation of didactic and therapeutic groups for individuals with mental health and/or substance abuse diagnosis
- Recommend and implement procedural changes used to establish protocol in administrative work processes

PO Box 5054, Topeka, KS 66605-0054
Phone (785) 633-9268 or (907) 350-4088 – jhaynes@mirrorinc.org
• Collaborate development of supplemental information to support established administrative regulations, guideline and best practice policies
• Research and analysis of administrative issues by obtaining background information
• Diverse knowledge and application of alcohol and drug abuse issues including: concepts of addiction, life styles leading to chemical dependency, interventions and treatment
• Organize and conduct employee interviews, performance reviews, client needs assessment and referral
• Prepare quarterly reports, internal, and external program audits
• Provide training and guidance in developing substance abuse programs and evaluation
• Ability to assist in administering an installation-wide ASAP education, awareness, referral and rehabilitation program for military and civilian employees, their family members, military and civilian retirees, and other personnel
• Clinical experience utilizing a broad range of diverse and complex techniques and methods in a variety of settings and environments that include but are not limited to screenings and evaluations for referral, short term counseling, and referral services for appropriate treatment or rehabilitation
• NAADAC/State of AK Behavioral Health Certification-CDCI
• Licensed Addiction Counselor (Kansas)

EXPERIENCE

Mirror Inc. (Wyandotte County Programs) 09/14-present
Positions held include:
**Wyandotte County Arc Program Director**
6711 State Avenue, Kansas City, KS 66102
Supervisor: Cynthia Breitenbach, MPA, LCAC

Mirror Inc. (at the Topeka Correctional Facility) 2011-09/2014
Positions held include:
**Intensive Outpatient Program Director**
815 SE Rice Road, Topeka, KS 66607
Supervisor: Cynthia Breitenbach, MPA, LCAC

Regional Academy Drug and Alcohol Counselor Training 2007-2011
Positions held include:
**Training Specialist-contract, variable-16 hours**
3901 Old Seward Hwy, Anchorage, AK 99508
Supervisor: Janet Carter

Cook Inlet Tribal Council 2007-2009
Positions held include:
**Clinical Manager / Clinical Supervisor / Clinical Consultant -40 hours**
3600 San Jeronimo Dr., Anchorage, AK 99508
Supervisor: Kristen English

Fielding Graduate University, Charter College 2004-2008
Positions held include:
**Consulting Faculty / Adjunct Instructor-20 hours**
2112 Santa Barbara St., Santa Barbara, CA 93105
Supervisor: Dr. Judy Witt

**PO Box 5054, Topeka, KS 66605-0054**
**Phone (785) 633-9268 or (907) 350-4088 – jhaynes@mirrorinc.org**
FedEx Express, DHL, Swissport
Positions held include:
Manager Operations / Training Specialist / Field Supervisor / Ramp Supervisor-40 hours
6050 Rockwell Rd., Anchorage, AK 99502
Supervisor: Susan McDonough
7007 W. Imperial Hwy, Los Angeles, CA 90045
Supervisor: Armin Unternahrer

COMMUNITY RELATIONS
Commissioner, City of Anchorage
DRE Leadership Team-Fielding Graduate University
YWCA of Anchorage – Founding Board Member
Alaska Native Heritage Center – Volunteer
Strategic Planning Consultant – Leadership / Management

Speaker / Presenter
Annual School for Behavioral Health
Alaska District Conference
Regional Alcohol and Drug Abuse Counselor Training
National Session, Fielding Graduate University
Diversity Workshop, Universal of Hawaii
Department of Veterans Affairs
Anchorage School District Staff Development

Awards
December of 2013, the program I administered for my employer Mirror Inc., the Intensive Outpatient Treatment program at the Topeka Correctional Facility was selected as one of 15 finalists in the National Residential Substance Abuse Treatment (RSAT) Mentor Host Site.

- References Upon Request -
Charles Ray
Confidential Resume

9265 Cottonwood, Lenexa, KS 66215
(913) 888-0349 home  (913) 559-6999 cell

Summary of Qualifications

♦ Strong leadership abilities.
♦ Insightful commitment to positive communication.
♦ Willing to take on new challenges within demanding deadlines. Utilizing progressive, results oriented performance style.
♦ Strong organizational skills. Ability to screen and assess needed situations
♦ Strong time management and interpersonal skills. Detail oriented.
♦ Loyal team player. Impeccable work ethic.

Experience

Mirror Incorporated  •  Kansas City, KS  •  2004-Present
Assessments, Evaluations and Counseling
Lead Counselor since 2006
• Responsible for USPO Clients (base of 60 clients).
• Counseling (individual and groups) including Thinking for a Change.
• Oversee the facility needs.
• Organization and maintenance of USPO client files.
• Regularly correspond and coordinate with USPO probation officers.

Choices  •  Olathe, KS  •  2004-2004
Evaluations and Assessments
• Outpatient counseling /Educational groups / Court Services Evaluations.

Mainstream KC Incorporated  •  Bonner Springs, KS  •  2000-2004
30-Day Residential Treatment Center
• CADCII SATR certified Substance Abuse Counselor - Program development, assessments, treatment and discharge plans, referral placement, development and facilitation of group and individual counseling, computer skills.

Trinity Lutheran Hospital  •  Kansas City, MO  •  1999-2000
Chemical Dependency Unit - 3 - 14 day treatment unit
• Substance Abuse Counselor - Program development, assessments, treatment plans, discharge placement, development and facilitation of group and individual counseling, computer skills, certified CPR and CPI.

Johnson County Adult Detox Unit  •  Overland Park, KS  •  1998-1999
Drug and alcohol adult detoxification center
• Monitor – Screen callers, conduct assessments, transport as necessary, arrange additional treatment options, and complete all paperwork.
Education / Certifications

- CADC-II  Substance Abuse Counselor
- NCAC-II
- SASSI-III certified
- ASI certified
- AAPS certified
- Thinking for a Change certified
- Served on KAAP ethics committee for two years
- Chairperson for the KAAP certification commission for one year.
- KAAP board member
- Kansas City Kansas Community College
- BA – Mid-America Nazarene University
Harold Worley
108 N 76th
Kansas City, Ks 66111
620-804-0625

QUALIFICATIONS:
• Work well around people
• Experienced working with people in recovery
• Experienced working with addiction professionals in a support role

EDUCATION:
2005 Kansas State High School GED Winfield, Ks

EXPERIENCE:
2011 to Present Mirror Inc, Shawnee and Kansas City, Ks
Peer Mentor - Provide case management type services for persons new in recovery. Facilitate
individual and group meetings related to peer mentoring services. Provide transportation to community
based service appointments.

Program Technician - Provide supervision of clients within the residential facility. Chart client behavior
within the electronic medical record. Provide for security and collection of client urinalysis testing.
Provide oversight of the facility to ensure safety of clients.

2008-2011 Sunrise Inc. Larned, Ks
Cook, Technician, Administrative Assistant – Answer phones, transportation of clients and client
intakes. Provided oversight of facility and ensured safety of clients. Made sure everything was in
proper order and prepared meals for clients.

2006 Renzinberger
Driver – Transport railroad workers to job sites.

Kansas City, Ks

SKILLS:
I am a recovering addict so I understand what it is like to be in recovery.
I am a fast learner and follow direction well.
Limited computer skills.

LANGUAGE
English

REFERENCES
Barb Flannigan 913-248-1943
Joel Davis 620-804-2717
Amy Johnson 620-255-224
TRISHA SHOPBELL
1111 NTH 8TH ST., LEAVENWORTH, KS, 66048, (913)-3064224, ACCEPT2DAY1@YAHOO.COM

EXPERIENCE

NOV. 2008 TO PRESENT  Mirror Inc.  Shawnee, KS

PEER MENTOR.
- Work with assigned Counselor to provide case management type services to the assigned population with the goal of helping the newly recovering client to transition into a recovery lifestyle.
- Maintain client and program confidentiality as required by federal laws.
- Monitor referred clients as necessary when on Mirror property, at Mirror related activities in the community or while at scheduled appointments with community providers.
- Assist Mirror's counseling and administrative staff with KDADS compliance and/or funding source audit conditions.

PROGRAM TECH
- Maintain client and program confidentiality as required by federal law.
- Supervise clients during assigned hours
- Maintain a clear and accurate record of client behavior/movement and program related activities.
- Facilitate orientation group
- Supervise clients during urine specimen collection process
- Handle crisis situations as they arise. Intervene appropriately to diffuse or de-escalate potentially harmful situations.

MAY 2006 TO SEPT. 2009  Self Employed  Lawrence, KS

RESIDENTIAL AND COMMERCIAL CLEANER
- Maintained accounts payable and receivable
- Hiring of employees and monitoring all staff while on duty
- Performed various cleaning responsibilities for commercial and residential properties.

AUGUST 2005 TO JULY 2006  Baymont Inn & Suites  Lawrence, KS

HOUSEKEEPER/LAUNDRY ATTENDANT
- Maintained record of daily tasks in regards to guest rooms
- Performed daily and weekly deep cleaning tasks
- Cleaned, sorted and stocked all laundry for the facility

EDUCATION

APPS CREDENTIAL
December 2010
- Peer Mentor Certification

KCKCC
- Course study Addiction Counseling
- 38 credit hours completed toward Associate Degree in Applied Science

REFERENCES
References are available on request.
JOB DESCRIPTION

Agency: The Mirror Inc.
Title: MIRROR INC. AREA DIRECTOR (COMMUNITY ADDICTION TREATMENT PROGRAMS)
Responsible To: Vice-President of Treatment Services
Classification: Exempt (Salaried, full-time)
Salary Range: Negotiable within an established range set by Mirror Board.
Job Location(s): Newton, Shawnee, Topka and Wyandotte County (Kansas City), Kansas

Job Summary: Under the administrative supervision of the Vice-President of Treatment Services, the Mirror Area Program Directors are responsible for the programs and services offered by the agency at that location. He/she shall also provide administrative and clinical supervision to all counseling, case management and support staff assigned to the Mirror residential and outpatient treatment programs assigned to their catchment area. Mirror Area Program Directors shall operate in accordance with the policies determined by the Board of Directors and shall abide by all applicable federal, state and local regulations. Please note: Area Directors may sometimes cover more than one program or facility and often have oversight of programs in different locations, (i.e., different cities).

QUALIFICATIONS:

1. Graduate of a four year accredited college or university with a bachelor's degree in social work, sociology, psychology, substance abuse counseling or a closely related field. Master's degree matching one of the aforementioned disciplines is desirable.
2. Minimum of one year paid experience providing supervisory oversight for a human services provider.
3. The agency deems it to be desirable for this position to be a licensed substance abuse counselor in the State of Kansas. It is not a mandatory requirement. LCAC would be desirable as well.
4. Ability to gather and understand program evaluation data and design.
5. Excellent interpersonal skills required as well as ability to communicate effectively both verbally and in writing.
6. Demonstrated ability to effectively supervise the work of others.
7. Previous experience in a supervisory role would be desirable.
8. Demonstrated ability to prioritize and work with multiple tasks.
9. Must be adaptable to change and have effective organizational skills.
10. Must be able to work in concert and in collaboration with the President/CEO and other agency Vice Presidents.
11. Must be able to pass agency authorized security and background checks.
12. Every employee must be free of chemical dependency for at least 2 years prior to employment.
13. Must be proficient in Microsoft Office Word, Outlook and with a basic understanding of Excel preferred.
14. Physical requirements would include but not limited to: standing, walking, talking, hearing and lifting (40/50 pounds). Walking stairs may be required as well. Be able to operate a motor vehicle (Class C license).

DUTIES AND RESPONSIBILITIES:

1. Supervision of the clinical, case management and support staff at the designated program location(s).
2. Responsible for assisting in the development of treatment curricula and ensures implementation of same within the designated component(s). Approves all modifications in the curricula through the Vice President of Treatment Services.
3. Responsible for ensuring the programs assigned to their care and oversight employ the proper cognitive model (currently using Thinking For A Change) as well as, other therapeutic approaches (such as A New Direction curriculum) suitable for the offenders or clients we serve. This would also include an eclectic blend of traditional treatment methodologies such as reality therapy, bibliotherapy, rational-emotive therapy, self-help strategies, behavior modification, and level systems, etc... along with other "cutting edge" approaches as they may appear in the literature or scientific research.
4. Administer the daily operations of the Mirror program or programs assigned to their care.
5. Recruit, recommend for hire and evaluate staff assigned to their designated program or programs. (Please note: Directors should consult with the Mirror Executive Vice President of Human Resources & Compliance on offers of employment, disciplinary issue with staff and any recommendation that involves termination of a Mirror employee. Terminations should be carefully documented and then submitted for approval to the President/CEO or the Executive Vice President of Human Resources & Compliance).
6. Assists with the continuing education needs of staff through coordination or delivery of in-service units or initial approval of workshop hours. Oversight of annual in-service staff training for the staff they supervise.
7. Approves all residential admissions and discharges and monitors census/utilization in all programs they oversee. Oversees the internal utilization review process for their assigned programs. Assists the Vice-President of Treatment Services with the tracking of clients for the programs they manage.
8. Monitors the flow of clients or offenders into their assigned programs.
9. Liaison activities with the client referral source (might include other treatment providers, assessment centers, courts, or parole, probation or community corrections officers), local employers, community vendors, business associates, etc... Work to resolve any differences community vendors or business associates might have with our residents or services.
10. Ensures conformity to funding authority and contractual agreement standards. (Please note: includes but is not limited to KDADS, BOP, KDOC, KSC or USPO).
11. Ensures conformity to licensing authority (KDADS) standards.
12. Responsible for (or oversight of) the approval of all participant related paperwork (i.e., treatment plans, case management plans, discharge summaries, etc.) within their assigned program(s).
13. Responsible for coverage issues of staff assigned to their program(s).
14. Clinical observation of counseling and case management activities and provides any consultative duties with staff as required.
15. Meets regularly with the Vice President of Treatment Services Programs to ensure quality programming. Provides reports to Vice President of Treatment Services on an as needed basis. Participate on the Quality Improvement Team.
17. Handles crisis situations when on-call staff is not available or skilled enough to manage the situation.
18. Responsible for performing any other responsibilities assigned by his/her supervisors.

Employee Signature ___________________________ Witness Signature ___________________________ Date ____________

South Central Area Director has oversight of Harvey, Reno and Sumner County treatment programs.
Northeast Area Director has oversight of Shawnee and Brown County treatment programs (Topeka, Hiawatha & Atchison).
Kansas City Area Director has oversight of Johnson and Wyandotte County treatment programs.
JOB DESCRIPTION

Agency: The Mirror Inc.
Title: WYANDOTTE OUTPATIENT LEAD COUNSELOR
Responsible to: Designated Area Director
Classification: Non-exempt (Salaried, Full-time)
Salary Range: Negotiable within an established range set by the Mirror Board.
Job Location: Wyandotte

Job Summary: The Outpatient Supervisor will work under the supervision of the Area Director and will be responsible for the programs and services offered by the agency at that location. He/she shall also provide administrative and clinical supervision to all counseling and support staff assigned to the MIRROR treatment programs at that location. The Outpatient Supervisor shall operate in accordance with the policies determined by the Board of Directors and shall abide by all applicable federal, state and local regulations.

QUALIFICATIONS:

1. Graduate of a four year accredited college or university with a bachelor's degree in social work, sociology, psychology, substance abuse counseling or closely related field is required. Masters degree matching one of the above stated professions would be desirable.

2. Minimum 1 year paid experience paid administrative experience. Administrative experience in a treatment setting is most desirable.

3. Be a licensed substance abuse counselor or a licensed clinical substance abuse counselor in the State of Kansas.

4. Excellent interpersonal skills required as well as the ability to communicate effectively both verbally and in writing.

5. Demonstrated ability to effectively supervise the work of others.

6. Must be able to handle change and have effective organizational skills.

7. Must be able to work in concert with the Vice President of Treatment Services, area Directors and other Clinical Supervisors.

8. Must be able to pass background/security check.

9. Every employee must be free of chemical dependency for at least 2 years prior to employment.

10. Must be proficient in Microsoft Office Word, Outlook and with a basic understanding of Excel and Access preferred.

11. Job functions in this position may involve walking, climbing stairs, bending and lifting up to 30 or 40 pounds
DUTIES AND RESPONSIBILITIES:

1. Supervision of the clinical and support staff at the designated location.

2. Responsible for assisting in the development of treatment curricula and ensures implementation of same within the designated component(s).

3. Responsible for staff assignments as to their assigned modality and any subsequent caseload considerations.

4. Assist with coverage due to counselor illness or training.

5. Assess skills and needs of the clinical staff and educate and train as necessary. This is inclusive of providing opportunities for learning as appropriate and with frequent in-service training and routine and regular clinical supervision.

6. Maintain quality assurance of client records including client assessment, progress notes, treatment plans, discharge summaries, etc.

7. Monitor compliance of standards and expectations of the agency's funding and licensing authorities. Work closely with the counseling staff to ensure proper documentation of the written client record. Establish a system of regular file utilization review and generate reports to superiors as requested regarding this issue.

8. Monitor scheduling and facilitation of the waiting list, incoming, transferring and discharging of clients in order to maintain program utilization.

9. Cross train and/or monitor with other Supervisors from other Mirror facilities to maintain quality assurance.

10. Ensure standardized curriculum is implemented as designed.

11. Monitor client movement within modalities.

12. Liaison and marketing activities with local agencies to promote referrals and expand opportunities for expansion within the community.

13. Perform other duties as requested by the Area Director or Vice-President of Treatment Services.

Employee Signature

Witness Signature

Date
JOB DESCRIPTION

Agency: The Mirror Inc.
Title: Peer Mentor
Responsible To: Designated Site Facility Director or Clinical Supervisor
Classification: Non-Exempt (Hourly, FT, PT or PRN positions available)
Salary Range: Negotiable within an established range (time and a half for any hours worked over 40)
Job Location: Newton, Topeka, Wichita, Shawnee, Kansas City and Hutchinson, Kansas

Job Summary: Under the clinical supervision of the Facility Director (or their designee), the Peer Mentors at the Mirror treatment programs are responsible for providing clients with support and assistance in order to further their recovery goals and objectives. Peer Mentors shall operate in accordance with the policies set forth by the Board of Directors and as implemented by his/her supervisors and they shall abide by all applicable laws and regulations. Peer Mentors shall adhere to the policies and procedures set forth in the KDADS peer support services policy statement. Peer Mentors must be a Kansas Certified Peer Mentor (KCPM) or eligible to become one and have completed the KDADS/BHS approved 15 hour peer mentor training. In short, the duties of this position include case management type services for the clients served, individual and group meetings related to peer mentoring services and monitoring of clients behavior while at community based events or appointments.

QUALIFICATIONS:
1. High school diploma or General Educational Development certificate.
2. One year living in healthy sustained recovery from SUD and/or BH addictions.
3. Be a Kansas Certified Peer Mentor (KCPM) or eligible to become one.
4. Completion of the KDADS/BHS approved 15 hour training.
5. Read the BHS Peer Mentor Code of Ethics, and sign the statement on the Application affirming adherence to this code and signed affirmation of Merit of Public Trust statement.
6. Experience in supervising and interacting with persons addicted to drugs or the prison population would be desirable.
7. Must be proficient in Microsoft Office Word with basic understanding of Excel preferred.
8. Good reading, writing and communication skills.
9. Ability to organize and prioritize and follow through with multiple tasks related to client charting.
10. Must have a valid driver’s license.
11. Must be able to pass KBI (et al.) security check.
13. Job functions in this position may involve some walking, climbing stairs, bending, lifting (or assisting) up to 40/50 pounds.
14. If person is a former client of this agency then they need to have been discharged from here for at least 6 months.

DUTIES AND RESPONSIBILITIES:
1. Work with assigned Counselor to provide case management type services to the assigned population with the goal of helping the newly recovering client to transition into a recovery lifestyle.
2. Provide group presentations as required.
3. Provide educational presentations as required.
4. Provide transportation for clients to community based providers. This might include appointments to court hearings, doctor’s offices, parole/probation officers, etc...
5. Maintain a record of all peer mentoring activities within TIER.
6. Maintain client and program confidentiality as required by federal laws.
7. Monitor referred clients as necessary when on Mirror property, at Mirror related activities in the community or while at scheduled appointments with community providers.
8. Be available for case staffing conferences when requested by your supervisor.
9. Assist Mirror’s counseling and administrative staff with KDADS compliance and/or funding source audit conditions.
10. Perform other job related functions as directed by your immediate supervisor.

Employee Signature | Witness Signature | Date
Peer Mentoring Program at Mirror, Inc. of Wyandotte

References

1. Crystal Sprague
   Administrator of Criminal Justice Programming
   Wyandotte County Community Corrections
   812 N. 7th St., 3rd Floor
   Kansas City, Ks. 66101
   913-573-4180

2. Michelle Caples
   Senior US Probation Officer
   500 State Ave., Room M35
   Kansas City, Ks. 66101
   913-735-2417
Original Investigation

A Smartphone Application to Support Recovery From Alcoholism
A Randomized Clinical Trial

David H. Gustafson, PhD; Flora M. McTavish, MS; Ming-Yuan Chih, PhD; Amy K. Atwood, PhD; Robert A. Johnson, MA, MEd; Michael G. Boyle, MA; Michael S. Levy, PhD; Hilary Driscoll, MA; Steven M. Chisholm, MA; Lisa Dillenburg, MSW; Andrew Isham, MS; Shavan Shah, PhD

IMPORTANCE. Patients leaving residential treatment for alcohol use disorders are not typically offered evidence-based continuing care, although research suggests that continuing care is associated with better outcomes. A smartphone-based application could provide effective continuing care.

OBJECTIVE. To determine whether patients leaving residential treatment for alcohol use disorders with a smartphone application to support recovery have fewer risky drinking days than control patients.

DESIGN, SETTING, AND PARTICIPANTS. An unmasked, randomized clinical trial involving 3 residential programs operated by 1 nonprofit treatment organization in the Midwestern United States and 2 residential programs operated by 1 nonprofit organization in the Northeastern United States. In total, 349 patients who met the criteria for DSM-IV alcohol dependence when they entered residential treatment were randomized to treatment as usual (n = 179) or treatment as usual plus a smartphone (n = 170) with the Addiction-Comprehensive Health Enhancement Support System (A-CHESS), an application designed to improve continuing care for alcohol use disorders.

INTERVENTIONS. Treatment as usual varied across programs; none offered patients coordinated continuing care after discharge. A-CHESS provides monitoring, information, communication, and support services to patients, including ways for patients and counselors to stay in contact. The intervention and follow-up period lasted 8 and 4 months, respectively.

MAIN OUTCOMES AND MEASURES. Risky drinking days—the number of days during which a patient’s drinking in a 2-hour period exceeded 4 standard drinks for men and 3 standard drinks for women, with standard drink defined as one that contains roughly 14 g of pure alcohol (12 oz of regular beer, 5 oz of wine, or 1.5 oz of distilled spirits). Patients were asked to report their risky drinking days in the previous 30 days on surveys taken 4, 8, and 12 months after discharge from residential treatment.

RESULTS. For the 8 months of the intervention and 4 months of follow-up, patients in the A-CHESS group reported significantly fewer risky drinking days than did patients in the control group, with a mean of 1.39 vs 2.75 days (mean difference, 1.37; 95% CI, 0.46–2.27; P = .003).

CONCLUSIONS AND RELEVANCE. The findings suggest that a multifaceted smartphone application may have significant benefit to patients in continuing care for alcohol use disorders.

TRIAL REGISTRATION. clinicaltrials.gov Identifier: NCT01003319

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Author Affiliations: Center for Health Enhancement Systems Studies, College of Engineering, University of Wisconsin–Madison (Gustafson, McTavish, Chih, Atwood, Johnson, Boyle, Dillenburg, Isham); North Shore Medical Center, Salem, Massachusetts (Levy); Fayette Companies, Peoria, Illinois (Driscoll); North Shore Community College, Lynn, Massachusetts (Chisholm); Mass Communications Research Center, School of Journalism and Mass Communication, University of Wisconsin–Madison (Shah).

Corresponding Author: David H. Gustafson, PhD, Center for Health Enhancement Systems Studies, College of Engineering, University of Wisconsin–Madison, 913 University Ave, Madison, WI 53706 (dghustaf@wisc.edu).
Alcohol dependence is a lifetime psychiatric diagnosis.\textsuperscript{1,2} Like other chronic illnesses (eg, type 2 diabetes mellitus and hypertension), alcohol use disorders (AUDs) have physiological and behavioral components, as well as relapse rates similar to those of other chronic illnesses.\textsuperscript{3} It has been estimated that around 1 in 4 patients with AUDs remain continuously abstinent in the first year after treatment.\textsuperscript{4}

Although evidence shows that continuing care for alcohol and drug use disorders is associated with better outcomes,\textsuperscript{5} patients leaving treatment for AUDs are not typically offered aftercare with ongoing monitoring.\textsuperscript{5,6} Regular or severity-adjusted checkups to assess a patient’s status and modify treatment goals, if indicated, are common for other chronic conditions but rare for addiction.\textsuperscript{3} This scarcity arises in part from the strained addiction treatment system, which is financially overburdened, labor intensive, and unstable.\textsuperscript{7} Insufficient continuing care persists despite the cost of alcohol abuse and dependence in the United States, estimated to be about $184.6 billion per year.\textsuperscript{8}

Technology offers a way of providing continuing care for AUDs. A smartphone application could make recovery support, information, and monitoring available almost constantly. Compared with traditional care, technology can give personalized care while using less counselor time and be available at the moment of greatest need.

This article describes a randomized clinical trial of a smartphone application called the Addiction-Comprehensive Health Enhancement Support System (A-CHESS), which was designed to improve continuing care for AUDs by offering emotional and instrumental support at almost any time and place.\textsuperscript{9} The theoretical basis of A-CHESS is self-determination theory, which posits that meeting five needs contributes to an individual’s adaptive functioning: being perceived as competent, feeling related to others, and feeling internally motivated and not coerced in one’s actions.\textsuperscript{20,21} Self-determination theory was chosen because evidence suggested that its 5 constructs could be causal mechanisms that would affect A-CHESS targets, and because self-determination theory is broad and fundamental enough to cover a complex, multifaceted eHealth intervention such as A-CHESS.\textsuperscript{22} This study reports the primary outcome from a trial that hypothesized that patients leaving residential care for AUDS who received treatment as usual plus a multifaceted smartphone application would have fewer risky drinking days over 12 months than patients receiving only treatment as usual. We also report on 2 secondary outcomes: abstinence and negative consequences of drinking.

### Methods

#### Study Design and Participants

The A-CHESS study was an unmasked randomized clinical trial with 349 patients who met the criteria for DSM-IV alcohol dependence on entering treatment at 3 residential programs operated by 1 nonprofit treatment organization in the Midwestern United States and 2 programs operated by another nonprofit organization in the Northeastern United States. Patients had to be at least 18 years old, willing to be randomized, and able to identify 2 backup contacts—people who could provide information about how to reach the patient for 1 year. Patients were not approached to be recruited if their medical records showed a psychiatric or medical condition that would have precluded participating in the study (a history of suicidality, a significant developmental or cognitive impairment that would limit the ability to use A-CHESS, or vision problems).

#### Study Procedures

In the 3 Midwestern programs, residential treatment consisted of cognitive-behavioral therapy, motivational interviewing, and psychoeducation, conducted almost entirely in group therapy. In the 2 Northeastern programs, residential treatment consisted of group therapy (based on cognitive-behavioral therapy and psychoeducation), case management services, supportive individual counseling (based on motivational interviewing and cognitive-behavioral therapy), and 3 community Alcoholics Anonymous meetings per week.

Onsite project coordinators (H.D. and S.M.C.) employed by each program identified eligible patients from the program’s administrative database. About 2 weeks before an eligible patient left residential treatment, the coordinator discussed the study with the patient, including procedures, data to be collected, and risks and benefits. Willing patients gave written informed consent and were enrolled. The coordinator then collected pretest data and contacted the project director to get a group assignment. Within each program, patients were randomized to the control group or A-CHESS in a 1:1 ratio using a computer-generated random allocation sequence with blocks of 8. Randomization was implemented using sequentially numbered containers. The study was approved by the institutional review board at the University of Wisconsin–Madison and registered at clinicaltrials.gov (NCT01003519).

Patients in the control group received treatment as usual for 12 months; those in the A-CHESS group received treatment as usual plus a smartphone with the A-CHESS application for the 8-month intervention period, and treatment was usual only during the 4-month follow-up. Recruitment took place from February 11, 2010, through June 30, 2011, and the intervention from February 11, 2010, through June 29, 2012. Recruitment ended 2 months early because it took less time than planned; accordingly, the intervention period started and stopped 2 months earlier than planned.

#### Description of the Interventions

At all residential treatment locations, counselors encouraged patients to receive continuing care, but such care was not required or monitored.

Patients in the A-CHESS group received a smartphone with the A-CHESS application, mobile phone service, and a data plan. A-CHESS had both static content (eg, audio-guided relaxation) and interactive features. For example, if a patient neared a high-risk location (a bar she used to frequent), the Global Positioning System initiated an alert asking the patient if she wanted to be there. eTable 1 in the Supplement shows A-CHESS services; screenshots of A-CHESS are available at http://chess.wisc.edu/acChess-archive/. Each patient using A-CHESS had a unique account. A-CHESS use data were
automatically collected in time-stamped server log files, including when a patient accessed A-CHESS, the service(s) selected, duration of service use, pages viewed, and messages sent or received. Counselors could, with patient permission, access information about the patient's A-CHESS use. Before leaving residential treatment, patients were required to demonstrate a minimal understanding of A-CHESS (i.e., the ability to set up their profile and use the discussion board and texting features) and to have entered at least 2 people (who could be the same as or different from the 2 backup contacts) to be contacted if they pressed the application's panic button. Patients were free to use the smartphones for personal purposes throughout the intervention. Only the use of A-CHESS services was monitored.

Implementation

Counselors were asked to treat study participants as they would normally provide care for a patient who had left residential treatment (i.e., respond to patient-initiated requests for referrals or information but not offer counseling per se), although A-CHESS counselors received patient updates through the application. Patients in the A-CHESS group were asked each week to complete a reduced version of the Brief Addiction Monitor (BAM), which included protective and risky items related to drinking (such as lifestyle balance, quality of sleep, negative affect, and recent substance use) and displayed a patient's results graphically over time. With a patient's permission, A-CHESS automatically sent notifications to counselors if a BAM score exceeded a preset threshold or if the BAM was not completed. During the intervention, patients completed 3751 weekly BAMS and shared 3637 (97.0%) of these with counselors. Patients were much more willing to share their BAM results (93.5% allowed this) than that they had had a lapse (41.9% allowed this). The time counselors spent responding to patients in the study was not tracked, although informal feedback suggested it was minimal. One counselor estimated she spent 2 hours per week to follow up with 120 patients.

Researchers called patients to administer the outcome survey at 4, 8, and 12 months after discharge from treatment. The survey, which asked about risky drinking days, quality of life, treatment services received, and coping behavior, took 15 to 25 minutes to complete. If researchers' calls and messages went unanswered, researchers called backup contacts. On average, 20 calls were required per patient to complete 3 telephone surveys.

Outcomes and Measures

It was hypothesized that patients with A-CHESS would have fewer risky drinking days (the primary outcome) as well as greater abstinence and fewer negative consequences of drinking (secondary outcomes) than control patients. Data for all 3 outcomes came from the telephone survey conducted 4, 8, and 12 months after discharge from residential treatment. We considered adding biomarkers, but they have been found not to add sufficiently to the accuracy of self-reported measures to warrant being used.14

Risky drinking days were defined as days on which a patient's drinking in a 2-hour period exceeded 4 standard drinks for men and 3 standard drinks for women, using the National Institute on Alcohol Abuse and Alcoholism definition of a standard drink as one containing roughly 14 g of pure alcohol (12 oz of regular beer, 5 oz of wine, or 1.5 oz of distilled spirits). Patients reported the number of risky drinking days they had in the previous 30 days. For abstinence, patients reported whether they had any drinks in the previous 30 days. Negative consequences of drinking came from the Short Inventory of Problems-Revised.15,16 This instrument has items rated on a 5-point Likert-type scale from "hardly ever" to "very likely." We retained 4 of these items (not eating properly, hurting someone, having one's status damaged, and having money problems), made 3 items dichotomous (losing a job, being arrested, and having an accident), and added 1 dichotomous item (involvement with the Department of Children and Family Services). Because of these departures from the established instrument, the 8 items were examined individually rather than as a single scale.

Statistical Analysis

Planned recruitment of 175 patients per group was estimated from the effect size (h = 0.34) observed in a telephone-based intervention,17 with α = .05, 80% power, and 20% attrition. The primary outcome, risky drinking days, was analyzed with mixed-effects models. These models account for correlated measurements within patients, use all available data (allowing for intention-to-treat rather than only complete-case analysis), and provide unbiased estimates when data are missing at random.18 Each model included a random effect for patient and fixed effects for treatment program (a design variable), intervention arm (A-CHESS vs control), month (4, 8, and 12 months), and arm-by-month interaction, using a first-order autoregressive covariance structure for the repeated measure of month. Secondary outcomes consisted of rating scales and dichotomous variables. Rating scales measuring negative consequences of drinking were analyzed with the mixed-effects approach used for the primary outcome. Abstinence and dichotomous negative consequences of drinking were analyzed using the Fisher exact test. All analyses were conducted with SPSS version 21 (SPSS, Inc) using a 2-sided α of .05.

Results

Baseline Characteristics and A-CHESS Use Data

The Figure shows the flow of patients from initial screening through the end of the follow-up period, and Table 1 presents baseline characteristics of enrolled patients. Most patients were white (80.2%), male (60.7%), and unemployed (78.5%); most used or abused drugs in addition to alcohol (62.5%). Mean (SD) patient age was 38 (10) years (median, 39 years).

Although 170 patients were randomized to the A-CHESS group, 286 smartphones were given to patients during the study because 116 smartphones were replaced; 55 did not work properly, 20 were stolen, 18 were damaged by patients, and 22 were lost. No patients withdrew from the study, although 21 in the control group and 14 in the A-CHESS group did not provide data for any of the 3 surveys. The rate of survey completion was not significantly different between groups (Figure). Patients were...
in the analysis if they provided any outcome data according to the intention-to-treat principle.

During the 8-month intervention period, patients randomized to the A-CHESS group used the system, on average, 41.1% of days (mean number of days of use, 100.2; median, 103.0) and viewed a mean number of 1967 pages (median, 1745 pages). Of the 170 patients who received A-CHESS, 112 (71.8%) pressed the panic button at least once. Because patients could press the button in error, intended use was defined as going beyond the panic button main page to at least one other page; 98 did this. Other information about patient use of A-CHESS has been published elsewhere.26

Risky Drinking Days
Patients in the A-CHESS group reported significantly fewer risky drinking days (Table 2) than patients in the control group for the entire period and follow-up periods (P = .002) at months 4 (P = .02) and 12 (P = .02) but not month 8 (P = .10). The effects of program, month, and the group-by-month interaction were significant (Ps = .54, .65, and .87, respectively). The results were consistent when all 2- and 3-way interactions were included in the model, with significant effects of A-CHESS overall (main effect; P = .009) and at months 4 and 12 (simple effects, Ps = .002 and .04) but not at month 8 (P = .26) or for any other factor or interaction (all Ps > .05). Examining only cases with complete risky-drinking-day data produced similar results (Table 2). Sensitivity analyses were conducted using 6 sets of values. The pattern of results changed only when missing risky-drinking-day data were replaced with the maximum possible value (Table 2 in the Supplement).

Abstinence
The odds of reporting abstinence in the previous 30 days (Table 3) were greater for A-CHESS than for control patients, with significant differences at months 8 and 12 (Ps = .04 and .02, respectively) but not at month 4 (Ps = .13). A-CHESS patients were also more likely than control patients to report abstinence at all 3 time points (P = .03).

Negative Consequences of Drinking
No significant differences were found between groups overall or by month for any of the negative consequences (not eating properly, hurting someone, having one’s status damaged, having financial problems, losing a job, being arrested, having an accident, or involvement with the Department of Children and Family Services).

Patients reported so few of the dichotomous consequences that monthly comparisons between groups could not be made. Instead, a Fisher exact test was used to compare the proportion of patients in each group reporting the consequence at any time point. Patients in jail at the time of a survey were counted as having an arrest.

Post Hoc Analyses
A post hoc analysis examined the relationship between cumulative system use and number of risky drinking days. Cumulative system use was defined in 3 ways: number of pages viewed, number of days used, and number of services used. Each type of use was added separately to the primary analysis as a time-varying covariate. The number of risky drinking days was significantly predicted by the number of pages viewed (per 100 pages: B = 0.04; P = .01; 95% CI, 0.01 to 0.06) and days used (B = -0.01; P = .007; 95% CI, -0.02 to 0.00) but not the number of services used (B = -0.06; P = .47; 95% CI, -0.22 to 0.10).

The effect of A-CHESS on posttreatment symptoms and consequences of alcohol dependence was further explored by replacing risky-drinking-day data from the primary analysis with the 10 individual BAM items and the composite BAM risk, protection, and overall scores as outcomes in separate models. Significant effects were found for the individual items of
Table 1. Baseline Demographic Characteristics by Treatment Group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Control (n = 379)</th>
<th>A-CHESS (n = 170)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD), y</td>
<td>38.4 (11.2)</td>
<td>38.3 (8.5)</td>
</tr>
<tr>
<td>Male sex</td>
<td>109 (60.9)</td>
<td>103 (60.5)</td>
</tr>
<tr>
<td>Started drinking before age 15 y</td>
<td>121 (66.6)</td>
<td>115 (67.6)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>142 (78.3)</td>
<td>138 (81.2)</td>
</tr>
<tr>
<td>African American</td>
<td>21 (12.4)</td>
<td>24 (14.1)</td>
</tr>
<tr>
<td>Other</td>
<td>13 (7.3)</td>
<td>11 (6.6)</td>
</tr>
<tr>
<td>Highest level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than HS</td>
<td>28 (15.6)</td>
<td>42 (24.7)</td>
</tr>
<tr>
<td>HS diploma or GED</td>
<td>136 (76.0)</td>
<td>115 (67.6)</td>
</tr>
<tr>
<td>4-year degree or above</td>
<td>15 (8.4)</td>
<td>13 (7.6)</td>
</tr>
<tr>
<td>Reasons for beginning treatment: own initiative</td>
<td>91 (50.8)</td>
<td>83 (48.8)</td>
</tr>
<tr>
<td>Posttreatment living arrangement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>22 (12.3)</td>
<td>21 (12.4)</td>
</tr>
<tr>
<td>With family</td>
<td>83 (46.4)</td>
<td>77 (46.5)</td>
</tr>
<tr>
<td>With roommates</td>
<td>7 (3.9)</td>
<td>11 (6.5)</td>
</tr>
<tr>
<td>Shelter</td>
<td>3 (1.7)</td>
<td>3 (1.8)</td>
</tr>
<tr>
<td>Hallway house</td>
<td>59 (33.0)</td>
<td>55 (32.4)</td>
</tr>
<tr>
<td>Unknown</td>
<td>5 (2.8)</td>
<td>3 (1.8)</td>
</tr>
<tr>
<td>Use or abuse drugs besides alcohol</td>
<td>113 (63.1)</td>
<td>105 (61.8)</td>
</tr>
<tr>
<td>Other drugs used or abuseda,b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>43 (23.8)</td>
<td>50 (47.6)</td>
</tr>
<tr>
<td>Stimulants (not including cocaine)</td>
<td>22 (12.3)</td>
<td>25 (23.8)</td>
</tr>
<tr>
<td>Opiates</td>
<td>51 (29.5)</td>
<td>45 (42.9)</td>
</tr>
<tr>
<td>Have other mental health problems/issues</td>
<td>81 (45.3)</td>
<td>83 (48.8)</td>
</tr>
<tr>
<td>Drinking or other drug use has led toc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of job or legal issues</td>
<td>165 (92.2)</td>
<td>159 (93.5)</td>
</tr>
<tr>
<td>Loss of significant relationship</td>
<td>160 (89.4)</td>
<td>147 (86.5)</td>
</tr>
<tr>
<td>Continues to be affected by history of emotional or physical trauma</td>
<td>100 (55.9)</td>
<td>86 (50.6)</td>
</tr>
<tr>
<td>Not currently employed or self-employed</td>
<td>138 (77.1)</td>
<td>136 (80.0)</td>
</tr>
<tr>
<td>Completed residential treatment</td>
<td>160 (91.3)</td>
<td>159 (93.3)</td>
</tr>
<tr>
<td>Length of stay in residential treatment, median, d</td>
<td>50.0</td>
<td>58.5</td>
</tr>
</tbody>
</table>

Abbreviations: A-CHESS, Addiction Comprehensive Health Enhancement Support System; GED, General Educational Development; HS, high school.

*Values are presented as number (percentage) of patients unless otherwise indicated.

bPatients who indicated they began treatment on their own initiative, without also endorsing any other options (i.e., family member, employer pressure, court referral, or state agency).

cPercentages do not sum to 100 because patients could endorse multiple items.

dOne control patient did not respond to this item.

Discussion

In this randomized clinical trial, patients reported their drinking-related behavior for the past 30 days at 4, 8, and 12 months following residential treatment. Patients who received treatment as usual plus A-CHESS reported a lower mean number of risky drinking days (1.39 vs. 2.75; P = .002) and a higher likelihood of consistent abstinence (51.5% vs. 35.6%; P = .03) than patients who received only treatment as usual, but no difference in the negative consequences of drinking.

One of self-determination theory’s 3 constructs (competence) was a significant mediator. We have observed in past work that context seems to influence which constructs are most salient. For example, relatedness was the only construct that significantly mediated the relationship between another CHES intervention—one for patients with asthma—perhaps because children’s medication adherence requires that parents receive considerable social support.24 It may be that recovery from addiction is such a complex process that building competence is more important than in asthma control.

The literature supports the effectiveness of continuing care in improving outcomes for AUDs,25 as well as for computer-based interventions for AUDs.26 While high-quality studies have been published about computer-based interventions for continuing care of other chronic illnesses (eg, type 2 diabetes mellitus and heart disease), they are rare for AUDs.27 To our knowledge, no other large randomized clinical trial has reported the effectiveness of smartphone technology for the continuing care of patients with AUDs.

Rates of patient participation in A-CHESS were high compared with usual rates of involvement in aftercare for AUDs.28 More than 90% of patients in the A-CHESS group used the system at least once during months 1 to 4, and 57% of patients used the application in the last week of the 8-month intervention period. In contrast, 2 studies found participation in aftercare for substance use disorders to be 59%29 and 60%30 at the end of 3 months. A study of Hazelden’s My Ongoing Recovery Experience program—consisting of 7 sequential, web-based modules, along with periodic contact with a personal recovery coach—showed that only 40% of patients accessed any module.28

The study has limitations. Patients in the treatment group received a smartphone while those in the control group did not, and the application included a weekly self-assessment, possi-
Table 2. Group Differences on Risky Drinking Days Overall and by Month\(a\)

<table>
<thead>
<tr>
<th>Effect</th>
<th>Mean (SE)</th>
<th>Mean Difference (95% CI)</th>
<th>t_{df}</th>
<th>P Value</th>
<th>d*</th>
<th>h</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of all available data(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>2.75 (0.34)</td>
<td>1.39 (0.34)</td>
<td>1.37 (0.46 to 2.27)</td>
<td>2.98_187,48</td>
<td>.003</td>
<td>.23</td>
</tr>
<tr>
<td>By month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>3.61 (0.48)</td>
<td>1.50 (0.47)</td>
<td>1.52 (0.24 to 2.80)</td>
<td>2.32_003,25</td>
<td>.02</td>
<td>.25</td>
</tr>
<tr>
<td>8</td>
<td>2.65 (0.48)</td>
<td>1.14 (0.49)</td>
<td>1.11 (0.10 to 2.22)</td>
<td>1.67_008,01</td>
<td>.10</td>
<td>.18</td>
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<tr>
<td>12</td>
<td>2.60 (0.49)</td>
<td>1.13 (0.50)</td>
<td>1.47 (0.13 to 2.81)</td>
<td>2.15_013,03</td>
<td>.03</td>
<td>.24</td>
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<tr>
<td>Analysis of complete cases only(d)</td>
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<td></td>
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<tr>
<td>Overall</td>
<td>2.75 (0.35)</td>
<td>1.21 (0.35)</td>
<td>1.53 (0.61 to 2.44)</td>
<td>2.28_072,79</td>
<td>.001</td>
<td>.25</td>
</tr>
<tr>
<td>By month</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td>3.22 (0.49)</td>
<td>1.02 (0.49)</td>
<td>2.20 (0.88 to 3.52)</td>
<td>2.27_057,46</td>
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<tr>
<td>8</td>
<td>2.43 (0.49)</td>
<td>1.59 (0.49)</td>
<td>0.64 (0.48 to 2.16)</td>
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<td>12</td>
<td>2.61 (0.49)</td>
<td>1.07 (0.49)</td>
<td>1.53 (0.21 to 2.81)</td>
<td>2.28_072,66</td>
<td>.02</td>
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</table>

\(a\) Cohen's \(d\) is calculated as the mean difference divided by the pooled SD in all cases, \(d_{pooled} = 5.05\), the pooled SD at 4 months.
\(b\) Model-estimated means based on 314 patients (58 control and 156 A-CHESS) because 35 patients provided no survey data (21 control and 14 A-CHESS).
\(c\) Model-estimated means based on 273 patients (143 control and 130 A-CHESS) because 70 patients (36 control and 34 A-CHESS) had missing risky-drinking day data on at least one survey.

Table 3. Prevalence and Odds of Abstinence by Month\(\text{\textsuperscript{d,c}}\)

<table>
<thead>
<tr>
<th>Abstinence</th>
<th>Prevalence, No. (%)(\text{\textsuperscript{d,c}})</th>
<th>Odds(\text{\textsuperscript{d,c}})</th>
<th>OR (95% CI)</th>
<th>P Value(\text{\textsuperscript{d,c}})</th>
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<tr>
<td>Characteristic</td>
<td>Control</td>
<td>A-CHESS</td>
<td>Control</td>
<td>A-CHESS</td>
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<tr>
<td>Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>105 (67.7)</td>
<td>118 (75.6)</td>
<td>2.10</td>
<td>3.11</td>
</tr>
<tr>
<td>8</td>
<td>101 (66.9)</td>
<td>114 (78.1)</td>
<td>2.02</td>
<td>3.56</td>
</tr>
<tr>
<td>12</td>
<td>95 (65.5)</td>
<td>107 (78.7)</td>
<td>1.90</td>
<td>3.69</td>
</tr>
<tr>
<td>4, 8, and 12</td>
<td>63 (38.6)</td>
<td>81 (51.9)</td>
<td>0.66</td>
<td>1.08</td>
</tr>
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</table>

Abbreviations: A-CHESS, Addiction—Comprehensive Health Enhancement Support System; OR, odds ratio.
\(\text{\textsuperscript{d,c}}\) Odds of abstinence = \(\frac{\text{Reporting abstinence}}{\text{Reporting relapse}}\). OR = odds_{A-CHESS}\(\text{\textsuperscript{d,c}}\) / odds_{Control}.

Whether smartphones will be practical as continuing care of AUDs depends in part on the cost and whether it will be reimbursed. In this study, 8 months of A-CHESS cost about $597 per patient, based on 1 hour per month of counselor time at $90 per hour divided by 50 patients, 1 hour per month for system administrator time at $50 per hour divided by 170 patients, $60 per month for each data plan, and $100 to buy each smartphone. The cost of interventions such as A-CHESS will decrease dramatically as more people have smartphones and data plans of their own, although low-income patients may be less likely to have them.

If other studies confirm our results, such applications could provide the type of care identified as most effective—that is, care that continues at least 12 months and involves proactive efforts to change patient behaviors.\(\text{\textsuperscript{23}}\) The Patient Protection and Affordable Care Act emphasizes (via accountable care organizations)
A Smartphone App to Support Alcoholism Recovery

a single payment for a defined population, with a reward for good outcomes. An A-GHSS-like system may be economically viable under these rules, especially if reductions in other health care costs offset the expense of smartphones and data plans.

Thousands of health care applications for smartphones are available, with more appearing every day, but very few have been rigorously tested. The undertreatment of AUDs and the severity of problems associated with AUDs make it critical to develop applications that work. The promising results of this trial in continuing care for AUDs point to the possible value of a smartphone intervention for treating AUDs and perhaps other chronic illnesses.

ARTICLE INFORMATION
Submitted for Publication: May 8, 2013; final revision received December 17, 2013; accepted December 19, 2013.
Published Online: March 26, 2014.

Author Contributions: Dr Gustafson had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.
Study concept and design: Gustafson, McEvich, Isham.
Acquisition, analysis, or interpretation of data: All authors.
Drafting of the manuscript: Gustafson, McEvich, Atwood, Johnson.
Critical revision of the manuscript for important intellectual content: All authors.
Statistical analysis: Gustafson, Chilin, Atwood.
Obtained funding: Gustafson.
Administrative, technical, or material support: Gustafson, McEvich, Johnson, Boyle, levy, Driscoll, Chitison, Dillens, Isham.
Study supervision: McEvich, Shah.
Conflict of Interest Disclosures: None reported.
Funding/Support: This study was supported by grant R01-AI43712 from the National Institute on Alcohol Abuse and Alcoholism.
Role of the Sponsors: The funding source had no role in the design and conduct of the study; collection, management, analysis, or interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

Additional Contributions: Timothy B. Baker, PhD, from the University of Wisconsin School of Medicine and Public Health, provided conceptual and design advice. Adam Math, MS, from the Center for Health Enhancement Systems Studies, provided development work on A-GHSS.

REFERENCES
32. McCoy JR. Continuing care research: what we have learned and where we are going. J Subst Abuse Treat. 2009;36(2):131-145.
Proposal- RFP R25035, Request for Proposal 2015

Submitted By Associated Youth Services

Contact: Debra Terrell McKenzie
Associated Youth Services
Senior Vice President
dterrell@aysusa.org

803 Armstrong
Kansas City, KS 66101
(913) 831-2820

PO BOX 171234
Kansas City, KS 66117

* In submitting this proposal Associated Youth Services confirms that we will comply with all of the provisions in this RFP, and if applicable we will provide notice that we qualify as a Unified Government bidder.

We have read, agreed and will comply with all conditions of this RFP.
# A. Program Funding Request

Program Contact Information Section (include email address for program director)

<table>
<thead>
<tr>
<th>Program Name and Organization Name</th>
<th>Director Name/Email address</th>
<th>Financial Officer *</th>
<th>Physical Address</th>
<th>Phone</th>
<th>Requested Amount</th>
<th>Match Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Adolescent Drug and Alcohol Treatment and Prevention Program (ADAPT)</em></td>
<td>Debra Terrell McKenzie <a href="mailto:dterrell@aysusa.org">dterrell@aysusa.org</a></td>
<td>Linda Garcia</td>
<td>803 Armstrong Kansas City, KS 66101</td>
<td>(913) 831-2820</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The Financial Officer for individual program is the person with the day to day operational authority to approve expenditures. The Program Director and the Financial Officer cannot be the same person.

Page 3 of 15
for Behavioral Health Data and Quality, Non-Medical Pain Reliever (NMPR) use is often a gateway to heroin use. The year 2013 brought two first to AYS. For the first time in our history of providing treatment to teens, we had two youth referred to us for heroin use. We also began a group specifically for 12 year olds, because of their growing numbers and their maturity level that did not make a good fit for them to be in a group with 16 and 17 year olds. The economic and high crime rates of Wyandotte County, sets up many youth and families in high stress situations which often leads to drug use as a means of escape or drug selling as a means of making money to survive. It can be a hard sell to tell a single mother with any number of children and no job to make her son come to treatment when that same son is bringing money home to buy groceries for the family from selling marijuana at school. It can be an even harder challenge to get that mother to come to the parent group for 6 sessions especially if she smokes some of her son’s stash to escape the harsh reality of her situation.

B) Detailed program description

Associated Youth Services’ ADAPT (Adolescent Drug and Alcohol Prevention and Treatment) Program has been providing treatment, prevention, and outreach services since 1986. The goal of the program is to enhance motivation and strengthen cognitive skills related to obtaining abstinence from drug and alcohol use, whether the youth are actively using or have been identified as being at risk to begin using. The program is licensed by the Kansas Department of Aging and Disabilities Services (KDADS license # 176). Our Program Director and Addiction Counselors are licensed by the Kansas Behavioral Science Regulatory Board (BSRB) and have been trained on the state required assessment tool; Kansas Client Placement Criteria (KCPC) as well as the Adolescent SASSI (Substance Abuse Subtle Screening Inventory). AYS is proud that our ADAPT program offers a staff that is diverse and attuned to cultural differences. We have, both male and female addiction counselors, a bilingual staff, staff who represent Caucasian, Hispanic, and African-American heritages, and a range of wisdom through experience and age. Our staff collectively represents over 70 years of experience in the treatment field. ADAPT, is currently the only state licensed adolescent drug and alcohol program in Wyandotte County that offers a continuum of services including: assessment and referral services, Prevention Education Program* (PEP), Outpatient Treatment, Intensive Outpatient Treatment, and Continuing Care focusing on relapse prevention. After our youth complete treatment we offer an Alumni** group monthly for them to attend to encourage their continued sobriety. Additionally, Youth Health Days are among our outreach services to the Wyandotte County population, promoting healthy lifestyle choices and talking to students about the negative impact of using drugs, tobacco and alcohol.

*PEP Prevention Education Program. This 6 hour program, completed over two days works with the youth in developing problem solving and peer resistance skills, along with the legal consequences of illegal possession and use of alcohol and drugs. We have recently added discussion about K2 and ‘bath salt’. A parent or guardian is required to attend the last 2 hours of the program.

** AYS Alumni Group: As part of the Adolescent Drug and Alcohol Treatment and Prevention Program, AYS starting an ‘alumni’ group for past clients at AYS and their non-drug using friends. The group serves the purpose of providing youth a long-term connection to AYS and continuing support from AYS staff and volunteers. The group will focus on reinforcing relapse prevention skills, problem solving skills, and an open forum for discussions on what is currently going on in the youths’ lives. We also utilize guest speakers to motivate the youth to maintain a drug free lifestyle. A social aspect of games and other
capacity by connecting them to a role model who has been in their "shoes of addiction," and have been successful in overcoming their addiction. The program also provides other support services such as snacks, resource identification, and advocacy.

AYS is beginning a new program to offer mental health services. With this new offering we will now have the capacity to offer services to dually diagnosed clients. These have been some of the most difficult to treat youth in the past because their drug usage often served as a way to self-medicate the symptoms of their mental illness. Now they can simultaneously get help for both diagnosis which is the most desirable course of treatment.

C) Program Goals
1. Recruit 105 unduplicated high risk youth who have a history of using drugs and alcohol into treatment through 4 quarterly outreach presentations to make the community aware of our services.
2. 75% of clients who are available for the program will complete successfully.
3. 85% of clients will produce negative urinalysis when tested randomly.

D) Geographical area to be served
We are licensed to serve any youth in the state of Kansas but distance and practicality keeps our service area to primarily Wyandotte County. In 2013 seven of the youth we served including treatment and our PEP program lived in Johnson County.

E) Target population
AYS' Adolescent Drug and Alcohol and Treatment Program serves teens 13-18, who have been identified as having a current or past history of substance use or abuse; or are at high risk to get involved with substances. Treatment clients are usually active users and must meet certain criteria on an objective standardized assessment to be placed in our Level I Outpatient or Level II Intensive Outpatient treatment program. The parents of treatment clients are asked to attend our parent group to help them better understand the dynamics of their teen's addiction. The parent group is available in English or Spanish and is a repeating 6 session series from the evidence-based interactive curriculum "Active Parenting." History has shown that youth whose parents attend the parent’s group do better in treatment and maintain their sobriety longer. Our 6-hour, Wednesday evening (2hrs) and Friday evening (4 hrs.) Prevention Education Program, PEP, targets teens that may be a one-time user or are in a high risk environment and need prevention education. Often participants of this program are on diversion through the court system. A parent or guardian is required to attend the last 4 hours of the prevention program to help them understand the signs and symptoms of drug and/or alcohol use and to make them aware that even though abstinence may be preached in the home, that their teens' refusal skills and peer pressure can be a large factor in a youths decision to try drugs. AYS staff facilitates a dialog between parent and teen to help develop more open communication about drugs and alcohol in the home.

F) Number of persons the program anticipates serving
With our current staffing we anticipate serving a monthly total of 132 participants in treatment (105 unduplicated), completing 66 assessments and educating 20 youth and parents in the PEP sessions and educating 20 parents in our Family Impact Sessions. Through outreach efforts we will make 4 community
C. RESEARCH FOUNDATION OF THE PROGRAM

1. Please check the one most appropriate response from the 4 options below. When stating a model program name, or registry name, please ensure it is stated exactly as it appears on the website.

☐ Program named on a federal list or registry? _________. If yes, specify program and registry name: __________________________

☐ Program appears in a peer-reviewed journal or professional publication, with demonstration of positive outcomes? _______ If so, include a copy of the publication.

☒ Program is based on best practices and has a strong research basis for its design, it is developmentally appropriate, and has preliminary data demonstrating effectiveness in changing participant-level knowledge, attitudes, skills, or behaviors.

Active Parenting for Teens: Families in Action: English and Spanish Versions
All Stars
Motivational Interviewing
Cognitive Behavioral Therapy
SPORT
Risk and Protective Factors Theory
Anger Management for Substance Abuse and Mental Health Clients

The research supporting the practices mentioned above are included as attachments.

2. Has/will your program been/be implemented as an exact replication of the program design?

☐ Yes  ☒ No (If no, please describe the modification/adaptations)

Our staff use a variety of approaches in working with our clients. Some programs are implemented as designed others may be adapted to meet the individual and unique needs of our clients.

3. Does your program have a book, manual, action plan, training materials, or other written materials that describe the components of the program?

☒ Yes (provide a copy as an attachment) ☐ No

4. Has your program been evaluated for effectiveness?

☒ Yes (provide a copy as an attachment) ☐ No
### D. EXPENDITURE JUSTIFICATION

**General Budget Instructions:**

#### a. Personnel

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Annual Salary/Rate</th>
<th>Level of Effort</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator</td>
<td>Garnetta King</td>
<td>$35,020</td>
<td>Full-time</td>
<td>$35,020</td>
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<tr>
<td>Counselor</td>
<td>Camay Guillory</td>
<td>$32,960</td>
<td>Full-time</td>
<td>$32,900</td>
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<tr>
<td>Bi-lingual Counselor</td>
<td>Francisco Torres</td>
<td>$32,500</td>
<td>Full-time</td>
<td>$32,500</td>
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<td>Program Director</td>
<td>Debra T. McKenzie</td>
<td>$29.00 per hr.</td>
<td>.13 time (5 hours per week)</td>
<td>7,540</td>
</tr>
<tr>
<td>Nurse Case Manager/facilitator</td>
<td>Kathleen Blackburn</td>
<td>$20.00</td>
<td>.18 time (7 hours per week)</td>
<td>7,280</td>
</tr>
<tr>
<td>Nurse Health screener Parent Educator</td>
<td>Sharon Sparkman</td>
<td>$20.00</td>
<td>.13 time 5 hours per week</td>
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<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>$120,440</td>
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$35,020 is requested to fund Garnetta King, Program Coordinator. Job responsibilities include overseeing the intake of new clients into the program, makes intake assignments to counselors, and serves as program liaison with managed care organizations to ensure approval of services units. Provides training to practicum students and new staff.

*Program Coordinator is 100% grant funded*

**Salary: $35,020**

Benefits are $6,912, calculated as follows:

- Health insurance: $286.38/month * 12 months = $3,436
- FICA: $35,020 * 7.65% = 2,679
- Dental: $10.29 x 12 months = $123
- Unemployment: $35,020 * .21% = $74
- LTD, STD, Life: $50 x 12 = $600

$32,900 is requested to fund Camay Guillory, Counselor. Job responsibilities include meeting with clients, report writing and documentation, filing required paperwork, provide Program Director with program data for quarterly reports, and billing. Counselor is 100% funded through this grant.

**Salary: $32,900**

Benefits are $6,745, calculated as follows:

- Health insurance: $286.38/month * 12 months = $3,436
- FICA: $32,900 * 7.65% = 2,517
- Dental: $10.29 x 12 months = $123
- Unemployment: $32,900 * .21% = $69
- LTD, STD, Life: $50 x 12 = $600

---

12
$32,500 is requested to fund Francisco Torres, Bi-lingual Counselor. Job responsibilities include meeting with clients, report writing and documentation, filing required paperwork, provide Program Director with program data for quarterly reports, and facilitating the Spanish Parent Impact Group. Counselor is 100% funded through this grant.

Salary: $32,500
Benefits are $6,713, calculated as follows
Health insurance: $286.38/month * 12 months = $3,436
FICA: $32,500*7.65%=2,486
Dental: $10.29 x 12 months = $123
Unemployment: $32,500*.21% = $68
LTD, STD, Life: $50 x12 = $600

$7,540 is requested to fund 5 hours per week for Debra T. McKenzie, Program Director, who provides oversight for the program. She directly supervises all staff and sees that the program meets licensing standards and requirements of all grants and funding sources. Serves as liaison to funding sources and the AYS Board of Directors.
Salary $7,540
Benefits charged to this grant are $593 calculated as follows
FICA $7,540 x 7.65% = $577
Unemployment: $7,540 x .21% $16

$7,280 is requested to fund Kathleen Blackburn RN for seven hours per week. She facilitates the Yoga group sessions and provides documentation for client files, provides health screenings, medical case management and advocacy, and subs when need for the parent group. She is one of the staff who represents AYS at the Youth Health Days.
Salary $7,280
Benefits charged to this grant are $557 calculated as follows
FICA $7,280 x 7.65% = $557

$5200 is requested to fund Sharon Sparkman RN for five hours per week. She facilitates the Parent Impact Group, does health screenings, and subs for the yoga group if necessary. She is one of the staff who represents AYS at the Youth Health Days.
Salary $5200
Benefits charged to this grant are $398 calculated as follows
FICA $5200 x 7.65% = $398
f. Communications  
Total: $600
Cell phone service to stay in touch with clients and the office while on the road.

<table>
<thead>
<tr>
<th>Entity</th>
<th>Product/Service</th>
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<tr>
<td>Cell phone Service</td>
<td>12 months of services</td>
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TOTAL


g. Other  
Total $1,000
$1,000 is requested for staff training and development to keep up with the latest practices in the field to help our clients.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rate</th>
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</thead>
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<tr>
<td>Staff Training and Development</td>
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TOTAL $1,000
Program Name: Associated Youth Services Adolescent Drug and Alcohol Prevention and Treatment Program (ADAPT)

Behavioral Outcome Statement (What will the program change and by how much?)

While in treatment 85% of participant’s will test negative on urinalysis test for the presence of marijuana and other drugs.

1. How will the change be measured and what data will be used?

Client’s abstinence from using drugs, synthetic drugs will be measured by the staff through random urinalysis done with UA ‘ready-test which give results within 5 minutes.

2. By when will it change?

ADAPT anticipated abstinence rates will reported on a quarterly basis and overall will be reached by December 2015

3. What is the baseline?

In 2013 84% of youth had clean UA’s, and as of June 30, 2014, 89% of youth had clean UA’s.

Attachments

A. Agency Board Members
B. Agency Budget
C. Grant Application Budget Form
D. List of staff and a copy of their job responsibilities
E. Program Organizational Chart
<table>
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<tr>
<th>BUDGET DEPARTMENT #</th>
<th>100</th>
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Page 3
List of Agency, program and / staff licenses and/or certifications
ADAPT Adolescent Drug and Alcohol Prevention and Treatment Program

Program License
DCF State of Kansas Addiction and Prevention Services License # 01760152
(Now known as Department of Aging and Disability Services)

Staff Credentials, License and Certifications

Debra Terrell McKenzie – Program Director
   LCAC #242 Licensed Clinical Addiction Counselor, MA,
   All Staff report directly to Program Director.

Railene Ahring
   LAC # 155 Licensed Addiction Counselor
   Person-Centered Case Management State Certification

Camay Guillery
   LAC # 803 Licensed Addiction Counselor
   Person-Centered Case Management State Certification

Ron Johnson
   Peer Mentor Certification through DCF – KDADS
   Kansas Department of Aging and Disability Services

Garnetta King
   LAC # 369 Licensed Addiction Counselor

Shelly Laster
   Peer Mentor Certification through DCF – KDADS
   Kansas Department of Aging and Disability Services

Francisco Torres-Gonzales
   LCAC # 461 Licensed Clinical Addiction Counselor
   T-LMLP Temporary Licensed Master Level Psychologist

Kathleen Blackburn, RN

Sharon Sparkman, RN, MA Counseling

All services are conducted at 803 Armstrong, Kansas City, KS with the exception of special outings, and some recreational therapy activities.
ASSOCIATED YOUTH SERVICES  
JOB DESCRIPTION

Title: Senior Vice-President
Job Description: Coordinate/oversee the implementation and delivery of all service programs through direct supervision of program directors. Serve as assistant to the CEO in carrying out administrative tasks, including human resources and EEOC compliance.

Accountable to: CEO

Accountabilities:

1. Program Administration: Assist in research, grant writing and development of ongoing programming for youth; supervise, support and evaluate ongoing programs/directors for effectiveness and success.

2. General Administration: Oversee hiring, training and supervision of all employees; oversee personnel policy administration; assist CEO in research, selection and development of a comprehensive employee benefits plan.

3. Community Involvement: Serve as agency liaison with various service organizations, business groups, local communities, referral sources, juvenile court and other collateral individuals and groups to help promote the mission of Associated Youth Services

4. Serve as Program Director of ADAPT program and develop a secession plan.

5. Performs all other duties necessary/assigned by the CEO

Skills needed: Coordination skills, excellent communication and writing skills, supervisory skills, organizational and evaluative skills, ability to multi-task and set priorities.

Characteristics: Self-motivated, detail oriented, consistent, positive attitude and desire to see a task through to completion.
Title: Addictions Counselor

Job Description: Provide counseling to adolescent clients and their families who have been identified as having a problem with drugs and/or alcohol and assist Drug/Alcohol Program Director in the delivery of prevention education to youth who do not fit the criteria for treatment.

Accountable to: Senior Vice-President/Addictions Program Director

Treatment Program Accountabilities: It is anticipated that approximately fifty (75%) of the Addiction Counselor’s time will be devoted to providing direct counseling support to the treatment component of the program.

1. Intake Assessment: conducts initial intake assessments with clients to determine suitability for program and treatment needs.

2. Client Orientation: describes to clients the general nature and goals of the program, rules governing client conduct, and client's rights.

3. Group Counseling: plans and facilitates counseling sessions with program participants.

4. Individual Counseling: meets with clients on an individual basis as needed to address issues not appropriate for group discussion.

5. Treatment/Recovery Planning: establishes with client immediate and long-term goals, and criteria for successful completion of program.

6. Referral: identifies the needs of clients that cannot be met by the AYS Drug/Alcohol Treatment Program and assist the client to utilize the support systems and community resources available.

7. Reports/Record Keeping: maintains a log of client participation in group and individual sessions, and completion of recovery goals; completes termination reports including statements on goal attainment and discharge recommendations. Completes on a timely basis any other required paperwork.

7. Client Transportation: when necessary, assists in the provision of
Garnetta King

15457 s. green woodst. Olathe , Ks 66062 (913)-829-5631(H) 9 3 8 -3814
(C) Garnettaking2005@yahoo.com

Objective: to obtain position as an Adapt Program Treatment counselor.

Skills:
- Supervisory Excel Spread sheet
- Data entry fax and copy machines
- Microsoft word customer services
- Microsoft power point counselor Assistant/ Adolescents

Education: Kansas City, Kansas Community College, Kansas City, Ks
Associate in Addiction Counseling, June 2006, University of Saint Mary, Leavenworth, Ks
Bachelors in Applied Psychology, May 2012, updated in July from Addiction Counselor to
License Addiction Counselor (LAC)

Experience:

2006- Present  Associated Youth Services Kansas City, Kansas
- Program Coordinator:

Facilitate educational and skill building group, model socialization skills for participants, and
members of the treatment team.
Will observe, monitor, document, and manage client behavior. assist in emergency situations
when needed. Will follow policies and procedures of the treatment program. Will conduct
individual sessions. Will assist in chart audits. Will monitor urine drug screen procedures. Will
complete progress updates, continued stay reviews and participant assessment intake letters in a
timely manner. Participates in professional development activities and receives a minimum of 10
hours of training per year. Attends supervision meetings regularly. Creates individual treatment
plan goals with participants. Serves as the major contact person for admission/ acceptance into
program for intake assessments in a timely manner. Communicates regularly with referral
agencies, etc. either by phone, or in writing. Works closely with Program Director to assure that
a complete, relevant, and meaningful treatment program exists, and that each staff member
responds in a competent, professions, responsible manner to the needs of each client. Will
complete other duties as outlined by the Program Director.

2005-2006:  Prescription Solutions Overland park, Kansas
- Customer Service

Handle incoming calls and explain insurance plans to customers.
Assist doctors and nurses with prior authorizations.
STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD

Certifies That

Garnetta King

having fully complied with the laws of the State of Kansas relating to the practice of Addiction Counseling, and having been found fully qualified, is hereby authorized and licensed to practice in the state of Kansas as an

Addiction Counselor

IN WITNESS WHEREOF, The Behavioral Sciences Regulatory Board has caused this license to be executed under its hand, and attested by the seal of the Board, on August 10th, 2011.

Said License to be validated biennially as long as his/her professional practice as an Addiction Counselor is endorsed by this Board

License Number

LAC
369

Chairperson, Behavioral Sciences Regulatory Board

Chairperson, Addiction Counselor Advisory Committee

Executive Director, Behavioral Sciences Regulatory Board
Title: Addictions Counselor

Job Description: Provide counseling to adolescent clients and their families who have been identified as having a problem with drugs and/or alcohol and assist Drug/Alcohol Program Director in the delivery of prevention education to youth who do not fit the criteria for treatment.

Accountable to: Senior Vice-President /Addictions Program Director

Treatment Program Accountabilities: It is anticipated that approximately fifty (75%) of the Addiction Counselor's time will be devoted to providing direct counseling support to the treatment component of the program.

1. Intake Assessment: conducts initial intake assessments with clients to determine suitability for program and treatment needs.

2. Client Orientation: describes to clients the general nature and goals of the program, rules governing client conduct, and client's rights.

3. Group Counseling: plans and facilitates counseling sessions with program participants.

4. Individual Counseling: meets with clients on an individual basis as needed to address issues not appropriate for group discussion.

5. Treatment/Recovery Planning: establishes with client immediate and long-term goals, and criteria for successful completion of program.

6. Referral: identifies the needs of clients that cannot be met by the AYS Drug/Alcohol Treatment Program and assist the client to utilize the support systems and community resources available.

7. Reports/Record Keeping: maintains a log of client participation in group and individual sessions, and completion of recovery goals; completes termination reports including statements on goal attainment and discharge recommendations. Completes on a timely basis any other required paperwork.

7. Client Transportation: when necessary, assists in the provision of
Addiction Counselor

The application of Addiction Counselor was approved and licensed to practice in the State of Kansas as an Addiction Counselor. This application has been found fully qualified and licensed to practice in the state of Kansas and as such, is hereby authorized to practice Addiction Counseling and having complied fully with the laws of the State of Kansas relating to the practice of Addiction Counseling.

Certifies That

STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD

CAMP M. GUILLORY

Addiction Counselor

Licence Number

IN WITNESS WHEREOF, The Behavioral Sciences Regulatory Board has caused this License to be executed under its hand, and attested by the seal of the Board, on October 4th, 2011.

(Signature)

M. Hermione, Secretary
STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD

Certifies That

Railene K. Ahring

having fully complied with the laws of the State of Kansas relating to the practice of Addiction Counseling, and having been found fully qualified, is hereby authorized and licensed to practice in the state of Kansas as an Addiction Counselor.

IN WITNESS WHEREOF, The Behavioral Sciences Regulatory Board has caused this license to be executed under its hand, and attested by the seal of the Board, on July 25th, 2011.

Said License to be validated biennially as long as his/her professional practice as an Addiction Counselor is endorsed by this Board.

Chairperson, Behavioral Sciences Regulatory Board

Chairperson, Addiction Counselor Advisory Committee

Executive Director, Behavioral Sciences Regulatory Board

License Number

LAC 155
**Objective**

"To Provide the best possible level of assistance at the highest level of professionalism and care". I will make a difference!

Working in the Substance Abuse Field, Psychology

Human Resources and The Helping Profession

**Experience**

<table>
<thead>
<tr>
<th>Date</th>
<th>Position and Details</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2011 – present</td>
<td>We Can Recover Counseling Center Olathe KS. Program Director</td>
<td>Olathe, KS</td>
</tr>
<tr>
<td>5/09-presents</td>
<td>Associated Youth Services Substance Abuse and Prevention Therapist</td>
<td>Kansas City</td>
</tr>
<tr>
<td>2/09- present</td>
<td>A Connecting Point Bilingual Substance abuse Therapist</td>
<td>Lenexa, KS</td>
</tr>
<tr>
<td>2007-2009</td>
<td>Avenues to Recovery Bilingual Clinical therapist</td>
<td>Olathe, Kansas</td>
</tr>
<tr>
<td>2003-2004</td>
<td>The Salvation Army Shield of Service Substance Abuse Counselor</td>
<td>Kansas City, KS</td>
</tr>
<tr>
<td>2002-2003</td>
<td>Kansas City, Kansas School District Parent Liaison/English-spanish Translator/Teacher</td>
<td>Kansas City, KS</td>
</tr>
</tbody>
</table>
STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD

Certifies That

Francisco Torres-Gonzalez

having fully complied with the laws of the State of Kansas relating to the practice of Clinical Addiction Counseling, and having been found fully qualified, is hereby authorized and licensed to practice in the state of Kansas as an

Clinical Addiction Counselor

IN WITNESS WHEREOF, The Behavioral Sciences Regulatory Board has caused this license to be executed under its hand, and attested by the seal of the Board, on December 23rd, 2011.

Said License to be validated biennially as long as his/her professional practice as a Clinical Addiction Counselor is endorsed by this Board.

Chairperson, Behavioral Sciences Regulatory Board

Chairperson, Addiction Counselor Advisory Committee

Executive Director, Behavioral Sciences Regulatory Board
II. Accountabilities

The Peer Mentor and Peer Mentor-in-Training will be accountable to the Program Director and/or her/his designee. The KCPM/KPMT will attend regularly scheduled supervision meetings.

III. Qualifications

1. Must be at least 18 years old and has self-identified as being active in recovery for at least 1 year.

2. Must complete approved contact hours as set in AAPS Peer Mentor Standards

3. Must pass a criminal background and reference check
Shelley K. Laster  
2 Williamson Street  
P.O. Box 13024  
Edwardsville, Ks 66113  
(913) 745-8087  
lastershellevk@yahoo.com

Objective: To obtain Psychology BA degree at UMKC, and get my LAC license. I plan on starting in the Fall of 2014.

Education:

Kansas City Kansas Community College, Kansas City, Kansas  
A.A.S. Addiction Counseling: Fall 2013  
G.P.A.: 3.342  
Certified Nurses Aide certificate  
University of Missouri-Kansas City, Kansas City, Missouri  
Presently in College

Related Coursework
- Certified Nurses Aide  
- 60 Contact Hours of Counseling the Problem and Compulsive Gambler Certificate 5-14-2013  
- copy of KDADS/BHS letter stating passage of KCGC exam  
- Obtained Counselor In Training/Practiculum I and II experience at Associated Youth Services (AYS) with Garnetta King, LAC/Lead Counselor, 803 Armstrong Avenue, Kansas City, Kansas 66101, (913) 831-2820 phone, Fax (913) 831-0262.

Relevant Skills
- Helping clients with daily living skills and Mental Health issues.  
- Public Speaking skills along with computer presentation skills  
- Basic Computer skills

Work Experience
- Health Care Services, contracted out to Kansas Area: 2011-2014, Benjamin Ward  
- (913) 369-5637  

C.N.A. (Certified Nurses Aide)
- Teamwork: communicate and assist clients with daily living skills and let staff know if any changes happen to the resident/clients health

References:
- Cynthia Claxton LAC/Lead Counselor at Salvation Army Harbor Light Village Recovery Program, 6723 State Ave., Kansas City, Kansas 66112, (913) 232-5421.  
- Garnita King LAC/Lead Counselor at Associated Youth Services, 803 Armstrong Ave., Kansas City, Kansas 66101, (913) 831-2820.
(1) **Title of position:** Community Health Nurse  
(2) **Description of duties and responsibilities:** Assures/oversees all health/medical aspects of the program including: A. Each client receives a complete physical. B. Each client has complete medical treatment plan signed by medical consultant. Assures that client’s needing psychological/psychometric examination/evaluation is scheduled in a timely manner. Prepares a monthly schedule of health topics/issues that she personally delivers with handouts, audio/video information or coordinates “health” speakers bureau of “relevant” people in the community who come in to present lectures. Coordinates/interacts with community medical personnel on any special needs of participants in the program. Assists in understanding/development/implementation/of all aspects of each grant to assure that program and grant expectations/objectives are met. Participates in professional development activities to enhance performance, achieving approved professional objectives and receive a minimum of 10 hours of training per year. Co-facilitates Family Support Groups for program participants and their family members. Will participate in team meetings Attends supervision meetings and keeps supervisor informed of participant behavior and program concerns. Will assist in monitoring urine drug screen collections. Will observe, monitor and document client behaviors. Will facilitate Health Awareness groups.  
(3) **Qualifications for position:** Graduation from an approved school of nursing and successful completion of RN examinations.  
(4) **Supervisory relationships:** A. Responsible to: Senior Vice-President  
B. Workers Supervised: None.  
(5) **Skills and Knowledge required:** Must demonstrate knowledge of educational/therapeutic and behavioral modification techniques. Must demonstrate a knowledge of substance abuse disorders  
(6) **Prior experience required:** Previous experience and success working with chemically dependent adolescents.  
(7) **Personal qualities:** Demonstrates a sincere interest in the welfare of participants. Caring attitude, culturally competent. Interacts well with participants and team members. Respond to difficult situations with firmness, maturity, control, and empathy. Non-judgmental attitude. Good attendance and punctuality. Great written and oral communication skills. Able to prioritize workload. Culturally competent.  
(8) **Amount of travel and any other special conditions or requirements:** When necessary must travel to community agencies to promote public relations. Must travel to participate in professional development activities to enhance performance, achieving approved professional objectives.  
(9) **Salary range:** 37,500—40,000  
(10) **Hours per day or per week:** 40 hours per week
(1) Title of position: Community Health Nurse

(2) Description of duties and responsibilities: Assures/oversees all health/medical aspects of the program including: A. Each client receives a complete physical. B. Each client has complete medical treatment plan signed by medical consultant. Assures that client’s needing psychological/psychometric examination/evaluation is scheduled in a timely manner. Prepares a monthly schedule of health topics/issues that she personally delivers with handouts, audio/video information or coordinates “health” speakers bureau of “relevant” people in the community who come in to present lectures. Coordinates/interacts with community medical personnel on any special needs of participants in the program. Assists in understanding/development/implementation/of all aspects of each grant to assure that program and grant expectations /objectives are met. Participates in professional development activities to enhance performance, achieving approved professional objectives and receive a minimum of 10 hours of training per year. Co-facilitates Family Support Groups for program participants and their family members. Will participate in team meetings Attends supervision meetings and keeps supervisor informed of participant behavior and program concerns. Will assist in monitoring urine drug screen collections. Will observe, monitor and document client behaviors. Will facilitate Health Awareness groups.

(3) Qualifications for position: Graduation from an approved school of nursing and successful completion of RN examinations.

(4) Supervisory relationships: A. Responsible to: Senior Vice-President
B. Workers Supervised: None.

(5) Skills and Knowledge required: Must demonstrate knowledge of educational/ therapeutic and behavioral modification techniques. Must demonstrate a knowledge of substance abuse disorders.

(6) Prior experience required: Previous experience and success working with chemically dependent adolescents.

(7) Personal qualities: Demonstrates a sincere interest in the welfare of participants. Caring attitude, culturally competent. Interacts well with participants and team members. Respond to difficult situations with firmness, maturity, control, and empathy. Non-judgmental attitude. Good attendance and punctuality. Great written and oral communication skills. Able to prioritize workload. Culturally competent.

(8) Amount of travel and any other special conditions or requirements: When necessary must travel to community agencies to promote public relations. Must travel to participate in professional development activities to enhance performance, achieving approved professional objectives.

(9) Salary range: 37,500—40,000

(10) Hours per day or per week: 40 hours per week
Attachment A
Intent to Self Perform

Affidavit of

(Associated Youth Services)

I hereby certify that it is our intent to perform 100% of the work required for the contract.

(Adolescent Drug and Alcohol Prevention and Treatment Program ADAPT)

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and the Bidder agrees to provide any additional information or documentation requested by the Unified Government in support of the above statement.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Sign Debra McKenzie

Date 9/24/2014
Attachment B

RFP 25035
PROPOSAL FORM

AUTHORIZED SIGNATURE

By submission of this proposal, the undersigned certifies that:

1.0 it has not paid or agreed to pay any fee or commission, or any other thing of value contingent upon the award of this contract, to any Unified Government employee or official or to any current consultant to the Unified Government;

2.0 it has not paid or agreed to pay any fee or commission or any other thing of value contingent upon the award of this contract, to any broker or agent or any other person;

3.0 it has not violated, is not violating and will not violate the prohibition against gratuities and kickbacks set forth in Chapter 12 of the Unified Government's Procurement Code; and,

4.0 the prices contained in this proposal have been arrived at independently and without collusion, consultation, communication or agreement intended to restrict competition.

5.0 it has the full authority of the Respondent to execute the proposal and to execute any resulting contract awarded as the result of, or on the basis of, the proposal.

I hereby certify that the attached proposal has been prepared in compliance with the specifications and that the quotations are valid for a period of 365 days.

Authorized Representative: Debra Terrell McKenzie

Signature: __________________________

Title: Senior Vice President

Company Name: Associated Youth Services

Address: 803 Armstrong  PO BOX 171234

City, State, Zip: Kansas City, KS 66101  Kansas City, KS 66117

Phone Number: (913) 831-2820 ext. 228

Fax Number: (913) 831-0262

E-mail Address: dterrell@aysusa.org

Federal Tax ID Number: 48-0554802

53
Unified Government
2015
Drug and Alcohol Fund
Instructions and Application
Drug and Alcohol Grant Application

Legal Name of Organization: Friends of Yates, Inc.
Street Address: 1418 Garfield Avenue
City: Kansas City
County: Wyandotte
State: KS
Zip: 66104
Agency Phone Number: 913-321-1566
Agency Fax Number: 913-321-1569
Name of Agency Director: Rasmita Patro
Director Number: 913-321-1566 Ext 223
Signature of Authorized Person: Rasmita Patro
Title: Executive Director
Contact Person: Rasmita Patro
Contact Number: 913-321-1566 Ext 223
Contact Person e-mail address: rpatro@friendsofyates.org

Federal Employers Taxpayers I.D. Number: 48-0908425

Type of Organization: Public
Private non-profit X

Service Area: City Kansas City
County Wyandotte

Funding Request: New Program
Continuation of existing program X

Type of Proposal: Prevention X
Treatment
Recovery

Requested grant amount: $96,135.00
Previous funding amount: $90,572.00
Cash Match: $88,935.00
In-kind Match: $7,200.00

Total program costs: $192,270.00

List additional funding sources and the amounts received from each source

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Amounts</th>
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</thead>
<tbody>
<tr>
<td>Kansas Governor's Grants Program</td>
<td>$65,841.00</td>
</tr>
<tr>
<td>Community Development Dept.</td>
<td>$11,212.00</td>
</tr>
<tr>
<td>Public Donations</td>
<td>$19,082.00</td>
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<tr>
<td>TOTAL</td>
<td>$96,135.00</td>
</tr>
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</table>

Page 2 of 15
A. Program Funding Request

Program Contact Information Section (include email address for program director)

<table>
<thead>
<tr>
<th>Program Name and Organization Name</th>
<th>Director Name/Email address</th>
<th>Financial Officer *</th>
<th>Physical Address</th>
<th>Phone</th>
<th>Requested Amount</th>
<th>Match Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Gill/Joyce H. Williams Center Friends of Yates, Inc.</td>
<td>Rasmita Patro <a href="mailto:patro@friendsofyates.org">patro@friendsofyates.org</a></td>
<td>Abril Sewell Avillanueva @friendsofyates.org</td>
<td>1418 Garfield Avenue Kansas City, KS 66104</td>
<td>913-321-1566</td>
<td>$96,135.00</td>
<td>$96,135.00</td>
</tr>
</tbody>
</table>

Note: *The Financial Officer for individual program is the person with the day to day operational authority to approve expenditures. The Program Director and the Financial Officer cannot be the same person.
B. Program Narrative

Friend of Yates, Inc. is located in Kansas City, Kansas, the third largest city in the State of Kansas. According to the Population Division, US Census Bureau 2013 population estimate, there were 2,893,957 people residing in Wyandotte County, Kansas with youth under the age of 18 averaging 25%. Since 1979, Friends of Yates, Inc. (FOY) continues to provide comprehensive support and advocacy services for victims of domestic violence and youth in Wyandotte County and surrounding areas.

Research shows that many victims of domestic violence have co-occurring problems of domestic violence and substance abuse. Often victims suffer from post-traumatic stress disorder (PTSD) as a result of an extensive history of childhood and adult victimizations. In 2013 approximately 72% or 285 of victims participating in Friends of Yates, Domestic Violence Program, Della Gill/ Joyce H. Williams Center, tested positive for substances, reported previous drug histories, or reported that their abuser uses alcohol and drugs. Substance use and DV often exacerbate each other, making it increasingly difficult for the victim to address either one of the issues. Best practices suggest that in order to effectively address domestic violence issues substance abuse issues must be addressed simultaneously. While substance does not cause domestic violence, there is statistical correlation between the two issues. What studies have found is that there is frequent high incidence of alcohol and other drug use by perpetrators during domestic abuse. The reality is that not only do batterers tend to abuse drugs and alcohol, but the probability that victims of domestic violence will turn to alcohol and drugs to cope with the abuse increases as well. The U.S. Department of Justice found that 61% of domestic violence offenders also have substance abuse problems1. In a report by the National Institute for Justice, published in June 2009, victim abuse of drugs and alcohol was found to be associated with domestic violence victimization. In the Memphis night arrest study, which is a part of this report, 92% of assailants used drugs or alcohol on the day of the assault, and nearly half were described by families as daily substance abusers for the prior month. This study also found that 42% of the victims were drinking or using drugs on the day of their assault2. Women who have been abused are fifteen times more likely to abuse alcohol and nine times more likely to abuse drugs than women who have not been abused.3 Many studies of domestic violence frequently indicate high rates of alcohol and other drug usage by batterers and an increased prevalence of the use of alcohol and drugs by victims of abuse as survival strategies and coping mechanisms.

The FOY (Della Gill/ Joyce H. Williams Center) program for addressing the co-occurring problem of domestic violence and substance abuse, will be a continuation of the existing program which has been implemented by our agency and funded by Unified Government of Wyandotte County during the program year of January 2014-December 2014. FOY is requesting that funding for this program be continued from the Unified Government of Kansas City, Kansas because our organization has provided effective and vital services to women, children, youth and families within the Northeast Area and all of Kansas City, Kansas, Wyandotte County for over one-hundred years and specifically alcohol and substance abuse services to victims for over twenty-seven years. We will provide prevention, education

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1 National Coalition Against Domestic Violence “Domestic Violence And Substance Abuse Fact Sheet
3 National Coalition Against Domestic Violence “Domestic Violence and Substance Abuse Fact Sheet
and intervention to a target population of 300 victims of domestic violence entering shelter and transitional housing programs at Della Gill Joyce H. Williams Center and through our outreach programs such as Domestic Violence and Alcohol Educational Support Groups, referrals from our P.A.V.E. (Pathway to Advocacy, Violence free living and Economic empowerment) Program, which is a collaboration with The Department of Children and Family Services for victims of domestic violence, sexual assault, stalking and teen dating violence who receive TANF (Temporary Assistance to Needy Families), victims who are routinely screened for domestic violence in Wyandotte County district and municipal court and in healthcare settings. Clients will also be referred to the program via our 24 hour hotline services, shelter staff such as Case Managers, the Client Service Specialist, Mental Health Clinician, Legal/Court Advocate, and by our Healthcare advocacy program which is implemented at Providence Medical Center and 13 other health clinics throughout Wyandotte County.

FOY believes that it is important to provide youth with decision making skills to resist the peer pressure that is so prevalent in later stages of their development at an earlier stage of development. It is a fact that children of substance abusing parents are more likely to experience physical, emotional, or sexual abuse than children who live in non-substance abusing homes. Also, children who experience family violence are also at greater risk for developing alcohol and/or drug problems later in life than children who do not suffer from violence at the hands of family members. With funding through this project, FOY will continue to implement a second program component which is a parent-child/student interaction program entitled “Keep a Clear Mind”. This is a SAMSHA evidenced-based model program which targets elementary school-age children between the ages of 8-11 years of age. Our goal is to provide prevention services to children before they reach the middle-school age where peers have a larger influence on how they make choices and decisions and provide them with tools to say “No” to gateway drugs. Prevention at this stage of life will, through laying a strong foundation on the negative impact of drugs, ease the transition into adolescence and equip them to handle pressure from peers to engage in the use of “gateway drugs”.

According to research collected from a 2014 survey involving students in Wyandotte County school districts of Turner, Piper, Bonner Springs, and Kansas City many youth in our program area reside in what would be termed “high risk” environments with increased levels of substance abuse, violence, delinquency, teen pregnancy and school dropout. In the 2013 survey of students in grades 6th, 8th, 10th and 12th, the average age of first use for cigarettes was 12.18 years. An average of 18.64% of Wyandotte County 6th, 8th, 10th, and 12th graders has smoked a cigarette at least once and 20.83% have used marijuana at least once. When asked about the use within the past 30 days, 4.88% smoked cigarettes and 9.98% reported using marijuana. Although these percentages are declining, the age of initiation remains constant.

24.96% of the students surveyed reported someone in their family has had a severe alcohol or drug problem, while the average for the state of Kansas was 26.31%. When asked whether a sibling has ever drunk alcohol, 33.86% say yes while 36.88% reported a best friend drinking alcohol. 42% of students in Wyandotte County reported during the last 12 months, talking to at least one of their parent about the dangers of tobacco, alcohol or drug use. In measuring the perceived ease of availability, 23.15%

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5 Regional Prevention Center of Wyandotte County and collected through the "Kansas Communities That Care Youth 2014 Survey" administered by the Southeast Kansas Education Service Center for the Kansas Department of Social and Rehabilitation Services Office of Prevention.
reported being able to obtain marijuana and 17.91% reported being able to obtain cigarettes very easy. The average age of first use for alcohol was 12.8 years. The average age for the first use of marijuana was 13.32 years.

Program implementation consists of providing early drug prevention information to 400 youth and parents residing in the Kansas City, Kansas, Wyandotte County Area, after school programs, summer programs, youth in shelter and transitional housing at Della Gill/Joyce H. Williams Center, parochial schools, community social service agencies, and church groups. Program sites will be provided an orientation for teachers, youth workers, parents and students. Parent/student participation forms with a pre-test attached will be signed by parents giving permission for their child to participate in the program. Each week staff will visit each program site to provide a brief introduction to the lesson and deliver take home materials. The programs consist of four take-home activity books which include information on Alcohol, Tobacco, Marijuana and Tools to Avoid Drug Use. Materials are in English and Spanish. Parents and children will complete one activity each day, sign contract in the back of booklet and return it to the site location. The process will be repeated for four weeks. Five bi-weekly news letters will be sent home to parents after lessons have been completed to encourage continued parental support, reinforce new skill learned by youth to continue to say “NO” to drugs. The Youth Substance Abuse Advocate will also participate in 14 AYS (Associated Youth Services) Youth Health Days in USD 500 middle and high schools throughout the school year along with the PAVE (Pathway to Advocacy, Violence-free living and Economic Empowerment) Social Worker to provide Substance Abuse and Teen Dating Violence Prevention and Intervention information and resources to students.

Funds for both program components will be used to purchase program activity books and educational materials, brochures, program participation incentivizes, “Keep a Clear Mind” t-shirts for students, urinalysis testing kits, administrative and office supplies cost including two program staff computers, communication devices and for program staff salaries and benefits, which will include a full-time State Licensed Alcohol and Substance Abuse Specialist and full-time Youth Substance Abuse Advocate and staff training a development expenses.

The Alcohol and Substance Abuse program is and has been a vital part of the Domestic Violence Program at FOY (Della Gill Joyce H. Williams’ Center) and its community outreach services. We address the co-occurring social problems of domestic violence and alcohol and substance abuse through screening, assessment, referrals for in-patient and out-patient treatment and on-site individual counseling and support groups. To ensure this level of service remains available we constantly look for sustainability of programs by pursuing funding on local, state and federal levels. We also are exploring continued funding for this program through foundations and private donors. We will continue to provide matching cash/in-kind contributions along with any secured funding in order to sustain existing programs.

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6 Regional Prevention Center of Wyandotte County and collected through the “Kansas Communities That Care Youth 2014 Survey” administered by the Southeast Kansas Education Service Center for the Kansas Department of Social and Rehabilitation Services Office of Prevention.
C. RESEARCH FOUNDATION OF THE PROGRAM

1. Please check the one most appropriate response from the 4 options below. When stating a model program name, or registry name, please ensure it is stated exactly as it appears on the web site.

☐ Program named on a federal list or registry? ☑ Yes ___. If yes, specify program and registry name: __ SAMHSA “Keep a Clear Mind” ____________

☐ Program appears in a peer-reviewed journal or professional publication, with demonstration of positive outcomes? ______ If so, include a copy of the publication

☐ Program is based on best practices and has a strong research basis for its design, it is developmentally appropriate, and has preliminary data demonstrating effectiveness in changing participant-level knowledge, attitudes, skills, or behaviors

When specifying a practice, please provide the research supporting the practice

2. Has/will your program been/be implemented as an exact replication of the program design?

☐ Yes ___ No (If no, please describe the modification/adaptations)

3. Does your program have a book, manual, action plan, training materials, or other written materials that describe the components of the program?

☐ Yes (provide a copy as an attachment) ___ No

4. Has your program been evaluated for effectiveness?

☐ Yes (provide a copy as an attachment) ___ No

5. Has research indicated the program to have a sustained effect of at least one year beyond the completion of the program and no evidence that the effect is lost after this time?

☐ Yes ___ No

6. Does your program have a formal written evaluation plan that describes the specific activities and data collected?
7. Are evaluations conducted on an annual basis?

☐ Yes   ☐ No (If not, how often are evaluations completed? _______)

8. Who is responsible for conducting the evaluation? (Check all that apply)

☐ Internal Evaluator – program staff
☐ External Evaluator – independent consultant or organization
☐ External Evaluator – staff of judicial district providing funding for program
☐ None conducted
☐ Other: if other please describe __________________________

9. What is the purpose of your evaluation? (Mark all that apply)

☐ Formative (process) Evaluation – is an evaluation conducted for the program staff with a focus on program improvement
☐ Summative (behavior) Evaluation – is an evaluation conducted for an external audience or decision maker for the purpose of determining the worth or effectiveness of a program
☐ Continuous quality improvement process
☐ None conducted
☐ Other: if other please describe __________________________

10. Describe your process for quality improvement and who participates?

The Executive Director, Program Director, Client Service Specialist, Alcohol and Substance Abuse Specialist, and Board Members are all responsible in ensuring program goals and objectives are met and monitoring this process. Through regular monthly, quarterly, and yearly statistical reports, data is collected and compiled on both program components. This information is used to enhance program performance. Reports are submitted by the Alcohol and Substance Abuse Specialist to the Client Service Specialist. The Client Service Specialist compiles monthly statistics and submits them to the Program Director who compiles quarterly and yearly reports and submits them to the Executive Director. These reports are reviewed in agency program planning meetings, supervisory conferences and in reports to funders and the Board of Directors. This process provides the ability to evaluate programs and monitor successes and to identify areas of the program that might need improving. It also enables us to measure outcomes and goal achievement.
D. EXPENDITURE JUSTIFICATION

a. Personnel  Total: $84,761.00

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Annual Salary/Rate</th>
<th>Level of Effort</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Alcohol &amp; Substance Abuse Specialist</td>
<td>Riley Lockridge</td>
<td>$38,000 Annual Salary, $4,539 Benefits</td>
<td>100%</td>
<td>$42,539.00</td>
</tr>
<tr>
<td>Youth Substance Abuse Advocate</td>
<td>Chase Murphy</td>
<td>$32,000 Annual Salary, $6,903 Benefits</td>
<td>100%</td>
<td>$38,903.00</td>
</tr>
<tr>
<td>Executive Director</td>
<td>Rasmita Patro</td>
<td>$60,000 Annual Salary, $319 Benefits</td>
<td>5%</td>
<td>$3,319.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
<td>$84,761.00</td>
</tr>
</tbody>
</table>

$42,539.00 is requested to fund Riley Lockridge, Alcohol & Substance Abuse Specialist. Job responsibilities: Assess participants for substance abuse; educate the community on the co-occurrence of domestic violence and substance abuse, and educate with youth regarding substance abuse and domestic violence prevention. Alcohol & Substance Abuse Specialist is 100% grant funded
Salary: $38,000
Benefits are $4,539, calculated as follows
FICA: $38,000*7.65% = 2,907
Workers Comp: $38,000*2.97% = 1,129
SUTA: $8,000*6.3% = 504

$38,903 is requested to fund Chase Murphy, Youth Substance Abuse Advocate. Job responsibilities: Assess participants for substance; educate youth and the community on the effects of alcohol and substance abuse on the psycho-social development of youth. Alcohol & Substance Abuse Specialist is 100% grant funded
Salary: $32,000
Benefits are $6,903, calculated as follows
Health insurance $150/month * 12 months = $3,000
FICA: $32,000*7.65% = 2,448
Workers Comp: $32,000*2.97% = 951
SUTA: $8,000*6.3% = 504

$3,319 is requested to fund Rasmita Patro, Executive Director. Job responsibilities: The Executive Director will supervise all staff members involved in this project. Executive Director is 5% grant funded
Salary: $3,000
Benefits are $319, calculated as follows
FICA: $3,000*7.65% = 230
Workers Comp: $3,000*2.97% = 89
b. Travel/Subsistence

<table>
<thead>
<tr>
<th>Purpose of Travel</th>
<th>Location</th>
<th>Item</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds are being requested for staff to attend workshops, trainings, conferences and meetings that will provide staff development in the area of domestic violence and Substance Abuse.</td>
<td>Various locations in state of Kansas</td>
<td>Registration</td>
<td>$125 X 2 Employees</td>
<td>$250.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lodging</td>
<td>$90 X 5 nights</td>
<td>$450.00</td>
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<tr>
<td></td>
<td></td>
<td>Mileage &amp; Turnpike</td>
<td>$160 X 2 Employees</td>
<td>$320.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per diem</td>
<td>$125 X 2 Employees</td>
<td>$250.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL $1,270.00</td>
</tr>
</tbody>
</table>

The agency mileage reimbursement rate is $.40

c. Equipment

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Desktop Computers</td>
<td>$596 X 2 Computers</td>
<td>$1,192.00</td>
</tr>
<tr>
<td></td>
<td>TOTAL $1,192.00</td>
<td></td>
</tr>
</tbody>
</table>

In an effort to expand and/or update our infrastructure, Friends of Yates would like to upgrade the equipment that is outdated or unable to keep up with the demands of our agency. The purchase of this equipment will ensure that we are able to provide optimal service delivery to victims of domestic violence.

d. Supplies

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds are being requested for pen, paper, toner, binders and other office supplies for the grant funded staff.</td>
<td>$100.00 X 12 Months</td>
<td>$1,200.00</td>
</tr>
<tr>
<td></td>
<td>TOTAL $1,200.00</td>
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</table>
e. Client Services

Total: $6,512.00

Specify services

<table>
<thead>
<tr>
<th>Intent</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep a Clear Mind Activity Books</td>
<td>$1,487.00</td>
</tr>
<tr>
<td>Keep a Clear Mind T-Shirts</td>
<td>$2,625.00</td>
</tr>
<tr>
<td>Incentives (Pens/Highlighters)</td>
<td>$850.00</td>
</tr>
<tr>
<td>Urinalysis testing kits</td>
<td>$950.00</td>
</tr>
<tr>
<td>Special Treats</td>
<td>$600.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$6,512.00</strong></td>
</tr>
</tbody>
</table>

f. Communications

Total: $1,200.00

<table>
<thead>
<tr>
<th>Entity</th>
<th>Product/Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Phone</td>
<td>$100.00 X 12 Months</td>
<td>$1,200.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$1,200.00</strong></td>
</tr>
</tbody>
</table>

g. Other

$XXXXX is requested for advertising. 50% of the cost is charged to the Drug and Alcohol fund with the remaining being financed through the other grant sources.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MATCH

a. Personnel

Arica Roland, Program Director of the Della-Gill Joyce H. William Center, will be directly in charge of the implementation of this project. Ms. Roland has a degree in Family Life and Human Services from Kansas State University. She has extensive experience working with families and children in the area of health as she has worked for the Mercy Regional Health Center. Ms. Roland will dedicate 20% of her time as in-kind to this project. $49,000 @ 20% = $9,800 per year. (Match Fund $9,800.00)

Hattie King, Client Service Manager, will be in charge of supervision of this project. Ms. King has a Masters Degree in Social Work from the University of Kansas. She has extensive experience working with families and children as she worked with the Kansas City Department of Child Welfare for eight years. Ms. King will dedicate 20% of her time as in-kind to this project. $47,000 @ 20% = $9,400 per year. (Match Fund $9,400.00)

Chandra Green, Social Worker will provide individual and group therapy to family members affected by domestic violence/sexual assault. Additionally, she will provide the parenting education workshops, the healthy relationship workshops and the community awareness campaign. The Social Worker will work closely with the Alcohol and Substance Abuse Specialist and the Youth Substance Abuse Advocate to include speaking engagements regarding the link to substance abuse and domestic violence. Ms. Green has a Masters in Business Law Degree from Friends University. Ms. Green will dedicate 20% of her time as in-kind to this project. $40,000 @ 20% = $8,000 per year. (Match Fund $8,000.00)

Ajinah Young-Jackson, Case Manager, assists clients in completing a service plan that encompass goals to be achieved, including mental health assessment. The case manager will work closely with the Alcohol & Substance Abuse Specialist to include these programs in the client’s comprehensive case plan. Ms. Young has a Bachelor of Science in Criminal Justice from University of Central Missouri, Warrensburg, Missouri. Ms. Young will dedicate 20% of her time as in-kind services to this project. $34,000 @ 20% = $6,800.00 per year. (Match Fund $6,800.00)

Rosie Carter, Child Care Advocate provides in house child care program and child care advocacy for victims of domestic violence. Ms. Carter will assist women while attending group counseling or during one-one-one sessions with the Alcohol and Substance Abuse Specialist. Ms. Carter has an AA Degree from Kansas City Kansas Community College. Ms. Carter will dedicate 15% of her time as in-kind to this project. $14,000 @ 20% = $2,800.00 per year. (Match Fund $2,800.00)
Abril Sewell, Office/Grants Manager/Bi-Lingual Advocate, works closely with the Alcohol and Substance Abuse Specialist and Youth Substance Abuse Advocate to ensure Hispanic victims, immigrants of domestic violence who may have issues with alcohol and substance abuse understand the services available to them and can make an informed decision about the type of services they would like to access. Also, she will be in charge of the accounting and reporting requirements for this grant program. Ms. Sewell has a Bachelor’s Degree from Rockhurst University, Kansas City, MO in Psychology. Ms. Sewell will dedicate 20% of her time as in-kind to this project. $37,500 @ 20% = $7,500.00 per year. (Match Fund $7,500.00)

Rasmita Patro, Executive Director, will supervise all staff members involved in this project Ms. Patro has a Masters in Home Economics from Berhampur University in India and an Associate Degree in Accounting from Johnson County Community College. Ms. Patro will dedicate 15% of her time to this project. Salary: $60,000 @ 10% = $6,000 per year. (Match Fund $6,000.00)

Employer Taxes & Fringe Benefits

FICA is calculated at $50,300 @ 7.65% = $3,847.00 (Match $3,847.00)
Workers Comp is calculated $50,300 @ 2.97% = $1,494.00 (Match $1,494.00)

b. Travel/Subsistence

c. Equipment

d. Supplies

Supplies will include general office supplies paper, pens, highlighters, binders, business cards, etc. used by program staff to provide trainings and direct advocacy services. This line item also includes printing and reproduction of Drug & Alcohol training tools/handouts, curricula, brochures/outreach flyers, newsletters and etc.

Supplies & reproduction is calculated at $100.00 X 12 Months = $1,200.00 (Match Funds $1,200.00).
Other donated office supplies and volunteer hrs will be used as in-kind for this project is calculated at $600 X 12 Months = $7,200.00 (Match $7,200.00)

e. Client Medical
Not applicable

f. Client Assistance
For SAMSHA evidenced model program “Keep A Clear Mind” within four elementary schools in the Kansas City, Kansas School District we will purchase the activity books and also incentives such as tickets to special events, supplies, toys, educational videos, and etc. will be used for this project.
Client assistance expense is calculated at $890.17 X 12 Months = $10,682.00 (Match $10,682.00)
g. Client Food Services

To motivate and reward youths and the outreach groups we will purchase special treats and incentives.
Client Food Services expense is calculated at $300.00 X 12 Months = $3,600.00 (Match Funds $3,600.00)

h. Facility Payment/Upkeep

Not applicable

i. Liability Insurance

Insurance for the building expenses for this project will be used as in-kind is calculated at $484.33 X 12 Months = $5,812.00 (Match $5,812.00)

j. Utilities

Utilities expenses for this project will be used as in-kind is calculated at $900.00 X 12 Months = $10,800.00 (Match $10,800.00)

k. Communication

Office phone and cell phone will be used by the program staff for this program is calculated at $100.00 x 12 Months = $1,200.00 (Match Funds $1,200.00)

l. Other
E. PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: "Keep a Clear Mind" Della Gill/Joyce H. Williams Domestic Violence and Substance Abuse Program

Process Outcome Statement:
Decrease actual use of tobacco, alcohol, and marijuana of students’ who complete four weekly lessons and report they have experimented with the use of a “gateway drugs” by 30%.

1. How will the change be measured and what data will be used? Through self-reporting and comparing pre-test survey responses with post-test survey responses.

2. By when will it change?
   December 31, 2015

3. What is the baseline?
In 2013, 449 youth completed four weekly lessons. 46% or 44 out of 95 youth who reported experimenting with a gateway drug on pre-test, reported a decrease in use of tobacco, alcohol and marijuana on the post-test survey.

PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: Della Gill/Joyce H. Williams Domestic Violence and Substance Abuse Program

Process Outcome Statement:
42% or 126 of 300 domestic violence victims served in shelter and outreach programs, will report that they have not used drugs while in shelter and outreach within 90 days.

1. How will the change be measured and what data will be used? By tracking the results of random urinalysis testing and self-reporting at follow-up contact.

2. By when will it change?
   December 31, 2015

3. What is the baseline?
In 2013, 79% or 226 out of 285 Domestic Violence victims who self-reported not using drugs did not test positive during shelter or outreach follow-up and urinalysis screenings within 90 days.
PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: Della Gill/Joyce H. Williams Domestic Violence Substance Abuse Program

Behavioral Outcome Statement:
80% or 240 domestic violence victims in shelter and in Outreach Programs will increase understanding of how substance abuse relates to domestic violence.

1. How will the change be measured and what data will be used? By tracking the number of weekly group attendance, number of individual counseling sessions attended, quizzes on curriculum topics and responses on pre and post-test.

2. By when will it change?
   December 31, 2015

3. What is the baseline?
In 2013, 96% or 222 out of 232 participants completing 12 weekly groups or individual counseling sessions, indicated an increase in understanding of the relationship between domestic violence and drug abuse.

PROGRAM/SUBGRANTEE OUTCOME STATEMENT

Program Name: Della Gill/Joyce H. Williams Domestic Violence Substance Abuse Program

Process Outcome Statement:
80% or 240 of 300 program participants will increase or maintain understanding of triggers and relapse prevention.

1. How will the change be measured and what data will be used? By tracking the number of weekly group attendance, number of individual counseling sessions attended and the number of relapses and responses reported on post-test and in individual counseling sessions.

2. By when will it change?
   December 31, 2015

3. What is the baseline?
In 2013, 232 or 81% of 285 program participants who participated in 12 weekly groups or individual counseling sessions, reported an increased understanding of what creates triggers for relapse and learned ways to avoid these triggers.
Attachments

A. Agency Board Members
B. Agency Budget
C. Grant Application Budget Form
D. List of staff and a copy of their job responsibilities
E. Program Organizational Chart
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Current Home Address</th>
<th>City, State Zip</th>
<th>Email Address Home (H) &amp; Work (W)</th>
<th>Telephone Home (H) &amp; Work (W)</th>
<th>Office Held on Board or Committee Assignment</th>
<th>Business Affiliation &amp; Position</th>
<th>Areas of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mr. Clyde Townsend</td>
<td>8211 Greeley Ave</td>
<td>Kansas City, KS 66109</td>
<td></td>
<td></td>
<td>913-299-1569 913-321-1211</td>
<td>10/26/2011</td>
<td>Politician/Funeral Director</td>
<td>President</td>
</tr>
<tr>
<td>2 Ms. Rosalyn Brown</td>
<td>8423 Isabel Street</td>
<td>Kansas City, KS 66112</td>
<td><a href="mailto:brownrosalyn1@gmail.com">brownrosalyn1@gmail.com</a></td>
<td></td>
<td>913-334-4132</td>
<td>10/26/2011</td>
<td>Retired Government Employee</td>
<td>Vice President</td>
</tr>
<tr>
<td>3 Ms. Fay Gooden</td>
<td>2519 N. 73rd Street</td>
<td>Kansas City, KS 66109</td>
<td><a href="mailto:faymosley25@yahoo.com">faymosley25@yahoo.com</a></td>
<td></td>
<td>913-299-1390</td>
<td>4/30/2010</td>
<td>Retired School Administrator</td>
<td>Secretary</td>
</tr>
<tr>
<td>4 Mr. Suresh Kumar</td>
<td>10100 W. 87th Street</td>
<td>Overland Park, KS 66212</td>
<td><a href="mailto:kumarconsulting@earthlink.net">kumarconsulting@earthlink.net</a></td>
<td></td>
<td>913-385-7873</td>
<td>4/30/2010</td>
<td>Owner/CPA</td>
<td>Treasurer</td>
</tr>
<tr>
<td>5 Mrs. Della Gill</td>
<td>2700 N. 87th Street</td>
<td>Kansas City, KS 66112</td>
<td></td>
<td></td>
<td>913-334-1749 913-621-7088</td>
<td>10/26/2011</td>
<td>Retired Business Owner</td>
<td>Community Relations</td>
</tr>
<tr>
<td>7 Mrs. Eloise Fletcher</td>
<td>325 N. 29th Street</td>
<td>Kansas City, KS 66102</td>
<td></td>
<td></td>
<td>913-342-9576</td>
<td>4/30/2010</td>
<td>Professional Volunteer</td>
<td>Special Events</td>
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<tr>
<td>8 Ms. Arzella Gates</td>
<td>4621 Paseo Blvd</td>
<td>Kansas City, MO 64110</td>
<td><a href="mailto:arzella@gatesbbq.com">arzella@gatesbbq.com</a></td>
<td></td>
<td>816-923-0900</td>
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<td>Business Owner</td>
<td>Special Events</td>
</tr>
<tr>
<td>9 Mr. David Haley</td>
<td>936 Cleveland Ave</td>
<td>Kansas City, KS 66101</td>
<td><a href="mailto:David.Haley@senate.ks.gov">David.Haley@senate.ks.gov</a></td>
<td></td>
<td>913-321-3210</td>
<td>4/30/2010</td>
<td>State Senator</td>
<td>Community Relations</td>
</tr>
<tr>
<td>10 Ms. Castina Cooper</td>
<td>1314 N. 5th Street</td>
<td>Kansas City, KS 66101</td>
<td><a href="mailto:ccoop@libertybank.net">ccoop@libertybank.net</a></td>
<td></td>
<td>913-233-7028</td>
<td>4/30/2010</td>
<td>Banker</td>
<td>Capacity Building</td>
</tr>
<tr>
<td>11 Ms. Lucy Gethers</td>
<td>5541 Cleveland Ave</td>
<td>Kansas City, KS 66104</td>
<td><a href="mailto:lucygethers@yahoo.com">lucygethers@yahoo.com</a></td>
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<td>913-334-0232</td>
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<td>Event Planning</td>
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<tr>
<td>12 Open</td>
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<td>13 Open</td>
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<tr>
<td>REVENUE</td>
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<td>DATE</td>
<td>AMOUNT</td>
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<tr>
<td>Contributions</td>
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<td>Fundraising &amp; Special Events</td>
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<td>12/31/2015</td>
<td>$35,500</td>
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<td>Legacies &amp; Bequests</td>
<td>Projected</td>
<td>12/31/2015</td>
<td>$10,000</td>
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<td>United Way</td>
<td>Projected</td>
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<td>Government grants &amp; contracts</td>
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<td>PFA</td>
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<td>6/12/2014</td>
<td>$66,098</td>
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<td>VOCA</td>
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<td>9/30/2014</td>
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<td>SGFM</td>
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<td>5/1/2014</td>
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<td>$53,256</td>
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<td>DCF</td>
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<td>City</td>
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<td>$399,091</td>
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<td>Foundation</td>
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<td>In-Kind Donation</td>
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<tr>
<td>TOTAL REVENUE</td>
<td></td>
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<td>$1,472,099</td>
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| EXPENDITURES |

| PERSONNEL |

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Name</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>Rasmita Patro</td>
<td>$60,000</td>
</tr>
<tr>
<td>CEO/Consultant</td>
<td>LaDonna Lattimore</td>
<td>$35,000</td>
</tr>
<tr>
<td>Office/Grants Manager/Bilingual Advocate</td>
<td>Abri Sewell</td>
<td>$37,600</td>
</tr>
<tr>
<td>Program Director</td>
<td>Alicia Roland</td>
<td>$49,000</td>
</tr>
<tr>
<td>Client Service Specialist</td>
<td>Hattie King</td>
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<tr>
<td>Community Outreach Educator</td>
<td>Demetrias Hurt</td>
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<tr>
<td>Alcohol &amp; Substance Abuse Specialist</td>
<td>Rileey Lockridge</td>
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<tr>
<td>Youth Substance Abuse Advocate</td>
<td>Chasse Murphy</td>
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<td>Court Advocate</td>
<td>Vacant</td>
<td>$38,000</td>
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<tr>
<td>Hotline Advocate</td>
<td>Vacant</td>
<td>$30,000</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Ajinah Young-Jackson</td>
<td>$34,000</td>
</tr>
<tr>
<td>Case Manager</td>
<td>One DeBose</td>
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</tr>
<tr>
<td>Job Coach</td>
<td>Raul Margulis</td>
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</tr>
<tr>
<td>Child Care Advocate</td>
<td>Rosie Carter</td>
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</tr>
<tr>
<td>Health Care Coordinator</td>
<td>Vacant</td>
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</tr>
<tr>
<td>Data Collection Analyst</td>
<td>Valerie Tucker Blockwell</td>
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<tr>
<td>Social Worker</td>
<td>Chandra Green</td>
<td>$40,000</td>
</tr>
<tr>
<td>TANF Advocate</td>
<td>Flora Beard-Washington</td>
<td>$36,000</td>
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<tr>
<td>Program Service Advocate</td>
<td>Joan Carter</td>
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</tr>
<tr>
<td>Culinary Service Coordinator</td>
<td>Minnie Brown</td>
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<tr>
<td>Assistant Culinary Advocate</td>
<td>Louise Hill</td>
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<td>Child Advocate</td>
<td>Vacant</td>
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<tr>
<td>Lead Maintenance Engineer</td>
<td>Armando Rodriguez</td>
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<tr>
<td>Maintenance Engineer</td>
<td>Antonio Hernandez</td>
<td>$28,750</td>
</tr>
<tr>
<td>PRN</td>
<td>Joysa Barry, Jeremy McKendall, Cassandra Evans, Ernestine Pitcher &amp; Willie Williams</td>
<td>$40,000</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
<td>$555,460</td>
</tr>
</tbody>
</table>

| FRINGE BENEFITS |

| FICA & Medicare | $65,442 |
| Unemployment Insurance | $12,600 |
| Workers Comp     | $25,407 |
| Health Insurance  | $20,528 |
| Employee Retirement | $14,183 |
| Other (extra)    |         |
| SUBTOTAL         | $138,160 |

| TRAVEL |

Friends of Yates, Inc. Attachment-B Agency Budget
<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
<th>Date</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Local Transportation</td>
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<td>Conference &amp; Convention</td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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<td>$36,901</td>
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<tr>
<td>SUPPLIES &amp; COMMUNICATIONS</td>
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<tr>
<td>Supplies</td>
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<td>Telephone - Administration</td>
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<tr>
<td>Telephone - Hotline</td>
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<tr>
<td>Telephone - Cell Phone</td>
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<td></td>
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<tr>
<td>Postage &amp; Shipping</td>
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<td>$1,600</td>
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<tr>
<td>Printing &amp; Publications</td>
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<td></td>
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<td>Other - Summer Camp</td>
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<td></td>
<td>$0</td>
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<tr>
<td>Other - Ref. Materials</td>
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<td><strong>SUBTOTAL</strong></td>
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<td>FACILITY COSTS</td>
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<td>Utilities</td>
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<td></td>
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<tr>
<td>Maintenance &amp; Repair</td>
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<td></td>
<td>$8,679</td>
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<tr>
<td>Other (specify)</td>
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<td>$58,679</td>
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<td>EQUIPMENT</td>
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<tr>
<td>Equipment/Other Fixed Assets</td>
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<td>$7,991</td>
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<tr>
<td>Equipm't Repair &amp; Maint.</td>
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<td>$8,650</td>
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<tr>
<td>Furniture</td>
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<tr>
<td>Other - Renovation</td>
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<td><strong>SUBTOTAL</strong></td>
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<td>$131,641</td>
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<td>CONTRACTUAL SERVICES</td>
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<tr>
<td>Insurance Bond, Liability, etc.</td>
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<td>$24,435</td>
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<td>Audit</td>
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<td>Other - Security System</td>
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<td>Other - Billboards</td>
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<tr>
<td>Other - Consultant</td>
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<td><strong>SUBTOTAL</strong></td>
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<td>OTHER</td>
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<tr>
<td>Direct Assistance to Victims</td>
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<td>In-Kind Assistance</td>
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<td>Education &amp; Prevention</td>
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<td>Admin Expense/Miscellaneous</td>
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<td>$14,218</td>
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<td>Dues &amp; Subscriptions</td>
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<td>Other - Cleaning Supplies</td>
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<td>Other - Internet</td>
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<td><strong>SUBTOTAL</strong></td>
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<td>TOTAL EXPENDITURES</td>
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<tr>
<td>NET - REVENUES IN EXCESS OF EXPENDITURES</td>
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## FRIENDS OF YATES, INC.
### ATTACHMENT-C: Grant Application Budget Form
### BUDGET NARRATIVE
### 09/23/2014

<table>
<thead>
<tr>
<th>BUDGET DESCRIPTION</th>
<th>% REQUEST</th>
<th>COMPUTATION</th>
<th>MATCH</th>
<th>GRANT REQUEST</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>A. PERSONNEL:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol &amp; Substance Abuse Specialist</td>
<td>100%</td>
<td>$3,166.67 x 12 Months X 100% = $38,000</td>
<td>$ -</td>
<td>$38,000</td>
<td>$38,000</td>
</tr>
<tr>
<td>Youth Substance Abuse Advocate</td>
<td>100%</td>
<td>$2,666.67 x 12 Months X 100% = $32,000</td>
<td>$ -</td>
<td>$32,000</td>
<td>$32,000</td>
</tr>
<tr>
<td>Program Director</td>
<td>20%</td>
<td>$49,000 x 20% = $9,800</td>
<td>9,800</td>
<td>-</td>
<td>9,800</td>
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<tr>
<td>Client Service Specialist</td>
<td>20%</td>
<td>$47,000 x 20% = $9,400</td>
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<td>-</td>
<td>9,400</td>
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<tr>
<td>Social Worker</td>
<td>20%</td>
<td>$40,000 x 20% = $8,000</td>
<td>8,000</td>
<td>-</td>
<td>8,000</td>
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<tr>
<td>Case Manager</td>
<td>20%</td>
<td>$34,000 x 20% = $6,800</td>
<td>6,800</td>
<td>-</td>
<td>6,800</td>
</tr>
<tr>
<td>Child Care Advocate</td>
<td>20%</td>
<td>$14,000 x 20% = $2,800</td>
<td>2,800</td>
<td>-</td>
<td>2,800</td>
</tr>
<tr>
<td>Office/Grants Manager/Bi-Lingual Advocate</td>
<td>20%</td>
<td>$37,500 x 20% = $7,500</td>
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<td>-</td>
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<tr>
<td>Executive Director</td>
<td>20%</td>
<td>$60,000 x 15% = $9,000</td>
<td>9,000</td>
<td>-</td>
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<tr>
<td><strong>FRINGE BENEFITS:</strong></td>
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<td></td>
</tr>
<tr>
<td>FICA</td>
<td></td>
<td>$123,300 x 7.65% = $9,432</td>
<td>9,432</td>
<td>5,585</td>
<td>14,937</td>
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<tr>
<td>SUTA</td>
<td></td>
<td>$16,000 x 6.3% = $1,008</td>
<td>1,008</td>
<td>-</td>
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<tr>
<td>Health Insurance</td>
<td></td>
<td>$500 x 12 Months x 50% = $3,000</td>
<td>3,000</td>
<td>-</td>
<td>3,000</td>
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<tr>
<td>Workman Comp</td>
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<td>$123,300 x 2.97% = $3,662</td>
<td>3,662</td>
<td>1,268</td>
<td>4,930</td>
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<tr>
<td><strong>B. TRAVEL &amp; SUBSISTENCE:</strong></td>
<td></td>
<td></td>
<td></td>
<td>1,270</td>
<td>1,270</td>
</tr>
<tr>
<td>Funds include transportation, lodging and per diem for grant funded staff to attend training, conferences and workshops.</td>
<td></td>
<td>Registration $250, Lodging $450, Per diem 250, Mileage, Tumprike and Parking $ 320</td>
<td>1,270</td>
<td>-</td>
<td>1,270</td>
</tr>
<tr>
<td><strong>C. EQUIPMENT:</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two desktop computers for grant funded staff</td>
<td></td>
<td>$596 x 2 Computers = $1,192.00</td>
<td>1,192</td>
<td>-</td>
<td>1,192</td>
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<tr>
<td><strong>D. SUPPLIES:</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Office Supplies, Manuals</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Brochures, Flyers, Printing, etc.</td>
<td></td>
<td>$200.00 x 12 Months = $2,400</td>
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<tr>
<td>Donated Goods &amp; Services</td>
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<td>$600.00 x 12 Months = $7,200</td>
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<tr>
<td><strong>E. CLIENT MEDICAL:</strong></td>
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<td><strong>F. CLIENT ASSISTANCE:</strong></td>
<td></td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Transportation, Client Incentives, &amp; Activity Books</td>
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<td>$1,382.33 x 12 Months = $16,594</td>
<td>16,594</td>
<td>5,912</td>
<td>22,506</td>
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<td><strong>G. CLIENT FOOD SERVICES:</strong></td>
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<td>-</td>
</tr>
<tr>
<td>Special treats and incentives for youths</td>
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<td>$350.00 x 12 Months = $4,200</td>
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<td>600</td>
<td>4,800</td>
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<tr>
<td><strong>H. FACILITY PAYMENT/UPKEEP:</strong></td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>I. LIABILITY INSURANCE:</strong></td>
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<td>$484.33 x 12 Months = $5,812</td>
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<td>5,812</td>
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<td><strong>J. UTILITIES:</strong></td>
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<td>$900.00 x 12 Months = $10,800</td>
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<td>10,800</td>
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<tr>
<td><strong>K. COMMUNICATION:</strong></td>
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<td>Office &amp; Cellular phone</td>
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<td>$200.00 x 12 Months = $2,400</td>
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<tr>
<td><strong>L. OTHER EXPENSES:</strong></td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
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<td>-----------------------------------------------</td>
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<tr>
<td>Riley Lockridge</td>
<td>Attached</td>
<td>Attached</td>
<td>Alcohol and Substance Abuse Specialist</td>
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<tr>
<td>Chase Murphy</td>
<td>Attached</td>
<td>Attached</td>
<td>Youth Substance Abuse Advocate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rasmita Patro</td>
<td>Attached</td>
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<td>Executive Director</td>
<td></td>
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<tr>
<td>Arica Roland</td>
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<td>Program Director</td>
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<tr>
<td>Abril Sewell</td>
<td>Attached</td>
<td>Attached</td>
<td>Office/Grants Manager/Bi-Lingual Advocate</td>
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<td></td>
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<tr>
<td>Hattie King</td>
<td>Attached</td>
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<td>Client Service Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chandra Green</td>
<td>Attached</td>
<td>Attached</td>
<td>Social Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ajinah Young-Jackson</td>
<td>Attached</td>
<td>Attached</td>
<td>Case Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosie Carter</td>
<td>Attached</td>
<td>Attached</td>
<td>Child Care Advocate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Addiction Counselor in a treatment center that needs my educational background, personal experience and dedication in improving of lives.


**Substance Abuse Specialist**
- Service as substance abuse specialist for agency and educate the community on the linkage of domestic violence and substance abuse.
- Assist all residential and OARS participant that have a substance abuse problem, and maintain written documentation on the goals and progress for each participant.
- Provide quarterly training for staff member and resources support and/or speakers on substance abuse issues.

2000-2002  Multicultural Alcohol  Kansas City, KS

**Addiction Counselor**
- Responsible for client’s assessment for treatment and assisting and updating case management.
- Responsible for maintaining state charting and files on each client.
- Responsible for providing factual information about addictive disease and relapse prevention to clients.

1995-2000  Pack America Corporation  Kansas City, KS

**Sub-Operator**
- Responsible for quality control for the finish product.
- Responsible for operating machinery and maintaining maintenance on equipment.
- Responsible for maintaining inventory control.

1973-1993  USA Army  USA, Government

**Communication Section Chief**
- Training Manager
- Communication Chief
- Communication Repair Manager

1985-1986  Georgia Military College  Augusta, GA
- Advanced Communications Management Course

1986-2001  Kansas City Community College  Kansas City, KS
- A.S. Associates in Arts, Addiction Counsel

2001-2001  K.C. Substance Abuse Center  Kansas City, KS
- Advanced Communications Management Course
STATE OF KANSAS
BEHAVIORAL SCIENCES REGULATORY BOARD

We are pleased to inform you your LAC license has been renewed for a two-year period and will expire 9/31/2015.

Please remember, it is your responsibility to notify the BSRB office if your name or address changes.

Also, you need to retain all CEU documents for the past two years as well as those you are accruing for your next renewal.

RILEY L. LOCKRIDGE, JR.
7148 Ohio Ave
KANSAS CITY, KS 66112

STATE OF KANSAS
BEHAVIORAL SCIENCES REGULATORY BOARD
Licensed Addiction Counselor

This certificate is for Riley L. Lockridge, Jr., has met the requirements to practice as a Licensed Addiction Counselor in the State of Kansas and is licensed to practice. This license expires 9/30/2015.

Grant Edwards, Chair, BSRB
Friends of Yates, Inc.
Della Gill/ Joyce H. Williams Center

Job Description

Title: Alcohol and Substance Abuse Specialist
Reports to: Client Services Specialist

Broad Function: Assess participants for substance abuse; educate the community on the linkage of domestic violence and substance abuse, and work with youth regarding substance abuse and domestic violence.

Primary Responsibilities:

- All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.
- Serves as substance abuse specialist for agency.
- Educate the community and victims in shelter on the linkage of domestic violence and substance abuse.
- Work with youth regarding substance abuse and domestic violence.
- Serves as substance abuse specialist for shelter/ outreach participants and their family.
- Within 72 hours of arrival to the shelter (Joyce H. Williams) each participant will have a substance abuse assessment completed.
- Assist all residential/outreach participants that have a substance abuse problem, with counseling or referral to another agency as needed.
- Maintain written documentation on the goals and progress for each participant that has substance abuse problems/concerns.
- Facilitate a weekly support group for substance abuse open to the community.
- Maintain facts/publications on the common used and abused drugs throughout the community.
- Speaking engagement regarding the link to substance abuse and domestic violence.
- Provide quarterly training for staff members in identification of various substances and how they may affect individuals and the community.
- Provide resources support and/or speakers on substance abuse issues.
- Attend staff meetings, in-services, client staffing and trainings as directed by agency.
- Assist clients with accessing to screening thru RADAC for in-patient treatment or other services.
- Provide any and all substance abuse support as directed by the Client Service Coordinator, the Program Director or Executive Director.
- This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by a supervisor and/or the Executive Director.
Qualifications:

- Ability to maintain client confidentiality
- Sensitivity to domestic and substance abuse issues
- Have the ability to listen objectively
- Problem-solving skills
- Computer literate
- Communication skills
- Be familiar with all the substance abuse support recourse.
- SATR certified for alcohol and drug abuse counselor in Kansas
- AA Degree and/or equivalent to three years experience in substance abuse related field.

I have explained in detail the duties and responsibilities of this position.

____________________________  ________________________
Client Service Specialist       Date

I have read this Job Description, understand its requirements and agree to perform according.

____________________________  ________________________
Alcohol and Substance Abuse Specialist       Date

Friends of Yates, Inc. (FOY) is an equal opportunity employer. FOY does not consider race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation or marital status in employment decisions. It is our policy to maintain a non-discriminatory environment free from intimidation, harassment, or bias based upon these grounds.
Chase Murphy  
2510 North 73rd Street  
Kansas City, KS 66109  
913-609-6730  
CHASE3CM@GMAIL.COM

Professional Profile

- Work well others
- History in Maintenance
- Training in Grant Writing

Professional Accomplishments

- Child and Adult Care Food Program Certificate
- Grant writing Certificate
- Grant awarded from Wal-Mart

Work History

Associate  
Sears  
1992-1993  
2600 Antioch Rd North, Kansas City, MO

Youth Worker  
WYCO Juvenile Detention Center  
1994-1999  
710 North 7th Street, Kansas City, KS

Program Resource Developer  
Friend of Yates, Inc.  
2006- Present  
1418 Garfield Ave, Kansas City, KS

Education

Wyandotte High School
AA Degree in Sociology Texas College, TX

References

References are available upon request.
Friends of Yates, Inc.
Della Gill Joyce H. Williams Center

Job Description

Title: Youth Substance Abuse Advocate

Reports to: Alcohol and Substance abuse Specialist

Broad Function: Assess participants for substance; educate youth and the community on the effects of alcohol and substance abuse on the psycho-social development of youth.

Primary Responsibilities:

- All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.

- Serves as a substance abuse specialist trained in youth outreach efforts.

- Educate the community on the linkage of domestic violence and substance abuse.

- Ability to relate to and communicate effectively with youth concerning issues of dating, parental guidance, school concerns, choices, and drug and alcohol abuse.

- Organize and facilitate youth groups through community outreach effort.

- Collaborate with the faith-based community, social service organizations, Neighborhood alliances, and schools, legal/court systems to establish and maintain a client-referral base.

- Establish and maintain measurement tools to measure progress, outcomes, and goal achievements.

- Assist in the development of program outreach materials that are designed specifically to meet the needs of youths as it relates to alcohol and substance abuse.

- Design tools to assess interest, strengths, barriers, and support systems.

- Attend seminars and meetings to maintain and increase awareness of community resources and how to access them on behalf of clients.

- Make appropriate referrals to detoxification, out-patient and in-patient treatment facilities.

- Ability to relate to persons from various socio-economic backgrounds.
- This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by a supervisor and/or the Executive Director.

**QUALIFICATIONS:**

- Ability to maintain client confidentiality
- Have the ability to listen objectively
- Problem-solving skills
- Computer literate
- Be familiar with all the substance abuse support recourse
- SATR certified for alcohol and drug abuse counselor in Kansas
- AA Degree and/or equivalent to three years experience in substance and/or elated field.

I have explained in detail the duties and responsibilities of this position

______________________________  __________________________
Client Service Coordinator  Date

______________________________  __________________________
Alcohol and Substance Abuse Specialist  Date

I have read this Job Description, understand its requirements and agree to perform according.

______________________________  __________________________
Youth Substance Abuse Advocate  Date

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Rasmita Patro
21192 West 115th Place • Olathe, KS 66061 • (913) 393-9829 • rasmita@sbcglobal.net

JOB OBJECTIVE
Accounting position in a progressive organization that offers opportunities for advancement.

PROFILE
Extremely talented, self-motivated, enthusiastic executive leadership, financial management and accounting professional with several years of experience in a non-profit sector, providing executive leadership, quality program development and implementation, preparing financial reports, implementing cash management strategies to the highest possible standards of excellence, and compliance with all external regulations, accounting and financial management standards and internal policies and procedures. Proven track record in achieving sound development and monitoring of budgets for grants, and general funds.

WORK EXPERIENCE

January 2014-Present
Executive Director
Friends of Yates

Multi-faceted Executive Director with experience in executive management; particular strengths include: Developing and implementing long and short-term strategies to achieve the agencies mission and expand agency capacity; working with constituent groups including, boards, committees, volunteers, stakeholders and external audiences; building and creating exceptional employee relations and staff development that leads to staff retention and employee expansion opportunities; providing oversight to all aspects of human resources and employee records keeping, overseeing and coordinating all aspects of budgeting, financial management and fundraising, developing and implementing programs and services in support of the agencies mission and goals; serving as the agency liaison within the community through various boards and committees; and building solid partnerships with external community agencies to ensure the quality and outcomes of the programs provided to clients at Friends of Yates.

July 2006-December 2013
Assistant Director/Grant Manager
Friends of Yates

Responsibilities include working with the Executive Director to identify needs of the agency, strategic planning, budget development/analysis, researching/writing grant applications, submitting applications to private, corporate and government sources for the purpose of increased revenue for existing and future programs, and/or capital improvement within a not-for-profit organization. Responsibilities also include fund development, planning and implementing fundraising and special events. Prefer candidates with a strong proven background in grant writing, fund development, budgeting, and development of programs; effective communication skills; and ability to work in partnership with other agencies and funding sources in a five county rural area. Assists the Director in other management responsibilities of the agency including direct management of some programs.
July 2004-June 2006  Office Manager/Grant manager, Friends of Yates thru Kumar Consulting, PA, Overland Park, KS

• Handle all aspects of general bookkeeping including accounts payable and accounts receivable
• Perform monthly bank reconciliations
• Prepare quarterly/monthly financial reports for funders (federal, state, city and foundations)
• Manage program grant portfolio from start to close out
• Coordinate the review of grants and administrative budget review
• Assist with the development of the organization's annual budget
• Assist Executive Director, accountant and auditor with annual audit process
• Compile accounting information for annual taxes and annual reports
• Maintain inventory database of fixed assets
• Maintain records on restricted donations
• Review vendor contracts and payables against contracts
• Administer bi-monthly payroll
• Assist with employee benefits administration (health, dental and life insurance)
• Maintain personnel files including new hires and employee attendance records
• Support the set-up, operation and maintenance of general office systems including computer networks, internet services, email, telephone, voice mail, fax, photocopy

EDUCATION

Associate of Applied Science in Accounting
Johnson County Community College, Overland Park, KS
December 2004 GPA 3.8/4.0

Masters of Arts in Home Economics
Berhampur University of Bhanja Bihar, India
August 1998 GPA 4.0/4.0

HONORS & ACTIVITIES

Dean's List: Fall 2002, Spring 2003, Fall 2003 Spring 2004, Fall 2004

PROFESSIONAL DEVELOPMENT

Leadership2000 Graduate Class XXII- June 2008
Friends of Yates, Inc.  
Della Gill/ Joyce H. Williams Center

Job Description

Title: Executive Director

Reports to: Board of Directors

Broad Function: The Executive Director reports to the Board of Directors, and is responsible for the organization's consistent achievement of its mission, operational management and financial objectives. The Executive Director shall ensure that all staff, volunteers, and board members of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.

In program development and administration, the Executive Director will:

Specific committee responsibilities:

- Assure that the organization has a long-range strategy which achieves its mission, and toward which it makes consistent and timely progress.
- Provide leadership in developing program, organizational and financial plans with the Board of Directors and staff, and carry out plans and policies authorized by the board.
- Promote active and broad participation by volunteers in all areas of the organization's work.
- Maintain official records and documents, and ensure compliance with federal, state and local regulations.
- Maintain a working knowledge of significant developments and trends in the field.

In communications, the Executive Director will:

- See that the board is kept fully informed on the condition of the organization and all important factors influencing it.
- Publicize the activities of the organization, its programs and goals.
- Establish sound working relationships and cooperative arrangements with community groups and organizations.
- Represent the programs and point of view of the organization to agencies, organizations, and the general public.
In relations with staff, the Executive Director will:

- Be responsible for the recruitment, employment, and release of all personnel, both paid staff and volunteers.
- Ensure that job descriptions are developed, that regular performance evaluations are held, and that sound human resource practices are in place.
- See that an effective management team, with appropriate provision for succession, is in place.
- Encourage staff and volunteer development and education, and assist program staff in relating their specialized work to the total program of the organization.
- Maintain a climate that attracts, keeps, and motivates a diverse staff of top quality people.

In budget and finance, the Executive Director will:

- Be responsible for developing and maintaining sound financial practices.
- Work with the staff, Finance Committee, and the board in preparing a budget; see that the organization operates within budget guidelines.
- Ensure that adequate funds are available to permit the organization to carry out its work.
- Jointly, with the president and secretary of the board of directors, conduct official correspondence of the organization, and jointly, with designated officers, execute legal documents.

Qualifications:

- Commitment to the Mission of Friends of Yates.
- Demonstrated leadership qualities with supervisory experience preferred.
- Ability to work well under pressure and juggle multiple time-sensitive tasks.
- Proficiency in using advanced functions of Microsoft Office Programs
- Demonstrated project management and time management skills
- Fund-raising, grant proposal writing and foundation relations,
- Communicating and working well with an active Board and membership able to interact effectively with staff, and the general public,
- Managing and motivating volunteers and staff,
- Assisting a nonprofit Board of Directors to carry out their fiduciary
- Bachelor's Degree required; Masters Degree preferred.
I have explained in detail the duties and responsibilities of this position.

__________________________________________  ______________________________
Board President                                    Date

I have read this Job Description, understand its requirements and agree to perform according.

__________________________________________  ______________________________
Executive Director                                 Date

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Arica N. Roland
9312 Fairwood Dr.
Kansas City, MO 64138
(816) 214-8089/(913) 206-8821
E-Mail: aroland4ksu@hotmail.com

Education
Bachelor of Science in Family Life and Human Services
Kansas State University, Manhattan, KS
Degree Awarded: May 2003

Strengths
$ Excellent verbal and written communication skills
$ Learn and retain new information quickly
$ Outstanding leadership and team-building abilities
$ Experience with Microsoft Word, Power Point, Excel, Internet Explorer

Work Experience
Friends of Yates Inc./Joyce H. Williams Center for Battered Women and Children-Kansas City, KS
Lead OARS Advocate- August 2003-Present
$ Advocate for victims of domestic violence and sexual assault involved in the welfare system.
$ Help victims of domestic violence overcome barriers of becoming employed
$ Safety plan with victims of domestic violence and sexual assault
$ Support and advocate for victims involved in the legal and court systems
$ Assist victims with obtaining safe housing
$ Locate available financial resources within the community
$ Train SRS staff on issues of domestic violence and sexual assault and how to screen
$ Provide education on domestic violence and sexual assault within the community
$ Facilitate educational support groups on domestic violence
$ Keep detailed documentation of victims progress in the program

Mercy Regional Health Center- Manhattan, KS
Patient Accounts Clerk and Receptionist- September 2000-July 2003
$ Received and entered payments from consumers
$ Assisted consumers with general questions and concerns
$ Sorted and distributed mail
$ Calculated payments and balanced drawer at end of day
$ Reorganized a 400,000 patient filing system
$ Entered data into medical system

Regional AIDS Project-Manhattan KS
Direct Field Experience Internship January 2003-May 2003
$ Assisted in facilitation of Survival Skills for Women group
$ Delivered community presentations on HIV/AIDS awareness and prevention
$ Developed and conducted a survey to track success of program

Professional Development
Leadership2000 Graduate Class XXII- June 2008
Friends of Yates, Inc.
Della Gill/ Joyce H. Williams Center

Job Description

Title: Program Director
Reports to: Executive Director

Broad Function: Will be responsive to the requisites of the Center, in addition to maintaining a professional and safe environment for both staff and residents.

Primary Responsibilities

- All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.
- Provide domestic violence training to newly hired staff and volunteers.
- Seek and implement appropriate programming and services for center residents.
- Conduct weekly one-on-one briefing with staff.
- Form an alliance with other Metro Shelters Directors and social service agencies in the community, and attend all scheduled meeting.
- Will work in other job capacities in the center when necessary.
- Schedule and facilitate weekly mandatory staff meetings, for routine updates on each participant’s progress, give assessments on problem areas to be resolved, and communicate any agency updates.
- Provide direction to all staff, but will provide direct supervision to Culinary Advocate Coordinator, Childcare Advocate, and Job Coach
- Complete annual performance evaluation on directly supervised staff.
- Attend domestic violence trainings, workshops, seminars, and meetings to stay abreast of new developments in services for victims of domestic violence.
- Contact area businesses, churches, and social organizations to obtain donations for the enhancement of the center’s services.
- Provide individual and group meeting with residents for their assessment of the center’s program and services they are receiving.
- Collect monthly statistics from staff and compile into appropriate reports to be submitted to the Executive Director.
- Provide in-service training to stimulate and increase the knowledge of staff as professionals and care givers.
- Promote and maintain a positive and professional work environment for staff by confronting potential problems.
- Attend weekly meetings with Executive Director
• Work closely with Client Service Specialist to ensure that our program will help to empower the residents with their own strengths that will help them to ultimately overcome their barriers of domestic violence.
• Develop new programs and revised existing program procedures and policies.
• Oversee the service delivery process of all shelter and outreach service programs.
• This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by the Executive Director.

Qualifications:
• Sensitivity to the problems of battered women
• Emotional maturity
• Commitment to battered women's issues
• Ability to maintain confidentiality
• M.A/M.S. degree or equivalency to five years Domestic Violence work experience or Social Service
• Computer literacy

I have Explained in detail the duties and responsibilities of this position.

_____________________________  ______________________________
Executive Director                      Date

I have read this Job Description, understand its requirements and agree to perform according to its duties and standards.

_____________________________  ______________________________
Program Director                      Date

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Abril Sewell
8841 N Congress Ave Apt 617
Kansas City, MO 64153
(816) 377-1290
avillanueva@friendsofyates.org

OBJECTIVE

A position in a results-oriented company that seeks an ambitious and career conscious person, where acquired skills and education will be utilized towards continued growth and advancement.

PROFESSIONAL

Motivated self-starter with an aptitude for learning new skills quickly.
A positive and confident personality blended with a strong work ethic.
Ability to work effectively under minimal supervision.
Able to carry out organizational mandates and objectives.

EDUCATION

Rockhurst University, Kansas City, MO
B.A., Psychology

Penn Valley College, Kansas City, MO
A.A.

EMPLOYMENT

El Paso Del Norte, Kansas City, MO
Cashier, 2001-2006
Friends of Yates, Inc.
Office and Grants Manager/Bilingual Advocate 2007- Current

QUALIFICATIONS

Entered data, typed correspondence, and filed.
Bilingual (English-Spanish)
Able to type 35-40 wpm
Hard-working, goal oriented, perfectionist, and a team player.
Like to work with others in the immediate service of people or in forwarding ideas and activities that contribute to the improvement of society at large.
Friends of Yates, Inc.
Della Gill/ Joyce H. Williams Center

Job Description

Title: Bi-Lingual Advocate/ Grants Manager
Reports to: Executive Director

Broad Function: The Bi-Lingual Advocate/Grants Manager is responsible for overseeing the day-to-day operation; provide information and office management, financial administration and fiscal reporting, grant management, volunteer supervision and must be able to perform bi-lingual services and communicate clearly. This person will report directly to and works closely with the Executive Director.

Primary Responsibilities

- All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.
- Answer telephones and transfer to appropriate staff member.
- Meet and greet clients and visitors.
- Create and modify documents using Microsoft Office.
- Perform general clerical duties to include but not limited to: photocopying, faxing, mailing, and filing.
- Maintain hard copy and electronic filing system.
- Distribute/file all incoming mail.
- Setup and coordinate tours, meetings and conferences.
- Data Entry
- Support staff in assigned project based work.
- Other duties as assigned. Accounting/ Bookkeeping:
  - Maintain check books and review related General Ledger accounts for completeness and prepare monthly, quarterly and semiannual financial reports.
  - Reconcile monthly activity.
  - Back up the accounts payable function on an as-needed basis.
  - Maintain employee time records and vacation/sick day schedules.
• Act as an advocate for battered women and their children, with an emphasis on providing services to people from diverse cultural backgrounds.
• Develop and maintain resources for translation services.
• This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by a supervisor and/or the Executive Director.

Qualifications:

• Commitment to the Mission of Friends of Yates/Della Gill/Joyce H. William Center.
• Sensitivity to the problem of Domestic Violence.
• Emotional maturity, ability to maintain confidentially.
• Commitment to Domestic Violence Survivor.
• Computer Literate – Microsoft Office, data entry, website and graphic skills a plus.
• Telephone etiquette
• Need to be organized and ability to work independently
• At least 2 years college
• At least 1 year work experience in an office environment and Accounting
• Bilingual Must

I have explained in detail the duties and responsibilities of this position.

________________________________________________________________________

Executive Director                                  Date

I have read this Job Description, understand its requirements and agree to perform according to its duties and standards.

________________________________________________________________________

Bi-Lingual Advocate/Grants Manager                        Date

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RESUME

HATTIE LEE. KING

HOME ADDRESS
2102 NORTH 70TH TERRACE
KANSAS CITY, KS 66109
PHONE 913-499-6540

EDUCATION:  
Master of Science Degree May 2003  
University of Kansas, Kansas City, Kansas  
Major: Social Work

Bachelors of Science Degree May 1995  
Dana College, Blair, Nebraska  
Major: Social Work

First Level MSW Practicum Experience  
Assignment- Operation Breakthrough/St. Vincent's Family Services  
September 2001- April 2002  
• Organized/Co-Facilitated Women's Group  
• Implemented Second Steps(Violent Prevention Program)  
• Completed Dial R Testing with Children 4 to 5 Years of Age  
• Co-Facilitated Art Therapy Groups  
• Attend Weekly Supervision with Field Supervisor  
• Participated in Social Work In-Service Training  
• Completed Case Management Duties

Second Level MSW Practicum Experience  
Assignment- Operation Breakthrough/St. Vincent's Family Services  
September 2002- April 2003  
• Provide One on One Counseling  
• Complete Bio-Psycho Social Assessments  
• Design Treatment Goals with Clients  
• Actively Participated in Weekly Clinical Supervision  
• Complete Weekly Session Notes

SPECIALIZED TRAINING**  
• (PMT) Parent Management Training (55.0 hrs)  
• Trauma Systems Therapy (7.0 hrs)  
• Support Group Facilitation (3.5 hrs)  
• Resolving Ethical Dilemmas in Working with Children and Adolescents (3.0 hrs)  
• Mandated Report (2.0 hrs)  
• Diversity (3.5 hrs)  
• Self-esteem (3.5 hrs)  
• Family Systems (7.0 hrs)  
• Substance Abuse (3.5 hrs)  
• Family Mediation (3.5 hrs)  
• Crisis Intervention/Resource Referral (3.5 hr)
WORK EXPERIENCE: KVC Behavioral HealthCare INC.
Kansas City, Kansas
August 2005- October 2008
Therapeutic Case Manager
• Complete Throughout and Timely Assessments
• Supervise Parent/Child Visitations
• Facilitate Case Plan Meetings
• Prepare Quality/Timely Court Reports
• Attend Court Reviews/Hearings/Parental Rights Terminations
• Provide One on One Counseling Individual/Family

Gillis Center
Kansas City, Missouri
July 2004- August 2005
Intensive In-Home Specialist
• Provide In-Home Support Services to families who’s Children are at imminent Risk of Removal
• Complete Case Management Duties
• Complete Home Visits
• Develop Behaviorally Specific Goals with Clients
• Attend Weekly Staffing/Supervision
• Complete Weekly Progress Reports
• Provide Crisis Intervention Services

Operation Breakthrough/St. Vincent’s Family Services
Kansas City, Missouri
March 2001- June 2004
Director of Adult Mental Health/Program Housing Manager
• Provide Supervision to Staff
• Submit Monthly Rental and Utility Subsidies
• Attend Staff Meetings
• Facilitate Monthly Housing Meetings
• Provide One on One Supportive Counseling
• Organize and Facilitated Weekly Therapeutic Groups
• Complete Bio Psycho Social Assessments/Weekly Session Notes
• Attend Weekly Clinical Supervision

State of Missouri Division of Family Services
Kansas City, Missouri
April, 1998- March 2001
Alternative Care/Family Centered Services Worker
• Complete Throughout and Timely Assessment
• Evaluate Need for Referrals to Community Agencies and Services
• Develop Behaviorally Specific Treatment Goals
• Identify Services Needed to Induce Change
• Attend Staffing and Family Support Team Meetings
• Prepare Quality/Timely Court Reports
• Assist with Prevention and Advocacy Efforts by Providing Community Education
• Provide Crisis Intervention
• Regular Update and Consultation with Supervisor to Discuss Case Activity/Progress
Hope House Battered Women's Shelter
Independence, Missouri
December, 1997- April 1998
Women's Advocate
• Initiate Relationships with Residents
• Evaluate Goals/Accomplishments
• Utilize Community/Outside Resources
• Perform Case Management Duties
• Provide On-going Support to Residents

References: Professional References Provided Upon Request
Friends of Yates, Inc.
Della Gill/ Joyce H. Williams Center

Job Description

Title: Client Services Specialist
Reports to: Executive Director

Broad Function: Assess special needs of participants; coordinate efforts in providing services to meet these needs, in house and in the community.

Primary Responsibilities

- All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.
- Serves as member of agency’s Management Team.
- Understands and is familiar with the job descriptions and responsibilities of the court advocate, program service advocate, case manager, substance abuse, counselor/coordinator, OARS advocate, mental health clinician, PRN advocates and healthcare coordinator.
- Provides supervision and consultation to court advocate, program service advocate-case manager, substance abuse, counselor/coordinator, OARS advocate, mental health clinician, PRN advocates and healthcare coordinator.
- Monitors job performance of court advocate, program service advocate-case manager, substance abuse, counselor/coordinator, OARS advocate, mental health clinician, PRN advocates and healthcare coordinator.
- Coordinates with court advocate, program service advocate-case manager, substance abuse, counselor/coordinator, OARS advocate, mental health clinician, PRN advocates and healthcare coordinator for the delivery of services.
- To shelter and outreach victims.
- Provides crisis intervention and initial client assessments including any special needs of all DG/JHWC participants.
- Assists participants in accessing community resources, and in becoming self-sufficient.
- Provides one-on-one counseling to participants.
- Facilitates weekly domestic violence support group meetings.
- Establishes and maintains positive collaborative relationship with community social service agencies, educators, law enforcement and mental health professionals.
- Maintains a working knowledge of the status of center participants.
- Maintains documentation and maintenance of accurate and complete written records pertaining to center participants.
- Participates in appropriate in-service and staff development training to increase professional competence.
- Helps to enhance the quality of life for center participants and their families.
- Participate and or facilitate client staffing.
• Submits monthly reports on shelter services to Shelter Director
• Monitors all services to clients that are provided by advocates under the supervision of the Executive Director
• Provide any and all shelter support as directed by the Shelter Director and/or Executive Director
• This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by a supervisor and/or the Executive Director.

Qualifications:

• Good interpersonal skills
• Ability to maintain confidentiality
• Sensitivity to battered women’s issues
• Good problem-solving skills
• Computer literate
• Excellent oral and written communication skills
• Good organizational skills
• Ability to intervene, supervise and monitor job performance
• MA/MS Degree and/or equivalent to five years experience in social service or related field

I have explained in detail the duties and responsibilities of this position.

____________________________________  __________________________
Executive Director                      Date

I have read this Job Description, understand its requirements and agree to perform according to its duties and standards.

____________________________________  __________________________
Client Services Specialist               Date

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Objective: To expand and utilize my skills and education in a career that will promote a positive, productive and efficient environment for customers benefiting our community and employees.

Education

Friends University  
Master in Business Law  
August 2009

University of Missouri Kansas City  
Bachelor of Science in Business Administration, Minor- Economics  
December 2006

Donnelly College  
Associate Degree in Business  
May 2003

Area Vocational-Technical School  
Certified Cosmetologist  
October 1999

Employment

Kansas Department of Children and Family Services (www.dcf.ks.gov)  
Human Service Specialist  
Kansas City, Kansas  
April 2007 to present

- Provide efficient and proficient customer service to internal and external customers to provide quality public service as needed through communication, organization, providing available resources, etc.
- Assist and communicate with customers for purposes of preparing for employment by identifying and overcoming boundaries, finding employment and applying for services
- Prepare, organize and conduct employee training classes regarding policy and job enhancement
- Participate in compliance and strategic planning and enforcement committees
- Process applications and maintain caseload by means of verification, budget analysis, investigation reporting, documentation and other means to determine eligibility by assessing client’s needs and in order to issue accurate government assistance and services in order to promote self-sufficiency for clients
- Interpret and apply complex federal and state rules/laws regarding eligibility for services. Contact consumers and other outside parties such as relatives, doctors, other state agency staff, absent parents, etc. to gather needed information
- Kansas Organization of State Employees member (November 2008 to present)
- Active, elected member of the Board of Directors for Kansas Organization of State Employees  
  (January 2010 – January 2012)
- Steward
- Organize meetings and various events
- Research, analyze, interpret and suggest possible enforcement of Federal and State employment statutes and policies regarding employees
- Assist in conflict resolution in various situations regarding Kansas State Employees though legal research, advising, negotiating and mediation
- Participate in strategic planning, training functions, budget review, political awareness, education and support activities for the benefit of Kansas State Employees
- Participate in review and revision of personnel policy
- Organize and recruit Kansas State Employees through informing, training and participation in organizational activities
- Prepare / collect legal documentation for employee representation
- Ensure and promote contract compliance between the State of Kansas, management, employees and the Kansas Organization of State Employees in accordance with state law and regulations
Lab One Inc. (www.questdiagnostics.com)
Health Care Lab Associate        Lenexa, Kansas        January 2005 to November 2005
♦ Responsible for medical specimens in a production environment through data entry, allocating, and working on a production line.

Hair Fabulous (no website available for this location)
Self Employed/ License Cosmetologist    Kansas City, Kansas    November 2003 to March 2007
♦ Performed administrative duties such as; scheduling clients, record keeping for accounting, inventory tracking and purchasing, and keeping in accordance with State Board regulations
♦ Establish and invoke marketing plans
♦ Marketed and orchestrated events for client appreciation and holidays to increase sales
♦ Expanded client base over 100% annually
♦ Provide customer service through timeliness, efficiency, creativity, etc.

Capitol Federal Savings (www.capfed.com)
Customer Service Representative / Teller    Overland Park, Kansas  January 2001 to September 2003
♦ Assisted / helped customers with account information and opened and closed accounts such as; checking, savings and IRA accounts, interpreted policies, procedures and regulations in order to assist customers with various financial situations
♦ Performed teller duties such as; encoding, deposits, withdrawals, and balancing cash boxes
♦ Established and assisted with home, vehicle and personal loans
♦ Assisted in training other employees, appointment setting and organizing meetings with clients

Applied Marketing Research (www.appliedmr.com)
Supervisor / Surveyor        Kansas City, Missouri        June 1999 to July 2002
♦ Conducted, organized and set up focus groups, field surveys and call room surveys
♦ Supervised call room by; typing, handling mailings, controlling switchboard, preparing payroll, doing data entry and filing and handled organizing, monitoring, training and scheduling employees

Kansas City Kansas Housing Authority (www.kckha.org)
Receptionist        Kansas City, Kansas        September 1996 to September 1997
♦ Completed secretarial duties such as; working the switchboard, filing/organizing, helping and greeting customers, typing, faxing, light office work
Friends of Yates, Inc.
Della Gill/ Joyce H. Williams Center

Job Description

Title: Clinical Social Worker

Reports To: Client Service Specialist

Broad Function: Provide in-house individual and group therapy to any family member affected by domestic violence. This individual will be trained in the TREM curriculum and conduct groups to address the trauma that has impacted victims of domestic violence. Additionally, this individual will provide outreach services to area agencies in order to serve more individuals. Will provide group counseling to any family member affected by domestic violence. Provide client intake, client assessment, personal advocacy, follow-up, information and referral, community collaboration, case recordings and attend staff meeting, client staffing.

Objectives:

- Identify the needs and strengths of the resident
- Focus on the resident’s learning or enhancing their knowledge on how to obtain and maintain a healthy well-being.
- Assist residents in matters of domestic violence for safety.
- Assist resident with developing goals.

Primary Responsibilities:

- All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.
- Assist in the assessment, planning, arranging, and implementing of psychosocial programs.
- Provides one-on-one mental health counseling to residents.
- Experienced in conducting group therapy sessions to victims with multi-trauma related incidences experiencing domestic violence.
- Utilize strength based and person-centered therapy.
- Utilize the initial assessment to develop goals with the resident.
- Provide a non-judgmental and empathic environment in order for the resident to express her feelings dealing with her domestic violence.
- Provide 30 minute individual sessions to the resident’s children.
- Record the individual sessions in Alice as well as the monthly reports.
• Help to enhance the quality of life for residents and their children.
• Provide onsite mental health crisis interventions, screenings and assessment.
• Collect client data through interview, case history and observational techniques.
• Evaluate data to identify causes of problems and to determine proper therapeutic approach or referral to other specialists.
• Attend weekly staff meeting.
• Attend weekly supervision.
• Attend workshops, seminars and domestic violence trainings.
• Perform other duties as assigned by Client Service Specialist/Shelter Director.
• Record and maintain essential information in the resident case file.
• Provide residents with program services or make the proper referral to community.
• Maintain good working relationship with social service agencies, other shelter staff.
• Follow all policies and procedures of the shelter.
• Provide mental health services to children of victims of Domestic Violence.
• This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by a supervisor and/or the Executive Director.

Qualifications:

• Sensitivity to the problems of battered women.
• M.A/M.S.W. Degree
• Good interpersonal, problem-solving and organizational skills.
• Ability to maintain confidentiality.
• Previous use of Work, Excel, and Power Point are required.
• Excellent oral and written communication skills.
• Emotional maturity.
• Spanish speaking
• Have at least two years of recent related experience or an equivalent combination of education, training and experience in providing trauma- informed therapeutic interventions.
• The Social Worker will dedicate 100% of this individual's time to this project.
I have explained in detail the duties and responsibilities of this position.

Client Service Specialist

Date

I have read this Job Description, and understand its requirements and agree to perform according to its duties and standards.

Clinical Social Worker

Date

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AJINAH N. YOUNG-JACKSON
2212 NE Town Centre Blvd. #1104
Lee's Summit, Missouri 64066
(816) 729-1384
mseyoung1985@gmail.com

PROFESSIONAL SUMMARY

Case Manager with several years of experience and particular interest in working with clients to promote their safety and help them reach their potential to lead happy, productive lives. Excellent interpersonal, organizational, and written and verbal communications skills; innate ability to build rapport with clients and colleagues and succeed in challenging environments.

AREAS OF EXPERTISE

- Crisis Intervention
- Treatment Planning
- Collaborative Teamwork
- Individual/Group Counseling
- Progress Management
- Community Resources/Referrals
- Substance Abuse
- Relationship Development
- Physically/Mentally Challenged

PROFESSIONAL EXPERIENCE

HEARTLAND CENTER FOR BEHAVIORAL CHANGE, Kansas City, Missouri 2012 - 2014
Case Manager
- Developed client treatment plans based on research, clinical experience, collaboration with team members and client histories.
- Counseled clients individually/in group sessions, to assist in overcoming dependencies, adjusting to life, or making changes.
- Reviewed and evaluated clients' progress in relation to measurable goals described in treatment and care plan.
- Completed and maintained accurate records or reports regarding the patients' histories and progress, services provided, or other required information.

COMFORT KEEPING, Leawood, Kansas 2011 - 2012
Certified Nursing Assisting
- Answered patient call signals, signal lights, bells, or intercom systems to determine patients' needs; turned bedridden patients.
- Observed or examined patients to detect symptoms that may require medical attention, such as bruises or open wounds.
- Administered prescribed oral medications, under the written direction of physician or as directed by home care nurse.
- Provided physical support to assist patients to perform daily living activities, such as getting out of bed, bathing, dressing, using the toilet, standing, walking, or exercising.

ACCENT MARKETING, Kansas City, Missouri 2007 - 2010
Customer Service Representative
- Kept records of customer interactions or transactions, recorded details of inquiries, complaints, or and actions taken.
- Resolved customers' service or billing complaints by performing activities such as refunding money, or adjusting bills.
- Contact customers to respond to inquiries or to notify them of claim investigation results or any planned adjustments.
- Conferred with customers by telephone or in person to provide information about products or services, took or entered orders, canceled accounts, or obtain details of complaints.

EDUCATION & TRAINING

Bachelor of Science in Criminal Justice, Minor Psychology, 2010
University of Central Missouri, Warrensburg, Missouri

Certificate in Phlebotomy, 2011
Penn Valley Community College, Kansas City, Missouri

Certified Nursing Assistant, 2011
Medical Education Development, Kansas City, Missouri
Friends of Yates, Inc.
Della Gill/ Joyce H. Williams Center

Job Description

Title: Case Manager

Reports To: Client Service Specialist

Broad Function: Provide Case Management to victims of domestic violence, in addition to enhancing their life skills for self-reliance and remaining safe.

Objectives:
- Identify the needs and strengths of the resident as driven by resident.
- Actively assist residents towards self-sufficiency
- Assist residents in safety planning
- Assist resident with setting and accomplishing goals

Primary Responsibilities:
- All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion.
- Provide telephone coverage and counsel with victim calling for assistance.
- Assists residents in accessing community resources, and in becoming self-sufficient.
- Provides one-on-one counseling to residents.
- Help to enhance the quality of life for residents and their children.
- Attend weekly staff meeting.
- Attend workshops, seminars and domestic violence trainings.
- Provide or arrange emergency transportation for residents.
- Perform other duties as assigned by Client Service Specialist.
- Record and maintain essential information in the resident case file.
- Provide timely report monthly and quarterly statistics on case management.
- Provide residents with program services or make the proper referral to community.
- Make in-house referrals to proper staff when needed.
- Maintain good working relationship with social service agencies, other shelter staff.
- Follow all policies and procedures of the shelter.
- Provide advocacy services to children of victims of Domestic Violence.
• Provide personal advocacy outreach services to residents who have exited shelter.
• This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by a supervisor and/or the Executive Director.

Qualifications:

• Sensitivity to the problems of battered women.
• Emotional maturity
• Commitment to battered women’s issues.
• Ability to maintain confidentiality
• B.A. /B.S. Degree or equivalent to five years experience in Social Services or the judicial field
• Computer Literacy

I have explained in detail the duties and responsibilities of this position.

Client Service Specialist ___________________________ Date ___________________________

I have read this Job Description, understand its requirements and agree to perform according to its duties and standards.

Case Manager ___________________________ Date ___________________________

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Rosie Carter
2727 No. 39th Kansas City Kansas 66104 (913) 281-3327 h., (913) 689-5174 c.

Objective: Child Care Advocacy

Experience:

E.O.F Head Start
Lead Teacher
1999-2010
- Attended professional meeting and education conferences.
- Arranged indoor and outdoor space to facilitate creative play, motor-skill activities and safety.
- Organized and led activities designed to promote physical, mental and social development, such as games, arts and crafts, music and storytelling.
- Planned lesson units, and project.

Friends of Yates
Intake Specialist/ Victims Advocate
1997-1998

Child Care Provider, Ro-Ro Day Care
Owner
1986-1997
- Direct the activities of day care center in order to provide instruction and care for children.
- Reviewed and evaluated facility activities in order to ensure conformance with state and local regulations.

Education:

2004
Kansas City, Kansas Community College
AA Degree Early Childhood Education

1999-2002
Donnelly College
Early Childhood Education

References: Available upon request
Friends of Yates, Inc.
Della Gill/ Joyce H. Williams Center

Job Description

Title: Child Care Advocate
Reports to: Program Director

Broad Function: This individual will provide child care advocacy for victims of domestic violence. This individual will assist women while attending doctor’s appointments, job interviews and while in group counseling or during one-one-one sessions with the Advocates. The Child Care Advocate will provide a secure, safe and nurturing relationship that is essential in facilitating healthy social and emotional development, strengthen self-esteem and in preventing the development of violent behavior. Through this child care program children will learn to communicate in a violence free environment.

Primary Responsibilities:

• All staff of Friends of Yates, Inc. shall be required to administer free and voluntary, competent, confidential, survivor informed, survivor centered, and universally accessible services to all victim survivors with dignity, respect and compassion
• Observe and monitor children's play activities.
• Keep records on individual children, including daily observations and information about activities.
• Instruct children in health and personal habits such as eating, resting, and toilet habits.
• Read to children, and teach them simple painting, drawing, handicrafts, and songs.
• Organize and participate in recreational activities, such as games.
• Organize and store toys and materials to ensure order in activity areas.
• Recommend counseling or therapy to address trauma children may have experienced from witnnessing or as victims of domestic violence.
• Help children with homework and school work.
• Support children's emotional and social development, encouraging understanding of others and positive self-concepts.
• Support parent in maintain or rebuilding the parent/child relationship.
• Discuss the developmental and emotional needs of child with parents and offer assistance in referring to community resources.
• Assist in planning recreational outings for parents and children
• This job description is not intended to be all-inclusive and the employee will also perform other job-related duties as assigned by a supervisor and/or the Executive Director.

Qualifications:
• Ability to maintain client confidentiality
• Sensitivity to domestic violence and substance abuse issues
• Have the ability to listen objectively
• Problem-solving skills
• Computer literate
• Communication skills

I have explained in detail the duties and responsibilities of this position.

Program Director

Date

I have read this Job Description, understand its requirements and agree to perform according to its duties and standards.

Child Care Advocate

Date

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Della Gill/Joyce H. Williams Center
A program of Friends of Yates, Inc.

Keep a Clear Mind Evaluation Guide
Adapted from Pacific Institute for Research and Evaluation Louisville Center (2008)
INTRODUCTION

This Evaluation Guide is intended to serve as an evaluation resource for Friends of Yates, Inc. to measure the effectiveness of this program. The guide is designed to accompany evaluation instruments developed to help ensure that evaluation efforts capture project outcomes and required components of SAMHSA's National Outcome Measures (NOMs). The Guide provides instructions on implementing youth and parent evaluation instruments that accompanies this guide and also provides basic guidelines that are designed to build capacity to implement and evaluate the Keep a Clear Mind program.

THE KEEP A CLEAR MIND INTERVENTION

Keep a Clear Mind (KACM) is a universal, take-home drug education program for Elementary school students in grades 3-6 (ages 8-11) and their parents. The KACM program was originally developed to provide schools with a program that did not require substantial classroom time, that involved parents, and that did not require specialized knowledge or extensive financial resources to implement.

KACM is based on social-cognitive theory and behavioral self-control theory and is designed to help children develop specific skills to refuse and avoid use of "gateway" drugs. The program consists of four weekly lessons based on a social skills training model: Alcohol, Tobacco, Marijuana and Tools to Avoid Drug Use. Each lesson introduces the topic for the week and is followed by a sequence of five activities to be completed at home with a parent. The activities include answering a simple question about drugs, listing reasons not to use specific drugs, writing "No" statements to resist social pressure to use drugs, selecting from a list of alternatives the best ways to refuse and avoid drugs, and completing contracts to refuse and avoid drugs.

Small incentives such as folders, stickers, and bookmarks are provided to students who return their completed lessons within the indicated period. Parent newsletters prompt parents to reinforce their children for practicing saying no to drugs and provide specific behavior tips for communicating with children about how to avoid drug use. KACM can be facilitated by schools, private practice counselors, community-based youth organizations, and recreation centers.

The following measures were identified in evaluation studies on KACM as appropriate for measuring Keep a Clear Mind program outcomes, and are contained in the evaluation instruments that accompanies this guide. Because KACM targets both youth and their parents, two evaluation surveys (one for youth and one for parents) have been developed and are included in this Guide.
Evaluation Measures for Keep A Clear Mind—Youth Survey

The following measures are included on the accompanying evaluation survey for Keep a Clear Mind. Four questions on the evaluation instrument measure parent-child bonding. These four questions were drawn from Center for Substance Abuse Prevention (CSAP’s) Core Measures (SAMHSA/CSAP).

Family Relations/Cohesion

Six questions on the evaluation instrument measure family relations/cohesion and were drawn from CSAP’s Core Measures.

1. Perceived Parental Attitudes toward Drug Use
2. Perceived Parental Attitudes is measured with three questions drawn from CSAP’s Core
3. Measures Initiative that ask youth to rate how wrong their parents would consider it to be if they smoked cigarettes and marijuana, and if they drank alcohol.
4. Parental Communication about dangers of tobacco, alcohol, or drug use.

One question measures whether youth have talked to their parents about the dangers of alcohol, tobacco, and other drug use in the past six months. Past 30-Day ATOD Use

Thirteen questions drawn from SAMHSA’s National Outcome Measures provide data on past month youth use of alcohol, tobacco, and other drugs.

Age of First Use

Seven questions drawn from CSAP’s Core Measures ask students to report how old they were when they first used alcohol, tobacco, and other drugs (if they have used those substances). These questions were drawn from CSAP’s CORE Measures and are a required component of SAMHSA’s National Outcome Measures.

Intentions to Use Drugs

Eight questions drawn from CSAP’s Core Measures Initiative ask about student intentions/expectations to use alcohol, tobacco, and other drugs.

1. Favorable Attitudes toward ATOD Use
2. Four questions drawn from SAMHSA’s National Outcome Measures provide supplemental data on youth attitudes toward alcohol, tobacco, and other drug use.
3. Perceived Risk of Drug Use
4. Perceived Risk of Drug Use is measured using four items that ask how much the youth thinks that people risk harming themselves if they: smoke one or more packs of cigarettes per day, try marijuana once or twice, smoke marijuana regularly, and take
one or two drinks of alcohol nearly every day. Responses range from “no risk” to “great risk”. These questions were drawn from the CSAP Core measures and also can be used to meet the National Outcome Measures requirement of reporting perceptions of harm and youth disapproval/attitudes toward alcohol, tobacco, and other drug use.

**Beliefs about Peer Norms**

Beliefs about Peer Norms is measured using five items that ask the youth about their perceptions of how many of their friends abuse substances. The response categories for these items are: “All of them”, “Most of them”, “Some of them”, and “None of them”. A couple of questions ask how their friends would think about them if they used drugs or drank alcohol. The response categories for these items are: They would... “Be angry with me”, “Be a little upset”, “Not care one way or the other”, and “Accept me”.

**Evaluation Measures for Keep a Clear Mind—Parent Survey**

**Parent-School Involvement**

1. Five questions drawn from SAMHSA’s Core Measures Initiative measure parental involvement with their child’s education. These questions reference a six month period of involvement.

2. Five questions measure parent-child communication about alcohol, tobacco, and other drugs. The first question in this series was drawn from SAMHSA’s National Outcome Measures. The other four were drawn from previous evaluations of Keep a Clear Mind. Perceived Risk of Drug Use Perceived Risk of Drug Use is measured using four items that ask how much youth think people risk harming themselves if they: smoke one or more packs of cigarettes per day, try marijuana once or twice, smoke marijuana regularly, and take one or two drinks of alcohol nearly every day. Responses range from “no risk” to “great risk”. These questions were drawn from the CSAP Core measures and also can be used to meet the National Outcome Measures requirement of reporting perceptions of harm and youth disapproval/attitudes toward alcohol, tobacco, and other drug use.

**Administration Procedures for Youth Surveys**

The Youth survey that accompanies this evaluation guide is designed to be self-administered. Students complete the questionnaire themselves using a pen with dark ink (black or blue).

During the program recruitment process, students should be informed that they will be
asked to complete an evaluation survey before the program begins and again just prior to graduation. Participants should be advised that participation in the evaluation is completely voluntary and that parental consent will be required for the youth to participate. Participants should be allowed to participate in the program even if they do not want to be part of the evaluation.

Although much of the KACM program occurs at home with parents, it is best if the pre-test and posttest youth surveys can be completed in a group setting—such as a classroom. This will ensure that as many youth as possible participate in the evaluation and that administration conditions are standardized for all students.

1. Survey Administration Time Frame

The pre-program survey must be administered before your program begins. It may be preferable to administer the surveys in a group setting during the first program lesson, before any activities begin. The post-program surveys should be administered on the last day of the program or after the last program lesson has been delivered. Depending on the program, this may mean that the pre-test is administered at the beginning of the school year and the post-test is administered at the end of the semester or at the end of the school year. On average, the Youth Survey should take between 15-20 minutes to complete.

2. Obtaining Parental Permission

Parental permission to participate in the evaluation survey must be obtained for all youths under 18 years of age. The passive parental consent method is recommended and the following procedures should be implemented:

**Step 1:** Three to four weeks prior to the beginning of your program, mail an information packet about the program to the parents or legal guardians of the participants, (this procedure may vary depending on the setting of program implementation) The packet should include a letter from the program administrator that briefly describes the purpose of the evaluation and requests permission for their child/children to participate in the evaluation. The packet should also include a Parental Consent form that the parent or legal guardian must sign and return to the program administrator only if the parent objects to the youth’s participation in the program and evaluation survey. The letter should include instructions for the parent to either return the form during registration or send it with their child on the first day of the program. The letter should also include a telephone number that parents can call if they have questions or if they want to express their consent or objection verbally.

**Step 2:** Prepare a log for the program administrator to record all returned parental consent forms and phone calls from parents who object to their child’s participation.
**Step 3:** During the first program session/lesson, program administrators must check the log to ensure that an evaluation survey is not provided to any student whose parent or legal guardian has objected. This procedure should be followed for both the pre-program and post-program surveys.

As a note: **Parental permission** to participate in prevention programs is required for youth participants. You **MUST** obtain parental consent for youth to participate in the evaluation at the same time that parents are asked to provide permission for the youth to participate in the program. Please use the Parent Consent Form letter provided.

**Administering the Surveys**

It is extremely important to establish very strict procedures that protect the confidentiality of students’ answers to the questions on the evaluation survey. Each student should be assigned a unique numerical identifier that is placed on both their pre-program and post-program Questionnaires. This identification number can be used by your evaluation team to link the data from both the pre and post surveys together in a data file. That way you will be able to measure change in attitudes and behavior before and after the program. **The names of students should never be written on the questionnaire form.**

Students need to feel comfortable about providing honest responses; therefore, it is strongly recommended that program trainers never administer the evaluation surveys. A better approach is to assign a program administrator or other staff member to perform the task. In either case, the following procedures are recommended:

**Step 1:** Create a master list of all program participants by class or program group. Provide this master list to your evaluator, who will assign a randomly selected identification number to each participant. The evaluator will then generate two sets of labels – one with participant names and one with ID numbers. **It is important to note that since the pretest and posttest surveys included in the packet will be identical, ID numbers at pretest should also include a “1” that indicates that the ID is associated with a given individual at pre-test, while the ID numbers at post-test should include a “2” indicating posttest; in all other ways, the ID numbers should be identical.**

**Step 2:** Next, create a packet for each participant that includes an envelope (that has their name on the outside) and a blank copy of the questionnaire (that has their ID number).

**One should prepare packets for the pre-test survey and packets for the post-test survey at the same time—that way you have the post-test surveys at the beginning of your program administration.**
Step 3: Make preparations for administering the surveys.

- Prepare a questionnaire collection box for respondents to deposit their completed questionnaires.

- Make sure that a room is available in a quiet location.

- Have plenty of dark blue or black ink pens available

Step 4: Administer the evaluation survey.

- Dismiss participants whose parents objected to the survey.

- Distribute survey envelopes containing the survey form to each eligible participant and check their names off the master list once they receive their envelope (that way you can keep track of participants who might be absent on the day you administer the instrument). Ask everyone to refrain from opening the envelope until instructed to do so. Once the participants open the envelope and remove the survey, please instruct them to discard the envelope at the same time that they turn in their completed surveys.

- Introduce the evaluation survey by explaining that the information will be used to determine if the program is useful to participants. Emphasize that the survey is completely voluntary and confidential, and that survey responses will be combined so that no individual’s response can be identified.

- Direct participants’ attention to the instructions at the top of the first page of the survey. Read these instructions to participants. Ask all participants to remain silent during the survey and refrain from talking or discussing their answers with other participants.

- To avoid biasing responses, do not try to explain questions to participants. If a participant says she does not know how to answer a question, tell them to: “Just answer the best you can”. Estimates are OK. If you don’t feel you could even guess at an answer; just write ‘don’t know’ next to the question.” If a participant asks what a word or phrase means, tell him: “Answer the best you can based on what you think it means.”

- Allow 10-15 minutes for administering the full secondary evaluation survey—longer for participants who have difficulty reading. Some respondents will take more or less time, so make arrangements for those who finish early to read quietly or leave the
room until everyone has completed the form.

• Ask participants to place their completed surveys in the questionnaire collection box and to discard the envelopes that their surveys were originally contained in.

• As an important note: if participants are absent for either the pre-test or post-test surveys, you may want to consider doing a make-up administration for those participants.

**Administration Procedures for Parent Surveys**

Administering evaluation surveys to parents who will interact with their children about the KACM program during non-work and non-school hours will be a challenge.

If resources permit, the best strategy is too mail the evaluation survey to each parent or guardian. One survey (a pre-test) should be mailed at the beginning of the program, and one (a posttest) should be mailed at the end of the program. However, if resources do not permit that approach to be used, the parent surveys can be sent home to parents with the students/youth. Regardless of which approach is used, it is important to follow-up with parents to maximize the return of the surveys. It also is important to make sure that parents understand that their answers are important to understanding whether the program is working.

As with the youth evaluation survey, you also will want to make sure that each parent has a unique ID number. This will help track the return of surveys and will be important at the analysis stage.

**Processing the Evaluation Surveys**

**Data Entry**

Once the data collection is completed, the next step involves entering the data into an electronic file so that it can be analyzed. All program participates will be entered in to an Excel data base file for analysis.

**Data entry steps:**

1. Match the completed pre-test and post-test instruments together by ID number.

2. Set up the file template. Each participant’s data will be entered on a single line and each Question will be a column in the electronic file. For example, the first column will be the
Participant's ID number. Then, Q1 from the pretest will be the second column; Q2 will be the third column, and so on. Please enter both the pre- and post-test data for each participant on the same line. Please differentiate between pre-test and post-test by indicating PRE and POST before each numbered question (PRE-Q1 or POST Q1).

3. Assign values to the response choices for each question utilizing the code book for value assignment... For example, if a question has both yes and no as response choices, you might assign “yes” a value of 1 and “no” a value of 2.

4. Enter the data for each respondent. Enter the data from all of the pre-test instruments first, followed by the post-test instruments. It is important to make sure that you pay close attention to the ID numbers as you enter the data. Pre-test and posttest data for each participant should be entered on the same line in the data file.

5. Verify the data entry. Everyone makes mistakes when they enter data. You will want to check the data entry thoroughly to make sure that the data have been entered correctly from the original surveys.

Data Analysis

1. Data Cleaning

Check the data to make sure it is correct. Running frequency tables of each variable and descriptive statistics (such as minimum values, maximum values, and mean values) will help you make sure that there are no errors in your data. If you notice out-of-range values (for example, a respondent has a “7” in their data when the response scale for the question only runs from 1 to 5) you can correct these errors before you analyze your data. It is important to make sure your data is correct before you analyze it, since data errors can have a big impact on results!

2. Analysis Strategies

Analyzing pre-post data usually requires specialized knowledge of statistics. We have conferred with the program developer to assist with this process.

3. Interpreting your results.

Evaluation results will be utilized in several ways including:

- What changes did you see from pre-test to post-test? Did all of the targeted outcomes of Keep a Clear Mind change, or just a few? How big were the changes? Were they statistically significant?
• Do you see the changes for all of your implementation groups or sites, or just some of them? Did you see the changes for all grades who participated, or just some of the grades?

• How can you explain the results? For example, if expected outcomes targeted by Keep a Clear Mind changed, was there something about how the program was implemented that could help explain this? (This highlights the importance of a good process evaluation in addition to an outcome evaluation)

• How can you use your results to improve your program?

• How can you use your results to keep your community informed of your progress and to work to obtain community buy-in for the project?
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Keep A Clear Mind (KACM)

Report Contents

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

1. Overview and description

Keep a Clear Mind (KACM) is a take-home drug education program for elementary school students in grades 4-6 (ages 9-11) and their parents. KACM is designed to help children develop specific skills to refuse and avoid use of “gateway” drugs. The program consists of four weekly lessons based on a social skills training model: Alcohol, Tobacco, Marijuana, and Tools to Avoid Drug Use. Each lesson introduces the topic for the week and is followed by a sequence of five activities to be completed at home with a parent. The activities include answering a simple question about drugs, listing reasons not to use specific drugs, writing “No” statements to resist social pressure to use drugs, selecting from a list of alternatives the best ways to refuse and avoid drugs, and completing contracts to refuse and avoid drugs. Small incentives such as folders, stickers, and bookmarks are provided to students who return their completed lessons within the indicated period. Parent newsletters prompt parents to reinforce their children for practicing saying no to drugs and provide specific behavior tips for communicating with children about how to avoid drug use. KACM can be facilitated by schools, private practice counselors, community-based youth organizations, and recreation centers.

2. Implementation considerations (if available)
**Excellence in Prevention** – descriptions of the prevention programs and strategies with the greatest evidence of success

### 3. Descriptive Information

<table>
<thead>
<tr>
<th>Areas of Interest</th>
<th>Substance abuse prevention</th>
</tr>
</thead>
</table>
| **Outcomes**      | 1: Parent-child communication about resisting alcohol, tobacco, and other drugs  
                    2: Perceptions about the extent of young people's use of alcohol, tobacco, and other drugs  
                    3: Peer pressure susceptibility to experiment with alcohol, tobacco, and other drugs  
                    4: Perceptions about parental attitudes toward alcohol, tobacco, and other drug use  
                    5: Expectations of using/trying alcohol, tobacco, and other drugs in the future  
                    6: Realization of general harmful effects of alcohol, tobacco, and other drugs on young people |
| **Outcome Categories** | Alcohol  
                          Drugs  
                          Family/relationships  
                          Tobacco |
| **Ages**           | 6-12 (Childhood)  
                    18-25 (Young adult)  
                    26-55 (Adult) |
| **Genders**        | Male  
                    Female |
| **Races/Ethnicities** | Black or African American  
                          White  
                          Race/ethnicity unspecified |
| **Settings**       | Home  
                    School |
| **Geographic Locations** | Rural and/or frontier |
| **Implementation History** | It is estimated that more than 600,000 children have received the KACM intervention. |
| **NIH Funding/CER Studies** | Partially/fully funded by National Institutes of Health: No  
                                  Evaluated in comparative effectiveness research studies: No |
| **Adaptations**    | KACM materials have been translated into Hmong, Spanish, and Vietnamese. |

*Excellence in Prevention* is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

<table>
<thead>
<tr>
<th>Adverse Effects</th>
<th>No adverse effects, concerns, or unintended consequences were identified by the applicant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM Prevention Categories</td>
<td>Universal</td>
</tr>
</tbody>
</table>

4. Outcomes

Outcome 1: Parent-child communication about resisting alcohol, tobacco, and other drugs

| Description of Measures | Parents completed a self-report questionnaire that included 5 items measuring parent-child communication about drugs. Two questions addressed the frequency of communication: "When was the last time you and your fourth/fifth/sixth grade student talked about how to refuse or avoid drugs?" (today, within the last week, within the last month, within the last 2 months, not within the last 2 months, or don’t know) and "In the last month, how many times did you and your child talk about how to refuse or avoid drugs?" (1 or 2 times, 3 or 4 times, 5 to 10 times, 11 or more times, not in the last month, or don’t know). Three additional questions determined whether parents had talked with their children in the past month about resisting peer pressure to use each of the following: alcohol, tobacco, and marijuana (yes, no, or don’t know). |
| Key Findings | In the posttest survey, mothers who participated in KACM reported more recent (p = .001) and more frequent (p = .001) communication with their children about how to refuse or avoid drugs compared with mothers in the wait-list comparison group. Mothers in KACM also reported a greater number of discussions with their children in the past month about how to resist peer pressure to drink and use drugs (p = .0001 for using alcohol, p = .0001 for using tobacco). Similar results were seen for fathers (p = .02 for using alcohol, p = .006 for using tobacco, ns for trying marijuana).

In addition, fathers who participated in KACM reported more motivation to help their children avoid drugs compared with fathers in the wait-list comparison group (p = .04). |

| Studies Measuring Outcome | Study 1 |
| Study Designs | Experimental |
| Quality of Research Rating | 1.3 (0.0-4.0 scale) |

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### Outcome 2: Perceptions about the extent of young people’s use of alcohol, tobacco, and other drugs

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Children completed a self-report questionnaire that included measures of perceived peer use of alcohol, tobacco, and marijuana. One study also included similar items for parents, asking whether they believed “most kids” use alcohol, tobacco, and marijuana.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>In the posttest survey, children who participated in KACM perceived less widespread peer use of alcohol ($p = .0002$), tobacco ($p = .05$), and marijuana ($p = .009$) compared with children in the wait-list comparison group. When asked to agree or disagree with the statement that most youth use substances, parents and children who participated in KACM were more likely than those in the wait-list comparison group to change their opinion over time from agreement to disagreement. This change was reported for alcohol ($p &lt; .05$ for students and parents), tobacco ($p &lt; .01$ for students and parents), and marijuana ($p &lt; .001$ for parents).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 1, Study 2, Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>1.0 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

### Outcome 3: Peer pressure susceptibility to experiment with alcohol, tobacco, and other drugs

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Children completed a self-report questionnaire that included measures of peer pressure susceptibility to experiment with alcohol, tobacco, and marijuana. One study also included similar items for parents regarding their perceptions of their own child’s ability to resist peer pressure to use these drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>In the posttest survey, children who participated in KACM reported less peer pressure susceptibility to experiment with cigarettes compared with children in the wait-list comparison group ($p = .009$). Parents who participated in KACM were more likely than wait-list parents to change their perceptions of the ability of their child to resist peer pressure to use alcohol, tobacco, and marijuana ($p &lt; .0001$) from “No for sure” or “No” to “Yes” or “Yes for sure.”</td>
</tr>
</tbody>
</table>

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Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 1, Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>1.1 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

Outcome 4: Perceptions about parental attitudes toward alcohol, tobacco, and other drug use

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Children completed a self-report questionnaire that included measures of parental attitudes toward the use of alcohol, tobacco, and marijuana.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>From pretest to posttest, children who participated in KACM were more likely than children in the wait-list comparison group to move toward a no-use position when asked if their parents/guardians &quot;think it is O.K.&quot; to use alcohol (p = .012) or marijuana (p = .049).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>0.7 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>

Outcome 5: Expectations of using/trying alcohol, tobacco, and other drugs in the future

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Children completed a self-report questionnaire that included measures of their intent to use alcohol, tobacco, and marijuana. Parents completed similar items regarding their expectations about their own child trying these drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>From pretest to posttest, children who participated in KACM were more likely than children in the wait-list comparison group to change their expectations of using cigarettes (p = .05) or snuff (p = .002) from &quot;Yes for sure&quot; or &quot;Yes&quot; to &quot;No&quot; or &quot;No for sure.&quot; Parents who participated in KACM were more likely than parents in the wait-list comparison group to change their expectations that their child will try alcohol (p &lt; .0001), tobacco (p &lt; .0001), or marijuana (p = .003) from &quot;Yes for sure&quot; or &quot;Yes&quot; to &quot;No&quot; or &quot;No for sure.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Studies Measuring Outcome</th>
<th>Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>0.8 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>
Outcome 6: Realization of general harmful effects of alcohol, tobacco, and other drugs on young people

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Children and parents completed separate self-report questionnaires that included measures of their attitudes toward the use of alcohol, tobacco, and marijuana.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>From pretest to posttest, children and parents who participated in KACM were more likely than those in the wait-list comparison group to change their opinion from &quot;Yes for sure&quot; or &quot;Yes&quot; to &quot;No&quot; or &quot;No for sure&quot; when asked about their realization that alcohol (p = .016 for parents) and tobacco (p = .035 for parents, p = .01 for children) have harmful effects on young people.</td>
</tr>
<tr>
<td>Studies Measuring Outcome</td>
<td>Study 3</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Experimental</td>
</tr>
<tr>
<td>Quality of Research Rating</td>
<td>0.8 (0.0-4.0 scale)</td>
</tr>
</tbody>
</table>


6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Result</th>
<th>Direction</th>
<th>N</th>
<th>Instruments used for this program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Attitudes</td>
<td>significant</td>
<td>improvement</td>
<td>366</td>
<td>Healthy Decisions Survey - Elementary School [APMY02], Keep a Clear Mind - Grays Harbor [Org114_1]</td>
</tr>
<tr>
<td>Life Skills Knowledge</td>
<td>significant</td>
<td>improvement</td>
<td>364</td>
<td>Healthy Decisions Survey - Elementary School [APMY02], Keep a Clear Mind - Grays Harbor [Org114_1]</td>
</tr>
</tbody>
</table>

7. Where is this program/strategy being used (if available)?

<table>
<thead>
<tr>
<th>Washington Counties</th>
<th>Oregon Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grays Harbor, Pend Oreille, Port Gamble</td>
<td></td>
</tr>
<tr>
<td>S’Kiallal, Walla Walla</td>
<td></td>
</tr>
</tbody>
</table>

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8. Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 (Childhood)</td>
<td>53% Female</td>
<td>93% White</td>
</tr>
<tr>
<td></td>
<td>18-25 (Young adult)</td>
<td>47% Male</td>
<td>7% Race/ethnicity unspecified</td>
</tr>
<tr>
<td></td>
<td>26-55 (Adult)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study 2</td>
<td>6-12 (Childhood)</td>
<td>Data not reported/available</td>
<td>Data not reported/available</td>
</tr>
<tr>
<td>Study 3</td>
<td>6-12 (Childhood)</td>
<td>59.9% Female</td>
<td>90.2% White</td>
</tr>
<tr>
<td></td>
<td>18-25 (Young adult)</td>
<td>40.1% Male</td>
<td>5.8% Black or African American</td>
</tr>
<tr>
<td></td>
<td>26-55 (Adult)</td>
<td></td>
<td>4% Race/ethnicity unspecified</td>
</tr>
</tbody>
</table>

9. Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Study 2

Study 3

Supplementary Materials
Parent Posttest II Survey
Student Posttest II Survey

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Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Parent-child communication about resisting alcohol, tobacco, and other drugs</td>
<td>0.0</td>
<td>1.0</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>1.0</td>
<td>1.3</td>
</tr>
<tr>
<td>2: Perceptions about the extent of young people's use of alcohol, tobacco, and other drugs</td>
<td>0.0</td>
<td>1.0</td>
<td>0.5</td>
<td>1.5</td>
<td>2.5</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>3: Peer pressure susceptibility to experiment with alcohol, tobacco, and other drugs</td>
<td>0.0</td>
<td>1.0</td>
<td>0.5</td>
<td>2.0</td>
<td>2.5</td>
<td>0.5</td>
<td>1.1</td>
</tr>
<tr>
<td>4: Perceptions about parental attitudes toward alcohol, tobacco, and other drug use</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
<td>1.0</td>
<td>2.0</td>
<td>0.0</td>
<td>0.7</td>
</tr>
<tr>
<td>5: Expectations of using/trying alcohol, tobacco, and other drugs in the future</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
<td>1.5</td>
<td>2.0</td>
<td>0.0</td>
<td>0.8</td>
</tr>
<tr>
<td>6: Realization of general harmful</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
<td>1.5</td>
<td>2.0</td>
<td>0.0</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

effects of alcohol, tobacco, and other drugs on young people

Study Strengths

The measures have face validity. In one study, the authors provided self-reported percentages of mothers and fathers who helped their children with the materials, as well as the percentage of the materials completed. In one study, retention was high. Random assignment helped to control for some threats to validity. Sample size and power were adequate.

Study Weaknesses

The investigators generated the measures and did not present information on their psychometric properties. In one study, no information was provided on how many parents responded to questions about completion, which lessons were completed, and what definition was used for completion of materials. No details were provided regarding intervention fidelity for the other two studies. Incomplete data were an issue, and the authors did not present information on potential differential attrition. In some instances, the analyses were incomplete or overly simplistic for the design of the studies. Pre-post differences were not adjusted for baseline scores. In one study, an overall chi-square statistic was reported, but pair-wise test statistics were not conducted to determine which groups differed from one another. The analyses did not take into account the number of dependent variables analyzed (i.e., did not control for chance findings).

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

Keep A Clear Mind Activity Books (1-4) Keep A Clear Mind handouts and forms:

- Order form
- Parent Posttest II Survey
- Program overview
- Student Posttest II Survey


Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention’s Readiness for Dissemination using three criteria:

1. Availability of implementation materials

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2. Availability of training and support resources

3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>1.5</td>
<td>1.5</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Dissemination Strengths

The activity books are well designed to promote interaction between parents and children. The program developer offers on-site or telephone consultation upon request. Adult and child pre- and posttest surveys targeting changes in knowledge and attitudes are provided to support quality assurance.

Dissemination Weaknesses

Very little implementation guidance is provided. The intervention relies on reading and reading comprehension, yet no information is provided regarding necessary child and adult reading levels. The materials do not give implementers tips for helping children practice the refusal skills being taught. No information for teachers or administrators is provided. Though the developer is available to answer questions about implementation, no structured training is available to teachers or administrators. No fidelity measures are provided to support quality assurance. It is unclear who administers the posttest evaluations or how they are scored.

11. Costs

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Program Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program materials</td>
<td>$4.25 per set</td>
<td>Yes</td>
</tr>
<tr>
<td>T-shirts</td>
<td>$5.95 each</td>
<td>No</td>
</tr>
<tr>
<td>Train-the-trainer workshop</td>
<td>$1,000 per site plus travel expenses</td>
<td>No</td>
</tr>
<tr>
<td>Technical assistance via phone or email</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>Evaluation questionnaires</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>Evaluation services</td>
<td>Varies depending on site needs</td>
<td>No</td>
</tr>
</tbody>
</table>

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12. Contacts

For information on implementation:

Center for Evidence-Based Programming
(575) 522-5649
evidence_based@yahoo.com

For Information on research:

Michael Young, Ph.D.
(575) 646-3526
myoung@nmsu.edu

Chad Werch, Ph.D.
(904) 472-5022
cwerch@briefprograms.com

Learn More by Visiting: http://www.keepaclearmind.com
Keep a Clear Mind Parent Survey Evaluation  
(PRE-POSTTEST)  
Survey adapted from Pacific Institute for Research and Evaluation Louisville Center (2008)

Do NOT write your name on this survey. The answers you give will be entirely confidential, which means that no one in your school or community will know how you answered the questions. A set of random numbers has been provided for each participant. Each participant will use the set of numbers on both the pre and posttest. Also, the survey is voluntary, which means that you may choose not to fill out the questionnaire or any part of it.

PLEASE USE A BLACK OR BLUE PEN AND MARK A CIRCLE FOR THE ANSWER THAT DESCRIBES YOU THE BEST.  
The first questions are about your family. Please be honest when you answer these questions and remember that no one else will know how you answered them.

Do NOT write your name on this survey. The answers you give will be entirely confidential, which means that no one in your child’s school or in your community will know how you answered the questions. Also, the survey is voluntary, which means that you may choose not to fill out the questionnaire or any part of it.

PLEASE USE A BLACK OR BLUE PEN AND MARK A CIRCLE FOR THE ANSWER THAT DESCRIBES YOU THE BEST.

The first questions are about your family. Please be honest when you answer these questions and remember that no one else will know how you answered them.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Sometimes</th>
<th>Regularly</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q67. Check your son or daughter’s homework after it was completed?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q68. Help your son or daughters do his or her homework?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q69. Help your son or daughter prepare for tests</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q70. Talk with your son or daughter about his or her experience at school with classes or classwork that day?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q71. Talk with your son or daughter about his or her experience at school with friends or other school children that day?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q72. Talk with your son or daughter about his or her experience with other school activities that day?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Question</td>
<td>0 times</td>
<td>1-2 times</td>
<td>A few times</td>
<td>Many times</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------</td>
<td>-------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Q73. During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q74. During the past 12 months, how many times have you talked with your child about how to refuse or avoid drugs?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q75. During the past 12 months, how many times have you talked with your child about resisting peer pressure to use alcohol?</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q76. During the past 12 months, how many times have you talked with your child about resisting peer pressure to smoke cigarettes or to use smokeless tobacco?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q77. During the past 12 months, how many times have you talked with your child about resisting peer pressure to use marijuana?</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q78. I'm available when others in the family want to talk with me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q79. I listen to what other family members have to say, even when I disagree.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q80. Family members ask each other for help.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q81. Family members like to spend free time with each other.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q82. Family members feel very close to each other.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q83. We can easily think of things to do together as a family.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>The next questions ask about your thoughts and opinions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>No risk</th>
<th>Slight risk</th>
<th>Moderate risk</th>
<th>Great risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q84. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q85. How much do you think people risk harming themselves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(physically or in other ways) if they try marijuana once or twice?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

Q86. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

Q87. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

The following questions ask about alcohol, tobacco and other drug use. These items are personal and confidential. No one will know how you answered these questions. Please be honest in answering them.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once or twice</th>
<th>Occasionally</th>
<th>Regularly in the past</th>
<th>Regularly now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q88. Have you ever smoked cigarettes?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q89. Have you ever taken or used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q90. Have you ever had more than just a few sips of beer, wine, wine coolers, or liquor to drink?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please mark ONE CIRCLE for each line. NOTE: “Alcoholic beverages” include beer, wine, wine coolers, and liquor.

Please mark ONE CIRCLE for each line. NOTE: “Alcoholic beverages” include beer, wine, wine coolers, and liquor.

<table>
<thead>
<tr>
<th>Number of Occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td>On how many occasions (if any) have you had alcoholic beverages to drink (more than just a few sips)?...</td>
</tr>
<tr>
<td>Q25a. In your lifetime?</td>
</tr>
<tr>
<td>Q25b. In the past 30 days?</td>
</tr>
</tbody>
</table>
### Number of Occasions
On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q26a...in your lifetime?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q26b...in the past 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Occasions
On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)...

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q27a...in your lifetime?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q27b...in the past 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Occasions
On how many occasions (if any) have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q28a...in your lifetime?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q28b...in the past 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Occasions
On how many occasions (if any) have you taken LSD ('acid')...

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q29a...in your lifetime?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q29b...in the past 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amphetamines are sometimes called: uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.
### Number of Occasions

On how many occasions (if any) have you taken amphetamines on your own, that is, without a doctor telling you to take them?

<table>
<thead>
<tr>
<th>Q30a. In your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q30b. In the past 30 days?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Occasions

On how many occasions (if any) have you used 'crack' (cocaine in chunk or rock form)?

<table>
<thead>
<tr>
<th>Q31a. In your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q31b. In the past 30 days?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Number of Occasions

On how many occasions (if any) have you taken cocaine in any other form (like cocaine powder)?

<table>
<thead>
<tr>
<th>Q32a. In your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q32b. In the past 30 days?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Occasions

On how many occasions (if any) have you taken Oxycontin (OC's) without a doctor's orders?

<table>
<thead>
<tr>
<th>Q33a. In your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q33b. In the past 30 days?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q34. How frequently have you smoked cigarettes during the past 30 days? (Please choose one.)

- 0 Not at all
- 1 Less than one cigarette per day
- 2 One to five cigarettes per day
- 3 About one-half pack per day
- 4 About one pack per day
- 5 About one and one-half packs per day
- 6 Two packs or more per day
Q35. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number of Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Less than 1 per day</td>
</tr>
<tr>
<td>2</td>
<td>1 to 2</td>
</tr>
<tr>
<td>3</td>
<td>3 to 7, 7.5 to 27</td>
</tr>
<tr>
<td>4</td>
<td>8 to 12</td>
</tr>
<tr>
<td>5</td>
<td>13 to 17</td>
</tr>
<tr>
<td>6</td>
<td>18 to 22</td>
</tr>
<tr>
<td>7</td>
<td>23 to 27</td>
</tr>
<tr>
<td>8</td>
<td>28 to 32</td>
</tr>
<tr>
<td>9</td>
<td>33 to 37</td>
</tr>
<tr>
<td>10</td>
<td>38 or more</td>
</tr>
</tbody>
</table>

Q36. How often have you used smokeless tobacco during the past 30 days? (Please choose one.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>1</td>
<td>Once or twice</td>
</tr>
<tr>
<td>2</td>
<td>Once to twice per week</td>
</tr>
<tr>
<td>3</td>
<td>Three to five times per week</td>
</tr>
<tr>
<td>4</td>
<td>About once a day</td>
</tr>
<tr>
<td>5</td>
<td>More than once a day</td>
</tr>
</tbody>
</table>

Q37. During the LAST MONTH, about how many marijuana cigarettes (joints, reefer), or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Number of Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Less than 1 a day</td>
</tr>
<tr>
<td>2</td>
<td>1 a day</td>
</tr>
<tr>
<td>3</td>
<td>2-3 a day</td>
</tr>
<tr>
<td>4</td>
<td>4-6 a day</td>
</tr>
<tr>
<td>5</td>
<td>7-10 a day</td>
</tr>
<tr>
<td>6</td>
<td>11 or more a day</td>
</tr>
</tbody>
</table>

Q38. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Once</td>
</tr>
<tr>
<td>2</td>
<td>Twice</td>
</tr>
<tr>
<td>3</td>
<td>3-5 times</td>
</tr>
<tr>
<td>4</td>
<td>6-9 times</td>
</tr>
<tr>
<td>5</td>
<td>10 or more times</td>
</tr>
</tbody>
</table>

Q39. How old were you the first time you smoked a cigarette, even one or two puffs? (Please fill in the blank or check never.)

1. The first time I smoked a cigarette, I was __ Q39A __ years old.
0. I have never smoked a cigarette in my life.

Q40. How old were you the first time you had a drink of any alcoholic beverage? (Do not include sips from another person's drink.)

1. The first time I drank an alcoholic beverage, I was __ Q40A __ years old.
0. I have never drunk an alcoholic beverage in my life.

Q41. How old were you the first time you used marijuana or hashish?

1. The first time I used marijuana or hashish, I was __ Q41A __ years old.
0. I have never used marijuana or hashish in my life.
Q42. How old were you the first time you used cocaine, in any form?
1 The first time I used cocaine, I was ___ Q42A ___ years old.
0 I have never used cocaine in my life.

Q43. How old were you the first time you used LSD, PCP, or any other hallucinogen?
1 The first time I used a hallucinogen, I was ___ Q43A ___ years old.
0 I have never used a hallucinogen in my life.

Q44. How old were you the first time you used any inhalant for kicks or to get high?
1 The first time I used an inhalant for kicks or to get high, I was ___ Q44A ___ years old.
0 I have never used an inhalant for kicks or to get high in my life.

Finally, we have a few background questions about you.

Q45. In what year were you born?

_________________________ Year Born

Q46. Are you: 1 Male 0 Female

Q47. Are you Hispanic or Latino? 1 Yes 0 No

Q48. What is your race? (Select one or more.)
1 Black or African American
2 Asian
3 American Indian
4 Native Hawaiian
5 Alaska Native
6 White

You are finished!
Thank you for taking time to complete this survey.
APPENDIX A

Keep a Clear Mind Youth Survey Evaluation
(PRE-POSTTEST)
Survey adapted from Pacific Institute for Research and Evaluation Louisville Center (2008)

Do NOT write your name on this survey. The answers you give will be entirely confidential, which means that no one in your school or community will know how you answered the questions. A set of random numbers has been provided for each participant. Each participant will use the set of numbers on both the pre and posttest. Also, the survey is voluntary, which means that you may choose not to fill out the questionnaire or any part of it.

PLEASE USE A BLACK OR BLUE PEN AND MARK A CIRCLE FOR THE ANSWER THAT DESCRIBES YOU THE BEST.
The first questions are about your family. Please be honest when you answer these questions and remember that no one else will know how you answered them.

<table>
<thead>
<tr>
<th>Question</th>
<th>NO!</th>
<th>no</th>
<th>yes</th>
<th>YES!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Do you feel very close to your mother?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q2. Do you share your thoughts and feelings with your mother?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q3. Do you feel very close to your father?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q4. Do you share your thoughts and feelings with your father?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Bit Wrong</th>
<th>Not Wrong at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (for example, vodka, whisky, or gin) regularly?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q6. How wrong do your parents feel it would be for you to smoke cigarettes?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q7. How wrong do your parents feel it would be for you to smoke marijuana?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Question</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Q8. I'm available when others in the family want to talk with me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q9. I listen to what other family members have to say, even when I disagree.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q10. Family members ask each other for help.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q11. Family members like to spend free time with each other.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q12. Family members feel very close to each other.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q13. We can easily think of things to do together as a family.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Circle the correct answer below. Next, think about the past 6 months through today. During the past 6 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By PARENTS, we mean your biological parents, adoptive parents, stepparents, or adult guardians—whether or not they live with you:

1 Yes  0 No  9 Don't know / Can't say

The next questions ask about your thoughts and opinions on a number of issues. These items are personal and confidential. No one will know how you answered these questions. Please be honest in answering them.

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q14. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (e.g., vodka, whiskey, or gin) regularly?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q15. How wrong do you think it is for someone your age to smoke cigarettes?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q16. How wrong do you think it is for someone your age to smoke marijuana?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q17. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Question</td>
<td>No risk</td>
<td>Slight risk</td>
<td>Moderate risk</td>
<td>Great risk</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>------------</td>
</tr>
<tr>
<td>Q13. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q19. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q20. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q21. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>All of them</th>
<th>Most of them</th>
<th>Some of them</th>
<th>None of them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q22. How many of your closest friends do you think have used marijuana during the past 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q23. How many of your closest friends do you think have been drunk during the past 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q24. How many of your closest friends do you think have had some kind of alcoholic beverage during the past 30 days?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>They would...</th>
<th>Be angry</th>
<th>Be a little upset</th>
<th>Not care one way or another</th>
<th>Accept me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q25. What would your best friends think if you tried using marijuana?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q26. What would your best friends think if you got drunk once in a while?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q27. People who use drugs are stupid. How do you think your closest friends feel about this statement?</td>
<td>Strongly agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly disagree</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q28. It is cool to get drunk. How do you think your closest friends feel about this statement?</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

The following questions ask about alcohol, tobacco and other drug use. These items are personal and confidential. No one will know how you answered these questions. Please be honest in answering them.

<table>
<thead>
<tr>
<th>Q29. Have you ever smoked cigarettes?</th>
<th>Never</th>
<th>Once or twice</th>
<th>Occasionally</th>
<th>Regularly in the past</th>
<th>Regularly now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q30. Have you ever taken or used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?</th>
<th>Never</th>
<th>Once or twice</th>
<th>Occasionally</th>
<th>Regularly in the past</th>
<th>Regularly now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q31. Have you ever had more than just a few sips of beer, wine, wine coolers, or liquor to drink?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Please mark ONE CIRCLE for each line. NOTE: “Alcoholic beverages” include beer, wine, wine coolers, and liquor.

**Number of Occasions**

On how many occasions (if any) have you had alcoholic beverages to drink (more than just a few sips)?

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q32a. in your lifetime?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q32b. in the past 30 days?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Number of Occasions**

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q33a. in your lifetime?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q33b. in the past 30 days?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Number of Occasions

On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)...  

<table>
<thead>
<tr>
<th>Q34a...in your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q34b...in the past 30 days?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### Number of Occasions

On how many occasions (if any) have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...  

<table>
<thead>
<tr>
<th>Q35a...in your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q35b...in the past 30 days?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### Number of Occasions

On how many occasions (if any) have you taken LSD ('acid')...  

<table>
<thead>
<tr>
<th>Q36a...in your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q36b...in the past 30 days?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Amphetamines are sometimes called: uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.

### Number of Occasions

On how many occasions (if any) have you taken amphetamines on your own, that is, without a doctor telling you to take them...  

<table>
<thead>
<tr>
<th>Q37a...in your lifetime?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q37b...in the past 30 days?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
**Number of Occasions**

On how many occasions (if any) have you used 'crack' (cocaine in chunk or rock form)?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q38a. ...in your lifetime?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q38b. ...in the past 30 days?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Number of Occasions**

On how many occasions (if any) have you taken cocaine in any other form (like cocaine powder)?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q39a. ...in your lifetime?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q39b. ...in the past 30 days?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Number of Occasions**

On how many occasions (if any) have you taken Oxycontin (OC's) without a doctor's orders?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q40a. ...in your lifetime?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q40b. ...in the past 30 days?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Q41. How frequently have you smoked cigarettes during the past 30 days? (Please choose one.)**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Not at all</td>
<td>4 About one pack per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Less than one cigarette per day</td>
<td>5 About one and one-half packs per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 One to five cigarettes per day</td>
<td>6 Two packs or more per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q42. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 None</td>
<td>4 8 to 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Less than 1 per day</td>
<td>5 13 to 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 1 to 2</td>
<td>6 18 to 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 3 to 7</td>
<td>7 23 to 27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 8 to 32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 33 to 37</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 38 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q43. How often have you used smokeless tobacco during the past 30 days? (Please choose one.)**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Not at all</td>
<td>3 Three to five times per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Once or twice</td>
<td>4 About once a day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Once to twice per week</td>
<td>5 More than once a day</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q44. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on the average? *(If you shared them with other people, count only the amount YOU smoked).*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Less than 1 a day</td>
</tr>
<tr>
<td>2</td>
<td>1 a day</td>
</tr>
<tr>
<td>3</td>
<td>2-3 a day</td>
</tr>
<tr>
<td>4</td>
<td>4-6 a day</td>
</tr>
<tr>
<td>5</td>
<td>7-10 a day</td>
</tr>
<tr>
<td>6</td>
<td>11 or more a day</td>
</tr>
</tbody>
</table>

Q45. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Once</td>
</tr>
<tr>
<td>2</td>
<td>Twice</td>
</tr>
<tr>
<td>3</td>
<td>3-5 times</td>
</tr>
<tr>
<td>4</td>
<td>6-9 times</td>
</tr>
<tr>
<td>5</td>
<td>10 or more times</td>
</tr>
</tbody>
</table>

Q46. How old were you the first time you smoked a cigarette, even one or two puffs? *(Please fill in the blank or check never.)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The first time I smoked a cigarette, I was <strong>Q45A</strong>_ years old.</td>
</tr>
<tr>
<td>0</td>
<td>I have never smoked a cigarette in my life.</td>
</tr>
</tbody>
</table>

Q47. How old were you the first time you had a drink of any alcoholic beverage? *(Do not include sips from another person’s drink.)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The first time I drank an alcoholic beverage, I was <strong>Q47A</strong>_ years old.</td>
</tr>
<tr>
<td>0</td>
<td>I have never drunk an alcoholic beverage in my life.</td>
</tr>
</tbody>
</table>

Q48. How old were you the first time you used marijuana or hashish?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The first time I used marijuana or hashish, I was <strong>Q48A</strong>_ years old.</td>
</tr>
<tr>
<td>0</td>
<td>I have never used marijuana or hashish in my life.</td>
</tr>
</tbody>
</table>

Q49. How old were you the first time you used cocaine, in any form?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The first time I used cocaine, I was <strong>Q49A</strong>_ years old.</td>
</tr>
<tr>
<td>0</td>
<td>I have never used cocaine in my life.</td>
</tr>
</tbody>
</table>

Q50. How old were you the first time you used LSD, PCP, or any other hallucinogen?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The first time I used a hallucinogen, I was <strong>Q50A</strong>_ years old.</td>
</tr>
<tr>
<td>0</td>
<td>I have never used a hallucinogen in my life.</td>
</tr>
</tbody>
</table>

Q51. How old were you the first time you used any inhalant for kicks or to get high?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The first time I used an inhalant for kicks or to get high, I was <strong>Q51A</strong>_ years old.</td>
</tr>
<tr>
<td>0</td>
<td>I have never used an inhalant for kicks or to get high in my life.</td>
</tr>
</tbody>
</table>
**Finally, we have a few background questions about you.**

60. How old are you?
8 8 9 9 10 10 11 11

Q61. What grade are you in?
3 3rd 4 4th 5 5th 6 6th

Q62. Are you: 1 Male 0 Female

Q63. Are you Hispanic or Latino? 1 Yes 0 No

Q64. What is your race? (Select one or more.)
1 Black or African American 4 Native Hawaiian
2 Asian 5 Alaska Native
3 American Indian 6 White

Q65. Who do you live with?
1 Both parents 4 Mother and stepfather
2 Mother only 5 Father and stepmother
3 Father only 6 Other

Q66. Putting them all together, what were your grades like last year?
4 Mostly As 3 Mostly Bs 2 Mostly Cs 1 Mostly Ds 0 Mostly Fs
Attachment A
Intent to Self Perform

Affidavit of
Friends of Yates, Inc.

I hereby certify that it is our intent to perform 100% of the work required for the contract.

"Keep a Clear Mind" Della Gill/Joyce H. Williams Center

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and the Bidder agrees to provide any additional information or documentation requested by the Unified Government in support of the above statement.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Sign: Ramsita Petro
Date: 09/24/2014

[Note: License information not provided]
Attachment B

RFP 25035
PROPOSAL FORM

AUTHORIZED SIGNATURE

By submission of this proposal, the undersigned certifies that:

1.0 it has not paid or agreed to pay any fee or commission, or any other thing of value contingent upon the award of this contract, to any Unified Government employee or official or to any current consultant to the Unified Government;

2.0 it has not paid or agreed to pay any fee or commission or any other thing of value contingent upon the award of this contract, to any broker or agent or any other person;

3.0 it has not violated, is not violating and will not violate the prohibition against gratuities and kickbacks set forth in Chapter 12 of the Unified Government's Procurement Code; and,

4.0 the prices contained in this proposal have been arrived at independently and without collusion, consultation, communication or agreement intended to restrict competition.

5.0 it has the full authority of the Respondent to execute the proposal and to execute any resulting contract awarded as the result of, or on the basis of, the proposal.

I hereby certify that the attached proposal has been prepared in compliance with the specifications and that the quotations are valid for a period of 90 days.

Authorized Representative: Rasmita Patro
Signature: Rasmita Patro

Title: Executive Director

Company Name: Friends of Yates, Inc.

Address: 1418 Garfield Avenue

City, State, Zip: Kansas City, KS 66104

Phone Number: (913) 321-1566
Fax Number: (913) 321-1569
E-mail Address: rpatro@friendsofyates.org
Federal Tax ID Number: 48-0908425
This certification needs to be completed by all Unified Government Suppliers who are fulfilling a single procurement in excess of $20,000. Please complete, sign, and submit the form to the Unified Government Procurement Department (address at the bottom):

1. The undersigned certifies, to the best of his or her knowledge and belief, that:
   a. The Respondent and/or any of it Principals:
      i. _____ Are X Are not
         Presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
      ii. _____ Have X Have not
         Within a three-year period preceding this Respondent, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of Respondents; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and
      iii. _____ Are X Are not
         Presently indicted for, or otherwise criminally or civilly charged by a government entity with, commission of any of the offenses enumerated in section (1)(a)(ii) of this provision; and
      iv. _____ Have X Have not
         Within a three-year period preceding this Respondent, had one or more contracts terminated for default by any Federal agency.

2. “Principals,” for the purpose of this certification, means officer, directors, owners, partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions). This Certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution.

3. The Respondent shall provide immediate written notice to the Procurement Department if, at any time prior to contract award, the Respondent learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;

4. A certification that any of the items in this provision exits will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Respondent's responsibility. Failure of the Respondent to furnish a certification or provide such additional information as requested by the Unified Government Procurement Department may render the Respondent non-responsive;
5. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this provision. The knowledge and information of an Respondent is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings; and

6. The certification of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Respondent or knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Unified Government Procurement Department may terminate the contract resulting from this solicitation for default.

Authorized Supplier Representative

Rasmita Patro
Name (typed)

Executive Director
Title

Friends of Yates, Inc.
Company

Signature

09/24/2014
Date
"Keep a Clear Mind"

Della Gill/Joyce H. Williams Center
Project
**Staff Request for Commission Action**

**Type:** Standard  
**Committee:** Neighborhood and Community Development Committee

**Date of Standing Committee Action:** 12/1/2014  
(If none, please explain):

**Proposed for the following Full Commission Meeting Date:** 12/4/2014  
**Confirmed Date:** 12/4/2014

### Changes Recommended By Standing Committee (New Action Form required with signatures)

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email</th>
<th>Ref</th>
<th>Department / Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/18/2014</td>
<td>Colin Welsh</td>
<td>5085</td>
<td><a href="mailto:cwelsh@wycokck.org">cwelsh@wycokck.org</a></td>
<td></td>
<td>Legal</td>
</tr>
</tbody>
</table>

**Item Description:**

The Governing Body approved a Landlord Training Program in February of this year. After additional discussion and input from interested stakeholders, it has been determined that a different approach ought to be taken. The Neighborhood Resource Center (NRC) is now pursuing a non-compulsory, free online video seminar for landlord training. As such, the original ordinance section 19-237(9) needs to be repealed.

**Action Requested:**

Approve and forward to the full Commission.

**Publication Required**

**Publication Date:** 12/5/2014

**Budget Impact: (if applicable)**

- **Amount:** $
- **Source:**
  - [ ] Included In Budget
  - [X] Other (explain)  Policy action.

---

File Attachment  
File Attachment  
File Attachment
ORDINANCE NO. __________________

An ordinance relating to residential rental dwellings and the regulating of the issuance of rental dwelling licenses; amending Section 19-237 by repealing Section 19-237(9); and repealing original Section 19-237.

BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS:

Section 1. That Section 19-237 is hereby amended to read as follows:

The following minimum standards and conditions shall be met in order to hold a rental dwelling license under this article. Failure to comply with any of these standards and conditions shall be adequate grounds for the denial, refusal to renew, revocation, or suspension of a rental dwelling license.

(1) The licensee or applicant shall have provided all application information as provided in Sec. 19-229 and have paid the required license fee.
(2) Rental dwelling units shall not exceed the maximum number of dwelling units permitted by this Code.
(3) No rental dwelling or rental dwelling unit shall be overoccupied or illegally occupied in violation of this Code or any other code as adopted by this Code in Chapter 8.
(4) The rental dwelling shall not have been used or converted to rooming units in violation of this Code.
(5) The rental dwelling shall not be under condemnation as hazardous or unfit for human habitation under this Code or state law.
(6) The owner shall not suffer or allow weeds, vegetation, junk, debris, or rubbish to accumulate repeatedly on the exterior of the premises so as to create a nuisance condition under chapter 8.
(7) The rental dwelling shall not have delinquent real estate taxes due and owing. For purposes of this article, a rental dwelling is considered delinquent in the payment of taxes when all appeals rights under the applicable state statutes have been exhausted and the county treasurer causes to be published a notice listing the rental dwelling as subject to sale to be held on or after the first Tuesday of September following publication of the notice under K.S.A. 79-2303. For purposes of this article, a rental dwelling shall not be considered delinquent in the payment of real estate taxes when the owner has entered into an agreement with the unified government treasurer’s office allowing partial payments of delinquent real estate taxes for the rental dwelling and is not in default of that agreement.
(8) The rental dwelling shall be in compliance with all applicable provisions set forth in chapter 27.
Section 2. That said original Section 19-237 is hereby repealed.

Section 3. This ordinance shall take effect and be in full force from and after its passage, approval, and publication in the Wyandotte Echo.

PASSED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS,

THIS _____ DAY OF ____________________, 2014.

Mark Holland, Mayor/CEO

Attest:

__________________________
Unified Government Clerk

Approved As To Form:

__________________________
Colin Welsh, Assistant Counsel
Type: Standard
Committee: Neighborhood and Community Development Committee

Date of Standing Committee Action: 12/1/2014
(If none, please explain):

Proposed for the following Full Commission Meeting Date: 12/18/2014
Confirmed Date: 12/18/2014

Changes Recommended By Standing Committee (New Action Form required with signatures)

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<th>Contact Email</th>
<th>Ref</th>
<th>Department / Division</th>
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<tbody>
<tr>
<td>11/19/2014</td>
<td>Chris Slaughter</td>
<td>8977</td>
<td><a href="mailto:cslaughter@wycokck.org">cslaughter@wycokck.org</a></td>
<td></td>
<td>Administration/Land Bank</td>
</tr>
</tbody>
</table>

Item Description:
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee review the proposed packets and forward them to the Land Bank Board of Trustees for final consideration.

Item (1) - Applications (7)

Action Requested:
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee approve the above requests and forward them to the Land Bank Board of Trustees for final approval.

Publication Required

Budget Impact: (if applicable)

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<td>□ Included In Budget □ Other (explain)</td>
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File Attachment

File Attachment

File Attachment
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<tr>
<th>APPLICANT</th>
<th>APPLICANT ADDRESS</th>
<th>LAND BANK ADDRESS</th>
<th>PROPOSED USE</th>
<th>LOT SIZE</th>
<th>ADVISORY BOARD RECOMMENDATIONS</th>
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<tr>
<td>Adam Wittmer</td>
<td>646 Orville Ave</td>
<td>642 Orville Ave</td>
<td>Yard Extension</td>
<td>25 x 125</td>
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<tr>
<td>L G Barcus &amp; Sons, Inc</td>
<td>1801 N 11th St</td>
<td>1027 Richmond Ave</td>
<td>Commercial Use</td>
<td>50 x 125</td>
<td>APPROVED</td>
</tr>
<tr>
<td>L G Barcus &amp; Sons, Inc</td>
<td>1801 N 11th St</td>
<td>1029 Richmond Ave</td>
<td>Commercial Use</td>
<td>65 x 125</td>
<td>APPROVED</td>
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<tr>
<td>James Colber, Jr</td>
<td>425 N 33rd St</td>
<td>420 R N 32nd St</td>
<td>Yard Extension</td>
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<tr>
<td>Verlinda Yates</td>
<td>2209 N 12th St</td>
<td>2213 N 12th ST</td>
<td>Other</td>
<td>50 x 125</td>
<td>APPROVED</td>
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<td>Maria Sifuentes</td>
<td>308 S Valley St</td>
<td>310 S Valley St</td>
<td>Yard Extension</td>
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<tr>
<td>Pearl Washington</td>
<td>4932 Washington Ave</td>
<td>2041 N 4th St</td>
<td>Yard Extension</td>
<td>35 x 130</td>
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<tr>
<td>Charles Mills</td>
<td>1350 Quindaro Blvd</td>
<td>1361 Kimball Ave</td>
<td>Yard Extension</td>
<td>25 x 120</td>
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<tr>
<td>Charles Mills</td>
<td>1350 Quindaro Blvd</td>
<td>1363 Kimball Ave</td>
<td>Yard Extension</td>
<td>25 x 120</td>
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<td>Willie Walters</td>
<td>3141 Longwood Ave</td>
<td>2742 Tennyson</td>
<td>Yard Extension</td>
<td>49 x 150</td>
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<tr>
<td>Richard Sanchez</td>
<td>942 Kansas Ave</td>
<td>940 Kansas Ave</td>
<td>Yard Extension</td>
<td>38 x 122</td>
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</tr>
<tr>
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<td>864 Splitlog Ave</td>
<td>849 Splitlog Ave</td>
<td>Parking</td>
<td>25 x 125</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Greater Pentecostal Temple</td>
<td>864 Splitlog Ave</td>
<td>853 Splitlog Ave</td>
<td>Parking</td>
<td>25 x 125</td>
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<td>319 N 9th St</td>
<td>Parking</td>
<td>25 x 110</td>
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</tr>
</tbody>
</table>
Section 1: Personal Information.

1. Applicant’s Name: Adam Wittmer
   Spouse (if applicable): ____________________________

2. Name of Corporation (if applicable) Wittmer Management LLC

3. Street Address: PO Box 5032

4. City, State, Zip: Kansas City, Ks. 66119

5. Home Phone #: __________________ Work Phone #: 913-486-2742

6. E Mail Address: adamwittmer7@hotmail.com

7. List Properties you own in Wyandotte County: 541/553/556 Central 1600-1618 Central, 646 Orville, etc

8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No ✓

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No ✓

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property 642 Orville
   - Vacant Land ✓
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: ____________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes___ No___
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual___ Corporation___ Nonprofit: ___
   Other:_________________________________________

3. **Must attach a letter of credit or pre-approval letter from your bank.**

4. **Must attach drawings for your proposed project.**

5. Proposed use of property:
   o Home Ownership.
   o Rental Home.
   o Business/Commercial Use.
   o Apartments.
   o Other, Specify:______________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ______

7. Will you seek Neighborhood Revitalization Tax Rebates? ______

8. Starting Project Date: _________________ Completion Date: ______________
   Comments: __________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

   I own the property next door and would like to have the vacant lot for a ______ yard extension, and possibly in the future to build a garage.
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

**Incomplete applications will not be considered and will be returned to the sender.**

As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government’s Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Adam Wittmer 10/22/14

Applicant’s Signature       Print Your Name            Date

Return Completed Application to: Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant's Name: D. T. Stockfleth, Sr. P. Spouse (if applicable): ________________________________

2. Name of Corporation (if applicable): L. G. Barcus and Sons, Inc.

3. Street Address: 1430 State Avenue

4. City, State, Zip: Kansas City, KS 66102

5. Home Phone #: 913-706-8711 Work Phone #: 913-621-1100

6. E-Mail Address: D. Stockfleth@AOL.COM

7. List Properties you own in Wyandotte County: Several parcels at 1430 State Ave totaling 4 acres. Also own 6.8 acres adjacent to subject property.

8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No [X] 

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No [X]

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 1027 Richmond Ave.
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: Commercial Use

* THE OWNERSHIP IS LISTED AS DREAMLAND FARMS WHICH IS 100% OWNED BY LARRY BARCUS. THE CORPORATION LEASES THE PROPERTIES FROM MR. BARCUS.
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes X No (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual X Corporation X Nonprofit: X
   Other: __________________________

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   o Home Ownership.
   o Rental Home.
   o Business/Commercial Use.
   o Apartments.
   o Other, Specify:

1. Will you seek Tax Increment Financing or other public tax exemptions? No

2. Will you seek Neighborhood Revitalization Tax Rebates? No

3. Starting Project Date: _______________ Completion Date: _______________ Comments:

Section 4: Additional Comments & Terms of Proposal.

THE SUBJECT PROPERTY IS FULL OF WEEDS & TREES AND IS IN A LOW AREA WHICH DOES NOT HAVE PROPER DRAINAGE. WE WILL CLEAR TREES, PROVIDE PROPER DRAINAGE BY REDUCTION AND KEEP PROPERTY CLEAR IN FUTURE.

Incomplete applications will not be considered and will be returned to the sender.

As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government’s Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Applicant’s Signature 10/29/14 L.G. Barouh and Sons, Inc.
Print Your Name Dale Stockstill
Sr. V.P.

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter
Section 1: Personal Information.

1. Applicant's Name: **DALE STOCKFLETH Sr. P.** Spouse (if applicable): 

2. Name of Corporation (if applicable): **L.G. BARCUS AND SONS, INC**

3. Street Address: **1430 STATE AVENUE**

4. City, State, Zip: **KANSAS CITY, KS 66102**

5. Home Phone #: **913-766-9711** Work Phone #: **913-621-1100**

6. E Mail Address: **DSTOCKFLETH@AOL.COM**

7. List Properties you own in Wyandotte County: **SEVERAL PARCELS AT 1430 STATE AVE. TOTAL AREA 4 ACRES. ALSO OWN 6.8 ACRES ADJACENT TO SUBJECT PROPERTY**

8. Do you (or your spouse) have any Code Enforcement violations? Yes_ No_X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes_ No_X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: **1029 RICHMOND AVE.**
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: **COMMERCIAL USE**

*THE OWNERSHIP IS LISTED AS DALAMCAND FARMS WHICH IS 100% OWNED BY LACY BARCUS. THE CORPORATION LEASES THE PROPERTIES FROM MR. BARCUS.*
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes X No (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual ___ Corporation X Nonprofit: ___
   Other: ____________________________

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   o Home Ownership.
   o Rental Home.
   o Business/Commercial Use.
   o Apartments.
   o Other, Specify:

1 Will you seek Tax Increment Financing or other public tax exemptions? NO

2 Will you seek Neighborhood Revitalization Tax Rebates? NO

3 Starting Project Date: ________________ Completion Date: ________________ Comments:

Section 4: Additional Comments & Terms of Proposal.

THE SUBJECT PROPERTY IS FULL OF WEEDS & TREES
AND IS IN A LOW AREA WHICH DOES NOT HAVE
PROPER DRAINAGE. WE WILL CLEAR TREES, PROVIDE
PROPER DRAINAGE BY REGRADING AND KEEP PROPERTY CLEAR
IN FUTURE.

Incomplete applications will not be considered and will be returned to the sender.

As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government's Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Applicant's Signature 10/29/14  L. G. BAROUS AND SONS, INC
Print Your Name Date DABE STOCKFLETH
SL. V.P.

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter
Section 1: Personal Information.

1. Applicant’s Name: James S. Colbert Jr. Spouse (if applicable): N/A
2. Name of Corporation (if applicable) N/A
3. Street Address: 425 N, 33rd Street
4. City, State, Zip: Kansas City, KS 66102
5. Home Phone #: 913-220-2341 Work Phone #: 913-272-6812
6. E Mail Address: jcolbert74441@gmail.com
7. List Properties you own in Wyandotte County: Parcel # 056022 (Lots 44 & 45); Parcel # 056026 (Lot 46)
8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No X
9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 420R N 32ND ST KANSAS CITY KS 66102
   X Vacant Land
   o Structure

2. Proposed Use of Property:
   X Yard Extension. Go to section 4.
   o Parking. (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition. Requires building permit. Go to section 3.
   o Commercial Construction. Requires building permit. Go to section 3.
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.
   o Other:
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes __ No __ (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual __ Corporation __ Nonprofit: ___  
Other: ________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:  
   - Home Ownership.  
   - Rental Home.  
   - Business/Commercial Use.  
   - Apartments.  
   - Other, Specify: ________________________________

1. Will you seek Tax Increment Financing or other public tax exemptions? ____________

2. Will you seek Neighborhood Revitalization Tax Rebates? ____________

3. Starting Project Date: ____________ Completion Date: ____________ Comments: ________________________________

Section 4: Additional Comments & Terms of Proposal. I am interested in Parcel # 056019, located at: 420R N 32ND ST KANSAS CITY KS 66102, in the BLODGETT HEIGHTS subdivision. This property is located right behind my home. I have mowed what I can get to on this property all summer, which is about half of it, TRYING to at least make SOME of it presentable. Unfortunately, most of it is woody, grown up with tall weeds, underbrush, etc, and folks have dumped trash on it over the years. None of my neighbors are interested in mowing said property, nor cleaning up said property, nor purchasing said property. I am willing to take ownership of said property, including paying what back taxes are owed on it and any other costs associated with said property. I have never done this before and have no idea what I am doing, but, at least I am trying. Should I take ownership of said property, I will clean it up and make it as nice as a little park. Please keep in mind that I am a disabled veteran Marine, on a fixed income of 70% disability V.A. pay of only $1,312 per month, and cannot afford to pay TOO much, but, I am willing to try so that this will benefit us all. Thanks for your careful consideration.

Incomplete applications will not be considered and will be returned to the sender.

As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government’s Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

James S. Colbert Jr. 10/23/2017

 Applicant's Signature  Print Your Name Date

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant's Name: Verlinda Yates and Roletha Reaves
   Spouse (if applicable): ________________________________

2. Name of Corporation (if applicable): ________________________________

3. Street Address: 2209 N. 12th St.

4. City, State, Zip: Kansas City, KS 66104

5. Home Phone #: 342-7834 Work Phone #: 593-8412

6. Email Address: preaves@wyco.kck.org

7. List Properties you own in Wyandotte County: 2209 N. 12th St, KCK
   2454 N. 37th St, KCK

8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No 

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte
   County? Yes _ No 

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 2203 N. 12th St, KCK 66104
   □ Vacant Land
   □ Structure

2. Proposed Use of Property:
   □ Yard Extension. Go to section 4.
   □ Parking. (Must comply with UG regulations). Go to section 4.
   □ Home Addition. Requires building permit. Go to section 3.
   □ Rehabilitation of existing structure. Requires building permit. Go to section 3.
   □ Other: Play Area for Children
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes__ No__
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual___ Corporation___ Nonprofit: ___
   Other: __________________________________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: __________________________________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ____

7. Will you seek Neighborhood Revitalization Tax Rebates? ____

8. Starting Project Date: _______________ Completion Date: _______________

Comments: __________________________________________________________

________________________________________________________

________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I
have read the Unified Government’s Land Bank policy and agree to the terms and
conditions of it. I understand that the Unified Government reserves the rights to reject
any proposal without cause.

Verlinda Yates
Applicant’s Signature

Baratha Reaves
Print Your Name

11-4-2014
Date

Return Completed Application to: Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant’s Name: Maria T Sifuentes-Avalos
   Spouse (if applicable):

2. Name of Corporation (if applicable): 

3. Street Address: 308 S Valley St

4. City, State, Zip: Kansas City, KS 66102

5. Home Phone #: 913.232.3604 Work Phone #: 913.396.0183

6. E Mail Address: maria@kcnic.com

7. List Properties you own in Wyandotte County: 308 S Valley St

8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No _

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No _

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 310 S Valley St KCK 66102
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: 

   [Signature]

   [Date]
   [Signature]
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes__ No__
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual__ Corporation__ Nonprofit: __
   Other: ____________________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: ______________________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? _____

7. Will you seek Neighborhood Revitalization Tax Rebasins? ______

8. Starting Project Date: _________________ Completion Date: _________________

   Comments:

   ____________________________________________________________________

   ____________________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

I will keep lot clean, with grass nice and cut.

Incomplete applications will not be considered and will be returned to the sender. As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government’s Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Applicant’s Signature: ___________________________ Print Your Name: Maria I. Slaughter—Jones
Date: 11/06/14

Return Completed Application to: Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant’s Name: Pearl M. Washington  
   Spouse (if applicable): Willie J. Harris
2. Name of Corporation (if applicable): N/A
3. Street Address: 4932 Washington Ave
4. City, State, Zip: Kansas City, KS 66102
5. Home Phone #: 913-701-8800 Work Phone #: 816-414-2337
6. E Mail Address: pearl.washington@bpt.treas.gov
8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No X
9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 2021 N. 4th Street, K.C., KS 6610
   • Vacant Land
   • Structure

2. Proposed Use of Property:
   • Yard Extension. Go to section 4.
   • Parking. (Must comply with UG regulations) Go to section 4.
   • Garage. Requires building permit. Go to section 4.
   • Home Addition. Requires building permit. Go to section 3.
   • New Home Construction. Requires building permit. Go to section 3.
   • Commercial Construction. Requires building permit. Go to section 3.
   • Rehabilitation of existing structure. Requires building permit. Go to section 3.
   • Other: ________________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes__ No__
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual__ Corporation__ Nonprofit: __
   Other: ____________________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: ________________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ____

7. Will you seek Neighborhood Revitalization Tax Rebates? _____

8. Starting Project Date: ________ Completion Date: ________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

N/A - Extend yard extension
with purchase of 2023 North 4th
Street, K.C., KS 66101

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I
have read the Unified Government’s Land Bank policy and agree to the terms and
conditions of it. I understand that the Unified Government reserves the rights to reject
any proposal without cause.

Applicant’s Signature: ____________________________ Print Your Name: ____________________________ Date: 11/12/74

Return Completed Application to: Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant's Name: **Mary Thews-Mills**
   Spouse (if applicable): **Charles Mills**

2. Name of Corporation (if applicable)

3. Street Address: **1350 Quindaro Blvd**

4. City, State, Zip: **Kansas City KS 66104**

5. Home Phone #: __________ Work Phone #: **913/573-5241**

6. E Mail Address: **mthews@wyco.kck.org**

7. List Properties you own in Wyandotte County: **1350 Quindaro**

8. Do you (or your spouse) have any Code Enforcement violations? Yes __ No __

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes __ No __

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: **1361 S. Cimball**
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Yard. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: ___________________________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes  No  
(Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual  Corporation  Nonprofit:  
Other: ____________________________

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: ____________________________

6. Will you seek Tax Increment Financing or other public tax exemptions?  

7. Will you seek Neighborhood Revitalization Tax Rebates?  

8. Starting Project Date: _____________ Completion Date: _____________

Comments: __________________________________________________________
________________________________________________________
________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

I would like to expand my yard and develop this property.

Incomplete applications will not be considered and will be returned to the sender. 
As the applicant I attest that the information in this proposal is accurate. I attest that I 
have read the Unified Government's Land Bank policy and agree to the terms and 
conditions of it. I understand that the Unified Government reserves the rights to reject 
any proposal without cause.

Applicant's Signature:  Print Your Name:  Date:  

Return Completed Application to:  Attn: Land Bank Manager, Chris Slaughter  
701 N. 7th St, Suite 421, KC, KS 66101  
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant's Name: *Mary Thews-Mills*
   Spouse (if applicable): *Charise Mills*

2. Name of Corporation (if applicable)

3. Street Address: *1350 Quindaro Blvd*

4. City, State, Zip: *Kansas City, KS 66104*

5. Home Phone: *(913) 602-3454* Work Phone: *(913) 573-5241*

6. E Mail Address: *mthews@wycokck.org*

7. List Properties you own in Wyandotte County: *1350 Quindaro*

8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No_ 

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No_ 

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: *1363 Kimball*  
   - Vacant Land  
   - Structure

2. Proposed Use of Property:  
   - Parking. (Must comply with UG regulations) Go to section 4.  
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.  
   - Other: ___________________________________________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes ___ No ___
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual ___ Corporation ___ Nonprofit: ___
   Other: _______________________________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: _____________________________________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ______

7. Will you seek Neighborhood Revitalization Tax Rebates? ______

8. Starting Project Date: ______________ Completion Date: ______________

Comments: ___________________________________________________________

____________________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

I would like to expand my yard and develop the property.

____________________________________________________________________

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I 
have read the Unified Government’s Land Bank policy and agree to the terms and 
conditions of it. I understand that the Unified Government reserves the rights to reject 
any proposal without cause.

[Signature]

Applicant’s Signature  Print Your Name  Date

Return Completed Application to:  Attn: Land Bank Manager, Chris Slaughter
                                  701 N. 7th St, Suite 421, KC, KS 66101
                                  Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

Applicant’s Name: Willie Walters
Spouse (if applicable): Lizzie Walters
Name of Corporation (if applicable): 
Street Address: 3141 Longwood Ave
City, State, Zip: Kansas City KS 66104
Home Phone #: 913 371-6370 Work Phone #: 816 878-1978
E Mail Address: wwww@food@att.net
List Properties you own in Wyandotte County: 3141 Longwood Ave
Do you (or your spouse) have any Code Enforcement violations? Yes No X
Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property  2742 Tennyson Parcel # 099637
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: 
Section 3: Construction Project Information.
1. Does the project comply with current zoning? Yes__ No__
   
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual___ Corporation___ Nonprofit: ___
   Other: ______________________________
   
3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: ___________________________________________________________________

Yard Extension so as to keep lot cleaned up and tidy

Will you seek Tax Increment Financing or other public tax exemptions? ___

Will you seek Neighborhood Revitalization Tax Rebates? ___

Starting Project Date: ___________ Completion Date: ___________

Comments: ________________________________

Section 4: Additional Comments & Terms of Proposal.

Property is left unattended - Used as a Dump, Trash, Boots, etc.
Grass is allowed to grow tall before city cuts it.
I kept it up for some time but became troublesome being I don't own it.
Trees need trimming from power lines - fallen Timber unattended.
Quite a eyesore for neighbors - I just want to keep the lot cleaned up!

Incomplete applications will not be considered and will be returned to the sender.

As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government's Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Applicant's Signature: _______________ Date: Nov 13, 2014

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter

913 573-5745
Section 1: Personal Information.

1. Applicant's Name: Richard S. Sanchez
   Spouse (if applicable):

2. Name of Corporation (if applicable)

3. Street Address: 942 Kansas Avenue

4. City, State, Zip: Kansas City KS, 66105

5. Home Phone #: 816-728-8063 Work Phone #:

6. E Mail Address:

7. List Properties you own in Wyandotte County: Same

8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No _

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No _

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 940 Kansas Avenue
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: ____________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes  No
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual  Corporation  Nonprofit:
   Other:______________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify:__________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ______

7. Will you seek Neighborhood Revitalization Tax Rebates? ______

8. Starting Project Date: _______________ Completion Date: ________________

Comments: ______________________________________________________________

__________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

*Expand yard.*

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I
have read the Unified Government’s Land Bank policy and agree to the terms and
conditions of it. I understand that the Unified Government reserves the rights to reject
any proposal without cause.

Applicant’s Signature  Print Your Name  Date

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter
Section 1: Personal Information.

1. Applicant's Name: Deborah A Groves c/o Greater Pentecostal Temple  
   Spouse (if applicable): 
2. Name of Corporation (if applicable): Greater Pentecostal Temple  
3. Street Address: 864 Splitlog Avenue  
4. City, State, Zip: Kansas City, KS  
5. Home Phone #: 816/255-7800  
   Work Phone #: 913/371-4667  
6. E Mail Address: dag_kenzie@yahoo.com  
7. List Properties you own in Wyandotte County: Various properties  
8. Do you (or your spouse) have any Code Enforcement violations? Yes ___ No X  
9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes ___ No X  

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 849 Splitlog Avenue  
   α Vacant Land  
   o Structure  
2. Proposed Use of Property:  
   o Yard Extension. Go to section 4.  
   α Parking. (Must comply with UG regulations) Go to section 4.  
   o Garage. Requires building permit. Go to section 4.  
   o Home Addition. Requires building permit. Go to section 3.  
   o Commercial Construction. Requires building permit. Go to section 3.  
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.  
   o Other: ________________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes __ No __
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual __ Corporation __ Nonprofit: __
   Other: ________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   ○ Home Ownership.
   ○ Rental Home.
   ○ Business/Commercial Use.
   ○ Apartments.
   ○ Other, Specify: ____________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ______

7. Will you seek Neighborhood Revitalization Tax Rebates? ______

8. Starting Project Date: _________________ Completion Date: _________________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

Subject property will be used as parking for church located at 864 Splitlog Avenue.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I
have read the Unified Government’s Land Bank policy and agree to the terms and
conditions of it. I understand that the Unified Government reserves the rights to reject
any proposal without cause.

[Signature]
Applicant’s Signature

DEBORAH A. GROVES
Print Your Name

11/17/2014
Date

Return Completed Application to: Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant’s Name: Deborah A Groves c/o Greater Pentecostal Temple
   Spouse (if applicable):

2. Name of Corporation (if applicable) Greater Pentecostal Temple

3. Street Address: 864 Splitlog Avenue

4. City, State, Zip: Kansas City, KS

5. Home Phone #: 816/255-7800 cell Work Phone #: 913/895-6192

6. E Mail Address: dag_kenzie@yahoo.com

7. List Properties you own in Wyandotte County: Various properties

8. Do you (or your spouse) have any Code Enforcement violations? Yes ___ No X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes ___ No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property 853 Splitlog Avenue
   α Vacant Land
   ○ Structure

2. Proposed Use of Property:
   ○ Yard Extension. Go to section 4.
   α Parking. (Must comply with UG regulations) Go to section 4.
   ○ Home Addition. Requires building permit. Go to section 3.
   ○ Rehabilitation of existing structure. Requires building permit. Go to section 3.
   ○ Other:
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes ___ No ___
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual___ Corporation___ Nonprofit: ___
   Other: ___________________________

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   o Home Ownership.
   o Rental Home.
   o Business/Commercial Use.
   o Apartments.
   o Other, Specify: ___________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ______

7. Will you seek Neighborhood Revitalization Tax Rebates? ______

8. Starting Project Date: _____________ Completion Date: _____________

Comments: ____________________________
_____________________________________
_____________________________________
_____________________________________

Section 4: Additional Comments & Terms of Proposal.

Subject property will be used as parking for church located at 864 Splitlog Avenue.
_____________________________________
_____________________________________
_____________________________________

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I
have read the Unified Government's Land Bank policy and agree to the terms and
conditions of it. I understand that the Unified Government reserves the rights to reject
any proposal without cause.

Applicant's Signature: __________________
Print Your Name: ______________________
Date: ____________

Return Completed Application to: Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant's Name: Deborah A Groves c/o Greater Pentecostal Temple
   Spouse (if applicable):

2. Name of Corporation (if applicable) Greater Pentecostal Temple

3. Street Address: 864 Splitlog Avenue

4. City, State, Zip: Kansas City, KS

5. Home Phone #: 816/255-7800 cell Work Phone #: 913/895-6192

6. E Mail Address: dag_kenzie@yahoo.com

7. List Properties you own in Wyandotte County: Various properties

8. Do you (or your spouse) have any Code Enforcement violations? Yes ___ No X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes ___ No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property 317 North 9th
   o Vacant Land
   o Structure

2. Proposed Use of Property:
   o Yard Extension. Go to section 4.
   o Parking. (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition. Requires building permit. Go to section 3.
   o Commercial Construction. Requires building permit. Go to section 3.
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.
   o Other:
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes___ No___
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual___ Corporation___ Nonprofit:___
   Other:__________________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: ________________________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ______

7. Will you seek Neighborhood Revitalization Tax Rebates? ______

8. Starting Project Date: _______________ Completion Date: _______________

Comments:
__________________________________________
__________________________________________

Section 4: Additional Comments & Terms of Proposal.

Subject property will be used as parking for church located at 864 Splitlog Avenue.
__________________________________________
__________________________________________

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I
have read the Unified Government’s Land Bank policy and agree to the terms and
conditions of it. I understand that the Unified Government reserves the rights to reject
any proposal without cause.

[Signature]
Applicant’s Signature

[Signature]
Deborah A. Groves
Print Your Name

11/17/2014
Date

Return Completed Application to:  Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
Section 1: Personal Information.

1. Applicant's Name: Deborah A Groves c/o Greater Pentecostal Temple
   Spouse (if applicable):

2. Name of Corporation (if applicable): Greater Pentecostal Temple

3. Street Address: 864 Splitlog Avenue

4. City, State, Zip: Kansas City, KS

5. Home Phone #: 816/255-7800 cell Work Phone #: 913/895-6192

6. E Mail Address: dag_kenzie@yahoo.com

7. List Properties you own in Wyandotte County: Various properties

8. Do you (or your spouse) have any Code Enforcement violations? Yes ___ No X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes ___ No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 319 North 9th
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other:
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes__ No__
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual___ Corporation___ Nonprofit: ___
   Other: ____________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: ____________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? ______

7. Will you seek Neighborhood Revitalization Tax Rebates? ______

8. Starting Project Date: _______________ Completion Date: _______________

Comments: ________________________________________________________________

_________________________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

Subject property will be used as parking for church located at 864 Splitlog Avenue.

_________________________________________________________________________

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government's Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Applicant's Signature ___________________________ Print Your Name ____________________ Date _______________

Return Completed Application to: Attn: Land Bank Manager, Chris Slaughter
701 N. 7th St, Suite 421, KC, KS 66101
Fax 913-573-5745 Phone 913-573-8977
**Staff Request for Commission Action**

**Type:** Standard

**Committee:** Neighborhood and Community Development Committee

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email</th>
<th>Ref</th>
<th>Department / Division</th>
</tr>
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<tbody>
<tr>
<td>11/19/2014</td>
<td>Chris Slaughter</td>
<td>8977</td>
<td><a href="mailto:cslaughter@wycokck.org">cslaughter@wycokck.org</a></td>
<td></td>
<td>Administration/Land Bank</td>
</tr>
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</table>

**Item Description:**
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee review the proposed packets and forward them to the Land Bank Board of Trustees for final consideration.

**Item (1) - Transfers to Land Bank**

**Action Requested:**
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee approve the above requests and forward them to the Land Bank Board of Trustees for final approval.

- [ ] Publication Required

**Budget Impact: (if applicable)**

- Amount: $
- Source:
  - [ ] Included In Budget
  - [ ] Other (explain)

File Attachment

File Attachment

File Attachment
## TRANSFERS TO LAND BANK

<table>
<thead>
<tr>
<th>Owner</th>
<th>Property Address</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unified Government</td>
<td>610 Minnesota Ave</td>
<td>Negotiating a Usage Agreement to grant owner of 626 Minnesota Ave exclusive use the parking lot. Per the agreement, the Land Bank will maintain ownership; it allows for the user to improve the parking lot and allow parking for his tenants.</td>
</tr>
<tr>
<td>Unified Government</td>
<td>620 Minnesota Ave</td>
<td></td>
</tr>
</tbody>
</table>
Item Description:
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee review the proposed Wyandotte County Land Bank Policy and forward them to the Land Bank Board of Trustees for final consideration.

Action Requested:
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee approve the above requests and forward them to the Land Bank Board of Trustees for final approval.

Publication Required

Budget Impact: (if applicable)

Amount: $
Source:
  □ Included In Budget
  □ Other (explain)
These policies and procedures are a consolidation and codification of all prior policies and procedures of the Wyandotte County Land Bank and supersede all such prior policies and procedures.

Section 1. Authority and Role

1.1. Establishment/Governance. The Wyandotte County Land Bank (WCLB) was established by the Unified Government of Wyandotte County/Kansas City, Kansas (UG) by the power vested in it by K.S.A. 19-26,103 et. seq. It is governed by a Board of Trustees comprised of the Mayor/Chief Executive and the Commissioners of the Unified Government. The Wyandotte County Land Bank Manager is charged with its Administration.

1.2. Governing Authority. The core governing documents of the WCLB are the applicable state laws, the UG Ordinances, and these Policies and Procedures.

1.3. Purpose. The purpose of the WCLB is to return tax delinquent and distressed property to productive use that benefits the community.

Section 2. Priorities for Property Use

2.1. Governmental Use. The first priority for use of real property of the WCLB is to make available its properties to the local governments for public use and ownership.

2.2. Housing. The first priority for use of real property of the WCLB for nongovernmental purposes is the production or rehabilitation of property for housing.

2.3. Other Purposes. When there is no governmental purpose or use for a property, nor a feasible use for housing, the WCLB may consider permitting the property to be used for other community improvement purposes. These uses should be consistent with the following priorities:
   a. neighborhood revitalization;
   b. return of the property to productive tax-paying status;
   c. land assemblage for economic development;
   d. long-term “banking” of properties for future strategic uses; and/or
   e. the provision of financial resources for operating functions of the WCLB.

2.4. Neighborhood Consultation. The WCLB expects every applicant seeking to acquire property from the WCLB to demonstrate prior consultation with neighborhood associations and non-profit entities operating in the geographical location of the property.

2.5. City-Wide Master Plan. The WCLB shall encourage the development and use of properties in a manner consistent with the UG City-Wide Master Plan and other government-approved plans.
Section 3. Priorities for Identity of Transferees

3.1. Priority Transferees. Except where limited by the terms of its acquisition, the WCLM may, at its discretion, give priority to:
   a. government entities;
   b. non-profits that will hold title to the property on a long-term basis or hold title to the property for the purposes of subsequent reconveyance to private third parties for housing;
   c. other individuals and entities seeking to obtain the property for housing;
   d. non-profit institutions such as academic and religious institutions;
   e. entities that are a partnership, limited liability corporation or joint venture comprised of a private non-profit corporation and a private for-profit entity;
   f. and individuals who own and occupy residential property for purposes of the side lot disposition program.

3.2. Transferee Qualifications. All applicants seeking to acquire property from the WCLB, or to enter into transaction agreements with the WCLB, may be required to provide as part of their application such information as may be requested by the WCLB, including, but not limited to:
   a. the legal status of the applicant, its organizational and financial structure;
   b. its prior experience in developing and managing affordable housing;
   c. the financial health and resources of the applicant; and/or
   d. adequate plans for development.

3.3. Reserved Discretion. The WCLB reserves full and complete discretion to decline applications and proposed transaction agreements from individuals and entities that meet, among others, any of the following criteria:
   a. failure to perform in prior transactions with the WCLB;
   b. ownership of properties that became delinquent in ad valorem tax payments and remain delinquent in ad valorem tax payments during their ownership;
   c. parties that are barred from transactions with local government entities;
   d. inability to demonstrate sufficient experience and/or capacity to perform in accordance with the requirements of the WCLB;
   e. ownership of properties that have any unremediated violations of state and/or local laws, codes or ordinances; and/or
   f. properties that have been used by the transferee or a family member of the transferee as his or her personal residence at any time during the twelve(12) months immediately preceding the submission of application (except in rental cases).

Section 4. Priorities Concerning Neighborhood and Community Development.

The WCLB reserves the right to consider the impact of a property transfer on short and long term neighborhood and community development plans. In doing so, the WCLB may prioritize the following in any order it deems appropriate:
   a. the preservation of existing stable and viable neighborhoods;
   b. neighborhoods in which a proposed disposition will assist in halting a slowly occurring decline or deterioration;
c. neighborhoods that have recently experienced or are continuing to experience a rapid decline or deterioration;

d. geographic areas that are predominantly non-viable for purposes of residential or commercial development; and/or

e. potential impact on areas targeted by a strategic development plan (hold areas).

Section 5. Conveyances to the WCLB

5.1. Sources of Property Inventory. Sources of real property inventory of the WCLB include but are not limited to the following:

a. transfers from local government;
b. acquisitions at tax foreclosure sales;
c. donations from private entities,
d. market purchases;
e. conduit transfers contemplating the simultaneous acquisition and disposition of property;
f. other transactions such as land banking agreements.

5.2. Policies Governing the Acquisition of Properties. In determining which, if any, properties shall be acquired, the WCLB shall give consideration to the following factors:

a. Proposals and requests by individuals or entities in which specific properties are identified for ultimate acquisition and redevelopment.
b. Residential properties that are occupied or are available for immediate occupancy without need for substantial rehabilitation.
c. Improved properties that are the subject of an existing order for demolition of the improvements and/or meet the criteria for demolition of improvements.
d. Vacant properties that are appropriate for the side lot disposition program.
e. Properties for which reutilization would be in support of strategic neighborhood stabilization and revitalization plans.
f. Properties that would form a part of a land assemblage development plan.
g. Properties that will generate operating resources for the functions of the WCLB.
h. Properties that would allow for the creation or expansion of green or community space and/or community gardens.

5.3. Transaction Agreements. In most cases involving conduit transfers and land banking agreements, a transaction agreement must be approved in advance and executed by the WCLB and the grantor of the property. In the case of conduit transfers, such a transaction will generally be in the form of an acquisition and disposition agreement prepared in accordance with these Policies. In the case of a land banking relationship, such a transaction agreement will generally be in the form of a land banking agreement prepared in accordance with these Policies. These transaction agreements shall be in form and content as deemed by the WCLB to be in the best interest of the WCLB, and shall include to the extent feasible specification of all documents and instruments contemplated by the transaction as well as the rights, duties, and obligations of the parties.
5.4. Transactions Requiring Board of Trustees Approval. WCLB Board of Trustees approval shall be required prior to any conduit transfer, land banking agreement, or any acquisition of property with improvements.

5.5. Title Assurance. Generally, the WCLB requires all property acquired to have marketable title. In some instances, the WCLB may require a policy of title insurance or other assurances prior to acquiring a property.

5.6. Environmental Concerns. The WCLB reserves full and complete discretion to require in all transactions that satisfactory evidence or assurances be provided that the property is not affected by or subject to environmental contamination.

5.7. Set Off Program. Property that has been placed in the State of Kansas Set Off Program may be deemed ineligible for conveyance to the WCLB.

Section 6. Hold Areas

The Land Bank shall work with the UG Economic Development Department and the Land Bank Board of Trustees to identify geographical areas that are contemplated for development. Any Land Bank parcels in such areas shall be held for a partnering developer and may not be available for other interested parties.

Section 7. Conveyances from the WCLB

7.1 Covenants, Conditions and Restrictions. All conveyances by the WCLB to third parties shall include such covenants, conditions and restrictions as the WCLB deems, in its sole discretion, necessary and appropriate to ensure the use, rehabilitation and redevelopment of the property in a manner consistent with the public purposes of the WCLB.

7.2 Deed Without Warranty. All conveyances from the WCLB to third parties shall be by quitclaim Deed.

7.3 Conveyances requiring Board of Trustees Approval. The following transfers of property from the WCLB shall require Board of Trustee Approval:
   a. All transfers that require any exceptions to the policies and procedures previously adopted by the Board of Trustees.
   b. All transfers in which the property will be exempt from taxation once in the hands of the transferee.
   c. All transfers that involve more than one interested party.
   d. All transfers to governmental entities.
   e. All transfers that involve property with an existing improvement
   f. All transfers within a hold area in which the transferee is not the predetermined developer for the area.
   g. All transfers that are part of an Adopt-A-Lot or Lease-A-Lot program.
7.3 Conveyance reports to the Board of Trustees. All transfers unilaterally authorized and completed by the WCLB staff shall be reported in writing to the Board of Trustees at the immediately following Neighborhood & Community Development Standing Committee meeting.

7.4 Notice of Intent. Thirty (30) days after acquiring any property, the WCLB shall publish a notice of its intent to sell such property in the official County newspaper. The WCLB shall also notify adjacent property owners of the availability of such property.

Section 8. Collaboration with Not-For-Profit Entities

8.1 Transactions with Not-for-Profit Entities. The WCLB is willing to enter into conduit transfers with not-for-profit corporate entities as outlined in this section. These not-for-profit corporate entities would secure donations of or purchase tax delinquent properties from owners, transfer these properties to the WCLB for waiver of taxes, and “buy back” these properties for use in housing development.

8.2 Documentation of Lot Purchase. The applicant must document the purchase process extensively. This documentation should include, but is not limited to, the following information per parcel:
   a. The total purchase price for the property, including the net proceeds paid or payable to the seller;
   b. The total amount spent to acquire the property (e.g. legal counsel, administrative costs);
   c. The development costs impacting the final sale price; and
   d. The total amount of delinquent ad valorem taxes, special assessments, and other liens and encumbrances against the property and the length of delinquency for each.

8.3 Maximum Costs. The total of these costs should exceed the maximum allowable lot cost (i.e., the cost that will permit the production of low- to moderate-income housing) before the WCLB may consider the waiver of back taxes in total or in part.

8.4 WCLB Discretion. Some properties may present unusual or extenuating circumstances to the developer due to lack of funding for housing production or related costs. The WCLB reserves the right to evaluate and consider these properties case-by-case.

Section 9. Collaboration with For-Profit Entities

9.1. Transactions with For-Profit Entities. The WCLB is willing to enter in to conduit transfers with for-profit corporate entities as outlined in this section. The corporate entities would secure donations of or purchase tax delinquent properties from owners, transfer these properties to the WCLB for waiver of taxes, and “buy back” these properties for use for housing development and/or economic development.

9.2. Eligibility. Eligibility for this option will be based on certain criteria. These shall include the geographical location of the property. The corporate entity must first identify and consult with any active non-profit entities that may have an interest in developing the property. If such an interest exists, it may be required that the non-profit and for-profit forge an agreement for joint development.
9.3. Documentation of Lot Purchase. The applicant must document the purchase process extensively. This documentation should include, but is not limited to, the following information per parcel:

   a. The total purchase price for the property, including the net proceeds paid or payable to the seller;
   b. The total amount spent to acquire the property (e.g. legal counsel, administrative costs, etc.)
   c. The development costs impacting the final sale price; and
   d. The total amount of delinquent ad valorem taxes, special assessments, and other liens and encumbrances against the property and the length of delinquency for each.

9.4. Maximum Costs. The total of these costs should exceed the maximum allowable lot cost (i.e., the cost that will permit the production of low- to moderate-income housing) before the WCLB may consider the waiver of back taxes in total or in part.

9.5. WCLB Discretion. Some properties may present unusual or extenuating circumstances to the developer due to lack of funding for housing production or related costs. The WCLB reserves the right to evaluate and consider these properties case-by-case.

Section 10. Property for Community Improvements

10.1. Community Improvement Property. The WCLB is willing to accept donations of property to be transferred into a non-revenue-generating, non-tax-producing use that is for community improvement or other public purposes. Under the provisions of the governing document of the WCLB, the WCLB is permitted to assemble tracts or parcels of property for community improvement or other public purposes.

10.2. Eligibility. Properties can be conveyed to the WCLB for waiver of delinquent taxes and then reconveyed by the WCLB to be utilized for community improvement purposes including, but not limited to, community gardens, parking for non-profit functions such as a school or cultural center, or playground for after-school or day care. The application must demonstrate that no alternative tax-generating use is available for the property, and that the proposed community improvements are consistent with the area redevelopment plans and community revitalization.

10.3. Transferee. The application must identify and be signed by the ultimate transferee of the property from the WCLB. The transferee should be a governmental entity, a not-for-profit property entity, or in rare cases a for-profit entity that is capable of holding and maintaining the property in the anticipated conditions and for the anticipated purposes.

10.4 Restrictive Covenants. The WCLB, in the conveyance of the property to the transferee, will impose covenants, conditions and restrictions as necessary to ensure that the property is used for community improvements or other public purposes.

Section 11. Conduit Transfers - Reasonable Equity Policy
11.1. **Purpose.** In order to prevent benefits accruing to owners of property that is tax delinquent by virtue of the exercise of the tax waiver power of the WCLB, the WCLB establishes this reasonable equity policy.

11.2. **Definitions.** The reasonable equity policy is based on the value of the property and the equity of its owner. While any valuation is subjective, it can be reasonably estimated.
   
a. “Fair Market Value” shall be determined by staff according to the County Appraiser’s valuation, in conjunction with the average sale price in a given community. In instances where multiple valuations unreasonably differ, the staff or Board shall have full authority to require a professional appraisal. This appraisal shall be required only for proposals that have significant variances in valuation and entail transactions in which the owner received in excess of $20,000.
   
b. “Net Equity” shall mean the current fair market value, as determined by WCLB staff, less the total amount of all liens and encumbrances (tax liens, associated interest and penalties, special assessments, mortgages, judgments, etc.).

11.3. **Less than $2,000 Net Equity.** To ensure that an owner does not receive unwarranted benefit, the WCLB will not consider transactions in which the owner’s net equity is less than $2,000 and the owner receives more than nominal compensation for the sale of his property. Nominal consideration is hereby defined as $2,000.

11.4. **Equity in Excess of $2,000.** To ensure that the owner does not receive an unwarranted benefit, the WCLB will not participate in transactions in which the owner receives an amount greater than 75% of net equity.

11.5. **Speculation.** To ensure that speculators do not seek to take advantage of the WCLB, staff shall closely review instances in which the owner is receiving money far in excess of his investment while consistently ignoring his tax responsibility. Particular attention shall be given to properties purchased in the past three years.

11.6. **Excessive Sale Price.** In communities that are experiencing internal and surrounding redevelopment, it is unacceptable for an owner to seek a profit in excess of 75% of his net equity. Such an owner may believe that the market will bear more than is offered and would therefore be unwilling to sell the property for a reasonable amount. In such an instance, it would fall to the Delinquent Real Estate Department to sell the property at a tax sale.

11.7. **Non-Conforming Situations.** To ensure the flexibility of the Board, the WCLB will reserve the right to modify or change this policy if a situation clearly warrants a change in an effort to protect the interests of the WCLB and the public.

11.8. **Strategic Importance.** To preserve the integrity of the WCLB’s mission, all properties petitioned to the WCLB Board of Directors must pass the test of strategic importance. The WCLB may receive proposals that may pass other criteria but which may not be crucial to the redevelopment of a neighborhood. Staff must be able to assure the WCLB Board that the transaction is not simply allowable but a necessary component of the comprehensive redevelopment of a neighborhood. Such a transaction must be evaluated in terms of neighborhood redevelopment and ensure a long-term tax benefit to the Unified Government.
Section 12. Agreements for temporary use of Land

12.1 Adopt-a-lot – The WCLB manager may execute agreements for residents and organizations to participate in an Adopt-A-Lot program designed to encourage and support community-based greening and gardening of available vacant lots.

- The agreements will expire on December 31 of the agreement year and be renewable on March 1 of the next year provided the lot has not been sold.
- The lot will be available to be sold during the term of the agreement with the purchaser obtaining possession at the expiration of the Adopt-A-Lot agreement.
- There will be no fee for adopting a lot.
- The agreements will specify that the lot must be kept clean and that grass is mowed, or otherwise maintained in compliance with applicable ordinances of the UG.
- Participants must sign liability release waivers or add the UG to their insurance policies.
- The agreements will not permit building on the lots (including fences).
## Staff Request for Commission Action

**Tracking No. 140393**

- [ ] Revised
- [ ] On Going

### Type: Standard

**Committee:** Neighborhood and Community Development Committee

<table>
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<th>Date of Standing Committee Action:</th>
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**Proposed for the following Full Commission Meeting Date:** 12/18/2014

- [ ] Changes Recommended By Standing Committee (New Action Form required with signatures)

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<tr>
<th>Date:</th>
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<th>Contact Phone:</th>
<th>Contact Email:</th>
<th>Ref:</th>
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<tr>
<td>11/19/2014</td>
<td>Chris Slaughter</td>
<td>8977</td>
<td><a href="mailto:cslaughter@wycokck.org">cslaughter@wycokck.org</a></td>
<td></td>
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### Item Description:

The Economic Development staff & Land Bank Manager have completed a review of UG controlled property. Staff will present those findings along with the recommendation to have the property transferred into the Land Bank for strategic holding and disposition.

### Action Requested:

For discussion only

- [ ] Publication Required

### Budget Impact: (if applicable)

- **Amount:** $
- **Source:**
  - [ ] Included In Budget
  - [ ] Other (explain)
Unified Government

Transfer of UG owned properties to the Land Bank
Types of Properties in Question

- BOARD OF COMMISSIONERS
- CITY OF KANSAS CITY KANSAS
- UNIFIED GOVERNMENT
Why is this a problem?

- LARGE NUMBER OF PROPERTIES
- DELINQUENT AMOUNTS
- BOARD OF TAX APPEALS (BOTA)
Main Objectives

- INITIATE PROCEDURES TO "STOP THE BLEEDING"
- THIS CAN BE ACHIEVED BY TRANSFERRING IDENTIFIED PROPERTIES INTO THE LAND BANK
- PROPOSE THE COMMISSION AGREE TO MOVE FORWARD AND HAVE STAFF INITIATE THE PROCEDURES
# Identified Properties

As of October 15, 2014

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Pro’s & Con’s

- **Pro’s**
  - Exempt Status
  - Future Development Tool
  - Quicker Disposition

- **Con’s**
  - Complicated Legal
  - Staff Time
  - Abstracting
Questions
Staff Request for Commission Action

Type: Standard
Committee: Neighborhood and Community Development Committee

Date of Standing Committee Action: 9/29/2014
(If none, please explain):  

Proposed for the following Full Commission Meeting Date: 10/16/2014

Confirmed Date: 10/16/2014

Date: 9/18/2014
Contact Name: Doug Bach
Contact Phone: 5801
Contact Email: jleverich@wycokck.org
Ref: jl
Department / Division: Transit

Item Description:
Update and information regarding Transit operations and opportunities by Commissioner McKiernan and Justus Welker, Interim Director of Transportation

Action Requested:
For Information Only

Publication Required

Budget Impact: (if applicable)
Amount: $
Source:
- [ ] Included In Budget
- [ ] Other (explain)

File Attachment