Administration and Human Services
Standing Committee Meeting Agenda
Monday, July 22, 2019
Immediately upon adjournment of earlier committee, or 5:00 p.m. if no earlier committee meeting.

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

Name	Absent
Commissioner Angela Markley, Chair	☐
Commissioner Melissa Bynum	☐
Commissioner Mike Kane	☐
Commissioner Harold Johnson	☐
Commissioner Jane Philbrook	☐

I. **Call to Order/Roll Call**

II. **Revisions to July 22, 2019 Agenda**

III. **Approval of standing committee minutes from May 20, 2019.**

IV. **Committee Agenda**

Item No. 1 - GRANT: SBIRT

Synopsis:
Request to accept grant funds, if awarded, for Screening, Brief Intervention and Referral to Treatment (SBIRT) through the National Association of City and County Health Officials (NACCHO), in the amount of $97,891.20, to address high-risk substance use among women of reproductive age, submitted by Terry Brecheisen, Director of Public Health. No match is required.

Tracking #: 19848

V. **Public Agenda**

VI. **Adjourn**

ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, May 20, 2019

The meeting of the Administration and Human Services Standing Committee was held on Monday, May 20, 2019, at 6:47 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Markley, Chairman; Commissioners Philbrook, Johnson, Kane and Bynum. The following officials were also in attendance: Gordon Criswell, Emerick Cross and Alan Howze, Assistant County Administrators; and Misty Brown, Deputy Chief Counsel.

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

Approval of standing committee minutes from February 25 and March 18, 2019. **On motion of Commissioner Bynum, seconded by Commissioner Philbrook, the minutes were approved**. Motion carried unanimously.

Committee Agenda:
Item No. 1 – 19738…REAPPOINTMENT: REACH FOUNDATIONS BOARD

Synopsis: Reappointment of Theresa Reyes-Cummings to the REACH Healthcare Foundation's Community Advisory Committee (CAC) for a three-year term from June 1, 2019 to May 31, 2022, submitted by Emerick Cross, Assistant County Administrator.

Emerick Cross, Assistant County Administrator, said this is the reappointment of Theresa Reyes-Cummings to the REACH Healthcare Foundation's Community Advisory Committee. It's a three-year term from June 1st to May 31st of 2022.

Action: **Commissioner Johnson made a motion, seconded by Commissioner Philbrook, to approve.** Roll call was taken and there were five "Ayes,", Philbrook, Johnson, Kane, Bynum, Markley.

Chairman Markley said in my other life, my business that I work for is neighbors with the REACH Foundation. They do great work. I'm glad to have that appointment on the board representing us.

Public Agenda:
Item No. 1 – 19748…APPEARANCE: CHRIS MORROW

Synopsis: Appearance of Chris Morrow requesting to propose a penalty reduction for simple marijuana possession.

Chris Morrow, Kansas NORML, said I've got handouts for the commissioners but I'd like to hand those out after the comments are done. I'm going to begin my remarks with a quote from Victor Hugo. "Nothing in the world is so powerful as an idea whose time has come," and that said I'm here to talk about proposing a penalty reduction for marijuana possession in Kansas City, KS and I'm talking fast because I've got five minutes and I want to begin with the who, what, when, where and why.

First, who is it for? Well, it's for your residents and visitors to Kansas City, KS. Who can make the change? Well, the commissioners here in attendance and your fellow members of the governing body can or a sufficient number of registered voters petitioning for an ordinance change by ballot initiative.

What type of changes are we proposing? Simply put, the enactment of an ordinance to memorialize marijuana possession penalties that among other things does not include arrest or incarceration, specifies a citation and a $25 fine and keeps other associated costs reasonable.

When would this happen? As soon as possible if the commissioners of the Unified Government are willing to do so or as part of the November 5th election if voters must petition for an ordinance change. Where? Obviously here in Kansas City, KS.

Why? Because the current penalties can be onerous, including fines of up to $1,000, incarceration of up to six months and other expenses. Kansas City, Kansas has a 22% poverty rate and that means oftentimes these costs and penalties fall on people who can least afford them.

Why else? Because people of color are three times more likely to be arrested for marijuana possession and in Kansas City, KS only 39% of the population identifies as White/Non-Hispanic.

Why else? Because marijuana reform is on an execrable march to legalization nationwide. Kansas NORML wants our state to move forward with reform soon. Does the governing body want to take regressive action or continue to be passed by? Time will tell.

With that said, this is what a march to legalization looks like. Marijuana's been legalized in Colorado, the District of Columbia and nine other states. Missouri, Nebraska and thirteen other states has decriminalized, but not legalized marijuana, and marijuana is legal for medical purposes in 33 states including neighboring states of Colorado, Oklahoma, Missouri and a medical marijuana bill is currently being worked in the Nebraska legislature and if they pass that bill, Kansas will be surrounded by states that have reformed their marijuana laws.

In 2015, voters in Wichita approved a marijuana possession penalty ordinance initiative with 54% of the vote. Now that ordinance was overturned by the Kansas Supreme Court albeit on a technicality. Subsequently, the Wichita City Council took the matter into their own hands and approved the current ordinance in June 2017. In Kansas City, MO, as part of the April 2017 election, a marijuana possession penalty ordinance initiative was passed with 75% of the vote. That's 21% greater than Wichita, only a mere two years later.

In all, marijuana possession penalty reductions have now been instituted in Lawrence as well as Wichita and Kansas City, MO. This applies to marijuana amounts between 32–35 grams, a little bit more than an ounce. Crimes ranging by city from a $1–$50. Incarceration is not part of any of the penalties. Arrest is not stipulated in any of the ordinances in Wichita. Depending on the circumstances, suspects may not be detained or taken into custody except to issue a citation. Also, in Wichita, marijuana paraphernalia is included at the reduced penalty. In Lawrence, the requirement for a costly drug abuse evaluation was also eliminated for first time offenders and optional for second offences. In addition, in Kansas, in the fall 2018 Kansas Speaks Survey from the Docking Institute at Fort Hays State, a majority of Kansans were finally pulled as being in favor of legalization.

May 20, 2019

Recently, a national polling shows Americans support marijuana legalization at an all-time high levels, 60+%, an spanning all demographic groups and political parties and I have examples for you in a handout that I mentioned earlier. Thankfully Kansas' cities enjoy home rule powers by virtue our state constitution that means you commissioners.

Chairman Markley said your time has expired. How much do you have left? **Mr. Morrow** said 30 seconds.

Action: **Commissioner Kane made a motion, seconded by Commissioner Bynum, to approve. Motion carried unanimously.**

Mr. Morrow said Kansas' cities enjoy home rule powers by virtue of our state constitution and that means your Commission can move your community in the right direction on marijuana reform if you're willing. If you're unwilling, you have residents that are willing and motivated to gather the necessary petition signatures to place the issue on the ballot in November just like Wichita and Kansas City, MO have done successfully, very recently. That ends my remarks and I'd like to—**Chairman Markley** said yes, if you'd like to give those to our sergeant-at-arms and perhaps he can give them to Commissioner Kane and we can do the—**Mr. Morrow** said I would be glad to stand for questions.

Chairman Markley asked are there any questions. There were none. Thank you for being here tonight.

Action: For presentation only.

Item No. 2 – 19749…APPEARANCE: DAVE W. HEASTON

Synopsis: Appearance of Dave W. Heaston to discuss a policy whereby first responders know what your wishes are in the event of your death.

Dave W. Heaston said I live on Strawberry Hill and I have a little bit of a problem. I've been on the donation list for my body to go to KU. My wife and I were on the list for like 14 years.

She's since passed and she was at an out-of-state nursing home so it didn't happen, but I have nobody in town to take care of me. I have no relation here. Yes, I've got a lot of friends but nobody checks on me every day and my problem is, I've had this set up to donate my body but nobody knows how to do it.

You know, I asked—I've been working with Brian, my Councilman, for the last better than a year. We were talking out putting realtor locks on the door to where the police could get in and you can put your information on the inside. That didn't fly. I guess there's a bunch of security things out there that you can buy, pretty reasonable, but the problem is the key costs $5,000. I guess there's only one firetruck in the whole county that's got that key and the thing is I got to talking to people and I asked them what can I do to make my wishes aware because I've been paying taxes here for better than 35 years. This is what they give me. I mean unless you own a Harvey farm for your grandkids this is horse and buggy.

We've had computers for better than 40 years. We've had smart phones for 30 years. Now if I was a perpetrator or a felon that had a gun, the police would know it the minute they walked in my door. If it was a violent situation, if I had domestic violence or if I was a pedophile, they'd know it, but you can't put anything in the file for good guys. All I'm basically looking for—my daughter lives 600 miles away and I don't want her to have a worry. I'm at peace with myself when I pass; she is also so I don't want her to have a worry in the world.

I've lined up to where the people that have the contract with KU can take me there and if KU wouldn't accept me, they also do cremation. Truly it's a problem solved.

I've got two dogs and my dogs are like my wife. I was married for 52 years. My dogs are like my wife. My wife made me laugh; my dogs make me laugh. We just had somebody at the human shelter here saying you don't want your dogs to go in the kennels but I have a person that coworker, her and her dad own the L.A. Hardware behind the McDonald's on Kansas Avenue and she's babysat my dogs. She said call any day, night or day, she'll come get my dogs at least until Julie gets here.

I've got a friend that—he's been a deacon in a Baptist church, Black guy for 25 years. I trust him. He knows where all of my valuables are in the house. I want him to be able to get into my house and get my valuables before it may be subject to lewding or whatever. Then to turn all up, he's known my daughter for 25 years. My point is, is I'd like to see them expand.

Since I put in this application to talk, I found out through Major Rodney Smith, who's the head of Homicide, I think he must've been given a reel of red tape one day and a barrel to crawl in because why would the guy from Homicide call me about this and after we talked about it for about 15 minutes, you know what he said, he said that's such a good ideal I want to steal it from you. Which to me that makes—I said take it. I've been trying for a year to get something done. I haven't got anything done. You can get it done with a couple of memos probably. I know my Councilman, Brian, is totally behind this situation. He's tired of hearing from me about it and he said it ought to happen. It could so happen. All I'm looking for is four phone numbers, my daughter that's out-of-state, the person to take care of my dog, the person that's going to get me to KU and Clint, my friend that's going to secure my house valuables.

To me they said well who's going to do it when you get cadets in there. If you're a good typist, you can probably put all that information in within less than a minute or two minutes. We're talking about four numbers, four names and a little lash on their name right behind it.

Chairman Markley said Mr. Heaston, your time is up. Thank you so much for being here tonight. **Mr. Heaston** said okay, any questions. I mean it seems—why is it taking so long to maybe get something done about it? Because again, this is horse and buggy. Why would I want to put that in my freezer? **Chairman Markley** said thanks. That was our last item this evening. Thank you all for your extended attention.

Action: For presentation only.

Chairman Markley adjourned the meeting at 7:01 p.m.

Adjourn
tpl

Staff Request for Commission Action

Tracking No. 19848

Full Commission Meeting Date: 8/15/19
Committee: Administration & Human Services

Date of Standing Committee Action: 7/22/19
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
6/25/2019	Terry Brecheisen	x6707	tbrecheisen@wycokc.org	Health Department

Item Description:

Application for a grant from NACCHO (National Association of City and County Health Officials) in the amount of $97,891.20. This project will address high-risk substance use among women of reproductive age and link patients who screen positive for risky substance use with appropriate substance use disorder treatment services. A substance abuse specialist will be embedded in the STI Clinic, helping to eliminate barriers to initiating care. No match is required.

Action Requested:

Acceptance of grant funds if awarded.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
SBIRT Grant

Addressing High-Risk Substance Use among Women of Reproductive Age at Unified Government of Wyandotte County and Kansas City, Kansas Public Health Department (UGPHD) STI Clinic: Behavioral Health Integration to Support Sustainable SBIRT Implementation

Applicant Organization: Unified Government of Wyandotte County and Kansas City, Kansas Public Health Department (UGPHD)

Address: 619 Ann Avenue, Kansas City, Kansas 66101

Project Director: Christina VanCleave

Contact Information: cvancleave@wycokck.org, (913) 573-6774

Requested Funding Amount: $97,891.20

Project Summary:

In response to the prevalence of high-risk substance use (HRSU) and associated health and social consequences in the community, the Unified Government of Wyandotte County and Kansas City, Kansas (KS) Public Health Department (UGPHD) STI Clinic will implement an SBIRT intervention targeting women of reproductive age. This priority population makes up the majority of patients seen in the STI Clinic (2,641/3,895; 67.8%). Recent trends in fetal mortality related to HRSU support the urgency of a preventive measure to intervene for substance use and reduce unintended and substance-exposed pregnancies. The UGPHD will partner with Heartland Regional Alcohol and Drug Assessment Center (Heartland RADAC) and the University of Missouri-Kansas City School of Nursing and Health Studies' Collaborative to Advance Health Studies (UMKC SoNHS CAHS) to implement the project. The goals are three-fold: 1) gain an increased knowledge of HRSU and sex and drug-linked behaviors and outcomes among women of reproductive age receiving services in the UGPHD STI Clinic; 2) develop, implement, and evaluate the efficacy of an SBIRT model tailored to HRSU among women of reproductive age in the UGPHD STI Clinic; and 3) increase referral and successful linkage to SUD treatment and/or BH services through a partnership with Heartland RADAC. The project will take a novel approach to supporting the success of treatment referrals by embedding a Substance Abuse Specialist in the STI Clinic, eliminating barriers to initiating care and ultimately improving health outcomes for women of reproductive age.

INTRODUCTION

Project Overview

The purpose of the proposed project is to implement SBIRT in the Unified Government of Wyandotte County and Kansas City, Kansas (KS) Public Health Department (UGPHD) STI Clinic to address high-risk substance use (HRSU) among women of reproductive age and link patients who screen positive for risky substance use with appropriate substance use disorder (SUD) treatment services. The priority population selected for this project is women of reproductive age due to the prevalence of female patients in the STI Clinic, burden of HRSU among this demographic, and link to recently increased fetal mortality associated with HRSU in Wyandotte County.

Heartland Regional Alcohol and Drug Assessment Center (Heartland RADAC) and the University of Missouri-Kansas City School of Nursing and Health Studies' Collaborative to Advance Health Studies (UMKC SoNHS CAHS) will be key partners. Heartland RADAC, a licensed alcohol and drug treatment program, has an outpatient SUD treatment program within walking distance of the UGPHD. The agency will house a Substance Abuse Specialist part-time within the STI Clinic to provide on-site support in the assessment and referral to treatment process. Additionally, Heartland RADAC's Chief Executive Officer and Clinical Director of Assessment Services will be heavily involved in implementation and sustainment. The second partner, the CAHS at UMKC SoNHS, holds a portfolio of federal grants related to SUD, including two SAMHSA SBIRT health professions training grants and the Mid-America Addiction Technology Transfer Center (ATTC) grant. Its Associate Director will serve as Implementation and Evaluation Consultant for this project, having worked closely with WYCO on SUD technical assistance previously. The Implementation and Evaluation Consultant will provide SBIRT training, workflow design, implementation support, and evaluation oversight.

The desired outcomes of the proposed project are three-fold: 1) gain an increased knowledge of HRSU and sex and drug-linked behaviors and outcomes among women of reproductive age receiving services in the UGPHD STI Clinic; 2) develop, implement, and evaluate the efficacy of an SBIRT model tailored to HRSU among women of reproductive age in the UGPHD STI Clinic; and 3) increase referral and successful linkage to SUD treatment and/or BH services through a partnership with Heartland RADAC.

Beyond the one-year scope of the grant, the UGPHD is committed to several long-term goals. Since 2018, the UGPHD has been pursuing SBIRT implementation with support from UMKC SoNHS CAHS. Staff have already completed introductory SBIRT training and a new electronic medical record (EMR) system being adopted on July 1, 2019 will include SBIRT screening questions. This funding opportunity provides an ideal platform to pursue the following long-term aims: 1) sustain SBIRT as part of the STI Clinic workflow beyond the grant; 2) expand the reach of SBIRT to all STI patients; 3) expand SBIRT implementation to other clinics within the UGPHD; and 4) increase behavioral health integration at all UGPHD Clinics through a partnership with Heartland RADAC.

STATEMENT OF NEED

Community Context and Rationale

Wyandotte County (WYCO), Kansas (KS) – located in the Northeast corner of the state within the bi-state Kansas City metropolitan area – is one of the least healthy and most impoverished communities in America. Home to 165,288 residents, the county is diverse with many sociodemographic characteristics associated with increased STI and HRSU risk, making proactive identification and treatment all the more critical. According to the 2019 County Health Rankings & Roadmap, WYCO ranked 99th out of 102 KS counties for health outcomes.[1] In 2017, 21.4% of WYCO residents were at or below the poverty level, compared with only 5.6% in neighboring Johnson County,[2] and WYCO had over twice the percentage of uninsured residents compared to Johnson County (17% versus 6% respectively)[3]. According to WYCO's Community Health Improvement Plan, access to quality medical, dental, and mental health care was identified as a top concern in almost every racial, income, and geographic group surveyed.[3]

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[1] County Health Rankings & Roadmaps. (2018). *Wyandotte County, KS*. Retrieved from http://www.countyhealthrankings.org/app/kansas/2018/rankings/wyandotte/county/outcomes/overall/snapshot

[2] U.S. Census Bureau. (2018). *Selected Economic Characteristics, 2013-2017 American Community Survey 5-Year Estimates*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[3] Unified Government of Wyandotte County/Kansas City, Kansas Public Health Department. (2018). *Wyandotte County Community Health Improvement Plan, 2018-2023*. Retrieved from https://www.wycokck.org/WycoKCK/media/Health-Department/Documents/CHIPReport_short.pdf

Additionally, 47% of WYCO residents with incomes less than $35,000 reported that poor mental or physical health has kept them from doing their usual activities; disparities for poor mental health were worse for women than men (17.4% vs. 9.2%).[3]

WYCO continues to see steep and sustained increases in chlamydia, gonorrhea, and syphilis.[4] Rates remain higher than the rest of the state and surrounding counties, creating a significant public health concern. Wyandotte County's overall STI rate is 12.9 per 1,000, over double the KS average.[5] It has the highest rate of chlamydia among KS counties at 898.4 per 100,000. It has the second highest rate of gonorrhea (384.8 per 100,000), which is nearly four times as high as Johnson County. Its rate of early syphilis has increased over 800% from 2011 to 2018. This increase is especially alarming for pregnant women; without treatment, pregnant women are more likely to have a miscarriage or stillborn birth, infant death may result in up to 40% of cases, and babies may be born with congenital syphilis, which can lead to development delays, seizures, or death.[6]

In 2018, the UGPHD STI Clinic saw 3,895 patients, and the majority were female (67.8%). Patients were most commonly White (59.6%), Black (33.9%), or American Indian/Alaska Native (5.19%). Although patient ages ranged from 12 to 75, 81.7% were between 15 and 40 years of age. Of patients tested for STIs, 5.47% were positive for chlamydia, 1.41% for gonorrhea, 0.21% for HIV, and 1% for syphilis. The majority of patients who tested positive for chlamydia and gonorrhea were female (72.30% and 72.72% respectively).

Because the UGPHD is not currently implementing SBIRT and does not utilize a standardized screening tool for substance use, STI Clinic data on substance use prevalence is not available, although staff anecdotally identify a prevalence of methamphetamine, marijuana, cocaine, opioids, and PCP. Additionally, the KS Department on Aging and Disabilities, the state agency that oversees the substance use block grant, is unable to share county-level data because its data collection system is temporarily down. However, substance use rates can be extrapolated from other data sources. WYCO's poisoning (drugs) hospital admissions rate is 3.0 per 10,000, which is nearly double the KS average and the second highest in the state.[7] The death rate due to drug poisoning is 9.1 per 100,000; although this is slightly lower than the state average of 11.2 per 100,000, it has increased from its rate of 7.6 per 100,000 in the previous measurement period. A joint study released by the KS and Missouri Hospital Associations ranked WYCO as the most high-risk for opioid use disorder in the Kansas City area, based on high unemployment rates and opioid-related hospital visits.[8] In addition, stimulant use poses a growing concern. At the state-level, methamphetamine is the primary illicit substance of use based on five-year trend data and annual admissions data.[9] Locally, the UGPHD Fetal and Infant Mortality Review (FIMR) Board identified a 33% increase in fetal/infant mortality associated with methamphetamine and polysubstance use between 2016-2017 (WYCO's overall infant mortality rate is 8 per 1,000 births, with the rate almost doubling to 13 per 1,000 births among Blacks[1]). In mid-May 2019, WYCO experienced an outbreak of seven overdose deaths in 10 hours linked with cocaine suspected to be laced with fentanyl.[10] Although not part of HRSU, alcohol also presents another significant issue in WYCO: 15% of adults report binge or heavy drinking, and 34% of driving deaths had alcohol involvement. An understanding of substance use prevalence and trends can also be inferred from Heartland RADAC's patient population in WYCO. Between July 1 to December 31, 2018, Heartland RADAC conducted 576 SUD assessments in WYCO. Primary substances of use were methamphetamine (30%), marijuana (27%), alcohol (18%), opioids (9%), cocaine (6%), and PCP (3%). Of female

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[4] Unified Government Public Health Department. (2019). *2018 Sexually Transmitted Infections (STI) in Wyandotte County*. Retrieved from https://www.wycokck.org/WycoKCK/media/Health-Department/Documents/2018-STI-Report_FINAL.pdf

[5] Kansas Partnership for Improving Community Health. (2018). *Sexually Transmitted Disease Rate, County: Wyandotte, Measurement Period: 2015-2017*. Retrieved from http://www.kansashealthmatters.org/

[6] Centers for Disease Control and Prevention. (2017). *Syphilis CDC Fact Sheet (Detailed)*. Retrieved from https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm

[7] Kansas Partnership for Improving Community Health. (2018). *Poisoning (Drugs) Hospital Admissions Rate, County: Wyandotte, Measurement Period: 2015-2017*. Retrieved from http://www.kansashealthmatters.org/

[8] Reuter, E. (September 7, 2017). "Report: These KC metro counties face highest risk of opioid abuse." Kansas City Business Journal. Retrieved from https://www.bizjournals.com/kansascity/news/2017/09/07/kc-metro-counties-opioid-abuse.html

[9] Kansas Department of Aging and Disabilities. (2017). *Kansas Behavioral & Mental Health Profile*. Retrieved from https://www.kdads.ks.gov

[10] Laflore, A. (May 17, 2019). "KCKPD investigating 7 overdoses in 10 hours linked to cocaine possibly laced with fentanyl." FOX4 KC. Retrieved from https://fox4kc.com/2019/05/17/kckpd-investigating-7-overdose-deaths-in-10-hTheours-linked-to-cocaine-possibly-laced-with-fentanyl/

patients (76), 8% (46) had intravenous drug use, 2% (13) were pregnant, and 3% (17) had depression. Based on assessment results, the majority needed outpatient (41%), intermediate (25%), or intensive outpatient (11%) SUD treatment.

The proposed project's selection of women of reproductive age for its priority population is supported by a number of factors. The majority of the UGPHD STI Clinic patients are women of reproductive age. Based on 2018 STI Clinic data, an SBIRT intervention targeting this demographic would have screened 2,641 patients for HRSU. Additionally, recent WYCO trends in fetal/infant mortality related to HRSU support the urgency of a preventive measure to reduce unintended and substance-exposed pregnancies. Physicians and nurses at local birthing hospitals report neonatal abstinence syndrome (NAS) as being a major challenge in their work, particularly for mothers with polysubstance use during pregnancy. In addition to STI testing and treatment, the UGPHD STI Clinic provides immediate access to contraception and linkage to its Title X Family Planning Clinic, which could be integrated into the SBIRT intervention, should the patient express interest in family planning services.

Local SUD Treatment System

SUD treatment resources in WYCO are limited. Heartland RADAC, a key partner in this project, serves as WYCO's centralized hub for SUD assessment, referral, outpatient treatment, care coordination, and case management. The agency provides pre-treatment care coordination to individuals waiting to access recovery services to keep them engaged and motivated until they are able to access needed services in the appropriate level of care. Heartland RADAC also provides on-site SUD assessments across 76 of 105 KS Counties (average of 6,000 completed per year) and is well connected with community resources and strategies to overcome barriers to care. Additionally, much of its funding comes from the state of KS to provide intensive case management for individuals with chronic SUD and mental health issues, which is an ancillary service Heartland RADAC could provide STI Clinic patients following the referral process. Having a Heartland RADAC Substance Abuse Specialist embedded in the STI Clinic would greatly streamline and strengthen linkage to SUD treatment, which is often the greatest barrier of the SBIRT intervention. Patients interested in learning more about SUD treatment would receive an in-person warm hand-off as opposed to sharing a list of treatment resources and relying on patients to coordinate their own care while dealing with chronic SUD and MH issues. Additionally, Heartland RADAC will connect its SUD clients with the STI Clinic for services when appropriate to create a robust, bi-directional referral system.

In addition to Heartland RADAC, other SUD treatment providers in WYCO include MIRROR, Inc., Chataqua Counseling Center KC, and Kansas City Metro Methadone Program. In terms of gender-specific care, WYCO lacks a residential program that allows women to bring their children to treatment, so patients needing this level of care must travel to neighboring Douglas County for residential treatment at DCCCA First Step Home; Heartland RADAC is DCCCA's biggest referral source and can link UGPHD patients when appropriate.

APPROACH

The project team will implement the proposed project in accordance with the following goals and objectives.

Goal 1: Gain an increased knowledge of HRSU and sex and drug-linked behaviors and outcomes among women of reproductive age receiving services in the UGPHD STI Clinic.

Objective 1.1. Assess inclusion of evidence-based, standardized substance use screening questions in existing intake forms and screening processes and determine additional screening tools, questions, and protocols for HRSU. **Rationale and Activities:** The UGPHD is already in the process of switching to a new EMR system (CDP EzEMRx) on July 1, 2019, so this is an opportune time to assess current substance use questions and make enhancements to support data collection and SBIRT implementation. Based on SBIRT training already provided to the UGPHD staff, the NIDA Quick Screen[11] (pre-screen) and DAST[12] (targeted screen) questionnaires will be integrated into the EMR. These screening tools are well respected, brief, and validated instruments appropriate for all adults, including those within the UGPHD STI Clinic setting. Translated versions are available in numerous

[11] National Institute on Drug Abuse (NIDA). (2012). "The NIDA Quick Screen." Retrieved from https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen

[12] Gavin, D. R., Ross, H. E., and Skinner, H. A. Diagnostic validity of the DAST in the assessment of DSM-III drug disorders. *British Journal of Addiction, 84*, 301-307. 1989.

languages and can be administered when appropriate utilizing the UGPHD's interpreter services.

Objective 1.2. Establish monitoring and evaluation plans and data collection procedures for SBIRT implementation. **Rationale and Activities:** In accordance with the evaluation guidelines in the RFP and in concert with NACCHO and CDC, the project team will refine its monitoring, evaluation, and data collection procedures (see Evaluation section for more details). A mixed methods approach will be used to capture a full picture of HRSU and sex and drug-linked behaviors and outcomes among women of reproductive age within the UGPHD STI Clinic setting, as well as the efficacy of an SBIRT intervention to address HRSU among this population. To support data collection, the project team will discuss and implement necessary EMR modifications to collect all required data and develop custom EMR reports to aid ongoing project monitoring.

Objective 1.3. Conduct process and outcome monitoring and evaluation to assess the impact of project activities. **Rationale and Activities:** In concert with the Health Informaticist, the Implementation and Evaluation Consultant will provide the project team with monthly data summaries (past month and aggregate) for process and outcomes monitoring. The project team will meet weekly for months 1-2, bi-weekly for months 3-4, and monthly for months 5-12 to ensure ongoing process and quality improvement, and inform refinement of the SBIRT intervention and workflow to facilitate quality outcomes for patients. Patient and staff interviews will also be used to collect qualitative data to further assess patient and staff experience, project impact, and needed modifications.

Objective 1.4. Submit final project deliverables, including de-identified data set, final report, and resources utilized/developed for implementation. **Rationale and Activities:** In accordance with NACCHO and CDC guidelines, the project team will submit de-identified data in a .DAT file with the accompanying codebook or data dictionary; a final report documenting the SBIRT implementation experience; and all resources utilized or developed for implementation that can be disseminated to a national audience.

Goal 2: Develop, implement, and evaluate the efficacy of an SBIRT model tailored to HRSU among women of reproductive age in the UGPHD STI Clinic.

Objective 2.1. Determine criteria for providing SBIRT to women of reproductive age with HRSU. **Rationale and Activities:** The project team will add the NIDA Quick Screen into its standard intake form ("How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?"). For women of reproductive age who screen positive on the pre-screen, the RN will verbally administer the targeted screen (DAST). Patients scoring Risky (1-2), Harmful (3-5), or Severe (6+)[13] will receive a brief intervention (BI). See Objective 2.3 for how BIs will be tailored by risk zone.

Objective 2.2. Finalize selection and adaptation of an SBIRT intervention for identifying women of reproductive age who meet a determined threshold for HRSU, providing a BI and referring patients to SUD treatment when appropriate. **Rationale and Activities:** Because the UGPHD leadership were pursuing SBIRT implementation prior to this grant announcement, its STI Clinic is poised to quickly and effectively select and adapt an SBIRT intervention for its target population. Screening tools have already been selected (NIDA Quick Screen and DAST). For the BI portion, the UGPHD staff completed SBIRT training developed by the UMKC SoNHS CAHS and co-authored by this project's Implementation and Evaluation Consultant[14]. The curriculum is based on the Brief Negotiated Interview (BNI) model[15]. The BNI model is founded in Motivational Interviewing principles and has efficacy for facilitating positive change for a number of health behaviors, including substance use.

Objective 2.3. Develop protocols and workflows for intervention implementation. **Rationale and Activities:** The UGPHD has already completed some of the preliminary steps for developing SBIRT protocols and workflows given their prior SBIRT training and proposed EMR modifications. The project team has developed a workflow (see Figure 1: SBIRT Workflow) to outline how SBIRT will be implemented into its STI Clinic, although continuous

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[13] These cut scores are based on the UMKC SBIRT curriculum, which initially based them on a thorough literature review.
[14] UMKC SBIRT Project. (2017). *SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use*. Retrieved from http://sbirt.care/training.aspx
[15] The BNI ART Institute, Boston University School of Public Health. *The Brief Negotiated Interview*. Retrieved from https://www.bu.edu/bniart/sbirt-in-health-care/sbirt-brief-negotiated-interview-bni/

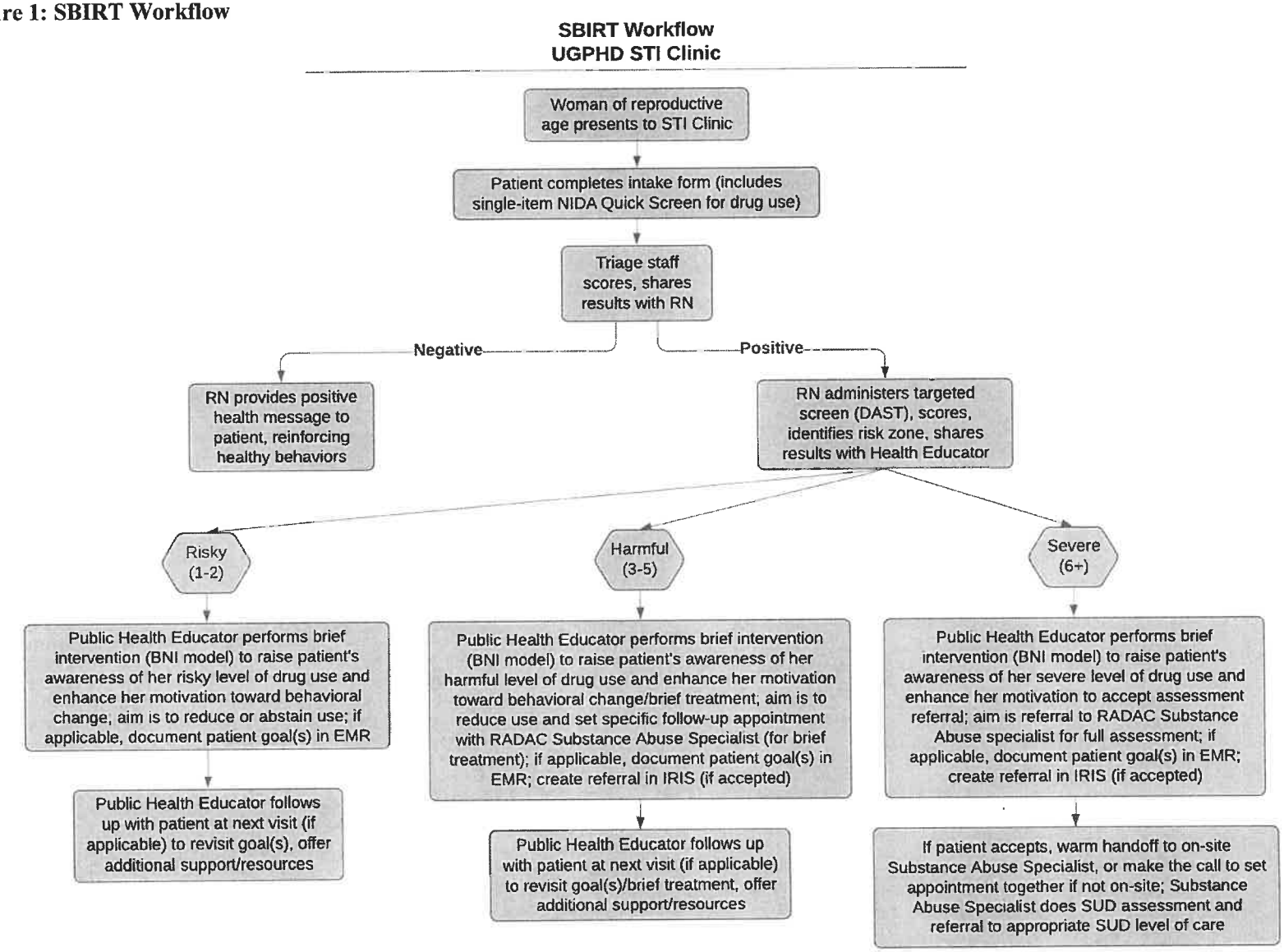
process improvement will be key during implementation to ensure the workflow is most effective.

The NIDA Quick Screen (pre-screen) would be added to the UGPHD STI Clinic's intake form. Once a woman of reproductive age completes this form, Triage Support Staff would score the NIDA Quick Screen item, enter the score in the EMR, and share the results with the RN. During the more detailed intake and health history process, the RN would either provide a positive health message for patients screening negative or verbally administer the DAST (targeted screen) for patients screening positive. Based on the DAST score, the RN would identify the patient's risk level (Risky = 1-2, Harmful = 3-5, Severe = 6+), enter all data into the EMR, and notify the Public Health Educator of the DAST results. The Public Health Educator would then perform a BI modified to fit the patient's risk zone. An essential component of SBIRT is asking permission to discuss the screening results, and this would be a standard practice prior to performing a BI. Patients may opt out at any time.

Based on UMKC SBIRT curriculum, a patient in the Risky zone "may develop health problems or existing problems may worsen;" a patient in the Harmful zone "has experienced negative effects from substance use;" and a patient in the Severe zone "could benefit from more assessment and assistance." The Severe zone does not constitute an official SUD diagnosis, which only an assessment can confirm. The aim of a **BI for the Risky zone** is to raise the patient's awareness of her risky level of drug use and enhance her motivation toward behavioral change, either a reduction in use or abstaining from use. The Public Health Educator would document completion of the BI and any patient goal(s) in the EMR. If applicable, the Public Health Educator would follow up with the patient at a next visit to revisit goal(s) and offer additional support/resources. The aim of a **BI for the Harmful zone** is to raise the patient's awareness of her harmful level of drug use and enhance her motivation toward behavioral change and brief treatment. Brief treatment is a series of Motivational Interviewing-based sessions to further explore ambivalence and pros and cons of changing substance use, and is a helpful resource for patients in the Harmful zone who may not have an SUD but would benefit from additional support. This additional support is particularly important for patients with HRSU, given SBIRT's limited evidence base for efficacy with drug use. The Public Health Educator would document completion of the BI and any patient goal(s) in the EMR. If the patient is interested in brief treatment, the Public Health Educator would make a referral to the co-located Substance Abuse Specialist using the Integrated Referral & Intake System (IRIS), a web-based community referral system housed on a secure, HIPAA-compliant server at the University of KS. If applicable, the Public Health Educator would follow up with the patient at a next visit to revisit goal(s) and offer additional support/resources. Finally, the aim of a **BI for the Severe zone** is to raise the patient's awareness of her severe level of drug use and enhance her motivation to accept a referral to the RADAC Substance Abuse Specialist for a full assessment. The Public Health Educator would document completion of the BI and any patient goal(s) in the EMR. If the patient is interested in an assessment referral, the Public Health Educator would make a referral to the co-located Substance Abuse Specialist using the IRIS system for documentation purposes. To strengthen the success of the referral, the Substance Abuse Specialist will be housed in an office within the STI Clinic so the Public Health Educator can make a warm handoff through an in-person introduction. The assessment would be completed immediately if the Substance Abuse Specialist is available; if not, they will schedule an appointment with the patient and provide transportation funds to increase the likelihood the patient is able to attend the follow-up appointment. Based on assessment results, the Substance Abuse Specialist would help link the patient with outpatient treatment services at Heartland RADAC or residential treatment options in the community. If applicable, the Public Health Educator would follow up with the patient at a next visit for additional support.

Given the challenges of successfully referring, engaging, and retaining patients in SUD treatment – particularly with the sociodemographic and access challenges that WYCO residents face – the project team found it essential to co-locate the Substance Abuse Specialist within the STI Clinic to reduce unnecessary barriers to care. This component of the SBIRT intervention was tailored to meet the needs of women of reproductive age in WYCO, particularly those who may be pregnant or parenting and already face an array of stigma and fear that preclude access to essential healthcare services. Having an experienced Substance Abuse Specialist on-site will make for more personalized, patient-centered linkage to care and increase the likelihood that women with HRSU will successfully engage with Heartland RADAC's assessment, treatment, case management, and other vital services. Additionally, Heartland RADAC works closely with DCCCA, a women and children's residential treatment program in a neighboring county, and would be able to facilitate referrals for women with children in their care.

Figure 1: SBIRT Workflow



Objective 2.4. Develop project work plan. **Rationale and Activities:** During the first month of the grant, the project team will develop a detailed work plan to ensure all deliverables have identified timelines and grant goals and objectives will be met or exceeded. The Project Director and Implementation and Evaluation Consultant will use the work plan to help monitor performance.

Objective 2.5. Conduct staff booster training. **Rationale and Activities:** The Implementation and Evaluation Consultant will provide booster training for all STI Clinic staff and participating staff from Heartland RADAC. The training will review the SBIRT model and workflow, provide hands-on role-plays to practice with different case scenarios, review 42 CFR Part 2 SUD confidentiality regulations, and provide an overview of project-specific EMR and IRIS processes. STI Clinic and Heartland RADAC staff will also provide cross-training for their counterparts so they have a greater knowledge of each other's clinical settings, resources, services, procedures, and other pertinent information that will benefit their multidisciplinary collaboration. Training will be delivered via one in-depth training during the first month of the grant, followed by a series of booster sessions as requested by staff.

Objective 2.6. Modify UMKC SBIRT patient education materials and provider tools. **Rationale and Activities:** The UMKC SBIRT Project developed a host of patient education materials on commonly used substances, including opioids and stimulants. These resources are publicly available (http://www.sbirt.care/education.aspx) and can be modified as needed, including incorporating STI-related information to provide greater utility in the STI Clinic. Additionally, the UMKC SBIRT Project has a provider tool to help facilitate the steps of the BNI (http://www.sbirt.care/tools.aspx). This tool will also be used and modified as needed. All materials are available in English and Spanish.

Objective 2.7. Implement SBIRT intervention by October 1, 2019. **Rationale and Activities:** Given the preparation the UGPHD has already invested in SBIRT training and its plans for EMR modification, implementation should be able to occur more swiftly than is required in the RFP. The first two months will be used for work plan development, finalizing the partnership with Heartland RADAC, staff booster training, EMR modification, and patient education/provider tool modification (if needed). Implementation is projected to occur by October 1, 2019.

Objective 2.8. Participate in monthly TA calls and quarterly all-site calls to share progress and discuss challenges. **Rationale and Activities:** The project team will participate in all monthly TA calls and quarterly all-site calls to learn from national experts and other STI Clinics to ensure successful implementation of SBIRT.

Goal 3: Increase referral and successful linkage to SUD treatment and/or BH services through a partnership with Heartland RADAC.

Objective 3.1. Work with Heartland RADAC to confirm roles and responsibilities, establish formal partnership agreement, and strengthen collaborative relationship to support successful project implementation. **Rationale and Activities:** The UGPHD will solidify its partnership with Heartland RADAC during the first month, including securing office space for the Substance Abuse Specialist, establishing a formal partnership agreement, and completing cross-training so STI Clinic and Heartland RADAC staff are knowledgeable of each other's work. As members of the project team, UGPHD, Heartland RADAC, and the Implementation and Evaluation Consultant will meet regularly to ensure a successful partnership and troubleshoot potential barriers.

Objective 3.2. Co-locate a Heartland RADAC Substance Abuse Specialist within the UGPHD STI Clinic to increase effectiveness of SUD treatment referrals. **Rationale and Activities:** Co-location of the Substance Abuse Specialist is a key feature of the proposed project and a novel approach for SBIRT implementation in an STI Clinic. Heartland RADAC will house this staff member on-site, where they will be able to make personal connections with patients immediately, as opposed to relying on patients to navigate the disjointed service system in order to initiate treatment. They will also be able to support STI Clinic staff members more broadly in the integration of behavioral health by providing training and support as needed related to substance use and mental health issues.

EVALUATION

Primary objectives of the evaluation are to: 1) increase knowledge of HRSU and sex- and drug-linked behaviors and outcomes among STI clinic patients who are women of reproductive age, 2) increase knowledge of

potential model and promising practices for the administration of SBIRT in an STI clinic setting among reproductive age women with HRSU; and 3) increase knowledge of successful referral to treatment strategies among STI clinic patients who are women of reproductive age and receiving the SBIRT intervention. The project team will work with NACCHO and CDC to finalize the evaluation plan, ensuring it aligns with the cross-site evaluation, and determine necessary patient consents for participation in the intervention and evaluation. The Implementation and Evaluation Consultant will oversee all data collection and performance monitoring activities, working in cooperation with the Project Director, STI Clinic staff, and Health Informaticist. All required quantitative data will be collected via the EMR and IRIS referral system by the Triage Support Staff, RNs, Public Health Educator, and Substance Abuse Specialist, while qualitative data will be collected via patient and staff interviews ($30 gift card incentives will be provided to patients to compensate them for their time). Table 1 provides more specifics on data points to be collected, where they will be entered, and who is responsible. The Health Informaticist will create EMR reports so data points can easily be extracted for ongoing monitoring and process and quality improvement. The project team will meet regularly to review project data (weekly for months 1-2, bi-weekly for months 3-4, and monthly for months 5-12) to ensure ongoing process and quality improvement and inform refinement of the SBIRT intervention.

Table 1: Project Performance Data Points and Data Collection Methods

System: CDP EzEMRx **Staff responsible:** Triage Support Staff, RN, Public Health Educator	**System:** Integrated Referral & Intake System (IRIS) **Staff responsible:** Public Health Educator, Substance Abuse Specialist	**Systems:** audio recording and NViVo qualitative analysis software **Staff responsible:** Implementation and Evaluation Consultant
• *STI clinic patient data*: demographics, sexual behavior, STI history, substance use, reason for visit, tests conducted, test results • *Documentation of intervention (screening and BI components)*: # pre-screens (NIDA Quick Screen), # targeted screens (DAST), # received BI, staff involved at each step, when intervention occurred in patient flow, duration of intervention, # accepted and # declined referral for SUD assessment	• *Documentation of intervention (referral to treatment component):* # of SUD assessments, # of treatment referrals, location of referral/ linkage, degree of successful referral/linkage (# accepted referral, # kept appointment, # initiated SUD services)	• *Staff interviews (at 6 and 12 months)*: experience implementing SBIRT, feasibility, acceptance, necessary modifications for women of reproductive age • *Patient interviews (at 6 and 12 months)*: experience of receiving SBIRT, particularly referral process

ORGANIZATIONAL INFORMATION AND CAPACITY

The UGPHD is a stable, long-lasting resource to WYCO residents, having been in existence since 1910. There are four divisions within the UGPHD, all of which place a high value on working alliances with local community groups. The UGPHD is part of a community-wide system of safety net clinics, which collaborate daily to provide high quality health care to lower income clients. Its services have changed throughout the years to adapt to the current and future needs of the community and provide the preventive measures necessary to help protect the community's health. The UGPHD has been working on improving cultural humility within the department, including staff training and changes in policies and protocols. The UGPHD is also expanding the number of patient forms and handouts translated into other languages, with Spanish and Hmong interpreters on-site and a contract to provide interpretation for over 200 languages.

There are several examples of the UGPHD identifying an emerging community need and responding with innovative programs and actions. Some include Fetal Infant Mortality Review (FIMR), adolescent counseling with a Sexual Public Health Educator, PrEP Clinic, childhood lead testing, puberty education to elementary students, and evidence-based abstinence plus curriculums (Reducing the Risk and Making a Difference) to high school and middle school students in the USD #500 School District to address adolescent pregnancies and STI rates.

The UGPHD has a history of providing STI services to the citizens of WYCO since the early '70s. The STI Clinic is staffed by a Midwife, Nurse Practitioner, and Registered Nurses. The main tests completed are gonorrhea, chlamydia, HIV, and Syphilis. The UGPHD has also introduced PrEP into the clinic if a patient is identified as high risk and a good candidate. The cost for clients to be tested is $25 dollars, and teens can be billed and seen as a confidential patient. Adolescents do not need parental consent to receive services.

The STI Clinic is equipped with the following:

1. High Complexity CLIA waived laboratory on-site, which can complete rapid HIV and RPR testing and results, Gram Stain testing for Neisseria gonorrhea, and wet prep for trichomonas and bacterial vaginosis for diagnosis and treatment or linkage to appropriate care on the same day.
2. Gen-Probe testing on-site for urine and penile/vaginal swabs for gonorrhea and chlamydia (run weekly); Hepatitis C testing offered for high-risk clients with history or current use of intravenous drugs.
3. Registered 340B site of STI medications.
4. Walk-in STI clinic hours available daily with no residency requirements.
5. Only Local Health Department in KS or Kansas City metro area that offers a Pre-exposure Prophylaxis (PrEP) for HIV clinic.
6. On-site linkage to care case-manager from Thrive (formerly Good Samaritan Project).
7. Social Worker available on-site for referrals to other services as identified.
8. Access to a Title X Family Planning Clinic to fast track contraceptive start up if desired.

Previous Efforts to Address Substance Use

In 2017, the UGPHD's Fetal/Infant Mortality Review Board identified a 33% increase in fetal mortality associated with methamphetamine and polysubstance use between 2016-2017; in all substance-affected cases reviewed, mothers had no prenatal care. The UGPHD contacted Mid-America ATTC, a SAMHSA-funded training and technical assistance grantee located at UMKC SoNHS CAHS, to request support in addressing this alarming trend. The Implementation and Evaluation Consultant for this project, Sarah Knopf-Amelung, provided evidence-based resources related to outreach and engagement strategies for women not receiving prenatal care, prenatal substance use screening guidelines, KS child welfare mandatory reporting guidelines, and SBIRT implementation into family planning, WIC, and other LHD settings. Based on these resources, the UGPHD initiated SBIRT training for all clinic staff, which included an online course and in-person role-play practice. They also began considering modifications to their EMR to support SBIRT implementation. The UGPHD also recently developed a relationship with Heartland RADAC that will extend beyond this particular grant, increasing their capacity to address HRSU.

Readiness to Implement

The UGPHD's past two years of substance use-related groundwork will support swift and efficient implementation of SBIRT without significant start-up time. Leadership is supportive of SBIRT implementation and more generally behavioral health integration, and recognizes its role in addressing SUD. Additionally, the UGPHD's transition to a new EMR is well-timed and integration of SBIRT screening questions is already underway. Using CDP ezEMRx, the UGPHD will be able to collect, extract, and report on a plethora of data elements. CDP ezEMRx embraces the goals for population-based public health and has consistently assisted public health departments improve clinical decision-making, care coordination, and population health management. CDP ezEMRx is able to generate a variety of reports based on performance measures identified by the Physician Consortium for Performance Improvement (AMA/Consortium), the Centers for Medicare & Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA) for chronic disease. Additional custom fields are available in CDP ezEMRx to incorporate the required evaluation data points outlined in Table 1. The UGPHD Health Informaticist will develop custom reports in CDP ezEMRx to allow project staff to easily extract data themselves when needed. Additionally, the IRIS system is already equipped to collect and extract data points related to treatment referrals and is a commonly used tool among community providers.

The UGPHD has previously demonstrated its ability to effectively implement new evidence-based interventions utilizing a team approach. With a grant opportunity in 2012-2013, the STI Clinic implemented the RESPECT Reducing the Risk intervention, a 2-session individual intervention for HIV-negative women and men to reduce their risk of contracting HIV. The nursing staff and Public Health Educator worked in tandem to deliver the

intervention and are poised to utilize this team approach for SBIRT implementation.

Key Project Staff

Table 2 contains key project staff from all collaborating agencies, including their expertise and specific roles and responsibilities for implementation. All CVs are included as an attachment.

Table 2: Key Project Staff

Name	Position	Expertise	Roles/Responsibilities
Christina VanCleave, BSW	Project Director, STD/STI/HIV Program Manager, UGPHD	Social work, HIV, and STI services since 1998	Oversee all aspects of grant operation including leading project team, meeting deliverables, financial oversight, staff supervision, reporting, and triage support
Jennifer Allen, LBSW	Social Worker/ Triage Support Staff, UGPHD	Maternal/child health, Coordinator of Fetal/Infant Mortality Review Board	Complete pre-screen process, input data into EMR
All STI Nursing Staff	RNs, Nurse Midwife, Nurse Practitioner, UGPHD	Nursing, HIV and STIs, family planning	Complete targeted screen process, input data into EMR
Lindsey Hensley	Public Health Educator, UGPHD	Sexual health navigation, evidence-based sexual health education in schools, family planning and STI services, teen pregnancy/STI prevention, healthy relationship counseling interventions	Perform brief interventions when appropriate, provide substance use education to patients, make referrals to Substance Abuse Specialist when appropriate, enter data into EMR and IRIS, provide follow-up support to patients
TBD	Substance Abuse Specialist, Heartland RADAC	Licensed Addiction Counselor, SUD assessment, motivational interviewing, knowledge of SUD treatment resources	Perform SUD assessments, facilitate referral to treatment process, utilize IRIS for referrals and data collection
Sarah Knopf-Amelung, MA-R	Implementation and Evaluation Consultant, Associate Director, UMKC SoNHS CAHS	5+ years' experience in SUD and SBIRT federal grants; knowledge of SBIRT, SUD, implementation science, program evaluation, coaching and consultation; founder and co-lead of Kansas City Perinatal Recovery Collaborative; prior collaborator with UGPHD	SBIRT training, workflow design, implementation support, evaluation oversight, conduct patient and staff interviews and analyze qualitative data, contribute to report writing and final data submission
Hunegnaw Zeleke	Health Informaticist, UGPHD	EMR systems, data extraction and analysis	Customize EMR to collect required data, create custom reports, data extraction, prepare final data submission

Line Item Budget

Salary & Fringe

Social Worker .2 FTE	$18,613.00
Program Supervisor .1 FTE	$9,552.00
Program Coordinator/Public Health Educator .2 FTE	$15,581.00
Information Systems Analyst .05 FTE	$4,682.00
Subtotal	**$48,428.00**

UMKC Subcontract - Implementation and Evaluation Consultation	
Implementation and Evaluation Consultant .3 FTE (Salary $20,782, Fringe $7,482)	$28,264.00
Qualitative Evaluation Software	$1,000.00
Local Mileage	$500.00
Qualitative Data Transcription	$1,000.00
Subtotal	**$30,764.00**

Supplies (printing, office supplies, pamphlets, condoms, etc)	$2,000.00
Barrier Reduction	$2,000.00
Transportation, Tolls and Bus Passes	$1,500.00
EMR Modifications	$4,000.00
Subtotal	**$9,500.00**

Local travel	
500 local miles X .58/miles	$275.00
Miscellaneous: tolls, parking, etc.	$25.00
Subtotal	**$300.00**

Direct Cost	**$88,992.00**
Administrative Fee (10%)	**$8,899.20**
Total:	**$97,891.20**

Budget Narrative

UGPDH Budget Narrative

- Personnel=$48,428.00
  - .2 FTE of Jennifer Allen, Social Worker, personnel expenses to complete pre-screen process, input data into EMR. Base Salary is $61,713.60. UGPHD fringe rate is 33%.
  - .1 FTE Christina VanCleave, Program Supervisor, personnel expenses to oversee all aspects of grant operation including leading project team, meeting deliverables, financial oversight, staff supervision, reporting and triage support. Base salary is $64,396.80. UGPHD fringe rate is 33%.
  - .2 FTE Lindsey Hensley, Program Coordinator/Public Health Educator, personnel expenses to perform brief interventions when appropriate, provide substance use education to patients, make referrals to Substance Abuse Specialist when appropriate, enter data into EMR and IRIS, provide follow-up support to patients. Base salary is $49,420.80. UGPHD fringe rate is 33%.
  - .05 FTE Hunegnaw Zeleke, Health Informaticist, customize EMR to collect required data, create custom reports, data extraction, prepare final data submission. Base salary is 77,280. UGPHD fringe rate is 33%.
- Supplies=$2,000
  - Pamphlets, printing, office supplies, and condoms
- Barrier reduction=$2,000
  - Funds to be used to decrease barriers in entering treatment options.
- Transportation, Tolls, and Bus Passes=$1500
  - Assisting clients with transportation to and from treatment
- EMR Modifications=$4,000
  - Consulting, technical development and 20 billable hours at a rate of $200 an hour
- Local Travel=$275.00
  - 500 local miles at .58/mile

UGPHD SUBTOTAL= $67,434.80

UMKC Sub-Contract Budget for Implementation and Evaluation Consultation

- Personnel = $28,264
  - 0.3 FTE of Sarah Knopf-Amelung's personnel expenses to serve as Implementation and Evaluation Consultant. Base salary is $69,274 and UMKC's fringe rate is 36%. Knopf-Amelung will provide SBIRT training, workflow design, implementation support, evaluation oversight, conduct patient and staff interviews and analyze qualitative data, and contribute to report writing and final data submission.
- Supplies = $1,000
  - NViVo qualitative analysis software to analyze patient and staff interviews
- Travel = $500
  - Local mileage from UMKC to UGPHD and other community locations as needed
- Other = $1,000
  - Qualitative data transcription services for patient and staff interview transcription

UMKC SUBTOTAL = $30,764

Direct Cost = $88,992.00

UGPHD Administrative Fee/Indirect Rate (10%) = $8,899.20

TOTAL Grant Budget= $97,891.20

Heartland
Regional Alcohol
& Drug Assessment Center

www.hradac.com
P.O. Box 1063 • Mission, Kansas • 66222-0063
Phone: 913-789-0951 or 1-800-281-0029 • Fax: 913-789-0954

June 11, 2019

Samantha Ritter
HIV, STI, & Viral Hepatitis
National Association of County & City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Ms. Ritter,

I am delighted to provide a letter of commitment on behalf of the Heartland Regional Alcohol and Drug Assessment Center (RADAC) to work with the Unified Government of Wyandotte County and Kansas City, Kansas Public Health Department (UGPHD) and the University of Missouri-Kansas City School of Nursing and Health Studies' Collaborative to Advance Health Studies (UMKC SoNHS CAHS) to implement SBIRT within the UGPHD STI Clinic. I believe our multidisciplinary collaboration will make a big impact in the community and strengthen the success of treatment referrals.

Heartland RADAC offers an array of treatment and rehabilitation services to women and men in 76 Kansas counties, with a recovery and treatment center in Wyandotte County. Among other services, RADAC offers prioritized assessment and treatment services to pregnant women who struggle with high-risk substance use, a vulnerable population of increasing number in Wyandotte County. Through this project, we are excited about the opportunity to engage clients in the STI Clinic, which we have not previously done, and think this is a wonderful opportunity to eventually facilitate all behavioral health service referrals from UGPHD clinics.

Heartland RADAC commits to the following contributions:

- Co-locate a Substance Abuse Specialist within the STI Clinic to support the referral to treatment process.
- Participate in SBIRT training and agency cross-training.
- Participate in regular partner coordination and data review meetings.
- Support data collection as it relates to referral to treatment using the IRIS system.

I will be the primary contact for this project, along with Sara Jackson (our Clinical Director of Assessment & Treatment Services). Heartland RADAC supports this application and looks forward to a collaborative partnership with the UGPHD and UMKC SoNHS CAHS.

Sincerely,

Jason Hess, Executive Director
Heartland RADAC

Samantha Ritter
HIV, STI, & Viral Hepatitis
NACCHO
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

June 11, 2019

Dear Ms. Ritter,

I am excited to submit a letter of commitment on behalf of the University of Missouri-Kansas City School of Nursing and Health Studies' Collaborative to Advance Health Services (UMKC SoNHS CAHS) to work with the Unified Government of Wyandotte County and Kansas City, Kansas Public Health Department (UGPHD) and Heartland RADAC to implement SBIRT within the UGPHD STI Clinic. This project builds on the two years of substance use-related work I have done with UGPHD, and we are excited to continue this important collaboration.

The Collaborative to Advance Health Services holds a portfolio of federal grants focused on increasing implementation of evidence-based practices in healthcare. We are home to the SAMHSA-funded Mid-America Addiction Technology Transfer Center (MATTC), of which I am Associate Director. It was through Mid-America ATTC that I initially began working with UGPHD to address their growing fetal mortality issue related to methamphetamine and polysubstance use. I coordinated SBIRT training for all UGPHD staff and have been thrilled to watch their progress in pursuit of SBIRT implementation. I also co-lead the Kansas City Perinatal Recovery Collaborative, which has a specific workgroup for Wyandotte County, and have been Project Coordinator of two SBIRT health professions training grants.

For the proposed project, UMKC SoNHs CAHS commits to the following contributions:

- Provide SBIRT booster training and coordinate agency cross training.
- Assist with workflow design.
- Provide implementation support.
- Oversee data collection, conduct patient and staff experience interviews, and facilitate evaluation activities.
- Participate in regular agency coordination meetings.

I fully support this application and look forward to the important work we can accomplish as a result of our innovative project.

Sincerely,

Sarah Knopf-Amelung
Associate Director, UMKC Collaborative to Advance Health Services

COLLABORATIVE
TO ADVANCE HEALTH SERVICES