

BOARD OF COUNTY COMMISSIONERS OF DOUGLAS COUNTY, KANSAS

WEDNESDAY, SEPTEMBER 12, 2018 – 4 p.m. only

4:00 p.m.

CONSENT AGENDA

- (1) (a) Consider approval of Commission Orders;
- (b) [Consent Agenda authorization to solicit bids for a simple span culvert; Project No. 2018-54; Structure No. 08.01N-11.50E \(Keith Browning\)](#)

REGULAR AGENDA

- (2) [Tobacco 21 featuring youth from the Boys & Girls Club of Lawrence - \(Vicki Collie-Akers\)](#)
 - (3) CJCC Update (Robert Bieniecki) – No backup
 - (4) [Approve an amended Community Partner Agreement for FY 2018 with DCCCA to provide psychiatry services.\(Bob Tryanski\);](#)
 - (5) [Consider approval of amended FY 2018 Community Partner Agreement with Heartland RADAC to expand Intensive Care Coordination \(ICC\) contract to serve the Lawrence Community Shelter \(Bob Tryanski\)](#)
 - (6) (a) Consider approval of Accounts Payable (if necessary)
 - (b) Appointments
 - Board of Zoning Appeals (1) positions 10/17
 - Building Code of Appeals Board (2) positions 12/16
 - Community Corrections Advisory Board (1) position open (edu); (1) 08/31/18
 - Fire District No. 2 (2) positions
 - JAAA Advisory Council (2) position
 - JAAA Board of Directors (1) position
 - Joint Economic Development Council (2) positions
 - Lawrence-Douglas County Advocacy Council on Aging (2) open positions
 - MPO Bicycle Advisory Committee (1) position
 - Mental Health Board (1) position 04/18
 - Property Crimes Compensation Board (1) position
 - Senior Resource Center (1) position 12/31/18
 - (c) Public Comment
 - (d) Miscellaneous
- (5) Adjourn

WEDNESDAY, SEPTEMBER 19, 2018 – No 6 p.m. meeting

-3:00-3:30 p.m. – Informal gathering

-3:30-5:30 p.m. – City/County/School District meeting. Location: Flory Building, Douglas County Fairgrounds,

WEDESDAY, SEPTEMBER 26, 2018

-Proclamation for “National 4-H Week” – Kaitlyn Peine

WEDNESDAY, OCTOBER 3, 2018- 4 p.m. only

-Joint Ordinance No. 9515/County Resolution and Ordinance No. 9562 for a Text Amendment (TA-18-00199) to the City of Lawrence Land Development Code, Articles 8 and 13, to update requirements for recording subdivision documents with the Douglas County Register of Deeds Office. (PC Item 3; approved 10-0 on 6/27/18) Sandra Day is the Planner.

WEDNESDAY, OCTOBER 10, 2018

6:00 p.m.

CUP-18-00299: Consider a Conditional Use Permit for Big Springs Quarry, approximately 1,049 acres located at 2 N 1700 Rd. and parcels to the north, east, and south. Submitted by Mid-States Ventures LLC, for Mid-States Ventures LLC, Nancy J Hughes, James R Meek, Thomas R Meek, and Bonnie M Nichols, Trustee, property owners of record. Mary Miller is the Planner.

WEDNESDAY, OCTOBER 17, 2018

Extension request for a Conditional Use Permit, CUP-17-00215, for a new 190 ft self-supporting wireless telecommunications facility (tower), located at 2138 N 1000 Rd. Submitted by MW Towers LLC for F. Dwane Richardson & Valerie Richardson, property owners of record. (Approved by the Board of County Commissioners on 8/16/17) Sandra Day is the Planner.

FRIDAY, OCTOBER 19, 2018

-12:00-2:00 p.m. - The Lawrence – Douglas County Planning Commission annual orientation with City and County Commissioners in attendance.

WEDNESDAY, OCTOBER 24, 2018

WEDNESDAY, OCTOBER 31, 2018

WEDNESDAY, NOVEMBER 7, 2018

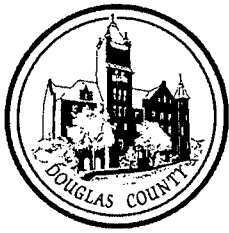
WEDNESDAY, NOVEMBER 7, 2018

WEDNESDAY, NOVEMBER 14, 2018

THURSDAY, NOVEMBER 15, 2018

-9:00 a.m. – Election Canvass

***Note:** The Douglas County Commission meets regularly on Wednesdays at 4:00 P.M. for administrative items and/or 6:00 P.M. for public items at the Douglas County Courthouse. Specific regular meeting dates that are not listed above have not been cancelled unless specifically noted on this schedule.*



DOUGLAS COUNTY PUBLIC WORKS

3755 E. 25th Street
Lawrence, KS 66046
(785) 832-5293 Fax (785) 842-1201
dgcopubw@douglascountyks.org
www.douglascountyks.org

Keith A. Browning, P.E.
Director of Public Works/County Engineer

MEMORANDUM

To : Board of County Commissioners

From : Keith A. Browning, P.E., Director of Public Works/County Engineer *KAB*

Date : September 7, 2018

Re : Consent Agenda authorization to solicit bids for a simple span culvert
Project No. 2018-54; Structure No. 08.01N-11.50E

The referenced culvert is on E 1150 Road approximately 0.3 mile south of the N 800 Road intersection. The existing culvert is a 12'-span x 8'-high x 18'-long concrete box culvert. In late-March 2018 it was discovered that the northeast corner of the structure appeared to have settled significantly from apparent undermining. We established survey benchmarks to track any further movement in anticipation of needing to close the structure to traffic. We continue to monitor this structure daily, and to date there has been no further movement. The structure should be replaced, however.

We planned to replace this culvert with a pre-cast concrete box structure. However, geotechnical investigation revealed very poor bearing capacity of the soil beneath the proposed structure. Significant over-excavation and foundation stabilization would be required to install the box culvert. Given the poor soil foundation material, deep foundations, i.e. piles, would be more cost effective and quicker to install. We've investigated several structure options using piles. A simple span structure on pile foundations with a concrete bridge deck seems to be the best option.

There are several bridge companies that provide the materials and construct this structure type. We plan to solicit bids for the supply and installation of the culvert structure only. Our forces would perform all grading work including removal of the existing structure, grading the approach roadways and ditches, channel stabilization work, and backfill of the new structure.

We anticipate a maximum contract cost of approximately \$130,000 for this work. The CIP line item Annual Culvert Replacement and Repairs has adequate funds for this work. Following the bid opening, approval of a contract will be placed on a future agenda for BOCC consideration.

Action Required: Consent Agenda authorization to solicit bids for the supply and construction of a simple span structure with concrete deck for installation at 080.1N-11.50E.

September 11, 2018

Nancy Thellman, Chair
Douglas County Commission
1100 Massachusetts
Lawrence, KS 66044

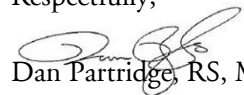
RE: September 12th County Commission meeting materials related to restricting sale to tobacco to individuals under the age of 21 (T-21)

Dear Commissioner Thellman,

The link between tobacco use and premature death is clear. It is also equally clear that nicotine is addictive and that most tobacco smokers begin smoking as young adults. The Health Board and Health Department staff are pleased to see Douglas County consider this important public health policy question.

Thank you in advance for your thoughtful consideration. As the Douglas County Commission considers the question of restricting the sale of tobacco products to individuals under the age of 21 please accept this letter and accompanying information.

Respectfully,


Dan Partridge, RS, MPH
Director

Encl:

200 Maine, Suite B
Lawrence, KS 66044-1357

OFFICE: 785/843-3060 FAX: 785/843-3161
CLINIC: 785/843-0721 FAX: 785/843-2930



A review of Tobacco 21 and its Potential Impact on Lawrence, Kansas

"Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market."

Philip Morris report, January 21, 1986

Evidence regarding the health benefit of establishing a Tobacco 21 ordinance is compelling.

- Almost 1 in 5 high school students use some type of tobacco product (cigarettes, e-cigarettes, chewing tobacco).
- 2 out of 3 students obtain tobacco from their peers.
- 90% of lifelong tobacco users initiate tobacco use before age 21.
- Communities that passed Tobacco 21 policies have documented *decreases in youth smoking rates by 50%*.
- 21 cities and counties in Kansas have already passed Tobacco 21.

The Lawrence-Douglas County Health Department *recommends* passage of the proposed ordinance.

The Health Problem

According to the Kansas Department of Health and Environment's Youth Risk Behavior Surveillance System, **17% of Kansas high school students and 4.3% of middle school students smoke** (DeVader, 2018). These data suggest about 575 current Lawrence High School and Free State High School students are using some kind of tobacco product. About 1 in 10 Kansas high school students reported using e-cigarettes. **Two out of three Kansas teen smokers are acquiring their product through peers**, which is referred to as the "social supply chain." These statistics do not even consider the skyrocketing use of vaping products among adolescents. While there is extensive data on the danger of tobacco use, the studies on vaping are only beginning to suggest the extent of harm that may result from use. Vaping and e-cigarette products are designed for youth consumption with flavors, such as cotton candy, gummy bear, and s'mores, in brightly colored packaging. Vaping products have evolved into nicotine delivery systems that are immediately absorbed, similar to traditional cigarettes, making users vulnerable to addiction. Data from a survey of University of Kansas students suggest **15.52% of students use some form of e-cigarette or vaping product** (Tobacco Free KU, 2018).

The Health Benefits

The National Academy of Science (formerly the Institute of Medicine) found that raising the minimum age of purchase for tobacco products results in two public health benefits:

- Lowering initiation rates

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- Reducing prevalence and decreasing disease

The benefits are described in greater detail below.

Lowering initiation rates

The frontal lobe is not fully developed until age 25, making it especially susceptible to tobacco/nicotine addiction. This vulnerability is why **90% of lifelong tobacco users develop the addiction before age 21**. Delaying the age of initiation is key to preventing a lifetime of addiction.

Reducing Prevalence and decreasing disease

The Community Health Assessment completed by the Lawrence-Douglas County Health Department in 2017 found that **cancer was the number one cause of death, accounting for almost one in four deaths in Douglas County**. Tobacco use is the most preventable cause of cancer and death. It is estimated that tobacco is accountable for killing 4,400 Kansans every year. Each year 1,500 Kansas kids under 18 become new daily smokers. The National Academy of Sciences (2015) study estimates a reduction in tobacco use of 25% among 15-17-year-olds and a 15% reduction for 18-20-year-olds, if a Tobacco 21 policy is in place. This would result in an overall (across all ages) smoking decline of 12%, and ultimately should reduce prevalence and mortality due to cancer.

The impact of Tobacco 21 in communities

Needham, MA was the first city to adopt Tobacco 21 in 2005. There is already evidence that the policy is working. **Needham saw its youth smoking rates decline by 50%, while surrounding communities without T21 policies saw little reduction in youth use rates over the same period** (Schneider et al., 2016). **From a public health perspective, this provides compelling, positive evidence of the impact of Tobacco 21**. More recently, Chicago studied the impact of its T21 policy in 2017 and found declines comparable to Needham's. Tobacco 21 is a prevention policy that works. Additional research suggests under 21 purchases are only 2% of total tobacco retail sales (Winickoff et al., 2014), but account for 90% of new smokers. This suggests the policy has limited impact on businesses, but robust impact on reducing smoking initiation.

Tobacco 21 in Kansas

In 2015, Kansas City, Kansas became the first community in Kansas to establish Tobacco 21. Since then, 20 additional Kansas cities and counties (in total 21) have adopted T21 ordinances, providing these protections. The following municipalities have acted: Bonner Springs, Garden City, Holcomb, Iola, Johnson County (unincorporated), Kansas City, Lansing, Leavenworth, Leawood, Lenexa, Merriam, Mission Hills, Olathe, Overland Park, Parsons, Prairie Village, Roeland Park, Shawnee County, Topeka, Westwood, Westwood Hills.

1. DeVader, S. (2018). *Tobacco use, obesity, physical activity, and nutrition: Kansas Highlights*. Community Health Promotion Summit, February, 2018.
2. Institute of Medicine (2015). *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

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3. Kessel Schneider S, Buka SL, Dash K, *et al.* (2016). Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tobacco Control*, 25,355-359.
4. Tobacco Free KU (2018). Perceptions of nicotine and tobacco use prior to implementation of the Tobacco Free KU policy.
5. Winickoff, JP, Hartman, L, Chen, ML, Gottlieb, M, Nabi-Burza, E, DiFranza, JR. (2014). Retail impact of raising tobacco sales age to 21 years. *American Journal of Public Health*, 104 (11), e18-e21.

Arguments Raised in Opposition to T21

Argument: If you can go to war at 18, you have a right to purchase tobacco at 18.

Response: The age of consent for many products or activities deemed risky is 21. These include alcohol, gambling, and handguns. Raising the drinking age to 21 produced the beneficial results of reduced alcohol use and drunk driving fatalities.

The age at which young people may join the service is an unrelated discussion as to whether teens should be able to use tobacco. There is no express right to use tobacco. While the military argument is often used, ironically tobacco use among the armed forces has had a calamitous impact. The military is actively addressing tobacco use because it impacts readiness and is considering a tobacco ban on bases. The smoking rates are more than double the national average at 33% and the rate of lung cancer mortality for veterans is twice as high as the general population.

Finally, this argument assumes that the end user is 18. The reality is younger teens may be the recipients of tobacco purchased by older peers. As the IOM study demonstrates, the biggest percentage reduction in use with T21 will occur in the 15-17 age range.

Argument: Changing the age of purchase will hurt business.

Response: Only 2% of tobacco sales is to 18-20 year-olds. Target and CVS are large retailers that no longer sell tobacco products, leaving demand to remaining tobacco retailers. There is no data indicating that retailers are going out of business or not going into areas with T 21 ordinances in Kansas. In fact, money that is not spent on tobacco is often spent on other products. We should not encourage a business model that relies on addicting our kids to tobacco for life. The impact of tobacco use on all businesses is extremely damaging. A study completed by The Ohio State University finds that businesses incur more than \$5,000 per year per employee who smokes. There is a strong correlation between low smoking rates and higher socio-economic status in communities.

Argument: Underage purchasers should be penalized, not the retailers/sellers.

Response: Responsibility, and therefore compliance, must be with the industry and retailers that profit from this deadly addiction by targeting our teens through appealing, kid-friendly marketing. This is a public health issue that will only be solved if our kids are protected, not punished. There are underage users who are addicted and need cessation services, not a penalty. Interrupting the supply chain will only occur if retailers are held accountable. Practically speaking, expecting law enforcement to monitor and detect surreptitious use among kids is unrealistic and will not have any deterrent effect.

Argument: Adopting T21 constitutes government intrusion.

Response: There is a public benefit in reducing tobacco use for Kansas taxpayers in both health outcomes and health care costs. In Kansas, taxpayers pay \$237 million annually to treat smoking-related illness within the Medicaid program. Each Kansas household, regardless of tobacco use, subsidizes smoking to the tune of \$779 each year in state and federal taxes to pay for tobacco-related, government expenses.

Argument: Judicial intervention requires a pause.

Response: More than 300 city, counties, and states in the United States have enacted Tobacco 21 policies. Only one, Topeka, Kansas, has had its ordinance challenged. Currently, that case is being reviewed by the State of Kansas Supreme Court, and will be reviewed this fall. The issue of Tobacco 21 is widely regarded as an opportunity for jurisdictions to exercise home rule. It is noteworthy that two other communities (Parsons and Holcomb) have passed Tobacco 21 in Kansas since the court ruling.

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City Council Chambers
214 SE 8th Street
Topeka, Kansas 66603
<https://www.topeka.org>

Governing Body Agenda

November 21, 2017
6:00 PM

PRELIMINARY

Mayor: Larry E. Wolgast

Councilmembers

Karen A. Hiller	District No. 1	Brendan Jensen	District No. 6
Sandra Clear	District No. 2	Elaine Schwartz	District No. 7
Sylvia E. Ortiz	District No. 3	Jeff Coen	District No. 8
Tony Emerson	District No. 4	Richard Harmon	District No. 9
Michelle De La Isla	District No. 5		

City Manager: Brent Trout

Addressing the Governing Body: No person shall address the Governing Body during a Governing Body Meeting, unless they have notified the City Clerk at (785)368-3940 or by email at cclerk@topeka.org by 5:00 P.M. on the day of any Governing Body Meeting or sign up to speak at the meeting by 6:00 P.M. This limitation shall not apply to items added during the course of a meeting. The Governing Body does not take action with respect to any subject not on the agenda unless added to the agenda by a two-thirds vote of the Governing Body.

Persons addressing the Governing Body will be limited to four (4) consecutive minutes on a particular agenda item. Debate, question/answer dialogue or discussion between Governing Body members will not be counted towards the four (4) minute time limitation. The Chair may extend time with the unanimous consent of the Governing Body or by an affirmative vote of five (5) Governing Body members may extend the four (4) minute limitation. The requirement to notify the City Clerk will not apply towards public hearings required by State and Federal law.

To make arrangements for special accommodations please call 785-368-3940. A 48-hour advance notice is preferred.

The Federal Communications Commission (FCC) has adopted use of the 711 dialing code for access to Telecommunications Relay Services (TRS). TRS permits persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities. To reach the City Clerk's office using the TRS, please dial 711.

(Agendas are available on Thursday afternoon in the City Clerk's office, 215 SE 7th -Room 166 and on the City's web site at <https://www.topeka.org>)

CALL TO ORDER:

INVOCATION:

PLEDGE OF ALLEGIANCE:

1. MAYORAL PROCLAMATIONS:

2. PRESENTATIONS:

"Visit Topeka Inc. Update"

3. ROLL CALL:

4. APPOINTMENTS:

A. Board Appointment - Citizens Advisory Council

BOARD APPOINTMENT recommending the appointment of Ivan Weichert to the Citizens Advisory Council for a term ending November 22, 2020. *(Council District No. 6)*

5. CONSENT AGENDA:

A. Ordinance - Expenditures - September 30-October 27, 2017

AN ORDINANCE introduced by City Manager Brent Trout, allowing and approving City expenditures for the period of September 30, 2017, through October 27, 2017, and enumerating said expenditures therein.

(Approval would authorize City expenditures in the amount of \$16,639,103.77.)

B. MINUTES of the regular meeting of November 14, 2017

C. APPLICATIONS:

6. ACTION ITEMS:

A. Resolution - 2018 Neighborhood Empowerment Grants

A RESOLUTION introduced by City Manager Brent Trout, approving the 2018 Neighborhood Empowerment Grants as recommended by the Neighborhood Empowerment Grant Committee. *(Council District Nos. 1, 2 and 6)*

Voting Requirement: Majority vote of the Governing Body (6).

(Approval would allocate \$137,890 of Community Development Block Grant (CDBG) funds to eight projects in North Topeka West, Ward Meade, Central Park and Chesney Park Neighborhood Improvement Associations.)

7. NON-ACTION ITEMS:

A. Discussion - 2018 Special Alcohol Grant Recommendations

DISCUSSION of funding recommendations by Alcohol and Drug Abuse Advisory Council in the amount of \$535,000 for the 2018 Special Alcohol Fund.

(The recommended amount is based on the projected Liquor Tax collected by the State and required to be allocated to alcohol and drug programs.)

B. Discussion - Prohibiting Sale/Furnishing of Cigarettes, E-Cigs, Tobacco Products and Liquid Nicotine to Persons Under 21

DISCUSSION concerning a local amendment to the Uniform Public Offense Code concerning the sale or furnishing of cigarettes, electronic cigarettes, tobacco products and liquid nicotine to any person under the age of 21.

(The amendment would prohibit the sale or furnishing of cigarettes and other tobacco-related products to adults between the ages of 18 and 20.)

C. Discussion - 2018 Legislative Agenda

DISCUSSION regarding legislative priorities identified by the Governing Body to be addressed or monitored during the 2018 Legislative Session.

8. ANNOUNCEMENTS:

PRELIMINARY AGENDA

(The City Clerk will provide a brief summary of items on the next scheduled Council meeting agenda. Also during this time, the City Manager and Governing Body Members may offer comments regarding City business and announce upcoming events.)

9. PUBLIC COMMENT:

10. EXECUTIVE SESSION:

Executive Sessions are closed meetings held in accordance with the provisions of the Kansas Open Meetings Act.

(Executive sessions will be scheduled as needed and may include topics such as personnel matters, considerations of acquisition of property for public purposes, potential or pending litigation in which the city has an interest, employer-employee negotiations and any other matter provided for in K.S.A. 75-4319.)

11. ADJOURNMENT:

HOME RULE RESOLUTION NO. HR-2017-_____

A RESOLUTION PROHIBITING THE SALE OR FURNISHING OF CIGARETTES, ELECTRONIC CIGARETTES, TOBACCO PRODUCTS OR LIQUID NICOTINE TO ANY PERSON UNDER AGE 21

SPONSORED BY COMMISSIONER ARCHER

WHEREAS, the Board of County Commissioners of the County of Shawnee, Kansas desires to promote the public health, safety, and welfare of the citizens of Shawnee County by reducing the health risks associated with cigarettes, electronic cigarettes, tobacco products or liquid nicotine for persons under the age of twenty-one (21).

NOW, THEREFORE, The Board of County Commissioners of the County of Shawnee, Kansas, meeting in regular session this ____ day of _____, 2017, and intending to exercise its powers of home rule pursuant to K.S.A. 19-101a, does hereby resolve as follows:

SECTION 1: PURPOSE

The purpose of this Resolution is to promote the public health, safety, and welfare of the citizens of Shawnee County by reducing the health risks associated with cigarettes, electronic cigarettes, tobacco products or liquid nicotine for persons under the age of twenty-one (21).

SECTION 2: DEFINITIONS

The words and phrases used in this Resolution shall have the same meanings as defined in K.S.A. 79-3301, and amendments thereto. For purposes of this Resolution, "Liquid Nicotine" shall mean the active ingredient of the tobacco plant (nicotine) in liquefied form suitable for the induction of nicotine, whether by nasal spray, ingestion, smoking or other means, into the human body.

SECTION 3: SALE OR FURNISHING OF CIGARETTES, ELECTRONIC CIGARETTES, TOBACCO PRODUCTS OR LIQUID NICOTINE TO ANY PERSON UNDER AGE 21 IN THE UNINCORPORATED AREA OF SHAWNEE COUNTY, KANSAS PROHIBITED; DEFENSES.

- A. In the unincorporated area of Shawnee County, Kansas, it is unlawful for any person to sell or furnish any cigarettes, electronic cigarettes, tobacco products or liquid nicotine to

any person under the age of twenty-one (21); or to purchase any cigarettes, electronic cigarettes, tobacco products or liquid nicotine for any person under the age of twenty-one (21).

B. It shall be a defense to prosecution under this Section if:

1. The defendant is a licensed retail dealer or a person authorized by law to distribute samples; and
2. The defendant sold or furnished the cigarettes, electronic cigarettes, tobacco products or liquid nicotine to the person under twenty-one (21) years of age with reasonable cause to believe the person was of legal age to purchase or receive cigarettes, electronic cigarettes, liquid nicotine or tobacco products; and
3. To purchase or receive the cigarettes, electronic cigarettes, tobacco products or liquid nicotine, the person under twenty-one (21) years of age exhibited to the defendant a driver's license, Kansas non-driver's identification card or other official or apparently official document containing a photograph of the person and purporting to establish that the person was twenty-one (21) or more years of age; or
4. The defendant engages in the lawful sale or furnishing of cigarettes, electronic cigarettes, tobacco products or liquid nicotine by mail and the defendant sold or furnished the cigarettes, electronic cigarettes, tobacco products or liquid nicotine to the person by mail only after the person had provided to the defendant an unsworn declaration, conforming to K.S.A. 53-601 and amendments thereto, that the person was twenty-one (21) or more years of age.

C. For purposes of this section, the person who violates this section shall be the individual directly selling or furnishing any cigarettes, electronic cigarettes, tobacco products or

liquid nicotine to any person under twenty-one (21) years of age or the retail dealer who has actual knowledge of such selling or furnishing by such individual or both.

SECTION 4: ENFORCEMENT

Penalty for Violation: Violations of any provision of this Resolution shall be punishable by a fine of Two Hundred Dollars (\$200.00).

SECTION 5: OTHER PROVISIONS

- A. Invalidity of Part: If any section, subsection, subdivision, paragraph, sentence, clause, or phrase in this Resolution or any part thereof, is for any reason held to be unconstitutional, invalid, or ineffective by any court of competent jurisdiction, such decision shall not affect the validity or effectiveness of the remaining portions of this Resolution or any part thereof.
- B. Effective Date: This Resolution shall take effect thirty (30) days after publication in the official County newspaper.

BOARD OF COUNTY COMMISSIONERS SHAWNEE COUNTY, KANSAS

Robert E. Archer, Chair

Kevin J. Cook, Vice-Chair

Michele A. Buhler, Member

ATTEST:

Cynthia A. Beck, Shawnee County Clerk

**A RESOLUTION PROHIBITING THE SALE OR FURNISHING OF CIGARETTES,
ELECTRONIC CIGARETTES, TOBACCO PRODUCTS OR LIQUID NICOTINE TO ANY
PERSON UNDER AGE 21**

SPONSORED BY

WHEREAS, the Board of County Commissioners of the County of Douglas, Kansas desires to promote the public health, safety, and welfare of the citizens of Douglas County by reducing the health risks associated with cigarettes, electronic cigarettes, tobacco products or liquid nicotine for persons under the age of twenty-one (21).

NOW, THEREFORE, The Board of County Commissioners of the County of Douglas, Kansas, meeting in regular session this ____ day of _____, 2018, and intending to exercise its powers of home rule pursuant to K.S.A. 19-101a, does hereby resolve as follows:

SECTION 1: PURPOSE

The purpose of this Resolution is to promote the public health, safety, and welfare of the citizens of Douglas County by reducing the health risks associated with cigarettes, electronic cigarettes, tobacco products or liquid nicotine for persons under the age of twenty-one (21).

SECTION 2: DEFINITIONS

The words and phrases used in this Resolution shall have the same meanings as defined in K.S.A. 79-3301, and amendments thereto. For purposes of this Resolution, "Liquid Nicotine" shall mean the active ingredient of the tobacco plant (nicotine) in liquefied form suitable for the induction of nicotine, whether by nasal spray, ingestion, smoking or other means, into the human body.

SECTION 3: SALE OR FURNISHING OF CIGARETTES, ELECTRONIC CIGARETTES, TOBACCO PRODUCTS OR LIQUID NICOTINE TO ANY PERSON UNDER AGE 21 IN THE UNINCORPORATED

AREA OF DOUGLAS COUNTY, KANSAS PROHIBITED; DEFENSES.

- A. In the unincorporated area of Douglas County, Kansas, it is unlawful for any person to sell or furnish any cigarettes, electronic cigarettes, tobacco products or liquid nicotine to any person under the age of twenty-one (21); or to purchase any cigarettes, electronic cigarettes, tobacco products or liquid nicotine for any person under the age of twenty-one (21).
- B. It shall be a defense to prosecution under this Section if:

1. The defendant is a licensed retail dealer or a person authorized by law to distribute samples;
and

2. The defendant sold or furnished the cigarettes, electronic cigarettes, tobacco products or liquid nicotine to the person under twenty-one (21) years of age with reasonable cause to believe the person was of legal age to purchase or receive cigarettes, electronic cigarettes, liquid nicotine or tobacco products; and

3. To purchase or receive the cigarettes, electronic cigarettes, tobacco products or liquid nicotine, the person under twenty-one (21) years of age exhibited to the defendant a driver's license, Kansas non-driver's identification card or other official or apparently official document containing a photograph of the person and purporting to establish that the person was twenty-one (21) or more years of age; or

4. The defendant engages in the lawful sale or furnishing of cigarettes, electronic cigarettes, tobacco products or liquid nicotine by mail and the defendant sold or furnished the cigarettes, electronic cigarettes, tobacco products or liquid nicotine to the person by mail only after the person had provided to the defendant an unsworn declaration, conforming to K.S.A. 53-601 and amendments thereto, that the person was twenty-one (21) or more years of age.

C. For purposes of this section, the person who violates this section shall be the individual directly selling or furnishing any cigarettes, electronic cigarettes, tobacco products or liquid nicotine to any person under twenty-one (21) years of age or the retail dealer who has actual knowledge of such selling or furnishing by such individual or both.

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ineffective by any court of competent jurisdiction, such decision shall not affect the validity or effectiveness of the remaining portions of this Resolution or any part thereof.

- B. Effective Date: This Resolution shall take effect thirty (30) days after publication in the official County newspaper.



September 10, 2018

Douglas County Commission,

I am writing to encourage your support for raising the age of purchasing tobacco products to 21. While significant progress has been made to reduce tobacco use, there is still a tremendous amount of work to be done.

According to the United States Surgeon General nearly 90 percent of smokers had their first cigarette by their 18th birthday. Each day in the U.S. 3,800 youth aged 18 and younger try their first cigarette. For the American Heart Association this is very troubling.

Smoking by itself increases the risk of coronary heart disease and stroke, but when it acts with other factors such as high blood cholesterol, high blood pressure, physical inactivity, being overweight or obese, diabetes and poor diet, it greatly increases your risk from those factors too. Smoking decreases your tolerance for physical activity and increases the tendency for blood to clot. It decreases HDL (good) cholesterol. Your risks increase greatly if you smoke and have a family history of heart disease. Smoking also creates a higher risk for peripheral artery disease and aortic aneurysm. It increases the risk of recurrent coronary heart disease after bypass surgery too.

The science about smoking and its impact is clear. An effective strategy for helping our youth from ever starting is also clear-enacting policies that raise the age to purchase tobacco products from 18 to 21. This policy helps break the social chain that gives so many youth access to tobacco products despite being under age. Localities enacting Tobacco 21 policies have seen dramatic reductions in their youth smoking rates compared to communities that have not done so.

You have an opportunity to reject a business model that relies on addicting teens, robbing them of a high quality of life before they are intellectually equipped to make such a life-altering decision. I encourage you to join the 21 other Kansas communities that have adopted T21 policies. I have attached the AHA fact sheet that provides compelling evidence in support of raising the legal age to purchase tobacco products.



Thank you for your consideration of this important preventive measure.

Sincerely,

Tracy Russell
Government Relations Director, Kansas
American Heart Association

FACTS

Tobacco: No Minor Issue

Raising the Minimum Sale Age to 21

OVERVIEW

Tobacco use continues to be a significant public health concern and a leading cause of preventable death in the US. Though we have made some great strides, nearly 25% of high school students still report using tobacco products, and the U.S. Surgeon General estimated that nearly 6 million children will die prematurely in adulthood if current trends continue.^{1,2,3,4} Further, in 2013, 2.1 million people smoked cigarettes for the first time, half of new smokers initiated under the age of 18.⁵ In fact, nearly 90% of smokers begin before age 18, and 95% begin before turning 26.⁶

Because of the addictive nature of nicotine, experimentation or initiation of tobacco use among youth and young adults is particularly troubling. This is a critical period for growth and development, one during which the brain may be especially susceptible and sensitive to the effects of nicotine.⁷ Increasing the minimum legal sale age (MLSA) for tobacco products to 21 would reduce our youth's access to, and use of, tobacco products.

UNDER 21: NO TOBACCO



Setting the MLSA at 21 would prohibit retailers from selling tobacco products to anyone under that age. The Tobacco to 21 Act (S. 2100/H.R. 3656) has recently been introduced in Congress, which would raise nationwide the minimum legal age of sale for tobacco products to 21.⁹ Additionally, as of September 2015, over 90 localities in eight states have raised the MLSA to 21,

including New York City, which in November 2013 became the first major city in the U.S. to raise its tobacco sales age to 21.^{10,11} Recently, Hawaii became the first state to raise the MLSA to 21.¹²

Raising the MLSA to 21 would target the age range at which many habitual smokers consume their first cigarette.⁶ Further, it would combat the tobacco industry's desire to attract a new, loyal generation of users and to re-engage those who have already quit.^{13,14}

TOBACCO MARKETING TO YOUTH

Though they are legally prohibited from marketing some tobacco products to youth under the age of 18, tobacco

companies still use a range of additional advertising tactics to appeal to a new generation of potential smokers.^{6,15,16} The tobacco industry has historically zeroed in on children with the marketing of flavored/sweet cigarettes and placing advertisements at a low height to be more easily seen by children.¹³ The industry also has recently begun heavily marketing e-cigarettes to children. From 2011 to 2014, the percentage of 12th-grade students who had ever used an e-cigarette increased from 4.7 to 17.2 percent.¹⁷ For the first time, more teenagers are using e-cigarettes than smoke cigarettes.^{17,18} Also:

- Tobacco advertising often uses imagery of social acceptance and popularity to make tobacco use appealing to youth and young adults.¹³
- Depictions of smoking in the movies is correlated with smoking initiation among young people.^{19,20}
- The tobacco industry promotes smoking at bars and clubs so that it will be viewed as a normal part of a healthy social life.²¹

TOBACCO: KILLING OUR FUTURE

Tobacco use has deadly consequences for our youth:

- Early signs of heart disease and stroke are found in young people who smoke.⁶
- Of every 3 young smokers, one will eventually die of a smoking-related illness or disease.²²
- The U.S. Surgeon General estimated that each year from 2009 to 2012, smoking-attributable health care costs were between \$289 billion and \$333 billion.⁴

WHY 21: THE EVIDENCE

Evidence shows that nicotine dependence and smoking intensity are strongly correlated with younger ages of smoking initiation.^{6,23} In other words, the younger people are when they smoke their first cigarette, the more likely they will be a smoker for life. Furthermore, some research suggests that adolescent smokers may experience more difficulty in quitting compared with adult smokers.²⁴

In 2015, the Institute of Medicine released a report that modeled the myriad of public health benefits for raising the MLSA.²⁵ Notably, the report concluded that raising the MLSA to 21 would decrease tobacco use by 12% and lead to:²⁵

- Nearly 225,000 fewer premature deaths.²⁵
- Nearly 50,000 fewer deaths from lung cancer.^{25,25}
- Almost 300,000 fewer pre-term births.²⁵

- 4.2 million fewer years of life lost for those born between 2000 and 2019.²⁵
- Less of a likelihood that adolescents will have peer group members who over the MLSA.²⁵

Raising the MLSA to 21 is further supported by the success of the precedent-setting measure that established 21 as minimum legal age for purchasing and consuming alcohol. As a result of the states raising the drinking age to 21, studies have reported that binge drinking among high school seniors decreased by nearly 25%, fatal automobile accidents caused by youth drunk driving decreased by nearly 60%, and over 20,000 lives have been saved.^{26,27}

THE ASSOCIATION ADVOCATES

- The American Heart Association advocates for policies at the federal, state and local levels that prohibit the sale of all tobacco products, including e-cigarettes, to anyone under the age of 21.

¹ Holford, TR, et al. (2014). Tobacco control and the reduction in smoking-related premature deaths in the United States, 1964-2012. *Journal of the American Medical Association*, 311(2), 164-171

² Mozaffarian D, et al; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. (2014). Heart disease and stroke statistics—2015 update: A report from the American Heart Association. *Circulation* 131, e01–e294.

³ Centers for Disease Control and Prevention (2014). Youth Risk Behavior Survey. Retrieved from: <http://www.cdc.gov/healthyyouth/data/yrbs/results.htm>. Accessed on November 3, 2015.

⁴ Centers for Disease Control and Prevention. (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Retrieved from: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf> Accessed on November 3, 2015.

⁵ Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: summary of national findings and detailed tables. <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTM12013/Web/NSDUHresults2013.pdf> Accessed on November 3, 2015.

⁶ Centers for Disease Control and Prevention. (2012). Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Retrieved from: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>. Accessed on November 3, 2015.

⁷ Chambers RA, et al. (2003). Developmental neurocircuitry of motivation in adolescence: a critical period of addiction vulnerability. *American Journal of Psychiatry*. 160(6):1041–52.

⁸ Ferber, HJ. (2015). AAP releases multiple policies to protect youths from tobacco, nicotine. AAP News. Retrieved from: https://www2.aap.org/richmondcenter/pdfs/AAPNews_Oct2015_TobPolicies_SOTCo.pdf Accessed on December 2, 2015.

⁹ Tobacco to 21 Act, S. 2100, 114th Congress (2015) Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products (2015), available at <http://www.iom.edu/Activities/PublicHealth/TobaccoMinimumAge.aspx>.

⁹ New York City, N.Y., Local Laws No. 94-2013 (Nov. 19, 2013), <http://legistar.council.nyc.gov/LegislationDetail.aspx?ID=664290&GUID=4223E26A-7F3F-4B7D-9E3A-0E3F7B850155&Options=ID|Text|&Search=minimum+legal+smoking+age>

⁹ S.B. 1030 SD1 HD2, 28th Leg. (Haw. 2015), http://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=SB&billnumber=1030&year=2015.

⁹ Calculated based on data in the National Survey on Drug Use and Health, 2013, <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>.

⁹ Ling, PM, et al. (2002). Why and How the Tobacco Industry Sells Cigarettes to Young Adults: Evidence From Industry Documents. *American Journal of Public Health*, 92(6):908 – 916.

⁹ Ling, PM, et al. (2004). Tobacco Industry Research on Smoking Cessation: Recapturing Young Adults and Other Recent Quitters. *Journal of General Internal Medicine*, 19:419 – 426.

¹⁰ Tobacco Twenty-One (website containing list of all tobacco communities with MLSA of 21) (last accessed October 21, 2015), available at <http://tobacco21.org>. Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products (2015), available at <http://www.iom.edu/Activities/PublicHealth/TobaccoMinimumAge.aspx>.

¹¹ New York City, N.Y., Local Laws No. 94-2013 (Nov. 19, 2013), <http://legistar.council.nyc.gov/LegislationDetail.aspx?ID=664290&GUID=4223E26A-7F3F-4B7D-9E3A-0E3F7B850155&Options=ID|Text|&Search=minimum+legal+smoking+age>

¹² S.B. 1030 SD1 HD2, 28th Leg. (Haw. 2015),

http://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=SB&billnumber=1030&year=2015.

¹³ Ling, PM, et al. (2002). Why and How the Tobacco Industry Sells Cigarettes to Young Adults: Evidence From Industry Documents. *American Journal of Public Health*, 92(6):908 – 916.

¹⁴ Ling, PM, et al. (2004). Tobacco Industry Research on Smoking Cessation: Recapturing Young Adults and Other Recent Quitters. *Journal of General Internal Medicine*, 19:419 – 426.

¹⁵ NAAG (National Association of Attorneys General). 1998. Master settlement agreement. Retrieved from: <http://publichealthlawcenter.org/sites/default/files/resources/master-settlement-agreement>. Accessed on November 4, 2015.

¹⁶ Henriksen, L. (2012). Comprehensive tobacco marketing restrictions: Promotion, packaging, price and place. *Tobacco Control* 21(2):147–153.

¹⁷ Johnston, L. D., et al. (2014). Use of alcohol, cigarettes, and number of illicit drugs declines among U.S. teens. University of Michigan News Service: Ann Arbor, MI. Retrieved from: <http://www.monitoringthefuture.org/data/14data.html#2014data-cigs>. Accessed on November 4, 2015.

¹⁸ Centers for Disease Control and Prevention (2013). Notes from the field: Electronic cigarette use among middle and high school students—United States, 2011–2012. *Morbidity and Mortality Weekly Report*, 62(35).

¹⁹ Song AV, et al. (2007). Smoking in movies and increased smoking among young adults. *Am J Prev Med*. 33(5):396–403.

²⁰ National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008.

²¹ Gilpin, E. A., et al. (2005). How effective are tobacco industry bar and club marketing efforts in reaching young adults? *Tob Control* 14(3): 186–192.

²² Centers for Disease Control and Prevention. (1996). Projected Smoking-Related Deaths Among Youth—United States, MMWR 45(44):971–974. <http://www.cdc.gov/mmwr/PDF/wk/mm4544.pdf>

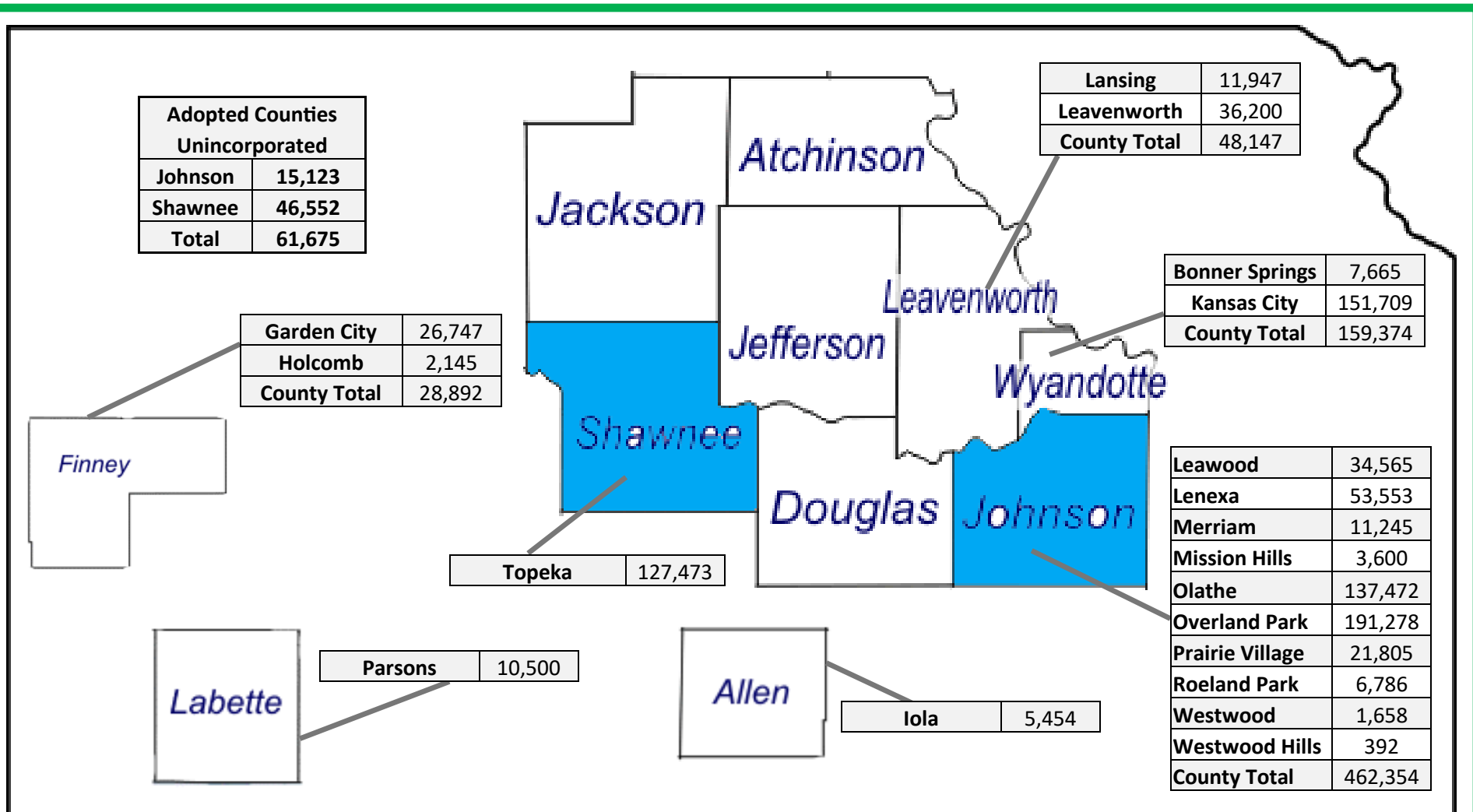
²³ Buchmann, A. F, et al. (2013). Early smoking onset may promise initial pleasurable sensations and later addiction. *Addiction Biology* 18(6):947–954

²⁴ Curry, S. J., et al. (2009). Therapy for specific problems: Youth tobacco cessation. *Annual Review of Psychology* 60:229–255.

²⁵ Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products (2015), available at <http://www.iom.edu/Activities/PublicHealth/TobaccoMinimumAge.aspx>. Accessed on November 5, 2015.

²⁶ Wagenaar, AC, et al. (2002). Effects of Minimum Drinking Age Laws: Review and Analyses of the Literature from 1960 to 2000. *J Stud Alcohol*, Supplement No. 14: 206–225.

²⁷ Kindelberger, J, Calculating Lives Saved Due to Minimum Drinking Age Laws, National Highway Traffic Safety Administration (NHTSA), March 2005.



TOBACCO 21 Cities and Counties

Total Kansans = 903,869

DOUGLAS COUNTY ADMINISTRATOR

1100 Massachusetts Street
Lawrence, KS 66044-3064
(785) 832-5328 Fax (785) 832-5148
cweinaug@douglscountyks.org

G. Craig Weinaug
County Administrator



MEMO TO: Board of County Commissioners

FROM: Bob Tryanski, Director of Behavioral Health Projects

SUBJECT: Approval of contract with DCCCA to provide psychiatry services

DATE: September 12, 2018

Attached for your consideration and approval is an amended FY 2018 Community Partner Agreement for DCCCA to provide psychiatry services to Douglas County residents who are clients in DCCCA's residential and outpatient treatment programs.

The county is anticipating a small surplus in supplemental funds included in the FY2018 budget to support psychiatry across the behavioral health system of care. Originally, those funds were intended to add providers at Heartland Community Health Center (CHC) and Bert Nash and to bridge the gap between revenue and expenses as these new providers are building their patient panels within each agency. Due to a temporary loss of providers at each agency and actual costs being lower than projected, there is an opportunity to consider one-time allocations to support improved access across the system of care.

In DCCCA's case, one identified need is reliable access to psychiatry services to meet the primary care/behavioral health needs of clients in their residential and outpatient treatment programs. As we have learned through the work of the Psychiatric Infrastructure workgroup, DCCCA currently relies heavily on telepsychiatry which is expensive and which channels financial resources out of our community.

For the balance of 2018 and throughout 2019, DCCCA will utilize one-time supplemental funding of up to \$55,000, paid in full in 2018, to directly purchase services from the most appropriate local provider (Heartland CHC, Bert Nash, LMH, or private practice). This bridge funding will allow DCCCA to reduce their use of telepsychiatry in 2019, to access local providers in strategic ways, and support clients' primary care needs. It is DCCCA's intent to reduce their dependence on telepsychiatry services by 2020, which should prevent ongoing support for these services.

DCCCA projects an average of 5-6 appointments weekly. These are a combined initial medical evaluation with follow up appointments. Actual weekly volume will vary based on census, however the team is confident this number will be the average over time.

In addition, this project offers additional advantages for all of our Health Leadership Coalition partners to hone and refine access to existing psychiatry services and to prioritize clients with more urgent needs. Further, DCCCA will provide the county with monthly summaries of:

- o Number of clients served per month.
- o A breakdown of providers accessed at Heartland, LMH, Bert Nash, and private providers.
- o Service costs.

The following motion is recommended to approve these items: ***“Consider approval for amended FY 2018 Community Partner Agreement for DCCCA to provide twelve months of direct access psychiatry to Douglas County residents who are clients in DCCCA’s residential and outpatient treatment programs at a cost not to exceed \$55,000.”***

Douglas County, Kansas
County Partner Funding Agreement
2018 Budget Year

This Agreement is made and entered into this ____ day of _____, 2018, by and between Douglas County, a political subdivision of the State of Kansas, by its County Administrator, hereinafter referred to as the “County”, and **DCCCA** hereinafter referred to as the “Agency”.

Recitals

The Agency is a nonprofit corporation authorized to provide services in the State of Kansas.

The Agency provides services integral to the health, economic, or social needs of citizens of the County.

The Agency relies heavily on County funds to provide such services within the County and, as a result, has requested funding from the County to achieve its mission.

The County has agreed to provide funding to the Agency under the terms and conditions of this Agreement.

Agreement

I. Use of County Funds. As a condition of the receipt of County funds, the Agency hereby agrees to use and expend all such funds pursuant to the following:

A. All applicable federal, state, and local laws;

B. The Agency's submitted Budget Request Form, hereinafter referred to as the “Budget Request” and attached hereto as Appendix A, which states the funds will be used to achieve the outcomes enumerated within said Budget Request for the purpose of helping to meet the health, economic, or social needs of County citizens; and

C. Addendum A, enumerating the specific purposes for which County funds were finally and specifically allocated during the budget approval process.

II. Term. The term of this Agreement commences November 15, 2018 and terminates December 31, 2018.

III. Funding. The County will provide the Agency with the funding set forth in Addendum A, under new/supplemental funding. At the termination of this Agreement, the Agency shall return to the County any unexpended funds.

IV. Independence from Other Departments and Agencies. This Agreement is distinct and separate from any other Agreement entered into by and between the Agency and any other County department or County-funded agency.

V. Independent Contractor. The Agency agrees that it is an independent contractor of the County and that the employees, agents, and vendors of the Agency are not employees of the County.

VI. Disbursement of Funds. Funds will be disbursed pursuant to the following:

A. The allocated funds will be disbursed on the first Tuesday of November.

VII. Kansas Act Against Discrimination. In carrying out this Agreement, the Agency shall deny none of the benefits or services of the program to any eligible participant pursuant to K.S.A. 44-1001 *et seq.*

A. The Agency shall observe the provisions of the Kansas act against discrimination and shall not discriminate against any person in the performance of work under this Agreement because of race, religion, color, sex, disability, national origin, or ancestry.

B. In all solicitations or advertisements for employees, the Agency shall include the phrase "equal opportunity employer" or a similar phrase to be approved by the Kansas Human Rights Commission.

C. If the Agency fails to comply with the provisions of K.S.A. 44-1031, requiring reports to be submitted to the Kansas Human Rights Commission when requested by that Commission, the Agency shall be deemed to have breached this Agreement and it may be canceled, terminated or suspended, in whole or in part, by the County.

D. If the Agency is found guilty of a violation of the Kansas act against discrimination under a decision or order of the Kansas Human Rights Commission which has become final, the Agency shall be deemed to have breached this Agreement and it may be canceled, terminated or suspended, in whole or in part by the County.

E. The Agency shall include the provisions of A through D inclusively of this section in every subcontract or purchase order so that such provisions will be binding upon such subcontractor or vendor.

F. The provisions of this section shall not apply to a contract entered into by a contractor who: 1) employs fewer than four (4) employees during the term of this contract; or 2) whose contracts with the County cumulatively total \$5,000.00 or less during the fiscal year of the County pursuant to K.S.A. 44-1031(c).

VIII. Reporting Requirements. The Agency agrees to comply with K.S.A. 45-240, which requires not-for-profit entities receiving public funds to document and make available the receipt and expenditures of such funds.

IX. Access to Financial Records. The Agency shall provide the County reasonable access to financial records concerning the expenditures of County funds. The Agency shall retain these records for a minimum of three (3) years after the termination of this Agreement.

A. At the discretion of the County Administrator, the Agency will give any authorized representatives of the County access to and the right to examine all records related to the expenditure of County funds.

B. The County may, at its sole option, grant audit access to appropriate County officials related to this funding agreement. The Agency shall, upon the County's request, make its records, employees, and property available promptly.

X. Withholding of Payment. The County shall retain the authority to withhold any and all payments to the Agency if, in the sole judgment of the County, the proposed or continued use of the funds violates the terms of this Agreement, any applicable law, or is contrary to the appropriate use of public funds.

Execution

The parties have executed this Agreement on the dates set forth below.

County:

Douglas County, Kansas

By: G. Craig Weinaug

Title: County Administrator

Date: _____

Agency:

Agency Name

By: _____

Title: _____

Date: _____

**Addendum A to
Douglas County, Kansas
County Partner Funding Agreement
2018 Budget Year**

This Addendum serves to reflect any specific purposes toward which County funds were conditionally allocated during the 2018 budget review process.

Specified Purpose

Existing	Funds Requested	Funds Approved
Funds will be used to support and provide services to Behavioral Health Court clients that have been referred by Bert Nash. Specific services include counseling services, treatment assessments, and substance use disorder treatment for clients with little to no financial resources to pay for recommended services.	\$38,455	\$38,455
Funds will be used to facilitate access and placement for social detoxification services with a licensed regional provider for uninsured individuals that are not eligible for Medicaid.	\$170,000	\$170,000
Funds will be used to pilot a nine-month continuum of services for women incarcerated in the Douglas County Jail with a demonstrated substance abuse disorder, and who are selected for participation based on medical necessity criteria and Sheriff's Re-Entry screening.	\$110,240	\$110,240

New/Supplemental Funding

One-time funds will be used to provide reliable access to local psychiatry services to meet the primary care/behavioral health needs of clients at First Step and in their outpatient programs. DCCCA will use a portion of the supplemental psychiatry funds included in the FY 2018 Budget to purchase services from the most appropriate local providers (Heartland CHC, Bert Nash, LMH, or private practice) for the remainder of 2018 through 2019.	\$55,000	\$55,000
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DOUGLAS COUNTY ADMINISTRATOR

1100 Massachusetts Street
Lawrence, KS 66044-3064
(785) 832-5328 Fax (785) 832-5148
cweinaug@douglscountyks.org

G. Craig Weinaug
County Administrator

MEMO TO: Board of County Commissioners

FROM: Bob Tryanski, Director of Behavioral Health Projects

SUBJECT: Approval of Intensive Care Coordination Services contract

DATE: September 12, 2018

Attached for your consideration and approval is an amended FY 2018 Community Partner Agreement to expand Intensive Care Coordination Services provided by Heartland RADAC as part of the Douglas County Integrated Crisis Team. The annual cost to provide the proposed expansion of services in 2018 will increase from \$90,000 to a revised cost not to exceed \$115,000.

The Integrated Crisis Team is one of the new Behavioral Health initiatives supported in the county's 2018 budget. This multi-agency team provides an interdisciplinary care team for individuals experiencing a behavioral health crisis who present at the LMH emergency department. Intensive Care Coordination (ICC) is designed to coordinate services for clients identified through the ICT in Douglas County, Kansas. ICC clients typically present in hospital emergency rooms or have contact with law enforcement due to active mental health and/or substance abuse crisis. In response, ICC works to *link* and engage clients with needed community resources such as mental health services, substance abuse treatment, primary physical health care, housing and/or longer-term case management services to enhance stability and reduce the use of costly community resources. Client *linkage* in the context of these services involves a robust process that surpasses the identification and referral to a community program or resource; *linkage* builds on the relationships within the ICT partners, and trouble shoots both personal and systemic barriers that have prevented clients from regular engagement in the past.

As detailed in the attached summary, the ICC project has experienced explosive growth since coming online in February of 2018. This amended agreement would expand the ICC service to be available seven days per week and focus additional resources to serve the needs of clients at the Lawrence Community Shelter who are high utilizers of behavioral health services and resources.

This request is supported by one time supplemental funding identified as available in the 2018 Behavioral Health Projects budget. These services will continue into FY 2019 utilizing funding approved in the Behavioral Health Projects budget at an annual cost not to exceed \$185,000.

The following motion is recommended to approve these items: ***“Approve an amended Community Partner Agreement for FY 2018 with Heartland RADAC to provide Intensive***

Care Coordination (ICC) services to the Douglas County Integrated Crisis Team (ICT) with a cost not to exceed \$115,000.”

Douglas County, Kansas
Community Partner Funding Agreement
2018 Budget Year

This Agreement is made and entered into this ____ day of _____, 2018, by and between Douglas County, a political subdivision of the State of Kansas, by its County Administrator, hereinafter referred to as the "County", and **Heartland Regional Alcohol and Drug Assessment Center** hereinafter referred to as the "Agency".

Recitals

The Agency is a nonprofit corporation authorized to provide services in the State of Kansas.

The Agency provides services integral to the health, economic, or social needs of citizens of the County.

The Agency relies heavily on County funds to provide such services within the County and, as a result, has requested funding from the County to achieve its mission.

The County has agreed to provide funding to the Agency under the terms and conditions of this Agreement.

Agreement

I. Use of County Funds. As a condition of the receipt of County funds, the Agency hereby agrees to use and expend all such funds pursuant to the following:

A. All applicable federal, state, and local laws;

B. The Agency's submitted Budget Request Form, hereinafter referred to as the "Budget Request" and attached hereto as Appendix A, which states the funds will be used to achieve the outcomes enumerated within said Budget Request for the purpose of helping to meet the health, economic, or social needs of County citizens; and

C. Addendum A, enumerating the specific purposes for which County funds were finally and specifically allocated during the budget approval process.

II. Term. The term of this Agreement commences January 1, 2018 and terminates December 31, 2018.

III. Funding. The County will provide the Agency with the funding set forth in Addendum B. At the termination of this Agreement, the Agency shall return to the County any unexpended funds.

IV. Independence from Other Departments and Agencies. This Agreement is distinct and separate from any other Agreement entered into by and between the Agency and any other County department or County-funded agency.

V. Independent Contractor. The Agency agrees that it is an independent contractor of the County and that the employees, agents, and vendors of the Agency are not employees of the County.

VI. Disbursement of Funds. Funds will be disbursed pursuant to the following:

A. The first half of the allocated funds will be disbursed on the third Tuesday of February and the second half of the funds will be disbursed on the third Tuesday of July.

B. The County retains the right to withhold the second disbursement of funds for failure to demonstrate sufficient progress toward outcomes enumerated in the Agency's submitted Budget Request if such progress is requested by the County to be reported.

C. The County retains the right to unilaterally adjust the amount of any disbursement if the County Commission determines that insufficient public funds exist to fully fund the Agency at the level awarded at the time the County budget is submitted.

VII. Kansas Act Against Discrimination. In carrying out this Agreement, the Agency shall deny none of the benefits or services of the program to any eligible participant pursuant to K.S.A. 44-1001 *et seq.*

A. The Agency shall observe the provisions of the Kansas act against discrimination and shall not discriminate against any person in the performance of work under this Agreement because of race, religion, color, sex, disability, national origin, or ancestry.

B. In all solicitations or advertisements for employees, the Agency shall include the phrase "equal opportunity employer" or a similar phrase to be approved by the Kansas Human Rights Commission.

C. If the Agency fails to comply with the provisions of K.S.A. 44-1031, requiring reports to be submitted to the Kansas Human Rights Commission when requested by that Commission, the Agency shall be deemed to have breached this Agreement and it may be canceled, terminated or suspended, in whole or in part, by the County.

D. If the Agency is found guilty of a violation of the Kansas act against discrimination under a decision or order of the Kansas Human Rights Commission which has become final, the Agency shall be deemed to have breached this Agreement and it may be canceled, terminated or suspended, in whole or in part by the County.

E. The Agency shall include the provisions of A through D inclusively of this section in every subcontract or purchase order so that such provisions will be binding upon such subcontractor or vendor.

F. The provisions of this section shall not apply to a contract entered into by a contractor who: 1) employs fewer than four (4) employees during the term of this contract; or 2) whose contracts with the County cumulatively total \$5,000.00 or less during the fiscal year of the County pursuant to K.S.A. 44-1031(c).

VIII. Reporting Requirements. The Agency agrees to comply with K.S.A. 45-240, which requires not-for-profit entities receiving public funds to document and make available the receipt and expenditures of such funds.

IX. Access to Financial Records. The Agency shall provide the County reasonable access to financial records concerning the expenditures of County funds. The Agency shall retain these records for a minimum of three (3) years after the termination of this Agreement.

A. At the discretion of the County Administrator, the Agency will give any authorized representatives of the County access to and the right to examine all records related to the expenditure of County funds.

B. The County may, at its sole option, grant audit access to appropriate County officials related to this funding agreement. The Agency shall, upon the County's request, make its records, employees, and property available promptly.

X. Withholding of Payment. The County shall retain the authority to withhold any and all payments to the Agency if, in the sole judgment of the County, the proposed or continued use of the funds violates the terms of this Agreement, any applicable law, or is contrary to the appropriate use of public funds.

Execution

The parties have executed this Agreement on the dates set forth below.

County:

Agency:

Douglas County, Kansas

Agency Name

By: G. Craig Weinaug

By: _____

Title: County Administrator

Title: _____

Date: _____

Date: _____

**Addendum A to
Douglas County, Kansas
County Partner Funding Agreement
2018 Budget Year**

Heartland Regional Alcohol & Drug Assessment Center

Intensive Care Coordination (ICC)

I. INTRODUCTION AND SUMMARY:

Intensive Care Coordination (ICC) services will provide care coordination services and bridge case management services to individuals with substance use and/or mental illness disorders who are residents of Douglas County and present to the Lawrence Memorial Hospital emergency department, or Lawrence Community Shelter. Typically, this population may not be engaged in services because they have often "burned bridges" with community providers and lack the ability to access needed services without assistance and/or intervention. These individuals often do not have access to health insurance or Medicaid. The goal of both services is to get clients engaged in the appropriate services to build stability in the community and prevent psychiatric and substance use crisis that lead to emergency department, psychiatric and jail admissions.

II. OUTCOME/GOAL(S):

The key to the success of this program is connecting ICC clients with needed services within the community and continued care coordination to address system barriers that present for this population. The key collaborative components of service include: securing safe sober housing, accessing mental health services including medication management and case management, accessing substance use services such as formalized treatment programs, as well as appropriate Recovery Oriented Systems of Care (ROSC) - including community support groups and/or recovery coaches; addressing physical health issues that are a result of chronic use, such as high blood pressure, diabetes and traumatic brain injury, etc.; seeking earned income and avoiding law enforcement as a result of their disability. The ultimate goal of the Heartland RADAC's ICC program is to reduce the use of inappropriate and costly services that are associated with this client population, while improving their quality of life.

III. SERVICES TO BE PROVIDED:

- A. Intensive Care Coordinators (ICCs): The ICCs serve as a central point of contact and work to facilitate effective communication with the multiple stakeholders often involved with this population (Psychiatrists, CMHCs, Department for Children and Families (DCF) workers, Probation/Parole Officers, Disability Determination Services, local health departments, etc.).
- B. Recovery Coaches/Peer Mentors: Recovery Coaches/Peer Mentors play a critical role in working with clients around alcohol and drug use in linking clients to recovery communities and activities. Similar to Peer Mentors in the Mental Health sector, Recovery Coaches have a personal understanding of addiction and the challenges associated with moving towards a life, in recovery, without alcohol and/or drugs.

- C. Additional services for ICC clients who are without resources are provided and/or purchased through partnerships with community agencies to coordinate physical health, safety, housing, employment, legal, and financial issues. Heartland RADAC purchases services from local providers that specialize in dual diagnosis and chronic substance use. All services purchased are tracked, monitored and provided only when there are no other available resources in the community.
- D. Reporting as requested on program outcomes. Traditionally this has included (this may be changed per the needs in Douglas County):
1. the total number of clients served;
 2. total/percentage of ICC clients who obtained or maintained permanent housing;
 3. total/percentage of ICC clients who obtained or maintained transitional housing;
 4. total/percentage of ICC clients who were engaged in ROSC services;
 5. total/percentage of ICC clients who were engaged in mental health services;
 6. total/percentage of ICC clients who were engaged in substance use treatment;
 7. total of ICC clients who were assisted to secure primary medical care and the number of people who attained primary medical care (baseline);
 8. total number of people had an interest in seeking earned income and the number of people who attained earned income (baseline);
 9. total/percentage of ICC clients who are accessing a reduced level of ICC services based on need and status: Gradual Disengagement.

**Addendum B to
Douglas County, Kansas
County Partner Funding Agreement
2018 Budget Year**

This Addendum serves to reflect any specific purposes toward which County funds were conditionally allocated during the 2018 budget review process.

Specified Purpose

Existing	Funds Requested	Funds Approved
Funds will be used to provide Intensive Care Coordination (ICC) services, including care coordination services and bridge case management services to individuals with substance use and/or mental illness disorders who are residents of Douglas County and present at the Lawrence Memorial Hospital emergency department.	\$90,000	\$90,000

New/Supplemental Funding

Additional funds will be allocated to expand ICC services to clients at the Lawrence Community Shelter beginning Fall 2018 through the first part of February 2019.	\$25,000	\$25,000

Heartland RADAC
Intensive Care Coordination (ICC) Douglas County
July 2018 Report

Intensive Care Coordination (ICC) is designed to coordinate services for clients identified through the Integrated Crisis Team (ICT) in Douglas County, Kansas. ICT clients typically present in hospital emergency rooms or have contact with law enforcement due to active mental health and/or substance abuse crisis. In response, ICC works to *link* and engage clients with needed community resources such as mental health services, substance abuse treatment, primary physical health care, housing and/or longer-term case management services to enhance stability and reduce the use of costly community resources. Client *linkage* in the context of these services involves a robust process that surpasses the identification and referral to a community program or resource; *linkage* builds on the relationships within the ICT partners, and trouble shoots both personal and systemic barriers that have prevented clients from regular engagement in the past.

Referrals to ICC

There is no-wrong door to accessing ICC services; clients are referred typically from one or more of the partners in the Integrated Crisis Team (ICT). Since April 1, 2018, there have been 180 individuals referred to ICC services in Douglas County. Of those, 51 individuals were referred during the month of July 2018.

Referral Source for ICC Services

	April	%	May	%	June	%	July	%	Total	%
DCCCA	5	10%	7	10%	5	10%	9	13%	26	10%
Heartland CMH	0	0%	7	10%	3	6%	2	3%	12	5%
HRADAC	6	12%	5	7%	4	8%	4	26%	19	8%
LMH	48	98%	50	71%	38	75%	55	76%	191	76%
Bert Nash	0	0%	0	0%	0	0%	1	1%	1	.4%
Other	0	0%	1	1%	1	2%	1	1%	3	1%
Total	59		70		51		72		252	

Reason for Referral

Reason for Referral	April	%	May	%	June	%	July	%	Total	%
Mental Health Issues	15	25%	9	13%	9	18%	19	26%	52	21%
Substance Abuse Issues	26	44%	20	29%	24	47%	19	26%	89	35%
Both	17	29%	41	59%	18	35%	34	47%	110	44%
Blank	1	2%	0	0%	0	0%	0	0%	1	.4%
Total	59		70		51		72		180	

ICC Client Engagement

Client Volume

During the month of July, 44 individuals engaged in ICC Services, 24 of those began services this month (new clients). Twenty-eight (41) of the 44 clients were residents of Douglas County, Kansas, and the other three were referred from LMH after being seen in the ER.

Client Ages

Age Range	Number of Clients
10-19	0
20-29	12
30-39	16
40-49	6
50-59	5
60+	5

Gender

Male – 33 Female - 11

Referral Source (of 44 Active Clients in July):

- 32 – LMH
- 2 – Heartland RADAC's Assessment Counselor
- 4 – DCCCA
- 4 – Heartland CHC
- 1 – ADU
- 1 – Lawrence Police Department

Mental Health (MH) Measures

- 19 were engaged in MH Services when they began ICC
- 17 clients were linked to MH Services or Resources
- 22 engaged in MH Services during this reporting period with the following Mental Health providers:
 - o 12 – Bert Nash
 - o 8 – Heartland CHC
 - o 1 – Private Provider
 - o 1 – VA

Recovery Service (RS) Measures

- 5 clients were engaged in RS when they began ICC
- 18 Unduplicated individuals accessed recovery services:
 - o 1 were linked to SUD Treatment or Recovery Services
 - o 14 are attending recovery support groups (e.g. 12 step) in the community
 - o 2 clients are working with Recovery Coaches
 - o 2 are accessing Medication Assisted Treatment (MAT) for SUD
 - o 13 accessed Substance Use Disorder (SUD) TX
- 16 had KCPC substance use assessments completed
 - o 7 were completed by HRADAC
 - o 3 were completed by ADU
 - o 4 were completed by DCCCA
 - o 1 were completed by Valeo
 - o 1 was completed by First Step
- 13 Accessed SUD Treatment at the following providers:
 - o 3 – DCCCA
 - o 3 – First Step
 - o 2 – Options
 - o 2 – Valeo
 - o 1 – Salvation Army
 - o 1 – Valeo/DCCCA
 - o 1 –Valley Hope

Physical Health & Psychiatric Stabilization Measures

- 21 individuals had access to primary physical health care providers when they began ICC, 29 had access during (either identified or linked) this reporting period and 18 individuals accessed these services during this reporting period (primary health provider is defined as any health provider other than a hospital emergency room)
- 7 were admitted or readmitted to LMH after ICC began
- 2 were admitted to another hospital for psychiatric reasons
- 3 accessed required medical detox through a local hospital