City of Lawrence

2013 SOCIAL SERVICE FUNDING APPLICATION – SPECIAL ALCOHOL

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Heartland Medical Clinic, Inc. (DBA: Heartland Community Health Center)

Name of Program for Which Funding is Requested: Primary Care/ Mental Health Integration Project

Primary Contact Information (must be available by phone 5/16 and 5/23 from 2 p.m. to 6 p.m.)

Contact Name and Title: Jon Stewart

Address: 1 Riverfront Plaza, Suite 100 Lawrence, KS 66044

Telephone: 785 393 2407 Fax: 785 856 0375

Email: jstewart@heartlandhealth.org

SECTION 2. REQUEST INFORMATION

The criteria for each application questions are explained below.

A. Amount of funds requested from the City for calendar year 2013.
Program should fit within one of the established categories.
Prevention $ 58,000
Treatment $
Intervention $
Coordination $
Other $

B. Provide a brief description of the program. Summary of program should be clear and concise. Is Program related to one or more of the City Commission Goals? Is program based on proven effective strategies or "promising approaches?" Description should address how program is designed to have long-term effects on a person's decisions about alcohol and other drug use. When appropriate, program design takes into account the person's family and/or community.

This program provides direct health care services to those in Douglas County who subsist below 200% of the Federal Poverty Level. According to The Milbank Report, the basis for up to 70% of all primary care office visits stems from psychosocial (mental and behavioral health) issues (cited in Robinson and Reitner, 2007). Presumably, that number would be even higher in a setting designed to care for those who subsist among the stresses of poverty. And yet the American healthcare system is designed to handle these psychosocial issues with professionals trained not in the psychosocial model but rather those trained almost exclusively in the biomedical model. It's a little like arriving at a major construction project with only a crane and a screwdriver; the tools might be effective sometimes but not nearly often enough.

It is with recognition of this incongruity that Heartland Community Health Center launched its integrated health care program. HCHC utilizes an evidence-based, integrated approach to combining mental and behavioral health services into a primary care, outpatient setting. The full time Behavioral Health Consultant, a Licensed Specialist Clinical Social Worker, at HCHC combines the tools and expertise of a behavioral health (mental health) provider with the tools and expertise of a medical provider. As a team they merge the best of both disciplines into a powerful combination that puts the expertise precisely where research tells us it is most needed.

Substance abuse is one of primary behavioral health issues that the primary care and behavioral health providers screen for at each patient visit, and this integrated model has been proven to be an effective approach for early intervention of such problems.

The model leads to the following scenarios that eliminate barriers to care: warm handoffs not cold referrals; on the spot treatment not another appointment; an established source of care not a new provider. This model has led to improved self-efficacy in the short term, and we're confident it will lead to improved long-term outcomes.

C. Provide a brief description of how the need for this program was determined.
The need for the program should be clearly established and outlined. When appropriate, the context of other services available, or the lack thereof, should be provided. Statistical data that supports community need should be provided.

According to the Douglas County Community Health Assessment Report recently released by the Lawrence-Douglas County Health Department, two of the top five health concerns in Douglas County include Insufficient access to health care services and Poverty. Not surprisingly, poor health contributes to poverty and poverty contributes to poor health creating a downward cycle of despair. According to the US Census, more than 14,000 local residents subsist below 200% of the Federal Poverty Level, making good health care services financially impractical. HCHC exists to provide a compassionate, comprehensive, integrated health care home for these individuals and families. Together, Health Care Access and HCHC together share the burden, challenge and reward of serving as a health care home for the substantial portion of our local community who don't have the resources to cover the cost of their own care. Although there are distinctions between organizations regarding patient eligibility, residency and insurance status, there is tremendous effort made for services to be complementary. More important than the differences, after all, is the unavoidable fact that the demand for services continues to outpace the combined efforts of the two organizations to grow to meet the need.

D. Describe the desired outcomes of this program (see Logic Model). At least one Process, one Behavioral and one Impact Outcome must be included and clearly outlined on Logic Model. Outcomes must be measured by an identified evaluation tool. Does agency show adequate progress towards achieving their targeted outcomes if previously funded.

See Logic Model Below.

E. Describe any coordination efforts your agency has made. Program strategy should involve a coordinated approach. Description should address how this particular program or service fits with other existing efforts to reduce fragmentation and duplication.

In addition to the advantages of this program already described above, the program coordinates the efforts and resources of the Bert Nash Center and HCHC. The infrastructure required to effectively manage and support a mental health clinician is established at Bert Nash but is not duplicated at HCHC because of this unique partnership. Utilizing a Bert Nash Licensed Clinical Social Worker as a full-time Behavioral Health Consultant embedded into the clinical operations of HCHC stretches the resources of both organizations by placing the consultant where the need is at HCHC but supporting her with the clinical management and administrative resources of Bert Nash.

One of the most significant resources that has been cultivated at HCHC is the semi-formal network that has engaged so many young, energetic, service-minded students as volunteers. These volunteers, a majority of whom later continues their education in medical school, wind up serving as patient health support coaches during a service year as AmeriCorps Members. Health Support coaches under the supervision of the Behavioral Health Consultant extend the reach of both the primary care provider and the behavioral health consultant. Through partnership with the United Way and the Kansas Volunteer Commission, AmeriCorps members leverage resources in a particularly powerful way. And bright young health care providers of tomorrow serve the underserved while gaining valuable exposure to a cutting edge integrated practice culture and to the highest clinical standards

F. Describe how your agency is capable of implementing the proposed program. Based on agency history, management structure, and staffing pattern, does organization have capacity to implement the proposed program and achieve the desired outcomes?

Initiated in early 2011, the risk of implementing an experimental idea has already been absorbed through a two-year grant from the Sunflower Foundation and sufficient capacity for the program has been demonstrated through strong leadership from the administrators of HCHC and Bert Nash. This request simply maintains an already operational program.

G. Provide a detailed budget for the proposed program using the categories provided. The budget request for the program described should be reasonable and spelled out according to the categories below. Does the organization use funding creatively to get the most for the money, i.e. use of students, volunteers, in kind donations, leveraging of this funding to get other funding, etc.? Are long-term plans for program funding discussed – will this be

an annual request for alcohol tax, is it expected to increase, decrease, etc.? Are other sources of funds used for the program? If so, are they described.

Personnel:	City of Lawrence	HCHC	In Kind	Total Project
Behavioral Health Consultant	50,000.00			50,000.00
AmeriCorps Members 3 FTE		15,000.00	60,000.00	75,000.00
Fringe Benefits:				
Payroll Taxes, etc		6,500.00		6,500.00
Office space:				
550 s.f. @ $10		2,750.00	2,750.00	5,500.00
Equipment and Supplies				
EHR Licensing Fee	8,000.00			8,000.00
	58,000.00	24,250.00	62,750.00	145,000.00

As previously detailed, the program interdepends upon and leverages community partnerships with both the Bert Nash Center and Douglas County United Way. The program also calls upon the best within the bright young leaders of tomorrow and makes a lasting impression upon them as they make early decisions that will impact the long-term trajectory of their entire health care careers. This program calls upon the generosity of local donors, one of whom supports HCHC by providing commercial office space at a fraction of the market value.

Long-term sustainability of the program relies nicely upon the long-range strategic plan at HCHC. That plan involves activating the federal resources available through becoming a Federally Qualified Community Health Center. HCHC has submitted an application, federal appropriations have made money available for this purpose and HCHC is in line to receive funding.

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	CITY COMMISSION GOAL(S)	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
70% of all visits to a primary care provider have a basis in psycho-social issues.	Service delivery	To provide behavioral health care including substance abuse screening, treatment and referral to the target population.	Individuals and families who are below 200% of the Federal Poverty Level.	Through integrated, behavioral health care, substance abuse screening and treatment can begin directly in the primary care setting.	All initial primary care encounters and all mental health encounters will include a screening to determine risk for alcohol/drug abuse.	90% of all patients and clients who screen as at risk will be counseled for substance abuse within three visits.	The target population will have the knowledge and skills to make individually appropriate choices about alcohol use and reduce the incidence of dependency thereby positively impacting an entire community.