



## City of Lawrence

### 2013 Social Service Funding Application – Non-Alcohol Funds

**Applications for 2013 funding must be complete and submitted electronically to the City Manager's Office at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) by 5:00 pm on Friday, May 4, 2012.**

**General Information:** Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used pursuant to the goals of the City Commission, which can be found below:

- **ECONOMIC DEVELOPMENT:** Promoting the economic development of Lawrence to provide varied work and business opportunities.
- **PLANNED GROWTH:** Encouraging growth that protects our environment, neighborhoods, and cultural features while benefiting all of our citizens.
- **COMMUNITY BUILDING:** Creating social capital and celebrating our heritage.
- **ENVIRONMENT ISSUES:** Integrating the environment into our decisions as we work towards a sustainable city.
- **NEIGHBORHOOD QUALITY:** Improving the livability of all Lawrence neighborhoods.
- **TRANSPORTATION:** Improving access for all citizens.
- **DOWNTOWN DEVELOPMENT:** Enhance the vitality of downtown while maintaining it as a unique community treasure.
- **SERVICE DELIVERY:** Provide excellent city services consistent with resources available.

**Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 2:00 to 6:00 p.m. on May 16 and May 23. Applicants are asked to make a contact person available by phone in case questions arise.** Following their review, the Advisory Board will forward recommendations for funding to the City Commission.

Recommendations will be based upon the following criteria:

- availability of city funds
- the need demonstrated through the agency's application
- the stated objectives of the applicant's program
- alignment of the program with the City Commission Goals
- the efforts to collaborate and avoid duplication of service demonstrated through the application
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the City Commission Goals
- past performance by the agency in adhering to funding guidelines (as appropriate)

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

**PLEASE NOTE THAT FUNDS WILL BE DISBURSED ACCORDING TO THE FOLLOWING SCHEDULE UNLESS OTHERWISE AGREED TO IN WRITING:**

- FIRST HALF OF FUNDS WILL NOT BE DISBURSED BEFORE APRIL 1
- SECOND HALF OF FUNDS WILL NOT BE DISBURSED BEFORE OCTOBER 1

**Questions?** Contact Casey Toomay, Budget Manager at [ctoomay@ci.lawrence.ks.us](mailto:ctoomay@ci.lawrence.ks.us) or at 785-832-3409.



City of Lawrence

2013 Social Service Funding Application – Non-Alcohol Funds

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Health Care Access Clinic
Name of Program for Which Funding is Requested: Clinical Program
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: Nikki White
Address: 330 Maine Lawrence, KS 66044
Telephone: 841-5760 Fax: 841-5779
Email: director@healthcareaccess.org

SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2013: \$33,800
B. Will these funds be used for capital outlay (equipment or facilities) in 2013? If so, please describe: n/a
C. Will these funds be used to leverage other funds in 2013? If so, how: n/a
D. Did you receive City funding for this program in 2012? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.): \$26,000 General Fund
1. How would any reduction in city funding in 2013 impact your agency? A reduction in our funding could result in a reduction of clinical staffing time and subsequent access to health care for the uninsured population. This in turn has proven to result in increased utilization of the Lawrence Memorial Hospital Emergency Department.
2. If you are requesting an increase in funding over 2012, please explain why and exactly how the additional funds will be used: We ask for assistance in sustaining our capacity growth as we doubled our numbers in 2011 and anticipate another 35% increase in appointments in 2012.

SECTION 3. PROGRAM BUDGET INFORMATION

- A. Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other. Attached
B. What percent of 2013 program costs are being requested from the City? 4.5%
C. Provide a list of all anticipated sources of funding and funding amount for this program in 2013:
Douglas County Government \$126,000
United Way \$85,983
Fundraisers, contributions \$215,000
KDHE primary care clinic grant \$180,000
Patient fees \$43,000
Grants \$39,517
Early Detection Works, misc income \$11,000
City of Lawrence \$33,800

TOTAL 2013 PROGRAM BUDGET \$737,500

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

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

Access to primary health care is lacking in our community, especially for the uninsured. The Kansas Health

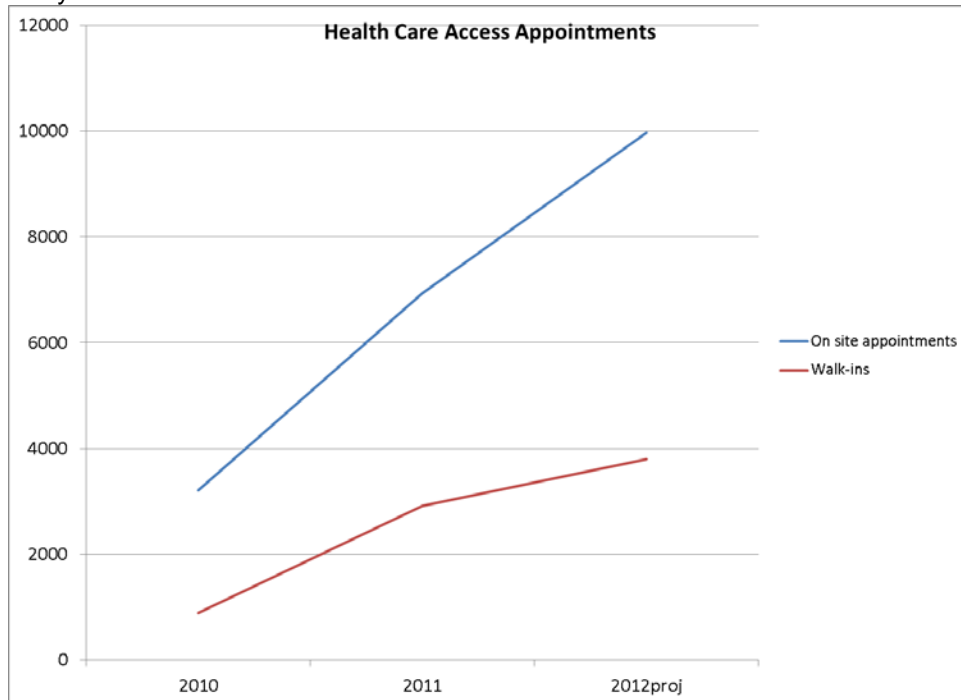
Institute in 2009 estimated 14.3% of Douglas County residents were uninsured. The Douglas County 2009 Behavioral Risk Factor Surveillance Survey revealed that 19.8% have never had blood cholesterol checked; in 2008 6.5% of women over age 40 have never had a mammogram; 5.8% of adult women have never had a pap; 29.4% of men over age 40 have never had PSA test; 32.9% of adults over age 50 have never had a colonoscopy; 67.2% of adults have never had an HIV test.

The recent Lawrence Douglas County Health Department Community Health Assessment identifies Access to Health Care as a continued need. The Health Care Access Clinic exclusively serves low-income, uninsured Douglas County community members through the provision of medical care and prescription assistance. Roughly 75% of Clinic patients live in households with incomes below the federal poverty line and all lacked access to a regular source of care, or medical home, due to various socio-economic barriers before finding care at the Clinic. In 2003, the Institute of Medicine’s “A Shared Destiny: Community Effects of Uninsurance” found that “for low-income residents and members of other medically underserved groups, clinics...play a special role in primary health care services delivery due to their close geographical proximity to underserved populations, their cultural competence and history in the community.” The Health Care Access Clinic holds this important place in the Lawrence community and continues to improve and increase services to meet growing needs.

The prevalence of chronic conditions presenting at the clinic continues to grow. Treating a condition at the least costly level prevents uncompensated, non-emergent visits to Lawrence Memorial Hospital’s emergency room, decreasing the burden of disease and cost shifting for all. The Clinic received donated in-kind services, medication, space, and materials valued over \$4 million in 2011. This number includes 12,315 prescriptions to treat our patients’ conditions through 6937 visits provided by staff and volunteers, services at Lawrence Memorial Hospital, and 1408 referrals to volunteer medical professionals. For every \$1 invested in our services, our program generates another \$7 worth of care for our patients. The clinic requests a \$10 fee for service from patients but does not deny care due to an inability to pay. 2011 fee collection accounted for 6.2% of the budget.

B. How was the need for this program determined?

The Clinic was started in 1988 to address the gap in the health care system between those who qualify for government health programs and private health insurance. The Lawrence-Douglas County Health Department does not provide primary care (illness treatment) thus the Health Care Access Clinic was created to provide a medical home to the uninsured rather than exclusive reliance on the Lawrence Memorial Hospital emergency department. Over the 20+ year history of the clinic, more than 14,000 individuals have accessed quality, comprehensive health care through our services and those provided through more than 100 volunteer physicians and mid-levels on and off site. The need for our services continued to be proven by the increase in utilization. The doubling of appointments over 2010 exceeded our expectations when adding clinical staff through a bridge grant. Through even more improvement in efficiencies, we anticipate another 35% increase this year over 2011 numbers.



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

The Health Care Access Clinic now has the capacity to be a medical home to 20% of our community members who are without health insurance. An estimated 95% of Clinic patients were residents of Lawrence, Kansas and less than half of Clinic patients are employed. The diversity of businesses employing clinic patients represents a broad range of industry, and demonstrates businesses within our community struggling to provide health benefits for their employees. Keeping these employees healthy and productive leads to better bottom lines for the businesses and provides opportunities for the advancement of employees towards better income and increased opportunities to secure health coverage for themselves and their families in the future.

D. How does the program relate to one or more of the goals of the City Commission (see page one)?

Stable funding gives our clinic a better chance to continue to afford our work and make an impact on this population's health and capability to be stronger contributing members of the local workforce. Insurance benefits are offered less frequently among local employers, large and small. Our efforts for medical attention and enhanced prevention, resource navigation and civil legal assistance are improving patients' abilities to avoid further crisis and need less repeat assistance from multiple sources. Complimentary services in the areas of wellness, such as our walking program and bike-give aways, are helping individuals help themselves even more as well.

Our mission to provide medical care to the uninsured creates a benefit to the City-owned hospital by keeping thousands of individuals from relying on the most expensive door in the health care system. The interdependency of LMH and Health Care Access Clinic improves their bottom line and helps our patients access needed test and services to continue the prescribed treatment for their health at an affordable level instead of fearing medical bankruptcy.

The recent Lawrence Douglas County Health Department Community Needs Assessment findings are highlighting the need for a multi-agency approach to improving the quality of life of our residents from poverty to access to health care. Our efforts are growing to seek collaborative efforts with government, private entities and peer social service agencies.

Police and medical costs waived for the Kansas Half Marathon benefitted our services, while bringing an estimated 4000 individuals from around the country to downtown Lawrence. This has helped build our capacity to meet the increasing demand each year. Continued support will enable us to ensure quality and comprehensive medical care to this population to return them to, and to help them maintain, health and productivity in their places of learning, work, and recreation throughout our community.

## **SECTION 5. DESCRIPTION OF PROGRAM SERVICES**

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

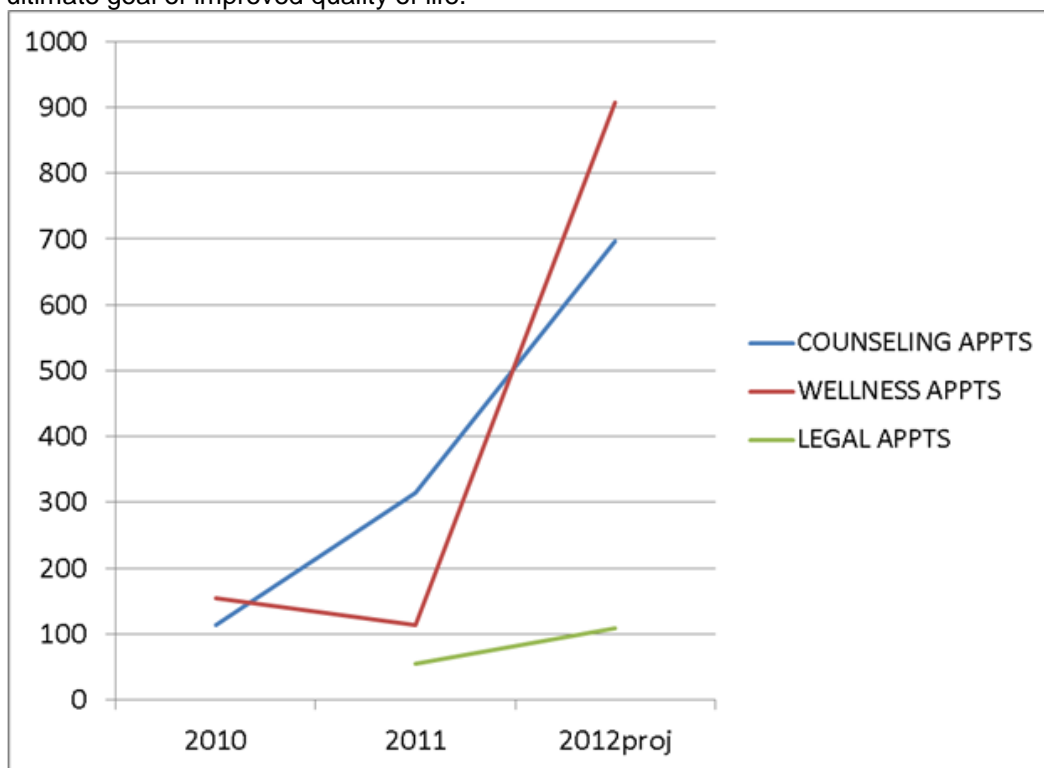
The Health Care Access' Clinical Program provides comprehensive primary care to the uninsured, low-income population of Douglas County through 2.0 FTE mid-level staff providers and over 100 area general practitioners and specialists in a volunteer network both on and off site. The move of the clinic to the LMH neighborhood in 2010, addition of Electronic medical records, and now doubling the clinical staff and adding evening hours has doubled our capacity in one year. We project serving close to 10,000 visits in all programs for roughly 3,000 patients in 2013. Clients are served through urgent and scheduled appointments Monday, Wednesday and Friday from 8:00a.m. to 4:30 p.m. and Tuesday and Thursday til 7:30 p.m. Volunteer physician and nurse practitioner clinics contribute an additional 10-20 hours of services per week, also a significant increase over the past two years. Prevention and early intervention are emphasized to address a growing chronically ill population. A vast and dedicated network of health care professionals in the Douglas County community donate care for Health Care Access Clinic patients, ranging from dermatology to assuming the care of individuals diagnosed with terminal illness. Lawrence Memorial Hospital underwrites low income patients' laboratory, radiology and auxiliary testing. However their projected write-offs for our patients are only projected to rise 3% this year despite a projected 35% increase in our clinic appointments. As demonstrated in a professional research study, the capacity of the clinic directly affects the usage of the emergency room.

New programs have been added at the clinic in response to new needs trending among our patients in the last two years. In addition, a new patient survey implemented this spring has already revealed incredible demand for our expanded services— a sign of access issues elsewhere (see graph). A Medical-Legal Clinic was created

in partnership with the University of Kansas School of Law allowing patients to seek counsel to resolve issues that would improve a health-related situation (poor housing conditions, custody for guardians applying for a child's medical card, etc.). Health Care Access' Mental Health services have been growing by leaps and bounds. In 2011, we provided 315 counseling appointments on site, a 279% increase over 2010, and we added a psychiatric nurse practitioner to our volunteer network. The decline in community mental health access for the uninsured in Douglas County led us to seek for and secure funding to add staff to our volunteer and student provider roster to meet more of the need. Wellness counseling has been a service of our Health Education interns from the University of Kansas Health Sport & Exercise Science department for many years. Patients learned more about a disease state and how to take corrective action through exercise, diet, stress management and more through 133 appointments last year. Even more took advantage of our monthly evening wellness classes at the clinic and our weekly walking groups. These students are also responsible for outreach in the community and last year were successful in turning up more children and seniors in need of care.

The clinical staff provide patient care, assist volunteer physicians in the clinic, and provides the critical link to our volunteer referral network which allows for our patients to receive advanced care as necessary without charge. Immediate crisis intervention and resource navigation to complimentary services in the community are supported, fostering better health and social outcomes with opportunities to solve problems that could break the cycle of poverty. While medical care is the mission of the Clinic, assistance for patients other areas of their life are giving them a chance to make personal and economic advancements in hopes of eliminating other crisis in their life. The additional specialized staffing for counseling and navigation has allowed for more efficiencies in the clinic for providers to focus just on medical issues and hand the other needs over to be addressed outside the clinic room.

We are in the process of making application for accreditation with the National Committee for Quality Assurance as a Patient Centered Medical Home. This is a status we wish to hold demonstrating our commitment to connecting individuals with comprehensive services and monitoring health outcomes for the best possible quality care. Providing comprehensive services in-house and through systematized collaboration fosters success of the ultimate goal of improved quality of life.



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

The Health Care Access Clinic is the only agency in Douglas County providing comprehensive health care services exclusively to community members who are without medical coverage (Medicare, Medicaid, health insurance) or a medical home (i.e. Indian Health Service, Veterans Administration, Student Health Services).

With a target audience of low-income, uninsured individuals, only an optional \$10 fee is requested. The Clinic does not duplicate services available at the Lawrence/Douglas County Health Department (immunizations, STD treatment, family planning, etc.) and they do not provide illness care as outlined in an annually signed Memorandum of Agreement, but there is constant collaboration in serving many of the same patients for different needs. Our illness care services range from treatment of colds and flu to chronic diseases such as diabetes and hypertension, and are available by same day or next day appointments for acute conditions, scheduled appointments, or by referral.

The Heartland Medical Clinic serves a combination of individuals with health insurance, medical cards, and uninsured on a sliding fee scale. Their offerings are a resource for patients who exceed our income guidelines or have 3rd party coverage. Other medical providers in the community also take a mix of self-pay to insured including Walgreens, PromptCare, Mt. Oread Family Practice, Pediatric & Adolescent Medicine and other practices. The Health Care Access Clinic only utilizes physicians who are board certified and have privileges at Lawrence Memorial Hospital and can, therefore, offer comprehensive care for any condition presented through its network of providers in Douglas County without competing with the private sector. Our system allows for treatment of virtually any case presented, without the consequence of medical bills that typically prohibit people from seeking treatment, thanks to the partnership with Lawrence Memorial Hospital and nearly every medical provider in the county. In addition, the Clinic is a member of the Community Health Improvement Project's Access to Health Care Task Force, comprised of entities with a health interest in the community, that meet monthly to foster collaboration of services. Its leadership group, of which we are also a member, monitors Healthy People 2020 related work in Douglas County.

In response to the frequent inquiry of the impact of Health Reform in 2014, the projected number of individuals in Douglas County who would shift from the uninsured count to eligible for Medicaid is roughly 5,000 individuals. This brings our target market down to 9,000 individuals, still well above our current patient capacity. With so many unknowns in this area, the Board of Directors continue to monitor changes but keep goals focused on increasing access to health care for our community members who otherwise have no access.

#### **SECTION 6. PROGRAM OBJECTIVES**

Please provide three specific program objectives for 2013. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2013," "credit counseling services will be provided to 600 clients in 2013," etc. **Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.**

- By 12/2013, patient enrollment will increase 10% over the 2012 clinic census.
- Health Care Access Clinic will be accredited as a Patient Centered Medical Home by 06/2013.
- By 12/2013, 60% of patients with hypertension will have a blood pressure reading <140/90.
- By 12/2013, 75% of patients with types I and II diabetes mellitus shall have a HgA1C of 9% or less.

	2013
	Budget
	Request
<b>Revenues:</b>	
Douglas County	123,000
City of Lawrence	33,800
United Way	85,983
Grants	39,517
Fundraisers	90,000
Contributions	125,000
Other: KDHE/State of Kansas	180,000
Other: Women's Health Reimbursements	11,000
Other: Patient Fees	43,000
Other: Record copies, indirect costs	3,200
Interest	3,000
<b>Total Revenues:</b>	<b>737,500</b>
<b>Expenditures:</b>	
Salaries	574,089
Health Insurance	see benefits
Employee Benefits	35,000
Supplies (office, clinical, medicine)	9,000
Utilities, Building Maintenance	6,000
Travel & Training	7,000
Office Equipment, Asset Acquisition	6,500
Debt Payments (transfer to Endowment)	-
Other: Payroll taxes	43,911
Other: Professional fees	18,000
Other: Telephone, postage, occupancy	10,500
Other: Printing, Publications, advertising	12,500
Other: Memberships, banking, ins, misc	15,000
Other: Restricted grant expenses	
<b>Total Expenditures:</b>	<b>737,500</b>