



2015 Social Service Funding Application - Special Alcohol Funds

Applications for 2014 funding must be complete and submitted electronically to the City Manager's Office at ctoomay@lawrenceks.org by 5:00 pm on Friday, May 2, 2014. Applications received after the deadline **will not** be reviewed by the Social Service Funding Advisory Board.

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 City Charter Ordinance 33, which states,

"Moneys in the special alcohol and drugs programs fund shall be expended on such programs, services, equipment, personnel, and capital expenditures as the governing body may from time to time determine is in the best interest of the public to address one or more of the following:

- (a) Prevention of alcoholism and drug abuse, including but not limited to education, counseling, public informational efforts and related activities; or
- (b) Alcohol and drug detoxification efforts and related activities; or
- (c) Intervention in alcohol and drug abuse or treatment of persons who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers; or
- (d) Law enforcement, prosecution, court activities and programs, or portions thereof, related to apprehending, prosecuting, adjudicating or monitoring individuals who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers, including individuals who are or may be charged with violating laws related to alcohol or drug use; or
- (e) Education, counseling, public information efforts, and related and associated activities related to preventing drug abuse and alcohol abuse, including but not limited to efforts to encourage healthy youth and family development and related efforts which include as a partial element drug abuse and alcohol abuse education, counseling, or public information efforts; or
- (f) Programs, activities, or efforts related to preventing or intervening in drug abuse and alcohol abuse, including programs, activities, or efforts for which drug abuse and alcohol abuse prevention or intervention comprises a partial element of the complete program, activity or effort; or
- (g) Any program, activity, or effort, or a portion thereof, that the governing body determines seeks to discourage, prevent, intervene, or address issues related to alcohol or drug abuse. The appropriation of funds by the governing body for such a program, activity, or effort shall be conclusive of compliance with provisions of this ordinance, and separate findings shall not be required."

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 8:00 a.m. to 12:00 p.m. on May 23 and May 30. 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 City Charter Ordinance 33
- 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.

Other Information. Collaboration and/or coordination between organizations is highly recommended and multi-agency proposals to address an identified community problem are encouraged. Programs should have research based effective strategies or "promising approaches." All programs must have goals with measurable outcomes.

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

The budget picture from the Kansas Legislature creates uncertainty as to the status of the local portion of the alcohol liquor tax. If the Legislature decides to eliminate or reduce the local portion of this tax, it will impact the City's ability to fund programs. The City of Lawrence is proceeding with the Request for Proposal process and accepting applications for the alcohol tax revenues, with the understanding that funding levels, if any, are unknown and potentially subject to reductions by the State Legislature.

Questions? Contact Casey Toomay, Budget Manager at ctoomay@lawrenceks.org or 785.832.3409.



2015 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/Behavioral Health Integration Project
Primary Contact Information (must be available by phone 5/23/14 and 5/30/14 from 8 a.m. to noon.)
Contact Name and Title: Ali Edwards, Development Director
Address: 1 Riverfront Plaza, Suite 100 Lawrence, KS 66044
Telephone: 785-841-7297, ext 208 Fax: 785-856-0375
Email: aedwards@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 2015: \$ 32,800

B. Provide a brief description of the program.

Heartland Community Health Center (“Heartland”) requests City of Lawrence funding to improve Service Delivery, one of the City Commission’s goals, by improving coordination of care for those with Substance Abuse or Mental Health disorders.

Heartland works collaboratively with the Bert Nash Community Mental Health Center (“Bert Nash”) Lawrence’s Community Mental Health Center to provide holistic primary care to community members with Severe and Persistent Mental Illness (SPMI) and substance use problems. This integrated approach to health care is becoming more and more prevalent across the country as research has shown that it improves the individual experience of care; improves the health of populations; and reduces the per capita costs of care for populations. While the model is rapidly spreading across the United States, Heartland and Bert Nash have pioneered the effort in Kansas and the greater Midwest.

As an expansion of the partnership that initially included mental/behavioral health providers from Bert Nash working at Heartland, in September 2013, Heartland placed a primary care provider at Bert Nash one day per week to provide primary care services to Bert Nash patients. This primary care provider consults and collaborates with patients, patients’ families, case managers and mental/behavioral health providers to establish a coordinated care plan which considers all aspects of the patients’ health: physical, mental, behavioral, social and spiritual. The outcome is high quality, affordable, holistic care provided in a way that decreases duplication of services and increases access to health care at a place in which the patient is already receiving services.

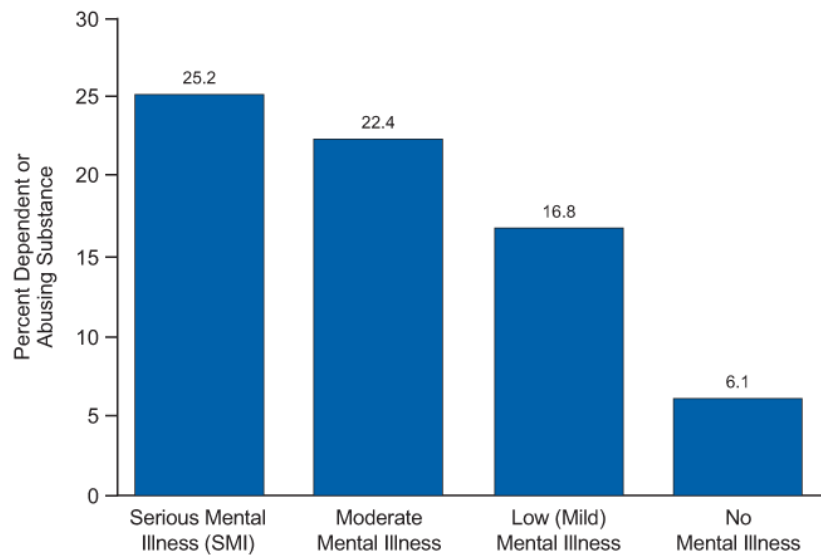
C. Provide a brief description of how the need for this program was determined.

A basic understanding of the inter-relatedness of substance use problems, mental health disorders and medical conditions is vital to addressing the needs of our community. Substance use problems and mental illness can cause medical conditions just as medical conditions can lead to substance use problems and mental illness. Unless we address the problem in a coordinated, holistic manner, we merely shift the problem from one agency to the next and back again, all the while continually increasing costs.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

- 42.8 percent of adults who have a substance use problem also have a mental disorder.

- More than half (68%) of adults with mental disorders have one or more medical conditions.
- 25.2 percent of adults with Severe Mental Illness also have a substance use problem, whereas only 6.1 percent of adults without a mental illness have a substance use problem. (see graph below)



These statistics together weave a compelling case that physical health, mental health and behavioral health are significantly interrelated, making it vital to treat them at the same site by the same care team on a consistent basis.

At Heartland in 2013, **916 distinct patients** (80% of all patients, 85% of adult patients) were screened for alcohol and/or drug use. Using the standardized scoring of AUDIT-C (Alcohol Use Disorders Identification Test), **409 patients** (45% of those screened, 38% of all adult patients) screened positive for likelihood of alcohol dependence and/or harmfully consuming alcohol. While this screening tool occasionally identifies people who have healthy relationships with alcohol as being at risk for harmful drinking or dependence, our providers use their independent clinical judgment to make treatment and referral decisions.

The sheer volume of people identified to be at high risk of having a harmful relationship with alcohol underscores the need for integrated care in the primary care setting, which we have begun to address by incorporating mental/behavioral health providers in our primary care team. And by similar logic, because we estimate 50 percent of Bert Nash clients have a chronic medical condition, we began offering “reverse integration” by placing a primary care provider at Bert Nash in September 2013.

As described in Section F, since placing a primary care provider at Bert Nash one day per week, the health of clients with mental or substance abuse disorders has improved dramatically. And we have found that some patients Heartland began seeing at Bert Nash have begun getting their regular primary care at Heartland, naturally expanding the partnership beyond the one day per week our primary care provider is treating patients in the mental health setting.

Because of the initial results from the experiment in reverse integration, Heartland is now expanding its reach at Bert Nash to include all Bert Nash clients, not just those with Severe and Persistent Mental Illness.

All components of health are significantly interrelated, which makes it difficult to pinpoint the cause. By offering integrated care to all patients, we ensure we are treating the root cause of health concerns instead of merely managing the presenting symptoms. The result is decreased health care costs, improved health outcomes and a healthier community.

D. Describe the desired outcomes of this program (see Logic Model).

In addition to those listed in the logic model attached, Heartland and Bert Nash expect to achieve the following outcomes, which have been identified as positive outcomes in other integrated care settings.

1. Increased access to primary care
2. Reduced duplication of services
3. Improved health outcomes

4. Improved patient satisfaction
5. Reduced unnecessary ER visits
6. Reduced overall health care costs

E. Describe any coordination efforts your agency has made.

Heartland and Bert Nash have partnered together to offer integrated health care to the Lawrence community since early 2011.

In February 2011, the Sunflower Foundation awarded funding to Heartland that embedded a Behavioral Health Clinician from Bert Nash into the primary care operation of Heartland. The Clinician began working part time at Heartland coordinating care for shared patients and participating as an integral part of the team of providers at Heartland. The health care team quickly became engaged in the power of the integrated model, and the Clinician was soon seeing 6-10 patients daily for referrals affectionately termed "warm handoffs." The Clinician also scheduled and provided follow-up behavioral health services. Within 8 months, the Clinician was full time onsite at Heartland. As a relative indicator of provider buy-in and level of embedment, at least 25 percent of primary care visits in a given day might generate a warm handoff to the Clinician.

After this initial foray into integrated care, Heartland began contracting with a Bert Nash psychiatrist to consult with Heartland primary care providers about patients who take psychotropic medications as part of their treatment plan. In return, Heartland placed a primary care provider at Bert Nash to treat patients in the mental health setting one day per week.

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?

As described above, Heartland and Bert Nash have a solid and expanding partnership and are poised to take the next step in offering holistic, integrated care to the Lawrence community. Heartland and Bert Nash leadership and providers have embraced the integrated model of care and are continually working toward creating a more efficient and effective system of care.

The integrated care model has proven to be successful in improving health outcomes, increasing patient satisfaction, and increasing provider satisfaction. The integrated model is gaining traction across the nation and is a focal point of the federal Community Health Center program: a program that provides support and funding for health centers to treat low-income and uninsured populations. As one of 17 funded health centers in Kansas, Heartland is a part of a larger network working toward a culture of preventive care by combating substance use, obesity, tobacco use, mental illness, and chronic disease.

Because of the widespread support gained through the integration efforts of Heartland and Bert Nash thus far, the two entities can leverage a large number of resources and technical assistance from the Sunflower Foundation, the Kansas Association for the Medically Underserved, the federal Health Resources and Services Administration (HRSA) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to ensure continued success.

Though a Heartland primary care provider has only been treating patients at Bert Nash for approximately seven months, she has already treated nearly half of the SPMI population previously without a regular source of primary care. The results have been substantial. One case manager from Bert Nash recalled one of her patients who began getting care from the primary care provider placed at Bert Nash: *"My client just couldn't seem to get healthier. Her mental health symptoms were getting worse, and she couldn't seem—or want—to get her diabetes under control. Since starting to see [Heartland's primary care provider], my client has been able to get off of three different medications. Her mental health symptoms have lessened, and she has been able to start to get her diabetes under control."*

One other case manager reported: *"If I compare my clients who go to Heartland to those who don't, my clients who go to Heartland are simply healthier, top to bottom."*

Because of the successful results we've seen so far, we are expanding Heartland's reach at Bert Nash to all Bert Nash clients, not just those with Severe and Persistent Mental Illness. Expanding Heartland's primary care practice at Bert Nash is simply the next step in continuing to offer more coordinated care to improve health outcomes and reduce duplication of services.

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(list each staff position individually and note if new or existing)
- Fringe Benefits
- Travel
- Office Space
- Supplies: office
- Supplies: other
- Equipment

	City of Lawrence	Heartland/Bert Nash	Total Project
Personnel:			
APRN (.40 FTE) Existing	\$32,800		\$32,800
Receptionists (.20 FTE) Existing		\$5,100	\$5,100
Contracted IT support (200 hours/yr.) Existing		\$8,000	\$8,000
Fringe Benefits (22% of salary):			
Payroll taxes, health/dental/vision insurance		\$8,338	\$8,338
TOTAL	\$32,800	\$21,438	\$54,238

Budget Narrative:

Personnel:

APRN: \$32,800 for .4FTE salary of a nurse practitioner to see patients at Bert Nash one day per week and to follow up with those patients at Heartland or Bert Nash, depending on patient preference.

Reception (Bert Nash): \$5,100. Bert Nash will provide the funding for the salary of one receptionist one day per week to schedule, check in, check out and input shared Heartland/Bert Nash patient demographic/financial information into the patients' charts.

IT support: \$8,000. Heartland will contract for 200 hours of Bert Nash IT support at \$40/hour to provide access to both Heartland and Bert Nash's electronic medical records to the shared patients' care teams and to do any troubleshooting necessary.

Fringe Benefits:

APRN and reception fringe benefits and payroll taxes: $\$32,800 + \$5,100 = 37,900 \times 22\% = \$8,338$

Other budget notes:

While the health care system is moving closer and closer toward integration, one of the reasons that Heartland and Bert Nash are on the forefront of the integrated health care movement in the Midwest is because reimbursement has not caught up to best practice. As such, Heartland is able to cover most of the cost of providing primary care to patients but is unable to be reimbursed for the case management and "extra" treatment it provides that falls outside of the scope of traditional primary care. Incidentally, approximately 50 percent of the work that Heartland does that is proven to improve outcomes and lower health care costs—mostly behavioral health treatment—is either poorly reimbursed or not reimbursed. Because of the poor reimbursement, Heartland anticipates this to be an annual ask for alcohol tax funding until reimbursement mechanisms advance to cover the cost of these important services.

SECTION 3. LOGIC MODEL

Please complete the Logic Model below.

ASSESSMENT DATA	PROGRAM GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>1. 42.8 percent of adults who have a substance use problem also have a mental disorder.</p> <p>2. More than half (68%) of adults with mental disorders have one or more medical conditions.</p> <p>3. 25.2 percent of adults with Severe Mental Illness also have a substance use disorder. Only 6.1 percent of adults without a mental illness have a substance use disorder.</p>	<p>1. To offer holistic care- physical, mental, behavioral- to Bert Nash patients. Treatment will include substance abuse screening, treatment and referral to the specialized care.</p> <p>2. To treat the root causes of substance abuse, mental illness and physical health issues.</p> <p>3. To reduce overall health care costs, principally among those with mental illness or substance use diagnoses.</p>	Clients of Bert Nash	Through offering holistic, integrated care in the mental health setting, clients with a mental health and/or substance use diagnosis will be able to receive treatment for physical, mental, behavioral or social health issues at the same.	Within one year, 400 Bert Nash clients without regular primary care will have visited the onsite primary care provider.	Fifty percent of the target population with a chronic disease (diabetes, hypertension, etc.) will have improved health outcomes within six months of the beginning of the project, as tracked in their electronic health record.	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.