



2016 Social Service Funding Application – Non-Alcohol Funds

Applications for 2016 funding must be complete and submitted electronically to the City Manager's Office at ctoomay@lawrenceks.org by 5:00 pm on Friday, May 15, 2015. Applications received after the deadline or not following the attached format **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 to support activities that align with the Community Health Plan which was developed with input from many people throughout the community. The five areas for the plan are listed below:

- Access to healthy foods
- Access to health services
- Mental health
- Physical activity
- Poverty and jobs

More information on the Community Health Plan can be found at <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>.

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 27. **Applicants are asked to make a contact person available by phone at that time 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 stated objectives of the applicant's program
- alignment of the program with the Community Health Plan
- the efforts to collaborate and create a seamless system of support for residents
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the Community Health Plan
- 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, Assistant City Manager at ctoomay@lawrenceks.org or at 785-832-3409.



City of Lawrence

2016 Social Service Funding Application – Non-Alcohol Funds

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Health Care Access, Inc.

Name of Program for Which Funding is Requested: Clinic Program

Primary Contact Information (must be available by phone 5/27/15 from 8 a.m. to 12:00 p.m.)

Contact Name and Title: Kim Polson, Interim Executive Director

Address: 330 Maine St. Lawrence, KS 66044

Telephone: 785-856-1672 (office) 913-530-4679 (cell) Fax: 785-841-5779

Email: director@healthcareaccess.org

SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2016: **\$26,800**
- B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe: **NA**
- C. Will these funds be used to leverage other funds? If so, how: **NA**
- D. Did you receive City funding for this program in 2015? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.): **YES \$26,800 in Non-Alcohol Funds**
1. How would any reduction in city funding in 2016 impact your agency? **A reduction in funding would result in a reduction of clinical staffing time and subsequent loss of access to health care for the low income, uninsured population in Douglas County. Reduced access to primary care for this population is proven to result in increased inappropriate utilization of the Emergency Department.**
 2. If you are requesting an increase in funding over 2015, please explain why and exactly how the additional funds will be used: **NA**

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.

Health Care Access, Inc.	2016
	Proj Budget
<u>Revenues: (All existing)</u>	
Douglas County	123,000
City of Lawrence	26,800
United Way	104,660
Other Grants	33,500
Fundraisers	121,000
Contributions	103,792
Other: KDHE/State of Kansas	220,000
Other: Women's Health Reimbursements	16,000
Other: Patient Fees/	60,000
Medicaid/Insurance	50,000
Other: Record copies, indirect costs	5,000
Interest	650

Endowment Funds	26,000
Total Revenues:	890,402
Expenditures:	
Salaries (see below for position breakdown)	699,949
Health Insurance	see benefits
Employee Benefits	44,340
Supplies (office, clinical, medicine)	24,100
Utilities, Occupancy, Building Maintenance & Repair	13,000
Travel & Training	4,000
Office Equipment, Asset Acquisition	3,000
Debt Payments (transfer to Endowment)	0
Other: Payroll taxes	57,713
Other: Professional fees	18,000
Other: Telephone/Internet, postage, occupancy	7,000
Other: Printing, Publications, advertising	1,000
Other: Memberships, banking, ins, misc	18,300
Other: Restricted grant expenses	11,500
Fundraising expenses	49,500
Total Expenditures:	890,402

SALARY BREAKDOWN BY POSITION

CLINICAL	
Clinic Coordinator 1.0 FTE	76,875
Clinic Provider 1.0 FTE	75,850
Clinic Nurse1 1.0 FTE	53,000
Clinic Nurse2 1.0 FTE	53,000
Clinic Asst1 1.0 FTE	21,960
Patient Navigator, LSCSW 1.0 FTE	54,838
Medication Coordinator Pharm Tech 1.0 FTE	26,352
Wellness Coordinator 1.0 FTE	25,504
AmeriCorps Member	4,800
CLERICAL	
Receptionist 1.0 FTE	23,985
Check Out/Receptionist2 1.0 FTE	23,452
ADMINISTRATIVE	
Chief Executive Officer 1/0 FTE	100,000
Development Coordinator 1.0 FTE	46,125
Chief Operations Officer	67,000

Administrative Assistant 1.0 FTE	26,821
TOTAL SALARY (2015)	679,562
+ 3% increase	20,387
TOTAL SALARY (2016)	699,949

- B. What percent of 2016 program costs are being requested from the City? **3%**
- C. Provide a list of all anticipated sources of funding and funding amount for this program in 2016:

Revenues: (All existing)

Douglas County	123,000
City of Lawrence	26,800
United Way	104,660
Other Grants	33,500
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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.

"Uninsured people are far more likely than those with insurance to report problems getting needed medical care. One-quarter of adults without coverage (25%) say that they went without care in the past year because of its cost compared to 4% of adults with private coverage.¹ In states that did not expand Medicaid, nearly five million poor uninsured adults have incomes above Medicaid eligibility levels but below poverty and fall into a "coverage gap" of earning too much to qualify for Medicaid but not enough to qualify for Marketplace premium tax credits.² Unfortunately, Kansas is one of those states that opted not to expand KanCare, the state's Medicaid program. 60,000 Kansans fall into this coverage gap and have no increased access to medical insurance with the implementation of the Affordable Care Act (ACA).³ People in the coverage gap are likely to face barriers to needed health services or, if they do require medical care, potentially serious financial consequences. The safety net of clinics and hospitals that has traditionally served the uninsured population will continue to be stretched in these states.² At the local level, the Douglas County Community Health Plan acknowledges this challenge by including "Access to Health Services" as one of its five priority issues to be addressed between now and 2018.⁴ While expansion has gained support and momentum in the state legislature, at the time of this application, it does not appear that expansion will happen in 2015. Health Care Access (HCA) is hopeful though that expansion will occur in 2016.

Health Care Access serves low-income uninsured Douglas County residents (90% of which live in Lawrence) through the provision of medical care and prescription assistance. In 2014, the clinic saw 1,773 unique patients via 7,757 on-site appointments. These appointments included regularly scheduled appointments to manage chronic conditions and provide preventive care (70%), counseling appointments (18%), and wellness visits (12%). HCA helped our patients manage their conditions by providing access to over \$240,000 worth of

medications through samples and prescription assistance programs. The clinic's relationship with the medical community remains strong with 676 referrals to external providers last year. The clinic requests a \$10 - \$15 appointment fee for each medical or counseling appointment, but no patient is turned away due to inability to pay. The clinic collected over \$32,000 in appointment fees in 2014. The value of care provided to our patients was over 2.7 million dollars (total uncompensated, in-kind care + HCA staff value) in 2014.

¹ Kaiser Commission on Medicaid and the Uninsured. The Uninsured: A Primer - Key Facts about Health Insurance on the Eve of Coverage Expansions. October, 2013. <http://kff.org/uninsured/report/the-uninsured-a-primer-key-facts-about-health-insurance-on-the-eve-of-coverage-expansions/>

²The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – Issue Brief – 8505-02 <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/?special=footnotes>

³ The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid –An Update <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update/>

⁴2013 Douglas County Community Health Plan <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>

B. How was the need for this program determined?

2015 marks HCA's 27th year of service. Over 16,985 individuals have accessed quality, comprehensive health care through our clinic. The clinic mission to address the gap in the health care system between those who qualify for government health programs and private health insurance remains strong. Even with implementation of the ACA, the need for our services has not diminished. The state's decision not to expand Medicaid as part of the implementation of the ACA leaves HCA patients without access to affordable health insurance coverage. Even if the state of Kansas opts to expand Medicaid in the future, it is estimated up to 5,000 individuals in Douglas County will still fall through the logistical cracks and need access to care without insurance. In 2015, HCA also plans to explore expanding our mission to accept insurance with the intent of being able to continue to care for our current patients should Medicaid expand and they become insured. Medicaid expansion would also result in an influx of newly insured patients in Lawrence and Douglas County. HCA would like to be able to help meet the primary care needs of the community by positioning the clinic to care for these individuals. It is for this reason, HCA has added a Medicaid/Insurance revenue line item on the 2016 program budget projection.

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

An estimated 90% of Health Care Access patients reside in Lawrence. While some of these patients are unemployed, the majority work in the Lawrence community. The businesses whose employees use Health Care Access represent a diverse group of industries. The need for their employees to use HCA exposes the struggle these employers have in providing health insurance benefits. These employers have had little to no assistance in meeting this need with the state's decision not to expand Medicaid. Keeping employees healthy and productive leads to better outcomes for business and provides opportunities for advancement, increased income, and ultimately access to health insurance coverage for the individual and their family. The city has a vested interest in its work force becoming and remaining healthy, regardless of their current access to medical coverage.

D. How does the program align with the Community Health Plan (see page one)?

Access to health services is one of the five priority issues addressed by the Douglas County Community Health Plan "Roadmap to a Healthier Douglas County." The "Access to Health Services" goal is "To assure a health care system in Douglas County effectively and efficiently offers preventive and primary care services that are timely, accessible, and affordable for all residents of the county." This goal is virtually interchangeable with the mission of HCA. HCA was recognized as a Patient-Centered Medical Home by the National Committee for Quality Assurance in August 2013 -- the first in Douglas County. This recognition involved meeting rigorous standards about the range of care provided ("preventive and primary") and that it is available to patients when they need it via standardized response time, consistent communication, and same day access ("timely, accessible"). HCA is the only clinic in Douglas County that sees our residents regardless of the ability to pay (meaning they are not turned away or asked to reschedule if they cannot pay the nominal appointment fee at time of service, they will not receive a bill or be sent to collections, and future services will not be withheld due to an outstanding balance) making it "affordable for all residents of the county." Beyond "Access to Health Services," HCA supports the "Access to Healthy Foods" goal by partnering with Just Food, K-State Research and Extension, School Garden Project, the Lawrence-Douglas County Health Department, and No Child Hungry to "enhance access to healthy foods for low-income families." HCA supports the "Mental Health" goal as well by integrating mental health services into our primary care model and increasing awareness of the availability of those services to the low-income, uninsured in Douglas County.³ HCA provided more than 1,400 counseling appointments to HCA patients in 2014. These are patients who likely would not have access to other local mental

health resources due to their uninsured status and income level.

³2013 Douglas County Community Health Plan <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>

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 clinical program at Health Care Access provides comprehensive primary care to the uninsured, low-income residents of Douglas County via 2.0 FTE mid-level provider led care teams. The clinic had 7,757 visits by 1,773 patients in 2014 and anticipates that number remaining steady for 2015, even with increased access to medical coverage for some of our patients on the Health Insurance Marketplace. The lack of Medicaid expansion means HCA's patient population will remain stable and new patients, whose employers have dropped health insurance coverage as a benefit now that it is available to the individual, may find themselves without coverage during the transition. Patients are served through scheduled and same day appointments Monday, Wednesday, and Friday from 8:00 a.m. to 4:30 p.m., Tuesday from 9:00 a.m. to 7:30 p.m. and Thursday from 8:00 a.m. to 7:30 p.m. Volunteer physicians and nurse practitioners contribute an additional 10-20 hours of service a week. Prevention and early intervention are emphasized to address a growing chronically ill population. A vast and dedicated network of health care professionals in the community, from dermatology to oncology, provides specialty care for our patients at greatly reduced cost. Lawrence Memorial Hospital also provides charitable rates for HCA patient lab and imaging services.

Clinic programs have been added in response to new needs trending among patients in the last several years. Access to mental health resources has decreased in our community for this particular population. HCA employs a full-time clinical social worker and partners with the clinical and counseling psychology programs at University of Kansas to provide short-term, solution focused counseling and resource navigation. Continued funding is essential as we assess the most effective and cost efficient ways to meet the mental health needs of those Lawrence residents who cannot afford services elsewhere. Our wellness program has grown 200% in the last two years and has become an integral part of the plan of care for our patients. Patients are able to access wellness services and the clinic's exercise area as frequently as they would like, at no charge, and receive nutrition counseling and resources from our wellness staff. This program focuses on life style changes that directly support the efforts of the medical providers to improve patient outcomes. The most recent additions to this program are wellness "tracks" that are actually prescribed by the provider in the same way they would prescribe medication to address issues such as hypertension, diabetes, weight loss, and stress reduction. In 2014, HCA began providing point of care testing via an on-site clinical chemistry system that allows basic lab work to be done onsite at the time of service. Patients no longer need to report to an external location for a blood draw and wait days for the results of basic lab work. HCA providers are able to draw the sample on-site and provide results in as little as 15 minutes while the patient is still at the clinic. This new service allows for immediate changes in treatment, prescription dosing, and immediate patient education -- and is available for a \$10-\$15 charge, unlike external lab testing which is cost prohibitive for our patient population. HCA is a recognized Patient-Centered Medical Home. This designation demonstrates 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 health and quality of life for our patients.

- 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?

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?

Health Care Access is currently the only agency in Douglas County providing comprehensive health care services exclusively to community members who are without a medical home (i.e. Indian Health Service, Veterans Administration, Student Health Services) or medical coverage (Medicare, Medicaid, health insurance). With a target population of low-income individuals, only a \$10 - \$15 fee is requested. No one is turned away due to inability to pay. The Clinic does not duplicate services available at the Lawrence/Douglas County Health Department (STD

treatment, family planning, etc.) and the Health Department does not provide illness care. 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 appointment for acute conditions and routine care. There is constant collaboration between the two organizations to facilitate serving many of the same patients.

Heartland Community Health Center became a Federally Qualified Health Center in the summer of 2012 resulting in the ability to receive enhanced reimbursement from Medicare and Medicaid as well as significant Federal dollars for operating expenses. This new funding and focus for Heartland means that HCA is the only clinic exclusively serving the uninsured in Douglas County. Other medical providers in the community take a mix of self-pay to insured including Walgreens, PromptCare, Mt. Oread Family Practice, Pediatric & Adolescent Medicine and other practices. If Medicaid does expand and the majority of HCA's patients gain access to Medicaid, Heartland and local private practices would not be able to absorb HCA's current patient population. HCA's exploration of accepting insurance in 2015 is intended to mitigate the impact to lower income Lawrencians should Medicaid expand. HCA utilizes volunteer physicians who are board certified and have privileges at LMH and can, therefore, offer comprehensive care for any condition presented through its network of providers in Douglas County. Our system allows for treatment of virtually any case presented, without the consequence of exorbitant 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 works closely with other non-profit organizations who serve the same population, including the United Way, Lawrence Community Shelter, DCCCA, Just Food, Douglas County Dental Clinic, and Visiting Nurses to ensure we avoid duplication of services and maximize efficiencies whenever possible to best utilize the city of Lawrence's valuable, but limited, resources.

Two examples of the many successful collaborations in 2014 are:

- VNA and HCA entered into a United Way collaboration to provide physical and occupational therapy to HCA patients onsite and at no charge. These are patients who could not afford the necessary ongoing therapy needed at LMH or other entities, even with charitable care rates. This partnership has resulted in a 16% reduction of non-emergent use of the LMH Emergency Department for musculoskeletal reasons by this population which equates to more than \$75,000 in what would likely otherwise be uncompensated care.
- HCA has also continued our relationship with the Lawrence Community Shelter (LCS). LCS transports shelter guests twice a week for reserved clinic appointments that are available to them at no charge. This relationship facilitates the establishment of a primary care relationship for individuals who likely have had little to no care in the past, focuses on preventive visits in addition to acute, and is at a value of approximately \$25,000 a year in care for shelter guests. Prior to this collaboration, most shelter guests utilized the Emergency Department as their only means for health care.

SECTION 6. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2016. 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 2016," "credit counseling services will be provided to 600 clients in 2016," etc. **Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.**

By 12/31/2016, 65% of diabetic patients will have HbA1c testing done.

By 12/31/2016, 50% of diabetic patients will have an HbA1c <7.0%.

By 12/31/2016, 60% of hypertension patients will have a blood pressure <140/90.