



## 2016 Social Service Funding Application - Special Alcohol Funds

Applications for 2016 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 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 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 27. **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, Assistant City Manager at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) or 785.832.3409.



## 2016 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: Behavioral Health Integration  
Primary Contact Information (must be available by phone 5/27/14 from 8 a.m. to noon.)  
Contact Name and Title: Allie Nicholson, Operations Manager  
Address: 1 Riverfront Plaza, Suite 100 Lawrence, KS 66044  
Telephone: 785-841-7297, ext 208 Fax: 785-856-0227  
Email: asmith@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 2016: \$ 30,000**

**B. Provide a brief description of the program.** Summary of program should be clear and concise. How is program consistent with City Charter Ordinance 33? 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.

Heartland Community Health Center (“Heartland”) requests City of Lawrence funding to screen for and intervene in substance abuse among Heartland patients.

Every patient who establishes care with Heartland is screened for substance abuse and then annually thereafter. Any patient who screens positive for possible substance abuse is referred to Heartland’s Behavioral Health Consultant who then completes a more in-depth screening to determine the severity of the patient’s substance use. The Behavioral Health Consultant then determines if the individual could benefit from a simple brief intervention that she would administer or if more intensive treatment is needed. If more intensive treatment is needed, she either refers the patient to an in-house consultant from DCCCA, a Douglas County drug and alcohol treatment facility, or refers the patient to other outpatient or inpatient treatment.

This type of approach is called SBIRT (Screening, Brief Intervention, Referral to Treatment). SBIRT is an evidence-based practice designed to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs (SAMSHA). It incorporates population screening and brief interventions into routine practice instead of only being done when a substance abuse problem is already identified. The result is more people getting help earlier, which leads to less time and fewer resources taken to aid in behavior correction or recovery. Studies show that intervention participants reduce their alcohol consumption an average of 13 percent to 34 percent. In addition, a recent analysis concluded that brief interventions may reduce mortality rates among problem drinkers by an estimated 23 to 26 percent ((NIAAA *Alcohol Alert*, Number 66, July 2005).

The cornerstone of the SBIRT process is the Behavioral Health Consultant (BHC). The role of the BHC at Heartland is to offer brief, immediate support to Heartland providers and their patients in areas such as mental health concerns, coping with chronic illness and life problems, substance use issues, and behavioral change assistance in a variety of areas such as weight loss, medication compliance, and lifestyle change. Heartland’s BHC is Karin Denes-Collar, LCSW, who has more than 12 years of experience treating patients in a clinical setting. She supervises all the health coaches who

administer the initial substance use screenings and is the liaison between Heartland and any substance abuse treatment facilities we refer patients. Without the Behavioral Health Consultant, the whole process falls apart.

For the past four years, Heartland has contracted for a full time Behavioral Health Consultant from Bert Nash. This position had, up to this point, been paid through a grant from the Sunflower Foundation. The Foundation has committed to long-term support of integration efforts in Kansas, and our own funding from the Sunflower Foundation will be used to focus on integrating psychiatry and other historically siloed services into primary care. Because of how central the Behavioral Health Consultant is to the success of our patients, Heartland is committed to continuing funding for this position, and therefore requests City of Lawrence funding to support a portion of the salary of its Behavioral Health Consultant.

**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.

Up to 31 percent of all patients who are treated in an Emergency Department and as many as 50 percent of severely injured trauma patients (i.e., patients who require hospital admission, usually to an intensive care unit) test positive when screened for alcohol problems (NIAAA *Alcohol Alert*, Number 66, July 2005). We know that substance use leads to risky behaviors, and SBIRT specifically targets those whose use may be risky or abusive but has not manifested as addiction yet. **In our own clinic, 50.5 percent of patients screened from 5.1.14-4.30.15 stated that they had six or more drinks in one sitting within the past year, and 23 percent of patients stated that they have six or more drinks in one sitting at least monthly.** For comparison, the CDC recommends a maximum of two drinks per day (no more than 14/week) for men and one drink per day (no more than seven/week) for women. While many of our patients may just need a little guidance to help them use substances responsibly, some who drink more alcohol more often may require more intensive intervention.

In Lawrence, most college students and young adults are not experiencing addiction, but may be engaging in risky substance use. The Lawrence-Douglas County Health Department found that in 2011, 26% of adults in Douglas County engaged in binge drinking. This was approximately 8% higher than the US and 9% higher than the rest of Kansas (18.3% in US, 17% in Kansas). By catching this and intervening in risky substance use early, we're eliminating a lot of harm done and money spent trying to reverse harm. By intervening at this time, we hope to avoid the life-ruining damage of addiction and abuse.

In Lawrence, DCCCA, Inc. is helping people who are suffering from substance abuse and addiction. Among other organizations like Alcoholics Anonymous and various recovery houses, DCCCA takes on a lot of the work in helping people recover from addiction in Lawrence.

Heartland is not attempting to duplicate the services of these organizations. By screening every patient who establishes care at Heartland and then referring them appropriately to follow-up care, Heartland is attempting to catch risky substance use early and then funnel resources to those patients to help correct the risky behavior. Instead of someone hitting rock bottom before they seek help, we help to catch people before addiction manifests.

**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.

Heartland works closely with Bert Nash and DCCCA, Inc. to make this process successful. As mentioned above, it contracts with Bert Nash for a full time Behavioral Health Consultant (BHC). For the past four years, this BHC has worked with Heartland clients who have mental illnesses, who have substance use disorders, who need extra help

managing their diabetes, who want assistance in quitting smoking or who just need someone to talk to. Having her as a resource and part of our clinical care team has been invaluable. Because up to 70 percent of everything that presents in a primary care exam room has nothing to do with biology and instead has everything to do with psycho-social issues, primary care providers, who spent most of their training learning biology, are often ill-equipped to treat patients. Primary Care Providers use the BHC to consult with about diagnoses and treatment plans for approximately 25-50 percent of patients at Heartland. Because of the liability it creates, if a provider doesn't have the resources to do anything about a person's depression or substance use, they don't ask. Without a BHC, we would not be able to offer half of the services we offer now.

Additionally, while Heartland's BHC has been screening and providing brief interventions for substance use for more than four years, Heartland is beginning to also partner with DCCCA, Inc. to provide treatment for patients who may need more intensive outpatient or inpatient treatment. Starting within the next month, DCCCA staff will be onsite at Heartland once per week to take referrals of patients whom the BHC or other providers have determined need more resources than Heartland staff can offer. We will introduce the patient to the DCCCA staff member while the patient is in the office, essentially forming a "warm handoff" from our provider to more specialty care. By using warm handoffs to introduce a patient to care instead of referring patients to a different facility across town on a different day where they have to pay an additional copay, we see higher compliance rates and better follow up by the patient.

This is not DCCCA and Heartland's first attempt to work together. Heartland has been working with DCCCA for nearly a year to provide primary care for all women enrolled in the First Step House, DCCCA's residential treatment program for women. Once enrolled, each woman undergoes a medical evaluation by a Heartland provider. Heartland's medical director also acts as First Step House's medical director and provides medical oversight to the First Step staff, so Heartland and DCCCA staff work very closely with one another to take care of the women enrolled in First Step House.

Heartland's collaboration with Bert Nash and DCCCA, Inc. make screening and intervening in substance use possible. Bert Nash makes the expertise of a Behavioral Health Consultant available, and DCCCA makes substance abuse specialty care available and accessible. As mentioned previously, without these two partners, our patients would not have adequate access to resources and help for substance abuse.

**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 has solid and expanding partnerships with both Bert Nash and DCCCA, Inc. The proposed program is not an experiment. It is a proven, evidence-based strategy to decrease the incidence of substance abuse and ER admissions related to substance use. And it is a strategy that Heartland has employed for the past four years.

While Heartland is working on making the position financially sustainable through revenue generated from insurance reimbursements, federal and state payment mechanisms have not caught up to best practices. Because of the way our health care system has diverged into silos of physical health care, mental health care and behavioral health care, the payment mechanisms were not set up for these types of care to be billed from the same facility. As a result, we can *rarely* bill for both a medical provider's visit and the behavioral health consultant's visit if they occur on the same day. Most of the time, we complete both visits in the same day because it's more convenient for the patient, improves rate of follow up, reduces stigma and generally works better, but we don't get paid for both visits. For this reason, we need funding from the city to pay for part of the Behavioral Health Consultant's position.

**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	Total Project
<b>Personnel:</b>			
Behavioral Health Consultant	\$30,000	\$27,000	
AmeriCorps members/health coaches (5 @ \$4800/year)		\$24,000	
<b>TOTAL</b>	\$30,000	\$51,000	\$81,000



City of Lawrence

### 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>Up to 31 percent of all patients who are treated in an Emergency Department and as many as 50 percent of severely injured trauma patients) test positive when screened for alcohol problems</p> <p>From 5.1.14-4.30.15, 50.5% of patients screened had 6 or more drinks in one sitting at least once in the past year.</p> <p>In 2011, 26% of adults in Douglas County engaged in binge drinking (more recent data was not available).</p>	<ul style="list-style-type: none"> <li>To identify substance abuse earlier</li> <li>To provide integrated care- physical, mental, behavioral- to all patients. Behavioral includes substance abuse screening, treatment and referral to the specialized care.</li> <li>To treat the root causes of substance abuse, mental illness and physical health issues.</li> <li>To reduce overall health care costs, principally among those with substance use diagnoses.</li> </ul>	<p>Patients of Heartland who are in need of substance use intervention/ treatment</p>	<ol style="list-style-type: none"> <li>Every patient gets screened when they establish care and annually thereafter</li> <li>Any patient who screens positively on their initial screening is referred to an in-house Behavioral Health Consultant who provides a more intensive screening and brief intervention</li> <li>Patients who whom we determine more intensive treatment is needed are referred to DCCCA, Inc via a warm handoff.</li> </ol>	<p>100% of Heartland patients are screened at least annually for substance abuse</p>	<p>Patients who stated they have 6 or more drinks in one sitting will decrease by 5% from the baseline time period of 5.1.14-4.30.15 to the measurement time period of 5.1.15-4.30.16.</p>	<p>Because problems will be detected before substance abuse becomes destructive in one's life, 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.</p>