



## 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](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 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](mailto: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:** Heartland Medical Clinic, Inc. dba Heartland Community Health Center  
**Name of Program for Which Funding is Requested:** Care Team Expansion  
**Primary Contact Information (must be available by phone 5/27/15 from 8 a.m. to 12:00 p.m.)**  
**Contact Name and Title:** Allie Nicholson  
**Address:** 1 Riverfront Plaza, Suite 100, Lawrence, KS 66044  
**Telephone:** 785 841 7297 **Fax:** 785 856  
**Email:** asmith@heartlandhealth.org

### SECTION 2. REQUEST INFORMATION

- A. **Amount of funds requested from the City for this program for calendar year 2016:** \$60,000
- B. **Will these funds be used for capital outlay (equipment or facilities?) If so, please describe:** No
- C. **Will these funds be used to leverage other funds? If so, how:**  
Yes. Heartland has already secured significant state and federal funds that are NOT program specific and do not require a local match. In essence, City funding for this program frees up other resources to pay for other infrastructural costs.
- D. **Did you receive City funding for this program in 2015? (i.e. General Fund, Alcohol Fund, etc.):** No.  
1. **How would any reduction in city funding in 2016 impact your agency?** N/A  
2. **If you are requesting an increase in funding over 2015, please explain why and exactly how the additional funds will be used:** This is a first-time request for City Non-Alcohol funds.

### 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.
- B.
- C.

Full Time pct	Personnel	City of Lawrence	Heartland	Total Salary & Ben.
1	APRN	\$ 60,000	\$ 30,000	\$ 90,000
1	CMA		\$ 39,600	\$ 39,600
1	Health Coach		\$ 6,000	\$ 6,000
0.33	Behav.Health Co.		\$ 26,400	\$ 26,400
0.33	Referral Coord.		\$ 13,200	\$ 13,200
TOTAL		\$ 60,000	\$ 115,200	\$ 175,200

**B. What percent of 2016 program costs are being requested from the City?**

35%

**C. Provide a list of all anticipated sources of funding and funding amount for this program in 2016:**

Heartland will fund the remaining share of the proposed project with portions of its funding from different sources:

\$39,600 from Health Resources and Services Administration (HRSA) a federal division of Health and Human Services and the overseeing body of all Federally-Qualified Health Centers.

\$6,000 from Kansas Department of Health and Environment (KDHE) the body providing state funding to the Kansas health care safety net.

\$26,400 from The Sunflower Foundation of Topeka, the Kansas foundation supporting, among other things the integration of medical and mental health care services to improve health and reduce costs.

\$30,000 from patient service revenues derived from insurances and sliding scale payments.

#### **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.**

The old adage, “an ounce of prevention is worth a pound of cure,” is true in life and is certainly true in health care as well. Only in healthcare, the stakes are enormously high and the implications are no longer quaint or trite. An ounce of prevention may be worth \$4 trillion of cure.

At an unfathomable \$4 trillion, it is well-documented that the US spends, by far, more than any other country in the world on health care. According to a 2014 report by the Commonwealth Fund, at almost \$8,508 per capita, the US is well ahead of second place Norway at just more than \$5,669 per capita. In spite of some strengths, our US health care system doesn’t have much to show for its expenditure: we are dead last in almost all significant health outcomes among major industrialized nations in the world.

The problem, simply stated, is that a disproportionate amount of our \$4 trillion is spent on secondary (specialty) and tertiary (inpatient) care. A tiny portion of our expenditure is invested in primary care. In the 2014 report, the key findings according to Karen Davis, a professor in the Bloomberg School of Public Health at Johns Hopkins and lead author of the study, are:

- there are a relative shortage of primary care physicians;
- a lack of access to primary care, especially for the poor;
- a large number of low-income residents who skip needed care, do not get recommended tests or do not fill prescriptions because of cost;

Heartland Community Health Center is well-positioned to play a major role in addressing all three of these areas in our local healthcare system. And an investment in Heartland is an investment in prevention, not more expenditure in cure. And the City investment will be mingled with powerful resources that are time-tested.

Since the mid-1960s, the federal government has deployed Community Health Centers (also called Federally Qualified Health Centers or FQHCs) designed to target high concentrations of need and “go where the grass is browner” to address health care needs. In short, the program deploys federal resources by putting them into the hands of a local board of directors, a majority of which are patients who are served by the Center. These independent non-profits obtain annual federal grant monies and enhanced government insurance reimbursements along with deeply discounted prescription drugs to serve those who otherwise have no access while maintaining high standards of quality and compliance.

Under the Affordable Care Act a massive expansion of FQHCs was intended to address the key health issues such as those highlighted in the Commonwealth Fund’s report. And it was as part of this massive expansion that Heartland’s role in addressing these significant health care challenges began in earnest.

The Commonwealth Fund report and the Community Health Plan agree that solutions to our systemic health care challenges require not just more health care business as usual but a smart investment in a new kind of primary care and prevention.

- B. How was the need for this program determined?**

In 2014 Heartland commissioned a detailed analysis of the demand for health care services for the underserved through Cap Link. The report summary states that “In Douglas County there are an estimated 36,600 low-income residents who are not currently being seen by an FQHC,” which is arguably the mechanism specifically designed to most successfully, thoroughly and compassionately meet the need.

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

When healthcare, politics and the Affordable Care Act are mentioned in the same breath, one would expect

volatile disagreement. Ironically, perhaps even shockingly, there is a long history of strong bi-partisan political support for the great work of FQHCs from coast to coast. One of the largest expansions of this federal program occurred under the G.W. Bush administration.

Heartland has obtained strong letters of support for its programs from all of our elected representatives at the State and Federal level, including, most notably Sens Moran and Roberts. The most successful FQHCs across Kansas and the U.S. blend support from a variety of sources: federal, state and other local involvement. Heartland has worked diligently to obtain high-level support. This application represents an invitation and opportunity for the City to join this support for two of the key aims of the Community Health Plan.

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

Prior to his arrival in Lawrence, Dan Partridge, Director of the Lawrence-Douglas County Health Department was a board member of the Federally-Qualified Health Center in Hutchinson, KS. That experience prompted his strong support and advocacy for the power of an investment in FQHCs.

This application is a requested investment in a core service placed very intentionally at the heart of two of the major aims of the Community Health Plan: Access to Health Services and Mental Health. Because Heartland utilizes an embedded, integrated approach, access to care at Heartland is also primary access into the local Mental Health and Substance Abuse systems of Lawrence, KS.

## **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.**

Heartland's growing team understands the challenge: inviting, challenging, convincing, educating, encouraging and redirecting patients to become active and even pro-active about their health. Our multi-disciplinary team understands how to meet people where they are and build trust quickly. The team understands that we must maintain that relationship for the long haul. This program request will serve approximately 1000 distinct patients averaging 2.8 provider office visits annually. Many of these visits will include supplemental, 'wrap-around' services that leverage the impact of the core visit.

Heartland is a behaviorally-enhanced Level 3 Patient-Centered Medical Home (PCMH) as recognized by the National Council for Quality Assurance, the highest level of quality recognition. Our case managers, health coaches, medical assistants and social workers use extensive screenings and evaluative protocols to effectively and hone in on the most impactful bio-, psycho-, social-problems and engage quick-hitting, evidence-based interventions. Strict fidelity to the PCMH model requires that we not just direct patients to internal and external resources to meet the needs but that we walk with them to connect them to those resources. Following each intervention we pull in results and as appropriate, recall patients for follow up, to reassess, and intervene again in a continuous cycle of intervention and improvement.

- 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?**

Although the business models are very distinct, Heartland and Health Care Access provide very similar services. Serious discussions for eliminating duplication have begun and will take time to unfold. However, Heartland has plans for relocation into the Med Arts building immediately next door to HCA, a move that both parties agree will facilitate working together with the goal of eliminating as much duplication as possible.

Heartland has extensive community partnerships that coordinate services and blend disciplines to the benefit of patients and facilitate the delivery of services that improve health. Bert Nash, DCCCA, United Way, Lawrence Community Shelter, LMH and the Health Department are among the key partnerships.

## **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.**

Heartland exist to provide high-quality holistic health care to the entire community. Special focus is on the uninsured and those who are below 200% of the Federal Poverty Level.

Heartland has hired Lisa Pearce, APRN, an experienced professional with an advanced degree from Washburn University. Based on both internal and external benchmarking data:

- The nurse practitioner will empanel 1,000 new patients into her care.
- The nurse practitioner will manage the patient panel such that 71% of the diabetic population return A1C lab values below 9 (defined as controlled diabetes).
- The nurse practitioner will manage the patient panel such that 69% the population with hypertension are below BP 140/90 (defined as controlled hypertension).