

# City of Lawrence Outside Agency Annual Report For Calendar Year 2017

Reports on activity should be submitted electronically to Danielle Buschkoetter, at [dbuschkoetter@lawrenceks.org](mailto:dbuschkoetter@lawrenceks.org) by Thursday, February 15<sup>th</sup> 2018 at 5:00pm. For the following questions please refer back to your [2017 application for funding](#).

**Reporting Period:** Calendar Year 2017 - Alcohol funds

**Agency Name:** Health Care Access

**1. Refer to the program in which your agency received funding; provide a participant success story that helps demonstrate the accomplishments of the program.**

A patient in his 30s with a history of alcoholism in his family presented in the LMH Emergency Department for alcohol withdrawal. The patient was admitted for several days for medical detoxification and referred to HCA for follow-up care since the patient was uninsured. The patient established with HCA and had a positive SBIRT screening which resulted in further assessment by the APRN (Pathway #1). The patient indicated a desire to quit drinking and a willingness for counseling and possible substance use treatment. The APRN provided a warm hand-off in the exam room to the LSCSW LCAC (Pathway #2). The LSCSW LCAC had several sessions with the patient to discuss behavioral components of his alcoholism and strategies to manage them. The patient then indicated a willingness and commitment to inpatient treatment. The LSCSW LCAC made the referral to DCCCA with the patient present and was scheduled for assessment within 24 hours (Pathway #3). As the patient's primary care provider, the HCA APRN was then notified to close the loop. This entire process took less than 3 weeks from the time the patient entered HCA and could have been further expedited but as all substance use treatment was dependent upon and dictated by the patient's readiness.

**2. Refer to your 2017 application for funding; provide a brief narrative of the activities funded with City funds.**

The mission of the Health Care Access is to serve as a welcoming health home in Douglas County for persons with limited financial means. We create access to a continuum of community-based services to promote health and well-being. Through an active collaborative spirit we advocate for healthy people and communities. Our clinic provides comprehensive care with two paid medical provider teams, counseling, and referral services. The clinic's top diagnoses include hypertension and diabetes, both chronic conditions that require intensive follow up and ongoing treatment. The Clinic asks \$10-\$35 per appointment, but does not turn away anyone based on inability to pay at the time of service. Our target service population is the at least 10,000 people in Douglas County below the eligibility criteria for expanded Medicaid (U.S. Census Bureau), who cannot afford services at other clinics that have higher cost sliding fee scales and/or require payment at the time of service. For the period January 1 to December 31, 2017, Health Care Access served 1,477 unique patients via 6,473 on-site visits. Over 6% of those patients reported using street drugs, prescription drugs in a way other than prescribed and/or drinking alcohol in excess based on the HCA Patient Wellness Survey administered to patients during the intake process.

Through the Primary Care Approach to Substance Use, City of Lawrence dollars helped fund a full-time LSCSW Behavioral Health Consultant who was also a Licensed Clinical Addiction Counselor. In 2017, this provider saw 85 unique patients for 681 appointments. City funding also provided dollars for two AmeriCorps members to serve in a case management function. These AmeriCorps members and mental

health interns from the University of Kansas saw an additional 87 patients for 268 additional behavioral health appointments.

**3. Refer to your 2017 application for funding; provide specific detail (use supportive documents, if needed) to demonstrate what progress was made toward your proposed outcomes.**

**Assessment:** Consistent with past measures (6.5% in 2015), in 2017 6.4% patients had a positive SBIRT screening in 2017.

**Process Outcomes:**

**Pathway #1: APRN Assessment** – HCA APRNs provided in-room assessment for 89 unique patients who had positive SBIRT screening. Without the use of the HCA Wellness Survey, these patients may not have been identified for additional assessment.

**Pathway #2: Internal referral to Licensed Clinical Addiction Counselor** - 80 of the 89 unique patients experienced a “warm handoff” in the room or were referred by HCA APRNs to the HCA LSCSW LCAC for additional assessment.

**Pathway #3: Referral to DCCCA for treatment** – 7 unique patients were referred on to DCCCA for substance use treatment. Referrals to DCCCA experienced a significant decrease in 2017 from an average of 10 per month to less than 1 per month. Several factors likely contributed to this including less face to face interaction between LSCSW and DCCCA and continuity of care issues with the resignation of the LSCSW in November and the impending merger with Heartland. It is our belief that improved data sharing and case management efforts being implemented at the county level will help improve the pathway for the uninsured to DCCCA for treatment.

**Behavioral Outcome:** The percentage of patients interested in treatment options did not increase from the 30% baseline measure.

**4. Refer to the line-item budget provided in your 2017 application for funding; is this accurate to how your allocation was actually spent? If no, what changed and why?**

HCA spent 100% of the allocation as intended.