

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 by Thursday, February 15th 2018 at 5:00pm. For the following questions please refer back to your [2017 application for funding](#).

Reporting Period: Calendar Year 2017

Agency Name: Heartland Community Health Center

- 1. Refer to the program in which your agency received funding; provide a participant success story that helps demonstrate the accomplishments of the program.** Alcohol/Special funds (\$30,000). A recent success story for this program acknowledges the benefit of engaging a patient experiencing substance abuse into an integrated care team. This specific individual had limited financial resources, but was successfully engaging in treatment and behavioral health care services. While finances can often become a barrier to care, this individual was energized to make a lifestyle change and remained connected to services. Over time, this individual began to bring payment for services as an illustration of their participation and commitment to see their health outcomes improved. It was apparent that this individual was becoming more and more invested in their health with the support of the care team.
- 2. Refer to your 2017 application for funding; provide a brief narrative of the activities funded with City funds.**
Heartland exist to provide high-quality, affordable comprehensive health care to *all* people in the community regardless of income or insurance status. Special focus is on the uninsured, underserved and those who live below 200% of the Federal Poverty Guidelines. Heartland utilizes a health care model that embeds a multi-disciplinary team or care team in a primary care setting to holistically meet the needs of patients. A care team includes a prescriber or provider, a medical assistant or RN, a Behavioral Health Consultant, or mental health provider, and health coach. These funds were used to pay a portion of a Behavioral Health Consultant's salary. The objectives of the funded activates were to provide integrated care- physical, mental, behavioral- to all patients. Behavioral includes substance abuse screening, treatment and referral to the specialized care (such as DCCCA) as well as the ability to focus on behavior changes to address the root causes of substance abuse, mental illness and physical health issues.
- 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.**

The program objectives described in the 2017 alcohol (special) funding application represents the collaboration and work required of a multi-disciplinary care team to effectively meet the needs of patients seeking care regarding a substance-use disorder. Progress was made toward the proposed outcomes by increasing access to a BHC on an integrated care team, increasing the number of new patients served, and increasing the mental health related encounters at Heartland; specifically, with a Behavioral Health Consultant (BHC).

During CY 2017, Heartland served at least 1,162 unique patients (defined as Heartland patients who have seen BHC or Psych provider at least once during the year and could also use additional Heartland services), yielding 2,495 encounters with a BHC. This illustrates the integrated model used to refer patients from

primary care to specialized care internally as well as the ability to treat the root causes of substance abuse, mental illness and physical health issues alongside other community agencies.

Heartland primary care providers have been trained to initiate SBIRT screening to identify risky behaviors related to alcohol use disorders and 100% of patients are screened. 14.5% of those screened were also identified as needing more in-depth screening to identify risks for substance use disorders. In 2017, Heartland providers implemented this in-depth AUDIT screen and recorded an improvement by 95% (n=68) of identifying patients at-risk for developing a substance-use disorder or alcohol-related disorder. The performance of AUDIT (Alcohol Use Disorder Identification Test) has doubled since 2016 and is a direct result of providers utilizing this tool to more accurately assess risky behaviors, specifically regarding alcohol-related disorders, and then engage with a behavioral health provider.

To further illustrate how increased access to a Behavioral Health Consultant on an integrated team could reduce alcohol use and associated substance use disorders, Heartland was able to track patients longitudinally from 2016 to 2017. When Heartland had an increase in BHC FTE's during 2017, more patients were able to be seen. 57% (n=14) of patients who followed up with screening and warm-handoffs for alcohol use twice or more within the calendar year decreased the number of overall times they consumed more than 6 alcoholic drinks on any given day in the last year. In the previous year, this system was only able to provide SBIRT follow up with a 2.7% decrease in similar alcohol use. (While these may seem like small numbers, they represent not only a workflow change, but also the work it takes to overcome the psychological barriers to self-report substance use and normalize mental health services through an integrated care team approach to holistic health maintenance).

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?** Yes; this is accurate. All non-alcohol funds granted were spent on a Behavioral Health Consultant at Heartland.

5. **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?** Yes; this is accurate. All non-alcohol funds granted were spent on a Behavioral Health Consultant.