



City of Lawrence
Outside Agency Funding
APPLICATION

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. The decision on funding a request will be made during the City's annual budgeting process. The decision will be based upon the availability of funds, the need demonstrated through the agency's application, the stated objectives of the applicant's program, past performance by the agency in adhering to funding guidelines (as appropriate), and the ability to measure progress toward the program objectives.

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

Instructions: Applications for 2011 funding must be complete and submitted electronically to the City Manager's Office at ctoomay@ci.lawrence.ks.us by the deadline of 5:00 pm on Friday, May 31, 2010.

Questions? Contact Casey Toomay, Budget Manager at ctoomay@ci.lawrence.ksu.s or at 785-832-3409.

Section I. Applicant Information

Legal Name of Agency: Health Care Access, Inc.
Name of Program for Which Funding is Requested: Clinical Program
Primary Contact Person: Nikki King
Address: 330 Maine
Telephone: 785-841-5760 x 204 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 2010: \$26,000
- B. Will these funds be used for capital outlay (equipment or facilities) in 2010? If so, please describe:
No
- C. Will these funds be used to leverage other funds in 2011? If so, how: No
- D. Did you receive City funding for this program in 2010? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.): Yes, \$26,000 General Fund
1. How would a 2.5% reduction in City funding in 2011 impact your agency?: A 2.5% reduction in our funding could result in a similar reduction of administrative or clinical staffing time - both affecting the degree of accessibility we provide to the 14,000 uninsured for whom we are already understaffed to provide services.

2. If you are requesting an increase in funding over 2010, please explain exactly how the additional funds will be used: N/A

E. If you are requesting an increase in funding over 2010, please explain exactly how the additional funds will be used: N/A.

Section 3. Agency and Program Budget information

- A. How many paid full time employees work for your agency? 7.0 Volunteers? 160 (est.)
11% (includes in-kind values) 80%
- B. What percent of your total 2010 budget goes to employee salaries and benefits? actual dollars
<1% (includes in-kind services) 97% of actual dollars
- C. What percent of your total 2010 budget is used for operating expenses? dollars
- D. What is the total estimated cost to provide the program in 2011? \$488,367
- E. What percent of 2011 program costs are being requested from the City? 4.2%
- F. List other anticipated sources of funding and funding amount for this program in 2011:

<u>Anticipated Funding Source</u>	<u>Dollar Amount</u>
Douglas County Government	\$23,000
United Way	\$66,972
Fundraisers, contributions	\$160,500
KDHE primary care clinic grant	\$180,000
Patient fees	\$17,000
Grants	\$108,650
Early Detection Works, misc income	\$17,000
Other	\$ 6,500
City of Lawrence	\$26,000
TOTAL 2011 PROGRAM BUDGET	\$608,650

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.

In 2005, the U.S. Census Bureau estimated 12% of Douglas County residents were uninsured and that over 15% had incomes below the poverty line. The Health Care Access Clinic exclusively serves low-income, uninsured Douglas County community members through the provision of medical care and prescription assistance. Over 75% of Clinic patients live in households with incomes below the federal poverty line and all lacked access to a regular source of care, or medical home, due to various socio-economic barriers before finding care at the

Clinic. In 2003, the Institute of Medicine's "A Shared Destiny: Community Effects of Uninsurance" found that "for low-income residents and members of other medically underserved groups, clinics and health centers play a special role in primary health care services delivery due to their close geographical proximity to underserved populations, their cultural competence and history in the community". The Health Care Access Clinic holds this important place in the Lawrence community and continues to improve and increase services to meet growing needs.

The 2005 Commonwealth Fund Biennial Health Insurance Survey found that "59 percent of uninsured adults who had a chronic illness, such as diabetes or asthma, did not fill a prescription or skipped their medications because they could not afford them" and "more than one-third of uninsured adults who had a chronic condition went to an emergency room or stayed overnight in the hospital in the past year because of their condition". The Clinic must forecast beyond the diagnosis and use diverse, leveraged support to ensure the comprehensive treatment of patients by staff or volunteer health professionals, who use the vast clinic network to greatly improve the probability that a prescription doesn't go unfilled or a chronic condition is not left unmanaged. The prevalence of chronic conditions presenting at the clinic continues to grow, with the top three diagnoses for 2009 being hypertension, diabetes, and depression/mental health related issues. Treating a condition at the least costly level prevents uncompensated visits to Lawrence Memorial Hospital's emergency room, decreasing the burden of disease and debt on all.

The Clinic received donated in-kind services, medication, space, and materials valued over \$3.2 million in 2009. This number includes 3,613 prescriptions to treat our patients' conditions through 4,064 visits; the City-owned facility lease, and 724 referrals to volunteer medical professionals. The prescription volume is down as we have been training more patients to enroll directly for program assistance, and appointments are only down 18% despite a 50% reduction in staff providers. For every \$1 invested in our services, our program generates another \$7 worth of care for our patients. The clinic requests a \$10 fee for service from patients but does not deny care due to an inability to pay. 2009 fee collection accounted for 3.5% of the budget. City allocations, including police and medical costs waived for the Kansas Marathon benefitting our services (while bringing hundreds of visitors to Lawrence), have helped build our capacity to meet the increasing demand each year. Continued support will enable us to ensure quality and comprehensive medical care to this population to return them to, and to help them maintain, health and productivity in their places of learning, working, and recreating throughout our community.

B. How was the need for this program determined?

The Clinic was started in 1988 to address the gap in the health care system between those who qualify for government health programs and private health insurance. The Lawrence-Douglas County Health Department does not provide primary care (illness treatment) thus the Health Care Access Clinic was created to provide a medical home to the uninsured rather than exclusive reliance on the hospital emergency department. Over the 20+ year history of the clinic, over 14,000 individuals have accessed quality, comprehensive health care through our services and those provided through volunteer providers on and off site.

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

The Health Care Access Clinic provides a medical home for the estimated one in eight community members without one. In 2009, 89% of Clinic patients were residents of Lawrence,

Kansas and 49% of Clinic patients were employed (a 6% drop since 2008). The diversity of businesses employing clinic patients represents a broad range of industry, and demonstrates businesses within our community struggling to provide health benefits for their employees. Keeping these employees healthy and productive leads to better bottom lines for the businesses and provides opportunities for the advancement of employees towards better income and increased opportunities to secure health coverage for themselves and their families in the future.

Section 4. 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 3. 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 Health Care Access' Clinical Program provides comprehensive primary care to the uninsured, low-income population of Douglas County through 1.0 FTE mid-level staff providers and area general practitioners and specialists in a volunteer network both on and off site. Funding for a second part-time mid-level provider and registered nurse has expired and wait-time for an appointment has gone from 3 weeks to 9 weeks with walk-in appointments full each day. With a recent move for the clinic, we hope to make up the loss of staffing with additional volunteer physicians and possibly expanded hours for those volunteers.

Clients are served through urgent and scheduled appointments weekdays from 8:30 a.m. to 4:30 p.m. Volunteer physician and nurse practitioner clinics contribute an additional two to six hours of services per 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 Douglas County community donate care for Health Care Access Clinic patients, ranging from dermatology to assuming the care of individuals diagnosed with terminal illness.

Lawrence Memorial Hospital donates all laboratory, radiology and auxiliary testing, with write-offs rapidly rising in response to the increasing presence of chronic conditions and terminal illness. As demonstrated in a professional research study, the capacity of the clinic directly affects the usage of the emergency room. Other programs of the Clinic include Medication Assistance, Women's Health Services, Health Education/Resource Referral/Outreach; School Linked Services for Uninsured Children; and Student practicum placement programs.

- B. Describe any efforts your agency has made to explore the community to determine if there are any other agencies providing similar types of services. What efforts have you made to coordination services?

The Health Care Access Clinic is 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 audience of low-income individuals, only an optional \$10 fee is requested.

The Clinic does not duplicate services available at the Lawrence/Douglas County Health Department (immunizations, STD treatment, family planning, etc) and they do not provide illness care as outlined in an annually signed Memorandum of Agreement, but there is constant

collaboration in serving many of the same patients for different needs. 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 appointments for acute conditions, scheduled appointments, or by referral.

The Heartland Church Medical Clinic initiated services to the uninsured about seven years ago, but today the majority of services are for individuals with health insurance or government coverage and a significant fee is charged for services. Their offerings are more limited with a part-time D.O. as the provider and without the comprehensive offerings of a volunteer referral network, but are a useful resource for those seeking care for an acute condition when Health Care Access Clinic appointments are booked too far out for the caller, for patients who exceed our income guidelines or have a 3rd party coverage and an ability to pay much higher fees. The Health Care Access Clinic only utilizes physicians who are board certified and have privileges at Lawrence Memorial Hospital and can, therefore, offer comprehensive care for any condition presented through its network of providers in Douglas County without competing with the private sector.

Our system allows for treatment of virtually any case presented, without the consequence of 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 is a member of the Community Health Improvement Project's Access to Health Care Task Force, comprised of more than 12 health entities in the community, that meet quarterly to foster collaboration of services. Its leadership group, of which we are also a member, monitors Healthy People 2010 related work in Douglas County.

Section 5. Program Objectives

Please provide three specific program objectives for 2011. 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 2010," "credit counseling services will be provided to 600 clients in 2010," "new digital arts program will serve 275 students in 2010" etc. **Applicants will be expected to report their progress toward meeting these objectives in their six month and annual reports to the City.**

Program Objectives

1. By 2011, 60% of patients with types I and II diabetes mellitus shall have a HgA1C of 7% or less.
2. 10% increase in private contributions over 2010.
3. Reduce wait-time for scheduled appointments to 4 weeks or less.

Please return completed application electronically to ctoomay@ci.lawrence.ks.us by 5:00 pm on Friday, May 31, 2010.

Office Use Only									
six month report received	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	audit received:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
annual report received:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	tax return received:	<input type="checkbox"/>	yes	<input type="checkbox"/>	no