AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Acknowledgment of County Manager Authorization to Submit; Grant Application; Colorado Health Foundation; Gunnison County Department of Health and Human Services Health Navigation Services; 1/2014 thru 12/2016; $221,913

Action Requested: Other Approve Submission

Parties to the Agreement: Gunnison County & Colorado Health Foundation

Term Begins: 1/1/2014 **Term Ends:** 12/31/2016 **Grant Contract #:**

Summary:
3yr Grant from Colorado Health Foundation for health navigation services. Electronic submission.

Fiscal Impact: $221,913

Submitted by: B. Lucero for R. Brown **Submitter's Email Address:** Rbrown@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

Cash match from County in this appliation is $2,000 for each of three years.

Reviewed by: Lnienhueser Discharge Date: 5/31/2013

County Attorney Review: (●) Required ( ) Not Required

Comments:

ok DB 5/31/13

Reviewed by: DBaumgarten Discharge Date: 5/31/2013 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: MBirnie Discharge Date: 6/4/2013

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 6/18/2013 Follow Up Agenda Date: N/A

Revised April 2013

Project Title: ACCESS TO HEALTH

Proposal Summary

Access to Health will support Gunnison County Health and Human Services need to increase access to quality coordinated health care in Gunnison County within the growing Limited English Proficiency residents in Gunnison County. Multicultural Resource Services within Public Health will coordinate this integrated, collaborative approach which includes medical, mental and oral health services for infants to seniors, individuals and families. The capacity to serve all Coloradans will be increased and the project can serve as a model for other rural public health departments nationally.

Type of Support: Project

Total Amount Requested: $221,913

Funding Term: January 2014 – December 2016 (36 Months)

Total Project Budget: $293,208.00

Funding Goal: Health Care: All Coloradans receive quality coordinated Health Care because those who do are healthier.

Geographic Area: Gunnison County

Measurable results addressed:

1. Increase number of underserved Coloradans who receive integrated care; and
2. Increase number of underserved Coloradans who regularly receive primary, mental and oral health care.

This project will support a specific set of activities that will increase the capacity of the Department of Health and Human Services (DHHS) in Gunnison County. It will provide a model for the West Central Public Health Partnership (WCPHP).

Age Group: 0-54+

Proposed Activities:

Gunnison County Public Health Multicultural Resource Services (MRS) provides a bilingual trained Health Navigator (HN) to all families in the service area to whom English is not their native language (Client) and require assistance to receive integrated health care including medical, mental and oral health. The bilingual HN will:

- Screen and inform individual and family clients for all eligible Health and Human Service and community programs, including prenatal care, streamline enrollment and facilitate

connections to DHHS for coordinated navigation and successful, friendly, access to health care.

- Increase access to primary, vision, mental and oral health using existing local programs (Light Program and Dental Initiative*), and state and federal programs such as CHP+ and Medicaid, Nurse Family Partnership, and Women and Infant Children (WIC) by providing translation and interpretation services to Clients and providers;
- Assist local health providers with required paperwork for Clients (Patients), making of appointments and reminders (to prevent "no shows") and interpretation services, tests, follow-up and financial issues associated with and at the time of service thus improving the quality of care and interaction between the Client and the provider;
- Serve as a liaison between providers and DHHS to improve services and access to quality health care;
- Recruit and train a team of volunteer interpreters to assist in the delivery of quality health care to Clients; and
- Collect and disseminate data and anecdotal comments to inform DHHS and Board of County Commissioners, contribute to the West Central Public Health Partnership (WCPHP) and serve as a model for outreach to this target population that is growing in western Colorado.

*The Light Program is a local initiative supporting under- and uninsured children in need of service at local primary, dentist, mental and vision offices and adults in need of primary care services. The Dental Initiative is a local initiative that serves children only.

Rural areas of America have traditionally been challenged to adequately support the health care needs of their residents. Assessment, Assurance and Policy Development are the core functions of Public Health and, with that in mind, access to care and provision of direct services to un- and underinsured, when otherwise not available, rest with Public Health. With the goal of making the best use of limited existing and future resources (both human and fiscal) and facilitating cooperation among adjacent rural communities, the WCPHP (Region 10, including Gunnison) was formed in 2006, through a grant from The Colorado Trust to strengthen the public health infrastructure in this frontier region. A regional health assessment was completed by the WCPHP in 2007, updated in 2011 and provided baseline information.

Access to care refers to the ability of individuals and families to get health care when they need it. Basic barriers to access include geographic coupled with transportation (e.g., lack of providers in an area), financial (e.g., inability to pay for health care services, lack of providers who accept public insurances), and this client base being ineligible due to residency requirements associated with governmental programs. In Gunnison County, inability to effectively communicate with healthcare providers is an additional significant barrier to access.

When people are not able to access care, their medical conditions may worsen, often resulting in even greater health care costs.

A target goal identified by the Center for Disease Control's Healthy People 2020 is to have at least 95% of all people provided with a specific source of ongoing primary care. For children and people over 65, the target is 100% coverage. In Region 10, the report indicates less than three-quarters of our adults have health insurance and fewer adults are getting preventive testing and vaccines than the state as a whole. Healthy People 2020 strive to address the interrelationship between these conditions and a healthier population and a healthier workforce. According to the Center for Disease Control, discrimination negatively affects the quality of health within a population. Based on the WCPHP Regional Health Assessment, understanding and implementing health equity is central to eliminating the health disparities related to social standing. The Healthy Colorado 2010 report states that: "Having a specific source of ongoing primary care is important to disease prevention and control. It also represents an important way of reducing emergency room use and associated healthcare costs. People who are uninsured and those lacking access to an ongoing source of primary care often resort to emergency room use when conditions might have otherwise been prevented or managed before becoming acute." (55 Healthy Colorado 2010). **Access to Health** will contribute to the elimination of health disparities.

Research by Kathleen Ell, Professor at University of Southern California in Social Work over the past 16 years, shows multiple patient barriers for non-English speaking patients. Difficulties include communicating with medical providers and navigating multiple care/provider systems, culturally influenced stigma, treatment preferences and adherence, managing concurrent chronic medical illness (medication, self-care, pain, anxiety).

The HN is located in the same building as Public Health within the DHHS and serves the Limited English Proficiency (LEP) residents including those from Mexico, 40% being Cora Indian, many of whom are illiterate. This population requires the most assistance with face to face communication and additional time to explain cultural differences to both the provider and the patient seeking assistance. The county also has residents from Europe, Asia, Africa and the Middle East. On average the HN has documented 200 unduplicated families annually for the past five years with an average of 100 seeking assistance requiring interpretation services monthly. Women make up 88% of the clients and 66% are families with children living in the home. Based on these data, men are not seeking services independently. Additional resources will be directed at men in need of assistance.

There is a risk associated with the proposed work. As the number of LEP residents seek additional access to health care using interpretation services, and there is no commensurate increase in funding, public health resources will be strained.

Intermediate Milestones

The following timeline represents a calendar of milestones to create regular advertising, communication, collection of data and reporting deadlines annually, beginning January 2014 – December 2016.

Timing	Task
January 2014	Collect current data to establish baseline
January, May, and August every year of the grant award period	Advertise **Access to Health** in local newspapers and on local radio stations in conjunction with the Medicaid expansion and the health exchange information that will be publicized in the new year by DHHS.
June and October every year of the grant award period	Participate in two community events annually where the targeted audience will be present and engage in conversations to introduce **Access to Health** and document contacts.
June and December every year of the grant award period	Conduct a Practitioner Survey.
Every Month throughout the grant award period	Collect data on Client participation including, but not limited to age, gender, families, individuals and ethnicity. Reporting and presentations will be ongoing throughout the grant period and as required or requested.

Method for tracking and calculating your measurable results

The expected results of the grant award include 1) the sustainability of the MRS within the DHHS including 1 FTE Health Navigator/Coordinator position and associated office expenses; 2) an increase in the number of LEP residents living in Gunnison County who will receive health care because of the removal of the language barrier, better understanding of available services and allow practitioners to develop relationships and provide quality care. This will be evidenced by the data collected and compared with baseline data. The target results are:

- A 1.0 FTE HN position 100% funded in fiscal years 2014 - 2016 A 10 % increase in the number of contacts made in the community with the target audience
- A 10% increase in the number of visits to the MRS specific to health care needs.
- A 10% increase in the number of un- and under-insured residents accessing health care services for the first time.

Practitioners will be invited to participate in a survey twice a year to provide feedback on their experience including weaknesses and strengths of the program and suggestions for improvement in the delivery of this service.

According to the Colorado Coalition for the medically underserved future projections after Medicaid expansion, there will remain 1468 uninsured residents in Gunnison County.

A healthcare program focused on individuals and families, children and adults and advocating for the use of clinics instead of the emergency room, will be a positive step in developing relationships that can lead to additional connections. In time, this approach, along with health care reform and the expansion of Medicaid eligibility, will increase access to health care in a positive way for this target population.

The results of the data collection, practitioner survey and anecdotal comments of clients and staff working with the target audience will be reported within the required reporting for the Colorado Health Foundation, and shared with the DHHS Director and the WCPHP. The results will be used to inform the future of the multi-cultural outreach activities within DHHS and allocations in the county budget, and provide information for future grant applications.

Organizational Information

The mission of Gunnison County Department of Health and Human Services is to provide prevention, protection, advocacy and support services to Gunnison individuals and families across the life spectrum contributing to an improved quality of life.

In 1997, a Hispanic Advocacy Group was formed to address the increasing immigrant population in the County. The Multicultural Resource Office was established in 2001 as a division within DHHS under Public Health, as a first stop resource office for immigrants in Gunnison County. The office has transitioned into the MRS, housing the HN in order to serve the current needs of the county.

The MRS is included in the strategic plan developed annually using the "Managing for Results" model approved by the Board of County Commissioners. The dedicated focus of resource services for the multicultural community is crucial to serve special needs populations and supports the mission of DHHS. The strategic plan includes a health navigator to insure the underserved access to health care and community services supporting a healthy community in the following areas of DHHS:

- Dental Program
- Family Planning
- Immunizations
- Nurse Family Partnership
- Public Insurance counseling
- Wellness Fair
- Prenatal Program
- Women and Infant Children (WIC)
- Women's Wellness Connection

In 2000 access to health care was identified within the strategic plan as the most crucial need for LEP residents in the County. It remains a need in 2013. Leadership has increased efforts to develop existing and new partnerships with service providers with the intent to collaboratively provide culturally appropriate services and responses. Volunteers translate medical materials distributed in the clinics and hospital. A second added-value to this collaborative approach is the education, communication and networking that takes place and aids in the integration of families into a healthy community. The provider community supports the location of the MRS

recognizing it is the right place to create a safety net and make the connection thus maximizing the services which add to the health of this high need population.

Argentinean immigrant, Ellen Pedersen, is the trained Health Navigator and coordinates the services of the MRS. She is fluent in Spanish and English, and has been instrumental in building a successful collaboration and continuum of care between the service providers, the clients and DHHS. Over the last nine years, she has systematically operated as a change agent within our rural community to meet the needs of this underserved and expanding population. The DHHS has data evidence showing an increase in the number of eligible clients currently receiving health care coverage and needing HN services.

Key partnerships supporting comprehensive strategy designed to insure safety, wellness, and welfare in an environment of collaboration include:

- Two pharmacies serving the County
- Seven primary care medical clinics
- Three Dental offices in Gunnison, two pediatric dental offices in Montrose
- Two optometrists
- Midwestern Colorado Mental Health Center and private community based practitioners
- School District Nurse
- Western State Colorado University
- Community Foundation of the Gunnison Valley
- Trained volunteer interpreters
- Gunnison Valley Health Hospital
- Center for Adult and Family Education (CAFÉ)

Financial Information

The DHHS is funded through State allocations, the Gunnison County general fund revenue allocation, private foundation grants and private contributions. Current staffing allocations are as follows:

Federal Department of Behavioral Health	6%
Public Health Family Planning	5%
Caring for Colorado grant award (Expires in 2013)	74%
TANF	15%
	100%

The major funding source for the work we are proposing will be this request to the Colorado Health Foundation for the fiscal years 2014-2016. (36 months)

Two specific strategies are in place to address the sustainability of the MRS and the HN position. First, the Director of Public Health is forming an advisory committee to address sustainability of all the outreach services currently provided by DHHS. Second, the Director is using the partnership of the WCPHP to discuss and brainstorm ideas for the continuation of this program in Gunnison. It does serve as a model for the WCPHP and if Gunnison can solve the issue of sustainability, the other partners may be more likely to add a multicultural outreach service such as this to their services. At this time sustainability of this service remains a challenge.

The Board of County Commissioners, outside of paying their allocating general fund dollars to the DHHS, does not contribute individually to the organization.

Budget Narrative Proposal Revenue:

Colorado Health Foundation Request: We are requesting personnel and operating costs in the amount of $221,931.00 for a three year period.

County Contribution: Gunnison County will contribute $2000.00 for the 2014 budget to be used for match under the professional services line item ($23,765.)

Foundation Grants: $13,000 is received annually, and anticipated to continue for the award period from the Community Foundation of the Gunnison Valley, and other private foundations. These funds are used for operating expenses.

1. Community Foundation of the Gunnison Valley: $5,000 secured for the remainder of 2013. Pending for 2014.
2. The Van Tyle Trust funds of $8000 annually secured for each year of the three year award period.

Earned Revenue: $8,765.00 is collected in fees:

- $4000 for Prenatal Fees collected from Clients. (Prenatal serves women from low income families who do not qualify for Medicaid because of their current immigration status. The mothers pay a reduced fee for prenatal services from local providers. Once in the hospital, the mother and baby qualify for Medicaid. This prenatal service has reduced the number of flight for life incidents due to complications in the birthing process saving Medicaid resources.)

- $1500 in Dental Fees and $3,265 for the Light program Fees.

Total Revenue = $293,208.00

<u>Proposal Expenses</u>

Program/Project

Personnel: 1.0 FTE Health Navigator/Coordinator in year one of the award period @ $65,444 including Fringe at the county rate of 37%. A 5% increase is anticipated annually for the position and has been calculated into years 2 and 3. Total = $206,313

Programming /Project Costs: *We are requesting Operating Expenses: Office supplies ($500), a travel and training allowance to attend professional development trainings and meetings within the State of Colorado ($1000), and an operating allowance for printing, publishing and advertising ($1000). Total = $7500*

Administrative costs: *We are requesting funds for IT and phone service ($2700). Total = $2700*

Professional Services: *These are doctor, dentist and vision care providers cash matches for services provided. The programs have the following amounts: Light Programs ($16,265), the Pre-natal program ($6,000), and the Dental Program ($1500). Total = $23,765*

Total Expenses = $293,208.00

The Colorado Health Foundation Line-Item Budget

Organization Name: GUNNISON COUNTY

Proposal Title: Access to Health

Please fill in amounts only for year(s) for which you are requesting funding.

Proposal Revenue	Total Project Budget			
	Year 1	Year 2	Year 3	Total
The Colorado Health Fdn Request	$ 70,644.00	$ 73,917.00	$ 77,352.00	$ 221,913.00
Government Grants / County Contribution	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 6,000.00
Foundation Grants	$ 13,000.00	$ 13,000.00	$ 13,000.00	$ 39,000.00
Individual Support				$ -
Corporate Support				$ -
Special Events				$ -
Earned Revenue	$ 8,765.00	$ 8,765.00	$ 8,765.00	$ 26,295.00
Contract Revenue				$ -
In-kind				$ -
Total Revenue	$ 94,409.00	$ 97,682.00	$ 101,117.00	$ 293,208.00

Proposal Expenses	Total Project Budget				Request to The Colorado Health Foundation			
	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total
Direct Costs (each item to be detailed in budget narrative)								
General Operating				$ -				$ -
Program/Project				$ -				$ -
Personnel	$ 65,444.00	$ 68,717.00	$ 72,152.00	$ 206,313.00	$ 65,444.00	$ 68,717.00	$ 72,152.00	$ 206,313.00
Programming/Project Costs	$ 2,500.00	$ 2,500.00	$ 2,500.00	$ 7,500.00	$ 2,500.00	$ 2,500.00	$ 2,500.00	$ 7,500.00
Administrative costs related to program	$ 2,700.00	$ 2,700.00	$ 2,700.00	$ 8,100.00	$ 2,700.00	$ 2,700.00	$ 2,700.00	$ 8,100.00
Capital				$ -				$ -
								$ -
Total Direct Costs	$ 70,644.00	$ 73,917.00	$ 77,352.00	$ 221,913.00	$ 70,644.00	$ 73,917.00	$ 77,352.00	$ 221,913.00
Other Costs (each item to be detailed in budget narrative)								
Consultant/ Professional Service	$ 23,765.00	$ 23,765.00	$ 23,765.00	$ 71,295.00				$ -
Fiscal Sponsor's Fee (if applicable)				$ -				$ -
Indirect Costs (reserved for universities) - max 10% (if applicable)				$ -				$ -
Total Other Costs	$ 23,765.00	$ 23,765.00	$ 23,765.00	$ 71,295.00	$ -	$ -	$ -	$ -
GRAND TOTAL COSTS	$ 94,409.00	$ 97,682.00	$ 101,117.00	$ 293,208.00	$ 70,644.00	$ 73,917.00	$ 77,352.00	$ 221,913.00

Updated May 2013