



ARLINGTON COUNTY, VIRGINIA

County Board Agenda Item Meeting of October 20, 2012

DATE: October 5, 2012

SUBJECT: Acceptance and appropriation of a U.S. Health and Human Services grant award for integrated primary care services

C. M. RECOMMENDATIONS:

1. Authorize the County Manager or her designee to execute a grant agreement to accept funds from the U.S. Department of Health and Human Services for FY2013 – FY2017.
2. Appropriate \$232,000 in U.S. Department of Health and Human Services grant funds (101.374200) to the Department of Human Services (101.52111) in FY2013 for the provision of integrated primary medical care services at Arlington and Alexandria behavioral healthcare centers.
3. Approve the creation of a 1.0 FTE grant-funded Project Assistant to assist with data collection and program evaluation.
4. Approve the creation of 1.0 FTE grant-funded Peer Health Navigator to provide patient support and wellness activities.

ISSUES: This is a request to appropriate federal grant funds to sustain an existing primary medical care partnership between Alexandria Neighborhood Health Services, Inc (ANHSI) and the Arlington and Alexandria human services departments. No local match is required and no issues have been identified.

SUMMARY: Since March 2010, ANHSI has provided integrated primary care medical services and behavioral health services at Arlington and Alexandria mental health centers. A Virginia Healthcare Foundation grant provided pilot funding which expires in January 2013. The County Board authorized \$60,000 in one time funding for FY2013 to enhance the program to include serving substance abuse clients through this partnership. Recently, the U.S. Department of Health and Human Services (HHS) awarded Arlington County a \$1.6 million grant to continue and expand services to persons with serious mental illness over a four year period beginning September 30, 2012. This federal grant award will sustain the existing integrated primary care

County Manager:

County Attorney:

22.

Staff: Justin Larson, MD and Cathy Billings, Behavioral Healthcare Division, DHS

partnership and save Arlington County \$40,000 in unspent, one-time local funds included in the FY2013 budget. The Arlington County Department of Human Services (DHS) was the primary grant applicant and will be the responsible fiscal agent. ANHSI will be responsible for service delivery.

BACKGROUND: The current pilot program is a partnership between ANHSI, a Federally Qualified Health Center, and the Arlington and Alexandria human services departments. Arlington DHS was the primary grant applicant and will serve as the responsible fiscal agent. The integrated primary care partnership began in March 2010 with pilot funding from the Virginia Healthcare Foundation. This pilot funding has decreased on an annual basis and is set to expire in January 2013. The County Board authorized \$60,000 in one time funding for FY2013 in order to enhance the program to include serving substance abuse clients in the existing integrated primary care partnership with ANHSI. The HHS grant award secured by DHS will fund the current integrated primary care partnership for an additional four years.

Providing High Impact Healthcare Services for Vulnerable Populations

The target patient population for the primary/behavioral health care partnership is persons with serious mental illness and/or substance use disorders who lack adequate health insurance and/or have no primary medical provider. Approximately 900 ethnically diverse clients have received care from family practitioners, nurses and/or medical assistants from ANHSI who provide services at each of the Arlington and Alexandria mental health sites two days per week.

The clients served in the pilot program mirror national trends of high rates of chronic medical conditions among individuals with serious mental illness and substance use disorders. Eighty-five percent of patients served at Arlington's mental health center have high blood pressure and 44 percent have diabetes. In neighboring Alexandria, 58 percent of patients served on-site at the city's behavioral health center have a medical diagnosis that includes chronic conditions such as hypertension, diabetes and elevated cholesterol. Many of these patients had not previously seen a primary care physician for years, in some cases decades.

Reducing Emergency Room Visits and Improving Health Outcomes

The pilot has had a number of important successes. As a result of receiving medical care in the clinic, 24 percent of Arlington clients and 29 percent of Alexandria clients in the pilot have been newly diagnosed with pre-existing hypertension. Fourteen percent of Arlington and 18 percent of Alexandria clients in the pilot were newly diagnosed with non-insulin dependent diabetes. Nine percent of Arlington clients and 16 percent of Alexandria clients were newly diagnosed with metabolic syndrome. Prior to receiving primary care on-site through this integrated care partnership, this patient population frequently used the emergency room for health needs that were urgent, but preventable and not acute.

DISCUSSION: Specific project goals using new federal grant funding are:

- Increase the level of integration between behavioral health care and primary medical care.
- Improve the individual health outcomes of clients involved in the integrated care project.
- Lower the cost of health care by reducing deep-end service utilization (emergency room visits, medical hospitalizations) as compared to baseline.

- Improve mental and physical quality of life of individuals enrolled in the program, as measured by a quality of life and patient satisfaction survey.
- Enhance prevention and wellness through peer health navigator-led health education.
- Increase the number of individuals receiving benefits through federal entitlements and third party insurance.

Arlington County DHS will be the responsible fiscal agent. In FY2013, ANHSI will receive \$92,062 in new federal grant funding and Arlington County DHS will receive \$139,938. No funds will go directly to Alexandria. Funding provided to ANHSI will cover the cost of primary medical care provided at both the Arlington and Alexandria sites. The first year award will cover three quarters of FY 2013. ANHSI will receive \$92,062 from the HHS award and an additional \$69,148 from the remaining funds available through the Virginia Healthcare Foundation grant. These funds cover the cost of on-site ANHSI clinical care (\$98,280 for two primary care physicians; \$32,760 for a nurse; and \$19,656 for a medical assistant) and \$10,514 for pharmaceuticals and medical supplies. FY 2013 personnel costs are represented in the table below. The HHS grant award may not be used to fund existing DHS staff. Existing DHS staff already budgeted for using County funds are listed as in-kind costs.

The HHS grant award provides funding for two new grant-funded FTEs. This includes a 1.0 FTE Project Assistant to assist in gathering data for outcomes monitoring. This individual will assist with patient survey distribution, data collection, health outcome and service utilization tracking across treatment sites, and grant reporting. A new 1.0 FTE Peer Health Navigator will provide outreach and support to persons on site at Arlington and Alexandria mental health facilities. This recovery model concept of peer-supported case management has been shown to be effective in improving health outcomes among the target population. The Peer Health Navigator will assist with scheduling and appointment reminders, Medicaid enrollment, and help facilitate wellness support groups. These two new grant-funded FTEs were added to the grant proposal to enhance competitiveness and fulfill federal funder requirements.

FY 2013 Personnel Costs (October 2012 – June 2013)				
Position	Name	Annual Salary/Fringe	Level of Effort	Pro-Rated Cost (3/4 of Federal Fiscal Year)
Project Director	ARL County Employee	In-Kind Cost	5%	\$0
Project Coordinator	ARL County Employee	In-Kind Cost	10%	\$0
Clinical Director	ARL County Employee	In-Kind Cost	5%	\$0
Project Assistant (new 1.0 FTE)	TBD	\$46,887	100%	\$35,165
Peer Health Navigator (new 1.0 FTE)	TBD	\$54,949	100%	\$41,212

FY 2013 Personnel Costs (October 2012 – June 2013)				
Position	Name	Annual Salary/Fringe	Level of Effort	Pro-Rated Cost (3/4 of Federal Fiscal Year)
ANHSI Physicians	ANHSI Employees	\$187,200	70%	\$98,280
ANHSI Nurse	ANHSI Employee	\$62,400	70%	\$32,760
ANHSI Medical Assistant	ANHSI Employee	\$37,440	70%	\$19,656
TOTAL				\$227,073

FY2013 HHS funding also includes \$4,217 in travel costs for local travel and mandatory conference participation for an out-of-state evaluator. Contracted services administered by Arlington DHS will cover project evaluation (\$33,000) required as part of the HHS grant, and IT costs (\$26,250) to improve the sharing of electronic medical records. Pharmaceutical and medical supplies (\$10,608 in FY2013) will go to ANHSI. Future budget years projected below incorporate staff salary increases offset by a decrease in IT costs and supplies. The proposal budget presented below follows the federal fiscal year (October – September). The remainder of the Year 1 funds represented below (\$168,000) will be expended July – September 2013.

ANHSI-DHS Integrated Primary Care Project					
Category	Year 1 Oct 12 – Sep 13	Year 2 Oct 13 – Sep 14	Year 3 Oct 14 – Sep 15	Year 4 Oct 15 – Sep 16	Total Project Costs
Personnel	\$245,775	\$253,441	\$271,310	\$277,349	\$1,047,875
Fringe	\$56,989	\$65,000	\$67,096	\$68,021	\$257,106
Travel	\$4,217	\$3,540	\$3,575	\$3,611	\$14,943
Equipment	0	0	0	0	
Supplies	\$14,019	\$14,019	\$14,019	\$7,019	\$49,076
Contractual	\$79,000	\$64,000	\$44,000	\$44,000	\$231,000
Other	0	0	0	0	
Total Direct Charges	\$400,000	\$400,000	\$400,000	\$400,000	\$1,600,000
Indirect Charges	0	0	0	0	
Total Project Costs	\$400,000	\$400,000	\$400,000	\$400,000	\$1,600,000

Arlington County FY2013 costs are being appropriated at this time. Future project year program activities and expenses will be incorporated into the annual budget process. Absent additional funding, the newly created FTEs will expire when the HHS grant runs out. The integrated primary care partnership between ANHSI and the Arlington and Alexandria human services departments will seek to ensure long-term program viability by enrolling all eligible patients into Medicaid, which is projected to expand in 2014 as part of the federal Affordable Care Act. The

goal is to have 100% of eligible clients newly eligible for Medicaid enlisted in coverage by the end of the project period.

The HHS grant does not permit federal funds to replace funding of the recipient's existing program with funds from the federal grant. Budget and compliance staff have determined that the allocating of the \$40,000 from FY2013 unspent funds would not be considered supplanting because the \$40,000 was a one-time budget increase in FY2013 and DHS maintained effort of \$20,000 from FY2012. This conclusion is in part based upon staff's analysis of the guidance found in "Grants Policy Directives System: Grants Policy Directive 1.02: Awarding Agency Grants Administration Manual Chapter 1.02.02: HHS Transmittal 09.01: AAGAM Transmittal 09.02 (Last Updated: 6/19/09)" which defines "Supplement Not Supplant - A form of maintenance-of-effort requirement, generally provided in statute, that specifies that Federal funds received may not be used to reduce the amount of State, local, or other funds previously spent for the same or similar purposes. The baseline for a supplement-not-supplant requirement may be the recipient's previous fiscal year or another baseline year or period." The prior appropriation was also targeted to substance abuse clients whereas the HHS grant is targeted towards persons with serious mental illnesses.

DHS and Arlington County do not provide the primary medical care nor assume responsibility for the medical care provided by ANHSI. Under the terms of the grant, doctors and other medical and health care professionals providing care at the Drewry Center for ANHSI are not under the authority, control or employ of the County and are not agents or independent contractors of the County. DHS does expect that ANHSI will provide, through these medical professionals, care consistent with the standard of care in the profession for such services. Failure to do so may result in the loss of grant funds being provided to ANHSI.

FISCAL IMPACT: The HHS grant will provide \$1.6 million in federal funding spread over a four year period. There is no match requirement. For FY 2013, \$232,000 in federal grant funding is being appropriated to sustain and enhance the existing integrated primary care partnership, and provide an evaluation component authorized under the terms of the grant. The grant will save \$40,000 in FY2013 local tax dollars budgeted for the purpose of sustaining the integrated primary care partnership. The balance of the \$1.6 million U.S. Health and Human Services grant award will be included as part of future annual budget appropriations.