

I. Access to Care grants funded for FY 2017:

Alcohol and Drug Services (ADS) – ADS Integrative Care \$103,681

This integrated care clinic provides viable, accessible, effective therapeutic treatment for individuals to preserve or improve current functioning, strengths and resources. ADS offers brief screenings, comprehensive assessments, primary care medical services, which include chronic disease management, psychiatric evaluations, behavioral health education to include smoking cessation, substance use disorder counseling, co-occurring disorder treatment and case management onsite.

Cone Health—Congregational Nurse Program (CNP) \$247,880

CNP focuses on providing holistic person care that includes physical, mental, spiritual, environmental, financial and interpersonal relationship components to wellness. This program assists financially challenged churches with implementation and maintenance of nursing programs for vulnerable populations. CNP is expanding the program to meet the new demand for increased screenings leading to new integrated care referrals to designated clinics.

Family Service of the Piedmont—Integrated Innovations \$139,000

Family Service of the Piedmont, Inc. (FSP) is serving as the demonstration site for integrating behavioral and physical health care. FSP provides mental health and addictive disorder treatment and primary medical care onsite to uninsured clients. Reducing the barrier to basic communication between providers of behavioral health and medical services has created a Continuum of Care to address gaps in individual care for those most in need. In addition, the project has increased opportunities to improve overall health outcomes. This proposal not only expands the number of hours that their Primary Care Provider is onsite but also expands the time that the nurse will be available to allow for more patient contact.

Guilford Adult Health—Dental Access Program (GDAP) \$176,000

Guilford Adult Health will continue to work on integration of care over the term of this grant, including the dental clinic where they provide oral care for underserved adults. They receive referrals from providers who accept the Orange Card, and continue the provision of integrated, comprehensive coordinated care to those in our community to whom care is otherwise unavailable and/or unaffordable. GDAP works with GCCN (Guilford Community Care Network) to continue to improve the primary care system and deliver care on a continuum for their patients.

Guilford Adult Health—Guilford Community Care Network (GCCN) Administration \$203,730

GCCN is an integrated care network, with more than 65 providers offering various services, both medical and behavioral health, in order to improve the uninsured adult's overall health. Their Physician Champion and Network Development Specialist both work on ongoing identification and recruitment of primary and specialty care physicians, and medical practices to work with GAH clients. GCCN serves as the hub for the Integrated Care (IC) initiative and is in the process of finalizing the automation of the Orange Card Program (OCP).

Guilford County Department of Health and Human Services

Division of Public Health (GCDHHS-DPH)—Medication Assistance Program \$168,000

The Medication Assistance Program (MAP) continues to provide comprehensive medication therapy management (MTM) services to all patients who enroll. MAP is working with the NC Center of Excellence for Integrated Care to incorporate a universal behavioral health screening tool so patients can be accessed across multiple agencies as they seek care at a myriad of agencies through Guilford Community Care Network (GCCN). MAP is currently working to establish collaboration with the Congregational Nurse Program (CNP) to provide a more cost-effective means to mental health medications for the homeless population they are caring for and to help reduce the cost of medications for clients at Family Service of the Piedmont (FSP).

Guilford County Department of Health and Human Services

Division of Social Services (GCDHHS-DSS)—HealthChoice

\$94,000

NC Health Choice (NCHC) provides access to health care for children ages six to 18 who are uninsured and reside in low-income households with 150% to 200% of the Federal Poverty Level (FPL). NCHC is a free or reduced price comprehensive health care program specifically geared for children, including dental, vision and hearing services. NCHC's policy requires that qualifying families from 150% to 200% of FPL be subject to an annual enrollment fee of \$50 for one child and \$100 for two or more children. This grant covers the cost of enrollment and co-pay fees for the children eligible to receive HealthChoice.

Interactive Resource Center—Family Service of the Piedmont

\$300,000

The Interactive Resource Center (IRC) clinic is serving an average of 500 unduplicated patients quarterly. Patients are provided primary medical care from a nurse practitioner and substance abuse and mental health services from the behavioral health nurse. The demand for health care services for the homeless continues to increase. In an effort to meet the demand, the nurse practitioner has added clinic hours on one Saturday each month.

NC Center of Excellence for Integrated Care (COE)

(thru fiscal agent – Foundation for Health Leadership and Innovation)

\$107,500

This Foundation-initiated proposal allows the NC Center of Excellence (COE) to serve as the lead organization overseeing the second year of a three-year technical assistance and training initiative involving Integrated Care practices and Continuum of Care programs. COE has developed customized plans that are inclusive of onsite trainings and provider coaching. Training to all site types will follow the Learning Model that is based on the evidence-based core competencies, knowledge, and skills required for successful IC service provision and model development. COE provides training and technical assistance in the planning, implementation, and evaluation of grantees' Integrated Care service delivery.

Partnership for Community Care—P4CC

\$216,535

P4CC, a GCCN organization, provides eligibility, enrollment, case management, referrals, and medications for low-income, uninsured residents of Guilford County while decreasing health care costs. P4CC is an integral part of the new Integrated Care initiative and is continuing patient engagement in the Emergency Department (ED) when individuals are most vulnerable, determining eligibility for enrollment into the network of providers across a number of GCCN partner sites to ensure they receive adequate medical and behavioral health care, case management services for further assessment, referrals to other community based organizations to meet social needs, and follow-up by case managers for continuity of care.

UNCG Center for New North Carolinians—Immigrant Health Access Project

\$134,124

This program aims at connecting 1,500 immigrant and refugee adults in greater Greensboro to integrated care clinics in the next three years (500 annually). They are partnering with local refugee resettlement agencies (Church World Service and African Services Coalition) to connect recently arrived refugee clients with access to integrated care upon arrival and using the Community Health Worker model (CHW)—a model that uses immigrant and refugee community leaders to recruit new immigrant and refugee clients through their community networks, faith communities, and connections with community partners. IHAP staff refers individuals to ACA or Orange Card enrollment, connects them with an integrated care clinic, and accompanies patients to the clinic for the initial integrated care visit.

UNCG —Congregational Social Work Education Initiative (CSWEI)

\$113,550

In addition to its longstanding interdisciplinary partnership with the Congregational Nurse Program [CNP], CSWEI has diversified its service array and modified its service integration strategy to better implement an integrated, comprehensive, coordinated screening, assessment, and treatment plan. The addition of

Community Health Workers [CHW] is allowing CSWEI to reach underserved, uninsured individuals including persons experiencing homelessness, Latinos, Montagnards, Bhutanese and Burmese – outside of CSWEI’s traditional placements. As an evidence-based practice, the addition of the CHWs also allows CSWEI the opportunity to more effectively identify and engage individuals in community settings within community locations as yet unserved by the Initiative.

TOTAL ACCESS TO CARE GRANTS: **\$2,004,000**

II. Adolescent Pregnancy Prevention (APP) grants funded for FY 2017:

Moses H. Cone Memorial Hospital Operating Corporation

Cone Health Center for Children

\$73,455

The requested funding will allow the Cone Health Center for Children to increase access to LARC by creating an adolescent-friendly clinic space, as well as remove the cost barrier when adolescent patients visit and/or the cost barrier of contraceptive supplies not covered by Medicaid and private insurers. Funding will provide a *Teen-Informed Project Coordinator* who will assist with the creation of dedicated adolescent-friendly space within the Center for Children, to aid with patient education, to assist with provider and staff education, and to promote community awareness and engagement. The ideal candidate will have a clinical background (Licensed Clinical Social Worker {LCSW} or Nurse Practitioner {NP}) so they can provide billable services and remain on staff after the transformation of the clinic space.

Guilford Child Development

Nurse Family Partnership (NFP)

\$51,000

NFP introduces vulnerable first-time mothers to a caring maternal and child health nurse. The nurses support moms to have a healthy pregnancy, to become knowledgeable and responsible parents, and provide their babies with the best possible start in life. NFP encourages first-time, teen moms to identify their personal goals and address/solve problems that could potentially interfere with creating safe households, completing their education, finding work, and preventing future pregnancies through appropriate family planning information. Nurses discuss contraceptives with each participant during pregnancy and post-delivery. This conversation includes LARC that could be used post-delivery, and encourages participants to set up an appointment to receive their chosen form of birth control.

Guilford County Department of Health and Human Services

Division of Public Health (GCDHHS-DPH)—JustTEENS

\$192,366

Funding is for 75% of requested salary and benefits for 3 positions, reduced LARC subsidies, nominal amounts for clinic upgrades and advertising and limited support for targeted outreach to pregnant and parenting teens. Title X Family Planning Clinics, like Guilford County’s, have played a critical role in ensuring access to a broad range of family planning and related preventive health services for low-income or uninsured individuals. Title X family planning program is intended to assist individuals in determining the number and spacing of their children. This promotes positive birth outcomes and healthy families. The education, counseling and medical services available in Title X-funded clinic settings assist in achieving these goals. Funding comes with the clear understanding that if targets are not realized, future funding will be canceled.

Planned Parenthood South Atlantic (PPSAT)

LARC Access for Teens

\$74,250

Funding for limited renovations to patient service areas is recommended for years one and two with accompanying marketing support in all three years. Recommended amounts include annual subsidies for LARC (includes device, insertion and counseling) and specific teen-friendly training. PPSAT’s Greensboro health center (1704 Battleground Avenue) through prescription and on-site insertion, administration and dispensing, offers

a broad range of effective, Food and Drug Administration (FDA)-approved family planning methods. As a Title X health center, clients are charged based on family income and size. Fees for minors requesting confidential services are based on the income of the minor. With many essential best practices already in place, they will focus on generating broader use of Planned Parenthood reproductive health services among teen clients. Funding comes with the clear understanding that if targets are not realized, future funding will be canceled.

SHIFT NC (Sexual Health Initiatives for Teens)

Greensboro Youth Access to Effective Contraception

\$149,494

SHIFT NC proposes to provide coordination, technical assistance and training to achieve improved access to health care and contraceptives - specifically long acting reversible contraceptives - for Greensboro 12-19 year olds. SHIFT NC will work with awarded clinic partners and subcontract as needed to support the strategies of the project, including: any additional technical assistance required; community leadership and linking coordination; and marketing directly to young people in Greensboro. This work will include assisting each clinic partner to track and report data as well as a cross-project annual evaluation report that indicates progress toward the collective outcomes/objectives. SHIFT NC will subcontract with *BCDC Ideas* for naming, branding, adult outreach, and marketing directly to youth audience as well as Partners for Healthy Youth to coordinate adult leadership team and linkages.

Young Women’s Christian Association of Greensboro, Inc. (YWCA)

Teen Parent Mentor Program (TPMP)

\$98,982

The twenty-eight year old *Teen Parent Mentor Program (TPMP)* is considered a secondary pregnancy prevention program. It seeks to support 150 pregnant and parenting teens annually as they strive to finish school, raise healthy children, and set and fulfill goals for the future. It is a relationship-based program that empowers teen mothers to overcome adversity and establish a future orientation for themselves and their children. Supporting adolescent parents to get an education, acquire job skills, improve parenting and prevent future pregnancies helps them become self-sufficient and better able to support themselves and their families. It also establishes a strong, stable foundation upon which the baby will be raised. Educational activities and programs, supportive relationships with an adult mentor, positive peer interactions, and support from staff are all included in this free program, open to any pregnant and/or parenting teen, ages 12-19, in Greensboro.

Women’s Hospital of Greensboro Memorandum of Understanding (MOU)

Provision of LARC immediately postpartum or at 6 week postpartum visit

\$12,500

The goal of this project is that 100% of teens who deliver at Women’s Hospital under the care of Cone Health Faculty Practice or seek postpartum care (up to six weeks following delivery) at the Women’s Hospital clinics will be offered LARC contraception, with an anticipated 40% choosing this option. This agreement applies only to adolescent women who are under the care of Women’s Hospital Faculty Practice at the time of their child’s delivery at Women’s Hospital of Greensboro **OR** seek postpartum care (up to 6 weeks following the delivery) at the Women’s Hospital clinics.

TOTAL ADOLESCENT PREGNANCY PREVENTION GRANTS:

\$652,047

III. HIV grants funded for FY 2017:

Central Carolina Health Network (CCHN)

HIV Care and Resource Development

\$165,383

Foundation funding is requested to provide dental services and housing support to people with an HIV diagnosis in Greensboro. Funding provides the guaranteed daily rate of \$3,200 for Access Dental Care (the dental care provider {a dentist, assistant and hygienist}) to expand its services from 3 days per month to 4

clinic days per month at *Regional Center for Infectious Disease*. The requested funding also includes salary support for dental clinic scheduling, coordination, billing and data entry. North Carolina Department of Health and Human Services (DHHS) provided one-time Care and Prevention Funding in the United States (CAPUS) from the Centers for Disease Control (CDC) to reduce the housing wait list (112 people with a documented HIV diagnosis in need of housing). This funding (which ends September 30, 2016) provides for a full-time staff person to identify resources for affordable housing in the community and then link identified HIV clients to those resources. Foundation funding is being recommended to continue this position by providing for the salary, benefits and a \$10,000 fund to assist clients with one-time housing, utility or security deposits.

Cone Health

Regional Center for Infectious Disease (RCID)

\$232,081

Foundation funding is requested to support four separate functions (medication assistance, behavioral health provider, referral coordination along with treatment adherence and case management [RN]) within RCID. Each function assists patients at various stages of the treatment cascade and from diagnosis to viral suppression. It is critical for people with HIV not to miss a dose of their medications so they do not develop drug resistance. The AIDS Drug Assistance Program (ADAP) application must be submitted by an interviewer, not the applicant. The medication assistance role establishes financial eligibility and documents clinical information. All clients must renew eligibility twice per year. This tedious, time-consuming process ensures that patients have uninterrupted access to the medication that will help them achieve viral suppression.

Individuals living with HIV often have complicated histories, including negative experiences such as traumatic events, mental illness, and stigma. Foundation funding provides behavioral health services at RCID for four days per week.

Foundation funding is requested to support a full-time Certified Medical Assistant to help patients navigate an often confusing health care system. Access to primary and specialty care is coordinated and monitored by the primary HIV care team, as are psychosocial and social services. With a growing HIV patient population, coupled with a 10% co-infection rate of Hepatitis C, the necessity of tracking appointments to specialty medical care is important. This position would also assist with the medication approval process, another heavy administrative task for co-infected patients.

Foundation funding would help support a full-time Registered Nurse (RN) with specialist education and training in HIV. The RN will make in-home visits to patients, specifically referred by RCID medical providers, and will be responsible for ensuring treatment adherence, disease management, and patient education. The goal of this intensive care management is to get the patient to the point of greater self-management and improved function and ultimately viral load suppression. *RCID has subcontracted with Alamance Home Care Providers (a Cone Health entity) for this RN support, and a portion of the grant funds will be paid to Alamance Home Care Providers.*

NIA Community Action Center – Social Network Strategy

\$36,700

Funding is recommended to staff and implement a Social Network Strategy that builds on existing trust among the members of a social network. Because people in a social network already know and trust each other, they are more likely to respond positively to the messages about HIV testing. By using this strategy, NIA will be able to reach the highest-risk persons, those who live in hard-to-reach communities and who may be infected but unaware of their status, and provide them with counseling, testing and referral services.

NC Center of Excellence for Integrated Care (COE)

(thru fiscal agent – Foundation for Health Leadership and Innovation)

Consulting service to Cone Health Regional Center for Infectious Disease (RCID)

\$7,500

This is a request to encumber \$7,500 to support North Carolina Center of Excellence in Integrated Care, for RCID's continued development as a fully integrated HIV care clinic. Using an evidence-based approach customized to fit their needs, COE will serve as a resource for assessment, training, and technical assistance to further facilitate RCID's integration path.

Triad Health Project (THP) – Direct client services and expanded testing outreach \$170,000

Funding is recommended for the salary and fringe benefits for 10.6 positions involved in providing direct client services and expanded testing outreach. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. Case Management is (1) beneficial in dealing with complex needs of people living with HIV/AIDS; (2) reduces cost of care by decreasing hospitalization; (3) clients enrolled in case management are 1.5 times more likely to follow drug regimens; (4) improves the chances of newly diagnosed HIV clients entering care.

With nearly three decades of experience in HIV testing in Guilford County, THP has earned the trust of many in the community who turn to them for regular sexual health screening and often refer their friends. The funding requested will allow THP to expand its offerings of rapid HIV tests in appropriate settings, allowing them to reach a larger audience of people who may not want to wait two weeks for preliminary results, or have immediate concerns that they may have been exposed to HIV, or are otherwise resistant to having a vial of blood drawn for testing.

Wake Forest University Health Sciences

**Improving linkage and retention in care and health outcomes for MSM with HIV
in Guilford County through social media**

\$122,898

Proposed funding develops, implements, and evaluates an innovative, tailored intervention designed to increase Human Immunodeficiency Virus (HIV) testing, improve linkage to and retention in care and health outcomes among hard-to-reach racially/ethnically diverse young (ages 18-29) men who have sex with men (MSM) with HIV in Guilford County. The intervention will harness established social media that racially/ethnically diverse young MSM commonly use. The project will include a partnership among the primary providers of HIV care in Guilford County (Regional Center for Infectious Disease [RCID]), Triad Health Project (THP), and Wake Forest School of Medicine (WFSM).

TOTAL HIV GRANTS: \$734,562

IV. Substance Abuse/Mental Health grants funded for FY 2017:

Alcohol and Drug Services (ADS)

\$125,000

ADS has established a comprehensive delivery system utilizing a multidisciplinary treatment approach of integrated, or cross-trained, and appropriately credentialed practitioners, who within their scope of practice, are permitted to diagnose and treat individuals with mental illness and substance use disorders. Most of the patients treated in this organization are receiving opioid treatment. The relationship between opiate abuse and mental illness is complex, and the treatment of both is more complicated than the treatment of either condition alone. Opiate abuse results in a worse prognosis for a person with mental illness.

Alcohol and Drug Services: Communities that Care (CTC)

\$35,000

The purpose of CTC is to mobilize all stakeholders in the community who care about children and youth; and to build positive youth development by addressing the most widespread risk factors and enhancing protective factors. The CTC initiative consists of a five-phase process implemented over a 2-3 year period. ADS is maintaining a part-time coordinator who guides the community's CTC efforts.

Family Service of the Piedmont (FSP)

\$130,000

FSP is serving as the demonstration site for the Co-Occurring Disorders Treatment Initiative (CODTI) and provides peer-to-peer training and mentoring to all participating entities in the Co-Occurring Disorders Learning Collaborative. Their co-occurring disorders program focuses on integrated treatment of persons with co-occurring substance use and non-severe mental health disorders, such as mood and anxiety disorders and less severe forms of bipolar disorder. The integrated treatment approach helps people recover by offering both substance abuse and mental health services at the same time and in one setting. The population served includes those diagnosed with multiple diagnoses with a history of substance abuse and mental illness in the greater Greensboro community.

Kellin Foundation

\$123,750

The Kellin Foundation provides community-focused, evidenced-based, and culturally-competent behavioral health services through the integration of best practice research, training and technical assistance and has expanded its scope to provide evidence-based services for individuals with co-occurring disorders. Clinical staff within Kellin Foundation are utilizing Co-Occurring Disorders Learning Collaborative knowledge and skills with specific services like clinical assessment; individual, couple, and family therapy; group therapy; and peer support.

Monarch

\$73,000

Through full participation in technical assistance, training and in the proposed Co-Occurring Disorders Learning Collaborative, Monarch wants to assess their current operation and transform the services they provide through the selection and implementation of an innovative, evidence-based model that addresses the specific challenges faced by individuals with co-occurring substance use and mental illness disorders. Monarch spent this past year establishing a co-occurring disorders program utilizing the Integrated Dual Disorder Treatment (IDDT) model. This is an evidence-based practice that improves the quality of life for people with co-occurring severe mental illness and substance use disorders by combining substance abuse services with mental health services.

NC Center of Excellence for Integrated Care (COE)

(thru fiscal agent – Foundation for Health Leadership and Innovation)

\$134,205

In an effort to increase the capacity of the greater Greensboro community to effectively address the needs of individuals with co-occurring substance abuse and mental health disorders, the Foundation has established an initiative that provides technical assistance, training and short-term program support to targeted substance abuse and mental health agencies. This initiative is led by the COE. They are collaborating with Kenny House, chairperson of the NC Association for the Treatment of Opioid Dependence, and other experts in co-occurring disorders.

UNCG Partnership to Address Co-Occurring Disorders in Greater Greensboro

\$139,205

This proposal represents an effort by three programs previously funded by Cone Health Foundation: Congregational Nursing Program (CNP), Congregational Social Work Education Initiative (CSWEI), and Center for New North Carolinians (CNNC), to join in partnership to address co-occurring substance abuse and mental health disorders in vulnerable populations; namely, those who are homeless or in transitional housing and those who are immigrants, including refugees. This Partnership plan will serve more than 1,100 new clients over the next five years, more than half of these will be served during the three-year grant period.

TOTAL SUBSTANCE ABUSE & MENTAL HEALTH GRANTS: **\$760,160**

GRAND TOTAL – All 4 Priority Areas **\$4,150,769**