

I. ACCESS TO CARE

Alcohol and Drug Services (ADS)

ADS Integrative Care

\$120,851

This integrated service program provides viable, accessible, effective therapeutic treatment for individuals to preserve or improve current functioning, strengths and resources. ADS also offers brief screening, comprehensive assessment, primary care medical services, which includes chronic disease management, psychiatric evaluations, behavioral health education including smoking cessation, substance use disorder counseling, co-occurring disorder treatment and case management on site.

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 plans to expand the program to meet the new demand for increased screenings leading to new integrated care referrals to designated clinics.

Family Service of the Piedmont

Integrating Behavioral Health & Primary Care

\$139,000

Family Service of the Piedmont, Inc. (FSP) will continue integrating behavioral and physical health care by co-locating mental health and addictive disorder treatment and primary medical care. Reducing the barrier to basic communication between providers of behavioral health and medical services has helped to create a Continuum of Care to address gaps in individual care for those most in need. In addition, the project, in its third year, will increase opportunities to improve overall health outcomes. This proposal not only expands the number of hours that their Primary Care Provider is on site but also expands the time that the nurse and the case manager will be available to allow for more patient contact.

Guilford Adult Health

IC-HUB Dental (Guilford Dental Access Program - GDAP)

\$228,268

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 primary care 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 to continue to improve the primary care system and deliver care on a continuum for their patients.

Guilford Adult Health

IC-HUB Integrated Care (GCCN Administration)

\$209,290

GCCN (Guilford Community Care Network) 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 will automate the Orange Card Program (OCP) during this upcoming year.

Guilford County Department of Public Health

Medication Assistance Program

\$162,000

The Medication Assistance Program (MAP) will continue to provide comprehensive medication therapy management (MTM) services to all patients who enroll. MAP collaborated 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) and Alcohol and Drug Services (ADS). MAP now provides medication onsite to clients at the IRC.

Guilford County Department of Social Services

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.

Family Service of the Piedmont

Interactive Resource Center (IRC) Clinic

\$283,252

The IRC clinic is serving an average of 500 unduplicated patients quarterly. Patients are provided primary medical care from a nurse practitioner and some receive behavioral health services onsite while others are referred to other facilities. The clinic is operational five days per week and recently expanded to offer Saturday services once a month. During the last two year, this clinic expanded health care service delivery to provide integrated care services to homeless patients at the Interactive Resource Center (IRC). The Congregational Nurse Program and Congregational Social Work Education Initiative work collaboratively with FSP to ensure the IRC clients receive integrated care.

NC Center of Excellence for Integrated Care

\$100,500

The NC Center of Excellence (COE) serves as the lead organization overseeing this three-year technical assistance and training initiative involving Integrated Care (IC) 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 follows the Learning Model that is based on the evidence-based core competencies, knowledge, and skills required for successful IC service provision and model development. This TA provides training and assistance in the planning, implementation, and evaluation of grantees' IC service delivery.

Partnership for Community Care (P4CC)

\$168,631

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 Integrated Care initiative and will continue 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 has expanded its reach to underserved immigrants and refugees connecting nearly 1,500 immigrant and refugee adults in greater Greensboro to integrated care clinics in the last two years. This exceeded their goal to reach 500 annually. They are meeting with success by 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 will continue to refer individuals to ACA or Orange Card enrollment, connect them with an integrated care clinic, and accompany patients to the clinic for the initial integrated care visit.

UNCG

Congregational Social Work Education Initiative (CSWEI) **\$116,204**

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 four Community Health Workers [CHW] has been instrumental in CSWEI reaching 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

Cone Health

The Tim and Carolynn Rice Center for Child and Adolescent Health **\$ 40,940**

Funding provides partial support for an experienced maternity Registered Nurse (who is also a Family Nurse Practitioner) serving as the Teen-Informed Project Coordinator (TIPC). This role assisted with the creation of dedicated adolescent-friendly space within The Tim and Carolynn Rice Center for Child and Adolescent Health. This is the largest facility for children in the Cone Health network and was renamed in the spring of 2017 for the former CEO who was instrumental in the center’s development. The Rice Center provides expanded patient education, and increases access to long acting reversible contraceptive methods to sexually active females, under the age of 20, in Greensboro

Guilford Child Development

Nurse Family Partnership (NFP) **\$51,000**

NFP introduces vulnerable first-time mothers to a caring maternal and child health nurse. Cone Health Foundation funding supports the salary/benefits and ancillary expenses of the program. 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 long acting reversible contraception that could be used post-delivery, and encourages participants to set up an appointment to receive their chosen form of birth control.

Guilford County Guilford County Department of Health and Human Service

Division of Public Health JustTEENS

\$192,366

Funding supports three 3 positions and reduced LARC subsidies. 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.

Planned Parenthood South Atlantic (PPSAT)

LARC Access for Teens

\$56,200

With many essential best practices already in place, *Planned Parenthood* will focus on generating broader use of Planned Parenthood reproductive health services among teen clients. To that end, marketing support is included. *Planned Parenthood* is a Title X (federal funding) recipient. As such, they are required to incorporate all contraceptive methods, counseling, education and exam fees into a schedule of discounts, or a sliding fee scale, for clients according to income. These guidelines also require clinics to offer all contraceptive-related services to clients with incomes at or below 100 percent of the federal poverty level at no cost; because most Title X clients have incomes at that level, most services are provided at no cost. These reasons, coupled with the excellent care provided at Planned Parenthood, makes this a strong partnership in accomplishing the Foundation's strategic goal of reducing teen pregnancy.

SHIFT NC (Sexual Health Initiatives for Teens)

Greensboro Youth Access to Effective Contraception

\$137,945

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 15-19 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 adult outreach, and marketing directly to youth audience.

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

Teen Parent Mentor Program (TPMP)

\$101,846

Funding supports 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.

Cone Health

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

\$50,000

To compensate for: the provision of hands-on training for insertion and removal procedures and localization techniques of Nexplanon for Faculty Practice Physicians. 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: \$630,297

III. HIV

Central Carolina Health Network (CCHN)

HIV Care and Resource Development

\$129,228

Funding provides for the continuation of the dental clinic at *Regional Center for Infectious Disease* (RCID) for five days per month serving twelve patients each day to help reduce the waiting list of 236 patients. Continuation of the housing program is also included. The Housing Coordinator's role is to identify resources for affordable housing in the community and then link identified HIV clients to those. Foundation funding is included for a \$10,980 fund to assist clients with one-time housing, utility or security deposits.

Cone Health

Regional Center for Infectious Disease (RCID)

\$139,443

Foundation funding provides support four separate functions (medication assistance, behavioral health services, referral coordination, and peer support function). Each function assists patients at various stages of the treatment cascade and from diagnosis to viral suppression. It's critical for people with HIV to not miss a dose of their medications so they don't 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 a behavioral health counselor at the clinic 4 days per week. 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.

Cone Health

HomeCare Providers, a division of Alamance Regional Medical Center

\$97,800

Foundation funding supports 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.

North Carolina Center for Excellence in Integrated Care (COE)

Consulting service to Regional Center for Infectious Disease

\$7,500

COE will provide technical assistance in the form of on-site trainings, provider coaching and topic-specific consultations for RCID to determine the level of integration of behavioral health services it wishes to pursue and maintain. RCID will also have access resources, webinars, and follow up technical assistance.

Triad Health Project - Direct client services and expanded testing outreach **\$187,425**

Funding is recommended for the salary and fringe benefits for 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 **\$121,523**

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).

Undesignated Funding to Support HIV Services in Greensboro **\$40,000**

This may include capacity building, pre-exposure prophylaxis, (PrEP) of post-exposure prophylaxis, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. Grants will be determined in consultation with Foundation President and Program Staff.

TOTAL HIV GRANTS: **\$722,919**

IV. SUBSTANCE ABUSE & MENTAL HEALTH

Alcohol and Drug Services (ADS): Co-Occurring Care **\$126,562**

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)

\$55,000

The purpose of CTC is to mobilize all stakeholders in the community who care about children and youth; 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 will maintain a part-time coordinator who will guide the community's CTC efforts. Targeted community leaders will be trained by national experts over the next year in an effort to mobilize the community to effectively address risk factors and prevent youth from engaging in substance use.

North Carolina Center of Excellence for Integrated Care (COE)

\$133,105

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 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. The skilled clinicians, researchers, writers, trainers, and advocates from COE translate the newest research into real-world tools, training, and technical assistance for non-profit organizations across the country.

Family Service of the Piedmont (FSP)

Integrated Treatment for Co-Occurring Disorders

\$110,000

FSP serves as the demonstration site for the 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.

Monarch: Co-Occurring Disorders Treatment Initiative

\$14,938

Through full participation in technical assistance, training and in the proposed Co-Occurring Disorders Learning Collaborative, Monarch has transformed 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 has implemented 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.

Kellin Foundation: Greensboro HEALS (Healing and Empowering All Survivors)

\$123,365

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 proposes to expand its scope to provide evidence-based services for individuals with co-occurring disorders. Clinical staff within Kellin Foundation have worked over the last two years to employ Co-Occurring Disorders Learning Collaborative knowledge and skills with specific services like clinical assessment; individual, couple, and family therapy; group therapy; and peer support.

UNCG Partnership to Address Co-Occurring Disorders in Greater Greensboro

\$138,105

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.

Undesignated Funding to Address the Opioid Crisis in Greensboro \$30,000

New data recently released from the N.C. Department of Health and Human Services shows that North Carolina has seen a 73 percent increase in the number of opioid-related deaths in 2015, compared to 2005. Guilford County had the fourth-highest number of deaths among North Carolina counties in 2015 with 47, according to the data. That's a 74 percent jump from 27 in 2005. In collaboration with Project Lazarus and CURE TRIAD, Program Staff will work to develop a strategic plan for our community. In consultation with the Foundation president, Program Staff will determine allocations of these funds.

TOTAL SUBSTANCE ABUSE & MENTAL HEALTH GRANTS: \$731,075

V. OTHER INITIATIVES AND COMMUNITY COLLABORATIONS

Building Stronger Neighborhoods (year 2 of 2) \$10,000

The Building Stronger Neighborhoods (BSN) Program was established in 2001 as a small grants and technical assistance program for neighborhoods in the greater Greensboro area. The program is supported through a collaborative of five local funders and the Greensboro Public Library, seeking to enable neighborhoods to build community.

Communities That Care \$10,000

This initiative focuses on strengthening protective factors that can buffer young people from substance abuse behaviors and promote positive youth development.

Guilford Nonprofit Consortium (year 2 of 2) \$20,000

The Guilford Nonprofit Consortium (GNC) conducts education, leadership and training sessions and provides other opportunities for networking in order to build capacity of the nonprofit community across Guilford County. GNC has 270 member agencies.

Action Greensboro \$50,000

Established in 2001, Action Greensboro has championed a variety of initiatives aimed at enhancing the city's quality of life and economic development and is an important collaboration with other area foundations.

Say Yes to Education (year 3 of 5) 200,000

Guilford County is a Say Yes to Education community. Say Yes provides an opportunity for our community to work together to provide wrap-around services and help graduates of Guilford County Schools to get a post-secondary education.

Partners Ending Homelessness (year 2 of 2) \$25,000

Partners Ending Homelessness (PEH) leads a strong and stable system of care to end homelessness in Guilford County. PEH receives funding from the City of Greensboro, Community Foundation of Greater Greensboro, Cone Health Foundation, Guilford County, Lincoln Financial Foundation, Phillips Foundation, United States Department of Housing and Urban Development, United Way of Greater Greensboro, United Way of Greater High Point, and other public and private donors. Poor health, mental illness and substance abuse are closely associated with homelessness. The rates of both chronic and acute health problems are extremely high among the homeless population. Foundation funds will be used to support their Coordinated Intake and Assessment process which is a key component toward shifting their entire system to a Housing First approach.

Support for Navigator Entities

\$255,000

How the above funding will be invested is largely dependent on how the federal government intends to fund navigators and outreach and enrollment activities in 2017. Those announcements have not been made. The Centers for Medicare & Medicaid Services (CMS) announced at the end of August that they will spend \$10 million on promotional activities in order to meet the needs of new or returning Affordable Care Act enrollees. During the most recent open enrollment period, CMS spent more than \$100 million on promotional activities – nearly double what was spent in 2015. Funding for navigator activities is still unknown as of mid-September. The Navigator program was intended to engage consumers on the ground and provide information and educational outreach concerning the health insurance exchanges. Since its inception, the program has helped educate over 9 million consumers about their options for Exchange coverage. Funding for the Navigator program comes from user fees paid by issuers participating in the federally facilitated exchanges.

Total Other Initiatives and Community Collaborations:

\$570,000

TOTAL GRANTS AWARDED FY 2018

\$4,658,291