

May 2, 2007

Ms. Debbie Van Saun
Asst. City Manager
City of Lawrence
P.O. Box 708
Lawrence KS 66044-0708

Dear Ms. Van Saun:

Thank you for this opportunity to apply for funds from the City of Lawrence Alcohol Tax Fund.

The alcohol tax funding that LMH has received in previous years have allowed us to continue to make significant strides in the medical treatment of patients with alcohol-related diagnoses. LMH is proud to offer a spectrum of services that touch two funding categories: *Treatment* and *Intervention*. Our services include medical intervention during crisis, stabilization of the patient's medical condition, and then coordination of community services for long-term treatment. We work very closely with other area agencies — Douglas County Fire and Medical, DCCCA, Bert Nash Community Health Center, SRS, other area hospitals, and private organizations that have an interest in substance abuse treatment issues — to provide the best possible care for people with alcohol- and substance-abuse issues.

Outside of alcohol tax funding, Lawrence Memorial Hospital receives no tax support from the City of Lawrence or Douglas County. Since the hospital's founding 85 years ago, we have worked to provide excellent, accessible health care. As a 173-bed, not-for-profit, general acute care hospital, we are dedicated to improving the health of our community, investing excess revenue over expenses into services, equipment and facilities that further this mission. LMH serves the community's health care needs regardless of an individual's ability to pay.

Funds from the Alcohol Tax Fund would enable LMH to continue to offer services such as patient transportation to area facilities for treatment and RADAC screens, which is a State requirement for a patient to be admitted for in-patient services but requires a \$75 cash fee in order to be performed. These are just a few of the services that the requested funds would help to support.

Attached please find our proposals for continued support for the treatment and intervention services we provide for patients with alcohol abuse and dependency. If you have any questions or need further information, please do not hesitate to contact us. We value your commitment to the health and well being of the people of our community. Again, thank you for your consideration.

Sincerely,

Gene Meyer
President and CEO

Kathy Clausing
Vice President/Chief Development Officer

Encl.

**Lawrence Memorial Hospital
2008 Request for Funding –
City of Lawrence Alcohol Tax Funds**

INTERVENTION

Lawrence Memorial Hospital is a 173-bed, not-for-profit, general acute care hospital. We have worked to provide excellent, accessible health care since the hospital's founding more than 80 years ago. We are dedicated to improving the health of our community, and we invest excess revenue over expenses into services, equipment and facilities that further this mission. LMH serves the community's health care needs regardless of individuals' ability to pay.

Intervention Program Description: As the community's primary intake facility for alcohol and substance abuse patients in crisis, Lawrence Memorial Hospital's Emergency Department receives nearly 100% of these individuals who are picked up by the Lawrence Police Department and the Lawrence-Douglas County Fire and Medical Department, provided they are not threatening immediate bodily harm to themselves or to others. For many, we are the entry point to the community's substance abuse treatment resources. Their immediate medical needs are stabilized, and often they are given multi-vitamin IV fluids to facilitate re-hydration and speed sobriety. They are assessed for potential admission to the hospital, and their use of substances is interrupted in order to connect them with proper treatment.

Alcohol and substance abuse patients who actually are admitted to the hospital complete an education and training program. Part of this program is devoted to helping these individuals and their significant others become aware of community support groups, locations and meeting times. Before being discharged, each patient must develop a personal plan for post-hospital needs. All patients receive a list of community resources so that they know where to seek additional help in the future. Our staff makes appointments with these agencies for nearly 100% of all substance abuse patients we treat.

Before being discharged, social work staff is available to assist each patient to develop a personal plan for post-hospital follow-up. Patients receive a comprehensive information packet that is culturally sensitive and tailored to an individual's specific needs. The packet includes information on community resources so that they know where to seek additional help in the future. Our staff assists in making appointments with appropriate agencies for nearly 100% of all patients we treat (some refuse treatment or information).

Needs Assessment: **Lawrence Memorial Hospital is the only inpatient medical stabilization resource for alcohol and substance abuse in Lawrence/Douglas County. Without LMH's services, many of those in need of medical stabilization for alcohol and substance abuse would not receive care** LMH currently has two mental health stabilization rooms in the Emergency Department and there are plans to add a third. In 2006, staff in the Emergency Department attended to 1,215 patients with a primary or secondary diagnosis of alcohol abuse/dependency. A secondary diagnosis means that while their initial reason for coming to the hospital may have been depression, a broken limb, a gunshot wound or a head injury, they also required medical attention for conditions related to alcohol use. A total of 190 patients subsequently were admitted to the hospital.

While we anxiously await the rewards of worthy substance abuse prevention efforts in our community, the number of people needing treatment and intervention continues to climb – and, consequently, so do the costs. In 2006, the hospital paid for \$6,150,000 in charity care, \$827,089 of which was for patients with diagnoses of alcohol and substance abuse/dependency. **\$7,763 was expended on transporting patients with diagnoses of alcohol and substance abuse/dependency to other area facilities.** Lawrence Memorial Hospital is committed to our community and serves patients regardless of their ability to pay; however, the rising costs associated with this need are alarming.

Through the collaborative efforts of many, LMH continues to meet our obligation of medically stabilizing and treating patients with alcohol and substance abuse issues. We provide crisis medical management through the primary care or ER physician in conjunction with our interdisciplinary Psychiatric Consultation Team.

Outcomes: It is important to us that patients improve in health, are satisfied with our services, and obtain the necessary education and tools to successfully handle their disease. LMH employs several standard mental health outcomes that address the clinical and functional status of substance abuse patients. Before patients are discharged from the hospital, our professionals determine their improvement through such indicators as reduction of symptoms, self-care abilities and overall physical health. Through our training and education program, each patient receives education about the causes, symptoms and effects of alcohol and substance abuse; verbalizes understanding of medical attention and follow-up needs; and develops a personal plan to help maintain sobriety. Our outcome results also are measured based on patient, physician and employee satisfaction.

Our objectives for 2007 are as follows:

- To provide 100 percent of willing patients admitted to the hospital with a primary diagnosis of alcohol abuse/dependency information packets about treatment options and available resources
- To provide alcohol education packets to 95 percent of all patients admitted for detox within 24 hours of admission
- To reduce the percentage of repeat admissions from the current 25 percent to 21 percent

Evaluation: Progress of the Lawrence Memorial Hospital substance abuse services are evaluated through:

- Clinical assessment tools and individualized plan of care including desired outcomes which are monitored for future hospitalization
- Successful resolution of detox protocol
- Abbreviated mental status examination upon admission and discharge, as indicated
- Depression screen and suicidal screen, as indicated
- Patient satisfaction survey
- Education and discharge planning

Additionally, Lawrence Memorial Hospital will continue to evaluate community need through regular communication with other integral area agencies such as Bert Nash, DCCCA and Alcoholics Anonymous. Needs will be addressed at all levels of the organization, including the Board of Trustees, Medical Staff Executive Committee, Community Education and departmental personnel.

Coordination: Lawrence Memorial Hospital's services are an integral part of the larger network of community agencies addressing the prevention and treatment of alcohol and substance abuse.

As mentioned above, LMH receives substance abuse patients through both the City of Lawrence Police Department and the Lawrence-Douglas County Fire and Medical Department. Individuals are referred to services at LMH by Bert Nash, DCCCA, Ransom Memorial Hospital, Watkins Health Center at KU, Franklin County Mental Health Services and the District Attorney's Office, as well as by local urgent care centers, private physician and therapist practices, and self-referrals. The hospital makes available several rooms each week for Alcoholics Anonymous meetings.

In an effort to ensure maintenance of sobriety, LMH staff conducts an assessment of each patient to identify his or her support systems, determine or recommend involvement with community resources, and make referrals to appropriate agencies. We continue to modify our community referral manual which we developed in 2003 to help LMH social workers accurately and swiftly refer patients to community resources.

By maintaining a local crisis medical management facility for people with alcohol and drug abuse/dependency, Lawrence Memorial Hospital provides the community with a much-needed safety net for those in need of care.

Organizational Capacity: Lawrence Memorial Hospital's long history of service has enabled it to routinely analyze and improve services, with well-implemented and effective programs being the result. We continue to meet our obligation of medically stabilizing and treating patients with alcohol and substance abuse issues. Our primary care and ER physicians may refer patients with alcohol and substance abuse issues to the Psychiatric Consultation Team, which includes a psychiatrist, a psychiatric nurse and other staff members as needed by the patient, such as a social worker and a chaplain.

Additionally, systems are in place at LMH to inform and involve all levels of management, from departmental to Board of Trustees, in alcohol and substance abuse issues. A team of nurses, physicians and social workers developed a standardized order set for detoxification, and staff throughout the hospital have been and continue to be educated. This order set has reduced the length of stay of patients with substance abuse, and we believe this is due to the more accurate assessment it allows at the time of initial evaluation.

Budget: Over the last 85 years LMH has been successful in caring for citizens in Lawrence and Douglas County in a fiscally responsible manner. The revenue LMH derives comes from private insurance, Medicare and Medicaid. We also undergird patient care by the benefit of student and adult volunteers, and the community's recognition of LMH as a viable charity to receive financial and in-kind support.

The Lawrence Memorial Hospital Endowment Association is actively seeking additional funding for all hospital programs. We anticipate a continued need for external funding for alcohol and substance abuse treatment/intervention/coordination services, and we look to our community's alcohol tax funds to provide a portion of this support.

LMH Emergency Department* – 2007:

Personnel (Clerical, Management, Nursing/Clinical):	\$ 2,582,978
Fringe Benefits:	\$ 361,616
SUBTOTAL	\$ 2,944,594
Professional Fees	\$ 2,984,095
Equipment Rental/Lease	14,775
Medical Materials/Supplies	107,295
General Operating Supplies	17,086
Food	6,460
Misc. Purchased Services	104,021
Education/Travel	12,000
Minor Equipment	10,169
Psychiatric Evaluations	5,900
Office Space/Overhead	985,816
Other Misc. Expense	12,085
SUBTOTAL	\$ 4,259,702
GRAND TOTAL	\$ 7,204,296

*NOTE: We have not included expenses incurred in the hospital's Intensive Care Unit and General Medical Unit.

Other funding sources include Medicare/Medicaid, managed care, commercial insurance, and self-pay.

33.8% of patients with a primary diagnosis of alcohol abuse/dependency, and 30% of patients with a secondary diagnosis of alcohol abuse/dependency, do not have insurance. This creates a significant financial burden for our community hospital. In 2006, we incurred an average loss of \$680 per patient visit among patients with alcohol abuse/dependency.

LMH 2006 Actual Loss Due to Uninsured Patients with Alcohol/Substance Abuse Issues:

(1,215 patients x \$680 average loss) = \$ 827,089

While we anxiously await the rewards of efforts aimed at prevention of alcohol and drug abuse, the number of people requiring immediate medical attention continues to climb, as does the cost of providing it. **Of the 1,215 patients with alcohol or substance abuse issues treated in LMH's Emergency Department in 2006, the \$35,000 in alcohol tax funds received for 2006 underwrote the care LMH provided to 51 patients.** Our need is great with respect to the amount of alcohol tax funds available, and we know that other community agencies also desire funding support. We are asking for **\$20,000** from the city's alcohol tax funds to offset the costs our community hospital absorbs and to allow us to continue enhancing our intervention program for patients with alcohol-related issues. Thank you for your consideration.

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TREATMENT

Lawrence Memorial Hospital is a 173-bed, not-for-profit, general acute care hospital. We have worked to provide excellent, accessible health care since the hospital's founding more than 80 years ago. We are dedicated to improving the health of our community, and we invest excess revenue over expenses into services, equipment and facilities that further this mission. LMH serves the community's health care needs regardless of individuals' ability to pay.

Treatment Program Description: Lawrence Memorial Hospital offers assessment and medical stabilization for patients with alcohol and substance abuse issues through its Emergency Department, Intensive Care Unit and General Medical Unit.

Assessment/Evaluation: The LMH Emergency Department is the community's primary intake facility for alcohol and substance abuse patients who are in crisis. Immediate medical needs are stabilized, and patients often are given multi-vitamin IV fluids to facilitate re-hydration and speed sobriety. Patients are assessed for potential admission to the hospital and referred by a primary care or ER physician to the Psychiatric Consultation Team, if necessary. Funding received from the City of Lawrence Alcohol Tax Funds in 2004 enabled us to improve the medical treatment of alcohol abuse through this interdisciplinary Psychiatric Consultation Team. Made up of a psychiatrist, a psychiatric nurse and other clinical team members (for example, a social worker and/or a chaplain as indicated by the patient's needs), the team performs a psychiatric and addiction assessment and provides coordination of community services for long-term treatment. If needed, the standardized order set for patient detoxification continues to be used and appreciated and, in some cases, decreases detoxification time by approximately one-half.

Counseling and Education: Education is a key component of our care for patients with alcohol and substance abuse issues. Patients learn and must be able to verbalize the physiological and psychological effects of substance abuse; be aware of community support groups, locations and meetings times; be able to define "sponsor" and know how to obtain a sponsor; and verbalize their plan for maintaining sobriety. Many patients with alcohol and substance abuse issues carry dual diagnoses that include psychosis, depression or other forms of mental illness. The comprehensive nature of our services ensures that we can meet these complex medical and social needs or refer them to inpatient facilities or other resources when necessary.

Introduction to Aftercare: Before being discharged, each patient must have his or her own plans for meeting post-hospital needs, and the patient or significant other must verbalize understanding of all medical attention, limitations and follow-up. Patients receive a comprehensive information packet that is culturally sensitive and tailored to an individual's specific needs. The packet includes information on community resources so that they know where to seek additional help in the future. Our social work staff assists in making appointments with appropriate agencies for nearly 100% of all inpatients we treat.

Needs Assessment: Lawrence Memorial Hospital is the only inpatient medical stabilization resource for alcohol and substance abuse in Lawrence/Douglas County. Without LMH's services, many of those in need of medical stabilization for alcohol and

substance abuse would not receive care. LMH currently has two mental health stabilization rooms in the Emergency Department and there are plans to add a third. The LMH Emergency Department receives nearly 100% of individuals in substance abuse crisis picked up by the Lawrence Police Department or the Lawrence-Douglas County Fire and Medical Department, provided they are not threatening immediate bodily harm to themselves or to others. In 2006, staff in the Emergency Department attended to 1,215 patients with a primary or secondary diagnosis of alcohol abuse/dependency, a 4% increase from 2005. A secondary diagnosis means that while their initial reason for coming to the hospital may have been depression, a broken limb, a gunshot wound or a head injury, they also required medical attention for conditions related to alcohol use. A total of 190 patients (15.6% of those 1,215) subsequently were admitted to the hospital.

Lawrence Memorial Hospital is committed to our community and serves patients regardless of their ability to pay; however, the rising costs associated with this need are alarming. **In 2006, the hospital paid for \$6,150,000 in charity care, \$827,089** of which was for patients with diagnoses of alcohol and substance abuse/dependency. **\$7,763 was expended on transporting patients with diagnoses of alcohol and substance abuse/dependency to other area facilities.** An uninsured patient diagnosed with alcohol and/or substance abuse/dependency cannot be admitted to a substance treatment program without a State-required RADAC screening. The patient is required to pay \$75-150 for the RADAC screening. In some cases, these patients do not have those funds available, so they might not be able to receive the treatment they need.

Through the collaborative efforts of many, LMH continues to meet our obligation of medically stabilizing and treating patients with alcohol and substance abuse issues. We provide crisis medical management through the primary care or ER physician in conjunction with our interdisciplinary Psychiatric Consultation Team.

Outcomes: It is important to us that patients improve in health, are satisfied with our services, and obtain the necessary education and tools to successfully handle their disease. LMH employs several standard mental health outcomes that address the clinical and functional status of substance abuse patients. Before patients are discharged from the hospital, our professionals determine their improvement through such indicators as reduction of symptoms, self-care abilities and overall physical health. Through our training and education program, each patient receives education about the causes, symptoms and effects of alcohol and substance abuse; verbalizes understanding of medical attention and follow-up needs; and develops a personal plan to help maintain sobriety. Our results also are measured by patient, physician and employee satisfaction.

Our objectives for 2007 are as follows:

- To provide 100 percent of willing patients admitted to the hospital with a primary diagnosis of alcohol abuse/dependency information packets about treatment options and available resources
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Additionally, LMH continues to evaluate community need through regular communication with other integral area agencies such as Bert Nash, DCCCA and Alcoholics Anonymous. Needs are addressed at all levels of the organization, including the Board of Trustees, Medical Staff Executive Committee, Community Education and departmental personnel.

Coordination: Lawrence Memorial Hospital's services are an essential part of the larger network of community agencies addressing the prevention and treatment of alcohol and substance abuse.

As mentioned above, LMH receives substance abuse patients through both the City of Lawrence Police Department and the Lawrence-Douglas County Fire and Medical Department. Individuals are referred to services at LMH by Bert Nash, DCCCA, Ransom Memorial Hospital, Watkins Health Center at KU, Franklin County Mental Health Services and the District Attorney's Office, as well as by local urgent care centers, private physician and therapist practices, and self-referrals. The hospital makes available several rooms each week for Alcoholics Anonymous meetings.

To support their continuance of sobriety, LMH staff conducts an assessment of each patient to identify his or her support systems, determine or recommend involvement with community resources, and make referrals to appropriate agencies. We have developed a community referral manual to help LMH social workers accurately and swiftly refer patients to community resources.

By maintaining a local crisis medical management facility for people with alcohol and drug abuse/dependency, Lawrence Memorial Hospital provides the community with a much-needed safety net for those in need of care.

Organizational Capacity: Lawrence Memorial Hospital's long history of service has enabled it to routinely analyze and improve services, with well-implemented and effective programs being the result. Our primary care and ER physicians may refer patients with alcohol and substance abuse issues to the Psychiatric Consultation Team, which includes a psychiatrist, a psychiatric nurse and other staff members as needed by the patient, such as a social worker and a chaplain.

Additionally, systems are in place at LMH to inform and involve all levels of management, from departmental to Board of Trustees, in alcohol and substance abuse issues. A team of nurses, physicians and social workers developed a standardized order set for detoxification, and staff throughout the hospital have been and continue to be educated. This order set has reduced the length of stay of patients with substance abuse, and we believe this is due to the more accurate assessment it allows at the time of initial evaluation.

Budget: Over the last 85 years LMH has been successful in caring for citizens in Lawrence and Douglas County in a fiscally responsible manner. We undergird patient care through the benefit of student and adult volunteers, and the community's generous financial and in-kind support.

The Lawrence Memorial Hospital Endowment Association is actively seeking additional funding for all hospital programs. We anticipate a continued need for external funding for alcohol and substance abuse treatment/intervention/coordination services, and we look to our community's alcohol tax funds to provide a portion of this support.

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ASSESSMENT DATA	GOALS/ OBJECTIVES	TARGET GROUP	STRATEGIES	PROCESS OUTCOMES	BEHAVIORAL OUTCOMES	IMPACT OUTCOMES
<p>LMH serves as Douglas County’s “safety net” for people with alcohol/substance abuse issues. Our overall goal is to medically stabilize patients, and then to connect them with community resources in order to eliminate repeat admissions and motivate behavior changes that lead to a healthy, productive, substance-free life. LMH employs several standard outcome measurement tools that address the clinical and functional status of the substance abuse patient: clinical assessment, detox protocol/ standardized order set, mental health status, depression screen, suicidal screen, and patient satisfaction survey.</p>	<ul style="list-style-type: none"> —To reduce symptoms, improve self care ability and improve overall physical health —To increase patient knowledge about treatment options and available resources —To improve patient attitudes toward interventions and behavior change —To reduce the percentage of repeat admissions 	<p>All patients brought, referred or self-referred to the LMH Emergency Department for treatment with a primary diagnosis of alcohol abuse/dependence</p>	<ul style="list-style-type: none"> —Psychiatric Consultation Team with referral by primary care or ER physician provides medical intervention during crisis, stabilization of the patient’s medical condition, and coordination of community services for long-term treatment. Transport to area facilities is provided when needed. — Provide necessary RADAC screenings to determine if in-patient services are needed. —Working closely with other service organizations (both as intake facility and as referral source for inpatient treatment and/or ongoing community support systems) —Informing levels of management about alcohol/substance abuse issues —Continual monitoring of treatment success 	<ul style="list-style-type: none"> —Provide alcohol/ substance abuse education packets to 95 percent of all patients admitted for detox within 24 hours of admission —Offer information about treatment options and available resources to 100 percent of all willing inpatients actually admitted to the hospital with a diagnosis of alcohol/substance abuse. Information packets that are culturally sensitive are distributed. 	<ul style="list-style-type: none"> —Reduce repeat inpatient admissions of alcohol and substance abuse patients from 25% to 21% by 2008. —Collaborate with resources to provide inpatient care and/or ongoing community support systems for 95% of all alcohol and substance abuse patients —Achieve 95% patient satisfaction among alcohol and substance abuse patients by 2008. 	<ul style="list-style-type: none"> —By 2015, rates of alcohol and substance abuse among Douglas County residents will decrease by 10% —By 2015, Douglas County will have its own inpatient mental health facility —By 2015, Douglas County will be considered one of the Top 10 U.S. counties in terms of the health of its residents