



# CITY OF TOPEKA

## CITY COUNCIL COMMITTEE MEETING MINUTES

### SOCIAL SERVICE GRANTS COMMITTEE

CITY COUNCIL  
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**Date:** October 29, 2020

**Time:** 10:00 a.m.

**Location:** Classroom A - Law Enforcement Center; 320 S. Kansas Ave Ste 100

**Committee members present:** Councilmembers Karen Hiller (Chair), Christina Valdivia-Alcalá, Michael Padilla

**City staff present:** Corrie Wright (DNR), Rachelle Vega-Retana (DNR), City Manager Brent Trout

#### 1) Call to Order

Chairwoman Hiller called the meeting to order at 10:00am. Committee members and agency representatives introduced themselves. She reminded all of the goal of the meeting: to set the recommendations for the structure of the SSG for 2021 to the Governing Body. In addition to reviewing the priorities and calendar, the committee will also need to make a recommendation regarding whether or not to outsource the process again.

#### 2) Approve minutes from October 5, 2020 meeting

Committee member Padilla made a motion to approve the October 5<sup>th</sup> minutes. Committee member Valdivia-Alcalá seconded the motion. Approved 3:0.

#### 3) Program Overview: Grandfathered Agencies

Positive Connections - Kathleen Link - presented to the committee. {Presentation found at the end of the minutes }.

Committee member Padilla inquired about the service areas of the case managers. Ms. Link stated there are three case managers. Two cover Shawnee County, one covers Manhattan/Riley County and Geary County. Positive Connections covers 17 counties in Kansas for case management services and are the only free-standing HIV case management organization in Kansas. The rest are part of KU Med. Douglas County is covered under the Health Department. Each case manager has about 60-70 clients.

Chairwoman Hiller inquired about services provided through case management, noting 70 adults, and otherwise healthy, clients did not seem like a high number.

Ms. Link listed: Housing, Emergency financial assistance (rent, utilities, etc.), document every interaction with a client (phone calls to client, call to doctor's office about a client). Were down to two case managers, but now back up to full staff at three.

Committee member Valdivia-Alcalá inquired about the following:

- What is the current cap was? The maximum is \$35,000.
- With the 40,000 pounds of food, what is the breakdown of distribution, and how is it obtained by clients? Most is distributed to Shawnee County, about 10% is for Riley & Geary Counties. Food is purchased from Harvesters, Reeser's, what they can't get from them they buy from Sam's Club, Walmart or Dillon's. Milk & eggs have to come from Dillon's. Meat is from Leonard Meat.
- Is it industry standard for similar agencies to be as involved with their clients as what is occurring with Positive Connections? Dustin Pfammater, Positive Connections, responded that most of the cliental fall below the Federal poverty level. Many are also of a minority population, African American and Hispanic, and require additional advocacy to ensure they are able to get the medical assistance that they need. Hispanic 11%, African Americans 16%, Native American about 2%, and 49% Caucasian.
- Have the numbers have grown, or stayed the same in the past five years? About the same, some leave, some pass away. Increase in past six months. Prevention includes testing, and takes care of them for the duration of their lives. Testing can be done in the office or on-site wherever the client is.
- When people leave the system, is there a greater chance of them ceasing to use medication? Yes. Per CDC, those in case services, 95% are in care and stay in care. The 5% who are not in care, are likely to stop medications and spread the virus to others.
- Explain how Positive Connections is different from other health systems. KU Med has some focus in the area, however mainly focus in Wichita and that part of the state. Positive Connections assists the other part of the state.
- Are other programs around the country like Positive Connections? Positive Connections is front runner in the field...others come to them for how to run program.

Chairwoman Hiller had the following inquiries:

- Demographics listed in information provided to the committee. The numbers on the form show the demographics of individuals living with HIV in Shawnee

County, not all are clients of Positive Connections. Mr. Pfamatter explained the charts.

- How many total staff? Eight. Three are case managers, director, assistant director, two prevention, one program assistant. The grant only provides for the case managers, director and assistant director.
- Where does funding come from to purchase the food? KDHE, and KCTH (Kansas Care Through Housing)
- Cash assistance funding? Broadway Cares grant
- Are all staff doing outreach? One prevention staff is to do the testing outside of the building. The other prevention staff provides education and sexual education within the community (high schools, colleges, prisons, rehab facilities). The assistant director oversees the prevention staff, and assists the director in the office.
- What is the total agency budget? Approximately \$365,000-368,000. This includes the cash assistance and food pantry.

Committee member Valdivia-Alcalá stated she had some concerns regarding the Food Pantry service. She feels the other services are very important, but does have some doubts about the maximum funding cap. Chairwoman Hiller noted she appreciated the conversation to have a wider look at an agency, rather than just a program.

Committee member Padilla stated he had visited Positive Connections in the past and was impressed with the number of services they are able to provide. He feels the dollars are well-spent, and that the funding requested by SSG is not to fund the food program but rather the case management program. His focus is to provide funding to the case managers and would not be in favor of reducing their funding cap of \$35,000 at this time.

Chairwoman Hiller provided some historical background into the funding for Positive Connections. From her recollection, it was critical to provide match money in order to get the federal grant. Overtime, the full agency budget was removed from the application process, but felt having that information provided a better understanding of the total impact an agency has within the community.

Ms. Link noted they will receive a grant for about \$300,000 from KDHE for case management. A second grant for prevention is for \$100,000.

Shawnee County HealthAccess – Megan Skaggs provided an overview of services, which include:

- Establish client with primary care. Partner with Specialist in any field that is needed.
- Physical therapy
- Social Service Grant directly funds the prescription medication program. Fill about 6,000 medications per quarter. Medication has to be generic and under \$200/month. There is a \$7.50 co-pay charged to client for each prescription.
- The grant goal, with outcomes, is to have 75% of re-enrolling patients report that they have not had to go to the ER in the past 6 months. Last year of grant had 95% of re-enrollees not have to go to the ER.
- There was a dip in enrollees at the beginning of the COVID-19 pandemic, however those numbers are expected to rise as the number of people on unemployment increases.

Committee member Valdivia-Alcalá inquired about the following:

- Are the 1,500 individuals that are served the same every six months, or composed of new people each month. Ms. Skaggs stated these are the individuals who are at the Federal Income Poverty level and continue to be renewed into the program every six months. Some patients are able to connect with the LINK program. LINK gets them connected to other services. The billing offices provide great assistance with informing HealthAccess of patients who have additional medical assistance, so they can be unenrolled with HealthAccess.
- What is success rate of getting individuals to Medicaid? Only patients who come through the ER or in-patient case management, and meet guidelines for being food insecure, and other factors in order to qualify for Medicaid enrollment. HealthAccess works in a partnership with Stormont Vail, Washburn School of Nursing, and VALEO Behavioral Health. Patients in the LINK program are very time-intensive. Not as concerned with quantity of patients, but the quality of outcomes. In two-year time, about 90 referrals from HealthAccess to LINK. There have been about 35 cases closed, due to patient being able to self-support.
- There is a \$7.50 co-payment for prescriptions, what is the \$200 price? Provides for prescriptions up to \$200/month/per prescription. Anything over will not be paid for. Each patient has maximum of \$1,000/per year for prescriptions. It is rare that patients are hitting the \$1,000 threshold.

Committee member Padilla inquired about the breakdown of clientele by gender and ethnicity, as well as children versus adults. Ms. Skaggs noted she could follow up with some of that information. She did not have the race demographic information on hand. But age demographics are as follows: 62% fall between 36-59 years old. 40-50 patients are pediatric (under 18 years old). 300 patients are between 20-35 years old.

Chairwoman Hiller inquired about the following:

- What is the composition of staff? Executive director, two part-time staff, one assistant who is also bi-lingual, one part-time enrollment specialist. The case manager with LINK program is staffed through Stormont Vail.
- Could you talk about funding sources? Receipt of funding from City's SSG and Shawnee County's grant award is between \$150,000 - \$160,000 for the prescription program. Additional funding from United Way, Topeka Community Foundation, GraceMed, and annual fundraiser. Ms. Skaggs anticipates that there will be an increase of enrollment due to the high amount of unemployment rates due to the COVID-19 pandemic, and other funding being reduced. The prescription cost will rise with the influx of enrollments.
- Why do you not ask the providers for monetary donations? Ms. Skaggs spoke about the annual fundraiser. She noted that in addition to donations made at that event, the providers are missing income by donating their time. This costs them money they would be making by not seeing other patients during the time they are with Health Access and they are not meeting their individual goals and metrics.

#### **4) Review, possible action: 2022 Cycle Issues from 10/5**

Items from the October 5<sup>th</sup> meeting that were discussed, but had not had final decisions made.

##### **a. Outsource 2022 Process**

Chairwoman Hiller inquired when the contract would end. Corrie Wright, Housing Services, did not have the contract on hand, but thought it was renewable about this time of year.

Committee member Valdivia-Alcalá inquired about the \$21,000 funding fee would be coming from this year. Ms. Wright noted the funding would come from the CDBG or the City Manager will find some funds from the general fund budget but would not come from the grant funding.

**b. 2022 Calendar**

Staff had provided a proposed 2022 calendar. Chairwoman Hiller inquired whether it has always been what was proposed was an April to July routine but even last year it was supposed to be a February to May and was changed due to COVID-19. That timeframe was not affirmed last year. Brett Martin, United Way, has moved their contracts timeframe to a July to June calendar, for both Basic Needs and Impact contracts; but the process would run March to May and would have some overlap. Mr. Martin will check with his team on when the best place to overlap would be.

Chairwoman Hiller requested that if anyone has any thoughts on the timeframe to let the committee know.

**c. Minimum Grant Amount**

Chairwoman Hiller inquired with the committee about thoughts for keeping the minimum application or grant at \$10,000. Committee member Valdivia-Alcalá would like to keep the minimum grants at \$10,000.

**d. Priorities for 2022 process**

Chairwoman Hiller stated that on the Priorities page, there had been prior discussions to removal the word “grandfathered” and replace with “maximum grant amounts”. Additionally, the tentative agreement from last time included dropping the category of the “New Untested Programs” and replace with “Agency program must have been in operation for 2 years prior to date of application”.

Committee member Valdivia-Alcalá voiced some concerns regarding Positive Connections current maximum allotment and believes that their new maximum should be \$25,000 while Shawnee County Health Access’s maximum remain at \$50,000.

Committee member Padilla stated he felt the maximum thresholds currently extended to Positive Connections and Shawnee County Health Access were appropriate. Both organizations serve populations that struggle with access to essential needs as well as case management services to help the clients not fall through the cracks. By doing this, it reduces the more intensive resources that would be needed to provide for them if they did not have access to case management services.

Chairwoman Hiller agreed and noted that all of the services provided something important to the community. She would like to look at increasing the allocation amounts, and would make a recommendation to drop the grandfathering status for the two agencies.

Committee member Valdivia-Alcalá inquired about when the decision would be sent to the Governing Body for approval. Chairwoman Hiller noted the decision would not have to be made at this time, but felt the discussion leading to a decision was important.

#### **5) Discuss, possible action: 2022 Cycle**

Mr. Martin stated there were some technical issues that came forward throughout the process the he would like to bring up for discussion with City staff and the Committee. There is a drop-down box on the application that Mr. Martin would suggest adding language that would be consistent with the RFP.

There was some confusion from the agencies on what they needed to provide for the 7580 resolution. Would be beneficial to build into the process a sample of the required document and the steps to acquire it. This resolution is a form that gets attached that shows the applicant does not owe the city any money.

Within the application, there are two areas where the grant revenue is reported. Mr. Martin is suggesting combing those to have applicants report both items in one line.

Terms in application regarding to prior grant service with City. Found it to be clunky and would like to see how to make it more streamline. Adapting question into score sheet, or providing additional training for reviewers. Chairwoman Hiller noted that with an outsourcing process, and also talking about bringing in agencies for the first time that would be scored, but their history is elsewhere, the United Way is still providing the same process. Mr. Martin confirmed and noted bringing some clarity would be helpful.

There is a new feature on e-CImpact to allow for a “blind review”. If a reviewer has been around for some time, they may be able to identify the applicant agency, however could be a useful tool overall to assist with completing a review without bias.

Regarding “Cost per unit”: Feels this would be important for a reviewer to have provided, even if each applicant would have different information. There currently is no way for a reviewer to have any sense for cost per unit and if they’re looking at program effectiveness and return on investment, this may be something they would find valuable. Chairwoman Hiller inquired if that piece would be something United Way would be able to calculate and enter in, with some descriptive language from the applicant. Mr. Martin explained that the difficulty comes from the vastness in definition of what a “unit” is. If the staff is a program, what is the actual unit when it comes to people? Is a unit a person or is it a contact or a unit of support? One program may serve 60 people and they say their unit is 60. But another agency may measure units as contacts and may have 1000 units. Although the cost per unit is only one piece of the scoring, there is need for conversation to decide what this looks like. Chairwoman Hiller mentioned that they also have direct and indirect costs which can impact the cost per unit. Mr. Martin agrees with Chairwoman Hiller, and feels There needs to be clarifications to definitions and more training for reviews, as to costs per unit and definitions of unit, so that the reviewers have the best possible information to make the best possible decisions. Chairwoman Hiller followed up on whether the models the United Way is currently using or have seen that have addressed this issue in a successful empirical way or is it something that needs to at the end of the day be part of a more subjective, analytical conversation. Mr. Martin responded that at this time they have not figured out cost per unit or units. He believes that it would be beneficial to have the programs and agencies contribute to this conversation.

Committee member Valdivia-Alcalá inquired if Mr. Martin felt this topic could be part of the conversation with grantors. Mr. Martin confirmed.

He noted that related to other pieces from notes received: He followed up with Debbie Lake from Papan’s Landing to clear up the inquiry about scoring.

With regard to “standard outcomes”, Mr. Martin noted it would be beneficial to allow the community grantors to better understand outcomes, leading and lagging indicators and logic and have it recorded where everyone has access to the same amount of informing. Which would allow for agencies to start on a more level playing field. Chairwoman Hiller stated she felt this area was pretty well defined; that outputs and outcomes were different ways to measure this information. What is the failing of the setup? Not tying them to master objectives? Mr. Martin stated



that there is opportunity for improvement to show what the dollars are doing by looking at a master set of outcomes. Feels there is still a way to raise the bar for applicants to measure hard impact of the populations they serve. Many may be already doing these things, but have never been asked the questions to obtain that additional information.

Committee member Valdivia-Alcalá inquired if there would also be a way to identify duplication of services, and to then find the root of an issue in the community? It is important to be able to report to the tax payers where the grant dollars are being spent by agencies. Mr. Martin noted this would be something that they looked at. He prefers to look at having agencies with duplicated programs and services combine and strengthen resources of both agencies.

Chairwoman Hiller noted that on a similar note, there may be value in smaller agencies that provide similar programming, such as with senior centers or childcare. However, how do you implement better processes into the grant review process in a fair way?

Kathy Votaw, LULAC, commented as a former grant reviewer over the years, if you are not familiar with an agency then it's always helpful at some point on an application to be able to see the successes of that agency over the last year with the funds they received. This also provides the taxpayer additional insight on the outputs and outcomes of the money.

Mr. Martin noted that in addition to the conversation about outcomes, having a local data summit, to bring in folks who work in data that know where they can source local data related to their programs; specifically looking at our state agencies. The score sheet that is provided and to align it with the application. Reviewers put in a lot of hours reviewing the applications. By indexing the review sheet and application should help reviewers find things on applications. This past cycle, there were three reviewers and they put in over 100 hours of time reviewing applications. If we can make it easier on the reviewers by an alignment would be helpful.

Chairwoman Hiller noted it had been years since she had seen a United Way application and wondered what suggestions United Way may have for continuing. Mr. Martin stated he did not have any wholesale major changes that he would recommend to the current application. Mr. Martin noted that in terms of the

process and grant year, United Way is in those early stages because the grant year and the grant awards have not been made. He felt he should be able to provide additional feedback next year, in terms of reporting and working with the agencies. Chairwoman Hiller restated that the direction to take would be to go with what we have now and revisit the language on the grants and stating the outcomes we are looking for. In addition, the process should look at agency budget and cost effectiveness of that.

Chairwoman Hiller noted there used to be a part of the process to allow agencies to provide a brief presentation of their organization and program. This allowed reviewers, who were less familiar with what an agency was doing with regard to undergoing a strategic planning process, to learn that information. She is guessing that was migrated out because there were no points associated with doing that. She inquired if there were other scoring elements or parts of the application itself that the committee should review to come back with at the next meeting? No comments were brought forward.

Chairwoman Hiller noted there was a change in the application regarding the composition of the agency Board.

Mr. Martin suggested agencies be provided the changes a year in advance, so they know to expect that a strategic plan from the board will be expected. If the change is made now, it may not give agencies time between now and the application due date, to produce that information.

Chairwoman Hiller requested feedback on using the formulaic distribution of money versus a conversational and subjective approach. Mr. Martin noted the scores are one part of the conversation for tools that are used by the reviewer, and that it can provide unique positives and unique concerns for each application until they are exhausted. It would also look at the scores of organizations and run statistical information and respond to it. Then have the opportunity to rank proposals (Scoring, program review, statistical analysis use ranking as a tool, making the recommendations for investment). He is not sure if that process would work for the City process, due to a number of reasons (divides everything out by area, due to minimal reviewers you will only be using the median score, RFP states the amount of money available), no need to adopt the other parts of the United Way grant review process at this point.

Chairwoman Hiller inquired if anyone else would be interested in seeing a print copy of the United Way application. Committee member Valdivia-Alcalá did.

For the next meeting: Committee review priorities sheet to review language in Mission, look at application form and scoring sheet, Staff please provide any specifics.

## **6) Other Items**

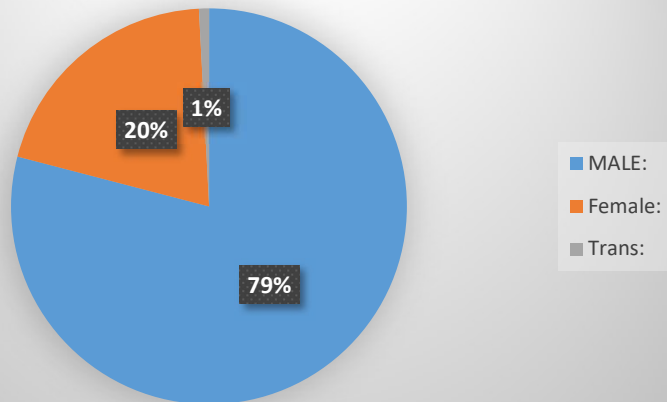
None.

## **7) Adjourn**

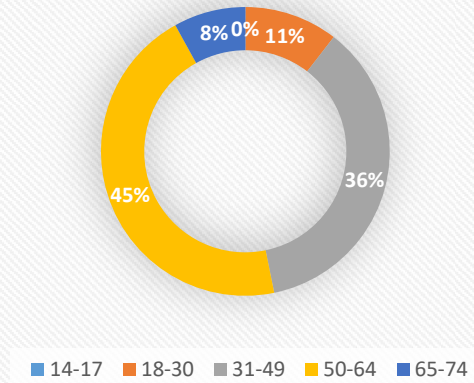
Next meeting will be November 18<sup>th</sup> at 10:00am. Meeting location: TBD. Meeting adjourned at 12:11pm. {Due to scheduling conflicts with location, this date was not able to be met}.

Meeting video can be viewed at: <https://youtu.be/wwTfr4yn3Bk>

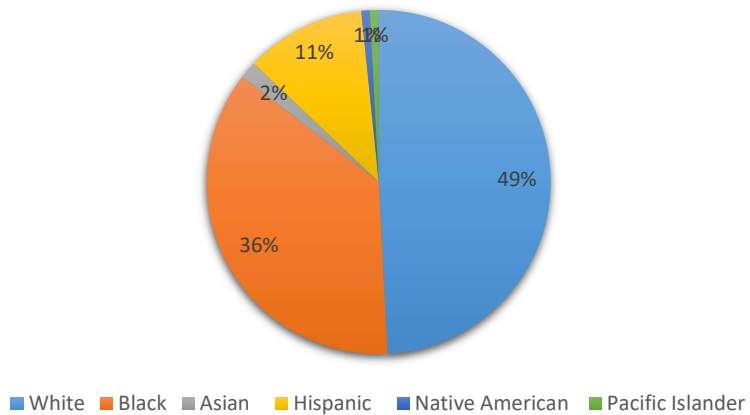
### Client Gender



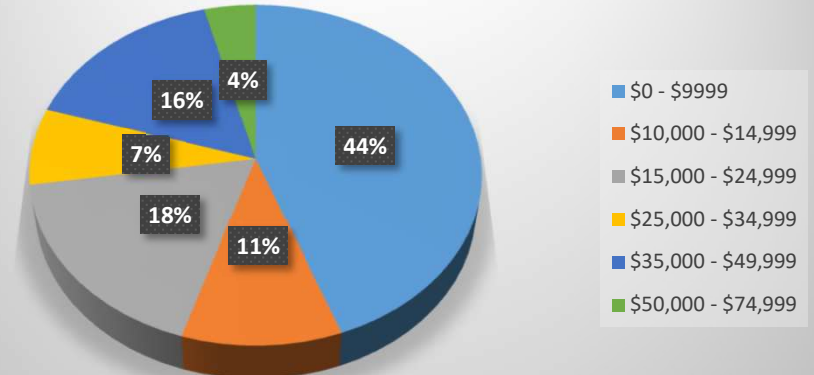
### Client Ages



### Race/Ethnicity



### Client Income



# SHAWNEE COUNTY MEDICAL SOCIETY FOUNDATION INC - Shawnee County Medical Society HealthAccess Program

## Service Areas & Outcomes

Please provide outputs and outcomes in the following form. Each Output should directly relate to each Outcome. Please be concise.

### Service Area: Medical assistance for low-income individuals

#### Outcome

##### Outcome Statement:

66% of HealthAccess patients will report on surveys they believe their health has improved.

#### Outputs

	Projected 2020	Actual Quarter 1	Actual Quarter 2	Actual Quarter 3	Actual Quarter 4	Actual Year-To- Date
300 physicians will volunteer to donate care to HealthAccess patients.	# Served 300	329	330	331		990

	Projected 2020	Actual Quarter 1	Actual Quarter 2	Actual Quarter 3	Actual Quarter 4	Actual Year- To-Date
# Served	2,000	521	524	493		1,538
# Achieved	1,320	420	430	399		1,249
% Achieved	66.00	80.61	82.06	80.93	0.00	81.21

##### Outcome Statement:

70% of HealthAccess patients will report on surveys they believe enrollment in HealthAccess helped them to get or stay well so they could work.

#### Outputs

	Projected 2020	Actual Quarter 1	Actual Quarter 2	Actual Quarter 3	Actual Quarter 4	Actual Year-To- Date
7,500 prescriptions will be purchased for HealthAccess patients using City of Topeka grant funding.	# Served 7,500	1,520	2,072	2,248		5,840

20,000 prescription claims will be processed by the Prescription Network for HealthAccess patients.	# Served 20,000	5,774	5,380	5,569		16,723
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	Projected 2020	Actual Quarter 1	Actual Quarter 2	Actual Quarter 3	Actual Quarter 4	Actual Year- To-Date
# Served	1,320	416	355	493		1,264
# Achieved	924	380	320	458		1,158
% Achieved	70.00	91.35	90.14	92.90	0.00	91.61

#### Outcome Statement:

**75% of HealthAccess patients will report on surveys that they have not been to the emergency room in the previous six months.**

#### Outputs

	Projected 2020	Actual Quarter 1	Actual Quarter 2	Actual Quarter 3	Actual Quarter 4	Actual Year-To- Date
# Served	1,500	1,613	1,647	1,633		4,893

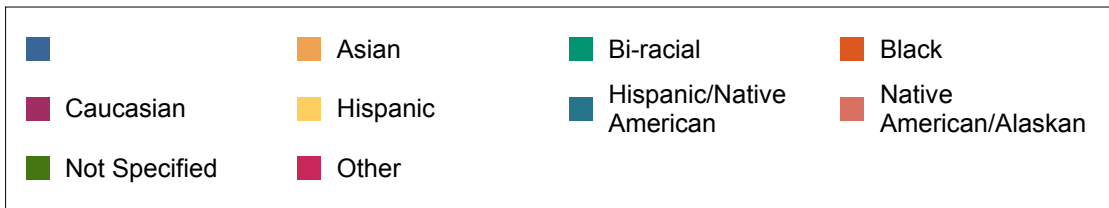
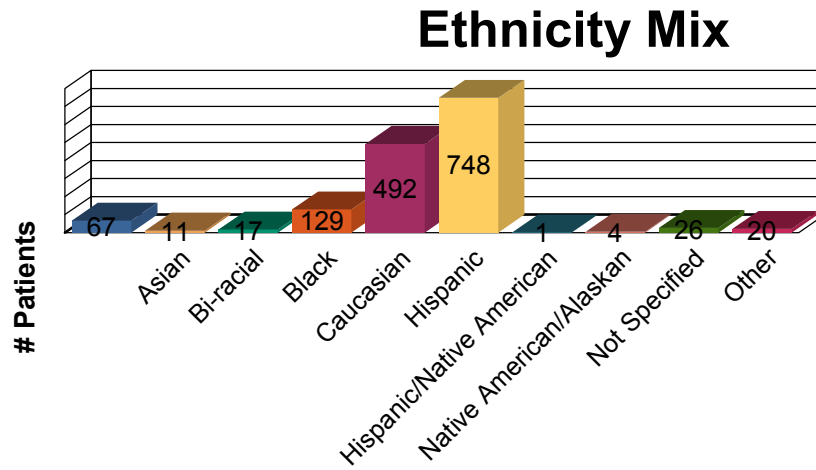
**Each month, 1,500 low-income uninsured residents will have access to health care and prescriptions through the HealthAccess program.**

	Projected 2020	Actual Quarter 1	Actual Quarter 2	Actual Quarter 3	Actual Quarter 4	Actual Year- To-Date
# Served	2,000	592	524	493		1,609
# Achieved	1,500	524	466	444		1,434
% Achieved	75.00	88.51	88.93	90.06	0.00	89.12

#### Activities

**Recruitment of physician volunteers Donation of inpatient and outpatient hospital care Patient eligibility screening Distribution of patient surveys Specialty referral coordination and tracking Distribution of medical and prescription cards to enrolled patients Assistance with payment for generic prescriptions**

**Active Patient Ethnicity Mix  
as of: 11/4/2020**



Total Patients: 1,515

Name

Add Date

Not Listed

Total for Group Not Listed: 67 which is 4.42% of Total

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Asian

Total for Group Asian: 11 which is 0.73% of Total

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Bi-racial

Total for Group Bi-racial: 17 which is 1.12% of Total

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Black

Total for Group Black: 129 which is 8.51% of Total

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Caucasian

Total for Group Caucasian: 492 which is 32.48% of Total

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Hispanic

Total for Group Hispanic: 748 which is 49.37% of Total

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Hispanic/Native American

Total for Group Hispanic/Native American: 1 which is 0.07% of Total

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Native American/Alaskan

Total for Group Native American/Alaskan: 4 which is 0.26% of Total

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Not Specified

Total for Group Not Specified: 26 which is 1.72% of Total

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Other

Total for Group Other: 20 which is 1.32% of Total

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Total Records in Report: 1,515





**Active Patient Gender Report**  
**as of: 11/4/2020**

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**Female**

**Total for Group Female: 907** (59.87%)      Unmarried Females w/dep: 154      Which is 16.98% of Females and 10.17% of total population.

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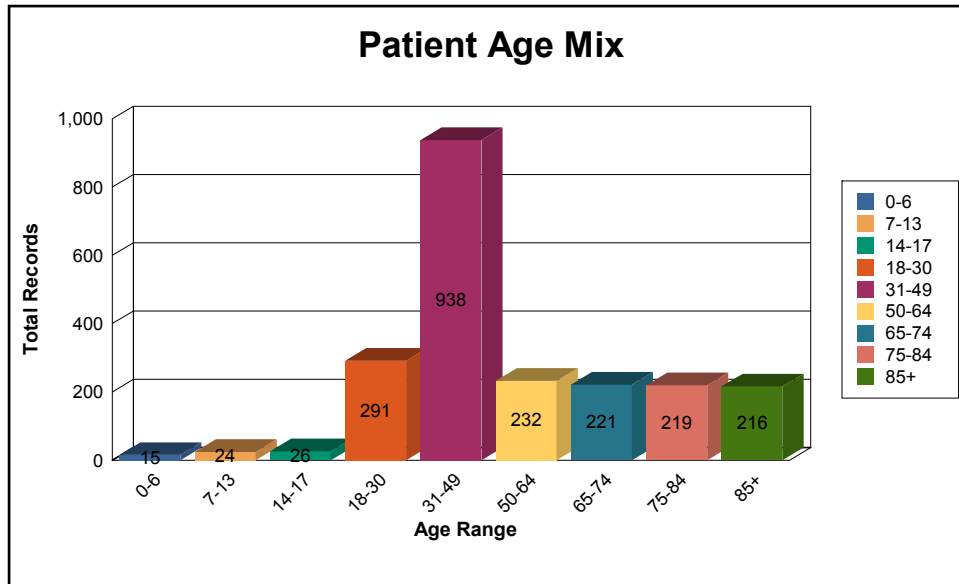
**Male**

**Total for Group Male: 608** (40.13%)

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**Total Records in Report: 1,515**

## City of Topeka Age Report as of: 11/4/2020



Total for Group 0-5: 3 which is 0.20% of Total

Total for Group 6-12: 19 which is 1.25% of Total

Total for Group 13-18: 27 which is 1.78% of Total

Total for Group 19-35: 293 which is 19.34% of Total

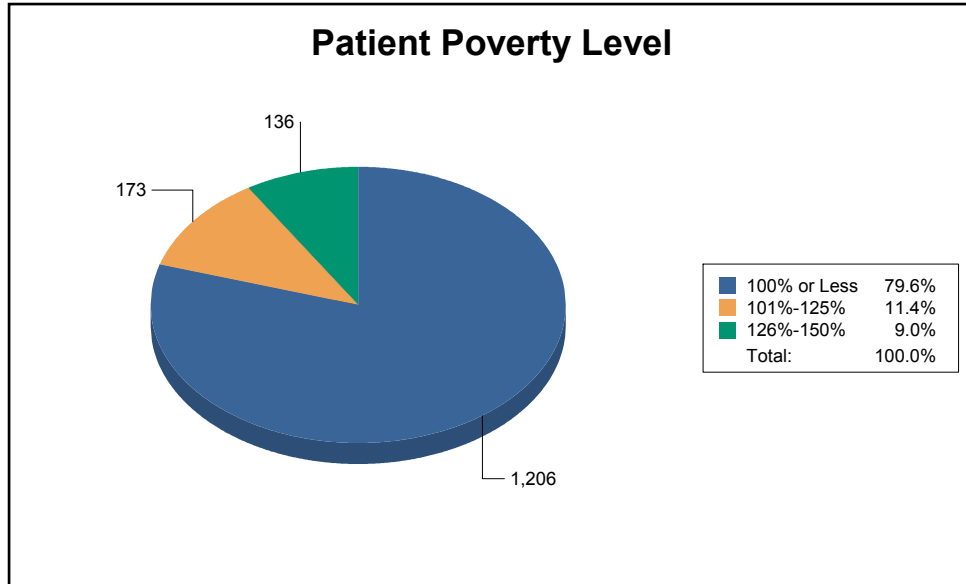
Total for Group 36-59: 941 which is 62.11% of Total

Total for Group 60 plus: 232 which is 15.31% of Total

Total Records in Report: 1,515



## United Way Federal Poverty Level Report as of: 11/4/2020



Total for Group 100% or Less: 1,206 which is 79.60% of Total

Total for Group 101%-125%: 173 which is 11.42% of Total

Total for Group 126%-150%: 136 which is 8.98% of Total

Total Records in Report: 1,515