well Mobile The Governor's Wellmobile Program

Governor's Wellmobile Program FY 2011 Annual Report

Wellmobiles at Anne Arundel Homeless Resource Day
Glen Burnie High School
March 26, 2011

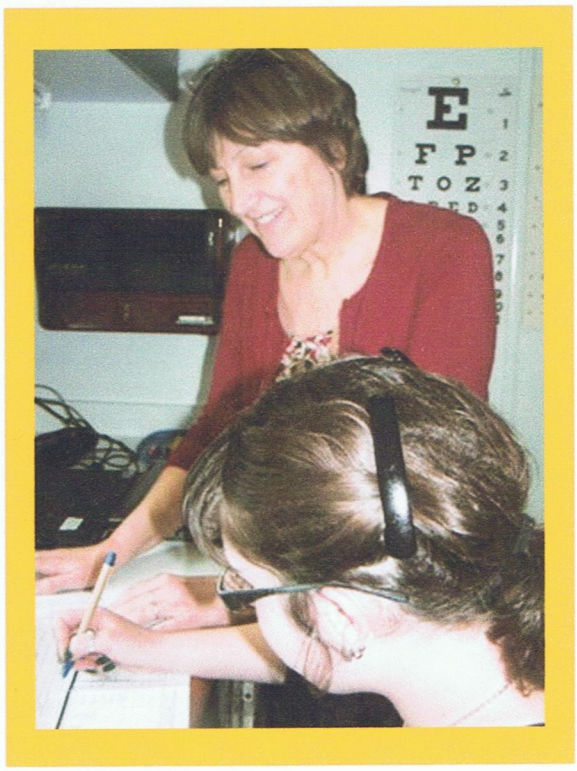


Table of Contents

GOVERNOR'S WELLMOBILE ANNUAL REPORT

UNIVERSITY OF MARYLAND SCHOOL OF NURSING

Fiscal Year 2011

The following report is prepared for the Maryland General Assembly to fulfill the requirement of providing an annual accounting of actual and planned program activities for the Governor's Wellmobile Program.

BACKGROUND AND HISTORY

The Governor's Wellmobile Program is a community partnership model of mobile nurse managed primary health care designed to serve uninsured and underserved populations throughout Maryland. The program was established in 1994 on the recommendation of registered nurse Delegate Marilyn Goldwater, who at the time was the executive assistant for health issues in the Governor's Office. Delegate Goldwater was responding to the 1993 *Primary Access Plan for the State of Maryland*, which directly linked socioeconomic status to poor health outcomes, inadequate access to health services, and unhealthy lifestyles. The program was designed around a mobile health unit that would travel around the state to provide health care services and education to underserved and uninsured populations. The University of Maryland School of Nursing (UMSON) was designated the institutional home of the program and lead community partners and private citizens in making the concept a reality.

Delegate Goldwater's vision called for a Wellmobile Advisory Board representing a broad cross-section of business supporters, health care professionals, community leaders, educators, communications experts, private citizens, and others. Advisory Board members are appointed by the Governor and include representatives from the House and Senate, who are appointed by the Speaker and President of these chambers respectively. The purpose of the board is to assist UMSON in overseeing the program, in cultivating community and business partnerships, and in raising necessary funds to complement state appropriations.

The Wellmobile Program has been in continuous operation under UMSON's management since 1994. UMSON raised the corporate and philanthropic donations to purchase the original mobile unit in 1994 and outfit it as a medical clinic. Between 1994 and 1998, this solo Wellmobile provided maternal and child health services and immunizations in Baltimore City and Baltimore, Prince George's, and Montgomery counties and responded to similar needs in migrant camps and schools on the Upper Eastern Shore.

In 1998, UMSON was awarded a Health Resources and Services Administration (HRSA) grant to operate a second mobile clinic on the Eastern Shore. This unit was to be dedicated to expanding access to maternal and child health services and to accelerate the start up of school-based health centers by providing an interim mobile step to establishing

the stationary school-based health center clinics. The Eastern Shore Wellmobile was placed in operation in summer 1999 to serve counties on both the middle and lower Eastern Shore in collaboration with Head Start migrant health programs. Through collaboration with school-based health centers operated by Caroline County public schools and eventually Choptank Community Health Systems, Inc., a Federally Qualified Health Center (FQHC), this second Wellmobile served as a transitional school-based health center for two county schools until the FQHC received funding for permanent clinics. Changes in Maryland's health policy, including Medicaid expansion through the Children's Health Insurance Program (CHIP) in 1998 and the Medicaid Section 1115 waiver, revealed gaps in health care among the adult population. Consequently, the program, now comprised of two mobile units, shifted its emphasis to a largely adult population to address the unmet needs of those in the workforce for whom employment-based health benefits were unaffordable or not offered.

The success of the program in reaching medically underserved populations prompted health officers in Western Maryland and the three lower Eastern Shore counties to advocate for extension of services into their jurisdictions. From 1999 to 2002, the program grew from one unit to four, with funds from federal, state, and local private and public sources. In 2000, the Maryland General Assembly passed legislation codifying the Governor's Wellmobile Program. The statute (Health General §13-1301 et seq.) identified the following two missions: provide primary and preventive health care services to geographically underserved communities and uninsured individuals across the state, and provide principle training sites for UMSON that will expand student learning opportunities in the care of underserved populations.

A fiscal year 2001 state appropriation funded the replacement of the original Wellmobile, the purchase of a Lower Shore Wellmobile, and annual operating expenses for one Wellmobile. That same year, when UMSON's HRSA grant submission for a Western Maryland mobile unit was not funded, a private benefactor gifted a fourth mobile unit for that region and established the Connect Maryland, Inc. foundation to support operations by matching state appropriations. By the end of fiscal year 2002, four Wellmobiles were operating in four regions of the state: Western Maryland, Central Maryland, Upper and Middle Eastern Shore, and Lower Eastern Shore. As each new unit joined the fleet, it was assigned a designated regional service area based upon funding source specifications; a community needs assessment that identified gaps, such as distribution and proximity of primary care sites for the underserved; and concurrent community asset assessment, including the availability and community partners and stakeholder commitment. In preparation for placing each of the four units into service, discussions occurred with local health officers, hospital officials, FQHCs, other health care providers, and local social service agencies, which became community partners. Between 2002 and 2009, with four units operating, the program was conducting an average of 8,000 consultations annually.

The Wellmobile fleet consists of three 36-foot and one 37-foot long, fully-equipped mobile medical clinics, each with an intake area flanked by two exam rooms. The core staffing model of each unit is comprised of a driver/outreach worker, a family

nurse practitioner on UMSON's faculty, RN family nurse practitioner master's students, and entry-level community health students. Additional personnel may be added to meet the cultural needs of the client population and to provide care coordination to facilitate access to local wrap around services. Each mobile unit has the ability to travel anywhere it may be needed in Maryland. The program's mission complements UMSON's educational mission by providing clinical education sites for graduate advanced practice and undergraduate community health nursing students. Undergraduate social work students from the University of Maryland Baltimore County (UMBC) also gain clinical experience on the Wellmobile), contributing to mitigation of health care work force shortages in the state and region.

WELLMOBILE STATEWIDE IMPACT

The mobile nature of the Wellmobile program allows for unique portability and flexibility in accessing underserved communities. With the exception of populations with access to FQHCs, communities with relatively large numbers of uninsured citizens tend to have disproportionately fewer options for primary health care than their insured counterparts because they lack financial resources to reimburse providers and/or they are situated in more rural, isolated areas less likely to attract health professionals. Many of the sites served by the Wellmobile program are federally designated medically underserved areas, health professional shortage areas, or they contain medically underserved populations. Moreover, even the FQHCs and FQHC look-alikes are unable to completely satisfy the demand for primary care in the communities they serve despite additional funding received from the federal stimulus funds in 2009 and in 2011, when Maryland's 15 FQHC's received an additional $27,976,619 (based on number of enrollees and an enhancement uninsured enrollees) from HRSA to support operating expenses with the goal of expanding services. UMSON continues to have high demands for services on the Wellmobile and long wait times when patients are referred to FQHC's for follow up and enrollment in a patient centered medical home.

Without the Wellmobile, many of the clients served would have experienced significantly more limited or no access to health care services, delays in treatment, or would have resorted to hospital emergency departments as their only source of care. Wellmobile services played a key role in reducing inappropriate emergency department utilization, a costly practice that undermines continuity in preventive and primary care. The program has fostered relationships with hospital emergency departments that refer recently discharged patients to the Wellmobile for primary care. This "reverse referral" mechanism expands primary care access and offers clients an opportunity to benefit from additional trans-disciplinary interventions aimed at breaking the cycle of inappropriate emergency department use. The Wellmobile program has successfully filled this role for the most vulnerable residents across the state for 17 years.

The Wellmobile Program has reconfigured its client services management approach to align with the increased demand for primary care services that accompanies state-wide implementation of health reform. Health care providers and organizations will be mandated to manage clients in the community and to prevent and decrease emergency

department visits, prolonged hospitalizations, and unnecessary re-admissions. This approach necessitates increasing availability of primary care access points in a timely fashion. The Wellmobile Program is seeking partnerships with health systems that are interested in collaborating to pilot innovative approaches of diverting client encounters into community-based primary care practices close to their facilities and in communities from where they draw clients. Under this revised model, the Wellmobile Program can enhance the capacity of existing health delivery systems, specifically primary care and prevention initiatives, aimed at reducing health costs and health disparities.

FISCAL YEAR 2011 FUNDING

At the beginning of fiscal year 2010, four Wellmobiles served the state in four distinct regions: densely populated suburban Central Maryland (Prince George's and Montgomery counties), suburban Anne Arundel County, the rural Lower Eastern Shore, and rural Western Maryland. Nine counties in four regions were served with three Wellmobile vans four days a week, and one vehicle operated weekly. Because the program was conceived as a public-private partnership, FY 2007, 2008, and 2009 annual state appropriations of $570,500 to the University of Maryland, Baltimore (UMB) through the Maryland Higher Education Commission (MHEC) were used to leverage additional private sector funding to support the program. During that time, the range of state funding that supported the partnership model that facilitated operation of the four units progressively decreased from 74 percent in FY 2007 to 57 percent in FY 2009 of the annual budget, with federal funds and other government and private sector grants and contracts filling the gap. In those and subsequent years, level-state funding could not keep up with rising market-place personnel and operating expenses. Following reduction of the initial FY 2010 allocation to $285,250, operations that were planned based on an expectation of continuation of level funding equivalent to previous years' core state budget allocation, supplemented by grants, service contracts, and additional contributions, could not be sustained at the projected FY 2010 level. This drastic cutback could not be immediately offset by other UMSON fundraising activities. By the beginning of FY 2010, the Wellmobile had experienced a shift in its funding profiles. For the previous nine years, the program received pass through reimbursement from the Center for Medicare and Medicaid Services (CMS) for outreach efforts related to case-finding and enrollment of eligible adults, pregnant women, and children in Medicaid, CHIP, and the Primary Adult Care (PAC) program, under a memorandum of understanding (MOU) with the Maryland Department of Health and Mental Hygiene (DHMH). The agreement expired in October 2008, resulting in reimbursement for only the first quarter of FY 2009. A new agreement was not approved and executed in FY 2010.

This resulted in the contraction of the FY 2010 Wellmobile Program and suspension of Wellmobile services in Western Maryland (three sites), the Lower Eastern Shore (four sites), and Anne Arundel County (one site), and elimination of seven positions. Refer to Appendix A (Wellmobile Staffing Comparisons by Fiscal Year and Post-Program Contraction) for Wellmobile staffing details. Central Maryland was selected as the sole remaining site because that region has the state's lowest ratio of FQHCs to underserved populations, while it benefits from strong community and newly

developing institutional partnerships and easy access as a clinical education site for the greatest number of students due to its proximity to UMSON's Baltimore and Shady Grove locations.

The FY 2011 legislative allocation of $285,250, supplemented with foundation funding, allowed UMSON to sustain the FY 2011 Governor's Wellmobile Program at the previous year's level of operation. The MOU between DHMH, effective July 1, 2010, provided reimbursement from CMS for a percentage of direct Medicaid outreach activities by outreach and social work staff. The Wellmobile Program submitted invoices for retroactive reimbursement for FY 2011 activities, but revenues have not yet been received based on this agreement. When funds are received they will be applied to the FY 2012 budget. Because the amount of activity and the income from this source is variable and unpredictable, the program pays the salaries of the staff up front and will apply accounts receivables to operating costs. Actual FY 2011 revenues will be used to benchmark projected FY 2012 enrollment.

In FY 2011, Wellmobile program funds from the UMB Foundation, Inc., supplemented the gap between the legislative allocation and operational costs. The Wellmobile is not supported by University funding; its funding is dependent upon the direct state budget through MHEC and private sources in partnership with communities.

Re-activating the Wellmobiles and re-building the statewide program is a UMSON priority, because the Wellmobile Program serves as a clinical education site for nurse practitioner, community health, and social work students and is a faculty practice that enables nursing and social work faculty to maintain clinical competency, which they model to students in the classroom and in the clinic. This faculty practice model assures transfer of clinical skills to the newest cohort of health care and human services providers that comprise the future Maryland workforce. UMSON's Office of Strategic Partnerships and Initiatives, the organizational home of the Wellmobile Program, supported the Wellmobile Program's development efforts in proposal and grant-writing and partnership development activities, including travel to state meetings, memberships in professional organizations, and registration and travel to attend meetings relevant to the impact of health reform policy on safety-net providers and nurse-managed health centers.

WELLMOBILE PROGRAM SERVICE MODEL

The Wellmobile Program provides a valuable service to Marylanders by filling the gap where services are inaccessible due to increased demand and/or scarcity of access points, particularly for the uninsured. The program serves as the front door for the uninsured and a "Bridge to Care," with the goal of linking clients to a patient-centered medical home. The Wellmobile Program provides the following services:

1. Clinical care – The FNP conducts physical exams and screens, diagnoses, and treats common acute and chronic illnesses for adults and children. Examples of episodic and acute primary care services include diagnosis and treatment of sore throats, urinary tract infections, skin rashes, pink eye, upper respiratory infections, and other common ailments. Clients often display symptoms that are harbingers of chronic conditions such

as diabetes and hypertension. Following screening and diagnosis, the FNP initiates treatment to stabilize the client, prescribing generic prescriptions and over-the-counter medications as indicated, and instructs the client on self-management, employing health education techniques and associated teaching materials. Outreach staff and the social worker, assisted by community health nursing and social work students, identify community resources and agencies, including other local safety-net health providers willing to accept referrals as the permanent medical home, with priority for clients with chronic and unmanageable acute conditions and co-morbidities.

2. Health screenings – FNPs conduct school physicals, well-woman checkups, clinical exams (such as breast exams, pap smears, and pregnancy tests), and identify and diagnose diabetes and hypertension, primarily in the context of a primary care encounter. Other screenings are conducted at community events and in the local communities served by the Wellmobile, such as schools and faith-based institutions, in addition to screenings conducted at the Wellmobile's usual service sites. Screenings target specific groups such as school-age children or adult populations in underserved communities. Some screenings are directly conducted by the FNP and FNP students on the Wellmobile; others, including colonoscopies and mammograms, need to be performed at local health departments, health centers, hospitals, and other community agencies with which the program has negotiated and established partnership agreements. The Wellmobile Program limits health screenings to communities where partnerships are established with health care facilities and providers who will accept client referrals for appointments and provide follow-up for clients who screen positive for the tested conditions. This practice is necessary to assure continuity of care. FNPs initiate treatment using evidence-based clinical guidelines and transition the client to a permanent medical provider when possible. Community partnerships are developed and maintained to provide essential follow-up services.

3. Health promotion – Educating clients about healthy living practices, disease prevention, developmentally specific immunization and screening thresholds, and personal/family emergency preparedness is the cornerstone of nurse-managed health care. Entry-level community health nursing students and advanced practice family nurse practitioner students assist outreach workers in planning and delivering health promotion and disease prevention educational programs tailored to specific populations. In addition, patients with acute and chronic disease receive personal disease management guidance and health information. These experiences fulfill students' clinical course requirements.

4. Care management and service linkages, referrals, and system navigation – All clients require extensive care coordination, referrals to second tier specialists for complex conditions and diagnostics, and assistance in accessing related enabling services (social services, food assistance, prescriptions, etc.) essential to improving their health status and quality of life. The program takes the holistic approach to health care that is at the core of the nursing model of health. An academic partnership with the UMBC School of Social Work provides field experiences for undergraduate social work students under the guidance of a master's-prepared faculty field instructor. Likewise, UMSON community health nursing faculty members oversee entry-level community health nursing students.

Under faculty guidance, the students provide a range of interventions that assist clients who need help with housing, food, medications, and specialty health care to locate and obtain local, state, and federal resources.

The Wellmobile health care team functions autonomously based on this service model, with the operational goal of maximizing efficiency and cost effectiveness. The units receive no administrative support from the program's central office for clerical and patient management functions. Team members handle all communications, including phone calls, referrals, faxing, consultation follow-ups, lab and x-ray reports, and medical records maintenance and filing. Safe and appropriate staffing levels are required to accomplish these duties in compliance with primary care, advanced practice nursing, and general nursing practice standards. The program director provides management oversight of the outreach staff and consults with the FNPs on care coordination and disposition issues. The central office, comprised of the director and part-time office assistant, assumes responsibility for program development, planning and evaluation, community partnerships, overall program administration, reports, policies and procedures, regulatory compliance and quality assurance, fundraising, billing, and ordering and distributing office and medical equipment and supplies.

FY 2011 PERFORMANCE, PARTNERSHIPS, AND EDUCATION AND SERVICE ACCOMPLISHMENTS

The Wellmobile Program's impact in FY 2011 focused on the following two areas: primary care and clinical services at multiple sites in Prince George's and Montgomery counties, and targeted services in response to individual counties, partners and new initiatives.

CENTRAL MARYLAND PROJECT AND REPORT OF FY 2011 ACTIVITIES

The Wellmobile has been in continuous operation in central Maryland since the program started in 1994. Demand for and utilization of health care services in this area--the Maryland suburbs adjacent to Washington, D.C.--continued to grow in FY 2011. The Central Maryland Wellmobile provided services three to four days per week in Prince George's County and one day every other week in Montgomery County.

The Prince George's County sites were: the Judy Hoyer Center/Cool Spring Elementary School campus (Adelphi), Bladensburg Elementary School (Bladensburg), Deerfield Run International School (Laurel), Shining Star Missionary Church (Seat Pleasant), and Franklin Park at Greenbelt Metro Apartments (Greenbelt – relocated from Spring Hill Lake elementary School in spring 2011). Funding was unavailable to increase the nurse practitioner and driver positions to support expansion to other vicinities where demand is high. The program would benefit from the addition of a nurse care coordinator to facilitate care coordination and outreach efforts, oversee clinic flow and scheduling, and precept nursing students, thereby freeing the nurse practitioner to see more clients. Clients in Prince George's County included concentrated pockets of large Latino and African populations. Partnerships with the Archdiocese of Washington, D.C.'s Spanish

Catholic Center; Prince George's County Public Schools; Prince George's County Health Department; University of Maryland, College Park School of Public Health; Quest Diagnostics; and other community-based providers and organizations enabled the Wellmobile team to provide a comprehensive range of health care services.

In Montgomery County, the Wellmobile was located at the Seventh Day Adventist Church in Takoma Park, providing services one day every other week. Uninsured clients were able to access reduced-cost generic prescription drugs prescribed by the nurse practitioner at local supermarkets, WalMart, and Target. This resource has been an asset in providing maintenance medications for conditions such as diabetes, cardiovascular disease, and hypertension for Wellmobile clients.

In central Maryland, the Wellmobile remained a key provider of regional outreach and enrollment for MCHP. The social worker, students, and bilingual outreach staff work with local health departments to screen each client for eligibility for MCHP and Medical Assistance (MA) programs. A part-time field instructor from the UMBC School of Social Work, added to the team in August 2008, provided continuity in this effort in fiscal year 2011. The social work faculty member supervised undergraduate social work students who located community resources, screened for Medicaid eligibility, and worked with clients whose applications have been denied to determine the reason for denial and to help them re-apply, if warranted. The demographics of this area would support the assumption that the majority of adult clients in this region would be ineligible for entitlement programs due to their immigration status. However, outreach efforts by social work and outreach workers, enabled them to assist numerous clients at Central Maryland access points with Medicaid (including PAC) applications. Most of the children screened for CHIP and Medicaid were eligible for one of these programs or the Kaiser Bridge program, and staff assisted their parents with applications. Staff assisted Medicaid recipients who brought their determination letters to the Wellmobile with enrollment in a Medicaid Managed Care Organization and selection of a primary care provider. The patient-centered medical home is an integral concept in the 2010 Patient Protection and Affordable Care Act (ACA). The Wellmobile Program served as the "front door" for uninsured and underserved residents in the communities it served. Clients were stabilized and referred to a permanent medical home, utilizing available FQHCs, other clinics, and private providers. Newly-insured clients and uninsured clients whose conditions were refractory to treatment and required complex management and specialty providers were prioritized for referral to a patient-centered medical home.

Experience in referring stabilized clients has revealed that the waiting list for appointments for new clients at the two Greater Baden Medical Services, Inc. FQHC sites in northern Prince George's County (Glenarden and Walker Mill) exceeded three months, resulting in a backlog of clients who remained under the care of the Wellmobile FNP until they could be accepted into care. Community Clinics, Inc. and Mary's Center (Montgomery County) also have waiting lists for new clients. Population data and the need to alleviate some of the backlog of primary care access in Prince George's and Montgomery counties continued to support the decision to retain Wellmobile services at these sites when program contraction took place in FY 2010. The Wellmobile serves as

the interim care provider, managing these clients until they are transferred to a patient-centered medical home. This array of services and demonstrated expertise in bridging the primary care gap is a valuable asset to communities and potential partners in the implementation of health care reform.

TARGETED SERVICES IN RESPONSE TO COUNTIES, PARTNERS AND NEW INITIATIVES

On March 26, 2011, three mobile units staffed with FNP and social work faculty, UMSON nursing students, and county medical volunteers, participated in the fourth *Annual Anne Arundel Homeless Resource Day*. This collaborative effort provided 74 adults and four children with primary care services at the day-long event. The Wellmobile Program received a citation from County Executive John Leopold for participation in this event. The success of this event in Anne Arundel County over the past four years prompted Governor O'Malley's request for each Maryland jurisdiction to conduct a Homeless Resource Day in FY 2012. To date, the Wellmobile Program has been contacted to provide services for 12 such events, beginning in September 2011.

At the request of Prince George's County Public Schools, Wellmobile FNP and FNP faculty NPs conducted physicals for middle-school students at two middle schools and CoolSpring Elementary over six days in November 2011, deploying two Wellmobiles.

HEALTH DISPARITIES IMPACT

The Wellmobile Program has been at the forefront of responding to cultural and linguistic diversity and mitigating health disparities since its inception. The growing immigrant population, however, with its language and customs challenges, continues to demand a considerable expenditure of time and personnel. The largest group served by the Wellmobile in Prince George's and Montgomery counties is the multinational Latino community for which Spanish is the primary language. African and Asian immigrants constitute the second and third largest immigrant client groups, respectively. These populations face complex medical and social challenges, are uninsured, experience delays in accessing an overloaded FQHC safety-net provider system, and have limited English language proficiency. Both Wellmobile outreach staff are bilingual in Spanish, with one also fluent in French, enabling them to work effectively with this population. Other challenges related to cultural diversity, particularly in immigrant populations, are health literacy and the inability to read and write in their native language and in English. The Wellmobile is often the provider of last resort for these populations.

In March 2009, the Central Maryland Wellmobile relocated to a proposed community hub in Seat Pleasant, a predominately African-American community in Prince George's County. Based on community assessment data, two community partners, the Prince George's County Health Department (PGCHD) and the University of Maryland College Park School of Public Health, identified HIV testing services as their top priority. The Wellmobile team collaborated with the PGCHD to provide mobile HIV

testing and counseling services. Since June 2009, PGCHD personnel specializing in sexually transmitted diseases began HIV testing on the Seat Pleasant Wellmobile twice a month. Clients who tested positive were referred to Dimensions Health Systems, which receives funding from the Ryan White program to treat HIV/AIDS. Fiscal year 2010 budget cuts resulted in suspension of weekly Family Nurse Practitioner (FNP) primary care services at this site. PGCHD personnel continue to provide HIV testing, assisted by Wellmobile personnel. Clients requiring primary care services are referred to Greater Baden (FQHC) at Walker Mill. In FY 2011, the Wellmobile Program submitted grant applications to the Cafritz Foundation and the Quality Health Foundation to support Wellmobile services in Prince George's County and to add a nurse practitioner and a nurse care coordinator to the Seat Pleasant site. While these proposals were not funded, other funding submissions are in progress.

EMERGENCY PREPAREDNESS

Mobile medical units are valuable assets during times of disaster or large-scale emergencies. While they are not first responders, their mobile platforms allow deployment to specific areas in need of assistance and, therefore, they are incorporated into Maryland's surge capacity plan. During FY 2011 the Wellmobile Program met with the DHMH's Department of Emergency Preparedness and Response and initiated dialogue to bring collaborations the Wellmobile Program had with Allegany County and on the lower eastern shore to a statewide scale. The plan for FY 2012 is to negotiate and activate a MOU outlining respective responsibilities in the event of a disaster and develop the blueprint and financial support for training exercises and activation in the event of disasters.

As a result of new contacts established during statewide Homeless Resource Day planning meetings, dialogue has begun about the potential collaboration for a statewide approach to emergency preparedness response involving the Wellmobiles, the DHMH Office of Emergency Preparedness and Response, local Medical Reserve Corps, and the Maryland Defense Force. Meetings were conducted in FY 2011 and will continue into FY 2012.

EDUCATION AND SERVICE ACCOMPLISHMENTS

Community Education and Outreach

Health education and outreach services are essential program components in communities served by the Wellmobile Program. Requests for participation in community health fairs are so frequent that the Wellmobiles could be engaged in these activities weekly throughout the year. In previous years, each Wellmobile team independently chose the health fairs in which they would participate. This level of response frequently resulted in commitments exceeding the weekly primary care schedule. Budget constraints, however, have limited the program's ability to support overtime pay for weekend work, severely reducing the pangram's availability for weekend community events. As an alternative, a routine primary care day was eliminated in favor of an event deemed strategically important and valuable to the Wellmobile

mission and to the communities it serves. This approach was implemented on a limited basis, with the goal of maintaining clinical service commitments to existing clients, rather than initiating services in an new population for whom the Wellmobile does not have established follow-up service linkages.

In FY 2010, decreased funding for personnel forced a shift in strategic focus from flexible responses to all health fair requests across the state to selective responses to those requests for health fairs within the geographic area served by the contracted Wellmobile Program. Within those jurisdictions, priority was given to events conducted in collaboration with operational partnerships and aligned with targeted service and educational missions of the Wellmobile Program, particularly opportunities for nursing and student participation in fulfillment of clinical course requirements. The program continued this approach in FY 2011.

A sample of community outreach and education programs conducted during FY 2011 is as follows:

- Community Advocates for Family & Youth's National Day of Healing and Reconciliation, Hyattsville – July 11, 2010 – 1 Wellmobile
- Brooklyn Homes Tenant Council, Inc. Red Dress Health Fair, Brooklyn Park – August 23, 2010 - 1 Wellmobile.
- Church of God Apostolic Health Fair (Waverly) – October 16, 2010 – 1 Wellmobile
- Physicals for Prince George's County Public Schools middle-school students – November 3, 4, 10, 11, 17, & 18, 2011, 2 Wellmobiles
- Anne Arundel County Homeless Resource Day, Glen Burnie – March 26, 2011 – 3 Wellmobiles
- Bilingual outreach worker provided interpreter services for weekly "Showing our Strength's Cooking Matters" course (Capital Area Food Bank) at Adelphi/Langley Park Family Support Center – 5 sessions between April 27 and June 1, 2011
- Wrote and delivered oral and written testimony advocating for Maryland General Assembly Senate Bill 514 (Finance Committee, February 23) and House Bill 450 (Government Operations, February 17) for Community Health Resource Commission, Health Care Reform Implementation.
- Community Advocates for Family & Youth 's National Day of Healing and Reconciliation, Bladensburg – June 25, 2011 - 1 Wellmobile

Clinical Education Activities

A major component of the Governor's Wellmobile mission is educating successive generations of nurse practitioners and community health nurses in primary care of the underserved. The significance of this educational mission is underscored by new federal health care reform legislation, which emphasizes prevention, public health, and enhancement of the primary care infrastructure. The Wellmobile Program accomplishes its clinical education mission by serving as a clinical education site for

students in UMSON's undergraduate, graduate, and doctoral programs. Following re-evaluation of services that would benefit the target population, this mission was extended to include social work students.

In FY 2011, the program served as the primary clinical site for two undergraduate RN to Bachelor of Science in Nursing community health nursing students (180 hours per semester). These students assisted the nurse practitioner by performing patient assessment, patient education, basic aspects of care coordination, outreach, and follow-up client contacts and by designing health promotion materials and conducting health education visits. They performed community and service site assessments and developed and implemented programs in fulfillment of course requirements. They planned and participated in health fairs and Anne Arundel County Homeless Resource Day activities, and conducted health promotion sessions with individuals and groups of clients. Two community public health clinical faculty members supervised an additional 16 entry-level community public health students who planned interventions, which they delivered at Anne Arundel Homeless Resource Day.

The Wellmobile FNP served as preceptor for an entire semester to a bilingual FNP student and provided clinical experiences for nine adult/gerontological nurse practitioner (ANP/GNP) students, and one FNP student. ANP/GNP students worked individually with the nurse practitioner to perform patient exams, diagnose and prescribe treatments and medications, and made referrals to specialists for consultation. In fall 2010, two FNP students enrolled in a master's-level health promotion course. They provided health promotion displays targeting health-related behaviors and prevalent community health problems such as diabetes, hypertension, obesity, and issues involving maternal child health at the Baltimore Health Fair. These students interacted with participants by elaborating on the information depicted on their posters, answering questions, engaging members of the public in discussion, and provided individualized instruction and handouts. At the Seventh Day Adventist Church Wellmobile site in Takoma Park, a bilingual FNP student developed and implemented a health promotion intervention in Spanish, specifically targeting Latino health behaviors. Thirty FNP students, who were precepted by three FNPs, provided physicals for middle school students over six days. Three FNP students assisted at the Anne Arundel County Homeless Resource Day.

The social worker precepted two UMBC undergraduate social work interns over the entire academic year. These interns augmented the effort of the social work faculty member by providing preliminary screening for Medicaid eligibility; linking clients to services; organizing community resources; and revising the local community services directory of primary care, county Breast and Cervical Cancer Program, and radiology providers.

The Wellmobile Program director taught an undergraduate nursing rural health course, using an ecological framework to expose students to social, behavioral, environmental, and physical health issues impacting rural communities' health status. Through clinical rotations in rural communities, students identified health priorities and

challenges impacting these communities and proposed evidenced-based interventions. These region-specific assessments and approaches have been integrated into submitted or planned Wellmobile Program grant submissions in the respective rural regions.

COMMUNITY PARTNERS

Throughout its existence, the Wellmobile Program has relied on the support and cooperation of a host of committed partners to deliver a comprehensive array of health care and human services to its clients. In each region of the state served by the Wellmobile, the program has carefully identified and accessed a set of community and health care organizations whose missions and strategic goals are aligned with its own. While these partners provide no direct monetary support, their in-kind services and collaborative relationships enable special populations to gain access to their facilities, medical professionals, and enabling personnel, who accept client referrals for additional services. Through these partnerships, the Wellmobiles become an integral part of the health care delivery system in each of the communities they serve.

Community partners in FY 2011 included:

Central Maryland (Prince George's and Montgomery Counties)

- Prince George's County Health Department
- Montgomery County Department of Health and Human Services
- Greater Baden Medical Services, Glenarden and Walker Mill, Prince George's County
- Associated Catholic Charities, Spanish Catholic Charities, and Spanish Catholic Center, Archdiocese of Washington, D.C.
- Community Clinic, Inc., Greenbelt, Prince George's County
- Mary's Center, Silver Spring, Montgomery County
- Dimensions Health Systems, Prince George's County
- Holy Cross Hospital, Silver Spring, Montgomery County
- Washington Adventist Hospital, Takoma Park, Montgomery County
- Catholic Community of Langley Park/ St. Camillus Parish, Silver Spring, Montgomery County
- Judy Hoyer Family Support Center/Cool Spring Elementary School, Adelphi, Prince George's County
- Deerfield Run Elementary School, Laurel, Prince George's County
- Bladensburg Elementary School, Bladensburg, Prince George's County
- City of Seat Pleasant, Prince George's County
- Seat Pleasant - University of Maryland, College Park Health Partnership
- Shining Star Missionary Church, Seat Pleasant, Prince George's County
- City of Greenbelt, Prince George's County
- Spring Hill Lake Elementary School, Greenbelt, Prince George's County
- Franklin Park at Greenbelt Metro Apartments, Greenbelt, Prince George's County
- Seventh Day Adventist Church, Takoma Park, Montgomery County
- Quest Diagnostics

Anne Arundel County (Homeless Resource Day)

- Anne Arundel County Health Department
- Anne Arundel County Department of Social Services
- Baltimore Washington Medical Center, Glen Burnie
- People's Community Health Center, Brooklyn Park, and Odenton

FUNDERS

The Governor's Wellmobile Program used funds from donations, partnerships, contracts, and sponsors totaling $33,127 to complement the state budget appropriation so the Wellmobile Program could provide services in FY 2011.

OVERALL RECIPIENT IMPACT AND COST EFFECTIVENESS

In fiscal year 2011, the program provided 1,633 client encounters, under the following categories: 885 primary care encounters, 631 social work visits, and 117 screening visits. Primary care visits include those conducted on three Wellmobile vehicles during the March 26 Anne Arundel County Homeless Resource Day. Social work encounters ranged from assistance with applications for medical benefits, e.g., Medicaid, CHIP, PAC, and Kaiser Bridge; emergency assistance; food stamps; and referrals to the state's Breast and Cervical Cancer Treatment Program. Screenings were conducted to detect STDs and HIV at designated venues, as well as health problems such as hypertension and diabetes at health fairs and mass community screenings.

Outreach directed at the uninsured resulted in 376 encounters for CHIP, adult Medicaid, and PAC applications and application follow-ups, and 730 promotional and informational outreach encounters. The scope of Medicaid outreach services included the following efforts by bilingual outreach workers or social work students: campaigns to raise awareness of entitlement programs, screening for eligibility, assistance completing Medicaid applications, follow-up on eligibility determinations, and assistance to those accepted with selection of a managed care organization and a primary care provider. Clients eligible for entitlement programs continued to receive Wellmobile primary care services until they were officially enrolled in that program, were assigned a primary care provider, and confirmed their scheduled appointment for the initial visit with the patient-centered medical home for follow-up care. Undergraduate social work students, under the supervision of a UMBC social work faculty member, advised clients on eligibility for public benefits and services. Outreach workers met with clients after the nurse practitioner primary care visit, providing additional case management, care coordination, and health care system navigation. These encounters may have involved referrals to community agencies, internal medicine and surgery specialists, and diagnostic services; transfer of cases to permanent health care homes; and communication of results and modifications to treatment plans. The table below summarizes the above-described activities.

Fiscal Year 2011 Clinical Encounters

Primary Care	Social Work	Screenings	MCHIP Outreach and Applications	Outreach Workers
885	631	117	376	730

According to the 2008 Medicare Expenditure Survey, the average cost of an emergency department visit in the U.S. for an uninsured person under 65 was $1,203, with a median expenditure of $453, of which they paid 47 percent out of pocket (Agency for Healthcare Research and Quality (AHRQ), 2011, http://consumerhealthratings.com). A 2006 survey of Wellmobile clients on their intent to use the emergency department in the event the Wellmobile vans were not available revealed that 80 percent of respondents would have sought help at the local emergency department if they did not have Wellmobile services that day. In FY 2011, it is estimated that the program avoided approximately **$851,724** in emergency department visit expenditures. This does not include the additional costs incurred in the emergency department for tests and procedures.

The market value of the average professional encounter on the Wellmobile (primary care, screening, and social work) was $195. This amount reflects the allocation of fixed costs across only professional (nurse practitioner and social work) visits, conducted with support of drivers/office assistants, bilingual outreach workers, and the Wellmobile Program office. These visits were more time intensive and thus costlier than outreach and health promotion visits, which, when combined with the professional encounters, reduced the FY 2011 Wellmobile cost per visit to $116. FY 2011 Wellmobile operational expenditures are allocated across a similar visit volume as FY 2010, although less than previous years, which was a consequence of curtailed operations and program contraction due to available financial resources.

RESEARCH AND PROGRAM EVALUATION

The Wellmobile Program offers a multitude of opportunities for research across diverse areas. In anticipation of a transition to an EHR, and to manage data required to generate invoices for DHMH to obtain CMS reimbursement for Medicaid outreach activities, administrative effort continued in FY 2011 on refining data points, encounter-level data collection methodologies, and documentation adherence by Wellmobile staff who provided clinical and enabling services. Capturing all Wellmobile professional and allied health staff encounters is a priority in order to identify and quantify the multiple interventions and interveners needed to help clients obtain assistance and navigate the health care and social service systems. This important information will provide a basis for future grant submissions.

Through community collaborations, partnerships, and clinical documentation and care coordination activities, the Wellmobile Program provides a continuous source of data that can be used to determine policy directions for health care reform and provision

of services for hard-to-reach populations. Research questions generated by the program's experience with underserved groups that have potential for future investigation include:

- Can national evidenced-based practice guidelines and standards be translated into care provided to an uninsured population?
- Can a focus on disease management in a nurse-managed model improve outcomes for the uninsured?
- Is a mobile health unit effective and efficient in increasing access to primary care in uninsured and underserved populations?
- Can health promotion activities and routine physical assessments and screenings conducted among relatively healthy uninsured populations defer the onset of chronic diseases and/or improve early detection?
- Can a mobile health unit contribute to the statewide objective of integrating patient-centered medical homes into primary care practices?
- How can vertical integration with health systems impact utilization of higher cost system resources, including emergency departments and hospitalization?
- What would be the impact on health costs and client outcomes with a re-focus of hospital community benefits funds to support Wellmobile services in communities targeted by respective hospital's community assessments?

NATIONAL PRESENTATIONS

As both a clinical and faculty practice site for UMSON, the Governor's Wellmobile Program is a valuable source of lessons learned and best practices. UMSON faculty members disseminate this knowledge by presenting their work at local, regional, and national meetings of nurses and other health professionals interested in exploring innovative programs consistent with the Wellmobile's missions. To date, Wellmobile administrators and faculty have made presentations on:

- Health care access to the underserved
- Health delivery financing
- Partnership development
- Rural and minority health care
- Innovative delivery mechanisms and roles
- Nurse-managed health care models
- Outreach workers
- Health promotion and disease prevention in underserved communities
- Emergency preparedness
- Linguistic and cultural competence

In FY 2011, program faculty members gave the following presentations at state, regional, national, and international professional meetings:

Antol, S. *Partnership Strategies for Sustainability in the New Era of Health Care Reform.* National Nursing Centers Consortium Nurse-Managed Health Clinics: Innovations that Work, San Antonio, Texas, March 16, 2011.

Rowe, G. *Use of Geographic Information Systems to Identify Vulnerable Populations with Low Access to Primary Care in the New Era of Health Care Reform.* National Nursing Centers Consortium Nurse-Managed Health Clinics: Innovations that Work, San Antonio, Texas, March 16, 2011.

In December 2010, former Wellmobile FNP faculty member Gina Rowe used Geographic Information System software to map state of Maryland ambulatory care sensitive data from emergency departments to the state's FQHCs in her Doctor of Nursing Practice degree capstone project "Use of Geographic Information Systems to Identify Vulnerable Populations in Maryland with Increased Health Risks and Low Access to Primary Care."

OPERATIONAL CHALLENGES

Challenges in FY 2011 were access to secondary referral services, linkages to patient centered medical homes for primary care services, lack of an electronic health record, and maintaining the Wellmobile vans in the required operating condition to perform the program's legislatively designated missions.

One of the biggest challenges facing primary care providers continued to be securing second-level referral sources for laboratory tests, x-rays, diagnostic tests, and specialty services. Examples include oncologists to manage breast, cervical, and thyroid tumors; endocrinologists for management of complex diabetes; neurologists to rule out brain tumors and develop treatment plans for migraine headaches; orthopedic physicians for pain evaluation due to musculo-skeletal problems; urologists for kidney failure; and cardiologists for hypertension and heart failure. Other safety-net providers, including FQHCs, report the same challenges.

During FY 2011 new contacts and referrals for the Central Maryland Wellmobile were initiated to fill the gap left by the under-resourced Spanish Catholic Center, which relocated its Takoma Park office to Silver Spring in spring 2011. Clients willing to travel to Silver Spring remained eligible for services on a case-available basis. In FY 2010, the Wellmobile Program negotiated an array of reduced fee lab services with Quest Diagnostics and passed the reduced rates on to clients. Wellmobile staff members collected the fees during the Wellmobile visit and provided the client with a pre-paid lab slip. Clients go to the nearest Quest lab for the specimen collection and analysis. Quest invoiced the Wellmobile Program, which paid the bill from client collections. The program continues to explore options and partnerships with existing health systems, including local hospitals, for an enhanced collaboration for second-level referrals. Prince George's Hospital Center and Greater Laurel Beltsville (Dimensions Health) is a Prince George's County owned health system currently experiencing financial difficulty. Washington Adventist Hospital, currently in Takoma Park, plans to relocate the majority

of its services to White Oak, Montgomery County. Holy Cross Hospital in Montgomery County accepts specialty referrals. The Wellmobile Program will continue to seek out and refer clients to specialists and for diagnostic services affiliated with these facilities that accept sliding fee and pro-bono referrals.

Providing access to primary care services does not solve all of the problems of the uninsured and underserved. The Wellmobile client base is a population that has experienced delayed access to health care and often present advanced disease processes. Clients with unmet needs may average eight medical problems, demanding multiple referrals for diagnostic and specialty care. These more complex patients require extensive case management. Many clients have minimal literacy skills and require additional effort to ensure that they have a basic grasp of their health conditions and how to manage their day-to-day health.

Given this client profile, the Wellmobile Program plans to include a budget line for a nurse care coordinator in future proposal submissions. Restoring the care coordinator role nurse would enhance linkages of clients with secondary and tertiary care services and provide a preceptor for entry-level community health nursing students. Currently, the outreach workers and the social worker perform double duty to fill this function, under the direction of the FNP. Even when linkages can be located and established, the absence of insurance coverage for the more costly specialty and diagnostic services necessitates out-of-pocket payment, which, despite sliding fees schedules, is often a deterrent to accessing the next level of care. For these clients, the emergency room provides an avenue to specialty care, an option to which clients may resort when other means fail.

Failure to procure an electronic health record (EHR) in FY 2011 continues to impede operations both at the direct-service and administrative levels. The Wellmobile Program was unable to complete the procurement process for the EHR from the Alliance of Chicago, which in collaboration with the Institute of Nursing Centers at the University of Michigan had developed and implemented an EHR compatible with Wellmobile's nurse-managed practice model. The vendor could not comply with UMB's procurement process requirements.

Electronic scheduling systems link with client medical records, resulting in streamlined documentation and recordkeeping processes. Real-time access to the clinical record enhances continuity of care, saving time and effort in collating and filing paperwork. It eases transitions in care as clients are referred between health systems, an important part of partnership development required for subcontracts. An EHR provides an added level of assurance for accurate data collection of client encounters and facilitates reporting of an unduplicated patient census by linking all encounters within a case. Currently, and all documentation, including schedules and encounters, are paper based, which requires entry into a data base for reports.

Compounded by budgetary constraints resulting from suspension of CMS reimbursement, a 50 percent state budget reduction, and fewer than expected donations

and grant awards in FY 2011, the EHR project has been deferred for the third consecutive year. The Wellmobile Program will resume the process of EHR acquisition through fundraising and partnership development and will eventually resume the procurement process when these factors are aligned.

FY 2012 operating expenditures included maintenance of four Wellmobile vehicles, each requiring State of Maryland and Department of Transportation mandated vehicle inspections, ongoing preventive maintenance, and routine mechanical repairs. The vehicles were rotated in and out of service during FY 2011 to sustain program operations while other vehicles were undergoing repairs and inspections. Routine generator maintenance was continued on a fixed schedule, as required, based on each vehicle's rate of auxiliary power utilization. Because the vehicles operate on generator power at community sites (unless the host site has installed a special electrical outlet to support shore power), generator service and repair is a major expense. Three vehicles required extensive generator battery and electrical system maintenance during FY 2011. These and other repairs to the aging fleet, as well as rising fuel costs, contributed to higher operational expenditures. The Wellmobile Program purchased fuel through the state of Maryland fuel program and uses the State Highway Administration fueling stations, which provided some help with fuel expenditures.

PROGRAM ADMINISTRATION AND FUTURE STRATEGIC DIRECTIONS

It is important for the Wellmobile Program director to keep abreast of state and federal policy changes pursuant to health care reform due to implications for program development and sustainability. Specifically, the director must be able to articulate the program's current and potential future contributions to primary care for the underserved and to establish a role for the program in the rapidly evolving re-structuring of health care delivery. The Wellmobile Program director participated in the Health Care Reform Coordinating Council's Safety–Net Provider and Special Populations task force meetings in fall 2010, attending all four meetings and providing recommendations on the white paper circulated for comment. The director provided oral and written testimony in support of Maryland General Assembly Senate Bill 514 (Finance Committee) and House Bill 450 (Government Operations for Community Health Resource Commission) – Health Care Reform implementation bills requiring the Community Health Resource Commission to report on mechanisms to assure sustainability of safety net providers in health care reform transition.

REDESIGN OF WELLMOBILE FUNCTIONS IN RESPONSE TO HEALTH CARE REFORM

In FY 2009 the Wellmobile Program began a shift from its former role as a health care home to serving as the "front door" for primary care services, with a goal of linking clients to a permanent community-based primary health care home – the "Bridge to Care" component of the model. This policy shift was aimed at maximizing Wellmobile resources and extending access to Wellmobile services to a larger section of the

population. This strategy expanded the potential reach of this gap-filling service and was continued in FY 2010.

Advent of the patient-centered medical home model, an integral part of the ACA and the increasing role played by FQHCs in primary care, for the underserved, reinforced the value of maintaining this direction in FY 2011. Additionally, given the proposed coverage expansion via Medicaid expansion and implementation of health exchanges by 2014, the demand for primary care will continue to increase. Anticipating the potential role of the Wellmobile Program in expanding access to care, the program continued refining its "Bridge to Care" model during FY 2011. While the Wellmobile Program as a stand-alone entity cannot function as a medical home, this model of care (described below) is well-suited to assist FQHCs, medical practices, and other health institutions in meeting patient-centered medical home requirements. Additionally, the nurse practitioners and community health nursing expertise is an asset in the patient-centered medical home model.

The "Bridge to Care" model has three components, each instrumental to the role of the Wellmobile Program as a gap-filling resource. The three gap filling components are: increasing access, eligibility determination and care management. Increasing access involves establishing the Wellmobile as the **front door,** accessible in two ways. Wellmobile outreach workers locate uninsured and concentrations of underserved populations and publicize Wellmobile service availability in those communities. The front door is available to partners through the reverse referral mechanism. Community partners, such as hospitals (including their emergency departments), urgent care centers, and health and human service agencies refer clients to the Wellmobile.

Eligibility determination is the second model component. To achieve the desired outcome of transferring eligible clients to a patient-centered medical home, outreach worker and social work efforts focus on determining eligibility for state and federal entitlement programs such as CHIP, Medical Assistance, PAC, and Medicare. Outreach staff members assist clients in completing applications, facilitating Managed Care Organization enrollment, and selecting primary care providers. Once the client's needs are assessed, immediate needs are treated, and the plan of care has been established, the Wellmobile care management process prioritizes transition of unstable, co-morbid individuals to a permanent patient-centered medical home, regardless of insurance status. Increasingly scarce physician specialists, pro bono and sliding scale fee diagnostic services, and other wrap-around services to which the Wellmobile historically referred clients in need of additional consultations and treatment, demand that these complex clients be transitioned to a permanent health care home. Medical homes used include FQHCs and outpatient clinics and private physicians that accept the client's newly-established health coverage or offer sliding scale fees for the uninsured.

Since the average wait time for a new-patient appointment at clinics and practices accepting uninsured patients is typically two to three months, and clients who have undergone the eligibility determination process for entitlement programs are awaiting confirmation, the Wellmobile FNP continues to follow both potentially eligible and

ineligible clients until they can be safely transitioned to the appropriate clinical practice. During this **care management** phase, the Wellmobile program continues to manage these clients and provide individualized physical and social assessments, blood work, treatment, and health education to stabilize their health problems. Clients are scheduled to receive follow-up medical care as needed, either on the Wellmobile or through referral arrangements with an available pro bono or sliding fee scale specialist, or diagnostics, to the extent they are available.

The contracted Wellmobile program capitalized on the opportunity to transition both complex uninsured and newly insured clients to medical homes in local FQHCs made available by the FY 2010 HRSA FQHC service expansion, funded under the 2009 American Recovery and Reinvestment Act. In Central Maryland, the process of transitioning complex co-morbid clients to health care homes remains protracted due to the extensive pent-up demand for primary care services for the uninsured. Clients awaiting referral remained primary patients of the Wellmobile for varying amounts of time. Factors influencing the duration that a client may continue under Wellmobile program management include level of clinical stability, state or federal entitlement program eligibility, availability of a health care facility willing to accept the uninsured, and availability of an appointment slot in a patient-centered medical home.

The Wellmobile Program demonstrates value not only by addressing clients' immediate health problems and providing the "bridge" to primary care, but also by conducting preliminary work-ups and treatments for clients pending transfer, who are then transitioned, along with a medical record, in a relatively more stable condition than if they had self-referred to the practice or were referred by an emergency department. This attention to stabilizing the client, including diagnosing and treating immediate conditions, and the accompanying clinical documentation facilitates client transfer and creates a climate of more willing acceptance by the receiving provider of these clients.

Experience with this level of nurse-managed patient care in the "Bridge to Care" model provides evidence that the Wellmobile Program has the capacity to fill a valuable role in the statewide health reform implementation. This asset can be tapped by community partners via contractual arrangements to assist them with medical home functions, including visits from advanced practice nurses and care management, which are among the essential patient-centered medical home functions. Billings and collections obtained by this model would form the groundwork for sustainability efforts.

FUNDING AND STRATEGIC SUSTAINABILITY INITIATIVES

The FY 2010 goal was to configure a program of Wellmobile services aligned with available fiscal, human, and material resources. Once the annual service plan was mapped out and was subsequently contracted, attention was refocused on sustainability strategies, including identification of supplemental funding streams. This configuration was maintained in FY 2011. The ultimate goal of reactivating the remaining three Wellmobile vehicles was foremost among the priorities identified. Although not a new model, the strategy required renewed and targeted effort toward engaging a generation of

new funders through grants, foundations, and business and community partnerships. When Wellmobile funding was robust, the expectation was that community partners would provide referrals, service sites, and in-kind services, and would leverage influence with existing health delivery systems to accept uninsured clients on either a pro bono or sliding fee basis. The Wellmobile Program brought a fully funded service into their community without a local financial commitment to the service model. A shift away from this model of freely allocating Wellmobile services funded through legislative allocation and UMSON fundraising efforts to a community, county, or region was needed to accomplish reactivation of the full fleet. The new paradigm involved a stakeholder model whereby the local health and/or human services delivery system, local nonprofit agencies, or the beneficiary community itself would support the operation of this service. This included redefining the expected contribution of the community partnerships to include financial support, ranging from direct payments or grants to community-based collaborations committed to joint grant submissions with the Wellmobile Program. The aforementioned "Bridge to Care" is an example of one potential sustainability strategy.

While community and organizational partnerships are fundamental to procuring future Wellmobile funding, such partnerships must be of mutual value and advance the Wellmobile's service and educational missions. To date, the Wellmobile has explored partnerships in the health, academic, and community organization sectors. Wellmobile Advisory Board members have been urged to identify corporate and community funders and to broker entry into the local health delivery systems to gain access to funding opportunities and community partnerships.

Examples of funded partnership exploration activities include Federally Qualified Health Care centers, rural and urban hospital systems, University System of Maryland academic institutions, local and state health departments, the Maryland State Department of Education, and local community agencies and philanthropic organizations.

SUMMARY OF FISCAL YEAR 2011 AND FISCAL YEAR 2012 FUNDING STATUS AND INITIATIVES

The newly renegotiated addendum to the DHMH Medicaid MOU for federal fund participation from CMS became effective July 1, 2010 and will extend through the first quarter of FY 2013. Under the terms of this agreement, the Wellmobile Program will be eligible to submit quarterly claims to DHMH for reimbursement of 50 percent of the hourly salary rate for outreach workers and social workers participating in Medicaid outreach and enrollment activities. All FY 2011 claims were submitted for FY 2011 and are awaiting reimbursement.

The UMB Foundation, Inc. received donations to the Wellmobile from communities and individuals in FY 2011, which will be applied to Wellmobile operations in accordance with donor specifications. They included a donation from the Laurel Women's Club in support of the Deerfield Elementary School service site in their community.

During FY 2011, the Wellmobile Program submitted the following proposals to external funders.

Funded

- ***Prince George's County Queenstown Pilot*** (Edgewood Management Corporation, implemented July-August 2011

Not Funded

- ***Anne Arundel County Wellmobile Primary Care Faculty Practice*** [Department of Health and Human Services, Health Resources and Services Administration HRSA]
- ***Central Maryland Primary Care and Services Linkages Project*** (Cafritz Foundation)
- ***Seat Pleasant Primary Care and Service Linkages Project*** (Quality Health Foundation)
- ***Homeless Veterans*** (Weinberg Foundation, in collaboration with the University of Maryland School of Law and the Homeless Person's Representation Project)

Awaiting Determination

- ***Upper Eastern Shore Primary Care and Services Linkages Project*** (CareFirst)

FY 2010 Proposals not Funded (awaiting determination in FY 2010 Annual Report)

- ***Central Maryland Wellmobile Primary Care Project*** (Rite Aid Foundation)
- ***Clinical Translational Science Award (CTSA)*** National Institutes of Health UMB Interdisciplinary Research Team

FY 2012 Funding Prospects

- CareMark/CVS to support Wellmobile primary care linkage to a homeless day center in Salisbury
- Maryland Community Health Resource Commission – two proposals will be submitted for services in Baltimore City and Southern Maryland in September 1, 2011
- UMB interdisciplinary Health Disparities workgroup, convened by Dr. Claudia Baquet (director, University of Maryland School of Medicine Center for Health Disparities)
- Collaborative submissions with the University of Maryland School of Medicine Department of Family Medicine involving extending Wellmobile services into communities
- DHMH Office on Aging Senior Dental Project pilot (collaboration with University of Maryland School of Dentistry and UMSON Wellmobile)
- DHMH Office of Emergency Preparedness and Response
- HRSA Division of Nursing Nurse Education, Practice, Quality, and Retention (proposal date expected in fall 2011, pending federal appropriation)

FISCAL YEAR 2012 PRIORITIES

The challenge to raise external funds will continue in FY 2012. Funders, including those to which the Wellmobile Program had previously submitted proposals, have reduced the number of requests for proposals, restricted the amount of funding per proposal, and limited the duration of funding, often limiting their commitment to one fiscal year, In the past, such grants were often renewable and involved multiple year commitments. Because fundraising remains an ongoing priority to sustain the work of the Wellmobile Program, proposals and presentations to potential partners and funders will require additional resources and responsibilities for the program's administrative staff. Previously submitted grant proposals continue to undergo revision, emphasizing the potential value of a mobile clinical service provider to a stationary operation, particularly within the context of health reform, for resubmission to funders in preparation for anticipated new funding opportunities. The Wellmobile will enlist the assistance of UMSON's Office of Development in the preparation and submission of calls for proposals by foundations.

The Wellmobile Program will continue to pursue collaborative extramural funding opportunities with UMSON specialty program directors that provide faculty practice and service opportunities that are aligned with the mission of the Wellmobile Program. UMSON is collaborating with other UMB professional education programs. Wellmobiles outfitted as clinical exam rooms are well-suited for interdisciplinary practice. The pending availability of federal funding appropriations to support advanced practice nursing and clinical training for other primary health care providers offers an opportunity to reactivate Wellmobile units using newly created interdisciplinary practice models that would establish the Wellmobile vehicles as inter-professional clinical training sites.

The Wellmobile Program aspires to further capitalize on the opportunity to align its education mission with the Maryland State Office of Rural Health's "Grow Your Own" initiatives, which focus on recruitment, education, and retention of health professionals in rural areas of the state, including Western Maryland, Southern Maryland, and the Eastern Shore. This innovative plan requires both internal and external partnerships with other schools and health care systems, as well as local Area Health Education Centers to craft an alliance for a rural HRSA health professions training grant submission.

The Wellmobile Program will seek collaborative funded partnerships with school systems to provide nurse-managed primary care services in a school-linked Wellmobile service model, with the potential for indirect access to health care reimbursement streams.

The development and implementation of an EHR remains a priority for fiscal year 2012. An EHR is fundamental to partnerships and subcontracts with health systems and FQHCs because it provides the secure platform for exchange of health information among partners of vertically integrated health systems. Assistance has been requested

from the UMSON Office of Development to locate a funder specifically for the EHR project (hardware, software, and licensing fees). Possible funding sources include education grants in collaboration with UMSON's nursing informatics and advanced practice nursing educational programs, which would benefit both the Wellmobile service mission and UMSON's education mission. Doctoral students would benefit from access to de-identified data and outcomes for translational research.

During this time of statewide and national transition in the delivery of health care services, the Wellmobile Program will continue to seek out opportunities for continuing its tradition of innovation as both a provider of population-based, nurse-managed health care and as a clinical education site for health care providers.

APPENDIX A

GOVERNOR'S WELLMOBILE FY 2011 ANNUAL REPORT

Wellmobile Staffing Comparisons by Fiscal Year and Post-Program Contraction

Fiscal Year	Nurse Practitioners	Nurse Care Coordinators	Social Worker	Outreach Workers	Drivers
FY 2009	3.2.0	2.0 (reduced to 1.5 1/1/2009)	.5	4*	3
FY 2010 (7/1-8/15)	2.8	1.5	.5	3*	3
FY 2010 (8/15-6/30)	.6	0	.5	2*	.8
FY 2011	.6	0	.5	1.8*	.75**

This table illustrates the Wellmobile staffing model, representing numbers of positions by full time equivalents (FTEs) allocated across operations of four Wellmobiles for fiscal year 2009 and the first four weeks of fiscal year 2010.

From August 15 to June 30, 2010, and for fiscal year 2011, these positions are allocated across operations of one core Wellmobile and a second Wellmobile fulfilling additional educational and programmatic functions.

Notes: *1 FTE outreach worker is also a driver.
**.75 driver represents base weekly scheduled hours, with additional hours during peak service weeks.

FISCAL YEAR 2011 WELLMOBILE BUDGET

Governor's Wellmobile Program - Financial Report
Fiscal Year 2011 (7/1/10-6/30/11)

Expenses:			
	Personnel		
		Salaries	$ 248,681
		Fringe Benefits	$ 33,394
	Operating		$ 36,302
		Total Expenditures	$ 318,377
Revenues:			
		MHEC Funds	$ 285,250
		Other Sources	$ 33,127
			$ 318,377

WELLMOBILE ADVISORY BOARD MEMBERS

GOVERNOR'S WELLMOBILE PROGRAM FY 2011

MEMBER	AFFILIATION
Janet D. Allan, PhD, RN, FAAN	Chair Dean, UMSON
Sarah Callanan, MSN, CRNP	NP, Johns Hopkins Community Physicians at Kent Island
Theresa A. Gaffney	RN, Vice President, Consulting and Professional Services, Gannett Health Care Group
Richard Gelfman	Owner, WCTR Broadcasting
Charles Brett Hofmann	MD, Princess Anne Family Practice
Vacant	Maryland House of Delegates
Michael Tice Langley	VP/General Manager, Pepsi Bottling Ventures
Catherine Pugh	Maryland Senate
Gerard Walsh	Sr. Vice President/Chief Operating Officer, Shore Health Systems

PUBLIC RELATIONS

ANNE ARUNDEL COUNTY
MARYLAND

County Executive John R. Leopold
P.O. Box 2700, Annapolis, MD 21404

April 15, 2011

Antol Susan
Gov. Wellmobile

Dear Susan,

Thank you for assisting with Anne Arundel County's fourth annual Homeless Resource Day. The event drew more families and adults this year than ever before. The event's success is due to having so many services in one place at one time. This could not have been accomplished without your organization's assistance. The number of homeless individuals that received services on March 26th and the number of County service providers who worked together exceeded my expectations.

The latest count shows that 674 individuals attended the event and received services at Glen Burnie High School. There were 230 men, 207 women, and 237 children. The largest percentage of guests had been homeless for more than one year. Out of a sample 162 guests, two thirds had spent the previous night with a friend or family member. At least 5 of our volunteer "guides" this year attended the event previously when they were homeless. They came back to assist others because they thought the event was so helpful. The largest age group for single adults was 49-59. There was a slight increase in the elderly population.

A special thank you to your administration and staff members who offered their time and expertise at Homeless Resource Day. In these times of budget restraints and staff reductions, it is encouraging to see so many employees giving of their time and talents during a weekend. Your commitment allowed many homeless in the County to receive needed services in order for them to become self- sufficient again.

Please extend my appreciation to all of your staff members who helped on March 26th.

Sincerely,

JOHN R. LEOPOLD
County Executive

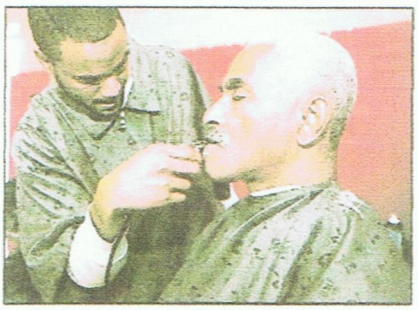
Homeless Resource Day sees long lines

Medical, dental care and help with housing, employment offered

By EARL KELLY, Staff Writer

Published 03/27/11

With his woodman's clothing, long hair and weathered skin, Robert Walker looked like a frontiersman and smelled like a camp fire yesterday as he ate lunch at the county's fourth annual Homeless Resource Day.



By Paul W. Gillespie — The Capital
Homeless man James Massey, from Annapolis, gets a haircut and mustache trim from barber Donta Sewell at yesterday's fourth annual Homeless Resource Day, held by the county at Glen Burnie High School. Volunteers help the homeless with grooming and advise them on job searches.

The tall, gaunt man with shoulder-length hair, who was originally from Cape St. Claire, has been living in the woods above Brooklyn Park since late summer.

Walker, 51, is an out-of-work auto mechanic and carpenter.

He said he has been homeless on and off since 2007, but this time it's worse than ever, and the unemployment is more unrelenting.

To survive, the resourceful Walker has built a tent out of tarps and tar paper. He made a stove out of a steel drum and the dome-shaped top of a grill, and added a long piece of pipe for the chimney.

Walker said his toilet consists of a five-gallon bucket with a toilet seat on it - "It's amazing what you can find."

He washes by taking handsful of wipes from the stores he visits, but last week he dug a 6-foot-deep well for bathing water during the warmer months.

Walker was at the Homeless Resource Day, held at Glen Burnie High School, to apply for a new Social Security card, since his old one has been destroyed by the elements.

Now, he said, he can land a job.

"I went to Liberty Tax to stand out there waving, and they hired me, but because I didn't have a Social Security card, I couldn't work," he said.

Walker, whose hands are hard and calloused, told how he survived the winter:

"I have got an ax, so I am able to cut up some logs. And every once in a while I will climb up on the trains and throw some coal off, because I have got to have something to burn. I don't like having to steal, but I have got to survive."

Walker said he receives no money, but he does receive food stamps.

Walker got everyone around him laughing when he told of the time he learned not to buy much food at once.

As the story goes, Walker had some sliced turkey in a cooler at his camp, until a raccoon discovered it.

"That raccoon had a-hold of the cooler and was dragging it down the hill," Walker said, "and I was chasing him .... Raccoons are not afraid of humans."

Annapolis resident Isabel Gonzales was there to find food and clothing for her three children, ages 4, 5 and 13.

Gonzales is bordering on homelessness.

She and her husband and the children share a two-bedroom apartment in Annapolis with another couple.

The husbands work as landscapers when there is work to be done, and the women work in a fast-food place. Only, Gonzales recently had back surgery, and cannot contribute her share, so rent money is getting scarce.

"We have no money ... What can I do?" she said. "The kids ask for food, and I take it out of whatever I have and give it to them."

Medical needs

Homeless Resource Day was created four years ago to give the homeless and near-homeless a chance to meet with benefits counselors and to see doctors and dentists.

They may have their blood pressure monitored and undergo tuberculous screening. They also may receive flu and tetanus shots, and the Lions Club will give them an eye exam.

"We are seeing a lot of diabetics today," said Pasadena podiatrist Dr. Ira Gottlieb. "We are seeing a fair number with heel pain, painful calluses, ingrown toenails and heel spurs."

Dr. Howard E. Stressler from the University of Maryland, along with some of his dental students and dentists from private practice, were conducting exams. Patients who needed a referral could be treated at the dental school for little cost.

"What runs you down with dental pain is it keeps you up at night," Stressler said. "And if you have a child with pain, that keeps you up at night."

Most people no longer experience deep dental pain, Stressler said, but they can get a hint of how bad it can be by watching the movie "Cast Away." In the film, Tom Hanks holds a piece of metal up to his decaying tooth and knocks it out with a coconut to get away from the excruciating pain.

"We're seeing cavities where the teeth are rotten to the gum line," Stressler said of the homeless. "This year, we are seeing more children than in the past. It tugs at your heartstrings."

Homeless veterans

About 90 agencies and organizations participated in Homeless Resource Day, along with roughly 365 volunteers. One whole wing of the school was set aside for counseling veterans.

The state and federal governments have teamed up to provide about 250 beds in the Baltimore area for homeless vets.

Veterans can stay from 13 weeks to as long as five years, and receive psychological counseling and drug and alcohol treatment, plus job placement.

These programs have about a 20 percent vacancy rate, even though eligible veterans are sleeping under trees and bridges.

One such veteran was Wyatt Hicks, an Army veteran and Annapolis native who was homeless late last year. He entered the veteran program, and yesterday he was at Glen Burnie High School helping other vets find needed services.

"It is out there for them, but I didn't know it was there," Hicks said.

Large need

People were lined up to get into Homeless Resource Day yesterday, and event organizer Marcia Kennai, director of the county Department of Social Services, said the number of attendees would not be known for some time. It attracted about 400 people last year.

"We thought we had over 500 coming through the door this morning, but that is not official," she said. "A number of providers said we have more this year than before. We never had lines before."

GlenBurniePatch

Editor Maya T. Prabhu: Heard some news you want us to check out? Let me know: Maya.Prabhu@patch.com

- Volunteers in the News,
- Government

Many Paths Led Area Homeless to Resource Day

An estimated 500 homeless and near-homeless men and women benefited from the county's Homeless Resource Day at Glen Burnie High School.

- By Maya T. Prabhu March 28, 2011

Darlene and her 19-year-old daughter have been staying with family in the Cedonia neighborhood of Baltimore for the past year after losing her publicly funded housing.

The 48-year-old woman, who works part-time in the plant that assembles *The Baltimore Sun*, said she saw an advertisement for Anne Arundel County's Homeless Resource Day and thought she could get some help.

"I wanted to try to get my housing back. I've tried [in Anne Arundel County] before, but I got denied. So now I'm trying to get back on the list," she said after speaking with representatives from the Housing Commission of Anne Arundel County.

Once she realized all of the different resources that were available at the event, Darlene said it made sense to take care of everything all at once.

"Once we got here I found out about the other things they had," she said.

Darlene and her daughter spent much of their Saturday at Glen Burnie High School learning about shelters, applying for housing, food stamps and health insurance, replacing her birth certificate and event getting a bit of pampering.

"They're giving haircuts?" she said. "I messed up my hair a while ago and have been wearing this wig. I should get my hair cut."

The women were two of an estimated 500 people who received services Saturday at the county-sponsored event. Darlene's situation could be considered more fortunate than some of the other people who came to receive services. Many said they didn't have anywhere to stay at all and lived in wooded areas or shelters throughout the region.

"This, today, is a one-stop-shop for all the services. And it's a very effective way of helping people get [on] their feet," said County Executive John R. Leopold in remarks he made to volunteers to kick-off the event. "All of you are playing a very important role of helping our homeless in this county."

About 365 volunteers signed up to give their time Saturday, according to Christine Poulsen, program manager of community initiatives for the Anne Arundel County Department of Social Services.

"I hope it increases awareness [for volunteers and service providers]. It's surprising the number of people who don't realize the homeless don't have access to services," she said.

In 2010, 91 service providers participated in the event offering access to resources such as financial assistance, job training, clothing and furniture, health and dental screenings, housing, and counseling for domestic violence victims and those who struggle with drug and alcohol abuse and addiction, Poulsen said. She estimated just as many, if not more, participated this year.

For months the department of social services spread the word to homeless and near-homeless people to let them know about the event.

"We try to spread the word as much as we can," Poulsen said, adding that different shelters and charity organizations spread the word as well. "And the homeless have a good communication system."

Cape St. Claire resident Karen Castro, who guided Darlene and her daughter through the available resources, said she volunteered as a runner last year, assisting service providers throughout the day.

"It's harder to be a guide because you're interacting with the guests," Castro said. "I was hesitant to do it because I want to make sure they get everything they need, but I think I'm doing OK."

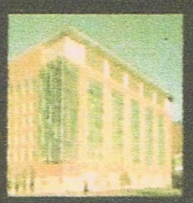
Castro, who is studying human services at Anne Arundel Community College, said she was impressed by how quickly guests were able to receive services. Darlene was able to walk away with her replacement birth certificate and completely apply for food stamps within in hour.

"Here they're concentrating on [the guest] and not a number. [Guests] are getting resources and they feel they're accomplishing something instead of sitting in a chair and waiting for hours," Castro said.

Darlene said she was glad she attended the resource day and hopes to be granted housing and health insurance.

"I got everything done I wanted to," she said, adding that she was looking forward to hearing back from the housing commission.

Have you volunteered with Homeless Resource Day? What was your experience? Tell us in the comments.



UNIVERSITY of MARYLAND

The President's Message

APRIL 12, 2011

Spring is always a difficult time to maintain one's focus. There are so many distractions. Warm weather and the great outdoors, after being cooped up inside all winter. The blooming of flowers and backyard gardens, begging you for attention. Thoughts of summer vacation.

Add to that the distractions of everyday life—world events, stalled traffic, ringing and beeping cell phones, rising prices, road construction, loud conversations—and it's hard to concentrate on the task at hand. But that's my message for today. As I said at my last Q&A session: keep your eye on the ball. Forgive me if that sounds more like an Orioles hitting coach than a University president. So much is going on around us, and the only thing we can control is our own performance. So strive to be the best student, staff member, or faculty member you can be. Do your best to help make our University the best it can be.

It was Alexander Graham Bell, inventor of the telephone, who said, "Concentrate all your thoughts upon the work at hand. The sun's rays do not burn until brought to a focus." Or as one of my personal favorites, Vince Lombardi, once said, "The only place success comes before work is in the dictionary." So keep working hard amid the distractions. And then go tend to that garden. In addition to the University kudos that begin on Page 2, I have some personal thanks and congratulations to send out as well.

Please join me in thanking the Maryland General Assembly for providing authorization to begin planning for Health Sciences Facility III, which will begin to address our need for space to house our burgeoning research programs. I'd also like to thank the governor and the General Assembly for restoring funding to the Governor's Wellmobile Program, which has been administered by our School of Nursing since 1994.

I am pleased to report that the General Assembly's budget directs the University System of Maryland's Board of Regents to study the pros and cons of merging our campus and College Park's. (For more details, see my letter at http://www.oca.umaryland.edu/email/2011/april/06letter/.) In the weeks ahead, we will update you on pension changes that were made this session as well. We can discuss this and any other topics at my Q&A on April 14 from noon to 1 p.m. at the Southern Management Corporation Campus Center, Room 210, Ballroom B. You may ask questions at any time by visiting www.umaryland.edu/president/feedback/. Questions from the March 31 Q&A at the School of Law are on Page 5 and others from previous months are at http://www.umaryland.edu/president/questions/index.html.

Anonymous questions are welcomed; however, if you want a direct response, remember to include your contact information. We also encourage schools to keep us apprised of the accomplishments of your faculty, staff, and students at kudos4perman@umaryland.edu.

All The Best,

Jay A. Perman

Governor Martin O'Malley Introduces FY12 Supplemental Budget, Funds Nearly 1,000 Youth Summer Jobs

Governor also allocates $5 million for community mental health providers

ANNAPOLIS, MD (April 1, 2011)–Governor Martin O'Malley introduced the Administration's FY12 supplemental budget today, including $1.13 million dollars to fund 941 summer jobs for youth in Baltimore City, and $370,000 for the Civic Justice Corps, which provides conservation service opportunities for youth in Maryland State Parks.

"As we work through the challenge of balancing our budget in tough economic times, we remain committed to creating and saving jobs, and that includes youth jobs that help build character and skills for our young people," said Governor O'Malley. "The FY12 supplemental budget provides funding for more than 900 Baltimore City youth to work this summer and help train young adults valuable conservation skills in our parks."

Governor O'Malley also allocated $5 million for community mental health providers, which funds rate enhancements. Last year, Governor O'Malley signed legislation that, for the first time, put into law annual inflationary cost increases for Maryland's dedicated Developmental Disabilities Administration and mental health services community providers.

In addition to summer job funding, the FY12 supplemental budget provides $225,000 for the Maryland Center for Construction Education and Innovation, which promotes construction industry career opportunities and increases the supply of qualified construction workers. The budget also includes $325,000 for system upgrades and staff training to implement a veteran-owned small business procurement goal which becomes effective next year.

The FY12 supplemental budget also provides $285,250 towards the Governor's Wellmobile, restoring funding for the primary care services, health screenings, and health education provided by the Wellmobile to serve uninsured and underserved Marylanders at multiple community-based sites. The budget also restores $25,000 for the Washington Center for Internships Rawlings Scholarship program.

Cumberland Times-News

April 5, 2011

Governor's Wellmobile could return to area (http://times-news.com/local/x1281102966/Governor-s-Wellmobile-could-return-to-area)

Pending legislation, supplemental budget contain potential good news for Western Maryland

Matthew Bieniek
Cumberland Times-News (http://times-news.com)

Cumberland — CUMBERLAND — Budget bills and a supplemental budget submitted by the governor contain some potential good news for Allegany and Garrett counties, including increased funding for grants at Frostburg State University and for the Governor's Wellmobile Program.

House and Senate budget bills are in conference committee to work out differences between the House and Senate versions of the budget.

At this point, though, it's uncertain whether the increased Wellmobile funding will be sufficient to return the program to Allegany County. County health department officials said they'd need more information before they could comment on the possibility.

The Wellmobile was a recreational vehicle-sized, self-contained clinic staffed with nurses that offered primary health care to about 1,700 county citizens each year. The Wellmobile had two exam rooms and a laboratory, among other services. Budget cuts put the brakes on Wellmobile here in August 2009. Service also ended in other parts of the state.

Gov. Martin O'Malley's supplemental budget includes an additional $1 million for FSU to supplement federal Pell grants for low-income students. "With this additional million dollars, I can help a lot of kids," said Angie Hovatter, the university's director of financial aid. Hovatter cautioned that until the budget is passed, she can't be sure the university will get the money. Federal Pell grant levels are on the chopping block in Congress, she said, so supplemental help is needed. Hovatter said university officials have been "great" in finding money for students who need help with education funding in an economy where the price of necessities, and gas, is skyrocketing.

So far, Sen. George Edwards likes what he sees in the budget and in the negotiations he's part of as a member of the Senate team working in conference committee with a House team that includes Delegate Wendell Beitzel.

"We were able to get some local funding back," Edwards said. That funding would include an

additional $700,000 for Allegany County schools and an additional $600,000 for Garrett County schools if nothing changes, he said. The increase in funding, which only partially makes up for huge cuts to county education funding, would be based on changes to the educational funding formula different from those proposed by the governor, effectively lessening the cuts.

O'Malley's supplemental budget also includes $1.13 million for youth summer jobs in Baltimore and $370,000 for the Civic Justice Corps, which trains young people in conservation skills at state parks, according to a news release from the governor's office.

Edwards isn't satisfied though, with the state's efforts to cut spending.

"We're making a little bit of progress. We should do more than we've done. At this point it passes my litmus test," he said. "If you look at what the other states are doing, they're cutting," said Edwards. "We need to do more in cutting spending," he said. Edwards said part of the problem is it's hard to get a majority to cut programs, especially those that benefit voter-rich areas of the state.

Contact Matthew Bieniek at mbieniek@times-news.com.

Gazette.Net
Maryland Community News

Published: Thursday, June 9, 2011

Local health service gets boost from Laurel club

by Chidinma Okparanta
Staff Writer

Each year, the Woman's Club of Laurel raises funds to assist charitable efforts; this year, members decided to make the club's largest donation to date.

Officials from the club, which has existed for 101 years, donated $10,000 in May to the WellMobile program, a partnership between the state and private donors that provides free health care and social work services to uninsured residents. The program, which began in 1994, is run through the University of Maryland School of Nursing in Baltimore.

The WellMobile, a bus, is staffed with nurse practitioners and social workers who provide free health care services. Visitors are screened to ensure they don't have health insurance.

"We were just so amazed that someone would care and that they had done the work to find out we were in the community," Wellmobile director Susan Antol, a professor at the UM nursing school, said of the donation. "It was uplifting."

State budget cuts in 2009 led to a 50 percent reduction in the program's funding, Antol said. The cost of operating the Wellmobile for fiscal 2011 was $345,250, with $285,250 coming from the state, she said.

As a result of the cuts, the former statewide program now focuses on the high need areas of Prince George's and Montgomery counties, Antol said. In fiscal 2010, it provided primary care and social work services to 1,364 residents in Prince George's and Montgomery counties, Antol said.

The donation will help the Wellmobile hire a nurse care coordinator position to serve as a liaison between patients and nurse practitioners, and help patients in the long-term transition from Wellmobile service to a traditional health care provider, she added.

Every other year, the 50-member woman's club uses money from its annual Breakfast with Santa fundraiser, sales and plant sales to support a large-scale outreach project.

Despite a weak economy, the club's most recent Breakfast with Santa raised its highest total ever, club president Jennifer McLaughlin said. The event raised $1,143 last year, compared to about $800 in past years.

McLaughlin said the club usually sets aside $750 every two years for an outreach project. But this year the club decided to dig into leftover fundraising revenues from the past seven years to make a large donation.

"It's nice to be able to have the means to really make a difference in a program that benefits the local community," McLaughlin said.

Previous club outreach efforts have included donating baby supplies to the Laurel Pregnancy Center and assembling totes with reading materials for elementary school students.

Since September, the Wellmobile has provided primary care services to 135 adults and children at the Deerfield Run Community Center, where it has been stationed the first and third Monday of every month for eight years.

Kim Hughes, a nurse at Deerfield Run Elementary School in Laurel, said she has seen an increase in the number of uninsured students and their families who use the Wellmobile.

"They serve a diverse and underserved and uninsured segment of the Laurel community," said club secretary Kathy Hanns. "They do a lot of wellness, prevention programs and offer social work services to guide people in the right direction."

cokparanta@gazette.net

GROUP EFFORTS

Laurel Woman's Club

At its May 5 meeting, the GFWC Woman's Club of Laurel presented a $10,000 gift to the University of Maryland School of Nursing for the school's Governor's Wellmobile Program.

The club made the donation as part of its Community Improvement Project and to support the health care and financial issues facing the community.

Associate Dean Kathryn Lothschuetz Montgomery, PhD, RN NEA-BC; Wellmobile and School-Based Program Director Susan Antol, MS, RN; and Assistant Director of Development Stacey Conrad accepted the donation on behalf of the University of Maryland School of Nursing.

Established in 1994, the Wellmobile program was developed as a community partnership model that provides mobile nurse-managed primary health care to the underserved and uninsured populations in Maryland. The 36-foot-long Wellmobile unit is a fully equipped mobile medical clinic, including two exam rooms staffed by nurse practitioners and student nurses from the University of Maryland School of Nursing. Four mobile units were in operation until budget cuts in fiscal year 2010 forced a reduction in services. The sole operating unit services central Maryland, including Prince George's and Montgomery counties, because this region has the state's lowest ratio of federally qualified health centers to underserved populations.

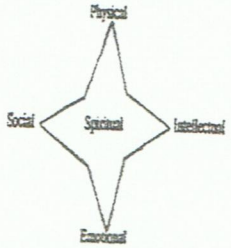
The Wellmobile is currently at Deerfield Run Elementary School on the first and third Mondays of the month. It also operates in Adelphi, Greenbelt, Bladensburg, Seat Pleasant and Takoma Park.

Children and adults are served by this program for primary health care, health education and social service needs. It replaces many emergency room visits at area hospitals for the population served by the unit.

The Woman's Club of Laurel, which has completed 101 years of community service, raised the money for the Wellmobile donation through its fundraising efforts.

For a photo of the presentation, go to www.laurelleader.com.

Mass for homebound parishioners is available every Sunday on the CW Network, WDCW, at 10:30am.



Health Ministry

Rose Mary Russ
(Ext. 213)

My help comes from the Lord, who made heaven and earth.
Psalm 121:1

BEREAVEMENT SUPPORT GROUP The Support Group will meet on **Saturday, March 12** at Pallotti High School from 9:30-11:00am. The group, whose focus is one of learning how to cope with grief, offers support in dealing with loss and grief. If you have any questions about the group, call Rose Mary at 301-725-3080 x213.

HEALTH CARE FOR UNINSURED The Governor's Wellmobile, a University of Maryland, School of Nursing, Mobile Medical Unit is on site in Laurel the 1st & 3rd Mondays of the month from 9:00am to 3:00pm at Deerfield Run Elementary School, 13000 Laurel-Bowie Road. This unit provides primary medical care, health services and medical referrals to the **uninsured.** Call Vanessa Roberts at 1-866-228-9668 for appointments. For details regarding services provided, call Rose Mary at 301-725-3080 x213.