PINAL COUNTY
WIDE OPEN OPPORTUNITY

**Proposition 202 Tribal Gaming**
**Application Sponsorship/Support Form**
**Requesting Pinal County serve as the Fiscal Agent/Pass Through Entity**

**Name of the Tribal Community: Gila River Indian Community**

**Due date of the application to the Tribal community: 03/31/2025**

The following information will be used by Pinal County to 1) send the resolution and grant documents for the applicant to submit to the Tribal community, 2) send the funds, if awarded.

**Name of the Non-profit:** Horizon Health and Wellness

**Contact person/title:** Mary Jo Silcox, Chief Strategic Initiatives Officer

**Email address:** maryjo.silcox@hhwaz.org

**Address**: 625 N Plaza Drive, Apache Junction Az 85120

**Project name: Electronic Health Record Upgrade & Patient Portal Implementation**

**Amount being requested: $350,000**

**Project summary:** Horizon proposes to upgrade the current electronic health record to include a patient portal. The upgrades and patient portal will improve the delivery of healthcare services by increasing ease of scheduling, communication and viewing of medical records.

**Beneficiaries:** This project will serve both the current patients of Horizon Health and Wellness as well as the community by making it easier for residents to access healthcare.

**Supervisor District:** District 5

The undersigns hereby certifies they have read and comply with the responsibilities set forth in the PINAL COUNTY TRIBAL GAMING GRANT PROGRAM
Request for fiscal agent/pass through support documentation.

Mary Jo Silcox Mary Jo Silcox
Chief Strategic Initiatives Officer
Director name and signature

# *Gila River Indian Community Grant Application*
# *Grant Cycle 2025*

## Cover Sheet

Click field or use up/down arrow keys to move among fields

| **Municipality Information** | | |
|---|---|---|
| **1. Date of Application:** 2/20/2025 | | |
| **2. Name of City, Town or County:** Pinal County | | |
| **3. Mayor (City or Town) or Board of Supervisor's Chairman (County):** Stephen Q Mller – Pinal County Board of Supervisors Chairman | | |
| **4. Mailing Address:** P.O. Box 1348 | | |
| **5. City:** Florence | **State:** Arizona | **Zip Code:** 85132 |
| **6. Acknowledgement of Submission by Authorized Municipality Representative:**<br>**Typed Name/Title:** Heather Patel, Grants Manager<br>**Email Address:** Heather.patel@pinal.gov | | **Signature:** |
| **Applicant Information** | | |
| **7. Department/Organization Name:** Horizon Health and Wellness | | |
| **8. Select Organization Type:** 501c3 Non-Profit | **If Non-profit please attach IRS Determination Letter** | |
| **9. Application Contact Person:** Mary Jo Silcox | **Title:** Chief Strategic Initiatives Officer | |
| **10. Phone Number:** (480)983-0065 x45520 | | |
| **11. Mailing Address:** 625 N Plaza Dr. | | |
| **12. City:** Apache Junction | **State:** Arizona | **Zip Code:** 85120 |
| **13. Email Address:** maryjo.silcox@hhwaz.org | **Website Address:** www.hhwaz.org | |
| **Project Information** | | |
| **14. Project Title:** Electronic Health Record Upgrade and Patient Portal Implementation | | |
| **15. Purpose of Grant:** Upgrade the electronic health record and implement a patient portal to improve primary care services and communication with the community residents that are seeking and receiving services. | | |

| | |
|---|---|
| **16. Priority Funding Area** | Healthcare |
| **17. Annual amount requested** | $350,000 |
| **18. Number of years that funding is requested** | 1 year |
| **19. Total amount requested (annual amount x number of years)** | $350,000 |
| **20. Has your organization received past funding from GRIC? If yes, list each year and amount** | No |
| **21. Geographic area served** | Pinal County – Apache Junction, Casa Grande, Florence, Oracle |

| For Office Use Only: | | |
|---|---|---|
| Data Entry | Receipt | Evaluation |
| ☐ Approval – Amount/Term | | ☐ Denial |

## Narrative

Please structure your proposal to provide the following information in the order indicated. Provide the narrative in paragraph form in the text field provided. Please be thorough but strive for brevity.

1. Briefly describe your organization's history, mission and goals.

   Horizon Health and Wellness (HHW) is a non-profit 501(c)(3) integrated health care agency licensed by the State of Arizona and accredited through the Joint Commission to deliver an extensive array of services for all ages and stages in life. HHW offers outpatient primary and behavioral health care, substance use residential treatment, preventative healthcare services, and housing services at various sites around Arizona. For more than 40 years, HHW has been serving the underserved and unserved residents of rural Arizona meeting both their behavioral health and primary healthcare needs as well as addressing the social determinants of health in this population such as employment, housing, food insecurity and transportation. The mission of HHW is: "To provide integrated health care that addresses the whole person and promotes wellness using best practices to enhance the quality of life of the individuals, families and communities we serve." Our philosophy is "Kindness Matters" and this relates to customer service as well as to staff. We value creating clinic environments and services that value, honor and respect our patients. We are committed to providing excellent care.

2. To determine eligibility for this grant please select one item in the drop-down below.

   Non-Profit

   If Municipal, please go to number 3 below.

   If Non-Municipal or Non-profit, please describe how the services provided by your organization align with a government service of the supporting municipality. Explain how this project will support that service and describe the municipality's role in the project if applicable (beyond serving as a pass-through).

   HHW is a non profit 501(c)(3) organization and will be sponsored by Pinal County. Pinal County will present this grant proposal to their Board of Supervisors for approval to submit to the Gila River Indian Community. If approved, Pinal County will act as a pass-through for funding from the Gila River Indican Community to HHW presenting a check to us once they receive it. Prior to presenting HHW with a check, the County will execute an agreement with HHW. An authorized signature from Pinal County will be included in this

application as required. HHW has been involved with several collaborative projects with Pinal County over the years especially in working with the low income, under and uninsured population of Pinal County. HHW is involved in important initiatives and meetings/task forces that Pinal County leads such as the Pinal County Local Coalition to end Homelessness and the Pinal County Substance Use Wellness Coalition. HHW has also been awarded several grants for housing from Pinal County. HHW is always open to partnering and collaborating with Pinal County and appreciates their partnership.

3. Describe the proposed project, objectives, and your plan to implement.

   HHW is looking to improve the delivery of healthcare services, both behavioral health and primary care services by upgrading the current electronic health record and providing a user friendly patient portal. A patient portal will provide community members the ability to schedule appointments, view their health records in real time, get educational materials and communicate directly with their providers. The investment in this project will modernize critical healthcare infrastructure to enhance patient care, provide a secure, scalable and long term solution for managing patient records, ensure compliance with evolving healthcare regulations and data security standards, improve efficiency and accessibility of healthcare services in Pinal County as well as some surrounding areas and reduce administrative burden thereby increasing operational effectiveness.

4. Describe how the proposed project satisfies one or more of the priority funding areas identified by the Gila River Indian Community.

   Patient portals improve healthcare by improving patient engagement, communications and assist patients in managing their own healthcare. Patients can access their health information, view their medical records and lab results, they can also schedule and view their upcoming appointments. Patients can also communicate with their provider by sending messages, asking questions and request prescription refills via the portal. Patients also can receive email or text reminders for appointments as well as reminders for check ups and immunizations that are coming due. In addition to all of this, patients can easily share their information with other family members or caregivers making it easier for someone that is caring for them to access their health information. Patient portals also offer many educational materials that patients can review and learn about various health issues and prevention methods. Patient portals have also shown improvement with providers, often reducing wait times and easing the communication by providing an alternative communication to phone calls which often go unanswered. Patient portals also allow the patient to update

their personal information directly online rather than filling out forms at the providers office. Often times patient portals allow the provider to send new forms including health history for the patient to fill out prior to an appointment which makes the appointment more efficient and allows the provider to review patient history prior to an appointment.

5. Identify the needs/problems to be addressed, the target population and number of people to be served by the project.

   Horizon is targeting both active as well as new patients that receive primary health care and integrated behavioral healthcare at all of the Horizon clinics, including the following locations: Casa Grande, Apache Junction, Florence, Oracle, Globe, Phoenix, Chandler and Queen Creek. Currently Horizon serves 8136 patients including 2537 adults and 5599 children. The addition of a patient portal will address the challenge of effective and timely communication on health related needs, appointments and issues between the primary health care provider and the patient. The portal will also streamline and increase effectiveness of the health care being provided with the elimination of paper forms – forms can be completed prior to appointments and completed directly in their health record which also decreases human error and improves outcomes.

6. Define the project as a new or continuing program. Has GRIC previously funded this project?

   This is a new project, Horizon currently does not have a patient portal in the current electronic health record. The electronic health record does have the capability for a patient portal and Horizon has the personel available with the expertise to work with EcW to set up the portal but there is a cost associated with the portal and implementation of it. GRIC has not previously funded this project.

7. Provide a brief timeline including start and finish dates. Indicate if the timeline is flexible.

   Immediately upon funding, HHW will work with the current vendor (ECW) to acquire the necessary patient portal modules as well as purchase the needed IT infrastructure upgrades. Within 6 months of funding Horizon in collaboration with ECW will develop the patient portal specific to HHW needs and begin the first phase of implementation which includes staff training. Within the year, the full system integration will be complete with advances cybersecurity measures and user testing being completed. While this is a one time

funding request, HHW is dedicated to ensuring that the patient portal has on-going refinements, long term IT support and evaluations of its effectiveness. This timeline can be flexible and based on receipt of funding.

8. Identify other organizations, partners or funders participating in the project and their roles.

   Horizon will be partnering with the current Electronic Health Record provider – ECW to upgrade the medical record system and include a patient portal in the

9. Would you be able to implement the proposed plan if your organization received partial funding for this project?

   Horizon would be able to implement portions of the project if partial funding were provided. For example, we could look for alternative funding for the staff training and external data warehouse and reporting integration.

10. Describe your plan for project financial sustainability beyond the grant period. If this is a program/project previously funded by the Gila River Indian Community, describe efforts made towards the previously described sustainability plan.

    Horizon is requesting assistance in the cost of the implementation of the patient portal which is a one time cost. Horizon will support the system post funding through service revenue, federal funding and healthcare reimbursements. It is expected that the enhancements to the Electronic Health Record system will streamline billing, reduce administrative overhead and improve revenue collection which these savings will be utilized to continue to maintain the project.

11. Describe your plan to document progress and results.

    Horizon will utilize the Quality Management department to track outcomes related to the implementation and use of the patient portal. Tracking will include: number of patients that utilize the portal, number of messages both sent to patients as well as messages patients send to their providers, number of views of clinical documents by patients. Horizon will also track gaps in care such as preventative health screenings which patients can be sent reminders for these with the expectation that more individuals receive these screenings. In addition, we are expecting that the no show rate for appointments will decrease since scheduling can be done on line as well as canceling and rescheduling these appointments. Patients will feel more in control of their health and satisfaction levels with our services will increase.

12. Indicate any application to and/or awards made by a tribe other than the Gila River Indian Community for state shared revenues for this and any other project for the past five (5) years.

    Tohono O'ohdam Prop 202 grant: Awarded to Horizon to rehab a vacant home to provide Permanent supportive housing for 4 low or no income families in Apache Junction.

    Ak Chin Prop 202 Grant: Awarded to Horizon to renovate a vacant property in Casa Grande to provide permanent supportive housing to low or no income individuals in Casa Grande.

# Project Budget

**Budget Period:** Click here to enter text.

For each budget item listed, please provide a narrative description on the following Project Budget Detail page.

| Column 1 | Column 2 | Column 3 | Column 4 | Column 5 |
|---|---|---|---|---|
| Proposed Budget Expense (list each budget item) | Amount requested from GRIC | Amount requested or secured from other sources | In Kind or matching contributions | Total Budget |
| 1. EHR Software Licensing & Subscription (5 years) | $120,000 | $0 | $0 | $120,000 |
| 2. Patient Portal Development & Integration | $60,000 | $0 | $0 | $60,000 |
| 3. IT Infrastructure | $60,000 | $0 | $0 | $60,000 |
| 4. Data Migration & System Set up | $45,000 | $0 | $0 | $45,000 |
| 5. Staff Training & Technical Support | $35,000 | $0 | $0 | $35,000 |
| 6. External Data Warehouse & Reporting Integration | $30,000 | $0 | $0 | $30,000 |
| 7. Click here to enter text. | $0 | $0 | $0 | $0 |
| 8. Click here to enter text. | $0 | $0 | $0 | $0 |
| 9. Click here to enter text. | $0 | $0 | $0 | $0 |
| 10. Click here to enter text. | $0 | $0 | $0 | $0 |
| 11. Click here to enter text. | $0 | $0 | $0 | $0 |
| 12. Click here to enter text. | $0 | $0 | $0 | $0 |
| 13. Click here to enter text. | $0 | $0 | $0 | $0 |
| 14. Click here to enter text. | $0 | $0 | $0 | $0 |
| 15. Click here to enter text. | $0 | $0 | $0 | $0 |
| Total Budget | $350,000 | $0 | $0 | $350,000 |

## Project Budget Detail

Please provide a narrative description for each of the project budget items listed on the previous page. Include the dollar figure and how it was attained.

1. Subscription and compliance cost for secure cloud based access, ensures HIPAA compliance and interoperability with state and federal health data networks

2. Custom development for real time patient interaction, mobile compatibility, appointment scheduling, and secure communication features – full integration with EHR and 3rd party health care applications

3. Server upgrades, cloud storage expansion and cybersecurity measures (strengthening data encryption, mulit factor authentication and back up systems), provides disaster recovery capability

4. secure transfer of existing patient records to the new system, testing and validation of data integrity and accuracy, data compliance with state and federal health IT security protocols

5. Onboarding, training programs and IT support – ensures long term user adoption and system sustainability

6. Establishment of connectivity bethwer EHR and external data warehouse, implementation of automated reporting structures for clinical analytics and compliance tracking – enhances data driven decision making and population health management

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IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248167147
Jan. 22, 2016 LTR 4168C 0
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HORIZON HEALTH AND WELLNESS INC
625 N PLAZA DR
APACHE JCT AZ 85120

17738

Employer ID Number: 86-0554593
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Jan. 13, 2016, regarding your tax-exempt status.

We issued you a determination letter in October 1986, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

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HORIZON HEALTH AND WELLNESS INC
625 N PLAZA DR
APACHE JCT AZ 85120

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1