

CITY OF DAVIS
2003-2004 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION

Organization Name: CommuniCare Health Centers/Davis Community Clinic

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(Be sure to list the best contact to get information to the organization as quickly as possible.)

Total Proposal Request: \$ 20,000

(Check one) On-going Support New Project

CDBG Eligible Category: Public Service
(See List A)

National Objective Compliance/Low and Mod Benefit: Limited Clientele
(See List B)

City Council Identified Critical Needs: (See List C)

1) Basic Human Needs: Health Care: Basic healthcare for uninsured youth and families.

2) _____

3) _____

PUBLIC SERVICE

NON-PUBLIC SERVICE

Beneficiary Information:

4200 Total number of beneficiaries in program

575 Total number of beneficiaries in program served with CDBG funds

100% Percentage of the CDBG beneficiaries with low/moderate income

\$34.78 Cost per CDBG beneficiary (CDBG Request/CDBG Beneficiaries)

PROJECT NARRATIVE

a. Need: Since 1972, The Davis Community Clinic has provided affordable, accessible health care to its patient population of low income, uninsured, ethnically diverse Davis area residents. Now part of CommuniCare Health Centers, Davis Community Clinic is the clinic of last resort for families and individuals without health coverage and without resources to pay for care. Much of the care we provide is uncompensated, so staff constantly seeks funding from a variety of sources in order to continue to provide the quantity and quality of services upon which our clients have come to depend.

Forty percent of the patients seen at the Davis Community Clinic are children and adolescents; 49% are from families without any form of health coverage. Almost all of the children come from low-income families – the parents are employed, but in jobs that do not offer health benefits. Small businesses, entry-level jobs, seasonal employment, and service industry positions often do not include health benefits. These families receive no public subsidy, and do not earn enough to afford the costs of any medical and dental insurance. There have been no new government programs enacted in the last year that would address these uninsured families and individuals, and in fact, current state budget proposals threaten funding for some. If new funding sources were to become available, CommuniCare would certainly apply. CDBG funding is always our last resource for funding services to the uninsured.

The Davis Community Clinic has an Outstationed Eligibility Worker from the County who screens uninsured patients for eligibility for all existing public programs. CommuniCare is certified to assist clients in their application to Healthy Families Program (HFP). HFP, however, has not been successful in enrolling the expected numbers of uninsured children. Many of our client families do not qualify for this program due to eligibility restrictions. The monthly premium is also a barrier to many families and if a family falls behind in their payments, they are dropped for six months and are without health insurance.

Although Medi-Cal covers many patients at CommuniCare, not all pediatric clients are eligible for Medi-Cal because of residency issues or their families earn too much to qualify for the program. Although we work hard to qualify all clients for a funding source, there are still those who do not fit into any specific category. Therefore, we use CDBG funding as our last resort.

There are no government grant programs to cover the cost of *sick care* for uninsured, low-income families. The Child Health and Disability Program (CHDP) is a state program that reimburses the Clinic for *well child* exams and immunizations. There are increasing numbers of low and moderate income working families who do not qualify for Medi-Cal or HFP coverage and do not receive health benefits through employment.

CDBG funding of dental treatment for uninsured, low-income children in our community remains a strong necessity. Many dentists limit the number of children served in private practices and the spaces that are available usually fill with privately insured children, or in a few cases, children insured through Denti-Cal. There is not adequate access to dental care for children who have no insurance and whose families are without ability to pay. Additionally, many children seen in the Clinic have never before been seen by any dentist. These children often are in pain and present multiple dental problems. The care is difficult and requires extra time. The Clinic actively seeks to recruit as many volunteer dentists as possible.

The support from the City of Davis Community Development Block Grant Program has been invaluable over the years in promoting the health of our community by providing thousands of medical and dental visits to medically underserved sick children who would otherwise have gone without care. This proposal requests ongoing funding for children's medical and dental care. All children receiving assistance through CDBG funding are low income Davis residents served under the Basic Human Need: Basic Healthcare for

Uninsured Youth and Families.

b. Benefit: All families served by the Pediatric Program and the Dental Program at the Davis Community Clinic are within the low and moderate-income guidelines. CDBG funds are used as a funding of last resort. Funding is expended on a per visit basis – 100% of funds are used for their intended purposes. CDBG funds are used only for patients who fit these guidelines: the child lives in Davis; the family meets the income eligibility; the family has no other health coverage; and the child is receiving sick care OR the child is receiving dental care. Ninety-nine percent of families served by CDBG funds are below 50% of median income (meaning very low income). The remaining one percent is under 80% of median income (the low/moderate income category). The funding requested will provide at least 350 pediatric visits and 225 dental visits to low-income Davis children.

c. Other Resources and Collaboration: Pediatric services are funded through a combination of CHDP billing, Medi-Cal billing, state grant funds, HFP, and patient sliding scale payments. CHDP only covers immunizations and well child visits and does not cover sick care. A County Eligibility Worker is stationed at the Clinic to ensure that eligible families qualify for Medi-Cal. Dental care is funded through Denti-Cal reimbursement, HFP, Dental Foundation contributions, and patient sliding scale payments. Denti-Cal has the same eligibility requirements as Medi-Cal. Families without health coverage are asked to pay according to a sliding fee scale, but none are able to pay the full cost of their care. No one is billed and no one is refused care based on inability to pay. Although clients are not able to pay the full cost of care, their contributions are an important source of funding and are critical to balancing the six months of operation during which no state grant funding is available.

Community fundraising is an important aspect of maintaining the level of services offered at our clinics. CommuniCare is fortunate to have strong support from the community. More than \$80,000 is raised each year from the community through a combination of mail appeals, service club donations, and individual gifts to support our programs and services. The community also contributes non-monetary gifts, including clothing, books, toys, and car seats. Local physicians, dentists, and optometrists also make generous donations of medications, medical and dental supplies and equipment.

Volunteers are essential to maintaining the quality of care and the cost effectiveness of Clinic operations. At any given time, CommuniCare has over 180 volunteers, including 40 physicians, 10 dentists, 5 optometrists, 2 mid-level practitioners, medical students, and trained community volunteers who fill such positions as patient assistants, translators, lab assistants, peer educators, and dental assistants. The annual value of these volunteers' time is estimated at \$355,000. Davis Community Clinic is the safety net provider for the low-income and uninsured and is the only provider of comprehensive primary care in our community to treat an individual regardless of their ability to pay.

d. Organizational Capacity: Financial stability is one reason why CommuniCare has been able to grow and respond effectively to the needs of our clients. By diversifying revenue sources to include public moneys from federal, state, county, and local governments, as well as donations from the private sector including foundation grants, local businesses, and individual community members, we have safeguarded CommuniCare's fiscal viability over time. CommuniCare has been able to successfully expand to meet the needs of its clients, continuing to emphasize respect for the patient, by stressing preventive care and health education in all its programs, and by providing culturally sensitive services.

Evening hours are offered for the convenience of the working families that we serve. Although many clients access our daytime clinics, evening hours are important to parents who are not given time off from work to take their children to see the physician or dentist. In order to provide linguistically and culturally appropriate care, CommuniCare staff is as ethnically diverse as the patients they serve and speak the languages necessary to converse with and translate for clients including Spanish, Russian, Mien, Lao, Hmong, Urdu, Punjabi, and Hindi. All services are offered on site at all three primary care clinics in the

county, including laboratory and medicine dispensary.

CommuniCare is governed by a volunteer Board of Directors (attached). The 15-member board includes health care professionals, business people, and community members. The Board participates actively in the organization at monthly meetings, at an annual retreat, and in subcommittees. Administrative policies and financial records are audited annually by an independent CPA. No audit exceptions were reported for the 2001-2002 year. Objectives for all of the previous CDBG funding awards have been met. CommuniCare has a strong administrative staff working under the direction of the Executive Director of Planning & Program Development, Robin Affrime, and the Executive Director of Finance & Operations, Sherry Cauchois. Both Robin and Sherry have been with the agency for over 20 years.

SCOPE OF SERVICES

a. Project Description: Pediatric sick care: CommuniCare requests CDBG funds to provide 350 pediatric sick visits for low income, uninsured residents of Davis. Services will include treatment for childhood illnesses, medications, diagnostic laboratory tests, preventive health education, referrals for necessary specialty care, and assistance with psychosocial needs. CDBG funds will be used to maintain the staffing of mid-level practitioner hours.

Pediatric dental care: CommuniCare requests CDBG funds to provide 225 dental visits to low income, uninsured residents of Davis. Services will include diagnostic exams, x-rays, dental treatment of caries, root canal, sealants, emergency care, referrals, preventive care, and other treatment as required.

CDBG funds are needed for ongoing support because there are no other sources of funding for these services. Without CDBG support, the availability of services would have to be reduced and access to care limited to unacceptable levels. The cost per visit is \$34.78. This cost includes all related expenses for staff, lab work, pharmacy, dental x-rays, and supplies required to provide the visit. Comparable costs through a private physician or dental office are 2 to 5 times higher.

b. Target Group: CDBG funding is reserved for families who meet the income guidelines of the program and are residents of Davis receiving care at the Davis Community Clinic for treatment of an illness or dental care. Quarterly reports will document the progress made toward meeting the program objectives of 350 pediatric sick visits and 225 pediatric dental visits. All 575 visits will be to low and low/moderate income families. Approximately 450 households will benefit from the program.

c. Outreach: Clinic staff will publicize the activities funded by CDBG. CommuniCare staff regularly attends relevant community meetings. Members of CommuniCare staff serve actively on all area health, dental, and youth related advisory boards such as: Maternal, Child, and Adolescent Health Advisory Board; Yolo County Immunization Coalition; Regional Shots for Tots; Yolo County Health Council; Youth Services Task Force; Dental Foundation; and Children's Dental Disease Prevention Program Advisory Board.

CommuniCare is a partner in the Yolo Health Alliance and works with Sutter Davis Hospital and Sutter West Medical Group to care for the county's indigent populations. CommuniCare also provides physical exams for all children entering the Campo del Sol Migrant Camp in South Davis each spring. CommuniCare has Community Health Outreach Workers that work with families in the community to educate them about available services and link them to care. CommuniCare's Smile Saver Program provides dental outreach and education to elementary schools throughout Yolo County and for Head Start and Migrant Education children with services including exams, application of sealants, fluoride treatment, and referral to the clinics for dental treatment.

TIMELINE

Work Plan (Identify activities and completion dates)

<u>List Activity</u>	<u>Completion Date</u>
• Continue staff availability for pediatric visits including practitioner staff, translation staff, and medical assistant staff.	July 1, 2003
• Continue dental staff availability for children's appointments.	July 1, 2003
• Provide outreach through meetings, school personnel, and other community outreach.	June 30, 2004
• Provide 350 sick pediatric visits to low/moderate income Davis residents without other health coverage.	June 30, 2004
• Provide 225 dental visits to low/moderate income Davis residents without other dental coverage.	June 30, 2004

**CITY OF DAVIS
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

BUDGET SUMMARY FOR PROPOSED PROJECT*

Budget Category	Proposed Project	Other Sources	Total
A. Salaries and Wages	\$19,000	\$180,000	\$199,000
B. Fringe Benefits	0	45,000	45,000
C. Consultant/Contract Services	0	0	0
TOTAL PERSONNEL BUDGET	\$19,000	\$225,000	\$244,000
D. Office Rent		\$6,600	\$6,600
E. Utilities		3,200	3,200
F. Telephone		4,000	4,000
G. Office Supplies		5,100	5,100
H. Equipment		4,000	4,000
I. Printing/Duplication		0	0
J. Travel/Conferences		1,000	1,000
K. Other (Specify) medical and dental supplies.	\$1,000	43,000	44,000
TOTAL NON-PERSONNEL BUDGET	\$1,000	\$66,900	\$67,900
TOTAL PROJECT BUDGET	\$20,000	\$291,900	\$311,900

* Please revise this form and annotate budget items as needed

NEW REQUIREMENTS: All applicants are requested to submit a copy of their 2002-2003 total Operating Budget and a copy of their proposed 2003-2004 Operating Budget (attached).