

## 2006 – 2007 CDBG/HOME APPLICANT QUESTIONS AND RESPONSES

Name of Organization: **CommuniCare Health Centers**  
Project Title: **Health Care for the Uninsured**

1. Describe in detail how your CDBG RFP differs from other CDBG RFP's.

**CommuniCare Health Centers/Davis Community Clinic is the only provider of medical and dental services to the indigent population. We are the health care safety net for the community. 100% of all of the beneficiaries of our services are low/moderate income.**

2. Describe in detail how your CDBG RFP supplements other CDBG RFP's.

**The beneficiaries of the other CDBG applicants are welcome to use the services of the Davis Community Clinic. In particular, clients of Davis Community Meals-Cold Weather Shelter, Pine Tree Gardens, Sexual Assault and Domestic Violence Center and Yolo Family Service Agency use the clinic for health care services. The ability to offer accessible health care services for CDBG recipients of other agencies provides a continuum of care for the low income residents of our community.**

3. Describe in detail your efforts to coordinate with other CDBG agencies similar resources.

**CommuniCare collaborates and coordinates with numerous other non-profit agencies in the community. We collaborate with Davis Community Meals, the Food Bank, Sexual Assault & Domestic Violence Center, STEAC, and Yolo Family Service Agency. We recently wrote a letter of support for Davis Community Meals and provide health care services for their clients as well as TB tests for their staff members. The Food Bank has provided nutritious food for clients in our substance abuse treatment program and our HIV Case Management Program. We have had to refer clients for services that we do not provide to the Sexual Assault & Domestic Violence Center, STEAC and the Yolo Family Service Agency.**

4. Describe how you can lower the percentage of CDBG funding attributed to personnel and increase funding attributed to services to your CDBG beneficiaries. In your response, describe how increasing the percentage of any CDBG funding toward services would affect all other funding sources for your CDBG project.

**Approximately 85% of the cost of providing health care services is personnel expenses. The remaining 15% consists of operating expenses including supplies, medications, lab tests, rent, insurance, and overhead. Supporting personnel in health care is supporting services. The services provided by our physicians, dentists and mid-level practitioners is direct service. CommuniCare's funding request is only for direct service – part of the salary and benefits of a mid-level practitioner and a dentist at the Davis Community Clinic.**

5. Yolo County has prioritized funding for the Children's Health Initiative (\$625,000 per year to fund universal health coverage and health insurance outreach) from Prop. 10 dollars. How is CommuniCare involved with or benefiting from this funding?

**CommuniCare is a provider for the Healthy Kids insurance program. We accept that coverage. In addition, CommuniCare staff is involved in the enrollment of children into the program. CommuniCare has been involved with the Children's Health Initiative since its inception. CommuniCare's Executive Director is a member of the Children's Health Initiative Steering Committee, our Medical Director is on the Quality Assurance Subcommittee for the Healthy Kids program, and our Director of Information Systems is a member of the Health Insurance Coordinating Committee. CommuniCare has successfully enrolled children into the program and has provided care for children with Healthy Kids coverage.**

6. Are any of your patients/clients at DCC non-residents of Davis? If so, how many are not Davis residents?

**Approximately 25% of our clients at the Davis Community Clinic are not residents of Davis. However, when we report the number of medical and dental visits provided to CDBG eligible beneficiaries, we report only those visits that are to Davis residents.**