

CITY OF DAVIS
2009 - 2010 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION

Organization Name: CommuniCare Health Centers

Street Address: 2051 John Jones Road, Davis, CA 95616
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Contact: Robin Affrime Address: P.O. Box 1260, Davis, CA 95617 Phone: (530) 753-3498, ext 1205
(Be sure to list the **best contact** to get information to the organization as quickly as possible.)

2nd Contact: John Bonner Phone: (530) 753-3498 ext 1203 e-mail: johnb@communicarehc.org

Total Proposal Request: \$ 23,000

(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) Direct Services - Health Care: Basic Healthcare for Uninsured Youth & Families
- 2) _____
- 3) _____

PUBLIC SERVICE

NON-PUBLIC SERVICE

Beneficiary Information:

6211 Total number of beneficiaries in program
550 Number of beneficiaries in program to be served with **CDBG** funds
100% Percentage of the **CDBG** beneficiaries with low/moderate income
\$41.82 Cost (\$) per **CDBG** beneficiary (CDBG Request/CDBG Beneficiaries)

PROJECT NARRATIVE

a. Need

This proposal supports the identified Critical Need of Direct Services Health Care. CommuniCare Health Centers is requesting CDBG funding to support continuing provision of primary medical and dental care at Davis Community Clinic for low income, uninsured youth and families residing in Davis. The Davis Community Clinic has been providing cost-effective, high-quality health care services to the culturally diverse, low income, uninsured and underinsured residents of Davis for over 36 years. Founded in 1972 as the Davis Free Clinic, Davis Community Clinic today is one of five CommuniCare clinic locations in communities throughout Yolo County. Davis Community Clinic is the clinic of last resort for families and individuals residing in Davis and the surrounding rural area who are without health coverage and without the resources to pay for care. The annual income of nearly all of these families falls well short of being able to pay out of pocket for the full cost of care, or to be able to afford the cost of private medical and dental insurance for themselves and family members. Because no one is turned away from care based on their inability to pay for services, much of the care we provide for our patients is uncompensated and we continually seek funding from public and private sources in order to continue providing the quantity and quality of services upon which our patients depend.

97% of all patients seen at Davis Community Clinic (DCC) come from low and very low-income families living at or below 200% of the poverty level. Last year 2,232 Davis residents ages 6 and older from families with incomes below 200% of the federal poverty level came to DCC for primary medical care. Of the 4,673 visits provided for these patients, 35% were provided without the patient having any form of health coverage. Last year, 602 Davis residents ages 6 and older from families with incomes below 200% of the federal poverty level came to DCC for dental care. Of the 1,538 dental visits provided for these patients, nearly 24% were not covered by any form of health coverage.

The total number of visits provided for uninsured Davis residents ages 6 and older accounted for over 21% of all primary medical and dental care visits at DCC last year. Typically, a fraction of the cost is recovered by collecting sliding-scale payments from patients at the time of the visit or by drawing upon allocated funding from California state programs such as EAPC (Expanded Access to Primary Care) and the Seasonal Agricultural & Migratory Workers program. These are state funded programs that DCC relies upon for maintaining access to care for our underserved and uninsured populations. But even these resources are diminishing at a time when need for providing care for the uninsured is significantly increasing.

Rising unemployment and the persistent economic downturn are dramatically impacting the ranks of uninsured families in our community. It is estimated that the number of uninsured grows at a factor of 1.6 for every 1% increase in the rate of unemployment – and unemployment in Yolo County has risen from 7.9% to 9.8% in the past three months through December, 2008. In addition, the economic downturn is squeezing health coverage benefits out of the budget for many local businesses. Many employers are requiring increased payroll contributions from employees towards their personal coverage and dropping coverage for employees' family members. Budget reductions handed down at the county level and proposed cuts to health care funding at the state level also continue to threaten programs that provide medical and dental coverage for low income residents. In Yolo County, the Children's Health Initiative has guaranteed children up through age 5 are enrolled in a health coverage program. However, for children ages 6 to 18, coverage is as yet not fully guaranteed. In October of this year, Yolo County decreased funding for YCHIP (Yolo County Healthcare for Indigents program) and cut in half the previous amount of funding for primary care and dental visits for the medically indigent. The governor of California is currently proposing reductions and enrollment changes in the Medi-Cal program to balance the state budget that will constrict eligibility for Medi-Cal benefits, eliminate coverage for some services, and significantly add to the numbers of uninsured. These proposed reductions and cuts in coverage will impact Davis Community Clinic with a continuing and increasing number of uncompensated visits provided for uninsured patients.

There continues to be inadequate access to dental care in Yolo County for those without coverage and without the ability to pay for services. Many of the children and adults seeking dental care at DCC have infrequently, if ever, been seen by any dentist and often seek dental care only when already in pain and

presenting with multiple dental problems. Many dentists limit the overall number of children served in their private practices, and the spaces that are available usually fill with those covered by private insurance. Furthermore, the governor's current budget proposal threatens access by recommending cuts that will eliminate adult dental care coverage (Denti-Cal) for Medi-Cal patients. Additionally, the governor has proposed raiding the state's First 5 program funds to close the state's budget deficit. This would negatively impact access to dental care for the underserved in Yolo County. CommuniCare this past year expanded access to dental care at DCC for young children and pregnant women based on obtaining multi-year grant funding support from First 5 Yolo. This recent expansion of dental services will be threatened if the governor's proposal to raid First 5 funds is adopted.

CommuniCare provides the services of a Certified Application Assistant at the clinic to assist patients in applying for state and local health coverage programs. Although CommuniCare works hard to qualify every patient for coverage, some patients simply do not meet eligibility for any of the available programs, and some end up dropped from a program because they cannot afford to maintain required minimum premium payments. It is CommuniCare's policy that no one is ever denied service based on their inability to pay, however the cost of continuing to provide care that is uncompensated is a serious financial threat. CommuniCare has been successful in reducing overhead expenses agency-wide through cost-saving cuts and reductions in expenditures for administration, facilities, pharmacy and support staff, while continuing to invest in retaining high-quality professional provider staff. In facing these difficult financial times, we have trimmed our operating budget as much as possible without compromising on quantity and quality of care. Therefore, we depend on funding from the City of Davis Community Development Block Grant Program as our last resort for maintaining access to care for uninsured families and for providing services that are otherwise uncompensated.

CDBG funding has been invaluable over the years in promoting the health of our community and helping to maintain critical access to care for Davis youth and families who had nowhere else to turn and might otherwise have gone without the care they need. CommuniCare has consistently met all scope of service objectives at DCC for the number of beneficiaries served with CDBG funds. In our most recent CDBG report (up through 6 months of the current program funding), we show provision of services covering 64% of our 2008-2009 goal for primary medical care visits, and covering 62% of our goal for dental visits. We project provision of services for both primary medical visits and dental visits well above 100% of our goal by the final report at twelve months.

b. Benefit

This program meets the identified critical need of Direct Services Health Care. This program will improve the health of the community by providing basic healthcare for low income, uninsured Davis families and youth ages 6 and older at a minimum of 250 visits for primary medical care and a minimum of 300 visits for dental care. All of the families accessing healthcare at Davis Community Clinic are within the low and moderate-income guidelines. 91% of families accessing services funded by CDBG have incomes at or below 50% of median. An additional 6% have incomes at or lower than 60% of median, and the remaining 3% have incomes at or below 80% of median. All patients receiving primary medical and dental services through CDBG funding are low income, uninsured Davis residents.

c. Other Resources and Collaboration

The Davis Community Clinic has a Certified Application Assistant screening all uninsured patients for eligibility and enrollment into coverage programs for which they may qualify (including Medi-Cal, YCHIP, Healthy Families Program and Healthy Kids Program). Child Health and Disability Program (CHDP) is a state program reimbursing well-child exams but not covering pediatric sick care for uninsured, low-income families.

The state's Expanded Access to Primary Care (EAPC) program is another source of funding for primary medical and dental care services for patients without any health care coverage and whose family income is below 200% of the federal poverty level. The amount of the state's EAPC funding is budgeted each fiscal year and the state has decreased EAPC funding steadily each of the past few years, with a 15% cut in funding in the past year alone. EAPC funds are now exhausted around the middle of our fiscal year, leaving

half of the visits for very low income, uninsured youths and adult family members completely uncompensated. Patients without any health coverage and unable to qualify for programs are asked to self-pay according to a sliding fee scale, but none are really able to pay more than a small fraction of the cost of their care, if any at all. However, these small contributions remain an important source of funding and critical to balancing CommuniCare's operating budget.

Community fundraising is also critical for maintaining the level of services offered at our clinics. CommuniCare is fortunate to have strong support from our local community. On average, more than \$200,000 is raised locally each year through a combination of mail appeals, service club donations, individual gifts in support of our programs and services, and donated items such as medical and dental equipment, infant clothing and baby blankets.

Volunteers are essential to maintaining the quality of care and the cost effectiveness of clinic operations. Last year, more than 330 volunteers donated time to provide services to CommuniCare clients. This includes 39 physicians, 6 dentists, an optometrist, a psychologist, interns and medical students. The value of these volunteers' time is estimated at over \$450,000.

This past October, the Yolo County Board of Supervisors ended The Yolo Health Alliance (YHA), an integrated public/private collaboration between CommuniCare Health Centers, Yolo County Health Department, Sutter Davis Hospital and Sutter West Medical Group that for 15 years provided high quality and efficient health care services for Yolo County's medically indigent population — individuals and families who would otherwise fall through the cracks of the health care system. Under the new indigent healthcare program administered by Yolo County, Davis Community Clinic continues in its role as the "front door" safety net provider of primary health care for the low-income and uninsured residents of the Davis area, although the county's funding support for these services has significantly diminished to about one-half of its previous level of support. DCC continues to be the only provider of primary medical and dental care in our community to treat patients regardless of their ability to pay.

d. Organizational Capacity

For over 36 years, Davis Community Clinic has been a part of the fabric of the Davis community, expanding and evolving to continually meet the needs of the community we serve. CommuniCare has been able to grow and respond effectively to the needs of our patients due to stable and responsible fiscal leadership and long-term objectives for programs meeting the needs of the community. This has been of particular importance in the current environment where healthcare coverage for the underserved is politically volatile. By diversifying revenue sources to include public moneys from federal, state, county, and local governments, as well as foundation grants, donations from local and regional businesses, and support from individual community members, we have ensured CommuniCare's fiscal viability over time.

Davis Community Clinic helps meet the unique needs of working families by providing evening clinic hours. 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 or other family members to see the physician or dentist. CommuniCare emphasizes provision of respectful care that is culturally competent, and our clinic staff is as culturally diverse as the patients we serve. CommuniCare remains faithful to its founding mission of providing high-quality health care to those in need, and continues to stress preventive care and health education in all its programs.

CommuniCare is governed by a volunteer Board of Directors (attached) that meets monthly, and is significant in requiring a majority of its members to be patients of CommuniCare's services. Other members of the Board include health care professionals, local business professionals, service providers and community volunteers. All Board members are either residents or have businesses within the local communities. Administrative policies and financial records are audited annually by an independent CPA. No audit exceptions were reported for the fiscal year ending June 30, 2008. Objectives for all of the previous CDBG funding awards have been met without exception. CommuniCare has an experienced administrative staff working under the direction of Executive Director Robin Affrime, and Chief Financial Officer Sherry Cauchois. Robin and Sherry have each been with the agency for over 20 years.

SCOPE OF SERVICES

a. **Project Description** (Activity Summary: Describe the activities of the proposed budget)

Primary medical care: CommuniCare requests CDBG funds to provide 250 patient visits for primary medical care to low income, uninsured youths and families that are residents of Davis. Services will include treatment for illnesses; management of chronic diseases including diabetes, hypertension and asthma; dispensary, preventive health education; referrals for necessary specialty care; and assistance with psychosocial needs. CDBG funds will be used to maintain current staffing of mid-level practitioner hours at Davis Community Clinic.

Dental care: CommuniCare requests CDBG funds to provide 300 dental visits to low income, uninsured youths and families that are residents of Davis. Services will include diagnostic exams, x-rays, treatment of dental caries (tooth decay), root canals, sealants, emergency care, referrals, preventive care, and other treatment as required. CDBG funds will be used to maintain the staffing of dentist hours at Davis Community Clinic.

Continue staff availability for primary medical care and dental care: 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. CDBG funding will support \$41.82 of the cost per visit. This includes all related expenses for medical and dental providers and support staff, medical records, and supplies required for provision of service. Comparable costs through a private physician or dental office are 3 to 6 times higher.

Provide outreach through meetings, school personnel and other community outreach: CommuniCare staff members will continue to attend a number of community advisory groups that meet regularly to share information relating to access to health care. In addition, staff will maintain regular communications with school nurses, county public health nurses and offer health education and outreach in schools.

CDBG funding is expended on a per visit basis, and 100% of the funding is used for its specified purpose. CDBG funds are used only for patients who fit the following guidelines: the patient lives in Davis; the family meets the income eligibility; the family has no other health coverage; and the patient is receiving either primary medical care or dental care at the Davis Community Clinic.

b. **Target Group**

CDBG funding is reserved for low-income, uninsured youth and families that are residents of Davis and are receiving primary medical care and/or dental care at the Davis Community Clinic. Quarterly reports will document the progress made toward meeting the program objectives of providing 250 primary medical care visits and 300 dental visits. All 550 visits provided will be provided to youth and families meeting the CDBG definition of low and low/moderate income. Approximately 350 Davis households will benefit from the program.

c. **Outreach**

CommuniCare staff regularly attends community meetings that are pertinent to our services and patient population. Members of CommuniCare staff serve actively on many area health, dental, and youth-related advisory boards such as: Yolo County Children's Alliance; Yolo County Health Council; Yolo County Immunization Coalition; First 5 Yolo Family Focus Forum; Shots for Tots Regional Coalition; the Maternal, Child, and Adolescent Health Advisory Board; head Start Health Advisory Council; and Children's Dental Disease Prevention Program Advisory Board. CommuniCare works with Yolo County Health Department Sutter Davis Hospital, Sutter West Medical Group, Woodland Healthcare and specialist physicians to provide health care for the county's indigent population. CommuniCare's outreach programs work with families in the community to provide education about available services and link them to care. CommuniCare's Smile Savers Program provides dental outreach and education to preschool and elementary school students throughout Yolo County as well as provides referrals to our dental clinics for children requiring dental treatment. CommuniCare staff also coordinates with Yolo County public health nurses and the school nurses in all of the schools throughout the county.

PERFORMANCE SCHEDULE

Work Plan (Identify activities and completion dates)

<u>List Activity</u>	<u>Completion Date</u>
• Continue staff availability for primary care visits; including provider staff, medical assistant staff, and supporting staff.	July 1, 2009- June 30, 2010
• Continue dental program staff availability for dental care visits.	July 1, 2009- June 30, 2010
• Provide outreach through meetings, school personnel, and other community outreach.	June 30, 2010
• Provide 250 primary medical care visits to low/moderate income Davis residents who are without other health coverage.	June 30, 2010
• Provide 300 dental visits to low/moderate income Davis residents who are without other dental coverage.	June 30, 2010

PERFORMANCE MEASUREMENTS

ACTIVITY (What the program does to fulfill its mission)	INDICATOR (The direct products of program activities) Service #s	OUTCOME (Benefits that result from the program)
1. Continue staffing to support access for primary medical care visits; including a Medical Director, provider staff, medical assistant staff, clinic support and other staff.	Continued staffing at DCC of at least two Physician Assistant positions and one Family Practice physician. Continue staffing of bilingual medical assistants, case manager, volunteer providers, health educators, clinic support staff and administrative staff.	Primary medical care services continue to be available at DCC Monday through Friday, with both daytime and evening hours available to accommodate working parents.
2. Continue staffing dental program to support access for dental care visits; including a Dental Director, dentists, dental assistants, dental hygienists, program assistants and other supporting staff.	Continued staffing of Dental Program team at DCC of at least two dentists, volunteer dentists, two dental hygienists, three registered dental assistants, student dental interns, dental program assistants and administrative support staff.	Dental services continue to be available at DCC two days per week and an average of one evening per week, plus one additional day every other week. Emergency cases will continue to be seen on a walk-in basis with same day availability.

<p>3. Provide outreach through meetings, school personnel, and other community outreach.</p>	<p>Attendance by CommuniCare staff at community advisory group meetings that relate to family health care and youth issues; continuing communications with local school nurses and county public health nurses; continuing Smile Saver dental outreach program in local schools.</p>	<p>Local community advisory groups, school nurses and public health nurses will be kept advised of CommuniCare services and will refer children needing services to the Davis Community Clinic.</p>
<p>4. Provide 250 primary medical care visits to low/moderate income Davis residents who are without other health coverage.</p>	<p>Billing records will record number and type of all patient visits. Patient information will detail residency, income and coverage.</p>	<p>Health of families of at least 250 patients will be improved by having access to primary medical services.</p>
<p>5. Provide 300 dental visits to low/moderate income Davis residents who are without other dental coverage.</p>	<p>Billing records will record number and type of all patient visits. Patient information will detail residency, income and coverage.</p>	<p>At least 300 patients will have improved oral health and family members will receive oral health education.</p>

**CommuniCare Health Centers
Davis Community Clinic
Medical & Dental Services
Annual Budget
Beginning July 1, 2008 Ending June 30, 2009**

Revenue

Federal 330 Grant	\$203,834
Medi-Cal.....	332,353*
Medicare.....	37,000
Client Fees	234,840
State of California Oral Health.....	36,000
State of California Ag. Workers	116,000
State of California EAPC	160,000
State of California Family Pact.....	117,000
Partnership Health Plan	129,626
Healthy Families Program	20,000
Yolo Health Alliance Dental.....	10,000
Yolo County YCHIP.....	198,000
Yolo County Pediatric IZ	25,000
Migrant Ed.....	2,000
Head Start	1,000
Blue Shield Foundation	40,000
Kaiser Foundation	75,000
Susan G. Komen Foundation.....	50,000
Redwood Community Health Foundation.....	5,200
March of Dimes	2,000
Yolo Dental Health Foundation	2,000
City of Davis CDBG.....	21,000
Catholic Healthcare West.....	25,000
River City Bank Foundation.....	5,000
UCD School of Medicine	16,380
<u>First 5 Yolo.....</u>	<u>80,965</u>

Total Revenue.....\$1,945,198*

Expenditures

Salaries, Professional Fees & Benefits	\$1,693,636
Insurance	13,500
IT Services	47,277
Facility Costs.....	43,413
Office Supplies	23,635
Medical and Dental Supplies.....	66,364
Pharmacy	55,372
Lab Expenses	38,400
Staff Training.....	2,500
Annual Audit.....	3,100
<u>Licenses, Fees.....</u>	<u>3,000</u>

Total Expenses.....\$1,990,197

Deficit**(\$44,999*)**

**CommuniCare Health Centers
Davis Community Clinic
Medical & Dental Services
Projected Annual Budget
Beginning July 1, 2009 Ending June 30, 2010**

Revenue

Federal 330 Grant	\$203,834
Medi-Cal.....	332,353*
Medicare	40,000
Client Fees	246,582
State of California Oral Health.....	36,575
State of California Ag. Workers	106,589
State of California EAPC	267,638
State of California Family Pact.....	117,000
Partnership Health Plan	129,626
Healthy Families.....	29,651
Yolo Health Alliance Dental.....	10,000
Yolo County YCHIP.....	198,000
Yolo County Peds IZ	25,000
Migrant Ed.....	1,000
Head Start.....	1,000
Kaiser Foundation	50,000
Blue Shield Foundation	40,000
Susan G. Komen Foundation.....	50,000
Yolo Dental Health Foundation	2,000
<u>City of Davis CDBG.....</u>	<u>23,000</u>

Total Revenue \$1,909,848*

Expenditures

Salaries, Professional Fees & Benefits	\$1,700,000
Insurance	13,500
IT Services	47,000
Facility Costs.....	45,000
Office Supplies	25,000
Medical and Dental Supplies.....	60,000
Pharmacy	55,000
Lab Expenses	20,000
Staff Training.....	2,500
Annual Audit.....	3,100
<u>Licenses, Fees</u>	<u>3,000</u>

Total Expenses \$1,974,100

Deficit (\$64,252*)

* This projected budget does not reflect the Governor's proposed cuts to Medi-Cal (reducing or eliminating Denti-Cal Adult Dental Care benefits) which will have a significant negative impact on the budget.

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

BUDGET SUMMARY FOR PROPOSED PROJECT*

Budget Category	Proposed Project “CDBG Portion”	Other Sources	Total
A. Salaries and Wages	\$18,400.	\$207,288.	\$225,688.
B. Fringe Benefits (@ 25%)	4,600	51,822.	56,422.
C. Consultant/Contract Services	-0-	-0-	-0-
<i>TOTAL PERSONNEL BUDGET</i>	\$23,000	\$259,110.	\$282,110.
D. Facility Costs	-0-	\$18,000.	\$18,000.
E. Insurance	-0-	3,000.	3,000.
F. Information Technology Services	-0-	9,000.	9,000.
G. Office Supplies	-0-	3,800.	3,800.
H. Medical and Dental Supplies	-0-	11,500.	11,500.
I. Pharmacy	-0-	13,500.	13,500.
J. Lab Expenses	-0-	8,000.	8,000.
K. Licenses, Fees	-0-	2,100.	2,100.
K. Other (Staff Training, Annual Audit)	-0-	2,000.	2,000.
<i>TOTAL NON-PERSONNEL BUDGET</i>	\$0	\$70,900.	\$70,900.
TOTAL PROJECT BUDGET	\$23,000	\$330,010	\$353,010

* Please revise this form and annotate budget items as needed

NEW REQUIREMENTS: All applicants are requested to submit a copy of their organization’s Operating Budget.



*Promoting
Healthy
Communities
in the Yolo
Region for
Over 35 Years*

**CommuniCare Health Centers,
Administration**

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(530) 757-4667 Dental

**CommuniCare Health Centers,
Esparto Dental**

16827 Fremont Avenue
Esparto CA 95627
(530) 787-4972

**CommuniCare Health Centers,
John H. Jones Community Clinic**

500B Jefferson Blvd., #195
West Sacramento CA 95605
(916) 403-2970

**CommuniCare Health Centers,
John H. Jones Community Clinic**

804 Court Street
Woodland CA 95695
(530) 668-2400

**CommuniCare Health Centers,
Peterson Clinic**

8 North Cottonwood Street
Woodland CA 95695
(530) 666-8960 Medical
(530) 666-8954 Dental

**CommuniCare Health Centers,
Salud Clinic**

500B Jefferson Blvd., #180
West Sacramento CA 95605
(916) 403-2900 Medical
(916) 403-2960 Dental

2008-2009 Board of Directors

Chris Serdahl, MD, President Davis, CA	<i>Ophthalmologist</i>
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Steven Whalen Davis, CA	<i>Engineering Manager</i>
Marilyn Wirth Woodland, CA	<i>Community Volunteer</i>
