

CITY OF DAVIS
2010-2011 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION

Organization Name: CommuniCare Health Centers

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

Total Proposal Request: \$ 25,000

(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 and families
- 2) _____
- 3) _____

PUBLIC SERVICE

NON-PUBLIC SERVICE

Beneficiary Information:

8,681 Total number of beneficiaries in program
600 Number of beneficiaries in program to be served with **CDBG** funds
100% Percentage of the **CDBG** beneficiaries with low/moderate income
\$41.66 Cost (\$) per **CDBG** beneficiary (CDBG Request/CDBG Beneficiaries)

PROJECT NARRATIVE

a. Need

There continues to be a growing need to provide access to health care for uninsured youth and families residing in Davis. CommuniCare Health Centers' Davis Community Clinic is the only provider of primary medical and dental care in our community to treat patients regardless of whether they have health coverage or are able to pay for care. In this past year, we have seen an increasing number of patients who have lost their health coverage coming into Davis Community Clinic for care. Unemployment is having a direct impact on the growing 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 9.8% in December 2008 to 13.7% in December 2009. In addition, the persistent economic downturn is squeezing employee health coverage benefits out of the budget of many local businesses. Many employers are requiring increased payroll contributions from employees towards their personal coverage, eliminating health coverage benefits for employees' family members, or eliminating health care benefits altogether. As more people are losing their health coverage, the need for the services provided at Davis Community Clinic continues to grow.

At the same time, there is a continuing and growing need to find funding to support adequate access to health care services for the uninsured. CommuniCare, like every other community clinic organization throughout the state of California, has had to absorb massive budget cuts made to health care programs that have traditionally ensured funding to care for the uninsured. In the state budget passed for the current fiscal year, two of the state programs that provided funding for primary care services for uninsured patients were eliminated. A third program, Expanded Access to Primary Care (EAPC), was cut by 65%. As a result of these budget cuts, CommuniCare has experienced a total loss of 82% of the funding that previously supported primary care services for the uninsured. In addition, all adult patients with Medi-Cal coverage had their dental benefit eliminated when the state cut Medi-Cal optional benefits in July. This has resulted in an increase in the number of adult dental patients who now have no coverage for dental services. Budget cuts at the county level have also added to the increase in uninsured patients. This past year, Yolo County further decreased funding for the Yolo County Healthcare for Indigents program (YCHIP) which provides medical and dental coverage for the county's medically indigent population. The cut in funding resulted in decreasing by half the number of people covered by the program and changed eligibility to eliminate undocumented residents from YCHIP coverage. These people are still our patients and we continue to provide services even though they are now uninsured.

For over 38 years, CommuniCare's mission has remained "to provide high quality health care to those in need" and our clinics do not turn anyone away from care based on their inability to pay for services. Because of this, much of the care we provide at Davis Community Clinic for uninsured patients is uncompensated. Typically, a fraction of the cost of the care we provide is recovered by collecting sliding-scale payments from patients at the time of the visit. In the past, we have been able to draw upon allocated funding from California state programs such as the Seasonal Agricultural & Migratory Workers program, Rural Health program and EAPC to help make up another portion of the cost of providing care for the uninsured, but even those sources were usually exhausted within the first six months of the fiscal year. With the 82% cut in funding previously supplied by those programs, there is a need for Davis Community Clinic to find other ways to balance the budget in order to continue providing the same level of access to primary medical and dental care for the uninsured.

Without access to primary medical care at Davis Community Clinic, most of the uninsured youth and families residing in Davis would be forced to seek primary care in the Emergency Room of our local hospitals. This would be a disastrous situation that would fill ER waiting rooms with non-emergency cases, compromise response for emergency care, and negatively impact the overall cost of care for everyone in the community. Without access to dental care at Davis Community Clinic, the uninsured would be forced to go without adequate care. 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. With elimination of adult dental benefits for Medi-Cal patients, there are virtually no dental services available for those without private insurance or the ability to pay for services up-front.

In order to maximize every opportunity for reimbursing the cost of care we provide, Davis Community Clinic has a Client Benefits Advocate stationed at the clinic to assist patients in applying for state and local health coverage programs for which they may be eligible. 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. Organization-wide, CommuniCare has successfully reduced overhead expenses 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 been proactive in trimming our operating budget as much as possible without compromising on the quantity and quality of care we provide. Therefore, we depend on funding from the City of Davis Community Development Block Grant Program as a last resort funding source to help maintain access to care for uninsured youth and families in Davis, and for continuing to provide services that are otherwise uncompensated.

City of Davis CDBG funding has been invaluable over the years in maintaining 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 already show provision of services covering over 200% of our 2009-2010 goal for primary medical care visits, and covering over 90% of our goal for dental visits. We project provision of services for both primary medical visits and dental visits well above our goal by the final report at twelve months.

b. Benefit

This program meets the identified critical need of Direct Services - Health Care in providing basic healthcare for uninsured youth and families. Last year, Davis Community Clinic provided over 8,000 visits for primary medical care and dental care to Davis residents whose family incomes met the CDBG guidelines for extremely low and low/moderate income. This program will improve the health of the community by providing a minimum of 300 visits for primary medical care and a minimum of 300 visits for dental care for the identified target population of CDBG-eligible individuals. All patients receiving primary medical and dental services supported by CDBG funding are low income, uninsured Davis residents. The annual income of all of the 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.

c. Other Resources and Collaboration

The Davis Community Clinic has a Client Benefits Advocate screening all uninsured patients for eligibility for health coverage programs (including Medi-Cal, YCHIP, Healthy Families Program and Healthy Kids Program) and assisting them in applying for those programs for which they qualify. 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. Patients who do not qualify for health coverage 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 critical for maintaining the level of services offered at our clinics. We are fortunate to have strong local support, raising an average of more than \$200,000 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 among all of our clinic sites, 235 volunteers donated time to provide services for our clients. This included 37 physicians, 8 dentists, 2 optometrists, a psychologist, a pharmacist, interns and medical students.

The value of these volunteers' time is estimated at over \$313,000.

d. Organizational Capacity

Davis Community Clinic continues to be the only provider of primary medical and dental care in our community to treat patients regardless of whether they have health coverage or are able to pay for care. Since starting out in 1972 as the Davis Free Clinic, 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 have been able to grow and respond effectively due to stable and responsible fiscal leadership and long-term planning to sustain our health care programs. 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 (see attached list). A majority of our Board members are consumers of CommuniCare's services, as required by federal guidelines. 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. Financial statements are audited annually by an independent CPA. No audit exceptions were reported for the fiscal year ending June 30, 2009. 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 Chief Executive Officer Robin Affrime, and Chief Financial Officer Sherry Cauchois. Robin and Sherry have each been with the agency for over 25 years.

SCOPE OF SERVICES

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

- Continue current level of provider staffing at Davis Community Clinic for primary medical care: CDBG funds will be used to maintain current staffing of mid-level practitioner hours at Davis Community Clinic to provide primary medical care for uninsured Davis youth and families. By helping to maintain current staffing of mid-level practitioner hours at Davis Community Clinic, CDBG funds help to maintain access to care for a minimum of 300 primary care visits per year for CDBG-eligible clients. Without CDBG support, the availability of services would be reduced and access to care for uninsured patients would be inadequate to meet community need.
- Continue current level of provider staffing at Davis Community Clinic for dental care: CDBG funds will be used to maintain current staffing of dentist hours at Davis Community Clinic to provide dental care for uninsured Davis youth and families. By helping to maintain current staffing of dentist hours at Davis Community Clinic, CDBG funds help to maintain access to care for a minimum of 300 dental visits per year for CDBG-eligible clients. Without CDBG support, the availability of services would be reduced and access to care for uninsured patients would be inadequate to meet community need.
- Continue to provide 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 for the target population of Davis residents. In addition, staff will continue to work with other local non-profit service agencies, county agencies and local schools to publicize and coordinate services and facilitate referrals.

CDBG funding is expended on a per visit basis, and 100% of the funding is used for its specified

purpose of providing direct patient services. CDBG funding is reserved for covering the cost of care for the 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.

We chose 600 patient visits to be served by this proposal because it is a reasonable objective given the amount of CDBG funding requested. This works out to \$41.66 per patient visit for the proposed services as calculated by the formula on the cover page: (CDBG request/CDBG beneficiaries). CDBG funding of \$41.66 per visit represents a portion of our total cost for providing care, which includes all related expenses for medical and dental providers and support staff, medical records, and supplies required for provision of service. Again, the cost per CDBG beneficiary is only a portion of our total cost for providing a patient visit, which averages \$120 per visit. Comparable costs of services through a private physician or dental office are up to 3 times higher or more.

b. Target Group

CDBG funds are used only for patients who fit the following guidelines: the patient lives in Davis; the family meets the income eligibility guidelines; the patient has no other health coverage; and the patient is receiving either primary medical care or dental care at the Davis Community Clinic. The 600 patient visits we are requesting City of Davis CDBG to help fund represent a small percentage of the total patient visits provided at Davis Community Clinic. This year we project 8,681 patient visits out of a total of 17,899 visits provided at Davis Community Clinic will be primary medical care and dental care visits provided to Davis residents whose family incomes fall within 60% of the CDBG median (or “low/moderate income”) and who would be deemed CDGB-eligible based on the income guidelines. In fact, we estimate over 82% of those visits will be provided for families with incomes at or below 100% of the federal poverty level (closely approximating the CDBG 30% of median guideline for “extremely low income”).

Quarterly reports will document the progress made toward meeting the program objectives of providing 300 primary medical care visits and 300 dental visits. All 600 visits provided will be provided to youth and families meeting the CDBG definition of extremely low, low and low/moderate income. We estimate approximately 400-450 Davis households will benefit from the program.

c. Outreach

CommuniCare staff regularly attends community meetings pertinent to our services and patient population. Members of CommuniCare staff serve actively on many area health, dental, and youth-related advisory boards such including the Yolo County Children’s Alliance, Yolo County Health Council, and Yolo County Maternal, Child, and Adolescent Health Advisory Board, among others. CommuniCare works with Yolo County Health Department, Sutter Davis Hospital, Sutter West Medical Group, Woodland Healthcare, Kaiser Permanente, and UC Davis Med Center to provide health care services and specialty 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 students and parents at the Davis Preschool Center as well as provides special Saturday dental screenings and referrals for children in need of dental care. CommuniCare staff also coordinates with Yolo County public health nurses and school nurses to provide additional outreach to potential patients.

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, 2010- June 30, 2011
• Continue dental program staff availability for dental care visits.	July 1, 2010- June 30, 2011
• Continue to provide community outreach.	July 1, 2010- June 30, 2011
• Provide 300 primary medical care visits to low/moderate income Davis residents who are without other health coverage.	June 30, 2011
• Provide 300 dental visits to low/moderate income Davis residents who are without other dental coverage.	June 30, 2011

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 provider staff, medical assistant staff, clinic support and other staff.	Staffing of clinics at the Davis Community Clinic continues with bilingual staff including a physician, three physician assistants and volunteer pediatricians. Support is provided by bilingual medical assistants, referral assistants, health educators, medical records clerks, and clinic manager.	Medical services are available Monday-Friday, with both daytime and evening hours to accommodate working parents. Sick visits can be accommodated on a same day basis.
2. Continue staffing dental program to support access for dental care visits; including dentists, dental assistants, dental hygienists, program assistants and other supporting staff.	Staffing of the dental program at the Davis Community Clinic continues with five dentists, 10 volunteer dentists, one dental hygienist, six dental assistants, student interns and administrative staff.	Dental services are available four days a week and one evening per week. Emergency cases are seen on a walk-in basis with same day availability.
3. Continue to provide community outreach.	CommuniCare Health Centers staff continues to attend numerous community advisory groups that meet regularly to	Local community advisory groups, school nurses and public health nurses are kept informed of CommuniCare services and refer

	share information regarding access to health care. In addition, staff communicates with school nurses and county public health nurses on a regular basis to update them on services. Our Smile Savers program continues to provide dental outreach in local schools.	Davis residents needing medical and/or dental services to the Davis Community Clinic.
4. Provide 300 primary medical care visits to low/moderate income Davis residents who are without health coverage.	Billing records will record number and type of all patient visits. Patient information will detail residency, income and coverage.	Health of families of at least 300 patients will be improved by having access to primary medical services.
5. Provide 300 dental visits to low/moderate income Davis residents who are without dental coverage.	Billing records will record number and type of all patient visits. Patient information will detail residency, income and coverage.	At least 300 patients will have improved oral health and family members will receive oral health education.

**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	\$20,000.	\$216,972.	\$236,972.
B. Fringe Benefits (@ 25%)	5,000	54,243.	59,243.
C. Consultant/Contract Services	-0-	-0-	-0-
<i>TOTAL PERSONNEL BUDGET</i>	\$23,000	\$271,215.	\$296,215.
D. Facility Costs	-0-	\$25,000.	\$25,000.
E. Insurance	-0-	3,000.	3,000.
F. Information Technology Services	-0-	14,400.	14,400.
G. Office Supplies	-0-	5,000.	5,000.
H. Medical and Dental Supplies	-0-	13,000.	13,000.
I. Pharmacy	-0-	15,000.	15,000.
J. Lab Expenses	-0-	8,000.	8,000.
K. Licenses, Fees	-0-	5,000.	5,000.
K. Other (Staff Training, Annual Audit)	-0-	4,000.	4,000.
<i>TOTAL NON-PERSONNEL BUDGET</i>	\$0	\$92,400.	\$92,400.
TOTAL PROJECT BUDGET	\$25,000	\$363,615	\$388,615

*** 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.

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

Revenue

Federal 330 Grant	\$204,962
Federal Stimulus Funds	23,447
Medi-Cal	642,688
Medicare	37,827
First 5 Yolo	69,399
Client Fees	278,150
State of California Oral Health.....	0
State of California Ag. Workers	0
State of California Rural Health.....	0
State of California EAPC	105,395
State of California Family Pact.....	110,870
Partnership Health Plan Medi-Cal	206,657
Healthy Families.....	15,500
Yolo Health Alliance Dental.....	0
Yolo County YCHIP.....	81,492
Yolo County Peds IZ	0
Migrant Ed.....	1,000
Head Start.....	1,000
Kaiser Foundation	50,000
Blue Shield Foundation	40,000
Sutter Davis Hospital Community Benefit.....	200,000
UCD School Of Medicine	50,000
Yolo Dental Health Foundation	1,000
City of Davis CDBG.....	23,000
Total Revenue	\$2,142,387

Expenditures

Salaries, Professional Fees & Benefits	\$1,670,236
Insurance	14,169
IT Services	43,360
Facility Costs.....	132,025
Office Supplies	29,832
Medical and Dental Supplies.....	43,937
Pharmacy	156,000
Lab Expenses	25,000
Staff Training.....	6,747
Annual Audit.....	7,000
Licenses, Fees	12,081
Total Expenses	\$2,140,387
Net Income	\$2,000

**CommuniCare Health Centers
 Davis Community Clinic
 Medical & Dental Services
Projected Annual Budget
 Beginning July 1, 2010 Ending June 30, 2011**

Revenue

Federal 330 Grant	\$207,990
Federal Stimulus Funds.....	28,000
Medi-Cal.....	712,641
Medicare.....	37,000
First 5 Yolo.....	70,000
Client Fees	285,340
State of California Oral Health.....	0
State of California Ag. Workers	0
State of California Rural Health.....	0
State of California EAPC	0
State of California Family Pact.....	100,000
Partnership Health Plan	210,597
Healthy Families Program	10,000
Yolo Health Alliance Dental.....	0
Yolo County YCHIP.....	80,000
Yolo County Pediatric IZ.....	0
Migrant Ed.....	1,000
Head Start.....	1,000
Kaiser Foundation.....	30,000
Blue Shield Foundation.....	40,000
Sutter Davis Hospital Community Benefit.....	200,000
UCD School of Medicine.....	30,000
Susan G. Komen Foundation	50,000
Redwood Community Health Foundation.....	5,200
March of Dimes	2,000
Yolo Dental Health Foundation	1,000
Catholic Healthcare West.....	25,000
River City Bank Foundation.....	5,000
City of Davis CDBG.....	25,000

Total Revenue..... \$2,156,768

Expenditures

Salaries, Professional Fees & Benefits	\$1,753,748
Insurance	13,500
IT Services/Electronic Health Records	69,360
Facility Costs.....	133,000
Office Supplies	30,000
Medical and Dental Supplies.....	51,272
Pharmacy	89,000
Lab Expenses	25,276
Staff Training.....	6,000

Annual Audit.....	7,000
Licenses, Fees.....	17,484
Total Expenses.....	\$2,195,640
Deficit.....	(\$38,872)



CommuniCare

HEALTH CENTERS

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

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