

CITY OF DAVIS
2010-2011 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION

Organization Name: Northern California Children's Therapy Center

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

Total Proposal Request: \$ 17,500.00

(Check one) On-going Support New Project

CDBG Eligible Category: Public Services

(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 Service – Healthcare for uninsured youth

2) _____

3) _____

PUBLIC SERVICE

NON-PUBLIC SERVICE

Beneficiary Information:

322 Total number of beneficiaries in program

35 Number of beneficiaries in program to be served with **CDBG** funds

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

\$500 Cost (\$) per **CDBG** beneficiary (CDBG Request/CDBG Beneficiaries)

PROJECT NARRATIVE

a. Need

One of every dozen U.S. children and teenagers -- 5.2 million -- has a physical or mental disability, according to new figures from the 2000 Census that reflect sharp growth in the nation's young handicapped population over the past decade. These figures, which covered children ages 5 to 20, are the first collected on childhood disability in the decennial census in more than a century. But data from other sources have shown a rapid increase in the number and rate of childhood handicaps. Special-education enrollment rose twice as fast as overall school enrollment in the past decade. This growth has been significantly felt at CTC as the demand for services has been overwhelming. CTC demographics show that uninsured and underinsured children account for 68% of their current caseload, a number that continues to rapidly grow as a result of the economic downturn.

Historically, there has been a high correlation between poverty and the factors which can result in developmental delays: premature birth, low birth weight, birth defects, cerebral palsy, muscular problems, neglect, and substance abuse during pregnancy. Primary prevention, secondary and tertiary prevention activities, or promoting health and early disease detection, are all crucial components of the Early Intervention Program. CTC programs also address the prevention and treatment of chronic health issues and life-threatening diseases such as diabetes and cancer. CTC - Project Hope will address the health care access of special needs children who are uninsured or under-insured and in need of specialized therapy services to improve their health outcomes. Each day a child of any age waits for these essential therapy services is akin to a week in learning opportunities lost. CTC maintains a referral system and waiting list to serve children as needed.

Through its array of collaborative partners, CTC serves as a safety net of health and specialized services and coordinator of case management activities in meeting the healthcare needs of the children it serves. CTC provides a seamless continuum of care in working with families. Services are coordinated at many venues including home, school, community and medical settings. CTC believes in addressing the whole child at each stage and venue with unified services and supports in place.

Currently the demand for our therapy services is overwhelming. In 2009, CTC served 322 children and was fortunate to be able to provide care to all the children on its waiting list. CTC is requesting a donation in the sum of \$17,500 to provide health care access to all CTC programs through Project Hope for our low-income and uninsured families, a population that constitutes approximately 68% of the families served. As family funding becomes more challenging with the current economics of our state, and regional center funding declines, we estimate unfunded services for uninsured children will reach as much as \$175,000 in the 2010 fiscal year.

b. Benefit

CTC offers children the following services: Physical Therapy to help children reach their highest level of mobility by developing movement, perception and coordination; Occupational Therapy to encourage the development of fine motor skills essential to self-sufficient living; Speech & Language Therapy to address the communication skills necessary for successful social interactions and cognitive growth; Dysphasia Therapy to deal with feeding and swallowing problems; and Individual Therapy tailored to the specific needs of the children. CTC is committed to helping children with special needs reach their greatest level of independence and assisting every child and infant to become as productive and independent as they can become, and to give them a chance at the best life possible through early intervention and quality therapy treatment.

CTC programming currently offers three levels of service: our home and community-based Early Intervention Program (EIP), serves children birth to three who have been identified as developmentally delayed or at-risk for developmental delays; our center-based individualized intervention program provides children of all ages with programs to meet their speech, occupational or physical therapy needs; and our Socialization Training and Groups Program which provides an effective environment in which children learn social skills in groups led by an expert to help children learn specific behaviors that promote appropriate interactions with peers in the community and allow for the development of friendships. CTC also provides children and families access to an extensive educational resource, equipment and toy library.

CTC's team members help create individualized treatment programs that are designed to meet each child's needs in all of the following areas: Gross Motor Skills, enabling the use of big muscles to allow a child to walk, crawl, and sit. They also affect balance and climbing skills that are essential for personal safety. Fine Motor Skills allow a child to use muscles of their arms and hands in order to reach, grasp, stack and play with toys, and to manipulate clothing and feeding utensils. Speech Skills refers to the control of the muscles in and around the face and mouth to make sounds; Language Skills allow a child to put sounds into meaningful words. Children first learn by understanding words, and later learn to express them. Some children may need to communicate with adaptive forms of communication, like sign language or electronic communication devices. Cognitive Skills control the child's ability to problem solve, to be curious about their environment and to learn from their experiences. Social and Emotional Skills are the child's ability to interact and respond appropriately with members of their family, peers and community. Appropriate social and emotional responses are necessary to allow a child to be included in the community and school system, and be accepted by their peers. Self-Help Skills are the ability to be independent in the activities of everyday life. Such as learning to feed and dress themselves and to care for their hygiene.

The EIP strives to help children reach appropriate milestones through intervention and prevention. In early life, the brain can learn to use new "pathways" to achieve a goal that brain damage may have inhibited. The best practices for effective children's treatment programs are those that begin before the child reaches the age of three. In fact, the earlier the intervention begins, the more successful the outcome. Hence it is critical that children with developmental delays enter our program as soon as possible to achieve their greatest potential for a successful entry into the school and community system. Our EIP is entirely home and community based. A home/community program is recognized as the most effective setting for treating children birth through three. This allows the therapist to treat the child in a familiar setting and teach caregivers how best to assist the child in their everyday environments. Because of these recognized benefits, both State and Federal governments now mandate home programs, but have not yet supported funding for this increased rate of reimbursement to cover these additional costs.

c. Other Resources and Collaboration

CTC works in close collaboration with Alta California Regional Center; Yolo, Sacramento and Solano County school districts; California Children's Services; California Department of Developmental Disabilities; local physicians, hospitals, clinics, public health and mental health services; and daycare providers, caregivers and parents. A new collaboration this year with the Yolo County Court Appointed Special Advocate (CASA) Program addresses and provides early assessments and interventions to youth in the foster care system ages 0-5. CTC also works to link families with community partners to provide a continuum of care that serves to build health partnerships and community capacity for greater access to healthcare for children.

Over the past year, CTC has received significant grant support from the following funders: United Way

Woodland, Yocha Dehe Community Fund (Rumsey), Catholic Healthcare West, J. M. Long Foundation, First 5 Yolo, Ronald McDonald Charities, Wells Fargo Foundation, the Give Something Back Fund and the Wynant Foundation. CTC engages in fundraising events totaling approximately \$65,000 annually. Private donors and patient fees round out the agency's operating dollars.

d. Organizational Capacity

CTC was founded in 1993 as a community partnership by two therapists and 26 families seeking to provide access to the best health care they could deliver for their special needs children. This grassroots group had become aware that the type of intensive, individualized, family-centered pediatric therapy that had proven to be most effective in facilitating development was unavailable for their children due to the high costs of care and the fact that health insurance programs would not cover these expenses. As a result of this identified community need, CTC developed a multi-disciplinary approach to one-on-one therapy and case management services for youth and families to overcome these barriers that prevented special needs children from seeking health therapy services. The mission of the Northern California Children's Therapy Center (CTC) is to provide comprehensive programs that aim to help disabled children achieve their greatest level of independence and provide quality therapeutic intervention in all areas of development through a multi-disciplinary team approach. The Board of Directors and therapy staff are dedicated to the concept that no child goes through life with a disability that could have been aided or prevented. CTC currently supports a full-time Executive Director, fifteen therapists and three support staff. The Board of Directors includes seven community members who bring a vast array of experience and dedication to CTC toward achieving its goal for serving at-risk, special needs children and seeking long-term sustainability for the organization. CTC maintains an educational website for parents and the community and offers a resource library for children and families. The organization participates in an independent audit annually.

Today, CTC offers access to high quality services and serves children with disabilities aged birth through adolescence regardless of race, socioeconomic background or the family's ability to pay. CTC's mission and community partnership are the premise upon which it was founded, and they both remain the driving forces of this organization. Since 1993, CTC has served thousands of children in Northern California with disabilities such as cerebral palsy, Down's syndrome, autism, spina bifida, cleft palates, speech and language problems, developmental delays, neurological problems, orthopedic problems, and a variety of other birth defects. In 2009, CTC served a total of 322 disabled children. Of this number, 219 children were provided access to health care services at reduced rates (20 were uninsured; 47 were underinsured by private insurance; and 152 were underinsured by Alta Regional Center). The cost of dollars written off as a result of these reduced services totaled \$161,245.00. The number of direct therapy hours provided during 2009 as a whole was 14,297 (of which 68% or 9,722 therapy hours were provided to uninsured/underinsured children). An additional 5,000 hours of community-outreach education and intervention services was also provided to parents and community partners.

SCOPE OF SERVICES

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

CTC Project Hope is a specially developed program to provide health care access for special needs children through Early Intervention, socialization and an array of comprehensive multiple therapy programs aimed at helping disabled children achieve their greatest level of independence. Services provided under this program are directed toward children who are uninsured or underinsured and otherwise lack access to health care. It is estimated that CDBG funds will serve approximately 35 at-risk,

low-income children who will have access to all CTC programs. By 6/11, 35 special needs uninsured or underinsured children will be identified by need to receive early intervention services, socialization and access to health care and therapy services; 75% of those children served will have improved health as a result of their program interaction as determined by program data. Work will be evaluated through the collection of data that measures: # of children served; # of service units provided; # of children making positive progress; # of children removed from waiting lists; # of children receiving access to health care who would otherwise have not been served.

b. Target Group

The target group for this project is low-income, special needs children aged 0-21 in Yolo County. The geographic area served by CTC includes Woodland (95695, 95776), West Sacramento (95605, 95691), Davis (95616, 95617, 95618), Knights Landing (95645), Esparto (95607, 95627), Dunnigan (95937), Elk Grove (95624, 95757, 95758, 95759), Antelope (95843), Folsom (95630, 95671, 95762, 95763), Fairfield (94533, 94534, 94535, 94558, 94585), Napa (94558, 94559, 94581, 94585), Vacaville (95687, 95688), Lodi (95240, 95241, 95242), Arbuckle (95912) and Colusa (95932).

c. Outreach

CTC serves as a driving community force to educate parents, professionals and the community at-large regarding the needs of disabled children and the importance of prevention, early identification and intervention. Staff conducts community outreach and provides educational workshops to many public and private groups. As such, CTC continually seeks to develop new and creative partnerships and collaborations that support improved services for special needs children. The agency and its Board of Directors routinely engages in strategic planning and visioning for the future to aid in improving services and responding to the growing needs of the community. The program has recently entered into a new collaboration with the Yolo County Court Appointed Special Advocate (CASA) Program to provide early assessments to children ages 0-5 navigating the juvenile justice system. This project is funded by First 5 Yolo.

PERFORMANCE SCHEDULE

Work Plan (Identify activities and completion dates)

<u>List Activity</u>	<u>Completion Date</u>
• Continue staff availability for early assessments, multiple therapies and socialization activities for special needs children	June 30, 2011
• Provide access to CTC services for 35 uninsured & underinsured special needs children	June 30, 2011
• Provide outreach to parents, schools and community partners	June 30, 2011
• 100% of children served will have improved health as documented through case notes, surveys and program evaluations	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)
<p>Example:</p> <p>Provide access to health care for at-risk, special needs uninsured and underinsured children in Yolo County through early assessments, multiple therapy services and socialization activities</p>	<p>Example:</p> <p>35 Special Needs children will receive needed early assessment, therapy services and socialization programs as documented by client intake and individual case management records</p> <p>75% of those children served will have improved health</p>	<p>Example:</p> <p>Improved access to early assessments for special needs children 0-5</p> <p>Improved access to multiple therapies for special needs children</p> <p>Improved access to socialization programs for special needs children</p> <p>Improved health outcomes and quality of life for program participants</p>

**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	\$ 17,500.00	\$ 50,000.00	\$ 67,500.00
B. Fringe Benefits	\$ included		
C. Consultant/Contract Services			
<i>TOTAL PERSONNEL BUDGET</i>	\$ 17,500.00	\$ 50,000.00	\$ 67,500.00
D. Office Rent			
E. Utilities			
F. Telephone			
G. Office Supplies			
H. Equipment			
I. Printing/Duplication			
J. Travel/Conferences			
K. Other (Specify)			
<i>TOTAL NON-PERSONNEL BUDGET</i>			
TOTAL PROJECT BUDGET	\$ 17,500.00	\$ 50,000.00	\$ 67,500.00

* 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.