

**SECTION 7**

**2006 - 2007**

COMMUNITY DEVELOPMENT BLOCK GRANT  
APPLICATION FORM

**CITY OF DAVIS**  
**2006-2007 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION**

**Organization Name:** CommuniCare Health Centers

Street Address: 2040 Sutter Place, Davis, CA 95616  
Mailing Address: P.O. Box 1260, Davis, CA 95617  
E-mail Address: robina@communicarehc.org  
Phone Number: (530) 753-3498  
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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.)

**Total Proposal Request:** \$ 21,000

(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
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

PUBLIC SERVICE

NON-PUBLIC SERVICE

**Beneficiary Information:**

3577 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  
\$35.00 Cost (\$) per **CDBG** beneficiary (CDBG Request/CDBG Beneficiaries)

## PROJECT NARRATIVE

### a. Need

The Davis Community Clinic has been providing affordable, high-quality health care to the patient population of ethnically diverse, low income, uninsured and underinsured Davis residents since its founding in 1972. Davis Community Clinic is one of CommuniCare Health Centers' seven community clinics located throughout Yolo County. Davis Community Clinic is the clinic of last resort for families and individuals without health coverage and without the resources to pay for care. No one is ever turned away based on their inability to pay for services. Since much of the care we provide for our clients is uncompensated, we are continually seeking funds from a variety of public and private sources in order to continue providing the quantity and quality of services upon which our clients depend. This proposal requests CDBG funding support for provision of primary medical and dental care for youth and families that are low income, uninsured, and who are residents of Davis.

Nearly 45% of all patients seen at Davis Community Clinic for medical and dental care are without any form of healthcare coverage. Almost all of these youths and family members who are Davis residents come from low and very low-income families living below 200% of the poverty level. In Davis, we are seeing increasing numbers of low and moderate income working families who do not qualify for Medi-Cal or Healthy Families Program (HFP) coverage and do not receive health benefits through their employers. The annual income of most of these families falls well short of being able to afford the cost of any medical and dental insurance on their own. A new program in Yolo County, Healthy Kids, now ensures that all children in the county ages 0 to 5 will have coverage for primary medical and dental care by providing insurance for those children ineligible for coverage by any other existing program. However, there remains three times the number of children and adolescents in Yolo County age 6 to 18 who are still without coverage, and an ever-growing number of adults – most of them the parents and family members of these same children – who are without any form of health coverage. Actions at the county level in recent years reduced the number of families eligible for coverage by the Yolo County Healthcare for Indigents Program (YCHIP). Because of these developments, we project the number of uninsured patients seeking medical and dental services at Davis Community Clinic to continue to increase.

Last year, 1,340 Davis residents ages 6 and older, with family incomes under 200% of the federal poverty level, came to the Davis Community Clinic for primary medical care. Of the 2,399 visits provided for these patients, over 35% were not covered by any form of insurance; in other words, they were uncompensated. Last year, 443 Davis residents ages 6 and older, with family incomes under 200% poverty came to the Davis Community Clinic for dental care. Of the 1,178 dental visits provided for these patients, over 26% were uncompensated. The total of these uncompensated visits provided for Davis residents ages 6 and older accounted for 18% of all visits provided for all patients accessing primary medical and dental care at Davis Community Clinic last year.

CDBG funding is always our last resource for funding services to the uninsured, as we make every effort to enroll clients in programs for which they are eligible. The Davis Community Clinic has an Eligibility Worker who screens uninsured patients for eligibility for all existing public programs. Although CommuniCare works hard to qualify all clients for a funding source, some simply are not eligible for any available programs. CommuniCare is certified to assist clients in their application to HFP, which provides coverage for children up to age 18. However, 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. Child Health and Disability Program (CHDP) is a state program that reimburses only for well child exams and immunizations. There are no government programs to cover the cost of pediatric sick care for uninsured, low-income families. Therefore, we depend on CDBG funds as our last resort for maintaining access to care for these children and providing services that are otherwise uncompensated.

Cutbacks and changes in YCHIP and Medi-Cal, two programs that provide both medical and dental coverage for low income residents, have already greatly reduced the number of patients with healthcare coverage while further changes threaten the coverage of many more. The state Expanded Access to Primary

Care (EAPC) Program provides funding every year to help cover the cost of providing care to patients below 200% of the poverty level and who do not have any third-party health or dental coverage. However, each year EAPC funding is insufficient to keep up with the growing number of uncompensated visits provided for uninsured, very low income patients. The annual allotment of EAPC funding is usually exhausted before the year is out and leaves 25% to 30% of the patient visits that would otherwise be covered by the program to go uncompensated. The only other source of funding available to compensate these visits is from patients themselves. Patients without any coverage are asked to contribute to the cost of their care according to a sliding scale based on family income. Since these families are very low income, the amount they can contribute, if any, is greatly insufficient towards covering the full cost of care for themselves and their families. It is CommuniCare's policy that no one is ever denied service based on their inability to pay, however the cost of providing uncompensated care is a serious consideration for the clinics as the numbers of uninsured continue to increase and the cost of providing culturally appropriate, high quality care continues to mount.

In addition, support for dental services for uninsured, low-income youth and families in our community remains a real and growing need. While there continues to be inadequate access to dental care in our community for those without insurance and without the ability to pay for services, many dentists also limit the overall number of youths served in their private practices, and the spaces that are available usually fill with those covered by private insurance (or in a few cases, those insured through Denti-Cal). Many of the youths and adults seeking dental care at Davis Community Clinic have infrequently, if ever, been seen by any dentist. These patients often seek dental care when already in pain and presenting multiple dental problems. The care is difficult and costly, often taking longer time per appointment and requiring follow-up treatment.

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 helping to fund thousands of medical and dental visits for those Davis residents who have nowhere else to turn and would otherwise have gone without the care they need. The Davis Community Clinic has consistently met the service level objectives of beneficiaries served with CDBG funds. In our most recent report up through 6 months of the current program funding, we show provision of services covering 49% of our proposed 2005-2006 scope of services, and project well above 100% by the end of twelve months.

**b. Benefit**

This program will improve the health of low income, uninsured Davis families by providing at least 300 visits for primary medical care and at least 300 visits for dental care to youths and family members ages 6 and older. All families accessing healthcare at Davis Community Clinic are within the low and moderate-income guidelines. 98% of families accessing services funded by CDBG have incomes below 50% of median. The remaining 2% have incomes under 80% of median. All patients receiving primary medical and dental services through CDBG funding are low income, uninsured Davis residents. This program serves to meet the critical need of Basic Human Need: Basic Healthcare for Uninsured Youth and Families.

**c. Other Resources and Collaboration**

An eligibility worker stationed at Davis Community Clinic ensures that eligible families are enrolled in Medi-Cal or any other programs for which they qualify. Primary medical services for youths are funded through a combination of CHDP billing (only covering immunizations and well child visits but not covering sick care), Medi-Cal billing, state grant funds, HFP, the county's new Healthy Kids program (only for children up through age 5), and patient sliding scale payments. Dental care is funded through Denti-Cal reimbursement, HFP, Healthy Kids program (only for children up through age 5), and patient sliding scale payments.

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 determined at the start of the fiscal year. The amount of funding each year from EAPC is insufficient to meet the rising need for providing services and the mounting cost of providing uncompensated care. Each year, EAPC funds are

exhausted sometime in the third quarter of the year, leaving 25% to 30% of the visits for very low income, uninsured youths and adult family members completely uncompensated. Families without health coverage or unable to qualify for programs are asked to self-pay for services according to a sliding fee scale, but none are really able to pay the full cost of their care, if at all. However, no one is refused care based on inability to pay. The contribution of those clients able to pay a share of their cost of care remains an important source of funding and is critical to balancing CommuniCare's operational budget.

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 \$140,000 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 medical and dental supplies and equipment.

Volunteers are essential to maintaining the quality of care and the cost effectiveness of clinic operations. Last year, 308 volunteers donated time to provide services to CommuniCare clients. This includes 26 physicians, 16 dentists, 3 optometrists, 1 psychologist, 1 pharmacist, 22 medical students, 16 mid-level practitioner students, 13 counselor interns, 40 dental interns and 117 community members who fill such positions as patient assistants, translators, lab assistants, teen reproductive health educators, social worker assistants, and child development assistants. The value of these volunteers' time is estimated at \$435,224.

CommuniCare has been a partner in the Yolo Health Alliance (YHA) since its founding nearly 11 years ago. The YHA is an integrated public/private collaboration between CommuniCare Health Centers, Yolo County Health Department, Sutter Davis Hospital and Sutter West Medical Group chartered with providing health care services for Yolo County residents without any health care coverage and without any resources to pay for services — individuals and families who do not qualify for government-subsidized coverage and who would otherwise fall through the cracks the health care system. Since its founding, the Yolo Health Alliance has provided health care services to nearly 30,000 residents throughout Yolo County qualifying as medically indigent, although recent restructuring of funding for the YHA has greatly decreased CommuniCare's share of funds for providing indigent health care. Davis Community Clinic is the safety net provider for the low-income and uninsured residents of the Davis area and is the only provider of comprehensive primary care in our community to treat individuals regardless of their ability to pay.

#### **d. Organizational Capacity**

Founded in 1972 as the Davis Free Clinic, our organization has been a part of the fabric of the Davis community ever since, 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 clients for 34 years 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 and value in navigating today's highly-charged 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. 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.

Davis Community Clinic helps meet the unique needs of the working families that we serve by providing evening clinic hours for their convenience. 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, other family members or themselves to see the physician or dentist. CommuniCare emphasizes provision of respectful care that is both linguistically and culturally appropriate and our clinic staff is as ethnically diverse as the patients they serve, speaking the languages necessary to provide culturally-appropriate health care.

CommuniCare is governed by a volunteer Board of Directors (attached), of which the majority of members are consumers of CommuniCare's services. Members also include health care professionals, local business professionals, service providers and community members. The Board holds monthly meetings, an

annual retreat, and maintains subcommittees. Administrative policies and financial records are audited annually by an independent CPA. No audit exceptions were reported for the fiscal year ending June 30, 2005. Objectives for all of the previous CDBG funding awards have been met. 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 300 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; 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 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, dental treatment of caries, root canal, 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.

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 \$35. This cost includes all related expenses for support staff, medical records, lab work, pharmacy, dental x-rays, and supplies required for provision of service. Comparable costs through a private physician or dental office are 2 to 5 times higher.

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 care at Davis Community Clinic, either primary medical care or dental care.

**b. Target Group**

CDBG funding is reserved for youths and families that are residents of Davis, meet the income guidelines of the program, and are receiving care at the Davis Community Clinic, either primary medical care or dental care. Quarterly reports will document the progress made toward meeting the program objectives of 300 primary care visits and 300 dental visits. All 600 visits provided will be to low and low/moderate income families. Approximately 450 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: Maternal, Child, and Adolescent Health Advisory Board; Yolo County Immunization Coalition; Yolo County Health Council; Youth Services Task Force; 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's outreach program works with families in the community to provide education about available services and link them to care. CommuniCare's Smile Saver Program provides dental outreach and education to preschool and elementary school students throughout Yolo County. Among other services, the Smile Saver program provides referrals for children requiring dental treatment at our dental clinics. 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, 2006
• Continue dental program staff availability for dental care visits.	July 1, 2006
• Provide outreach through meetings, school personnel, and other community outreach.	June 30, 2007
• Provide 300 primary medical care visits to low/moderate income Davis residents who are without other health coverage.	June 30, 2007
• Provide 300 dental visits to low/moderate income Davis residents who are without other dental coverage.	June 30, 2007

## PERFORMANCE MEASUREMENTS

<b>ACTIVITY</b> (What the program does to fulfill its mission)	<b>INDICATOR</b> (The direct products of program activities) Service #s	<b>OUTCOME</b> (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.	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 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 three days per week and an average of one evening per 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 300 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 300 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>

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

***BUDGET SUMMARY FOR PROPOSED PROJECT\****

<b>Budget Category</b>	<b>Proposed Project “CDBG Portion”</b>	<b>Other Sources</b>	<b>Total</b>
A. Salaries and Wages	\$16,800.	\$179,883.	\$196,683.
B. Fringe Benefits (@ 25%)	4,200	44,976.	49,176.
C. Consultant/Contract Services	-0-	-0-	-0-
<b><i>TOTAL PERSONNEL BUDGET</i></b>	<b>\$21,000</b>	<b>\$224,859.</b>	<b>\$245,859.</b>
D. Facility Costs	-0-	\$17,280.	\$17,280.
E. Insurance	-0-	2,790.	2,790.
F. Information Technology Services	-0-	15,390.	15,390.
G. Office Supplies	-0-	6,120.	6,120.
H. Medical Supplies	-0-	8,928.	8,928.
I. Pharmacy	-0-	10,260.	10,260.
J. Lab Expenses	-0-	6,058.	6,058.
K. Licenses, Fees	-0-	1,080	1,080
K. Other (Staff Training, Annual Audit)	-0-	2,322.	2,322.
<b><i>TOTAL NON-PERSONNEL BUDGET</i></b>	<b>\$0</b>	<b>\$70,228</b>	<b>\$70,228</b>
<b>TOTAL PROJECT BUDGET</b>	<b>\$21,000</b>	<b>\$295,087</b>	<b>\$316,087</b>

\* 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, 2005 Ending June 30, 2006**

**Revenue**

Medi-Cal.....	207,588.00
Medicare.....	17,000.00
Client Fees.....	140,000.00
State of California Oral Health.....	40,638.00
State of California Ag. Workers .....	112,499.00
State of California EAPC .....	321,970.00
State of California Family Pact.....	99,200.00
State of California Grants-IN-AID.....	60,000.00
Partnership Health Plan .....	120,891.00
Healthy Families Program .....	18,000.00
Yolo Health Alliance Dental.....	33,334.00
Yolo County YCHIP.....	80,000.00
Yolo County Pediatric IZ .....	44,000.00
Migrant Ed.....	2,000.00
Head Start .....	1,000.00
Title X Primary Care.....	84,085.00
Blue Shield Foundation.....	50,000.00
Kaiser Foundation.....	50,000.00
Susan G. Komen Foundation .....	44,800.00
Tides Foundation .....	25,000.00
Redwood Community Health Foundation..	5,760.00
March of Dimes.....	22,400.00
Tom's of Maine.....	15,000.00
City of Davis CDBG.....	19,000.00
Wellness Foundation.....	40,000.00

**Total Revenue..... 1,654,165.00**

**Expenditures**

Salaries .....	1,040,655.00
Benefits .....	260,164.00
Insurance .....	15,500.00
IT Services .....	85,500.00
Facility Costs.....	91,600.00
Office Supplies .....	32,800.00
Medical Supplies .....	48,000.00

Pharmacy .....	55,200.00
Lab Expenses .....	33,000.00
Staff Training.....	5,900.00
Annual Audit.....	7,000.00
<u>Licenses, Fees .....</u>	<u>6,000.00</u>

**Total Expenses ..... 1,681,319.00**

**Deficit ..... (27,154.00)**

**CommuniCare Health Centers  
Davis Community Clinic  
Projected Annual Budget  
Beginning July 1, 2006 Ending June 30, 2007**

**Revenue**

Medi-Cal.....	207,588.00
Medicare.....	20,000.00
Client Fees.....	145,000.00
State of California Oral Health.....	40,638.00
State of California Ag. Workers .....	112,499.00
State of California EAPC.....	325,300.00
State of California Family Pact.....	99,200.00
Partnership Health Plan .....	120,891.00
Healthy Families.....	22,000.00
Healthy Kids.....	2,000.00
Yolo Health Alliance Dental.....	33,334.00
Yolo County YCHIP.....	80,000.00
Yolo County Peds IZ .....	44,000.00
Migrant Ed.....	2,000.00
Head Start .....	1,000.00
Title X Primary Care.....	84,000.00
Kaiser Foundation.....	50,000.00
Susan G. Komen Foundation.....	15,500.00
<u>City of Davis CDBG.....</u>	<u>21,000.00</u>

**Total Revenue ..... 1,425,950.00**

**Expenditures**

Salaries .....	1,092,687.00
Benefits .....	273,200.00
Insurance .....	15,500.00
IT Services .....	85,500.00
Facility Costs.....	96,000.00
Office Supplies .....	34,000.00
Medical Supplies .....	49,600.00
Pharmacy.....	57,000.00
Lab Expenses .....	33,660.00
Staff Training.....	5,900.00
Annual Audit.....	7,000.00
<u>Licenses, Fees .....</u>	<u>6,000.00</u>

**Total Expenses ..... 1,756,047.00**

**Deficit ..... (330,097.00)**