

City of Lawrence CDBG/HOME Programs Grant Application

I. Cover Sheet

Please use this cover sheet as the first page of your proposal. No cover letters, please.

Agency Name: Health Care Access, Inc.

Mailing Address: 1920 Moodie Road Lawrence, KS 66044

Program Address, if different than above: _____

Contact Name: Nikki King Phone: (785) 841 - 5760

Contact Title: Director

E-mail (required): director@healthcareaccess.org Fax : (785) 841 - 5779

Date : November 27, 2007

Mission of organization:

To help facilitate access to health services for Douglas County residents with limited financial means who are not covered by private or governmental insurance programs.

II. Project Information

Requested \$50,000.00 Request is 10 % of project budget and 11% of agency budget.

Attachment Checklist

- Department approval, if applicable
- List of officers and board members and their principal occupations (one per agency)
- Most recent annual report and (one per agency) financial statement
- Budget for proposed project, including revenues and expenses (one per project)

Project Type

(Check all that apply)

- Strengthen Neighborhoods
- Movement to housing
- Emergency Assistance
- Affordable Housing
- Housing Counseling
- Home Ownership
- Improve Housing Stock

Funding Need

(Check all that apply)

- New program
- Existing program
- Public Service
- Capital Improvement
- Other (describe) _____

Please use the space provided on this cover page rather than an attachment to respond to the following:

Fifty-word summary description of the project:

The Health Care Access Clinic Expansion project will use community collaborations and partnerships to facilitate the renovation, expansion, or relocation of clinic facilities to increase the number of appointments available while decreasing wait times. The expansion will focus on the creation of spaces used to serve and educate patients, volunteers and staff.

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1. What is the situation, problem or opportunity this grant will address?

The Health Care Access Clinic is growing! Funds are being requested from the Community Development Block Grant Program administered by the City of Lawrence to support efforts to renovate, expand, and/or relocate clinic facilities. Current wait time for a scheduled appointment is exceeding one month. Clinic hallways are housing equipment, furniture, and recyclables, stationary and patient charts. Non-office space is being used as staff and program offices. The tight quarters challenge building codes and limit the extent to which services can be increased. In the last two years staff has increased by 30%, and with the addition of the Lawrence Memorial Hospitalists the number of volunteer hours has doubled in the last year. This is true across all categories of volunteers, including; doctors, nurses, medical assistants, pre-med and pre-nursing students and University of Kansas community health interns. These increases in staff and volunteers further lends to the need to provide more facility space.

Renovations and expansion of current space would allow the clinic to stay in our East Lawrence Neighborhood, where a large number of our constituents live and where we have spent the last sixteen years creating a stable and reliable healthcare home for the uninsured of Douglas County. The clinic is on the bus route, has directional signs from main roads, and is just blocks from SRS, Independence, Inc. and the Housing Authority. Plans for new for-profit neighbors in our neighborhood also lends further to investing in our established residence. Additionally, we only pay \$1 a year for our home and have invested considerable resources to enhance the property. However, there are also benefits to exploring relocation to other service neighborhoods, particularly near north Lawrence and other medical service providers and facilities.

The 2007 conversion of an office to a clinic room has facilitated the work of a part-time ARNP providing approximately 60 additional appointments per month. Through increased use of volunteer providers and the conversion of two more offices to exam rooms over 1000 additional appointments could be facilitated. Sinks will need to be installed for all exam rooms converted from office space, and beyond insuring that each clinical room is supplied with a standard set of durable equipment project specific funding or community support will be sought to use each space in the clinic as an opportunity to educate and empower. Renovation is possible and will provide the additional exam rooms required to increase services and decrease wait time but will involve the loss of office space, with two full time staff members moving to shared space, and the current conference room will have to be redesigned to provide for collaborative work space for 5 FTE employees and interns, while doubling as a space for patient resource and education.

This is obviously not ideal. All meetings currently hosted at our facility would have to be moved off site, and staff and volunteers would be working in very close quarters. Another thing to take into consideration is the loss of space to recent support groups who found their beginnings through clinic initiatives. Diabetes education classes were also offered through this avenue and would have to be reconsidered. Additional funding to support an innovative community solution, through the exploration of university or professional partnerships, would address renovation or modular additions that would

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provide for the loss of valuable meeting and administrative space. The use of a small, two-three bedroom equivalent, modular home would provide for Administrative and Development offices, as well as a staff kitchen, bathroom, and new meeting/conference room. While the division of clinical and administrative will pose some challenges the focus on increasing clinical space and the provision of new staff areas could prove very beneficial, allowing for the hosting of additional agency and community meetings and trainings, Telemedicine and Telehealth access and staff training and CME procurement. Moreover, it would allow staff the opportunity to establish further efficiency improvements such as creating a records room or volunteer work space within the clinic.

2. How will this grant support the mission of the organization?

Renovations, additions, or relocation will increase the facilitation of health care services for Douglas County residents with limited financial means who are not covered by private or governmental insurance programs by increasing clinical service space, and the number of appointments available each year.

3. How many people will be served by this grant and what percentage are low-moderate income (describe method of verification)?

In 2006 the clinic provided 3296 appointments to 1359 patients. Projections for 2007 are that a record setting 1720 patients will access nearly 3800 appointments. Also, because staff was added in the second quarter of the year projections for 2008 are certain to be attention grabbing. However, growth will be limited by the extent to which capacity can be increased to accommodate growth.

The target population of the Health Care Access Clinic is exclusively uninsured, low-income residents of Douglas County. More than 75% of Health Care Access patients have incomes below the poverty line, and all of them could be described as earning equal to, or less than, a low-moderate income. All ages, ethnicities, cultures, and education levels are served.

Beyond this service level the clinic continues to strive to reach a larger portion of the uninsured individuals in our community, as we are currently only seeing approximately 14% of our target audience (12,000 uninsured residents of Douglas County).

4. What resources are currently available to dedicate to the project, including staff, volunteers, existing funds and community partners?

The Clinic is hoping to use the foundation of a CDBG grant to leverage community support through existing networks, and the pursuit of new collaborations. A solid trend of increased donations from community members, a rich history with the city, since 2002, and the CDBG program, since successful 1998 renovations which included support by the plumbers and pipefitters association, Carpenters Local #1445 apprentice program and local contractors and subcontractors. Solutions which incorporate skills found in the patient and volunteer population could save money over more traditional

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options, while investing and drawing together the community into a neighborhood project.

5. How is this approach to the issue unique or collaborative and what gives it a high likelihood of success?

The Health Care Access Clinic is unique in its day-to-day operations because of our collaborative approach of providing access to health services through a network of over 160 medical volunteers and staff. This collaboration will flow over into the expansion project as it has done with previous CDBG funding, and just as with our 20-year-old clinic it is this overwhelming community support that lends to all Health Care Access efforts a high likelihood of success.

6. How will success be measured and how will you continue to fund this project once grant funds are expended?

Success will be measured by an increase in the number of patient encounters. The increase of patient appointments would idealistically bring in \$10,000 in additional patient fees annually.

7. What is the organization's timeline for achieving the objectives of the grant?

Currently the clinic has begun exploring growth options. The board has created a facility exploration committee to kick-off in January 2008, and staff needs have been assessed. Community collaborations and business relationships will continue to be explored by staff, board, and committee. Additional funding and support will be sought following the facility exploration committee's recommendations expected in June 2008.

8. What other funding sources have been approached and what have the responses been?

The CDBG is the first funding source to be approached.

9. Describe the agency philosophy and practices regarding recycling and other "green" practices.

The Health Care Access Clinic knows that health and environment go hand-in-hand, and while we do our best to save energy and consumption through practices such as closely monitoring energy use, reusing/recycling paper and recycling cans, glass, cardboard, etc. we must rely on community volunteers to deliver office recyclables to recycling stations and we lost our cardboard recycling location with the closing of our neighbor AB Coker. We have established a relationship with Cans for the Community, and have been a beneficiary twice. A CDBG grant would allow us to explore this, and other relationships facilitating on-site recycling service/pick-up. Moreover, collaboration with Studio 804, "a 501(c) 3, not-for-profit, design/build program at the University of Kansas School of Architecture and Urban Design focused on the creation of community based architecture" (Rockhill, www.studio804.com) will be pursued with the hopes of

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modular and/or renovation plans ideally incorporating recycled materials, the reuse of current materials from the clinic and other “green” building practices. This is another element that provides a wonderful example of the limitless of what can be incorporated based on community and agency resource commitments and interests.

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Agency Name: Health Care Access, Inc. 2008 Budget

Revenues:

Douglas County 24,000
City of Lawrence 26,880
United Way 60,000
Grants 40,000
Fundraisers 50,000
Contributions 70,000
Other: KDHE/State of Kansas 140,000
Other: Women's Health Reimbursements 30,000
Other: Patient Fees 20,000
Other: Record copies, indirect costs 4,000
Interest 5,000
Total Revenues: 469,880

Expenditures:

Salaries 298,265 *
Health Insurance see benefits
Employee Benefits 11,000
Supplies (office, clinical, medicine) 12,000
Utilities 5,000
Travel & Training 3,000
Office Equipment 3,000
Debt Payments (transfer to Endowment) 0
Other: Payroll taxes 20,282
Other: Professional fees 23,000
Other: Telephone, postage, occupancy 7,500
Other: Printing, Publications, advertising 6,700
Other: Memberships, banking, ins, misc 11,000
Other: Restricted grant expenses 20,000
Total Expenditures: 420,747

*excludes \$46,500 for staff currently funded through a grant pending renewal

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Board Members and Officers

| <u>Board Member</u> | <u>Address</u> | <u>City</u> | <u>State</u> | <u>Postal Code</u> | <u>Neighborhood</u> | <u>Occupation</u> |
|---------------------|-----------------------|-------------|--------------|------------------------|-------------------------|-------------------------|
| Brandt, Sally | 2624 Bardith Ct. | Lawrence | KS | 66046 | south Lawrence | auditor for Rehab units |
| Dudley, Toni | 3033 Campfire Dr. | Lawrence | KS | 66049 | northwest Lawrence | office manager |
| Goering, David | 1517 Indian Wells Ct. | Lawrence | KS | 66047 | West Lawrence | physician |
| Hatcher, Paula | 4701 Woodland Dr. | Lawrence | KS | 66049 | West Lawrence | school nurse |
| Henry, Jim | 4400 Turnberry Dr. | Lawrence | KS | 66049 | West Lawrence | retired |
| Henry, Kay | 4400 Turnberry Dr. | Lawrence | KS | 66047 | West Lawrence | retired |
| Hurst, Joanne | 2716 Lawrence Ave | Lawrence | KS | 66047 | West Lawrence | retired |
| Iverson, Brian | 2609 Atchison Ave | Lawrence | KS | 66047 | South Lawrence | banker |
| Jorn, Nancy | 3116 W. 28th Circle | Lawrence | KS | 66047 | South Lawrence | health department |
| Osness, Donna | 1654 University Dr. | Lawrence | KS | 66044 | University Neighborhood | retired |
| Osness, Wayne | 1654 University Dr. | Lawrence | KS | 66044 | University Neighborhood | retired |
| Salkind, Neil | 734 Indiana | Lawrence | KS | 66044 | Old West Lawrence | professor |
| Sostarich, David | 5809 Silverstone | Lawrence | KS | 66049 | West Lawrence | radiology director |
| Vickers, Mike | 1603 Louisiana | Lawrence | KS | 66044 | Old West Lawrence | sign company |
| Weeks, Elizabeth | 1616 Vermont | Lawrence | KS | 66044 | East Lawrence | professor |

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Health Care Access Expansion Budget

| REVENUES | Remodel CDBG | If Relocating Other Funding | Total Project |
|--|-----------------|-----------------------------------|------------------|
| City of Lawrence Community Development Block Grant | 50,000 | | |
| Other grant funding | | 200,000 | |
| Private funds | | 75,000 | |
| Inkind labor & materials | | 175,000 | |
| TOTAL | 50,000 | 450,000 | 500,000 |
| EXPENSES | | | |
| Remodel office space and add equipment for Two Exam Rooms | 10,000 | | |
| Add Plumbing for Three Sink in Exam Rooms | 3,000 | | |
| Remodel and Outfitting of Conference Room into nurses station for 5 FTEs | 7,000 | | |
| Addition to Building* | 30,000 | 50,000 | |
| Relocation of Operation | | 400,000 | |
| TOTAL | 50,000 | 450,000 | 500,000 |

*patient education room/telehealth, staff development & meetings, storage

