



CAPE COD HEALTHCARE

**Cape Cod Hospital and
Falmouth Hospital**

COMMUNITY BENEFITS REPORT

Fiscal Year 2003

Region Served: Cape Cod

ABOUT THIS REPORT

This report is submitted annually to the Massachusetts Attorney General in response to the Community Benefits Guidelines offered by his office to non-profit acute care hospitals.

The Guidelines were first issued in 1994 and revised in 2001. The intent of these voluntary guidelines is to encourage hospitals to deliver services to disadvantaged populations in their respective communities.

For the past years, CCHC has been dedicating significant resources- both human financial- to create programs and services in Cape Cod that are accessible to all. That is, we strive to deliver high quality and accessible services to every resident of Cape Cod: our long time residents, our new immigrant residents, our elder, our youth, those living in Provincetown, and those living in Falmouth.

In order to be most efficient with the allocation and impact of our community benefits resources, in 2000 CCHC created the Office of Community Health and hired a Director of Community Benefits. As a result, we have created strong partnerships with community- based organizations, set up an annual request for proposal process and, have become active participants in local, state, and national efforts to increase access to health care services.

We encourage you to read this report and find out about the programs and services being offered to disenfranchised groups in Cape Cod. CCHC is proud to be part of bringing creative and viable solutions to reduce health disparities.

I. Cape Cod Health Care Community Benefits Mission Statement

Cape Cod Healthcare, Inc, through its Community Benefits Initiative, is committed to enhancing the quality of and access to a comprehensive continuum of healthcare services for all the people of Cape Cod. Through continuous assessment of community needs, coordinated planning, and the allocation of resources, this commitment includes a special focus on the unmet needs of the financially disadvantaged and underserved populations. We will take a leadership role in collaborative efforts joining our resources, talent, and commitment with that of other providers, organizations, and community members.

II. PROGRAM ORGANIZATION AND MANAGEMENT

Cape Cod Healthcare has a deep commitment to high quality services across the healthcare continuum and available to all Cape Cod residents. The Office of Community Health (OCH), of which Community Benefits is a part, was created in January 2000 to ensure that a) prevention services are available and linked to all aspects of the

healthcare continuum; and b) all Cape Cod residents have access to healthcare.

A major focus of the OCH is to ensure that all Cape Codders have health insurance, access to health information, a constant primary care provider and access to specialty care. Indeed, the 1.9 million dollars that CCHC distributed in FY 2002 to community benefits and community service initiatives were dedicated to these goals.

The OCH reports to the Community Health Committee, a subcommittee of the Board of Trustees of CCHC. The Community Health Committee is comprised by people working the gamut of health services in Cape Cod: community based organizations, community advocacy groups, County government, community health centers, independent physicians, health insurance agents, and others. The Committee meets quarterly and is the decision making body for all community health initiatives including expenditures of community benefits. (Please refer to appendix 1 for list of CHC members).

Advising the Office of Community Health and the Community Health Committee on issues related to access for the un and underinsured is the Community Benefits Advisory Council. The

CBAC is comprised of 23 providers of health and human services across Cape Cod. The CBAC meets monthly and it is charged with establishing funding priorities for community benefits dollars and to make recommendations to the Community Health Committee and staff about policy issues related to increasing access to healthcare services to uninsured and underinsured. (Please refer to appendix 2 for list of CBAC members)

III. KEY COLLABORATIONS AND PARTNERSHIPS

The Office of Community Health (OCH) works in partnership with community-based organizations (health and human service agencies, health centers, civic groups, etc), all the affiliates of CCHC (Cape Cod Hospital, Falmouth Hospital, the Visiting Nurses Association,) as well as private medical practices in the region.

The OCH works with CCHC affiliates to ensure that services are connected to the full continuum of care and available to all residents. Therefore, the scope of work includes working within existing programs and departments within the corporation and/or embarking in joint community based efforts with community partners to further this goal.

Strong partnerships with community based organizations and groups are fundamental to the work of the OCH. CCHC has teamed up with community organizations to identify problems and brainstorm viable, long term solutions to the healthcare concerns and disparities in our region. The role of the OCH in these

partnerships is broad and includes joint planning, outlining and monitoring epidemiological profiles, program design, performance improvement, strategic planning, program evaluation and, in some cases, funding community health initiatives through community benefit dollars and/or writing proposals to obtain external funds.

CCHC continues to be a partner in the Lighthouse Health Access Alliance (LHAA). The Office of Community Health is part of the steering committee of this collaborative which includes among its many accomplishments, the creation of the Mid/Upper Cape Community Health Center and the creation of an affordable health insurance plan.

The Mashpee Wampanoag Tribe was another key partner during FY 03. Through a grant from the Kellogg Foundation we are working with the Tribe and UMass Boston to create career development opportunities for its members. In addition, CCHC has teamed up with members of the Tribe to create the Mashpee Wampanoag Health Office which will be funded, in part, through CCHC community benefits (DoN) dollars.

IV. COMMUNITY BENEFITS PLAN

A. LONG TERM GOALS

During FY 02 CCHC in partnership with the CBAC and the Community Health Committee developed long-term goals based on the Healthy People 2010 Objectives.

- 1.1. Increase the proportion of persons with health insurance.**
- 1.2. Increase the proportion of uninsured persons receiving screening services.**
- 1.3. Increase the proportion of persons with a usual primary care provider**
- 1.4. Reduce the proportion of families that experience difficulties or delays in obtaining healthcare or do not receive needed care**

B. FY 03 FUNDING PRIORITIES

Based on the long-term vision of the Cape Cod Healthy People 2010, the findings from the Needs Assessment, and demographic profiles, data from the Massachusetts Department of Public Health, Barnstable County, Cape Cod/Falmouth Hospital, Southeast Coastal Prevention Center funding priorities for FY 03 were established by the Community Benefits Advisory Council.

Priorities sought to a) highlight and address urgent needs (lack of mental health services for Brazilians), b) sustain existing programs committed to increasing access to health insurance and advocacy, screening, oral health, primary care, and specialty care. c) strengthen the administrative and operational capacity of each of the four community health centers, d) pave the way for the establishment of a community health center network e) generate baseline data for substance abuse that would assist in the development of a long-term service plan to allow for state, federal, as well as private funding.

PRIORITY 1

Increasing ACCESS to primary care services.

Within this area, we are seeking applications from organizations that can increase:

A. ENROLLMENT INTO HEALTH INSURANCE AND PRIMARY CARE

increase the number of people enrolled into a public health insurance program (MassHealth, Freecare, Healthy Start, Insurance Partnership) & connect these enrolled individuals with

a primary care provider. Applicants must demonstrate their ability to provide these services to all regions of Cape Cod in a coordinated manner.

B. SCREENING FOR BLOOD PRESSURE, DIABETES AND CHOLESTEROL

increase the number of un and under insured people screened for high blood pressure, diabetes, and cholesterol on an annual basis. Applicants must demonstrate their ability to provide these services to all regions of Cape Cod. In addition, applicant must demonstrate, through memoranda of agreement, strategies for ensuring close and on-going collaboration with organization(s) providing Enrollment into Health Insurance and Primary Care.

C. STRENGTHEN THE ROLE OF COMMUNITY HEALTH CENTERS

- strengthen the administrative capacity of the “Cape Cod’s Community Health Center Network” (Cape Cod Free Clinic, Duffy Health Center, Mid/Upper Cape Health Center, and the Outer Cape Health Services). We are seeking applications from experts in the area of community health center administration to work hand in hand with board and senior staff of Cape Cod’s four community health centers to explore specific ways of
 1. increasing shared administrative functions and costs
 2. increasing shared clinical staff

- increase the availability of affordable primary care services through the four community health centers. Funding may be requested to
 1. cover start-up costs for primary care providers
 2. subsidy un-reimbursable services such as case management and outreach education services, and un-reimbursable medical visits

PRIORITY 2

Increasing Access to Mental Health Services for the Portuguese Speaking Population of Cape Cod.

There are few available bilingual (Portuguese-English) mental health counselors in Cape Cod with the credentials to bill third parties for their services. At the same time, the Brazilian population continues to grow and with that comes an even greater demand for bilingual providers. In order to alleviate this crisis, we are seeking applications from community based mental health agencies to recruit and hire a qualified bilingual mental health provider. The applying organization must demonstrate its ability and describe its method to provide supervision under a licensed clinician as well as strategies for sustaining this position over time.

PRIORITY 3

Increasing Access to Substance Abuse Services

Because data about the prevalence and patterns of substance abuse in Cape Cod and the Islands is so limited or non-existent, we are seeking applications from institutions or consulting groups with strong knowledge of substance abuse

services and knowledge of existing data sets (national, state and local) to create Cape and Islands specific data about the substance abuse population. Specifically, we will fund a DESCRIPTION OF

POPULATION(S) IN NEED OF SERVICES AND THOSE NOT RECEIVING SERVICES. This description must include,

1. Number of people estimated to be in need of alcohol and drug addiction treatment in the Upper, Mid, Lower, Outer Cape, Martha's Vineyard and Nantucket.
 - a. Profile of this population by
 1. Age
 2. Gender
 3. Housing status
 4. Parenting status (#, DSS involvement)
 5. Employment status
 6. Criminal Justice involvement
 7. Non-English Speaker
 8. Health insurance coverage (public, private, self/sliding)
 - b. Estimate (and provide method for estimation) of the number and proportion of people in these regions in need of alcohol and drug addiction treatment who receive these services (by profile)
 - c. Estimate (and provide method for estimation) of the number and proportion of people in these regions in need of alcohol and drug addiction treatment who do not receive these services (by profile)
 - d. Develop a tool and conduct 20 key informant interviews about the adequacy and efficiency of the current continuum of services in Cape and the Islands for key populations.

PRIORITY 4

Increasing Access to Oral Health Services

In an effort to alleviate the dental care crisis Cape Cod is facing, we are seeking creative and cost effective strategies to

- A. increase the proportion of children and adults who use the oral health care system each year
- B. increase the proportion of children and adolescents under age 19 years at or below 200 percent of the Federal poverty level who received any preventive dental service during the past year

PRIORITY 5

Increasing Access to Specialty Care Services

Design and implement a pilot model to increase access to Specialty Care for the un and underinsured through community health centers and other primary care sites in Cape Cod.

PRIORITY 6

Increasing Advocacy Services

Enhance the capacity of community-based organizations to provide access to health and human services for underserved populations with a special emphasis to un/under insured Brazilians, Wampanoags, and the Elder.

V. ASSESSMENT OF NEEDS AND ASSETS FY 03

Although the Cape Cod Healthy People 2010 points to a clear north for planning programs long-term, it did not provide much information about the specific populations to be targeted or prioritizing activities to accomplish these goals. Therefore, a qualitative assessment of community needs was undertaken by members of the CBAC.

CBAC members met one on one or in small groups with members of the underserved communities they work with and asked a series of questions. The questionnaire focused on both needs and assets. Participants were asked to 1) identify their community; 2) assess the percentage of community members who had access to a primary care provider 3) identify the two main barriers their community faced to accessing health services; 4) assets existing in the community to address these barriers; 5) identify the main health issues affecting their community.

The assessment identified four key populations: Brazilians, Elder, Homeless, and Adults. In addition, it identified access to primary care, mental health services, and substance abuse services as topics requiring immediate attention. Furthermore, cardiovascular disease, diabetes, access to medications, and injury prevention emerged as other important concerns for underserved Cape Codders.

VI. PROGRESS REPORT **Activity During Reporting Year**

A. EXPENDITURES

Expenditures included are a) funding of Community Benefit and Community Service programs. b) the expenses associated with the

community programs done in conjunction with the new Open Heart Surgery Program (Determination of Need); c) the costs associated with guarantying the salaries of physician for the first two years in Cape Cod in exchange for two years of community services d) donations of equipment, etc to community programs; and, d) the costs of providing free medical care

Although Community Benefits in the broader sense would include any services provided free to the community; however, the Attorney General guidelines differentiate between **Community Benefits Programs** e.g., a program, grant or initiative developed in collaboration with the Community Benefits Council or based upon a community needs assessment that serves the needs of the target population identified in the hospital's Community Benefits Plan and **Community Services Programs** e.g., a program or grant that advances the health or social needs of our residents but is not related to the priorities of the Target Population identified in the Community Benefits Plan. For the purposes of this report, we have divided expenses into these two categories. However, it is important to emphasize that regardless of the sub-title, both expenses have the same altruistic purpose of benefiting the community and represent no financial benefit to the hospital.

During FY 03 CCHC funded 16 "Community Benefit" programs and 9 "Community Service" programs totaling \$1,531,146 (see appendix 5)

Additional Community Benefit expenditures included dollars spent as part of Cape Cod Healthcare's fulfillment of its obligation to the Massachusetts Department of Public Health to allow Cape Cod Hospital to open the Open Heart program.

Also included in FY 03 community benefit expenses are the money invested to attract physicians to Cape Cod and thus, increase access to healthcare services. The program, created to alleviate the shortage of physicians in Cape Cod, physicians are guaranteed full salary for the

first year of practicing in Cape Cod in exchange for 2 years of community services.

B. FUNDED PROGRAMS

B.1. COMMUNITY BENEFITS	\$1,080,406
1. Community Health Centers	\$366,810

There are four community health centers in Cape Cod providing affordable, sliding scale, or free health care to all residents. Located in all three regions of Cape Cod (Upper, Mid, and Lower/Outer), these centers provided accessible care to all Cape Cod residents. Because of the disproportionate share of uninsured residents they see, and the low reimbursement rates from MassHealth, financial assistance from Cape Cod Healthcare is essential for the longevity of these centers.

Each health center applied CCHC funding to meet financial gaps during the year. However, funding was also applied toward creating an efficient Cape-wide community health center network by a) funding Duffy Health Center and Mid/Upper Cape Community Health Center half the salary each of a full –time- joint Chief Financial Officer b) funding a “Feasibility Study” to review the current organization of the Mid/Upper Cape Health center and the Duffy Health Center and provide an organizational structure that would provide for shared administrative, clinical and operational functions.

1.1 Cape Cod Free Clinic at Falmouth	\$66,625
1.2 Duffy Health Center	\$135,850
1.3 Outer Cape Health Services	\$33,000
1.4. Mid/Upper Cape Health Center	\$11,580
1.5. Network Feasibility Study	\$19,755

2. Community Based Interpreter Services \$37,044

VNA of Cape Cod

Considered one of the best interpreter programs in the state, Cape Cod's Community Based Interpreter Program continues to provide excellent medical interpreting services in at least 5 languages to non-English speaking residents.

3. Mobile Health Link \$75,720

VNA of Cape Cod

This 28 feet van travels cape-wide providing health screening and referrals to people with limited access to healthcare. The van is staffed by a nurse and a coordinator and is equipped with an exam room, screening materials and other multilingual health information.

4. Project HOPE \$140,169*

Community Action Committee of Cape Cod and Islands

The Harmonic Outreach model seeks to facilitate linkage to a primary care provider and enrollment into a health insurance program to the thousands of Cape Codder without health insurance.

This program is coordinated by the Community Action Committee which trains and hires Outreach Educators/Enrollment specialists who are assigned to a primary care site (health centers or other medical facilities). These educators screen patients to determine the appropriate health insurance plan, assist with filling out forms. In addition, these educators assist patients identify a primary care provider and, often provide assistance in making the first appointment. Referral to a health and human services program is also part of the outreach educator's role.

(*) funding includes \$34,316 subcontract to Mid Cape Health Center/Cape Cod Free Clinic's outreach and enrollment staff

5. Child Dental Mobile Program \$3,950

Cape Cod Child Development

Provided dental screening, dental cleaning and fluoride treatment and tooth brushing techniques to all Head Start children in Cape Cod.

6. Bilingual Mental Health Counselor \$15,003
Catholic Social Services
The program hired a bilingual and bicultural therapist that made mental health services available to Brazilians in Cape Cod. Until the emergence of this program, mental health services for this growing community were non-existent.
7. Brazilian Advocate \$23,090
Brazilian Organization for Services and Support
This advocate assisted Brazilian immigrants, specially those new in Cape Cod, obtain health and human service information and assistance. In addition, this advocate was the liaison for Cape Cod Hospital to Brazilian patients being discharged from the hospital who need further assistance.
8. Elder Substance Abuse \$6,850
Cape Cod Council Alcoholism
Through a peer educator this program brings information about substance abuse to elders at local sites frequented by seniors e.g., community centers, nursing homes, community groups. In addition, the program provides on-on-one counseling and referrals to elder suffering from alcohol addiction.
9. OB/GYN Services for Un/Under Insured Women \$108,446

This practice run by Dr. Agel, provides free or low-cost Obstetric and Gynecological services to women. Because there is a bilingual medical assistant, this practice serves a large number of Brazilian women.

10. Community Benefits Administration 193,222
Portion of the salary for the Director of Community Benefits, 30% of the salary of an administrative assistant and 40% of the salary of the Director of Community Health.

11. Provincetown AIDS Support Group \$35,100
provide case management services to HIV positive individuals in the Mid-Cape including transportation, counseling, housing assistance.

B.2. COMMUNITY SERVICE PROGRAMS \$450,739

12. Cape Cod Regional Transit \$13,347
Subsidy to the Transit Authority to provide shuttle services to and from Falmouth Hospital and area medical practices to patient's homes and central locations.

13. CCH ER Taxi \$63,518
Taxi Vouchers from Cape Cod Hospitals' Emergency Room to various locations in Cape Cod. An average of 1,800 vouchers are provided per year at an average of \$30 per trip

14. Falmouth Taxi \$5,757
Vouchers to Falmouth Hospital patients without any other means of transportation.

15. The Centers for Health Education \$50,283
These centers, one located at the Cape Cod Mall and the other at Falmouth Hospital provide free information about any health topic. Center staff assist participants to search the web for information as well as distribute brochures and pamphlets. In addition, the Centers' provide referrals to illness –related support groups and conferences. The Centers' health information is available in various languages (special emphasis has been placed in identifying and stocking information in Portuguese)

16. Children's Cove \$33,740
Medical assessments and examinations of children and youth (0-16) victims of sexual abuse. This program is provided through the Barnstable Court System and is available, free of charge, to anyone referred to the program. The grant award covers the salary of a nurse practitioner who conducts the assessments and examinations, develops community educational programs, and testifies in court as needed.

17. Congestive Heart Failure Disease Management \$153,202
This program, managed by Cape Cod Healthcare is available, free of charge, to anyone who suffered a heart attack. The program oversees the provision of a standard education program, and monitors weight, breathing, and exercise tolerance. In addition, the nurse case managers arrange medical interventions and work closely with each patient's cardiologist. As a result of the lack of reimbursement for this service CCHC was forced to phase out this program during FY 03.

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|---|------------------------------|----------|
| 18. | Family Care Living | \$97,591 |
| An adult foster care program for adults with chronic health conditions, including mental retardation, physical disabilities, older adults, and people with AIDS. The program served an average of 66 patients during FY 03. Although some program components are covered by Medicaid, funding from community benefits compensates for the negative balance to operate the program | | |
| 19. | Falmouth Hospital RX Program | \$9,085 |
| Provide vouchers for medications to emergency room patients with low income. | | |
| 20. | Cape Cod Hospital RX Program | \$24,239 |
| Provide vouchers for medications to emergency room patients with low income | | |

B.3. OPEN HEART Determination of Need \$157,019

“Cape Cod’s Cardiovascular Initiative” was funded as part of CCHC’s commitment to the Massachusetts Department of Public Health community benefits provision for allowing Cape Cod Hospital to start and operate an Open Heart Surgery program.

FY 03 was the first year of implementation of this five year initiative. During this year we set up and successfully implemented the following cardiovascular health programs:

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|-----|--------------|----------|
| 21. | MD Education | \$41,919 |
|-----|--------------|----------|

The goal of this program is to encourage all primary care doctors in Cape Cod to adhere to evidence based clinical guidelines for diabetes, hypertension, cholesterol, and smoking. To accomplish this goal, the program created a coordinated referral network for smoking cessation, diabetes, nutrition, and exercise; created cardio-referral “prescription pads” for MDs to efficiently refer patients for the services mentioned above.

22. School Nutrition \$15,000

Changing the menu of the schools in Cape Cod is the goal of this program. During FY 03, we worked in partnership with the Barnstable schools to change the lunch menu. The program has expanded its goal to include a reduction in the sale of “junk foods”. However, because the profit from sale of these finance extra-curricular activities, the Cardio School Nutrition Project has created a youth entrepreneur program that will teach high school students to set up and run businesses. The profit from these student-run businesses will replace the funding the “junk food”.

23. Brazilian Cardiovascular Health Education \$15,100

Through culturally appropriate meals and behaviors, this program seeks to educate the large number of Brazilians living in Cape Cod about cardiovascular disease prevention. The program will tailor a peer-based and very successful curriculum developed by the National Institutes of Health for the Brazilian community. During FY 03, a bilingual nutritionist worked with an Advisory group of Brazilians in adapting and translating this curriculum.

24. Project HOPE Mid-Cape expansion \$35,000

Project HOPE (see # 4 under Community Benefits). As a result of the high volume of uninsured individuals requesting enrollment into a public health insurance and a referral to a primary care doctor, the program was funded to add one more tri-lingual (Portuguese, Spanish, and

English) to their staff. Although this program provides services Cape-wide, this new position will focus on serving residents of the Mid-Cape where the program has experienced the highest influx of uninsured families.

25. Cardiovascular Project Management \$50,000
Day to day coordination of the implementation as well as identifying and hiring experts for each component, developing and tracking Cape-specific data, and ensuring compliance with Massachusetts Department of Public Health's regulations.

B.4. NET CHARITY CARE \$7,026,260

This expenditure reflects the actual costs, and not the hospital's charge, of providing free care. Excluded are reimbursements made by state and federal government or payments from the Massachusetts Uncompensated Care Pool.

The largest amount of Net Charity Care was provided by Cape Cod Hospital at \$4,973,619; Falmouth Hospitals costs were \$2,052,641.

B.4. CORPORATE SPONSORSHIPS \$1,296,215

1. Forgiveness of Physician Debt \$1,267,215
Falmouth Hospital \$768,812
Cape Cod Hospital \$498,403

Cape Cod Healthcare recruits physicians into the community and guaranties income during the initiation of their practice. If after two years the MD is not able to re-pay the loan, the MD may apply for "Forgiveness of Physician Debt" by submitting a plan to provide community services which include

- (1) caring for MassHealth and medicare patients, and
 - (2) providing 8-12 hours of community service:
 - a. conduct or actively participate in community medical educational sessions or programs.
 - b. conduct or actively participate in medical screening programs.
 - c. provide clinical services sessions (at no charge) to the community.
 - d. Become competent in French, Spanish, or Portuguese and actively market the practice to Cape residents who speak these languages.
 - e. Documented increase in access by adding 8-12 office hours during holidays, weekends, and/or evenings
2. Cape Cod Community College \$29,000
 Cape Cod Healthcare donated equipment including portable and wall suction units, stretchers, oxygen units, etc to be used by students as part of their academic training

VI. Summary of Community Benefit Expenditures

TYPE	ESTIMATED TOTAL EXPENDITURES FOR [REPORTED FISCAL YEAR]	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR]*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses \$1,030,406 see appendix 5 (2) Determination of Need Expenditures \$157,019 (5) Other Leveraged Resources \$4,135,870 see appendix 6 for grants	\$1,100,000
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses \$450,739 See appendix 5 (5) Other Leveraged Resources \$483,023 see appendix 5	

NET CHARITY CARE	\$7,026,260	
CORPORATE SPONSORSHIPS	\$1,296,215	
	TOTAL \$14,550,652	
Cape Cod Healthcare: Cape Cod Hospital and Falmouth Hospital TOTAL PATIENT CARE RELATED EXPENSES: \$357,721,000		

VII. PLANS FOR NEXT FISCAL YEAR

Because no new community benefit dollars were available for FY 04, the decision was made by both the Community Health Committee and the Community Benefits Advisory Council to level fund programs for FY 04. However, a Community Services program (Congestive Heart) and a Community Benefits program (Mobil Health Link) were eliminated from the FY 04 budget. With regards to Congestive Heart, the program was eliminated due to the lack of reimburse-ability from insurance companies for the care management services provided to patients with congestive heart. Mobil Health Link, a program managed by the VNA of Cape Cod, will continue to operate but funding will be obtained through local fundraising efforts instead of CCHC community benefit dollars.

The following table provides an overview of program funding for FY 04,

TYPE	PROGRAM	* ENTITY	BUDGET
COMMUNITY BENEFITS			
	INTERPRETER SERVICES	CCHC	31,500
	PROJECT HOPE	CCHC	132,654
	BILINGUAL MENTAL HEALTH COUNSELOR	CCHC	20,000
	CHILD ABUSE EVALUATION	CCHC	32,000
	ELDER SUBSTANCE ABUSE OUTREACH	CCHC	5,000

	BRAZILIAN HEALTH ADVOCATE	CCHC	20482
	GRANT CENTRAL STATION	CCHC	25,000
	COMMUNITY BENEFITS ADMINISTRATION	CCH	193,000
	OB GYN PRACTICE – DR. AGEL	CCH	50,000
	COMMUNITY HEALTH CENTERS	CCHC	350,000
	SUBTOTAL COMMUNITY BENEFITS		826,636
COMMUNITY SERVICES	CCH TAXI	CCH	65,000
	FALMOUTH TAXI	FH	4,000
	CC REGIONAL TRANSIT	FH	14,560
	FALMOUTH HOSPITAL Rx	FH	11,000
	CAPE COD HOSPITAL Rx -	CCH	22,000
	FAMILY CARE LIVING	CCH	50,000
	CENTERS FOR HEALTH EDUCATION	FH	50,000
	SUBTOTAL COMMUNITY SERVICES		166,560
DoN Open Heart			
	MD Education	CCH	\$75,209
	Brazilian Education	CCH	\$28,000
	Grant Central Station (data)	CCH	\$15,000
	Specialty Clinic	CCH	\$26,000
	HOPE Expanded Outreach	CCH	\$54,000
	Wampanoag Health Office	CCH	\$25,000
	Program Management	CCH	\$25,109
	Subtotal Open Heart DoN		\$248,309
FY 04	TOTAL		\$1,291,505

VII. CONTACT

If you would like more information about Cape Cod Healthcare's Community Health and Community Benefits initiatives please contact:

Lisette Blondet
 Director of Community Benefits

88 Lewis Bay Road
Hyannis, MA 02601

E-mail: lblondet@capecodhealth.org
Telephone: (508) 862-5044
Fax: (508) 790-0030

APPENDIX 1

CCHC'S BOARD OF TRUSTEES' COMMUNITY HEALTH COMMITTEE MEMBERS

NAME	AFFILIATION
Bartlett, RN, Cheryl	Community Action Committee of Cape Cod
Hathaway, BL	L/O Cape Community Coalition
Hight, Alan	Wellfleet Fire Department
Jones, Megan	Upper Cape Health Advisory Council
Kerwin, Peter	Falmouth Human Services
Lowell, Victoria	Cape Cod Healthcare Board of Trustees
Macallister, Robert	Rogers & Gray Insurance Company
Tarr, MS, RN, Judith	VNA of Cape Cod
Agel, MDIliam	OB/GyN Cape Cod Hospital
Vanderhoef, Sheila, Chair	Town of Eastham Administrator

APPENDIX 2

FY 02 COMMUNITY BENEFITS ADVISORY COUNCIL

NAME	TITLE	AFFILIATION
Bartlett, Cheryl	Director	Community Action Committee
Best, Judith	Executive Director	O'Neil Health Center
Bouvier, Josie	Community Services Manager	VNA of Cape Cod
Barboza, Carlos	Board Member	Brazilian Organization for Services and Support
Butler, Rachel		
Clark, Alexandra	Board Trustee	Cape Cod Healthcare
DiCarlo, Liz	Project Director	Lighthouse Health Access Alliance
Fogelgren, Roy	President	Cape Cod Council of Churches
Hathaway, BL	Coalition Coordinator	L/O Cape Community Coalition
Iafrate, Linda	Health Coordinator	Cape Cod Child Development
Lowell, Victoria	Board Trustee	Cape Cod Healthcare
MacLeod, Pat	HOPE Program Manager	Community Action Committee
Muzi, Ingrid	President	Brazilian Organization for Services
Pettengill, George		Community Member

Schnepf, Paula	Executive Director	Falmouth Free Clinic
St. Clair, Jane	Executive Director	MUCCHC
Stewart, Len	Director of Human Services	BC Dept of Human Services
Williams, Ann		Community Member
Williams, Susan	Executive Director	Outer Cape Health Services

APPENDIX 3

CBAC Planning Cycle

Month	CBAC Activity
November	Needs Assessment--Lower Cape
December	Needs Assessment--Mid-Cape
January	Needs Assessment--Upper Cape
February	Review needs assessment findings and prioritize needs
March	Review/revise 3-5 year goals and develop annual goals as priority areas for RFP Distribute RFP
April	Joint CBAC and CHC meetings to discuss priorities and target level of gross community benefits
May	Clarify proposal review process Proposals due
June	Review proposals and make prioritized recommendations for funding (to go to the CHC)
July	Plan needs assessment efforts (for upcoming year) What do we want to know, about whom, how will we collect the data?

August	Review needs assessment plan Notify those recommended for funding
September	Review draft community benefits narrative
End of October	Review evaluations of last year's projects Begin funding

APPENDIX 4

CCHC COMMUNITY BENEFITS APPLICATION

Please do not exceed 5 pages, including budget justification and timeline.

1. STATE THE PROBLEM

- 1.1. What is the problem your program seeks to address?
- 1.2. Is there any data that quantifies the problem?

2. WHAT IS YOUR VISION FOR A SOLUTION

- 2.1. What measurable changes will we observe in the community if this program is successful?
- 2.2. How is a collaborative effort (Funding Area 2) going to improve your ability to improve access to primary care?

3. DESCRIBE THE PROGRAM

- 3.1. How will this program contribute to accomplish your organizations' vision for improving health care access in Cape Cod?
- 3.2. What will this program do? (GOALS)
- 3.3. How will this program do it? (OBJECTIVES)
- 3.4. What specific activities do you plan to carry out? (ACTIVITIES)
- 3.5. When do you plan to conduct these activities? (TIMELINE)

4. DESCRIBE THE COMMUNITY THE PROGRAM WILL SERVE

- 4.1 Who are the Cape residents whose lives will be improved because of this program?
- 4.2 Why are these residents not currently getting the services the program will provide?

5. DESCRIBE THE ORGANIZATION THAT WILL OVERSEE THE PROGRAM

- 5.1 What is the organization's mission?
- 5.2 What experience does the organization have serving the community or group the proposed program will assist?
- 5.3 How will the community this program seeks to serve be a part of the planning and monitoring of the program?
- 5.4 Is the board of directors representative of the community being served?

6 PROGRAM STAFFING

- 6.1 Who will staff the program?
- 6.2 How will the program staff be supervised?
- 6.3 How will the staff be selected; what qualifications will you be looking for?

7 FUNDING REQUEST

- 7.1 What is the dollar amount you are requesting from CCHC?

- 7.2 Please itemize amount requested following attached Budget Form.
- 7.3 Please provide the total budget amount of your organization and names of other sources that fund your organization.
- 7.4 Describe what aspects, if any, of the proposed program are being funded through other sources.

8 WHAT IS YOUR FINANCIAL “VISION” FOR THIS PROGRAM IN 2004?

- 8.1 How would the program be funded in two years?
- 8.2 How will the funding you are requesting from CCHC help you attain more stable/sustainable funding in the future?

9 COLLABORATIONS (2 letters of support)

**PROGRAM BUDGET
FY 2002**

Organization's NAME: Program Name: TOTAL Program Cost TOTAL Amount Requested from CCHC: Start Date: _____ End Date: _____

I. PERSONNEL

A. STAFF SALARIES (*)

A.1 Position title: _____

A.2 Please describe the role of this individual in accomplishing program goals

A.3 FULL salary amount: \$ _____

A.4 % of salary requested from CCHC ___ FTE

A.5 amount of salary requested from CCHC \$ _____

A.6 Fringe benefits rate: _____ %

A.7 Fringe benefits dollar amount requested from CCHC \$ _____

A.8 Total Salary Position 1 (*) \$ _____

A.9 Sub-total staff salary (for all staff positions) \$ _____

B. CONSULTANT(S)

B.1 Hourly Rate \$ _____

B.2 Number of Hours _____

B.3 Please describe the role of this individual in accomplishing program goals

B.4 Total Consultant 1 (*) \$ _____

B.5 Sub-Total Consultants \$ _____

C. Sub-total Personnel (A.9 + B.5) \$ _____

(*) If you are requesting funding for more than one position/consultant, please add a sheet for each answering the above stated questions for each position/consultant.

**CCHC COMMUNITY BENEFITS
PROGRAM BUDGET FY 2003
NON-PERSONNEL COSTS**

II. NON-PERSONNEL

Please itemize (Office Supplies, etc)

Amount

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

SUB TOTAL NON- PERSONNEL \$ _____

SUB-TOTAL PERSONNEL \$ _____

III. TOTAL AMOUNT REQUESTED \$ _____

APENDIX 5

Project Summary Community Benefits FY 03 Expenditures

		GROSS COMMUNITY BENEFIT	LEVERAGED RESOURCES	NET EXPENDITURE
TYPE	PROGRAM			
COMMUNITY BENEFITS	MOBIL HEALTH LINK	\$ 75,720		75,720
	VNA INTERPRETER SERVICES	37,044		34,044
	PROJECT HOPE	140,169		140,169
	BRAZILIAN HEALTH ADVOCATE	23,090		23,090
	COMPREHENSIVE CHILD DENTAL PROJECT	3,950		3,950
	AIDS SUPPORT GROUP - HYANNIS	35,100		35,100
	DUFFY HEALTH CENTER	135,850		135,850
	CAPE COD FREE CLINIC	66,625		66,625
	OUTER CAPE HEALTH SERVICES	33,000		33,000
	MUCCHC	111,580		111,580
	SUBSTANCE ABUSE PREVALENCE	25,000		25,000
	ELDER SUBSTANCE ABUSE	6,853		6,853
	BILINGUAL MENTAL HEALTH	15,003		15,003
	CHC NETWORK FEASIBILITY	19,755		19,755
	COMMUNITY BENEFITS ADMIN	193,222		193,222
	OBGYN PRACTICE- Dr Agel	1,204,816	1,096,370	108,446
TOTAL Community Benefits		2,126,776	1,096,370	1,030,406
COMMUNITY SERVICE	CC REGIONAL TRANSIT	13,347		13,347
	CCH TAXI	63,518		63,518
	FALMOUTH TAXI	5,757		5,757
	CENTERS FOR HEALTH EDUCATION	50,283		50,283
	CHILDREN'S COVE	33,740		33,740
	CONGESTIVE HEART	153,202		153,202
	FAMILY CARE LIVING	580,593	483,023	97,570
	FALMOUTH HOSPITAL RX PROGRAM	9,085		9,085
	BROOKS CCH RX PROGRAM	24,239		24,239
	TOTAL Community Service		933,742	483,023
OPEN HEART	PROJECT HOPE ER	35,000		35,000
	SCHOOL NUTRITION	15,000		15,000
	MD CARDIO EDUCATION	41,919		41,919
	BRAZILIAN CARDIO EDUCATION	15,100		15,100
	PROJECT MANAGEMENT	50,000		50,000
	TOTAL Open Heart DoN		157,019	
FY 2003	GRAND TOTAL	3,217,558	1,579,393	1,638,165

APPENDIX 6

GRANTS AND CONTRACTS FOR COMMUNITY HEALTH SERVICES

VNA of CC			\$837,904	
GRANT	PURPOSE	2003 BUDGET	2004 BUDGET	Source of funds
Avon Foundation Breast Care Fund	Recruitment and follow up of women, education, interpreter services for breast health	\$60,000	\$60,000	Avon Foundation Breast Care Fund FY 1/01/04-12/31/04
Women's Health – medical	Intake, enrollment, case management, education, follow up	\$520,800	\$514,000 (approx \$171,000 annual)	Mass DPH FY 7/01/01 – 6/30/04
Women's Health – Medical services fee for service	Medical services	\$336,000	\$336,000 (approx \$112,000 annual)	Mass DPH FY7/01/01/-6/30/04
Women's Health – CVD	Case management, risk reduction counseling for women with out of normal range findings on chronic disease, breast, and cervical screening and diagnostics.	\$500,500	\$503,500 (approx \$168,000 annual)	Mass DPH FY 7/01/01-6/30/04
Men's Health Partnership Medical fee for medical services	Outreach, education, & screening (prostate, cardiac risk factors and glucose)	\$75,000	\$75,000 \$80,000	Mass DPH FY7/01/03 – 6/30/04
CBIS operational support	Interpreter program development and delivery	\$1,700	\$50,000	Blue Cross Blue Shield of Massachusetts Foundation
Cultural Competency	CBIS	\$0	\$10,000	Kenneth B. Schwartz Foundation
HIV Home Health	Anonymous Testing, counseling, and case management	\$110,000	\$88,000	Mass DPH through Town of Provincetown
HIV Home Health	Homemaking	\$10,000	\$8,904	Provincetown
Parenting support – Mashpee	Support groups for Mashpee parents	\$14,000	\$14,000	Town of Mashpee
Family Home visits - Falmouth	Home visits to high risk new moms	\$1,000	\$1,000	Falmouth Public Schools
Cape Cod Hospital			\$1,062,658	
GRANT	PURPOSE	2003 BUDGET	2004 BUDGET	SOURCE OF FUNDS

School-Based Health Center	Provide additional health services to students of Barnstable High School	\$70,000	\$70,000	MA Dept of Public Health
Counseling & Testing Grant	HIV Counseling & Testing services to the Greater Cape Cod Area & Islands	\$0	\$410,000	MA Dept of Public Health
Ryan White Title III	HIV/AIDS Primary Care and clinical support	\$779,487	\$582,658	Federal Direct – DHHS and HRSA
Falmouth Hospital			\$67,685	
Emergency Preparedness – State grant	Establish an effective State-wide emergency response system.	\$0	\$17,685	Mass Dept of Public Health
Emergency Preparedness -Federal Grant	Emergency response planning, drills and training for the Region.	\$0	\$50,000	Mass Dept of Public Health
Cape Cod Healthcare			\$440,562	
GRANT	PURPOSE	2003 BUDGET	2004 BUDGET	SOURCE OF FUNDS
RN Training Grant	RN Training program for current CCHC employees. Combines College courses with clinical training for working students.	\$216,562	Currently under renewal process	MA Dept of Employment and Training
Extended Care Career Ladder Initiative (ECCLI)	An Education Grant to provide training and advancement within the LTC facilities of CCHC for working CCHC employees.	\$125,000	Currently under renewal process	Commonwealth Corporation (MA Subcontractor)
Kellogg Grant	Community Benefits Grant to foster the Wampanoag Indian Tribe in the pursuit of health care related development and overall advancement.	\$118,400	\$99,000	Kellogg Foundation Direct

CC Human Services			\$630,691	
Outpatient S/A treatment	Payer of last resort for S/A outpatient treatment and outreach to persons with S/A problems not in treatment	\$46,402	36,000	Mass DPH Bureau of Substance Abuse
Options for employment	Assist persons with psychiatric diagnosis enter non subsidized employment	\$133,000	\$133,000	Mass Rehabilitation Commission
Youth Development	Psycho-educational services to youth with substance abuse focus and community development around youth substance abuse prevention	\$71,891	90,000	Mass DPH Bureau of Substance Abuse
Community/School support	Consultation and educational services to schools, agencies, and the community around child mental health issues.	\$50,691	\$50,691	Mass Department of Mental Health
Visions Teen Parent Home	Residential and educational services to parenting adolescents.	\$296,430	\$321,000	Mass department of Social Services (Pays for 5 residential beds. Additional beds paid on per-diem basis if needed up to an additional \$118,260.)