



**Cape Cod Hospital and
Falmouth Hospital**

COMMUNITY BENEFITS REPORT
Fiscal Year 2004

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 and 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, CCHC created the Office of Community Health and hired a Director of Community Benefits in 2000. As a result, we have created strong partnerships with community- based organizations, have attracted millions of dollars from the Federal and State government, as well as local and national foundations; set up an annual request for proposal process to support local efforts to increase access to healthcare services to our most vulnerable neighbors; 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.

If you would like more information about Cape Cod Healthcare's Community Health and Community Benefits initiatives please contact Lissette Blondet, Director of Community Benefits by email: lblondet@capecodhealth.org or by phone (508) 862-5044.

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. INTERNAL OVERSIGHT 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; c) all CCHC Affiliates play an active role in community driven efforts to increase 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.

The OCH reports to the Community Health Committee, a subcommittee of the Board of Trustees of CCHC. The Chairwoman of this committee reports to the Board of Trustees about community health and community benefits efforts on a regular basis. 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 holds six meetings per year 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). The OCH is staffed by a director of Community Health, Robin Rowland, MD, a director of Community Benefits, Lissette Blondet, EdM, and an administrative assistant, Marcia Clark.

Another important outlet for bringing information about community benefits efforts to all levels of the organization is the Managers Retreat. This event is attended by all managers of CCHC who gather twice per year to get updates about the clinical, operation and programmatic activities of all CCHC affiliates.

III. COMMUNITY HEALTH NEEDS ASSESSMENT

No Needs Assessment was conducted in FY 04. Please see section V.

IV. COMMUNITY PARTICIPATION

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) and the new CIINET, a federally funded initiative to strengthen the network of community health centers in Cape Cod.

Through these partnerships CCHC has facilitated the receipt of millions of dollars in grant funding for community initiatives dedicated to increasing access to healthcare to all in Cape Cod. The majority of these funds go directly to community based organizations and community health centers. However, a portion of these grants to improve access to healthcare services, \$3,055,335 in FY 04, are managed by Cape Cod Healthcare and range in scope from School Based healthcare to AIDS treatment (see Attachment 5 for a complete list of FY 04 external grants)

V. 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.**
- 1.5. Increase the proportion of uninsured persons receiving specialty services, including medical, dental and behavioral.**

B. FY 04 FUNDING PRIORITIES

Priorities for FY 04 were the same as FY 03. This decision was made by both the Community Health Committee and the Community Benefits Advisory Council to level fund the majority of programs in FY 04 for two reasons,

- a. No new dollars were available to fund new initiatives
- b. The already funded programs were having a real impact on reducing health disparities

The only priority eliminated was the one pertaining to Substance Abuse that was accomplished In FY 03 with the completion of a study to explore the prevalence of substance abuse in Cape Cod.

In addition, FY 03 Priority 2: Increasing Access to Mental Health Services was expanded to include children and adolescents, in addition to Brazilians.

Therefore, programs funded in FY 04 sought to:

1. Increase Access to Primary Care and Screening Services.

1. 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.

2. 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.

3. STRENGTHEN THE ROLE OF COMMUNITY HEALTH CENTERS

A. strengthen the administrative capacity of the "Cape Cod Community Health Center Network" (Cape Cod Free Clinic, Duffy Health Center, Mid/Upper Cape Health Center, and the Outer Cape Health Services).

- a. increasing shared administrative functions and costs
- b. increasing shared clinical staff

B. increase the availability of affordable primary care services through the four community health centers.

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

2.. Increase Access to Mental Health Support Services for

1. Brazilian adults and children (bi-lingual services)
 - o recruit and hire a qualified bilingual mental health provider.
2. Children and Adolescents
 - o increase psychiatric services for children and adolescents

3. Increase Access to Oral Health Services

1. increase the proportion of children and adults who use the oral health care system each year
2. 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

4. Increase Access to Specialty Care Services

- o 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.

5. Increase Advocacy Services including Family Advocacy

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

Programs funded to accomplish these goals must submit an application (appendix 5). Quantifiable outcomes resulting from their interventions are part of these applications. That is, program accountability is built into the application itself. Programs are required to establish benchmarks against which the program can be evaluated at the end of the year. For example, enroll 2,000 Cape Codders into health insurance programs, provide 900 hours of interpreting services, provide 1,000 hours of bilingual mental health counseling.

VI. PROGRESS REPORT: Activity During Reporting Year
A. EXPENDITURES

PROGRAM	*ENTITY	GROSS COMMUNITY BENEFIT	NET EXPENDITURE	PROGRAM BUDGET
DUFFY HEALTH CENTER	CCHC	50,000	50,000	50,000
CAPE COD FREE CLINIC	CCHC	50,000	50,000	50,000
OUTER CAPE HEALTH SERVICES	CCHC	50,000	50,000	50,000
MUCCHC	CCHC	50,000	50,000	50,000
ELLEN JONES DENTAL HEALTH CENTER	CCHC	7,500	7,500	50,000
PROJECT HOPE	CCHC	59,415	59,415	67,030
VNA INTERPRETER SERVICES	CCHC	36,953	36,953	31,500
OB GYN PRACTICE – DR. AGEL	CCH	2,098,412	128,245	250,000
ELDER SUBSTANCE ABUSE OUTREACH	CCHC	4,999	4,999	5,000
BRAZILIAN MENTAL HEALTH	CCHC	20,000	20,000	20,000
COMMUNITY BENEFITS ADMINISTRATION	CCH	120,967	120,967	111,553
SUBTOTAL Community Benefits Programs		2,548,246	578,079	735,083
CCH TAXI	CCH	19,799	19,799	60,000
FALMOUTH TAXI	FH	4,858	4,858	8,000
FALMOUTH HOSPITAL Rx	FH	9,667	9,667	11,000
CAPE COD HOSPITAL Rx	CCH	9,068	9,068	22,000
SCHOOL BASED MENTAL HEALTH	CCHC	3,338	3,338	55,000
CHILD ABUSE EVALUATION	CCH	34,596	34,596	32,000
BEHAVIORAL HEALTH SLIDING SCALE	CCHC	59,215	59,215	84,000
SUBTOTAL Community Service Programs		140,541	140,541	272,000
PROJECT HOPE @ ER	CCH	35,649	35,649	40,000
MD CARDIO EDUCATION	CCH	48,464	48,464	40,000
SPECIALTY CLINIC	CCH	-	-	5,000
COMMUNITY BENEFITS ADMINISTRATION	CCH	32,568	32,568	30,000
CENTERS FOR HEALTH EDUCATION	CCH	49,048	49,048	40,000
WAMPANOAG DIABETES	CCH	18,624	18,624	10,000
SUBTOTAL Open Heart DoN		184,353	184,353	165,000
PROJECT HOPE @ ER	CCH	53,473	53,473	60,000
BRAZILLIAN HEALTH ADVOCATE (BOSS)	CCH	2,741	2,741	5,000
PSYCHIATRIC CASE MANAGEMENT	CCH	70,953	70,953	115,201
MINI GRANTS	CCHC	14,829	14,829	20,000
CHC MEDICATIONS NETWORK	CCH	95,692	95,692	100,000
SANE (SEXUAL ASSAULT)	CCH	32,900	32,900	32,900
COMMUNITY BENEFITS ADMINISTRATION	CCH	32,568	32,568	30,000
GRANT CENTRAL STATION	CCHC	13,437	13,437	10,000
SUBTOTAL Bed Tower DoN		316,593	316,593	373,101
SUBTOTAL ALL COMMUNITY BENEFITS		3,189,732	1,219,565	1,545,184

NET CHARITY CARE	FH/CCH	7,707,416	7,707,416	3,025,455
MD FORGIVENESS	FH/CCH	1,529,753	1,529,753	1,600,000
GRAND TOTAL		\$12,426,901	\$10,456,734	\$6,170,639

Expenditures included are

- a. the 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 and the Bed Tower Programs (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; and,
- d. the costs of providing free medical care

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.

As explained in the previous section, most programs funded in FY 03 were level funded in FY 04. However, four community benefit programs and two community service programs funded in FY 03 were not funded in FY 04. Namely,

1. Mobil Health Link, the van providing blood pressure, cholesterol and diabetes screening continues to provide services to un-insured Cape Codders but it was funded through the VNAs philanthropy efforts.
2. AIDS Support Group- Hyannis Office continues to provide services to HIV+ Mid Cape residents. However, their services do not fit within the priorities established by the CBAC and funding was discontinued.
3. Substance Abuse Prevalence Study was completed during FY 03; therefore, there was no need for continued funding in FY 04.

4. Child Dental Mobil Program purchased all the equipment needed during FY 03 with CCHC funding and did not require additional funds. However, it continues to provide dental screening and referrals to all Head Start Children.
5. Congestive Heart Failure, a community service program dedicated to providing free care management to patients who suffered a heart attack was discontinued due to the high cost of the service and the lack of reimbursement from health insurance companies.
6. Family Care Living no longer requires a subsidy to provide services to disabled adults in foster care

At the recommendation of the Community Benefits Advisory Council and with the approval of the Community Health Committee, two initiatives were added to the FY 04 Community Benefits budget,

1. The "Mini-grant" program which awards small grants (less than \$10,000) outside of the funding period to local programs. The availability of these funds allows responding to meeting emerging needs outside of the funding cycle.
2. Grant Central Station, a fund to assist local organizations with proposal writing, program evaluation and data.

Worth noting is the drastic reduction of "community service" associated expenses from \$450,739 in FY 03 to \$140,541 in FY 04. These reductions were the result of a conscientious decision by CCHC to reduce internal (community service) rather than external (community benefit) programs during a financially vulnerable year.

One program, Congestive Heart Failure, was eliminated and other programs were sharply reduced. For example, taxi expenses for CCH went from \$ 63,518 in FY 03 to \$19,799 in FY 04.

B. FUNDED PROGRAMS

During FY 04 CCHC funded 15 "Community Benefit" programs and 13 "Community Service" programs.

For the purposes of reporting on expenditures made during the fiscal year to both the Attorney General's Office Community Benefits and the Department of Public Health's Determination of Needs to meet our agreement and obligations, with these entities three categories of expenditures will be reported.

1. Community Benefits (Attorney General's Office Report)

2. Open Heart (Massachusetts Department of Public Health)
3. Bed Tower (Massachusetts Department of Public Health)

Because there are some programs e.g. Community Health Center Network and Project HOPE that have both Attorney General and Department of Public Health expenditures, the total amount of CCHC's contribution toward the program will be stated on the initial section, Community Benefits, and the specific breakdowns for each entity will be noted in each of the three expenditure sections.

B.1. COMMUNITY BENEFITS

1. Community Health Centers	\$ 303,192
Community Benefits	\$207,500
Bed Tower DoN	\$95,692

There are four community health centers in Cape Cod providing affordable, sliding scale, or free health care to all residents. They are located in all four regions of Cape Cod (Upper, Mid, Lower, and Outer). As demonstrated by the number of patients seen by a primary care provider or dentist, these centers represent a critical link for un- and under-insured Cape Codders to obtain medical and oral health services.

CCHC funding of these centers aimed to strengthen their capacity to operate as a network. That is, whenever possible, to share systems and staff in order to maximize resources and improve their ability to provide a broader spectrum of services to the un and underinsured in Cape Cod.

Funds were dedicated to pay for a portion of the salaries of senior management at each of the health centers (CEO and/or CFO).

FY 04 Outcomes

Medical Visits (either to a physician or a nurse practitioner)

a.	Outer Cape Health Services	34,935 patient visits
b.	Duffy Health Center	20,820 patient visits
c.	Cape Cod Free Clinic	3,674 patient visits
d.	Mid/Upper Cape Health Center	2,927 patient visits

Dental Visits

a.	Mid/Upper Cape Health Center	5,574 patient visits
b.	Ellen Jones Dental Center	5,506 patient visits

2. Project HOPE	\$148,537
Community Action Committee of Cape Cod and Islands	
Community Benefits	\$59,415
Open Heart DoN	\$35,649
Bed Tower DoN	\$53,473

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 Codders without health insurance.

Project HOPE enrolled 4,367 individuals into Free Care or a Public Health Insurance Program (MassHealth, Healthy Start, Children Medical Insurance Plan).

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, and 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 a \$34,316 subcontract to Mid Cape Health Center/Cape Cod Free Clinic's outreach and enrollment staff, and a portion of the salary of the Program Manager.

FY 04 Outcomes

Enrolled 4,367 of Cape Cod residents into Free Care or Public Health Insurance Programs:

a.	Free Care	2,451
b.	Mass Health	1,208
c.	Children Medical Security Plan	98
d.	Healthy Start	74

In addition, Project HOPE linked 2,999 individuals with a primary care provider. For patients with limited English proficiency, these linkages included ensuring the availability of a medical interpreter for the first visit. Project HOPE also referred 51 small business owners to the Insurance Partnership. The program also referred 1,587 patients to other health and social services for additional services such as WIC, the Baby Center, etc.

3. Community Based Interpreter Services	\$36,953
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VNA of Cape Cod

The program deploys certified medical interpreters to physician practices when needed.

FY 04 Outcomes

Provided 947 hours of interpreting to patients with limited English proficiency and their health providers. Because of the availability of interpreting services through the four community health centers all of which serve adults, this grant only covered interpreting for pediatric and specialty practices.

4. OB/GYN Services for Un/Underinsured Women \$128,245 Cape Cod Hospital

Dr Agel's practice serves a very large number of un- and underinsured patients.

The practice strives to meet the needs of all of its patients but in particular that of its large immigrant and poor populations. Indeed, 40% of their patients are Brazilian women and about 25% Latina. To this end, three staff members (two Medical Assistants and a Front Desk Clerical/Outreach Educator) are bilingual and provide referral information to the array of health and human services in the area, as well as one-on-one assistance with Free Care and MassHealth applications. The practice also has a Direct Portuguese Line where patients who call can expect to speak with someone in Portuguese.

The staff of his practice are a testament of CCHC's spirit of community service. As members of the community they serve, staff has been called by patients while in labor and has ended up meeting patients at the hospital to provide comfort during the delivery.

Community Benefits associated with this practice are to cover 65% of the salary of the Medical Assistants, 40% of the RN's and 75% of the salary of the Front desk Clerical who plays an important role in facilitating outreach services for these patients.

5. Elder Substance Abuse Outreach Program **\$4,999**
Cape Cod Council for Alcoholism and Drug Dependency

The program brings information and referrals to senior centers and retirement homes. Services are provided by a senior, who is an Outreach Educator who conducts presentations, one-on-one counseling, and group sessions.

FY 04 Outcomes

Elder Outreach Program served a total of 649 seniors during FY 04.

a.	Visits to Nursing Homes	252
b.	Home Visits	57
c.	Visits to Senior Housing	90
d.	Referrals to Alcohol Treatment	68
e.	Information about AA, Alanon, etc.	182

6. Bilingual Mental Health Counselor **\$20,000**
Catholic Social Services

Through this service, Catholic Social Services has filled a void in mental health services in Cape Cod. As a result of this program, Brazilians with limited English proficiency have access to mental health counseling.

FY 04 Outcomes

During FY 04 a bilingual psychologist saw eighty seven (87) clients. Clients ranged in age from 12 to 54 years old. The therapist provided both individual and group sessions.

7. Community Benefits and Community **\$186,103**
Health Administration

Community Benefits	\$120,967
Open Heart DoN	\$ 32,568
Bed Tower DoN	\$ 32,568

Portion of the salary for the Director of Community Benefits, portion of the salary of an administrative assistant and portion of the salary of the Director of Community Health.

B.2. COMMUNITY SERVICE PROGRAMS **\$140,541**

8. CCH ER Taxi **\$19,799**
Cape Cod Hospital

Taxi Vouchers from Cape Cod Hospital's 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.

9. Falmouth Taxi **\$4,858**
Falmouth Hospital

Vouchers to Falmouth Hospital patients without any other means of transportation.

10. Falmouth Hospital RX Program **\$9,667**
Falmouth Hospital

Provide vouchers for medications to emergency room patients with low income.

11. Cape Cod Hospital RX Program **\$9,068**
Cape Cod Hospital

Provide vouchers for medications to emergency room patients with low income.

12. Children's Cove **\$34,596**
The Cape and Islands Child Advocacy Center

This program provides clinical and support services to children who are victims of sexual abuse and their families. It is a partnership of Barnstable County, The Cape and Islands District Attorney's Office, The Department of Social Services, The Department of Mental Health, and Cape Cod Hospital. The grant covers .5 FTE salary of a nurse practitioner who conducts the assessments and examinations, develops community educational programs, and testifies in court as needed.

FY 04 Outcomes

During FY 04 the Nurse practitioner participated in 145 forensic interviews and conducted 33 medical exams.

13. School Based Mental Health Services **\$3,338**
Cape Cod Human Services

Consultation and triage services provided to high school staff at Barnstable High, Cape Cod Tech, and Nauset High School by Cape Cod Human Services professionals.

FY 04 Outcomes

Twenty nine (29) adolescents were served through this intervention.

14. Behavioral Health Sliding Scale **\$59,215**
Cape Cod Human Services

Behavioral Health services were provided at Cape Cod Human Services to uninsured clients. Payments were based on a sliding fee scale, which takes into account income and family size.

FY 04 Outcomes

339 uninsured patients benefited from the program.

B.3. OPEN HEART Determination of Need **\$184,353**

“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 04 was the second year of implementation of this five-year initiative. During this year we set up and successfully implemented the following cardiovascular health programs:

15. The Centers for Health Education **\$49,048**
Cape Cod Healthcare

These centers, one located at the Mid Cape and the other in the Upper Cape, provide free health information and referrals to self-referred patients as well as patients referred by their PCP. The Centers are the hub of the Cardiovascular initiative; they connect people at risk to needed cardiovascular risk reduction services and information.

FY 04 Outcomes

During FY 04 the Centers provided 16 smoking cessation courses that enrolled 50 participants; conducted 12 classes for 29 participants in Heart Healthy Eating; held a Diabetes Expo attended by 400 people; a

follow up Diabetes Update event with 131 attendees; held a Women and Heart Health Forum attended by 35 people. The program also piloted a 10K a Day program with great success (66 people enrolled in the program).

16. MD Education

\$48,464

Dr. Joely Edwards

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. At the request of physicians, the program created a referral network for smoking cessation, diabetes, nutrition, and exercise which is coordinated through the Centers for Health Education.

The funding pays for an MD consultant who spends one day per week on this project.

FY 04 Outcomes

The consultant issues a quarterly newsletter with information about the latest research on cardiovascular health and recommendations to incorporate these findings into their clinical practices. The newsletter is distributed electronically to all PCPs in Cape Cod. The consultant also provides consultation to the Centers for Health Education, conducts public speaking and researches and distributes an “Annual Clinical Guideline Update” based on the most current recommendations issued by national organizations.

17. Project HOPE Mid-Cape Expansion

\$35,649

Community Action Committee of Cape Cod and the Islands

Project HOPE (see # 4 under Community Benefits). As a result of the high volume of uninsured individuals in the Mid Cape, the program was funded to add one more tri-lingual (Portuguese, Spanish, and English) outreach educator to their staff.

18. Wampanoag Health Office

\$18,624

Mashpee Wampanoag Tribal Council

The Mashpee Wampanoag Tribe was funded to re-instate the Tribal Health Office that will establish health initiatives to improve the health outcomes of tribal members. Emphasis will be placed on a Substance Abuse Initiative and Chronic Disease program (Diabetes, Cancer, and Cardiovascular Health). Funding covered the salary of a half-time project coordinator.

FY 04 Outcomes

The tribe recruited a half time project coordinator who left the program after four months. Another coordinator was recruited and brought to speed to further advance the linkages established by her predecessor. Collaboration has been established with the Centers for Health Education (Falmouth Hospital) to run smoking cessation groups at the Tribal office. Linkages were established with area health centers, project HOPE, and others to improve access to the services offered by these programs/organizations for tribal members. Preliminary meetings were held with the Massachusetts Department of Public Health to follow up on the critical findings of their diabetes study conducted with tribal members in 2002.

19. Cardiovascular Project Management **\$32,568**
CCHC Community Benefits Administration

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. This grant covers a portion of the salary of the Director of Community Benefits, a portion of the salary of the Administrative Assistant, as well as printing and office equipment related expenses.

B.3. BED TOWER Determination of Need **\$316,599**

20. Project HOPE Lower-Cape Expansion **\$53,473**
Community Action Committee of Cape Cod and the Islands

Project HOPE (see # 4 under Community Benefits). Outreach and Enrollment services were expanded to the Lower Cape in anticipation of the Fontaine Reduced Fee Program. HOPE staff assisted in the design of this program to provide low cost primary care to uninsured residents of the Lower Cape who meet eligibility requirement. In addition, this position assisted at Dr. Agel's practice and area pediatric practices with enrollment into Free Care, MassHealth, and Healthy Start.

21. Brazilian Health Advocate **\$2,741**
Brazilian Organization for Services and Support

This advocate assisted Brazilian immigrants, especially 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. Unfortunately, the Brazilian Organization was closed by its volunteer board and only a small portion of the awarded funds were spent

22. Psychiatric Case Management **\$70,959**
Cape Cod Human Services

Services provided through this full time position are non-reimbursable by a third party. Because the availability of child psychiatrists is so limited in Cape Cod, this position allows psychiatrists to increase the number of children and adolescents seen in their practices. The RN in this position provides triage for client/family phone calls, medication refills, responds to other collateral providers and community resources with necessary information, and coordinates and oversees the medication ordering process.

FY 04 Outcomes

As a result of the assistance provided by this position, 2022 child /adolescent visits occurred by the child psychiatrists and APRN, an increase over previous years.

23. Mini-Grants **\$14,829**

The "Mini-grant" program awards small grants (less than \$10,000) outside of the funding period to local programs. The availability of these funds allows responding to emerging needs outside of the funding cycle.

FY 04 Outcomes

- a. VNA Interpreter Annual Conference \$1,227
 10 interpreters attended this statewide event where they gained technical skills and updates on potential revenue streams.
- b. Cape and Islands Integrated Network (CIINet) \$1,000
 This represents CCHC's contribution as per memoranda of agreement to be a member of this consortium that receives \$100,000 annually from HRSA to increase coordination of services through the community health center network.
- c. Falmouth Family Planning \$5,102

Assisted this organization in transitioning from being a program of Health Care of Southeast Massachusetts to becoming a program of the Cape Cod Free Clinic. The grant covered health insurance for the program manager during the 6-month transition.

d. Cape Cod Dentist Care \$7,500

This mini-grant was the local match that allowed the Lower Outer Cape Community Coalition to leverage \$70,000 from the Oral Health Foundation to create a volunteer network of private dentists to provide free or low cost dental care to un- and underinsured patients.

24. Community Health Center Medications Network \$95,692

- a. Outer Cape Health Services
- b. Duffy Health Center
- c. Cape Cod Free Clinic
- d. Mid/Upper Cape Health Center

The Health Center Network agreed to join forces to create a Medications Network to provide medications to un-and underinsured patients. Unfortunately, due to both regulatory and logistical barriers, the Medication Network was not established. Instead each health center dedicated their grant award to assist their patients in obtaining prescription medications.

25. Grant Central Station \$13,437

Grant Central Station is a fund created to assist local organizations with proposal writing, program evaluation and data analysis. The goal of the program is to leverage funding from national and state government and foundations.

- Proposals \$5,625
- Data \$7,812

**26. SANE Sexual Assault
Cape Cod Hospital \$32,900**

This program funds a State Certified SANE program in Cape Cod. The program provides a coordinated community response to victims of sexual assault over the age of 12 and serves victims at Cape Cod and Falmouth Hospitals Emergency Room and Independence House, a community based organization serving victims of domestic violence.

27. Community Benefits Administration

\$32,568

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. This grant covers a portion of the salary of the Director of Community Benefits, a portion of the salary of the Administrative Assistant, as well as printing and office equipment related expenses.

B.4. NET CHARITY CARE

\$7,707,416

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 \$5,631,441; Falmouth Hospital costs were \$2,075,975.

B.5. CORPORATE SPONSORSHIPS

\$1,529,753

1. Forgiveness of Physician Debt

Falmouth Hospital	\$980,505
Cape Cod Hospital	\$549,248

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.

VII. PLANS FOR NEXT FISCAL YEAR

A. The following table provides an overview of projected program expenditures for FY 05,

TYPE	PROGRAM	* ENTITY	BUDGET
COMMUNITY BENEFITS	COMMUNITY HEALTH CENTERS	CCHC	\$360,301
	Community Care for Depression		\$81,178
	Medications Network		\$130,000
	Specialty Network for the Uninsured		\$56,483
	Benefits Coordinators		\$80,000
	Oral Health Emergency		\$12,640
	INTERPRETER SERVICES	CCHC	\$31,500
	PROJECT HOPE	CCHC	\$153,075
	BILINGUAL MENTAL HEALTH COUNSELOR	CCHC	\$20,000
	ELDER MENTAL HEALTH –IN-HOME SERVICES	CCHC	\$60,000
	ELDER SUBSTANCE ABUSE OUTREACH	CCHC	\$6,500
	CHILD AND ADOLESCENT MENTAL HEALTH SYSTEM	CCHC	\$10,000
	BEHAVIORAL HEALTH SERVICES FOR YOUTH	CCH	\$65,500
	SCHOOL BASED HEALTH CENTER PLANNING	CCHC	\$25,000
	SCHOOL BASED MENTAL HEALTH SERVICES	CCH	\$55,000
	INTERPRETER-MEDICAL ASSISTANT TRAINING	CCHC	\$47,565
	GRANT CENTRAL STATION	CCHC	\$50,000
	MINI GRANTS	CCHC	\$50,000
	COMMUNITY BENEFITS ADMINISTRATION	CCH	\$193,000
OB GYN PRACTICE – DR. AGEL	CCH	\$130,000	
WAMPANOAG HEALTH OFFICE	CCHC	\$25,000	
	SUBTOTAL COMMUNITY BENEFITS		\$1,282,441
COMMUNITY SERVICES	CCH TAXI	CCH	\$20,000
	FALMOUTH TAXI	FH	\$ 5,000
	FALMOUTH HOSPITAL Rx	FH	\$11,000
	CAPE COD HOSPITAL Rx	CCH	\$15,000
	CHILD ABUSE EVALUATION	CCH	\$35,000
	MD EDUCATION	CCHC	\$75,000
	CENTERS FOR HEALTH EDUCATION	FH	\$55,000
	BEHAVIORAL HEALTH SLIDING SCALE	CCH	\$75,000
	YOUTH PSYCHIATRIC CARE MANAGEMENT	CCH	\$75,000
		SUBTOTAL COMMUNITY SERVICES	
FY 05	TOTAL		\$1,648,441

B. FY 05 Funding Priorities

The following list of PRIORITIES is the result of input obtained from residents and providers through the "Solutions Forums" held at each of the four regions of Cape Cod; namely, the Upper, Mid, Lower and Outer Cape. These priorities, which outline solutions to gaps in health care access for various un- and under-insured populations, will guide the criteria for funding community-based programs through Cape Cod Healthcare's Community Benefits dollars.

Organizations are encouraged to propose projects that will achieve one or more of the stated objectives within the funding period of October 1, 2004 and September 30, 2005.

PRIORITY 1 INCREASE ACCESS TO PRIMARY CARE

- Objective 1** enroll 1,000 Cape Codders into a public health insurance program
- Objective 2** ensure that all 1,000 public health insurance enrollees have a constant primary care provider

KEY PROJECT COMPONENTS

- Applicant must outline strategies for coordination of outreach and enrollment services Cape-wide.
- Program staff must be certified outreach educators with linguistic capacity to serve non-English speaking clients.
- Application must include memoranda of agreement between applicant and all community health centers/primary care sites participating in project. Memoranda of agreement must include:
 - a. Agreement to have outreach staff participate in the monthly Outreach and Enrollment training meetings.
 - b. Agreement to have a community benefits coordinator on board to process free care applications (e.g., outreach educators do not process free care applications).

PRIORITY 2

STRENGTHEN THE ABILITY OF CAPE COD'S COMMUNITY HEALTH CENTER NETWORK TO PROVIDE COORDINATED SERVICES THAT RESPOND TO CRITICAL NEEDS OF THE UN AND UNDERINSURED

- Objective 1** Create a Medications Network to provide free or reduced cost medications to at least 500 patients
- Objective 2** Respond to oral health emergencies within 24 hours of call
- Objective 3** Train all primary care staff to screen for mental health and substance abuse issues

KEY PROJECT COMPONENTS

- Each of the above objectives constitutes a "project" for which a full proposal must be submitted.
- Only one project will be funded for the Medications Network.
- The Medications Network must outline how residents in each region of Cape Cod will have access to its services.
- Applications for the oral health emergency must outline current as well as new mechanisms for collaboration with other Cape Cod health centers.

PRIORITY 3

INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR ELDERLY AT RISK (65+)

- Objective 1** Conduct a study to demonstrate the effectiveness of in-home psychiatric treatment (therapy and psychotropic medications management) for at least 45 elders-at-risk

KEY PROJECT COMPONENTS

- Study must have an intervention and an evaluation component.
- CLINICAL INTERVENTION conducted by a licensed clinician whose services are third party reimbursable.

Applicants must outline the following 3 components of the intervention:

1. Participant identification
 - a. Criteria for inclusion of study participants.
 - b. Specific staff who will recommend inclusion.
2. Mental Health and Substance Abuse Assessment Tool(s) (*)
 - a. Criteria for selection of mental health assessment tool.
 - b. Criteria for selection of substance abuse tool.

3. Diagnosis and Treatment
 - a. Who will be making the diagnosis?
 - b. How will plan of treatment be outlined?
 - c. Timeline for clinical intervention.
 - d. Who will conduct the therapeutic process?
 - e. Who will dispense and oversee psychotropic medications?
 - f. Where and how will patients be referred for further treatment, if required, beyond the intervention?

- EVALUATION Please state who will be conducting the evaluation of the intervention and describe procedures and timeline for accomplishing the following:
 1. Patient agreement/consent.
 2. *PRE&POST TEST (Mental Health/Substance Abuse Assessment).
 3. Patient satisfaction at the end of the intervention.

Objective 2 Cross train at least 60 non-mental health staff providing direct services to elders to recognize symptoms and make referrals for mental health disorders

KEY PROJECT COMPONENTS

- Training curriculum outline must be included in the proposal.
- Training should assist participants in recognizing and making appropriate referrals for geriatric mental health issues including:
 - Substance Abuse
 - Depression
 - Anxiety
 - Eating disorders
 - Obsessive compulsive disorders
- Proposal must include pre/post training evaluation plan to demonstrate knowledge acquisition and comfort level of front line staff dealing with mental health issues.

**PRIORITY 4
INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR
CHILDREN AND ADOLESCENTS**

Objective 1 Create a model of acute care for children and adolescents

KEY PROJECT COMPONENTS

- The model must be developed with input from all area mental health providers serving children and adolescents; therefore, specific mechanisms for collaboration as well as a planning timeline must be included in the proposal.
- Model must outline specific strategies for
 - a. Increasing Cape Cod's capacity for acute care/emergency services for children and adolescents in crisis.
 - b. Access to psychotropic medications management.
 - c. Increase access to psychotherapeutic interventions.

Objective 2 Increase the availability of child psychiatrists

KEY PROJECT COMPONENTS

- Matching funds will be available to hire a child psychiatrist to provide medications management and other needed services to children with a mental health diagnosis.

**PRIORITY 5
ELIMINATE RACIAL AND ETHNIC DISPARITIES FOR ACCESSING
HEALTH CARE**

Objective 1 Provide mental health counseling in Portuguese to at least 150 Brazilians in need of these services.

KEY PROJECT COMPONENTS

- Mental health provider must be fluent in Portuguese.
- Proposal must outline how patients who require medications will be referred for psychiatric services.

Objective 2 Provide 900 hours of medical interpreting for non-English speaking patients.

KEY PROJECT COMPONENT

- Services must be provided in the areas of pediatrics and specialty care only (e.g., not primary care).
- Strategies for marketing interpreter services among pediatric and specialty care services must be included in the proposal.

Objective 3 Train 15 Brazilian certified interpreters as medical assistants

KEY PROJECT COMPONENTS

- Project must be planned and implemented in collaboration with at least 3 physician practices currently not providing services to the Brazilian community.
- Candidates for the program must be certified medical interpreters.

Objective 4 Establish a diabetes control program within the Wampanoag Health Office

KEY PROJECT COMPONENTS

- Funding will be available to support .5 FTE of a program coordinator who will develop the diabetes control model and seek additional funding.
- Proposal must include specific strategies for recruiting participants into the program.

PRIORITY 6

INCREASE ACCESS TO AFFORDABLE SPECIALTY SERVICES

Objective 1 Create a Cape-wide network of Specialists that provides reduced fee specialty care services in a coordinated manner to at least 50 individuals

KEY PROJECT COMPONENTS

- Ensure the availability of the following specialties: Cardiology, Orthopedics, Oncology, Ear, Nose, and Throat; Dermatology, Endocrinology, and General Surgery.
- The program must be done in coordination with Cape Cod's Community Health Center Network as well as primary care practices providing free or reduced fee care (e.g., Primary Care Internists).

**PRIORITY 7
INCREASE SCHOOL BASED HEALTH CARE SERVICES**

Objective 1 Replicate the highly successful Barnstable High School Health Center

KEY PROJECT COMPONENTS

- Funding will cover salaries of all staff for a maximum of six months or as soon as services become third party reimbursable.
- Project must include a strong mental health component.
- Proposal must be done in collaboration with the school where the health center will be based.

VII. Contact Information

If you would like more information about this report please contact

Lissette Blondet
Director of Community Benefits
Cape Cod Medical Center
40 Quinlan Way
Suite 202
Hyannis, MA 02601

lblondet@capecodhealth.org

Phone: (508) 862-5044

Fax: (508) 862-7334

APPENDIX 1

CCHC'S BOARD OF TRUSTEES' COMMUNITY HEALTH COMMITTEE MEMBERS FY 04

NAME	AFFILIATION
Bartlett, RN, Cheryl	Community Action Committee of Cape Cod
Claus, Eleanor	Cape Cod Healthcare Board of Trustees
Hathaway, BL	L/O Cape Community Coalition
Hight, Alan	Wellfleet Fire Department
Sanborn, Robert	Cape Cod Healthcare Board of Trustees
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, MD, William	OB/GYN Cape Cod Hospital
Vanderhoef, Sheila, Chair	Town of Eastham Administrator

APPENDIX 2

FY 04 COMMUNITY BENEFITS ADVISORY COUNCIL

NAME	AFFILIATION
Al-Hachem, Valerie	Infectious Disease Clinical Service
Baker, Mark	Provincetown AIDS Support Group
Bartlett, RN, Cheryl	Community Action Committee
Brookshire, Jill	AIDS Support Group
Best, Judith	O'Neil Health Center
Bouvier, Josie	VNA of Cape Cod
Barboza, Carlos	Colors of Cape Cod
Butler, Rachel	Cape End Manor
Canavari, Sue	Cape Cod Child Development
Clark, Alexandra	Cape Cod Healthcare Board of Trustees
Currier, Elizabeth	MUCCHC
Davis, Karen	L/O Cape Community Coalition
Goyer, Claire	Duffy Health Center
Hallahan, Pat	Outer Cape Health
Hathaway, BL	L/O Cape Community Coalition
Horan, June	Cape Cod Child Development
Iafrate, Linda	Cape Cod Child Development
Kennedy, Adria	Outer Cape Health Services
Lichman, Anita	MSPCC
Lineaweaver, Tim	Lighthouse Health Access Alliance
MacLeod, Pat	Community Action Committee
McPhee, Caroline	Outer Cape Health Services
Monteiro, Camila	Brazilian Organization for Services
Russett, Carolyn	Center for Health & Education
Schnepp, Paula	Cape Cod Free Clinic
Sears-Mack, Sally	L/O Cape Community Coalition
Stewart, Len	BC Dept of Human Services
St. Onge, Krysten	AIDS Support Group – Hyannis
Toomey, Brian	MUCCHC
Tuttle, Henry	Outer Cape Health Services
Walker, Sue	Cape United Elders
Williams, Ann	Community Member

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

APPENDIX 4



CCHC COMMUNITY BENEFITS APPLICATION FY 05

PROPOSAL CHECKLIST

1. COVER SUMMARY
2. GENERAL PROJECT DESCRIPTION
3. PROJECT BUDGET
4. ATTACHMENTS
 - A. Copy of applicant organization's determination letter of 501(c)(3) status by IRS or agreement by fiscal agent. Please note, if using a fiscal agent please attach a written agreement between your organization and fiscal agent.
 - B. Copy of applicant organization's annual operating budget with
 - i. Line item expenses
 - ii. Sources of operating revenue (including grants, please list names of foundations, state departments, etc).
 - C. Three letters from agencies collaborating with you on the proposed project

Proposals may not exceed 5 pages. Please submit 1 original and 4 copies no later than July 2, 2004

MAIL PROPOSAL TO:
Lisette Blondet
Cape Cod Medical Center
Director of Community Benefits
40 Quinlan Way, Suite 202
Hyannis, MA 02601



**Cape Cod Healthcare
Community Benefits**

REQUEST FOR PROPOSALS FY 2005
COVER SUMMARY

1. Project Title _____ 2. Amount Requested \$ _____

3. Award Category/Priority Area/Type of Request (Please circle)

Priority 1 Priority 2 Priority 3 Priority 4 Priority 5 Priority 6 Priority 7

4. Legal name of organization _____

Address _____

Signature of authorized official _____

5. IRS 501 (c)(3) nonprofit? (Please circle) YES NO

If no, Fiscal agent _____
(Please attach the written agreement from the fiscal agent)

Name of the executive director _____

6. Who should we contact if we have questions about this proposal
Name _____ Title _____

Phone (____)____-____ Fax (____)____-____ E-Mail _____

7. Organization's mission

8. Brief Summary of the proposed project

9. Total number of staff in the organization: Full time _____ part-time _____

10. Number of board members _____ volunteers _____

11. Total annual organizational budget \$ _____ Fiscal year End ____/____/____

12. What other sources of funding have you applied to for this project?
a. Did you apply for funding for Entire Project ____ Portion of the Project ____
b. Was your application Denied ____ Approved ____ Pending ____



Cape Cod Healthcare
Community Benefits

REQUEST FOR PROPOSALS FY 2005
PROJECT DESCRIPTION

1. Brief Summary of your organization's history, goals, and key achievements.
2. Overview of organization's structure and programs, including board, staff, and volunteer involvement.
3. Describe the proposed project.
4. Describe the target population(s) your project seeks to assist.
5. Describe the specific needs of the target population(s) and/or regional needs your project will address.
6. Provide data that demonstrates the need for the proposed project.
7. What are the goals of the project?
8. What are the measurable outcomes your project will achieve at the end of the fiscal year?
9. How will the project be implemented?
10. Provide a timetable for implementation of the project.
11. How will the project be staffed?
12. What qualifications will you be looking for in staff and volunteers for this project?
13. Describe your organization's experience and accomplishments with similar projects and/or populations.
14. Describe your plan for sustaining this project after grant expires and strategies for building your funding base.
15. What specific improvements will we observe in people's lives as a result of your project?



Cape Cod Healthcare
Community Benefits

**REQUEST FOR PROPOSALS FY 2005
PROJECT BUDGET**

PERSONNEL EXPENSES

1. Project Staff

List all positions and titles, annual salary, and percentage of salary requested

Title	Annual salary	% FTE requested	Salary Requested
	\$		\$
	\$		\$
	\$		\$

- 1.a. sub-total salary \$ _____
- 1.b. Fringe Benefits \$ _____ (please indicate % ____)
- 1.c. TOTAL Staff Salaries \$ _____

2. Project Consultants

a. Consultant's role/title	Hourly rate	# hours	Total consultant
	\$		\$
	\$		\$

- 2.b. Total Consultant(s) \$ _____

3. TOTAL PERSONNEL (1.c. + 2.b.) \$ _____

II. NON-PERSONNEL EXPENSES

- 1. Office supplies \$ _____
- 2. Travel/transportation \$ _____
- 3. Staff training \$ _____
- 4. Rent \$ _____
- 5. Other \$ _____
- 6. TOTAL NON-PERSONNEL** \$ _____

III. TOTAL BUDGET SUB-TOTAL PERSONNEL AND NON-PERSONNEL **(I.3 + II.6)**

TOTAL AMOUNT REQUESTED	\$
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APPENDIX 5

CCHC GRANTS FOR COMMUNITY HEALTH SERVICES

VNA of CC		\$978,100		
GRANT	PURPOSE	2004 BUDGET	GRANT YEAR	SOURCE OF FUNDS
AVON Foundation Breast Care Fund	Recruitment, follow-up, education for breast health	\$60,000	2004	FY 1/01/04-12/31/04
Women's Health Network Medical	Intake, enrollment, case management, education, follow-up	\$154,800	2004	MDPH FY 7/01/03-6/30/04
Women's Health Network Medical services-fee for service	Medical Services	\$336,000	2004	MDPH FY7/01/03-6/30/04
Women's Health Network CVD	Chronic Disease screening, risk reduction counseling, and education,	\$184,300	2004	MDPH FY7/01/03-6/30/04
Men's Health Partnership	Recruitment, Intake, Risk reduction counseling and education	\$75,000	2004	MDPH FY7/01/03-6/30/04
Men's Health Partnership	Medical services-fee for service	\$80,000	2004	MDPH FY7/01/03-6/30/04
HIV Home Health	Anonymous Testing/Counseling	\$88,000	2004	MDPH through Town of Provincetown
CAPE COD HOSPITAL		\$1,073,568		

GRANT	PURPOSE	2004 BUDGET	GRANT YEAR	SOURCE OF FUNDS
School-Based Health FY04	Student Health Services	\$43,546	7/03 – 6/04	MA - DPH
School-Based Health FY05	Student Health Services	\$10,468	7/04 – 6/05	MA - DPH
CTSS – FY04	HIV/AIDS Counseling/Testing Support Services	\$376,034	7/03 – 6/04	MA - DPH
CTSS – FY04	HIV/AIDS Counseling/Testing Support Services	\$93,094	7/04 – 6/05	MA - DPH
Ryan White Program FY04	HIV/AIDS Clinic	\$311,238	4/03 – 3/04	DHHS/HRSA Federal Direct Funds
Ryan White Program FY05	HIV/AIDS Clinic	\$239,188	4/04 – 3/05	DHHS/HRSA Federal Direct Funds
FALMOUTH HOSPITAL GRANT	PURPOSE	\$100,000	GRANT YEAR	SOURCE OF FUNDS
Upper Cape Medical Reserve Corps (MRCSG03012 3-02-0)	To provide a trained and ready corps of medical professionals and other volunteers to complement and assist the local, existing community emergency response systems of the Upper Cape.	\$50,000	2	US Department of Health & Human Services
HRSA Grant # 4U3R MC 00023-02-04, CFDA 93.003	To increase emergency preparedness capabilities at Falmouth Hospital and to participate in the development	\$50,000	2	Massachusetts Dept. of Public Health

	and coordination of statewide hospital emergency response capabilities.			
CAPE COD HEALTHCARE		\$296,546		
GRANT	PURPOSE	2004 BUDGET	GRANT YEAR	SOURCE OF FUNDS
RN Grant #1	RN Training	\$78,308	4/03-6/05	MA – DET
ECCLI # 1	LTC Nursing Training	\$32,586	11/02-3/04	Commonwealth Corp
ECCLI # 2	LTC Nursing Training	\$96,976	5/04-6/05	Commonwealth Corp
Kellogg	Tribal Development	\$60,946	7/03-2/05	Kellogg Foundation
School Nutrition	Sustaining Healthy Meals	\$27,730	7/03 – 9/05	MA Niacin Settlement
RN Grant #2	RN Training	\$0	8/04 – 12/05	MA – DET
CC HUMAN SERVICES		\$607,121		
GRANT	PURPOSE	2004 BUDGET	GRANT YEAR	SOURCE OF FUNDS
Visions Teen Parent Home	Provide transitional living services for Teen mothers	\$296,430	July - June	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.)
Options for Employment	Assist persons with psychiatric diagnosis enter non subsidized	\$133,000	July - June	Massachusetts Rehabilitation Commission

	employment adults			
All Stars	Substance Abuse Prevention Program for Youth	\$90,000	July - June	Bureau of Substance Abuse Services
Outpatient Substance Abuse Services	Subsidize services to uninsured substance abuse clients	\$37,000	July - June	Bureau of Substance Abuse Services
Community/ School support	Consultation and educational services to schools, agencies, and the community around child mental health issues.	\$50,691	July - June	Massachusetts Department of Mental Health