Cover Sheet

Organization	North Coast Community Health Center (North Coast Health)
Organization Type	Not-For-Profit
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DUNS #	92-938-7496
Project/Program Name	Health Services
Total FY19 Project Budget	$1,497,579
FY19 CDBG Funding Request	$ 64,500

Abstract

Summarize the program for which your organization is seeking CDBG support including Agency Name & Mission; Program Name & Description; Community Needs Addressed; Target Population; Services Offered; Anticipated Outcomes; FY19 Beneficiaries (Total & Low-Moderate Income); Project Costs; and FY19 CDBG Funding Request

Agency Name & Mission: The mission of North Coast Health (NCH)/ North Coast Community Health Center is to partner with the community for everyone's health by providing health care services regardless of ability to pay; treating patients with compassion, dignity and respect; protecting confidentiality; and offering culturally sensitive services and community outreach. Our work remains grounded in our founding principle that quality healthcare is a basic human right and that every individual should have access to the best care available, regardless of their financial status or insurance status. We are committed to delivering high-quality services that increase access to healthcare for residents of Lakewood and surrounding communities..

Through a strategic affiliation with Neighborhood Family Practice (NFP), NCH will be poised to increase capacity to serve more patients better. Beginning January 1, 2019, NCH and Neighborhood Family Practice will combine operations, and the NCH clinic will join NFP's network of community health centers as the North Coast Community Health Center (North Coast CHC). Our clinic will remain in its current location on Detroit Avenue in Lakewood, and *North Coast CHC will continue to act as a trusted safety-net healthcare provider for Lakewood and western Cuyahoga County residents*.

This proactive affiliation moves us forward in a strategic direction that benefits the Lakewood community. It will enhance our organizational infrastructure, enable us to expand primary care services through the addition of pediatric care, and offer all members of the community the comprehensive care they deserve. The affiliation will also strengthen our financial footing, increase sustainability, and help to preserve continuation of healthcare to medically underserved residents of Lakewood and surrounding communities well into the future.

Program Name & Description: Renewed support from the City of Lakewood's Community Development Block Grant (CDBG) program is requested to provide **Comprehensive Healthcare and Support Services** to Lakewood residents with low to moderate incomes. The quality of our healthcare is comparable to the quality of care that individuals with higher-paying jobs and health insurance can easily access. Evidenced-based medicine guides our assessment, diagnosis, and treatment of acute conditions and chronic diseases like diabetes, heart disease and asthma. With CDBG funding, we will continue to provide individuals and families in Lakewood with the right care, at the right place, and at the right time.

Community Needs Addressed: Even though many low-income individuals and families gained healthcare coverage through the Affordable Care Act and Medicaid expansion, many remain uninsured or lack options for access to affordable care. The uninsured tend to skip preventative care, lack education about chronic disease management, and seek treatment through costly hospital emergency departments. Meanwhile, low-income individuals with insurance often have limited choices for doctors, must pay high premiums and deductibles, and face incomplete coverage. These circumstances limit their ability to access timely, affordable, and adequate healthcare. On a recent survey, ***35% of our patients reported that without our Lakewood-based clinic, they would have nowhere else to go for care other than the emergency department***.

Target Population: Last year, we provided care to more than 1,600 medically underserved individuals; including 779 Lakewood residents. In 2017, 43% of our patients were uninsured. Those with insurance included 69% with Medicaid or Medicaid managed care, 10% with Medicare, and 21% with other coverage, primarily high-deductible plans that require costly out-of-pocket spending. Last year, 67% of our patients had a household income of $20,000 or less and 86% earned less than $30,000. In addition, 78% of our patients reported living with one chronic disease, 54% reported living with multiple chronic diseases, and 79% reported having a medical condition that requires prescription medication, which presents a significant cost burden.

Services Offered: North Coast Community Health Center will continue to deliver the following services to residents of Lakewood and surrounding communities:

- Primary healthcare, including chronic disease management, prevention, and wellness education
- Women's healthcare, including routine gynecological care (PAP screenings), sexually transmitted infection treatment, and birth control prescriptions
- Behavioral health counseling for depression, anxiety, and grief
- Lab services
- Prescription assistance, including free/low-cost drugs, vaccines and home health supplies
- Supportive services, including specialty referrals to healthcare specialists and enrollment in benefits programs
- Patient critical needs assistance (PCNA) to address circumstances of poverty (e.g., transportation, medical supplies and medications, translation services)

In January 2019, we will expand services in Lakewood to include pediatric care. In addition, patients will have easy access to additional services, including midwifery services, dental care, and psychiatry.

Anticipated Outcomes: North Coast Community Health Center will provide care to 1,750 medically underserved and low-income residents in western Cuyahoga County. Nearly half of patients – 50% in 2019 – will reside in Lakewood. We anticipate achieving the following short-term objectives during the grant period:

- Provide 5,000 provider visits
- Provide 550 behavioral health counseling sessions
- Increase the number of new patients by 8% from that of 2018
- Increase by 5% our overall diabetes outcome score, where patients with diabetes have met 4 of the 5 standards of health (blood sugar control, blood pressure, weight, smoking status, cholesterol level), as compared to other regional providers
- Increase by 7% the number of instances where patients with hypertension experience improved outcomes (blood pressure in an acceptable rage, based on age), as compare to other regional providers
- 60% of patients will report an improved quality of life
- 65% of patients will report stabilized or improved health

FY19 Beneficiaries (Total & Low-Moderate Income): North Coast Community Health Center anticipates that 90% of patients served in 2019 will be low-moderate income. This includes a total of approximately 1,575 individuals, including 709 Lakewood residents

Project Costs: 1,497,579

FY19 CDBG Funding Request: $64,500

North Coast Health
Health Services Program

CDBG Eligibility Criteria

North Coast Health's Health Services Program satisfies the following eligibility criteria and is therefore suitable for CDBG funding consideration.

CDBG National Objective

Low-Moderate Income Limited Clientele (LMC): Activities that benefit either a specific group of persons at least 51% of who are documented as low-moderate income or a clientele presumed by HUD to be principally low-moderate income (e.g. battered spouses, senior citizens).

CDBG-Eligible Activity Category

Public Services: The provision of public services including labor, supplies, materials, and the pro rata share of the facilities where these services are provided.

HUD-Designated Performance Objective

Create Suitable Living Environments

HUD-Designated Performance Outcome

Availability/Accessibility

Agency Narrative

1. History/Background:

North Coast Health (NCH) was founded in 1986 as a faith-based grassroots free clinic with support from local churches. We remain grounded in our firm belief that healthcare is a basic human right and that every individual should have access to the best care available, regardless of their financial status, insurance status, or ability to pay.

Over the years, we have successfully responded to changes in the healthcare landscape to bridge gaps in coverage for the medically underserved. For instance, we began by providing episodic care, but as we recognized patient needs, we shifted focus to deliver ongoing primary care. In 2014, NCH transitioned from being a free clinic that only served the uninsured to a *charitable clinic*—one that provides care to the uninsured, *the underinsured, and those with Medicaid* who gained healthcare coverage through the Affordable Care Act and Medicaid expansion but cannot find a provider. We maintain our commitment to act as an important provider of healthcare services to medically underserved and low-income individuals.

Innovation Continues: NCH is proud to announce that we are entering a strategic affiliation with Neighborhood Family Practice (NFP) to increase access to primary care for low-income individuals and families. Pending final board approval in October, the organizations will consolidate operations under Neighborhood Family Practice (NFP) beginning January 1, 2019. NCH's Lakewood clinic will become a part of NFP's network of five neighborhood community health centers as the North Coast Community Health Center (North Coast CHC) and will remain in Lakewood as a vital safety net resource for Lakewood residents.

This proactive affiliation moves us forward in a strategic direction that benefits the Lakewood community. It will enhance our organizational infrastructure and increase access to care by expanding our primary care scope to cover infants and children. The affiliation will also strengthen our financial footing and stability, increase sustainability, and help to preserve continuation of healthcare to medically underserved residents of Lakewood and surrounding communities for years to come.

Our clinic is the only safety-net provider between Lakewood and Lorain. Our Lakewood-based services ensure that Lakewood's most vulnerable residents have access to high quality medical services that are comparable to those available to people of higher socioeconomic status. Without our services, thousands of low-income individuals would seek care at hospital emergency departments or simply go without.

Funding from the Lakewood CDBG program will continue to support healthcare and support services to Lakewood residents delivered out of the North Coast CHC on Detroit Avenue in Lakewood. As a result of the strategic affiliation, ***Lakewood residents will benefit from expanded services, including pediatric care, allowing us to support primary healthcare needs of the entire family.*** In addition to these services, our patients will be able to easily access additional women's health services, including pre- and postnatal care, midwifery services, and comprehensive women's healthcare across the lifespan; dental care; and psychiatry.

2. Purpose/Mission

The mission of the North Coast Community Health Center is to partner with the community for everyone's health by providing health care services regardless of ability to pay; treating patients with compassion, dignity and respect; protecting confidentiality; and offering culturally sensitive services and community outreach.

Our work is grounded in the firm belief that quality healthcare is a basic human right and that every individual should have access to the best care available, regardless of their financial status, insurance status, or ability to pay. Our mission continues as we work to expand and enhance services to Lakewood and western Cuyahoga County residents.

Our goal is to deliver high-quality, coordinated services that eliminate health disparities and inequities faced by vulnerable and low-income populations. In addition to increasing access to affordable care, we strive to engage patients in their own healthcare. As a result, patients experience improvements in their health and overall quality of life, which contribute to cost savings to the patient, their family, the healthcare system, and the community.

3. Geographic Service Area

North Coast CHC is located at 16110 Detroit Avenue in Lakewood. Our clinic has no formal geographic boundaries for patients; in fact, Federal guidelines state that in order to serve Medicare and Medicaid patients, a provider cannot discriminate based on residency location. However, 96% of patients live in western Cuyahoga County, with almost half residing in Lakewood. Historically, 42% to 46% of our patients have been Lakewood residents.

4. Target Population

Care is provided to more than 1,600 medically underserved residents of Lakewood and western Cuyahoga County, annually. Our doors are open to all who need care, including the uninsured, underinsured, and those with Medicaid. The majority of patients is low income. Last year, 67% had a household income of $20,000 or less and 86% earned less than $30,000. We currently serve ages 14 and older, and will expand care to serve all ages in January 2019.

The Ohio Department of Health reports that low-income individuals are at a significantly greater risk of being diagnosed with a chronic disease than their more affluent peers. Our patient data supports this fact: 78% of patients report living with one chronic disease; 54% report living with multiple chronic diseases; 79% report having a medical condition that requires prescription medication, presenting a significant cost burden.

These uninsured patients tend to overlook the importance of preventative care, lack knowledge and skills for managing chronic diseases, and seek treatment through costly hospital emergency departments. Meanwhile, low-income individuals with insurance often face limited options for choosing healthcare providers, high premiums and deductibles, and incomplete coverage, all of which limit their ability to access timely, affordable, and adequate healthcare. On a recent survey, *35% of our patients reported that without our Lakewood-based clinic, they would have nowhere else to go for care other than the emergency department*.

5. Services Provided

All patients are provided high quality healthcare delivered by a team of caring providers who collaborate to assess, diagnose, treat, and manage health challenges. Clinical services are provided by a staff physician, nurse practitioners, counselor, nurses, and support staff who work alongside volunteer professionals to increase organizational capacity to meet the complex needs of our patients. The clinic is open to new and existing patients five days a week with extended hours on some evenings and weekends.

Core Services: North Coast Community Health Center will continue to deliver the following services to residents of Lakewood and surrounding communities:

- Primary healthcare, including chronic disease management, prevention, and wellness education
- Women's healthcare, including routine gynecological care (PAP screenings), sexually transmitted infection treatment, birth control prescriptions
- Behavioral health counseling for depression, anxiety, and grief
- Lab services
- Prescription assistance, including free/low-cost drugs, vaccines and home health supplies
- Supportive services, including specialty referrals to healthcare specialists and enrollment in benefits programs
- Patient critical needs assistance (PCNA) to address circumstances of poverty (e.g., transportation, medical supplies and medications, groceries, toiletries, translation services)

In January 2019, we will expand services to include pediatric care at our Lakewood location. In addition, patients will have easy access to additional services, including, midwifery services, dental care, and psychiatry.

6. Number & Demographic Profile of Clients Served (FY17)

Last year, we helped 1,606 poor and medically underserved individuals access over 8,000 services, including 4,286 provider appointments and 536 counselor visits. In 2017, 43% of our patients were uninsured. Those with insurance included 69% with Medicaid or Medicaid managed care, 10% with Medicare, and 21% with other coverage, primarily unaffordable high-deductible plans. Without our clinic, many of our patients would be forced to seek care at hospital emergency departments or simply go without.

Of our 1,606 patients, 580 (36%) were first-time patients, demonstrating the ongoing need for services in Lakewood and western Cuyahoga County. Other highlighted 2017 patient demographics include:

Gender	
Male	47%
Female	53%
Age	
Age 14 to 19	2.5%
20 – 34	24.5%
35-54	38%
55 – 64	27.5%
65+	7.5%
Annual Income	
$0 - $9,999	42.5%
$10,000 - $20,000	22.5%
$20,001 - $30,000	9%
$30,000 and above	11%
Unknown	15%

Race/Ethnicity of All Patients:	
White	84%
Black	11%
Asian	4.5%
Pacific Islander	0%
Native American	.5%

Race/Ethnicity of Lakewood Patients:	
White	85%
Black	10%
Asian	5%
Pacific Islander	0%
Native American	0%

7. Organizational Qualifications to Implement The Proposed Project

North Coast CHC is highly qualified to continue delivering evidence-based health services to residents of Lakewood. Moving forward, we will benefit from additional resources and workflows, which will increase capacity and enhance efficiencies. Our expert staff, volunteers, and network of referral agencies will continue to ensure that patients have excellent, comprehensive care that is close to home. In addition, given our long history with the community, we are well-embedded, and respected, among healthcare service providers and organizations.

Since 2013, our clinic has been recognized by the National Committee for Quality Assurance as a Level 3 Patient Centered Medical Home (PCMH), the committee's highest recognition for providers that successfully combine teamwork and information technology to achieve better care, improve the patient and provider experience, and reduce costs. Our work continues to be recognized by Better Health Partnership (BHP) as a Gold Star Practice for our outstanding improvements in the care of people with diabetes and hypertension. Our PCMH recognition, involvement with BHP and collaborative efforts with neighboring health care facilities drive our population health efforts. In our summer 2018 survey, patients reported the following:

- 95% would recommend our services to friends and family
- 96% reported being treated with dignity and respect
- 93% of those living with chronic disease reported improved or maintained overall health

Patient Success: While we work to achieve target outcomes, our biggest accomplishments are linked to individual patients. By swiftly responding to the health care needs of our community, we help vulnerable neighbors access care and promotes their improved health status. For instance, Jenny first came to our clinic after her husband lost his job and the family was faced with no income and no health insurance. She could no longer afford her insulin, which cost nearly $1,000 out-of-pocket per month. Her glucose level rose to a dangerously high level. Our clinical team developed a treatment plan with Jenny that included regular provider visits and education for diabetes management. Through our patient critical needs assistance program, we provided her with free insulin while her application with a prescription assistance program was pending. The combination of access to provider visits, patient education and medication stabilized her condition, keeping her out of the emergency department and preventing hospitalization.

8. Capacity to Serve Non-English-Speaking Persons

North Coast CHC is committed to reducing health inequities due to communication barriers. Timely communication and translation services allow all patients, regardless of culture, language, or physical disability, to receive care appropriate to their unique needs and promotes patient engagement and understanding.

We work to ensure that all patients—including those who do not speak English—can access quality healthcare, build relationships with their provider, and leave their visit with a full understanding of their diagnosis, treatment, and necessary follow up. As a first line of communication, we recommend that patients who do not speak English bring an English-speaking family member or patient representative to their visit to support translation needs. We employ three bilingual staff who assist with translation, including a nurse practitioner who is fluent in Spanish, a medical assistant fluent in Arabic, and a clinical director fluent in Croatian. We contract with various interpretation and translation services, including International Language Bank, Cleveland Hearing and Speech, and H-I Translating and Interpreting to eliminate communication and language barriers.

To further ensure that non-English-speaking patients are well-served, our electronic medical record system (Epic) allows for patient education materials and discharge information to be printed in a variety of languages. In addition, education materials in multiple languages, including Spanish and Arabic, are obtained, free of charge, from pharmaceutical companies and distributes to patients as appropriate.

9. Does your organization maintain the following?

Personnel Policy Manual Yes ☒ No ☐ *Affirmative Action Policy* Yes ☐ No ☒

Staff Grievance Procedures Yes ☒ No ☐

10. Does your facility comply with ADA accessibility requirements? Yes ☒ No ☐

11. Agency Budget

FY18 Operating Expenditures

Expenditure Type	Amount	% Budget
Salaries & Fringe Benefits	1,023,279	68.3%
Operating Costs	201,500	13.5%
Capital Costs	0	0%
Indirect Costs	165,800	11.1
Other/ Fundraising:	107,000	7.1 %
Other:	0	0%
Total Annual Budget	**1,497,579**	**100%**

Top (3) FY18 Revenue Sources

Source	Amount	% Budget
Foundation grants	775,000	52%
Fundraising/special events	185,000	12%
Fees for service	165,000	11%
Total	**1,125,000**	**75%**

12. Additional Information or Data That Will Assist Lakewood's Citizens Advisory Committee and City Staff in Evaluating this Funding Request

North Coast CHC is an essential part of the fabric of Lakewood and western Cuyahoga County, serving the low-income population for more than 30 years. In addition to our commitment to the local community, we are working to promote population health in the region by eliminating health disparities and inequities throughout Ohio. We are a founding member of the Ohio Association of Free Clinics (OAFC), with past and present leadership serving on the OAFC board. We have representation at the Cuyahoga Health Access Program (CHAP), are a member of Cleveland's Safety Net Providers Strategic Alliance, and member of the National Association of Free and Charitable Clinics.

Partnerships: In 2018, we launched several important initiatives in response to community needs that extend our reach and ensure that vulnerable residents of Lakewood and surround communities have access to healthcare. These efforts will raise awareness of our services, increase patient volume, and ensure we reach those most in need. The following initiatives will continue in 2019:

- Establishing a senior clinic in partnership with the City of Lakewood and neighborhood senior housing facilities designed to meet the needs of low-income seniors. Efforts are underway with the Lakewood Senior Center where we will be conducting an Introduction to Services/ Open Art Therapy Session conducted by our counselor and geriatric nurse practitioner on September 21.
- Connecting with Lakewood small businesses that employ part-time and underinsured or uninsured workers to provide access to care for the working poor.
- Partnering with the Cleveland Clinic Fairview Hospital and Lakewood Emergency Departments to provide transition of care for uninsured patients without a primary care provider who require follow up within 24 hours of discharge. Connecting them with our services will eliminate observation admissions or return ED visits and establish a primary care provider.

Importance of our Continued CDBG Partnership: North Coast CHC relies on generous philanthropic partners like the City of Lakewood Community Development Block Grant (CDBG) program to provide services to and continue to evolve to meet the needs of Lakewood residents, as previously described through our future affiliation.

Lakewood continues to need access to affordable healthcare for its residents. Last year, more than 25% of the city's population was either uninsured (10%) or were on Medicaid (18%). As previously described, the uninsured and underinsured lack options for affordable healthcare. Funding from Lakewood CDBG enables North Coast CHC to remain a vital safety-net healthcare provider to our Lakewood neighbors who struggle to find timely and affordable healthcare services.

Renewed CDBG funding will enable North Coast CHC to reach a growing number of vulnerable Lakewood residents. By expanding services to deliver primary care to infants and children, we will be able to serve the entire family. Our Lakewood clinic will experience a higher patient volume and increased patient visits. Through strategic marketing within the community, we will ensure that all residents in need of family-centered care are aware of and able to access North Coast CHC. Funding from Lakewood CDBG will help us support this increased patient volume and serve a growing number of Lakewood families in need.

Project Narrative

1. Unmet Community Needs & Service Gaps Addressed

North Coast Community Health Center (North Coast CHC) remains a needed and vital safety-net provider for residents of Lakewood and the west side of Cuyahoga County. We are often our patients' only option for care. On a recent survey, ***35% of patients reported that without our services, they would have nowhere else to go for care other than the emergency department***, which provides costly interventions. Recent information about healthcare needs in the State of Ohio, Cuyahoga County, and the City of Lakewood demonstrates the need for continuing and expanding our clinic's patient-centered clinical services in helping residents of Lakewood achieve positive health outcomes.

Poverty Impacts Health: Health in the US and Northeast Ohio is linked to income. People living in poverty typically have poor health and lack access to quality and affordable healthcare. In fact, the Ohio Department of Health's (ODH) publication, "The Impact of Chronic Disease in Ohio: 2015," reported that poor Ohioans with an annual household income below $15,000 are nearly three times more likely to receive a heart disease diagnosis than those with an annual household income of $75,000. Similarly, these same disadvantaged individuals are more than twice as likely to be diagnosed with diabetes as compared to their more affluent neighbors.

Individuals living in poverty face significant barriers to achieving positive health outcomes. Unsafe and substandard housing and poor nutrition compound existing health problems, while lack of transportation and limited financial means limit access to care. According to the Center for Community Solutions, ***32.2% of Lakewood residents live in or near poverty***. Nearly 7,300 Lakewood families with children (17.2% of the total population) live below the poverty line, and 18.4% of children live in poor households. Nearly 10% of residents are uninsured and 17.6% have Medicaid coverage. In addition, 10.1% of babies born into Lakewood families are preterm, and 6.9% are born with a low birth weight: both outcomes are risk factors for infant mortality. These data show that the need for effective, affordable, and accessible high-quality healthcare services within the City of Lakewood is critical.

Lakewood Residents Need Access to Affordable Care: Low-income and vulnerable Lakewood residents continue to lack options for quality and affordable healthcare and struggle to manage their health. According to Cleveland Clinic Fairview Hospital's "2016 Community Needs Assessment," access to affordable healthcare, especially for a growing vulnerable senior population in Lakewood, is one of the community's most pressing health challenges. By 2020, Lakewood's senior population is projected to rise 20%, requiring more services to meet the healthcare needs of aging adults, many of whom live in poverty. Fairview Hospital's assessment also shows that Lakewood residents have higher rates of chronic disease (i.e., diabetes, chronic obstructive pulmonary disease, asthma, congestive heart failure) compared to other Cuyahoga County communities, ranking chronic disease management as a one of four top community health concerns in Lakewood.

These trends persist across Ohio. According to "Community Health Needs Assessment Findings," a 2017 report by the Center for Health Affairs (a regional association acting as the collective voice of Northeast Ohio hospitals), ODH has identified three top priorities for healthcare improvement in the state. These include the following:

- Maternal and infant health (for pre-term births; low birth weight; infant mortality)
- Mental health and addiction (depression, suicide, drug abuse and dependence, drug-overdose deaths
- Chronic disease (heart disease, diabetes, child asthma)

Further, The Federal Health Resources and Services Administration (HRSA) reports that eastern Lakewood is adjacent to several designated Medically Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA). These designations are significant as they indicate areas that the Federal government has acknowledged as having too few providers (primary care, dental, or behavioral healthcare), high infant mortality, high poverty, or a high senior population.

North Coast Community Health Center's Response: As a safety-net healthcare provider, we answer the call to serve as an affordable, accessible, and quality healthcare option for vulnerable Lakewood and western Cuyahoga County residents. Existing services work to address the community's need for access to primary care for individuals 14 years and older. Our plans to expand services respond to the need for family-centered care that works to provide vulnerable children and parents with the right care at the right place and at the right time to promote sustained health, while minimizing health care costs.

2. Target Population & Outreach Efforts to Potential Beneficiaries

As previously described, our target population is low-income men, women, and children who are unable to access and/or afford medical care. This includes the uninsured; underinsured; and those covered by Medicaid, Medicare, and other insurance programs. Our target population faces daily health challenges, including living with chronic disease and requiring costly prescription medications to manage their conditions.

Many patients experience tremendous life struggles – such as housing and food instability, unemployment, or alcohol and chemical dependency—and lack the resources or skills with which to cope. Our team addresses these issues in addition to a patient's medical conditions, offering referrals to social service supports for housing, domestic violence issues, access to food, and other needs. Our team knows that treating a patient holistically is essential to improving his/her overall health, safety, well-being, and self-sufficiency.

Outreach: North Coast CHC employs several outreach efforts to make potential beneficiaries aware of clinic services. These efforts are especially important because many people mistakenly believe we only serve the uninsured (as in the past). Primary outreach efforts focus on educating area social service agencies, hospitals, churches, and businesses about our services so they can refer clients, parishioners, and employees in need. We are working to better reach low-income Lakewood residents by engaging with members of Lakewood City Council and other key individuals in neighborhoods adjacent to identified medically underserved areas, including Ward 4 (Birdtown) and the eastern side of Lakewood. We initiated strategic outreach to Lakewood low-income senior citizens through partnerships with local senior housing facilities, Cleveland Clinic Lakewood Emergency Department, and Lakewood Human Services. We continue conversations with the Lakewood Chamber of Commerce and business owners to increase awareness of our services for Lakewood's "working poor," a population that includes restaurant servers and food prep workers, janitors, retail and office clerks, and others who typically do not earn enough to afford health insurance or are hired part-time without benefits.

In addition to outreach efforts described above, North Coast CHC participates in activities and organizations through which we share information about our services. Highlights include the following:

- Hosting periodic Open Houses for community organizations so they can tour our Lakewood clinic, meet staff members, and become familiar with our services.
- Conducting regular outreach and literature distribution to community service networks, including participating in health fairs, parent meetings, and community events.
- Membership in the Purple Umbrella Task Force, which supports young adults aged 18-29 who are aging out of foster care services. As a Purple Umbrella agency, we are listed in the resource guide given to all aging-out youth services.
- Active membership in the Lakewood Chamber of Commerce, which allows us to share agency information and support business outreach efforts.
- Quarterly meetings with the City of Lakewood's Director of Human Services to discuss the needs of Lakewood's senior citizens and how we can collaborate to best meet those needs.
- Quarterly meetings with the Mayor of Lakewood to maintain open lines of communications about the needs of Lakewood residents, activities at our clinic and community initiatives.
- Collaboration with James Hekman, MD, Medical Director of Cleveland Clinic Lakewood Family Health Center and Judy Welsh, Medical Director of Cleveland Clinic Lakewood Family Health Center Emergency Department to work together to best meet the needs of the medically underserved to decrease preventable emergency department visits and hospitalizations and to ensure that all Lakewood residents have a medical home.
- Involvement with the Lakewood Opiate Response Stakeholder team and participation in Project SOAR (supporting Opiate Addiction Recovery).

Finally, through our new affiliation, we will build on initiatives that are currently in place and increase outreach to target patients within Lakewood and the surrounding communities in 2019. Targeted communications will work to educate the community on North Coast CHC's expanded services to support the entire family.

3. Geographic Service Area

Located at 16110 Detroit Avenue in Lakewood, almost half of our patients are Lakewood residents. A significant percentage of patients cite that the convenience of the location is a primary reason they seek care at North Coast CHC; the clinic is easily accessible via foot or bus. We anticipate that Lakewood residents will continue to be the largest segment of our patient population in 2019.

There are no formal geographic requirements for our patients. In fact, Federal guidelines state that to be able to serve Medicare and Medicaid patients, a provider cannot discriminate based on residency location. We are committed to serving economically disadvantaged people in need of services, regardless of their ability to pay.

4. Primary Goals & Objectives

Patients face significant health disparities due to poverty, unemployment, lack of education, and limited English-language skills. As a result, they are at an increased risk of disease and complications. As a safety net community health center, we connect patients with high-quality healthcare to help them overcome health disparities and achieve better health. North Coast CHC will provide care to medically underserved and low-income residents of Lakewood and western Cuyahoga County. North Coast CHC anticipates achieving the following short-term objectives during the grant period:

- Serve 1,750 unduplicated patients, 875 (50%) of whom will be Lakewood residents
- Provide 5,000 provider visits
- Provide 550 behavioral health counseling sessions
- Increase the number of new patients by 8% from that of 2018
- Increase by 5% our overall diabetes outcome score, where patients with diabetes have met 4 of the 5 standards of health (blood sugar control, blood pressure, weight, smoking status, cholesterol level), as compared to other regional providers
- Increase by 7% the number of instances where patients with hypertension experience improved outcomes (blood pressure in an acceptable range, based on age), as compare to other regional providers
- 60% of patients will report an improved quality of life
- 65% of patients will report stabilized or improved health

5. Activities Undertaken/Services Provided & Delivery Strategy

As described above, North Coast CHC's clinical services are provided by competent and caring professionals who partner with patients to diagnose, treat, and manage health challenges.

Core Services:

- Primary healthcare, including chronic disease management, prevention, and wellness services
- Women's healthcare
- Behavioral health counseling for depression, anxiety, and grief
- Point-of care-laboratory and off-site lab services
- Prescription assistance, including free/low-cost drugs, vaccines and home health supplies
- Supportive services, including specialty referrals and benefit program enrollment assistance
- Patient critical needs assistance (PCNA) program to address circumstances of poverty (e.g., transportation assistance, medical supplies, medications, groceries, toiletries, translation services for patients with limited English language skills)

Beginning in 2019 we will expand services to include pediatric care, making it possible for us to care for the entire family in Lakewood. Additional services – midwifery, dental care and psychiatry – will be easily accessible to patients.

Delivery Strategy: Our delivery strategy is one of collaborative care. When a patient comes to North Coast CHC, s/he receives services from a team of caring providers who work together to provide preventive care along with the diagnosis, treatment, and management of health conditions and disease. Our clinical services are provided by a staff physician, nurse practitioners, nurses, a counselor, a pharmacy technician, and medical assistants. Volunteer professionals (including pharmacists, physicians, nurse practitioners, and nurses) help to increase organizational capacity to meet our patients' complex needs. Our providers are able to refer to specialists as needed.

Patient-Centered Care: We encourage patients to be active participants in the decision-making and self-management related to their health. In partnership with each patient, we develop individualized treatment plans that are implemented, monitored, and modified in partnership with additional members of the healthcare team, including our chronic care nurses, social workers, pharmacy technician, and Certified Application Counselors. This coordinated team approach results in better health, better care, and lower costs.

All patients participate in our Charitable Care Program, based on their financial status. The Charitable Care Program provides the ability for individuals to share in the responsibility for their healthcare, participate as an active member of the healthcare team, and contribute to the cost of their care to the degree which they are able. Sliding fee scales are determined by annual household income, insurance coverage, and the patient's ability to pay. Care is never denied based on inability to pay.

In 2019, North Coast CHC will continue to provide appointments Monday through Friday with extended hours on some evenings and Saturdays. Same day and next day appointments will be available to avoid preventable emergency department visits.

6. Program Design *(emphasize uniqueness and/or innovation)*

Our care delivery model is designed to achieve the best outcomes possible for patients, families, and our community. The cornerstone of this model is a coordinated team approach, which ensures that each patient's unique needs for preventive care, acute care, and chronic disease management are met. Although our clinic space is compact, we house all patient services under one roof, which allows patients the opportunity to receive multiple same-day services at one location that is familiar and convenient to them. Beginning in 2019, we will be able to serve entire families, eliminating the need for parents and children to seek care at separate provider offices.

Patients and providers work in partnership to develop individualized treatment plans to address the ongoing health needs of the patient. Our team of providers works collaboratively across specialty areas to implement, monitor, and modify plans to ensure they continue to address diverse and ever-changing patient needs. To help patients access specialty services and community supports, providers coordinate referrals to partner provider organizations and specialists through the Cuyahoga Health Access Program.

We strive to help patients improve or maintain their own health and manage chronic disease. By using health registries and patient electronic medical records, we facilitate coordination of care that helps patients with chronic disease achieve and maintain better health outcomes. Our chronic care nurse provides resources and education to help each patient become more engaged in his/her care and achieve a higher level of self-management. As a result, North Coast CHC continues to improve our ability to help patients with chronic diseases, such as diabetes and hypertension, meet health standards and manage their ongoing health.

Complementing our primary healthcare and chronic disease management services, our dedicated team works to treat patients' whole health needs. We provide many important support services to ensure patients receive the comprehensive care they need. This includes coordination of regularly-scheduled follow-up appointments, prescription assistance and medication reconciliation, application assistance, outreach to community partners, and specialty referrals. Each member of our team plays an important role to ensure the patient receives the right care, at the right place, and at the right time.

7. Primary Staff Responsible for Program Administration & Implementation

Job Title	Hours/Week Devoted to Program	% CDBG Funded	Brief Summary of Responsibilities
Physician	28	0%; Position supported through secured philanthropy	The physician is a 0.7 FTE employee (28 hours/week). Responsibilities include: providing oversight of clinical operations; delivery of primary medical care services; working with Clinical Director to orchestrate coordination of services; overseeing clinical best practices including evidence-based practice quality and safety measures; participating in daily 'huddle' and monthly provider meetings with Clinical Director and Nurse Practitioner; working with the President & CEO and Clinical Director on issues pertaining to patient care.
Clinical Director	40	Varies monthly by % of Lakewood patients, which is approximately 50% of patient volume	Manages the various components of patient care delivery including work flow, staffing; trainings; and oversight of all patient interactions, including supervision of front office staff, medical assistants, chronic care nurse, medical assistants, and pharmacy technician. Oversees the Quality Improvement Committee; establishes, reviews, and implements quality improvement efforts, goals, and objectives.
Nurse Practitioners (NP) (2)	50	Varies monthly by % of Lakewood patients, which is approximately 50% of patient volume	We employ one full time and one part time Nurse Practitioners (NPs) who serve as primary care providers for the delivery of individualized, patient-centered care. NPs provide direct care to patients in accordance with the NP scope of practice and the advanced practice nurse standard care agreement. NPs lead the development of the patient care plan and follow-up; connect patients with needed services through referrals and work with other members of the care team; and assure the provision of patient education regarding prevention and management of chronic conditions.

Chronic Care Nurses (2)	26	Varies monthly by % of Lakewood patients, which is approximately 50% of patient volume	Provides care coordination to at-risk patients and those living with chronic disease; implements individualized care plans consistent with evidence-based guidelines; regularly consults with other members of the care team. Duties include preventative care education, self-management education, review of patient's health maintenance recommendations, and telephone follow-up on recent hospitalizations and emergency room visits.
Counselor	24	Varies monthly by % of Lakewood patients, which is approximately 50% of patient volume	Works in partnership with providers to assess patients and provide individual counseling services based on patient's mental health needs. Provides behavioral health counseling to patients and families. Assists with connecting patient to additional community resources as needed.
Pharmacy Technician	40	0%; Position supported by funding from United Way Greater Cleveland	Responsible for the efficient operation of the pharmacy prescription assistance programs, including maintenance of electronic record, administrative tasks, patient follow-up, and coordinating the communication of medication concerns between patient and provider.
Operations Specialists (2)	80	Varies monthly by % of Lakewood patients, which is approximately 50% of patient volume	Greets patients and conducts patient intake needs; processes updates to patient information; responds to patient requests for information and direct inquiries; assists with coding visits; scans labs and tests results; answers phones; retrieves messages and directs as necessary to appropriate staff; assists with discharge, including follow-up appointments and specialty referrals; and participates as a member of the care team.
Medical Assistants (2)	80	Varies monthly by % of Lakewood patients, which is approximately 50% of patient volume	Two full time medical assistants partner with staff and volunteer providers to support patient care teams; captures and reports patient information to support patient care; provides customized care plans; collects data and follow-up procedures for test tracking and care coordination; performs laboratory and medical testing (EKG); patient education and support.

8. Project Implementation Schedule

Milestone	Completion Deadline
Provide services to **340 Lakewood residents** during Q1 (Services include primary care provider appointments, nurse visits, chronic care appointments, behavioral health, specialty referrals, medication pick-up, and others as described in narrative above)	March 31, 2019
Provide services to **570 Lakewood residents** by Q2 (Services include primary care provider appointments, nurse visits, chronic care appointments, behavioral health, specialty referrals, medication pick-up, and others as described in narrative above)	June 30, 2019
Provide services to **725 Lakewood residents** by Q3 (Services include primary care provider appointments, nurse visits, chronic care appointments, behavioral health, specialty referrals, medication pick-up, and others as described in narrative above)	September 30, 2019
Provide services to **875 Lakewood residents** by Q4 (Services include primary care provider appointments, nurse visits, chronic care appointments, behavioral health, specialty referrals, medication pick-up, and others as described in narrative above)	December 31, 2019
Patient screening, enrollment, scheduling, provider visits, specialty referrals, medication ordering and dispensing, behavioral health counseling, preventive and wellness education, laboratory and medical testing and more.	Ongoing
Outreach and education to established and new Lakewood community partners, churches, small-businesses, and social services; building collaborations and addressing community needs through new and expanded program offerings.	Ongoing

9. Beneficiaries (January 1 – December 31, 2019)

- Unduplicated Persons Served: 1,750 unduplicated people in calendar year 2019, including 875 residents of Lakewood.
- Unduplicated Low-Moderate Income Persons Served: 90% of total clients, including all Lakewood residents, will be low-moderate income.

10. Program Evaluation

Describe Data Collection Tools & Outcome Measurement Procedures/Methodology:

The use of several electronic systems captures patient data and measure outcomes. These include:

- Alta Partner's Practice Management System (Misis): Captures patient data and provides monthly metrics reports, which include information on patient volume, patient demographic data, age groups, zip codes, no show rates, level of services provided, and monthly/annual billing and reimbursement scorecards
- Cleveland Clinic from My Practice Community (Epic): Captures patient visit information, health maintenance data, and emergency room usage and hospitalizations. Reports are provided weekly, monthly and quarterly.
- Accountable Care Organization Data: Using information collected in MyPractice Community (Epic), this tool reports provider-specific performance data.
- Framework: Used to track medications dispensed, prescriptions written, and cost analysis on pharmacy services. Reports provided monthly, annually, and as needed.

Reports generated through the above systems help benchmark our progress against anticipated outcomes, evaluate current and future programs, and align quality improvement initiatives.

In addition, we participate in the Better Health Partnership (BHP), a regional collaboration of stakeholders in the healthcare industry that collects, analyzes, and reports on data from the healthcare sector. Primary care providers, including North Coast CHC, submit data semi-annually to BHP regarding the care of, and outcomes for, patients with specified chronic conditions. Data is benchmarked against other participating primary care practices in the region, many of which serve a more affluent. North Coast CHC will use BHP reports to compare our performance on hypertension and diabetes outcomes against benchmark data.

We also collect data on emergency room visits through patient electronic medical records and communication with hospital partners. As part of efforts to engage patients in their self-management, our providers and staff educate clients about when to seek hospital emergency department services (life threatening conditions) and when to visit our clinic (routine and urgent needs). We also educate patients on the importance of ongoing, preventative care that helps avoid the need for costly emergency department services and resulting hospitalizations.

Finally, we value the input of our patients. Surveys are conducted twice a year to learn about patients' experiences and satisfaction. Patient focus groups are also conducted. Information gathered through patient surveys and focus groups is invaluable in helping us understand our direct impact on residents of Lakewood and western Cuyahoga County and also helps drive quality improvement. North Coast CHC will analyze survey results in 2019 to determine the percentage of patients reporting the following outcomes: 1) improvement in quality of life; 2) improvement in overall health of patients living with chronic disease; and 3) decrease in hospital emergency department utilization.

11. Strategy for Coordination with the City & Community Partners

Coordination with partners is key to our delivery model. Today's healthcare system requires organizations to be nimble and collaborative in addressing the needs of the most economically challenged members of the community. We have nurtured relationships with numerous entities, including community organizations, foundations, churches, and colleges and universities to enable us to best serve patients. A sampling of partners includes the following:

- North Coast CHC has several connections and partnerships with Cleveland Clinic, including ongoing discussion and planning with James Hekman, MD, Lakewood Family Health Center Medical Director and Judy Welsh, MD, Medical Director Lakewood Family Health Center Emergency Department regarding opportunities to collaborate further to prevent emergency department visits and hospitalizations. We are involved in conversations and initiatives focused on population health and working together to ensure that all residents of Lakewood have a medical home. Janice Murphy, Chief Operating Officer of Cleveland Clinic Regional Hospitals and Family Health Centers and Neil Smith, DO, President of Cleveland Clinic Fairview Hospital both serve on our Board of Directors and are key players in these ongoing communications.
- MetroHealth System works with us to provide care to vulnerable Northeast Ohioans. Amy Delp, Executive Director of Care Coordination, Population Health Innovation Institute at the MetroHealth System is on our Board of Directors. Conversations with MetroHealth's Chief Strategy Officer to explore additional ways to collaborate.
- Having actively engaged board members from two of Greater Cleveland's largest health systems, both located in near our clinic, supports many of our services and presents additional opportunities for collaboration.
- City of Lakewood, Human Services partners with us to identify community needs and develop effective solutions.
- Better Health Partnership (BHP), a regional collaboration of stakeholders in the healthcare industry working to advance common goals to improve healthcare quality and affordability in Northeast Ohio, assists with gathering and reporting regional benchmark data, quality improvement projects, creating a learning community, and promoting collegiality between primary care providers in the region. BHP members include Neighborhood Family Practice, Care Alliance, Cleveland Clinic, Cleveland Foundation, Cuyahoga County Board of Health, Circle Health Services, MetroHealth, Mt. Sinai Health Care Foundation, Ohio Department of Health, Saint Luke's Foundation, United Way, University Hospitals, and others.

- Cuyahoga Health Access Partnership assists with specialty referrals for uninsured; staffing of a Navigator; and education for Certified Application Counselors through North East Ohio Council for Outreach & Enrollment.
- Other health and human service providers act as referral agencies to which we refer patients for specialized services and resources, including local hospitals, Prevent Blindness Ohio, Recovery Resources, Centers for Families and Children and Lakewood Community Service Center.
- Churches and schools provide financial support and toiletries.

As a member of the Lakewood community, North Coast CHC works to build and maintain collaborative partnerships with City leadership and decision-makers to ensure that our clinic services best meet the needs of our neighbors. We have long maintained a strong relationship with the City of Lakewood and its leaders. Quarterly meeting with the Mayor allow clinic and city leadership to share updates, explain current and new initiatives, and identifying opportunities for us to network and advocate for the needs of Lakewood's medically underserved. On-going conversations with members of Lakewood City Council continue to build and strengthen relationships, increase awareness of our services, and allow for exploration of opportunities to increase awareness of our services in the wards they represent. Finally, clinic leadership has frequent conversations with the City of Lakewood's Director of Human Services to discuss the needs of Lakewood residents, with a focus on the growing senior populations.

12. Additional Information and/or Data That Will Assist Lakewood's Citizens Advisory Committee and City Staff in Evaluating this Funding Request

Lakewood's medically underserved and vulnerable residents need our doors to remain open. With uncertainty in the future of healthcare in America and persistent poverty in Cuyahoga County, the need for quality, accessible, and affordable health care, like that provided by North Coast CHC, remains a vital community need. Further, the repeal of the Affordable Care Act's mandate requiring Americans to maintain healthcare coverage means that many low-income and middle-class individuals may opt out of costly health insurance plans, leaving them without coverage and without access to affordable healthcare. Therefore, North Coast CHC relies on generous philanthropic partners like the Lakewood Community Development Block Grant (CDBG) program to serve those most in need.

We hope the Lakewood CDBG will continue to see the great value in our mission and renew its investment in the North Coast Community Health Center for 2019. As we increase capacity and expand services, this important funding will help us continue to provide high-quality, comprehensive healthcare to all, regardless of their financial means. This funding will support our Lakewood-based clinic and our service delivery to our Lakewood neighbors. We are proud to promote healthcare as a basic human right. The City of Lakewood's renewed investment in our operations will promote healthier individuals, healthier families, and a healthier community. Thank you for your consideration.

13. Project Budget

Expenses

Expense Category	Total Project (A)	CDBG Funds(B)	CDBG % of Total (B/A)
Personnel			
Salaries	883,100	50,500	5.7%
Fringe Benefits	140,179	14,000	10.0%
Sub-Total Personnel	**1,023,279**	**64,500**	**6.3%**
Overhead & Operations			
Rent/Lease	0		
Insurance	25,000		
Materials & Supplies	87,000		
Professional Services	191,800		
Postage	3,500		
Travel	0		
Utilities/Telephone	16,000		
Insurance	0		
Equipment	0		
Indirect Costs[1]	55,000		
Other: Fundraising/ Marketing	35,000		
Other: Fees, Dues, Subscriptions	28,500		
Other: Professional Development and Miscellaneous	4,500		
Other: Depreciation	28,000		
Sub-Total Overhead & Ops	**474,300**	**0**	**0**
Total Project Costs	**1,497,579**	**64,500**	**4.3%**
[1] *Indirect costs may not be paid with CDBG funds*			

Funding Sources

Source	Requested	Committed	Total
Agency Funds (United Way)	0	112,160	112,160
CDBG FY18-FY19 CDBG Carry Forward Funds *(Est)*	0	0	0
Other (Non-CDBG) Federal	0	0	0
State, Local, County	0	0	0
Private *(Foundations, Individuals, etc…)*	239,000	50,000	289,000
Earned Revenue/Fees	150,000	0	150,000
In-Kind/Volunteer (@ $15/Hour)	0	150,000	150,000
Other/ Sponsoring Churches:	0	0	0
Other/ Corporations:	0	0	0
Other/ Misc:	0	0	0
Lakewood FY19 CDBG Funding Request	***64,500***	***0***	***64,500***
Total Funding Sources	**453,500**	**312,160**	**765,660**

All information included in the Project Budget is based on our 2018 organizational budget. The development of North Coast Community Health Center's 2019 organizational budget will be approved at our fall board meeting and will take effect on January 1, 2019. We anticipate that the 2019 budget will be similar to our 2018 budget. We will provide Lakewood CDBG with updated budget as soon as possible.