

City of Burlington / CDBG 2011 Application Form

Eligibility _____ National Objective _____ NRSA _____
(Office Use)

Project # PS30
(Office Use)

Project Name: *CHCB Patient Prescription Assistance*

Project Location/Address: *617 Riverside Ave, Burlington, VT 05401*

Organization: *Community Health Center of Burlington*

Mailing Address: *617 Riverside Ave, Burlington, VT 05401*

Contact: *Alison Calderara*

Title: *Director, CRD*

Phone #: *264-8190*

Web Address: *www.chcb.org*

Fax #: *860-4325*

E-mail: *acalderara@chcb.org*

I. CDBG Funding Request:

\$ 5,000

II. Project Summary: Briefly describe the project or program to be funded with CDBG. (Please use a one or two sentence description – there is room in Section IV for more detail.)

The Community Health Center (CHCB) provides education, screening and application assistance to low income, homeless and marginally housed patients eligible for both state funded health insurance programs with prescription assistance benefits and free and low cost prescriptions offered through The Community Health Pharmacy, retail pharmacy programs or drug manufacturer giving programs. Despite the complicated applications and staff time involved, this is an essential service to the health, employability and productivity of our patients, especially given the rising cost of essential medications to manage chronic diseases.

III. Description of Organization: Describe the capacity of your organization to successfully carry out the program activities. What is your mission, and how do the proposed activities fit with your mission?

The Community Health Center of Burlington (CHCB) is one of Burlington's largest independent family practices with a patient base of approximately 13,000 Vermonters. Now in our 40th year, CHCB is a Burlington public health institution with the mission to reduce barriers to health care and provide access to our community's uninsured, underinsured, low income and homeless residents. We are also a widely respected leader in culturally competent care, with 15% of patients identified as culturally diverse. CHCB is designated as a Federally Qualified Health Center and is required to maintain rigorous quality control standards regulated by the Public Health Service and have a patient based Board of Directors to ensure community needs are met. To reduce barriers to care, all of our services are offered on a sliding fee scale, based on ability to pay. We are the sole state grantee for federal Healthcare for the Homeless programs and offer no cost comprehensive health care, dental care (up to \$1,000) and human services to adults, families and teens experiencing homelessness in two satellite clinics in downtown Burlington. Prescription assistance is a critical element of our mission to eliminate barriers to good health. Prescriptions prevent serious medical conditions and manage chronic disease such as mental illness, diabetes, heart disease and asthma. Access to prescription medication allows high quality of life as a productive citizen and reduces health disparities caused by poverty.

IV. Project Description:

- a. Describe the specific activities to be carried out by your project with CDBG dollars and the accomplishments you plan to achieve. Be specific about the tasks / work that CDBG will pay for. Use the table below, adding rows if necessary. You may add narrative below the table if needed for further description.**

Specific Service / Activity:	CDBG will pay for:	Unduplicated Total # of Households / Persons to be Served in this Service / Activity:	Unduplicated Total # of Burlington Households / Persons to be Served:	Outcome(s) to be Achieved:
Patient Special Services Staff to provide patient screening, application assistance and outreach.	1 Staff salary/ expense	300 140		140 Burlington residents will be connected to a prescription assistance program

Over the last couple of years, our Prescription Assistance Program has been changing and expanding to benefit our patients. Under our Patient Special Services department, our new eligibility screening process ensures that all of our patients are offered the best combination of benefits available to them. We now screen every uninsured low-income patient to ensure that they are connected with some form of insurance that includes prescription assistance, if they qualify. This allows us to take care of their prescription coverage and broader health care coverage needs at the same time. It also helps preserve prescription assistance resources for those patients who have no insurance options.

For patients who are not eligible for insurance, we now have a larger array of services available to connect them to for prescription assistance. We offer connection to affordable medications through one or more of the following programs: The Community Health Pharmacy (CHP), Fletcher Allen Health Care's Health Access Program (HAP), retail pharmacy programs and drug manufacturer giving programs. The Community Health Pharmacy is a new program that offers our patients access to prescriptions through a Federally Qualified Health Center (FQHC) network, which can lower drug prices for our patients depending on their specific prescriptions needed. Due to the growing need, drug manufacturer programs have been expanded to now allow us to offer prescription assistance to insured patients with Medicare Part D who find themselves without other options. By using these programs individually or jointly we can almost always find a good long-term solution for each patient as well as a shorter wait time until benefits begin.

Our Patient Special Services staff provides the patient with administrative support throughout the screening and application processes, which can be especially complex for residents with low literacy or lack of English language skills. The Patient Special Services staff will fill out the paperwork, collect support documentation from the patients, obtain physician review/signature of the request; provide charting and documentation with assistance from medical records staff; unpack, log and organize mailed prescriptions for dispensing of medications to patients by nurses and track required reapplication to programs for each individual patient two to four times per year. The CHCB Patient Special Services staff also provides outreach for our CHCB programs and services, including prescription assistance programs.

While drug manufacturer giving programs are now more publicly visible with a national website, community residents need connection to a medical home because drug donation requests must come from a physician's office equipped to provide this type of support. We educate Burlington residents about the available programs through outreach to local social service agencies, our website and special events and reassure residents that we can guide them through the cumbersome process and provide an affordable, welcoming medical home. In order to provide services of this breadth and scope, CHCB employs a full time staff person specifically to screen and connect residents to available insurance and affordable prescription assistance programs and provide outreach and education. A licensed clinical social worker is also located at each of our two clinics serving the homeless in downtown Burlington to provide support for all programs described above.

b. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) described above. All staff that appear in the salary / benefits line items in your budget (Section XV) must be described below. Add rows if necessary.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG
Patient screening, application assistance and outreach.	Patient Special Services	Screens and connect patients to insurance, affordable prescription assistance programs and services, and provides outreach and education.	40 hours/wk	15%

Beneficiary Information

a. For each service / activity you identified in Section IV, please project how the Burlington residents will break out into the following income categories. Use the Income Table at http://www.cedoburlington.org/cdbg/income_limits.htm.

Service / Activity:	Unduplicated Total # of Burlington Households / Persons to be Served:	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Patient screening, application assistance and outreach.	140		100%*		

*All patients who receive state sponsored and drug manufacturer assistance have incomes at or below 200% of poverty.

b. Please provide a single unduplicated total beneficiary count below:

Unduplicated Total # of Burlington Households / Persons to be Served:	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
140		140		

c. How will/do you document beneficiary income levels?

Drug manufacturer and state sponsored prescription assistance/insurance programs request income documentation (pay stubs or income tax forms) with their prescription assistance applications. Per our federal grant requirement, patients also provide similar income documentation when they use the Health Center's sliding fee scale. Income is recorded in the patient's electronic medical record and must be verified annually.

VI. Problem Statement

a. What particular problem or need will this project address?

Low income, uninsured and underinsured Burlington residents often struggle to afford ongoing prescription medications critical to manage chronic disease and prevent medical complications. Prescriptions can cost hundreds of dollars per month, forcing residents to choose between prescriptions and other basic life necessities. In addition, patients face barriers to accessing programs that might help them if they lack literacy or English language skills. For example, prescription assistance program applications often are complex documents requiring medical records and physician licensing information. Health insurance applications require assembling verification documents and filling out forms. No other family practices in the area have the comprehensive staffing of social workers, prescription assistance support staff, interpreter assistance, and organizational commitment to provide the extensive support Burlington residents need to access this wide variety of available programs. Consequently, our project directly brings

the prescriptions and health care low-income people require directly to them. Managing chronic disease keeps people working, healthy and out of the hospital.

b. How was this need identified?

We listen to our patients. Everyday, the Community Health Center cares for patients unable to afford basic medical necessities. Especially for patients' experiencing homelessness, they have virtually no financial resources. We often provide basic medical necessities, such as fever reducers, toothbrushes, band-aids, and basic hygiene items. Well over \$2 million of free or low cost prescriptions have been dispensed to our patients over the last ten years, demonstrating the depth of need in our community. Routinely in our patient needs survey, CHCB patients identified low cost prescriptions as one of their highest rated needs. Without prescription assistance, these patients would have had virtually no other avenues of support; unfortunately there are no long-term solutions to this national problem underway.

c. Why is this a funding priority for Burlington?

Ongoing access to prescription medications is critical to the management of chronic disease, prevention of serious health problems, higher quality of life and employability. Typical prescriptions obtained through the Health Center's assistance programs include medications to manage high blood pressure and cholesterol, depression and mental illness, diabetes, ulcers, and medical aids for tobacco cessation efforts. Funding for prescription assistance is essential to our community in two ways. First, access to prescription medications is cost effective preventive medicine that positively impacts the local health care system costs that we all share. Second, untreated chronic disease and medical problems are significant barriers to employment and a productive, high quality of life. Connecting residents to health benefit programs and prescription assistance giving programs relieves the financial burden of essential prescriptions and directly improves the health, productivity and quality of life for those residents most in need.

VII. Program Goals: How will this project reduce the number of people living in poverty? Will it help people move out of poverty? Prevent people from entering poverty? Address basic needs of people living in poverty?

Residents who struggle with mental illness, chronic disease or disability simply cannot lift themselves out of poverty and/or homelessness without the capacity to be healthy. Residents who prevent serious medical problems through appropriate and high quality primary care and prescription therapy can preserve their economic independence. Simply put, lack of adequate management for treatable chronic diseases, such as depression, mental illness, heart disease, diabetes or asthma, directly leads to a lower quality of life and productivity and greater risk of poverty and its consequences. Good health and dependable access to primary care is a basic need to lift people out of poverty. Without it, they face a significant and immovable barrier to many aspects of a quality life; employment, ability to parent and simply accomplishing daily tasks. Because of our project, Burlington residents with low household incomes can better access the health care and prescriptions that lead to secure lives.

a. Are you targeting any specific disadvantaged population/group of people? If so, who are they? (i.e., people with disabilities, minorities, women with children living in poverty, people with limited English proficiency, at-risk youth, etc.)

We target the medically underserved; people experiencing homelessness and those who are low income and uninsured. For the homeless, we offer two medical clinics in downtown Burlington; the Safe Harbor Clinic for homeless adults and families and the Pearl Street Clinic for homeless and runaway teens. Last year, we served 1354 men, women, children, teens and young adults experiencing homelessness; and 2,625 uninsured low-income Vermonters. We ensure each person is screened for need to apply for prescription assistance or public health insurance. For our general population of patients, we target low-income uninsured people who live at or below 200% of poverty who apply to use our sliding fee scale program. CHCB also targets non-English speaking

residents and newly arrived refugees by ensuring interpretive services and culturally competent care are integral to our program

VII. Equal Opportunity/Accessibility: How do you make sure your programs are accessible to all and culturally appropriate? What equal opportunity efforts do you make in hiring and, if applicable, Board recruitment?

First and foremost, as a Federally Qualified Health Center, CHCB is required to have a Board that is representative of the populations we serve. In turn, this Board sets the policies designed to meet community need. As a Federally Qualified Health Center, we follow our mandate to have a majority of our board of directors be active patients of our services and reflect or represent our patient population, including having a patient who is or was homeless. We are continually in the process of actively recruiting board members who reflect the income of our patient population and the Old North End. We ensure our programs are accessible to all and culturally appropriate through a modern facility that is fully handicapped accessible with bi-lingual and Braille signage, interpreter assistance and recruitment practices that emphasize a diverse staff with the ability to speak other languages. CHCB is an equal opportunity employer and states so in all advertising and our Board approved personnel policies. From our skilled clinic staff and licensed clinical social workers to our administration and board of directors, the Health Center is fully committed to caring for all patients with respect and dignity.

VIII. Impact and Evaluation:

a. How do you define success? How do you measure it? How many of your beneficiaries achieve it?

Success is patients served. Patient Special Services staff tracks their productivity with a database, statistics and documented contacts for outreach and patient encounters for connection to insurance and prescription assistance programs. The statistics for patients connected to drug manufacturer giving programs specifically document the number of patients assisted by our prescription assistance program, the value of donated or very low cost prescriptions and the number of monthly encounters for prescription assistance. Files for each drug manufacturer are updated regularly with application forms and pertinent application information.

b. If this is an existing project:

1. What were your projected accomplishments for your most recent completed funding period or fiscal year?

Our benchmarks for the 2009 grant year were to screen each uninsured, underinsured low-income and/or homeless patient referred to us from medical providers and interpreters for eligibility to all available prescription assistance program through June 30, 2009. Our goal was to provide 10 people per month with prescription assistance support.

What were your actual accomplishments for that period? If you did not meet projections, please explain (i) why and (ii) how you will overcome that issue in the future.

During the 2009 grant year, we connected 62 patients, 29 Burlington residents, to a drug manufacturer giving program. However, our program has significantly changed from just offering assistance to connect patients to drug manufacturer giving programs. We now provide more assistance to screen and connect patients to a wider variety of prescription assistance and public health insurance programs that provide prescription coverage. Since our program has expanded we actually exceeded our projected outcomes, however, until early 2010 we were only able to track the number of unduplicated individuals who were connected to a drug manufacturer giving program. We are continually working to improve our data tracking systems and we are now able to report the total number of individuals who received prescription assistance through any one of the many programs available. In the first quarter of 2010, over 300 people, 155 Burlington residents, received prescription assistance.

X. Community Participation & Partners

a. How are the community and/or program participants involved in decision-making and in identifying the program need, design and/or evaluation?

The Health Center is bound by federal regulation and organizational policy to have the majority of Board of Directors be patients and represent the community. We consistently meet these standards to ensure the leadership of the Health Center genuinely represents those who use our health and human services. These directors steward our mission of care, approve our services and programs, and assess community needs in order to respond appropriately. The CHCB model of board participation is unique among non-profit organizations yet essential to our success. CHCB also regularly surveys patients for program satisfaction.

b. What other agencies or sectors (i.e., government, private) do you work with on this project/program?

There are few local agencies or sectors we don't work with! The Health Center's Homeless Healthcare Program provides an umbrella of care to adults, adolescents, and families experiencing homelessness through the work of our primary care and dental care staff and contracts to local agencies including: The Howard Center for Human Services for mental health and substance abuse counseling, Spectrum Youth and Family Services for support services for our homeless and runaway young adults, and we work closely with the VNA daily at our main facility. We work with the Burlington School District (BSD) to provide primary care at the Integrated Arts Academy at HO Wheeler School and Lawrence Barnes School and dental services to low-income pupils throughout the BSD. We also work with Fletcher Allen Health Care, Vermont Department of Health, and the federal Department of Health and Human Services for our primary care, dental care, and behavioral health services.

XI. Sustainability

a. How will this project have a long-term benefit to the City of Burlington?

The availability of adequate prescription assistance is a fundamental benefit to the health and well being of Burlington residents. Residents who can manage chronic disease and prevent long-term health complications can live longer, more productive lives. Their impact on the local health care system, whose costs we all share, is less expensive both in the economic bottom line and quality of life issues. There is no doubt about the necessity of prescription medication in high quality preventive medicine and proactive public health efforts.

b. If the projects ends, will that benefit continue?

Without benefit of national or state intervention to significantly reduce the cost of prescription medicine, the Health Center must continue to invest staff time to ensure patient's prescription needs are met. However, our long-term strategy was to leverage our Federally Qualified Health Center status to obtain prescriptions at the lower federal drug pricing rates, which will benefit all the 13,000+ patients who currently utilize our services. This accomplished, the Community Health Pharmacy now offers lower price prescriptions to all of our patients. However, connection to drug manufacturer giving programs and state health insurance benefits and their prescription assistance will not be replaced by increased access to federal drug pricing. The depth of need among the uninsured and underinsured will necessitate continued and expanded connections to many types of prescription assistance. The project will continue to be sustainable through Health Center commitment and expanded community support from city and private funding.

c. If CDBG funding ends, will the project be sustainable (i.e., able to continue)?

The project is not sustainable on its own. However, due to the depth of need for this program, CHCB is completely committed to finding the necessary funding elsewhere. One bright spot to mention is the increased Medicaid revenue that will benefit CHCB's operating budget from connecting more patients to public health insurance programs.

XII. Consistency

a. What Consolidated Plan objective does this project support?

This project is crucial to the Consolidated Plan's strategy to "provide access to services to stabilize living situations; enhance health, safety and quality of life" and specifically addresses the strategy SL 1.4 in the plan; helping residents to access health services. Without access to regular primary health care, low income residents will struggle to manage chronic disease and stay healthy enough to work. Access to the prescription drugs which lift depression, manage diabetes and prevent heart attacks is an investment in the productivity of our city's workforce. It is also a critical element of overcoming economic barriers for low income residents; health care security is closely tied to overall economic security.

b. What other City plans, if any, does this project support or complement?

Access to health care is part of the city's Legacy Action plan which states Burlington needs to "assure ready access to affordable, high-quality health care for all." It also should be mentioned that CHCB provides good jobs with benefits as an employer located in Burlington; this is an important support to Burlington's goals.

XIII. Readiness to Proceed

a. Is the project ready to begin July 1, 2011 and be completed by June 30, 2012? Yes

b. If not, what are the expected start and completion dates?

c. Are there any other conditions that may affect your ability to begin or complete this project?
No, at this time we are fully staffed and doing the job!

XIV. Financial Narrative

a. Why should CDBG resources, as opposed to other sources of funding, be used for this project?

What better use is there for CDBG funds? This program moves the very lowest income and neediest Burlington residents into good health, employability and life stability thus fulfilling the mission of community development block grant initiatives.

b. Describe your use of community resources. For example, will your project be matched or leveraged with other funding sources or resources (such as volunteers) that don't appear in the budget summary below?

Our prescription assistance program depends on the significant support of The Community Health Pharmacy, retail pharmacy assistance programs, national drug manufacturers and state supported Medicaid programs. We leverage all community resources to the best of our ability, including private donor/foundation support. Medicaid cuts always loom in the face of growing state deficits. Our federal Public Health Service federal money is earmarked for primary care, dental care, behavioral health, and sliding fee scale support. Whatever the outcome, CHCB must provide this critical service; which is why CDBG dollars are so important to us.

c. Has your organization had any significant changes in funding levels over the last year? If so, please describe.

No, CHCB has had no significant changes in our ongoing operating budget. While last year we received a large construction-only capital grant, our operating/program funding has not changed. In fact, as we grow to serve more Vermonters in need, these kind of general operating funds only grow in importance to us.

d. What percent of Agency funds are used for administration vs. program costs?

15.7% of the Health Center's funds are used for administration, .6% fundraising and 83.7% for program costs.

XV. Budget

a. Summary

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$ 3,777	\$ 5,000 *	\$ 31,277	\$ 5,000
State	\$		202,269	\$202,269
Federal	\$1,807,367			\$1,807,367
United Way	\$ 715	\$ 715	87,500	87,500
Private	\$167,999			\$167,999
Program Income	\$8,485,714			\$8,485,714
Other	\$ 28,561	\$27,338	\$205,380	\$205,380
Total	\$ 33,053	\$ 33,053 **	\$ 10,960,229	\$ 10,960,229

* Must match your CDBG request amount on Page 1.

** Must match in all three boxes on Pages 7 and 8.

b. Proposed Project Budget Sources

CDBG	\$ 5,000 *
Other Federal – please specify funder and program (i.e., HUD – Emergency Shelter Grant, etc.)	
	\$ 0
State – please specify funder and program (i.e., Department of Health – AIDS Prevention, etc.)	
	\$ 0
United Way of Chittenden County	\$ 715
Private – please specify (i.e., individual donations, foundations, faith-based organizations, etc.)	
	\$ 0
Other – please specify (i.e., fee-for-service, etc.)	
CHCB salary match	\$ 27,338
TOTAL	\$ 33,053 **

c. Proposed Budget Uses

<u>Line Item</u>	CDBG	Other	<u>Total</u>
Salary for prescription assistance worker to screen and provide a pplication assistance and outreach/patient services for prescription assistance/public insurance	\$ 5,000	\$ 27,338	\$ 33,053
	\$	\$	\$
TOTAL	\$ 5,000 *	\$ 27,338	\$ 33,053 **

* Must match your CDBG request amount on Page 1.

** Must match in all three boxes on Pages 7 and 8.