

City of Burlington / CDBG 2012 Application Form

Eligibility _____ National Objective _____ NRSA _____
(Office Use)

Project # _____
(Office Use)

Project Name: Health Care for the Homeless – Dental Care

Project Location/Address: 184 South Winooski Avenue, Burlington, VT 05401

Organization: Community Health Centers of Burlington

Mailing Address: 617 Riverside Avenue, Burlington, VT 05401

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I. CDBG Funding Request:

\$ 12,000

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.)

CHCB, as Burlington's only Federally Qualified Health Center and safety net health care provider, provides a full spectrum of health services to community residents struggling with homelessness. We are asking CDBG to help fund the dental services portion of our Homeless Health Care Program. This program is designed to immediately relieve pain, infection and bleeding, increase access to employment opportunities for people living in poverty, and reduce the health implications and stigma of poor teeth and oral hygiene. We simply cannot keep up with the growing need in the Burlington community and have been forced to ration our services and find other grants funds to cover the costs.

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?

CHCB is entering its 40th year of service as Burlington's major safety net health care provider. All of our services are available on a Sliding-Fee Scale designed to support payment with dignity based on one's ability to pay. While our immediate goal is to ensure community access to critical health services, CHCB's long term goal is to improve the health of our community. Services provided include primary and preventive health and dental care for all ages, OB/prenatal care, mental health and substance counseling and prescription assistance programs. Currently, 25% of our 13,800 patients are uninsured and use our Sliding-Fee Scale Program. CHCB subsidized Vermonters on this program in the amount of \$1.2 million last year, \$900,000 of which was dental care, alone. For individuals who live at or below 100% of poverty, medical visits start at just \$10 and a dental exam and x-rays at \$26. People who are struggling with homelessness pay nothing and can receive dental benefits up to \$1,000 per calendar year. As Vermont's only federal Health Care for the Homeless Grantee, CHCB is a leader in care for men, women and children struggling with homelessness. We operate two no-cost clinics in Burlington designed to provide complete care under one roof. Our Safe Harbor Health Center cares for homeless adults and families and offers medical care, dental care, mental health counseling and case management. A medical provider also provides care in the family shelter as well as nursing health education in sites such as the COTS Daystation. Our Pearl Street Youth Health Center provides walk-in primary care and social work support for homeless and at-risk youth up to age 26. In 2011, CHCB cared for over 1,100 homeless people. CHCB is also a leader in care to refugees who are resettling in Burlington. Last year, over 9% of all our patients visits required interpreter assistance, and 22 different languages were used. Finally, CHCB is the only local dental office that accepts VT State dental care vouchers provided to destitute Vermonters for relief and treatment of dental pain, bleeding and infection.

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. Please distinguish the total number to be served from the number of Burlington clients to be served. 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:
Health Care for the Homeless Program	Uncompensated Dental Care for the Homeless*	1,100	503	503 of homeless Burlington residents will receive dental care.

*Care not covered by Medicaid, other grant/private dollars, includes dentures and bridges.

- 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

V. 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
Health Care for the Homeless Program	503	100%*			

*All meet criteria for homelessness for use of federal grant dollars.

- 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
	503			

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

CHCB Staff determines eligibility for our Homeless Health Care Program by following federal guidelines for homelessness. All program recipients are screened and must have a registration form with information on record before care can be provided through the program.

VI. Problem Statement

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

First and foremost, homeless adults need relief from the pain, infection and bleeding of untreated dental problems. Abscesses, cavities and periodontal disease are at best unhealthy and can be dangerous infections that can spread. Dental pain can also be severe when left untreated. Next, medical research has now established important connections between the improved overall good health and nutrition that comes with a healthy mouth. Poor oral hygiene has been connected to heart disease and premature labor, plus dental pain and poor teeth do not support healthy eating habits. Dental care is imperative to good physical health.

At the same time, poor or missing teeth are a highly visible badge of poverty that presents a significant barrier to employment, personal dignity and self-esteem. It is extremely difficult to access employment opportunities with visibly poor teeth. Last year, CHCB gave dentures at no cost to fifteen homeless patients. Dentures are literally life-changing. People learn to smile and project confidence instead of shame; priceless for people living in poverty. Improving self-appearance is an enormous step to lifting yourself out of poverty.

b. How was this need identified?

We listen to our patients and our community. As an FQHC, CHCB is required to routinely assess community-based health needs through a variety of methods; patient surveys, census information, key informant surveys with community partners and health indicators compiled from state and federal agencies. As a result of our assessments, in 2004, CHCB became the first FQHC Dental Program serving Burlington and the nearly 25% of Vermonters who reside in Chittenden County. Our program then, as it does now, provides access to dental care for low-income adults that simply was not available elsewhere in the county. Ours was the first Sliding-Fee Scale Program for preventive and restorative dental services and no-cost care for residents experiencing homelessness. Our needs assessment proved correct; the depth of need we tapped into with our program was enormous. Just seven years later, we provide dental services to over 6,000 patients per year, 22% of whom are uninsured and use our Sliding-Fee Scale. Another 69% are enrolled in Medicaid programs. For uninsured dental patients living at or below 100% of poverty, the cost of a typical cleaning and x-rays starts at just \$26. For homeless patients, we provide up to \$1,000 of no-cost dental care. Last year, we helped transform the lives of 15 homeless residents with the dentures they needed for employment. Finally, for those low-income Vermonters with dental pain, bleeding and infection, CHCB is the only local dental office that accepts VT State dental care vouchers.

c. Why is this a funding priority for Burlington?

We served 1,100 adults and families in our Homeless Health Care Program last year, a significant number for our region. Access to dental care is a funding priority as it crosses many of the requirements of CDBG funding. It meets a basic need of good health and pain relief, removes a significant and profound barrier to employment, and exclusively serves one our city's most disadvantaged and fragile populations.

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?

This project reduces the number of people living in poverty and helps people move out of poverty because it helps to remove a significant barrier to employment. It also addresses a simply basic need of people to be free from pain and infection.

It is also important to note that CHCB doesn't stop at simply fixing someone's teeth. We have been clear from the program's inception that we did not simply want to be an urgent care site. Our goal is to increase the amount of dental preventive care that is provided to low-income community residents; this represents the best, most effective investment we can make in the long-term health of the community, especially starting with children. In the end, toothbrushes and floss are the most inexpensive and effective tools we have to preserve oral health in our region for

a lifetime. If a parent learns to use a toothbrush and floss, access dental care regularly, and teaches his or her child about important dental care, this will create a new generation of adults who keep their teeth.

- 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.)**

Yes, we are asking CDBG to support with their funding only services that are provided to people who meet the federal definition for homelessness. This includes all of the above categories.

VIII. Equal Opportunity/Accessibility:

- a. **How do you make sure your programs are accessible to all, inclusive and culturally appropriate?**

We ensure our programs are accessible to all and culturally appropriate through a modern facility that is fully handicapped accessible with international symbols and Braille signage. In addition, we offer interpreter services and have 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 clinical staff and licensed clinical social workers to our administration and board of directors, CHCB is fully committed to caring for all patients with respect and dignity.

- b. **Describe the diversity status of (i) your staff for this program and (ii) your Board. How does that compare with the diversity status of the clients of the program / project you're requesting funding for?**

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. This Board diversity includes various income levels, sexual orientation and age. For cultural diversity, CHCB has one Board member who is from a refugee population. Approximately 16% of our patients describe themselves as ethnically diverse, as contrasted with 10% of our Board. Our staff is 7% ethnically diverse and more than 10% are bilingual.

- c. **Describe the diversity / cultural competency trainings that your staff and Board have participated in during the last year.**

CHCB does not provide cultural competency training to staff per se; although as a medical/dental practice our staff is required to take CME yearly on a broad range of topics. That said, CHCB works hard to recruit staff with experience in working with diverse populations, and we also highly value the ability to speak another language. As a leading local medical provider to refugee populations, this experience and interest is critical to good customer service and the excellent quality of care. CHCB continues to work with the College of Medicine and with public health projects to better understand and improve the refugee experience in health care, and also works with the State Refugee Health Committee.

IX. Impact and Evaluation:

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

We define success as quality care. As a Federally Qualified Health Center, CHCB is required to select and reach quality benchmarks in every program. Our quality markers for our dental program are to continue to increase the number of preventive care visits we provide to the community, and move residents from an urgent-care-only model. CHCB tracks and measures these program outcomes through our Electronic Medical Record System and billing department that records and codes each payer so we can precisely count the number served and the amount of care subsidized through the dental program.

As an FQHC, we are required to report yearly progress on our selected goals, including the measure of preventive dental visits. These reports are run quarterly by the dental department and reviewed for progress. CHCB is also required to host periodic site visits from federal officials to ensure quality and compliance in

all of our services. In our last reporting year, CHCB conducted 5,094 preventative dental visits, a 9% increase from the prior year.

b. If this is an existing project:

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

While CHCB has been a long-time partner with the City of Burlington, we did not receive funding last year and therefore, had no projected accomplishments.

2. 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.

We wanted to note that CHCB has had a groundbreaking year as our new facility is close to being complete. This is an important time for us to ask for CEDO investment as we will add four new dental operatories in our new building. We do not have any expectation of increased federal funding for uncompensated dental services, but are committed to grow to serve more community residents. While we realize CDBG funding has also suffered from the federal cutbacks, we believe the work we accomplish in the community should be acknowledged and supported. Last year, 6,000 people came to us for dental care; the vast majority were low income. We provided health care to 1,100 homeless, men, women and children. We provided over 100 men, women and children with medical care directly in the family shelters and provided over 600 low-income Burlington school children with access to dental services. Our work is a significant support to the quality of life in the City of Burlington and central to the articulated values and philosophy of CDBG funding.

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?

CHCB is bound by federal regulation and organizational policy to have the majority of its Board of Directors be patients and represent the community. We consistently meet these standards to ensure that the leadership of CHCB 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 and needs assessments.

b. Who do you mainly work with (i.e., what partners) to get the outcomes you want for your clients?

All guests at the COTS emergency shelters are required to receive a tuberculosis screening at the Safe Harbor Health Center in order to stay at the shelter. CHCB also sends a medical provider directly into the family shelter to ensure health care is provided and accessible. We work daily with COTS staff and contract with Howard Center for outreach staff to the homeless population. Our Pearl Street Youth Health Center is located next door to Spectrum Youth and Family Services and we partner closely with them in ensure access to health care services for homeless youth.

XI. Sustainability

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

Access to a long-term dental home coordinated with a medical home is absolutely necessary to lead a productive life. Our emphasis and success at increasing cost-effective preventive care affects all of us who pay health care bills. We are also changing a generation of adults through access to dental care. Education and knowledge will affect children and their attitudes about health and oral hygiene. This is an investment

in care that will resonate in increased access to employment opportunities and ease of moving into the middle class.

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

Yes. We have made our commitment to the community and this will not change.

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

Yes, but we can't promise the same scope and depth of program services should our funding continue to be whittled away as the need continues to rise. Demand for the dental program Sliding-Fee Scale Program is unstoppable. In 2004, our initial federal grant for dental sliding-fee scale services was \$250,000. Last year, we subsidized \$743,398 in dental care with no increase in our federal grant funding for this purpose. It is important to note the demand for our care is unceasing. CHCB cannot stand still when we have completely maximized our resources to serve. In 2012, we plan on expanding through an additional four dental operatories to serve our community. CDBG will help us grow to meet the need despite the stagnation in federal funding.

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; it specifically addresses the strategy SL 1.4 in the plan to help residents access health services. Without access to regular dental care, low-income residents will struggle to stay healthy enough to work. Accessing quality dental care is essential to good overall health. It is also a critical element of overcoming economic barriers for low-income residents; dental care is closely tied to overall economic well-being.

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, 2012 and be completed by June 30, 2013? Yes.

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

c. Are there any other conditions (i.e., obtaining permits, the availability of other funding, etc.) that may affect your ability to begin or complete this project? No.

XIV. Financial Narrative

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

There is no better use for CDBG resources, which come to the City specifically to lift people out of poverty and into lives of security and employment. Health and dental care are directly tied to overall good health, relief of infection, and are critical to employment opportunities. As the need for this service grows, and our federal funds do not increase, we need to look ahead to continue to provide this essential service to Burlington residents. There is no better "fit" for the purposes of CDBG.

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 dental program is the home base for Vermont's only Dental Residency Program. Because of our teaching and care mission, we attract volunteer dentists from different specialties who work closely with residents on teaching cases. All of our patients, including those who are homeless, are eligible for care as a teaching case, which increases access to specialized care for especially complex oral health needs.

c. Has your organization had any significant changes in funding levels over the last year? If so, please describe.
 While we have not experienced significant changes, like many other programs with federal funding, we have no assurances for the future. We are hopeful the history and record of FQHCs and the importance of primary care in health care reform will preserve our funding. In the meantime, we are increasing our fundraising efforts to ensure we can continue to grow to serve the community.

This being said, without an increase in federal funding, we have been forced to limit our services with a cap of \$1,000 per year for our Homeless Health Care Dental Program recipients. Even with the cap, we are just covering the current deficit with other program funds.

d. What percent of Agency funds are used for administration vs. program costs?
 16% administrative and 84% program.

XV. Budget

a. Summary

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$	\$ 12,000*	\$	\$ 12,000
State			202,269	202,269
Federal	104,030	104,030	1,759,000	1,759,000
United Way	8,750	8,750	87,500	87,500
Private			205,379	205,379
Program Income			8,372,155	8,680,114
Other			39,000	39,000
Total	\$ 112,780	\$ 124,780**	\$ 10,665,303	\$ 10,985,262

* 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	\$ 12,000
Other Federal – please specify funder and program (i.e., HUD – Emergency Shelter Grant, etc.)	
HRSA	\$ 104,030
	\$
	\$
	\$
State – please specify funder and program (i.e., Department of Health – AIDS Prevention, etc.)	
	\$

	\$
	\$
	\$
United Way of Chittenden County	\$ 8,750
Private – please specify (i.e., individual donations, foundations, faith-based organizations, etc.)	
	\$
	\$
	\$
Other – please specify (i.e., fee-for-service, etc.)	
	\$
	\$
TOTAL	\$ 124,780**

c. Proposed Budget Uses: Please be sure that all funding uses (including staff) that appear in Section IV also appear here.

<u>Line Item</u>	<u>CDBG</u>	<u>Other</u>	<u>Total</u>
Uncompensated Care for Dental Services, Dentures, and Bridges provided through our Homeless Health Care Program	\$ 12,000	\$ 112,780	\$ 124,780
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$ 12,000*	\$ 112,780	\$ 124,780**

* Must match your CDBG request amount on Page 1.

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