

# City of Burlington / 2013 CDBG Application Form

Project Name: Dental Care Services for Homeless Residents

Project Location / Address: 617 Riverside Avenue & 184 South Winooski Avenue, Burlington, VT 05401

Applicant Organization / Agency: The Community Health Centers of Burlington

Mailing Address: 617 Riverside Avenue, Burlington, VT 05401

Physical Address: Same

Contact: Kim Anderson Title: Development Manager Phone #: 264-8193

Web Address: www.chcb.org Fax #: 860-4325 E-mail: kanderson@chcb.org

EIN #: 23-7182584-01 DUNS #: 020655023

**CDBG Funding Request: \$ 12,000**

**1. Type of Organization**

- |                                                   |                                                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Local Government         | <input checked="" type="checkbox"/> Non-Profit Organization (please provide copy of your |
| <input type="checkbox"/> For-Profit Organization  | IRS 501(c)(3) tax exemption letter)                                                      |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Institution of Higher Education                                 |

**2. Conflict of Interest:**  Please complete and sign attached form.

**3. List of Board of Directors:**  Please attach.

**Certification**

To the best of my knowledge and belief, data in this proposal are true and correct.

I have been duly authorized to apply for this funding on behalf of this agency.

I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator.

Alison Calderara  
Signature of Authorized Official

Alison Calderara  
Name of Authorized Official

Director, CRD  
Title

1/14/13  
Date

## ***I. Demonstrated Need***

---

### **1. Project Narrative: Provide a description of the project/program to be funded with CDBG. (Refer to NOFA for required information in this section.)**

The Community Health Centers of Burlington operates our region's only Healthcare for the Homeless Program. As such, we offer two health centers designed for access to a broad range of health care services, including primary and preventive care, dental care and mental health and substance abuse counseling. Our Safe Harbor Health Center, located on South Winooski Avenue in Burlington, provides care to homeless adults and families and offers walk-in services and appointments. Safe Harbor conducts TB testing on every resident in the shelters as a basic public health measure. Our Pearl Street Youth Health Center on Pearl Street also offers walk-in services and appointments for primary care especially for at-risk and/or homeless youth under the age of 26. Last year, CHCB cared for 1,573 homeless people at all of our sites combined; the largest single number of patients over the past decade. It is also important to note that CHCB cares for homeless people who are not ready to seek services from other local community partners, such as COTS or Spectrum, and actively seeks out these people in need of services. For example, we conduct outreach to the encampments and other locations where people are living on the streets. As our region's only Homeless Healthcare Program, our approach is uniquely clinical and based on a treatment model that offers access to care with the goal of establishing a long-term, trusted health care home. Once connected, we offer the health care services that are essential to lifting people out of poverty and into secure and productive lives.

Specifically, we are asking CDBG to help fund our dental services for the homeless. Dental care is often overlooked as a clinical health care need, yet is one of the most difficult to obtain. A VA 2011 study of homeless veterans (defined in this report as sleeping in the streets, shelters, or areas unfit for human habitation) or those in permanent housing, rank dental care as the third and first highest unmet needs, respectively. The reason for this is the impact lack of dental care has on all aspects of life and health. Poor oral health means constant pain, infection and bleeding that modern medicine now knows affects overall health. Poor or missing teeth impede good nutrition and eating healthy foods. The stigma of poor or missing teeth is also a significant barrier to improving life circumstance; it hampers employment and integration into the middle class, and lowers self-esteem. Our dental program offers homeless residents no-cost dental care up to \$1,000 each calendar year and transforming dentures and partial bridges. There is no other comparable service, serving so many people, in Burlington. In 2012, CHCB provided 1,530 dental visits to homeless residents; with a Sliding-Fee Scale cost to CHCB of \$169,398.

### **2. Innovation**

#### **a. What new programs and/or services will be provided as a result of CDBG assistance?**

In addition to meeting a basic human need of relieving pain, infection and bleeding, CHCB would like to routinely add a Healthy Teeth element (toothbrush, toothpaste, floss, and outreach literature) to our Survival Kits; we usually include small hygiene items, bandaids, shampoo, etc. that are distributed to adults and youth living on the street, in homeless encampments, and to families living in shelters. With CDBG funding, we can ensure we add these basic, cost-effective preventive supplies to the kits that go straight into the hands of the people who need them the most. At the same time, kits build a trusting connection to our comprehensive health care home; an investment in future treatment.

#### **b. How will existing programs and/or services be expanded as a result of CDBG assistance? Use actual numbers to demonstrate expansion.**

In 2011, we cared for 1,479 homeless men, women and children; in 2012 it was 1,573. The number of homeless dental patients also increased from 503 to 589, a 17% increase. Of the 598 homeless dental patients, 326 had absolutely no other insurance resources, such as Medicaid, to assist with the dental costs.

We are expanding our programs simply by meeting the need in the community. It should also be noted that we will expand in another way; by ensuring 350 Survival Kits reach out to a population that may have no established connections to local providers, such as the shelters or, somewhere new this year, the Food Shelf. Providing dental supplies and education go hand-in-hand with healthy eating.

- c. **Are there other programs in the community that address similar issues?** \_\_\_Yes \_\_\_X\_\_\_No  
**If Yes, how is this proposal different?**

CHCB may not be the most visible local homeless service provider, but we quietly served over 1,500 community residents last year in our Healthcare for the Homeless Program. There is no one in the area who offers dental care to this most fragile population. Our Safe Harbor Health Center has two dental operatories on-site and daily clinics. Our program is different as we approach homelessness as clinicians; with treatment for pain, bleeding and infection, reducing the barriers of the stigma for poor or missing teeth, and providing the proactive treatment and education and access to ongoing preventive services, especially for homeless children. Even among other community health centers, our dental program is unique in the breadth and scope of services we provide.

## ***II. Proposed Outcomes***

---

### **1. How will this project/program impact individuals and contribute to the City's anti-poverty strategy?**

You cannot lift yourself out of poverty with no, poor or missing teeth, and cannot have overall good health and nutrition with pain, bleeding and infection. Access to dental care reduces the number of people living in poverty by removing a significant barrier to employment and the considerable stigma associated with poor or missing teeth. Improving self-appearance is priceless for people living in poverty. It also addresses a simply basic need of people to be free from pain, bleeding and infection. 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.

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.

### **2. List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)**

**Goal #1:** Bring homeless residents into a long-term Health Care Home.

**Objective:** Increase access to basic preventative and restorative dental services for homeless children and adults.

**Outcome:** 600 homeless patients will receive dental care that improves overall health and well-being needed to lift them out of poverty.

**Goal #2:** To relieve dental pain, infection and bleeding for homeless residents.

**Activity:** Screen every new homeless patient for oral health status, including accepting emergency homeless patients.

**Outcome:** 600 homeless patients will be given increased health status. This will amount to over 1,600 dental visits.

**Goal #3:** Encourage the important connection to a Health Care Home, as well as education about oral hygiene.

**Activity:** CHCB Outreach staff will go out on the street, to homeless encampments, and to family shelters with hygiene supplies and dental information. Our Pearl Street Youth Health Center staff will also provide these supplies to youth ages 16-26.

**Outcome:** Oral health hygiene supplies will be added to 350 Survival Kits that are provided to homeless residents who have yet to connect with CHCB services.

**Goal #4:** To immediately improve health status and employment of edentulous homeless individuals.

**Activity:** Screen for denture eligibility.

**Outcome:** 15 pairs of dentures will be provided to homeless individuals that will change their health, appearance and self-confidence, resulting in increased employment results. This is a predicted increase of four pairs.

### **III. Experience / Organizational Capacity**

**1. What is your agency’s mission, and how do the proposed activities fit with your mission?**

It is the mission of CHCB to provide quality, confidential, affordable health care and human services to all people regardless of ability to pay. Services are offered in an environment that conveys respect, offers support, and encourages people to be actively involved in their own health care.

Health prevention, using Survival Kits and outreach education, is a major part of our mission, no matter the patient’s life circumstance. As Vermont’s only federal Healthcare 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 2012, CHCB cared for 1,573 homeless people.

**2. How long has your agency been in operation?**

CHCB has been in operation since 1971 and is entering our 41<sup>st</sup> year as our region’s safety net medical, behavioral health and dental care provider.

**3. What programs and services do you offer?**

CHCB is a comprehensive health care home for patients from all walks of life. 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 care, restorative and preventive dental care for all ages, OB/prenatal care, mental health and substance counseling and prescription assistance programs. Over 3,500 CHCB patients are uninsured and access affordable medical, dental and behavioral health care using our Sliding-Fee Scale. In 2012, CHCB subsidized \$1,308,009 of medical and dental care through our Sliding-Fee Scale, Homeless Healthcare Program and School-Based programs. For individuals who live at or below 100% of poverty, medical visits start at just \$10 and a dental exam and x-rays at \$32. Over 39,400 patient visits were conducted for patients who have Medicaid. People who are struggling with homelessness pay nothing and can receive dental benefits up to \$1,000 per calendar year. CHCB is the only local dental office that accepts VT State Dental Care Vouchers provided to destitute Vermonters. We are also a leader in care to refugees who are resettling in Burlington. Last year, over 10% of all our patients visits required interpreter assistance, and 25 different languages were used. Support services include case management, a patient health education library, eligibility assistance for benefits and resources and connection to drug manufacturer giving programs.

**4. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project Narrative.**

CHCB is requesting support for uncompensated dental care services funding for homeless residents; not staffing.

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



Once established as a patient, our homeless patients are automatically referred to our dental department for an initial evaluation. If a homeless patient comes in on an emergency basis, such as for an abscess or broken tooth, we triage and will schedule or treat accordingly. Patients will work with their dentist to develop a treatment plan and how best to implement that plan; for example, staggering work over two calendar years to receive full benefit. If a homeless patient has public health insurance, once they exceed their dental cap, they can then access our financial assistance program and dental benefit up to \$1,000. Monitoring of the cap is done through the dental department in an effort to duplicate the same system a commercial-based insured patient would have at any dental practice locally.

**4. How do you ensure that your programs are accessible to all, inclusive and culturally appropriate?**

We ensure our programs are accessible to all and culturally appropriate through our mission, HRSA regulation, and supported by a modern facility that is fully handicapped accessible with international symbols and Braille signage. For health and dental services, we offer confidential and quality interpreter services through a national phone service. CHCB also teaches cultural competency through in-services for staff. This year, they have included training in better understanding Burmese refugees and transgender patients. CHCB also provides enrichment programs for newly arrived refugees; a “Passports to Health” medical system orientation and internal orientation to CHCB systems. We employ a full time specialist to support newly arrived refugees. Finally, CHCB is an equal opportunity employer and states so in all advertising and our Board-approved personnel policies. We have recruitment practices that emphasize a diverse staff with the ability to speak other languages and have staff fluent in 16 different languages; French, Spanish, German, Nepali, Dinka, Vietnamese and Bosnian to name a few.

**5. What steps has your organization/board taken in the past year to become more culturally competent?**

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.

**V. Budget / Financial Feasibility**

**1. Project Budget**

Line Item	CDBG Funds	Other	Total
<b>Uncompensated Dental Care Services for Homeless Residents</b>	\$12,000	\$157,398	\$169,398
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**2. Funding Sources**

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	\$	\$ 12,000	\$	\$ 12,000
State (specify)			220,000	220,000
Federal (specify)	146,998	146,998	1,759,000	1,759,000
United Way	10,400	10,400	104,000	104,000
Private (specify)			200,000	200,000
Program Income			9,204,934	9,204,934
Other (specify)			140,000	140,000
<b>Total</b>	<b>\$ 157,398</b>	<b>\$ 169,398</b>	<b>\$ 11,627,934</b>	<b>\$ 11,639,934</b>

**3. Of the total project cost, what percentage will be financed with CDBG?**

$$\frac{\$ \underline{12,000}}{\text{CDBG Funding}} \div \frac{\$ \underline{169,398}}{\text{Total Project Cost}} = \underline{7.1} \% \text{ Percentage}$$

**4. Of the total project cost, what would be the total cost per person?**

$$\frac{\$ \underline{12,000}}{\text{CDBG Funding}} \div \frac{\underline{350}}{\text{\# Proposed Beneficiaries}} = \$ \underline{34.3} \text{ Cost Per Person}$$

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

CDBG resources are designed to support exactly what we do; lift community residents out of poverty with access to basic services. We are a local leader in the treatment of our city’s most fragile and vulnerable populations. Our specialized services are central to the City’s success in ending homelessness.

**6. Describe your use of community resources. Include any resources not listed in your budget.**

Volunteers are key. 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. Volunteers also teach newly arrived refugees how to utilize dental care and health education for healthy teeth for people that may never have seen a dentist in their lifetime. Donors are also an important resource; every year we receive private support for dental equipment to better serve our patients.

**7. Has your organization experienced any significant changes in funding levels during the past year?**     Yes     No

**If Yes, please explain.**

While we have not experienced any significant decreases, we have experienced significant growth without benefit of increased funding for our financial assistance programs. In 2013, CDBG funding is an even more critical support for CHCB's fiscal stability due to the dramatic increase in patient numbers since the re-opening of our Riverside Health Center. In just over a year, the new building has allowed us to open our doors to more than 5,000 new patients in need. We are thrilled to be fulfilling our important mission of care so broadly, but depend even more heavily on community support; our requested \$12,000 would be a huge help in meeting this growing need.

**8. What cost-cutting measures has your organization implemented?**

One of our biggest ones in recent memory was switching from on-site interpreters to a national telephone bank service. It not only improved quality of the service, but also the confidentiality of the service for the patient. With this move, we were able to reduce the cost of our interpreter service from \$275,000 to \$126,000 this fiscal year.

## ***VI. Community Support / Participation***

---

**1. What other organizations or key individuals (if any) have given support to this project?**

A local fundraising organization, Santa Night, support our dentures program each year. This year, they will generously support two patients in need of dentures for \$1,000.

**2. How are the community or program participants involved in decision-making and/or 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.

## ***VII. Readiness to Implement***

---

**1. Is the project ready to begin on July 1, 2013 and be completed by June 30, 2014?**  
 Yes     No

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

**2. List any conditions (i.e., obtaining permits, availability of other funding, etc.) that may affect your ability to begin or complete this project.**

We do not foresee any conditions that would inhibit us providing care to our patients.

## ***VIII. Impact / Evaluation***

---

**1. Describe how this project will effectively measure outcomes.**

We define success as quality care and meeting the need. 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.

**2. What strategies will you implement to collect the data necessary to analyze your results?**

CHCB has an electronic dental record and practice management system from which data is collected. We currently track preventive visits quarterly for another funder and will employ the same reporting for CDBG. The Survival Kits will be counted and distributed to the outreach workers for Pearl Street, Safe Harbor and the family shelters.

**3. How are clients better off as a result of your program?**

They are free from pain, infection and bleeding. With improved teeth, they have a hope of a better job and improved self-esteem. Because of CHCB, they do not need to go to the Emergency Department for care, and instead, found connection to not only dental care, but a lifetime Health Care Home that can offer treatment for physical disability and chronic disease, including mental illness or substance abuse. Last year, we cared for the mouths of 589 homeless men, women and children – we can't imagine where they would have gone without CHCB.

## ***IX. Sustainability***

---

**1. How will this project have a long-term benefit to the City of Burlington? If this project ends, will that benefit continue?**

Access to a long-term dental home coordinated with a medical home is absolutely necessary to lead a productive life. At the same time, it is important to note our work supports every Burlington resident who pays a health care bill; we keep people out of the ER and connect to them cost-effective preventive care and education. This benefit will continue as long as our doors are open.

**2. Provide evidence of long-term support for this project.**

CHCB has been a federal Healthcare for the Homeless grantee since 1988 and has received \$250,000 in dental grant support since 2004 for our entire program. Donors have also continued to support us since 2004.

**3. If CDBG funding ends, will the project be 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 \$850,000 in dental care with no corresponding 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 and we hope CDBG will help us grow to meet the need despite the stagnation in federal funding.