



## 2015 Social Service Funding Application – Non-Alcohol Funds

Applications for 2015 funding must be complete and submitted electronically to the City Manager's Office at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) by 5:00 pm on Friday, May 2, 2014. Applications received after the deadline **will not** be reviewed by the Social Service Funding Advisory Board.

**General Information:** Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used to support activities that align with the Community Health Plan which was developed with input from many people throughout the community. The five areas for the plan are listed below:

- Access to healthy foods
- Access to health services
- Mental health
- Physical activity
- Poverty and jobs

More information on the Community Health Plan can be found at <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>.

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 8:00 a.m. to 12:00 p.m. on May 23 and May 30. **Applicants are asked to make a contact person available by phone at that time in case questions arise.**

Following their review, the Advisory Board will forward recommendations for funding to the City Commission. Recommendations will be based upon the following criteria:

- availability of city funds
- the stated objectives of the applicant's program
- alignment of the program with the Community Health Plan
- the efforts to collaborate and create a seamless system of support for residents
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the Community Health Plan
- past performance by the agency in adhering to funding guidelines (as appropriate)

The final decision regarding funding will be made by the City Commission when they adopt the Annual Operating and Capital Improvement Budget in August.

Please note that funds will be disbursed according to the following schedule unless otherwise agreed to in writing:

- First half of funds will not be disbursed before April 1
- Second half of funds will not be disbursed before October 1

**Questions?** Contact Casey Toomay, Budget Manager at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) or at 785-832-3409.



## 2015 Social Service Funding Application – Non-Alcohol Funds

### SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Douglas County Dental Clinic (DCDC)

Name of Program for Which Funding is Requested: Dental Care Program

Primary Contact Information (must be available by phone 5/23/14 and 5/30/14 from 8 a.m. to 12:00 p.m.)

Contact Name and Title: Julie Branstrom – Executive Director

Address: 2210 Yale Rd. Lawrence, KS 66049

Telephone: 785-312-7770 ext. 207 Fax: 785-312-9447

Email: director@dcdclinic.org

### SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2015: \$15,000 \_\_\_\_\_
- B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe: No
- C. Will these funds be used to leverage other funds? If so, how: Local funding can be leveraged as matching funds when applying for State grant funding from KDHE.
- D. Did you receive City funding for this program in 2014? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.): Yes. \$5,000 General Fund
1. How would any reduction in city funding in 2015 impact your agency? A reduction in funding would result in a reduction of dental services provided to low income, uninsured residents of the community. This would likely result in greater utilization of the Lawrence Memorial Hospital Emergency Room for dental related pain.
  2. If you are requesting an increase in funding over 2014, please explain why and exactly how the additional funds will be used: We are requesting an increase in funding over 2014 as we have lost \$40,000 in State Bureau of Oral Health funding for 2015 and also experienced an increase of 11% in the number of patient visits for 2013 which we anticipate will increase again in 2014. Additional city funding will help us provide reduced fee and charitable dental care to uninsured, low income Douglas County adults and children.

### SECTION 3. PROGRAM BUDGET INFORMATION

- A. Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other.

**2015  
Proposed  
Budget**

**Douglas County Dental Clinic**

<b>Expenses</b>	<b>Annual</b>
<b>Personnel &amp; Benefits</b>	
Dental Director (existing)	111,405
Dentist (existing)	93,500
Part time Dentist (existing)	60,400
Exec. Director (existing)	72,100
Dental Assistants (3 FTE) (existing)	75,860
Outreach Coordinator (1.5 FTE) (existing)	42,500
PT Development Coordinator (existing)	10,000
PT Office & Dental Assistants (2) (existing)	30,000
Office Manager (existing)	35,340
ECP Hygienists (3) (existing)	180,500
ABCD Coordinator (existing)	29,400

Taxes	67,475
Employee Benefits	38,500
<b>Payroll Subtotal</b>	<b>846,980</b>
<b>Supplies/Other</b>	
Office Supplies/Equipment	6,500
Dental Supplies, Lab fees & Equipment	155,000
Rent, Utilities, Repairs, Trav. Training	84,000
Prof. svcs, phone, postage	10,250
Printing, Publishing, Advertising	3,800
Insurance, Memberships, Banking	31,500
<b>Supplies/Other Subtotal</b>	<b>291,050</b>
<b>Total Expenses</b>	<b>1,138,030</b>

- B. What percent of 2015 program costs are being requested from the City? 1.4%
- C. Provide a list of all anticipated sources of funding and funding amount for this program in 2015:

Douglas County Government: \$15,000  
United Way of Douglas County: \$63,000  
KDHE Primary Care Grant: \$95,000  
City of Lawrence: \$15,000  
Success By 6 Block Grant funding: \$20,000  
Other Grants: \$35,000  
Fundraising & Contributions: \$38,000  
Medicaid Payments: \$578,550  
Patient fees: \$270,000  
Contracted Labor: \$7,000

Total Projected Revenue: \$1,136,550

#### **SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM**

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.

Douglas County is a Federally Designated Dental Health Professional Shortage Area (HPSA) The most significant barrier to accessing dental services in our area for low income individuals is the lack of dental providers who accept Medicaid patients and who will provide charitable care to the uninsured. Of the 58 dental providers in Douglas County, only 4 other offices accept Medicaid patients, and three of these offices are specialists (Oral Surgery and Pediatric Dentistry). Low income adults that must pay for dental care out of pocket, typically only seek dental care during a crisis. Many cannot afford even the reduced fees that DCDC charges for restorative and preventive care. Often the only issue being addressed for these individuals is the one which is causing pain, leaving other oral health issues untreated. The Kansas Health Institute estimated in 2009 that 14.3% of Douglas County residents were without insurance. Additionally, The most common chronic disease seen in our clinic is dental caries, an infectious, communicable disease that leads to cavities or tooth decay. According to Oral Health America's 2009 Oral Health Report Card for Kansas, 41% of Kansas adults have reported having permanent teeth extracted due to decay or disease. It is rare that we see uninsured patients in the clinic who are not in need of extractions or restorative care for extreme dental decay. In 2013, 1,698 of our patients were uninsured. Of this total, 69% of those qualify for services at our lowest fee level which means they have incomes that fall at or below the Federal Poverty Level. The fees that we charge for dental care to these patients do not cover our actual cost to deliver the care. In addition, services are often provided to patients at no charge because they have dental emergencies and no resources to treat them. It is our policy to treat dental emergencies regardless of the individual's ability to pay.

- B. How was the need for this program determined?

DCDC has its beginnings in Health Care Access Clinic (HCAC). In the early days HCAC was identifying dental emergencies of their patients and referring them to a handful of private practice dental providers in the

community who willing to accept emergency cases. It was quickly identified that the needs far outweighed the capacity of the volunteers and in 1999 a coalition of concerned community members formed and began to look for ways to address the issue. The clinic was formed in 1999 but did not start providing dental care to the community until late in the year of 2001. During the clinic's 13 year history more than 65,100 dental visits have been provided to more than 10,000 individuals. The need for our services is evidenced by the increasing number of people continuing to access care at DCDC. The number of patient visits increases each year and we anticipate more than 8,800 patient visits this year.

C. Why should this problem/need be addressed by the City?

State and Private funding for the provision of dental care for the uninsured is inadequate and limits our ability to provide reduced fee and charitable care to the most vulnerable members of our community. The services we provide add to the general health and well being of our city and without them, an increase in dental emergencies will be seen in the hospital emergency room. Of the total number of active patients in our database, 66% of them reside in Lawrence.

D. How does the program align with the Community Health Plan (see page one)?

Providing access to dental care for the uninsured and those with Medicaid helps address the goal of individuals having access to health services. The Lawrence Douglas County Health Department's Community Health Assessment Survey (which was conducted from Dec. 2011- June 2012) to help inform the Community Health Plan, identified access to dental care as a top priority need. DCDC's provision of dental care meets a priority health care need in our community. The connection between oral health and overall health is clear; from heart disease and cholesterol levels, to diabetes and prenatal health, dental health has an impact on total health and well being. For example, periodontal (gum) disease has been associated with a higher overall rate of heart disease, and healthy gums are connected to lower cholesterol levels. Also treatment of periodontal disease has been shown to improve the control of blood sugar levels in diabetics.

Tooth decay is the most prevalent chronic infectious disease affecting children in the U.S. today. 15.2% of screened K-12 grade students in Douglas County were reported to have obvious untreated dental decay and 52.3% of those same screened students had no dental sealants placed. Sealants are an effective way to prevent dental decay. Our school-based dental outreach program targets underserved children who either have Medicaid or qualify for Free & Reduced Lunch programs at school. DCDC brings preventive, diagnostic and restorative dental services out to the schools, eliminating the need for parents to take time off work for appointments. Children miss fewer school hours when we bring services into the community. This program serves as an early intervention, identifying dental disease before it becomes severe and costly restorative treatments are needed. This program also connects children with a dental home.

DCDC exists to serve the low income, uninsured population as well as beneficiaries of Kansas Medicaid. Both of these are underserved groups in Douglas County.

## **SECTION 5. DESCRIPTION OF PROGRAM SERVICES**

A. Provide a brief description of the service you will provide and explain how it will respond to the need you identified in Section 4. The description should include how many clients will be served, and should describe as specifically as possible the interaction that will take place between the provider and the user of the service.

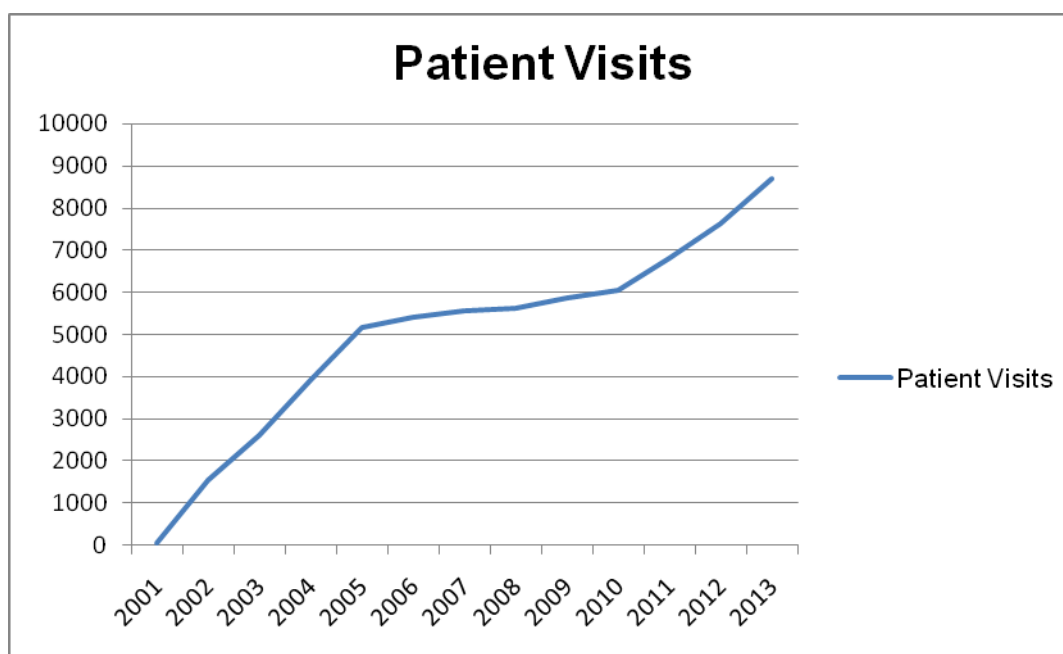
The DCDC Dental Care Program provides comprehensive dental care to the uninsured, low-income population of Douglas County through 2.5 FTE Dentists and 3 FTE Registered Dental Hygienists. Emergency, diagnostic, operative and preventive care is delivered by appointment, 40 hours per week from a fully equipped, 9 dental operatory clinic located at 2210 Yale Rd. Our clinic is on a bus route and centrally located within the city. Discounted fees for services are charged on a sliding scale according to household income and emergency services are provided to individuals regardless of their ability to pay. We project that we will serve approximately 4,400 patients this year with roughly 8,800 visits. In addition to provider staff, we utilize a network of volunteers to provide care to our patients. Approximately 1,450 volunteer hours were offered to our patients last year through both private practice dental providers as well as 4<sup>th</sup> year Dental Students and 2<sup>nd</sup> year Dental Hygiene students completing clinical rotations at DCDC. In 2013, \$383,000 worth of charitable dental care was provided to residents of Douglas County by DCDC.

DCDC operates an on-site preventive dental program called Friendly Smiles. This program makes dental care available to children who qualify for Free and Reduced School Lunch programs or who have Kansas Medicaid, while they are at school. Specially licensed dental hygienists and our staff dentists conduct dental screenings, exams, X-rays, clean teeth, place dental sealants and fluoride varnish applications as well as provide dental

health and nutrition education to students. This program serves as an early intervention and catches many kids who would otherwise not be receiving any dental care because of lack of insurance or because parents find it difficult to get their children into the office for a traditional appointment. We have a wonderful collaborative relationship with USD 497 that allows this program to be very effective and efficient. Case managers employed by our clinic follow up with parents after school visits to facilitate any needed follow up care.

DCDC also provides dental services to many in our community who have developmental disabilities, physical and emotional disabilities and the frail and elderly population. We work with Advanced Specialty Anesthesia to provide dental care under sedation for patients who have disabilities that prevent them from attending a traditional appointment. We also send our provider staff each week to Cottonwood to provide dental care to their consumers in a dental operator that they have in their facility.

As shown by the chart below, DCDC had sharp growth in the number of patient appointments it provided during its early years from 2001-2005. This was also a time of growth in staffing for the clinic. The number of appointments annually, continued to increase but not with the same intensity during years 2006-2010. During these years the clinic operations were limited by our space constraints and our average waiting time for non-urgent dental appointments grew to as long as 12 weeks. In June of 2012, DCDC hired a third dentist and in December of that year moved to a larger location where we are able to operate in a much more efficient manner.



- B. What other agencies in the community are providing similar types of services. What efforts have you made to avoid duplication or coordinate services with those agencies?

There are no other agencies in Douglas County providing similar services. Both Health Care Access Clinic and Heartland Community Health Center do not offer dental services to their patients and refer them to our clinic for care. We share the same patient intake paperwork with Health Care Access Clinic which makes it easier for patients who are accessing services at both of our clinics by eliminating the need to fill out paperwork at both agencies.

## SECTION 6. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2015. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2015," "credit counseling services will be provided to 600 clients in 2015," etc. **Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.**

- 1.) 60% of patients seen in the clinic for dental exams will complete their treatment plans within 6 months.**
- 2.) By 12/31/2015, we will increase the number of dental sealants and fluoride varnishes placed on school aged children by 10% over 2013.**
- 3.) By 12/31/2015, we will increase the number of recall (preventive) dental appointments by 10% over 2013.**