

**United Way of Lane County  
2010/2011 Strategic/Preventive Proposal**

- A. Name of Organization: **White Bird Clinic**
1. Contact Person: **Chuck Gerard, Clinic Coordinator**
2. Address: **341 East 12<sup>th</sup> Avenue**  
**Eugene, Oregon 97401**
3. Phone: **541-342-8255** Email: **chuckg@whitebirdclinic.org**
- B. Name of Proposed Services: **Expanded Dental Care for MAP and Low-income Patients**
- C. Amount of Funding Requested for a 12 month period: **\$34,000**

***The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.***

*Chuck Gerard*      3/4/2010  
Signature: Agency Director      Date

*Trudy Turner*      3/4/2010  
Signature: President, Board of Directors      Date

## SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see **Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME and HEALTH.**)

**1. Action Area:** (select one)

**Education:** Preparing children to succeed in school and life.

**Income:** Moving families from poverty to financial stability.

**XX Health:** Ensuring people have basic access to healthcare.

**2. Strategies:** Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. (*Note: Strategy or strategies listed must come from Appendix A referred to above.*)

Increase number of patients served by White Bird Dental Clinic.  
Teach dental hygiene skills for self-care and increased family dental health.

**3. Provide a *brief*** (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.

To assist United Way in reaching their health care goal for the community we will increase dental care access for 200 uninsured low-income Lane County residents plus up to 60 MAP patients. We will increase access to reduced fee emergency, restorative and preventive care by adding dentist and hygienist time for low income residents. We will provide special clinics without charge to MAP patients.

## SECTION II: SERVICE IMPACT

**1. Need, Target Population and Program Description**

**A. Need/Target Population**

Identify the community problem/need the strategies described in Section I address, including the number of Lane County residents affected. Clearly link the need to the Community Investment Strategic Action Area goals and strategies selected in 1 and 2 above. *Also, include local trend information over the last five years as available/appropriate.* Describe how the proposed service(s) reach the intended target population for your Action Area (see Appendix A) and is appropriate to the need.

Lane County, according to the Census Bureau Quick Facts website, had a population in 2008 of roughly 345,560 persons and over 14% of our residents were living in households earning below the Federal Poverty Level. According to the 100% Access Coalition figures, nearly 18% of our residents lack medical insurance. Since medical coverage is more often provided than dental coverage by both

employers and by the Oregon Health Plan, we believe that an even higher percent, conservatively speaking, over 33% of Lane County residents are without dental insurance.

Emergency Room utilization for dental issues resulted in 10,399 visits from 2005 to 2007 and these patients were 3.5 times more likely to be uninsured, according to the 100% Access Coalition study. Our emergency rooms (ERs) are being utilized inappropriately since they do not staff dental practitioners. Although ERs can prescribe antibiotics/pain medications for symptoms; the dental conditions remains untreated.

As noted in the United Way Needs Assessments from 2004 and forward, the most severe problems experienced by households continue to be related to paying for medical and dental care. Problems are most prevalent as income declines but are not limited to people in the lowest income levels.

According to recent discussions with practitioner staff of local Urgent Care, these facilities see an average of 8 people per day in dental pain. Practitioner staff of our local Emergency Rooms report 8 – 10 patients arriving in pain daily due to untreated dental problems.

The need for affordable dental care is great but the justification is even greater. Dental health is intimately related to medical health. Dental infections do not heal themselves but rather result in chronic inflammation, pain, abscesses and lost teeth. According to research by the American Academy of Periodontology, there is a strong link between periodontal/gum disease and other chronic inflammatory conditions such as diabetes, cardiovascular disease, osteoporosis, and Alzheimer's disease. Birth outcomes are negatively impacted by gum disease. Poor dental health impacts medical issues which are less responsive to medical treatment in a body dealing with chronic dental infection. Unfortunately, gum disease can be ignored for years until long term medical issues surface and/or teeth are jeopardized.

Among our dental patients we see a pattern of generational dental neglect. It is especially important to treat adults and to teach them the value of dental self care in order for them to teach and support this self-care for their children. Poor dental health ultimately impacts social and employment options, making individuals' effort to fully function in our society more difficult.

Low-income families, particularly those uninsured, have a difficult time prioritizing preventive and/or restorative care when they are not in pain. There are always very pressing economic demands on their limited resources.

A second obstacle is that best dental practices require us to provide a full mouth cleaning and x-rays in order for the dentist to develop accurate treatment plans for each new client. Unfortunately, we don't have enough hygienist time so we experience a bottleneck in admitting new patients. Our hygienists are booked out three months and more hygienist time is needed because hygiene treatment is time consuming for patients who have not had regular care and/or are subject to advanced gum disease. Our clinic needs additional hygienist time to allow the timely admission of new patients. And of course, in order to expand our patient load, we need additional dentist time.

## **B. Service Description**

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

In order to better meet the needs of low-income uninsured residents of Lane County, we will increase access to affordable dental care – emergency, restorative and preventive.

- For 200 residents living in households below 200% of Federal Poverty Level, we will provide an average of two visits for dental care at a cost of \$10 per visit to the patient.

Our strategy for providing dental services for these new patients will be to hire 4 hours per week of both hygienist and dentist time. In one year that will provide an additional 200 visits by each practitioner.

Our planning anticipates an average of two visits per patient but we will flex according to need. This structure can provide periodontal cleanings, dental exams and limited treatment plans. The periodontal cleaning will also include self-care instructions and toothbrushes and paste for the entire family. The subsequent appointment, if needed, will be used to begin restorative work or follow-up periodontal treatment. If in pain, patients will have access to a walk-in clinic for immediate care and/or restorative appointments to begin the most pressing work.

White Bird's collaboration in this project will include providing the facility and outreach necessary to realize the project goals. We will invite referrals from each White Bird program and the Lane County Public Health as well as from other safety net clinics, Urgent Care facilities, hospitals and, of course, self-referrals. We expect that some of these patients will arrive in pain for a walk-in clinic and can be guided to better dental health through admission to this program with periodontal and/or restorative care at affordable rates.

In order to better meet the needs of the 100% Access Coalition's Medical Access Project (MAP) patients, we will increase access to affordable dental care – emergency, restorative and preventive.

- For MAP patients referred by the MAP Case Manager, we will provide at least 100 hours of care without charge to the patients.

After reassessing the MAP client caseload, we have adjusted our strategy to provide 20 half-day clinics in which we will be able to get MAP patients out of pain and into restorative and/or periodontal care. We can negotiate an increase in the number of clinics to be offered, if needed; additional funding would be needed as well.

Because MAP patients are unlikely to have had regular dental care, we will coordinate with the MAP Case Manager to arrange clinics and to schedule patients. The Dental Clinic Coordinator will collaborate with the MAP Case Manager as well as with other agencies delivering MAP services, to provide information on dental services. With patients' consent, treatment plans can be shared so that the most pressing treatments can be accomplished. If desired, White Bird will also refer candidates for MAP services to the MAP Case Manager.

In planning for a general program such as this, we would estimate two – three visits per person, however, this program is being established for a preselected group of patients and it is difficult to anticipate the extent of needed care. We believe that we could serve up to 60 MAP patients but this will depend on the Case Manager's referrals for service and the extent of individuals' needs.

Each of the 20 four-hour clinics will cost \$500 and in each we will reserve slots for at least five patients who are referred.

With the help of federal Recovery Act funding, we have just expanded the dental clinic capacity by

nearly 15%. With the new space, greater efficiencies and the proposed funding to increase practitioner time, we will be able to increase client capacity without reducing access to our on-going patients.

Both of the project's proposed efforts will increase access to affordable dental services for low-income uninsured patients, increase the number of patients served by up to 260 residents and teach important dental self-care skills for the patient and their family.

**2. 2010/2011 Service Objectives and Outcomes**

**A. Service Objectives** (# people to be served and/or services provided):

*You may choose the 12-month reporting period that best matches your data collection system as long as the period begins in calendar year 2010.*

**12-Month Service Objectives: 7/1/ 2010 through 6/30/2011**  
 (Month/Day/Year) (Month/Day/Year)

**Proposed Service Objectives:**

- 200 dental appointments newly available for low income clients
- 200 hygiene appointments newly available for low income clients
- 20 MAP clinics available

**B. Proposed Services Outcomes** (measurable statement of intended effect on target population.)

*Dates should match the service objective dates you specified in question 2 A.*

**12-Month Outcomes: 7/1/ 2010 through 6/30/2011**  
 (Month/Day/Year) (Month/Day/Year)

**Proposed Outcomes and Performance Measures for each proposed service** (provide in table format, correlating measures to proposed outcomes):

*Example: Note: Table can be expanded as needed to include all information.*

<i>Outcomes</i>	<i>Measures</i>
<i>Up to 60 MAP patients receive dental care</i>	<i>Patient records</i>
<i>200 new unduplicated patients receive dental care</i>	<i>Patients records</i>
<i>85% of patients report no dental related ER visits</i>	<i>Patient intake: ER section</i>
<i>All patients learn dental self-care</i>	<i>Patient records</i>
<i>Self-care tools provided patients' family members</i>	<i>Patient records</i>
<i>85% of returning patients show improved self-care</i>	<i>Patient records</i>

**Note:** Please include a copy of your Logic Model if one was developed. It is excluded from the 15 page limit.

**3. Tracking Systems**

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

In June, 2003, the Dental Clinic installed an automated practice management system which maintained treatment records, the appointment and recall systems, treatment plans, billings and payments. As of January 2010, the Dental Clinic has installed an upgraded system for practice management which includes electronic health records. At this very moment, we are in the process of becoming a paperless office. With this system, we will be able to report client demographic data, and manage patient files with digital x-ray capacity. Multiple copies, searching for files from past years, and photocopying in order to share patient information with pro bono specialists will no longer be necessary, freeing both time and space.

We are very happy to be managing this change. The upgrade is possible through Recovery Act funds from the federal Health Resources and Services Administration and will ultimately allow us to serve more patients more efficiently, coordinate and collaborate more quickly with other agencies, and better meet the community's need for full service low-cost dentistry.

Weekly Dental Clinic staff meetings include troubleshooting plus the review and development of services. Monthly client statistics are generated and quarterly service reports summarize program performance. Outcomes can often be determined at a visit's conclusion and confirmed through follow-up visits by on-going clients.

We track practitioner productivity on a quarterly basis. We have adopted a Quality Assurance Review plan which includes regular reviews of performance outcomes, patient files and record keeping as well as the tracking of client satisfaction through surveys.

### **SECTION III: SERVICE MANAGEMENT**

**1. Client Involvement**

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

Patients are encouraged to give feedback both verbally and in writing. Client satisfaction reports from surveys or verbal feedback are overwhelmingly positive. Complaints are rare and most often related to scheduling/waiting problems or our inability to provide or arrange services which are either beyond our scope or not deemed appropriate. A complaint process is in place and posted which adjudicates issues that are not resolvable between the client and the program staff.

Suggestions can be brought to program or agency meetings. We take feedback from many White Bird volunteers, staff and dental clients and their suggestions are often incorporated in service,

program and agency planning. Our special projects often grow out of community and/or client input; current projects inspired by user input include our walk-in clinics, observation visits by L.C.C hygiene students (in which we also encourage students to consider careers in public health dentistry), and dental clinics for homeless youth. Long term past projects have included pediatric dentistry, collaborations with Head Start, and pre-natal dentistry coordinated with Sacred Heart.

Our Homeless Focus Groups meet twice annually over pizza. Homeless clients tell us what they like and what they don't; what additional services are needed and what dental needs are not being met. These opinions are reviewed and responded to by the program, the agency and our Board of Directors. The Board itself reserves a position for a currently homeless individual.

The need for this proposed project was brought to our attention by patients wanting to be seen when appointments are totally unavailable. The dental staff discussed the need and possible solutions before appealing to the White Bird Community Collective for approval to seek additional funding for additional hygienist and dental time as well as to clear space for MAP patients.

## **2. Coordination/Collaboration**

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

After 40 years, White Bird has a deep involvement in the service provider community. We trade referrals and care for clients with many collaborating agencies, including emergency rooms, 9-1-1, shelters, basic need non-profits and the entire medical, dental, mental health and substance abuse systems. White Bird's long collaboration with Sacred Heart Hospital and the City of Eugene led to the purchase, remodeling and outfitting of the 1400 Mill Street facility assuring us a home for another 10 years, at \$1.00 per month. For example, with help from the City of Eugene and Junior League the renovation of the dental clinic was accomplished in 1993-4. With grant writing assistance from the Lane County staff, United Way of Lane County, Lane County Medical and Dental Societies, funding was established to hire staff and open the clinic in January 1995.

Our collaborations allow our clients to gain access to dental specialist care. Our partnership with the Lane County Dental Society provides us with volunteer practitioners and pro bono referrals to specialists. Local labs provide lab-work at reduced or no charge for our neediest clients and children. The two local hospitals each donate bulk medications. Pharmacists unit-dose the medications so that we can provide needed antibiotics for those fighting both infections and economic challenges. Dental does not provide pain medications due to the vulnerability of some of our patients; and we find that with care, over-the-counter analgesics are quite adequate.

Regular referrals between White Bird programs extend our safety net for special populations. For example, Crisis and Homeless Health Care staffs arrange transport to treatment and twice weekly we transport medical and dental clients from the Eugene Mission. Cross referrals with the Medical Clinic occur daily.

### **3. Diversity / Accessibility**

*“United Way of Lane County believes that respect for and understanding of all cultures, peoples, and lifestyles are central to our mission of helping people care for one another. To that end, United Way will demonstrate that it values diversity in its funding of programs in Lane County. We will attempt to promote and recognize programs and organizations which provide culturally appropriate services, ensure access for people needing those services, and show a valuing of diversity in volunteer, staff, and service systems.” --United Way of Lane County’s Diversity Statement*

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural/urban location.

Our services are offered free or for lowered fees which is a central ingredient insuring access for many special populations.

Our facility is centrally located and open five days a week. Bus tokens and special transport to treatment are available. The Medical/Dental facility incorporates handicap parking, ramps and a lift, plus accessible bathrooms and drinking fountains. An 800 number provides phone access to people shut-in, on the streets or living outside the metro area. We also stay in touch with community programs to encourage their referral of under-served populations. Outreach to special populations is also carried out through White Bird’s CAHOOTS and Homeless programs.

We hire staff openly, offering equal opportunity to all. We carry out annual affirmative action reviews, with minority staffing regularly equal to or exceeding community percentages. Bilingual applicants are given hiring preference for Dental staff. Board diversity is targeted in many ways. We include service consumers, volunteer representatives, professionals from the fields we work in, community partners, advocates and legal/financial professionals.

Dental patients include 17% from minority groups, exceeding the representation of minorities in the general population of Lane County. As part of our on-going commitment to the Hispanic and immigration populations we have bi-lingual bi-cultural staffing, as well as signs, forms and instructions also available in Spanish.

### **4. Use of Volunteer and Partnership Resources**

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

In the Dental program, we concentrate on finding licensed volunteers who are qualified to expand the capacity of our mash-unit walk-ins as well as specialty care. We also use volunteer hygienists, dental assistants, and sterilizers. In addition, the pro-bono work donated by private specialists is very important. We are also able to work with student volunteers from the pre-dental program at the University of Oregon, who provide a variety of both front and back office assistance. While we cannot fully evaluate the dollar value of this contribution, it may well exceed the entire program budget.

White Bird is also asked to help provide medical and emergency services at many community events, including concerts, fairs and other special events. Recent vendors of our “Rock Medicine Team”

include Reed College, Oregon Country Fair, Reggae Festival, Horning's Hideout festival producers, etc. All such work is accomplished by volunteers and annually generates fundraising revenue for the agency's services; over \$42,000 during 2009. The amount of volunteer hours is impressive, an estimated 250 volunteers provide over 2,500 hours of donated services each year.

The barbeque chicken booth, Cleveland Chicken, at the Oregon County Fair, staffed by volunteers, annually splits its earnings between dental and homeless programs. This effort earns around \$10,000 in that one weekend, and operates on 450 hours of donated services.

General White Bird volunteers (~80), trained in our Community Services classes, provide support for the dental staff as information/referral and after hours back-up. We estimate that the Dental Clinic's share of general reception, triage and back-up totals more than 1,000 volunteer hours annually.

## **5. Budget**

- A.** Complete the budget form (Appendix B) included separately.

The completed budget form is included.

- B.** Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

As proposed herein, the addition in hygienist and dentist time as well as MAP-specific clinics will allow us to increase dental capacity and see at least 200 new unduplicated low-income patients and up to 60 MAP patients. These patients will receive affordable care that will allow them to stabilize their dental health, reduce painful conditions, not destabilize family economics and reduce the need for inappropriate emergency visits to the hospital emergency rooms.

Since, according to the Federal Department of Health and Human Services, our western region cost of a single ER visit is \$817, this project at \$34,000 represents a potential savings of \$178,420 (260 patients x \$817 per ER visit less \$34,000, project cost).

The hygienist position adds new efficiencies by allowing the appropriate level of care without the waiting time for appointments. This MAP-specific clinics allows us to see at least 5 clients in a four-hour period scheduled by the MAP Coordinator. The increased dentist hours provides 200 hours more of chair-side services.

Not all of the ancillary costs of this project have been included in the request, i.e. our materials costs are probably low, not sure about liability insurance. White Bird Clinic is committed to meeting these expenses through other grant options, client fees and agency fundraising.

This project will reduce inappropriate emergency room visits and improve our ability to respond to service provider referrals as well as to reduce waiting times for new patients.

- C.** If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

Not applicable

**6. Follow-Up**

If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

Yes  No

If yes, how have these been addressed by your agency?

**7. Governance, Management & Organizational Capacity**

Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. ***Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.***

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

The Dental Program is one of the eight programs (including Crisis, CAHOOTS, Counseling, Chrysalis, Info Line, Homeless and Medical) which operate under the White Bird administrative umbrella.

The Dental Program provides a safety net of dental services for low-income, uninsured residents of Lane County. Fifteen years ago, this program was designed, implemented, and has been maintained and transformed, according to community need, into its current service model. The program's decisions are discussed and approved/not by the White Bird Community Collective and the White Bird Board of Directors.

The Dental Program is managed by Dental Coordinator Kim Freuen upon whose capable shoulders the management, tracking and reporting of this project shall fall. She has experience in both private and public health dentistry as well as the support of the White Bird Administrative Team and Collective, and the hands-on involvement of the Dental staff and Dental Clinical Directors, Dr. Mike Kelley and Dr. Ben Meyer.

Oversight of the Dental Program, in addition to the structure noted above, is accomplished through twice annual Quality Assurance Reviews, which includes a non-White Bird professional in the dental field.

White Bird is a 501(c)(3) non-profit, charitable corporation which, for four decades, has been providing health and human services to people in the Eugene-Springfield metro area of Lane County who cannot find help elsewhere. The clinic has been open, round-the-clock 24/7, since its inception in February, 1970.

White Bird is a collective aimed at enabling people to gain control of their social, emotional and physical well-being through service, education and community. Its work focuses on providing access to assistance for those with minimal money and no insurance, including low-income, unemployed, disabled and homeless people. Services are offered by trained consumer representatives, the Board of Directors meets monthly to provide community input and agency oversight.

We have long-term and on-going funding agreements with federal, state and local governments as well as with private foundations and the United Way. We regularly and successfully meet their reporting and fiscal requirements. An independent CPA audit is conducted annually with clear opinions obtained in the recent twelve years.

The Dental Clinic has recently, through Recovery Act funding, expanded capacity with the addition of a seventh operatory and the welcome upgrading of our equipment.

Appendix C, Exhibit A – Best Organizational Practices and Management has been completed and submitted with our Basic Needs applications. United Way is in possession of this required documentation.

**8. Policy Adherence**

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

***Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.***

Completed and returned January 14, 2010.

# Strategic/Preventive Investment Application

## Proposed Services BUDGET

(fill in the yellow cells)



Agency Name:

White Bird Clinic

Proposed Services:

Dental

	Prior 12 Months	Future 12 Months
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### REVENUE/SUPPORT

United Way Funding/Request: includes basic needs funding	\$30,660.00	\$64,660.00
Public Support: Contributions/Fundraising Events (include Donor Designations)	\$22,349.00	\$24,000.00
Government Funding	\$129,337.00	\$135,337.00
Foundation/Corporation/Other Grants or Major Gifts	\$53,640.00	\$53,640.00
Program Service Fees or Membership Dues	\$193,548.00	\$204,000.00
Other Revenue	\$7,825.00	\$8,000.00
<b>Total Revenue</b>	<b>\$437,359.00</b>	<b>\$489,637.00</b>

Actual

Estimated

### EXPENSES

Personnel Related	\$214,624.00	\$245,865.00
Client Assistance	\$57,384.00	\$61,019.00
Other Direct Program Expenses	\$129,607.00	\$143,573.00
Administrative Overhead	\$35,744.00	\$39,180.00
<b>Total Expenses</b>	<b>\$437,359.00</b>	<b>\$489,637.00</b>

**NET** (should be zero)

\$0.00

\$0.00

What percent of your **agency** budget do these proposed services represent?

2%

1%

What percent of your **agency** revenue is the United Way request?

2%

1%

Number of employee FTE's (full-time equivalents) in proposed services?

0.48

0.48

Percentage United Way request to overall proposed services revenue

7%

13%

Administrative overhead percentage applied to proposed services

9%

9%

Completed by:

## LOGIC MODEL FRAMEWORK TEMPLATE

<b>IMPACT</b>	<p>Increase number of Lane County residents receiving needed dentalcare, reducing need for ER visits.</p> <p>Dental health of low-income patients is stabilized without economic strain; dental IQ improved</p> <p>Dental Clinic access and services more responsive to patient needs and less waiting time</p>
<b>OUTCOME</b>	<p>85% of project patients report no dental related ER visits</p> <p>Up to 260 MAP and low-income patients newly able to access affordable dental care</p> <p>85% of project patients receiving self-care instructions show improved dental hygiene</p>
<b>MILESTONE<sup>^</sup></b>	<p>Within one month: outreach, schedule and appoint new patients</p> <p>Within one year: for 200 low-income uninsured patients provide 400 visits for up to 60 MAP patients provide 100 visits in 20 clinics</p>
<b>EVALUATION*</b>	<p>From patient and appointment records:</p> <p>60 MAP clients received 100 dental care appointments at no charge to patient</p> <p>200 low-income uninsured patients receive 400 dental care visits at \$10 each</p>
<b>METRIC*</b>	<p>Increase dental care visits available in community for MAP patients by 100</p> <p>For low-income uninsured patients: add 200 hygiene and 200 dentist appointments</p> <p>Patient Instake regarding ER use</p>
<b>OUTPUT</b>	<p>up to 60 MAP patients receive care in 100 visit through 20 MAP specific clinics each year</p> <p>at least 200 low-income uninsured Lane County residents receive needed care in 400 visits each year</p> <p>all new patients receive self-care instructions and tools for self and famly</p>
<b>ACTIVITY</b>	<p>coordinate with MAP coordinator to schedule clinics and book,confer re patient rescheduling needs</p> <p>recruit hygienist and dentist, hire, establish schedules and appoint</p> <p>advertise for new patients with other safety net clinics, Ers, urgent care clinics, in-house programs</p>
<b>INPUT</b>	<p><b>Existing:</b> systems in place for full clinic operations, tracking, patient records, caring staff</p> <p>expanded capacity with new operatory, update equipment, management hard and software</p> <p>agency and clinic-wide support for service expansion</p> <p><b>Needed:</b>.1 FTE Hyg, .1 FTE DDS for low income; \$500 per four hour clinic to serve MAP patients without charge</p>
<b>STRATEGY</b>	<p>Collaborate with MAP coordinator for 20 MAP dental clinics serving 5 patients each</p> <p>Increase access with increased hygienist and dentist time and with further reduced rates</p> <p>Teach self-care and medical implications of unresolved dental issues, provide tools</p>
<b>INDICATOR</b>	<p>average 8 requests for dental care in Urgent Care Clinics and 10 - 12 in ER per week, based on Dr. Mike,</p> <p>Paul from homeless connect/ER, , with 3.4% increase in ER visits for dental issues, mostly uninsured</p> <p>Clinic overbooked for new dental patients</p>
<b>CONDITION</b>	<p>Inappropriate use of ER and Urgent Care Clinics, over 10,000 visits in three years</p> <p>dental infections result in lost teeth, pain, social/employment difficulties</p> <p>Inadequate access to affordable dental care for over 1/3 residents who are without dental coverage</p>

Metric and evaluation (\*) sections required, but will not contribute significantly to overall score during this funding cycle. Demonstration of outcome measurement will be required in future funding cycles (e.g., data results, copies of survey instruments). If the agency currently does not conduct data collection to measure outcomes, document this as "In Development" in the metric and evaluation section of the Logic Model.

Milestone (^) section required only if short-term and long-term outcomes are measured.

# United Way of Lane County Required Compliance Documentation

## All Applicants

***UWLC policy requires all applicants to provide copies of the following documents along with their full proposal:***

- **Documentation of Tax Exempt Status – Commonly IRS Determination of 501 (c) 3**
- **Audited Financial Statements** for the most recently completed fiscal year.  
If no audit exists, submit a complete set of statements reviewed or compiled by a third party.
- **Management Letter/Auditor Recommendations**  
When a management letter has been issued, submit the formal response from your Board of Directors. If a management letter was not issued, a letter from the auditor stating that no management letter was issued should be submitted.
- **Current Year Organization Budget**
- **Prior Year Organization Budget Compared to Actual Results**
- **Board of Directors' Roster**
- **UWLC Best Organizational Practices and Management Inventory**– Attachment A  
A completed copy of Best Organizational Practices and Management Inventory
- **UWLC Policies and Certification Documents** – Attachment B  
Agency signed agreement to adhere to the following:
  - **Non-Discrimination Certification**
  - **USA Patriot Act Anti-Terrorism Compliance Measures**
  - **Agency Direct Fundraising Policy**
  - **Donor Designation Policy**

## Funded Organizations

**Once funding has been awarded, the organization must:**

1. **Sign an Agreement for United Way Service Providers**
2. **Annually submit the following:**
  - **Board of Directors' Roster**
  - **Budget-to-actual comparison report for current year**
3. **As requested by UWLC on an interim basis:**
  - **Program Specific demographic information**
  - **Progress on output or outcome measures as listed in application and proposal**

# Attachment A

## United Way of Lane County Best Organizational Practices and Management

**Agency Name:** \_\_\_\_\_ WHITE BIRD CLINIC \_\_\_\_\_

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with **Yes** or **No**. If **No**, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

<b>ORGANIZATIONAL MISSION AND DIVERSITY</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Mission</b>			
1. Our agency has a written mission statement that reflects our purposes and values.	X		
2. The board regularly reviews our agency's mission statement.	X		
3. Our agency engages in annual planning that helps define organizational and divisional goals.	X		
<b>B. Diversity</b>			
1. Our agency's governance and operations strive to be inclusive of all parts of our community.	X		
2. Our agency strives to reflect the diversity of the community we serve.	X		
3. Our agency has a written policy and practice of non-discrimination in the following areas:  a. Employment (recruitment, hiring, assignment, promotion, discipline, termination)  b. Board and committee participation  c. Volunteer selection  d. Service delivery	X		Broad policy is all Inclusive

<b>FINANCIAL MANAGEMENT</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Audit</b>			
1. Our agency has an annual audit or review done by an independent certified public accounting firm.	X		
2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board.	X		
<b>B. Financial Transactions and Controls</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount.	X		
2. Our board has approved a delegation of authority to specified levels of management that shows types and limits of spending or approval authority.	X		

<b>C. Money &amp; Investments</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit.	X		
2. The board has adopted an investment policy that is regularly reviewed.		X	Periodically
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	X		
<b>D. Capital Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	X		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.		X	We are developing this capacity
<b>E. Accounts Payable</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. The board has approved a written purchasing policy.	X		
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	X		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	X		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.	X		
5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee.	X		
<b>F. Employees Expense/Reimbursement</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff.	X		
2. There is a travel and employee expense reimbursement policy approved by our board.	X		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.		X	No time requirement Same fiscal year nice
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	X		
<b>G. Budgeting and periodic financial reports</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds.	X		
2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved.	X		
3. Substantial changes in the budget are presented to the board for approval.	X		
4. Our board, or the financial committee:	X		Monthly
a. Reviews the financial statements (statement of activities, statement of position) on a quarterly			

basis			
b. Receives explanations of major variances.			
c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program.			
d. Reviews source and amounts of funding by function.			
<b>GOVERNANCE</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Board of Directors</b>			
1. Our agency has a governing board of citizen leaders.	X		
2. Our board is a volunteer group serving without compensation.	X		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	X		
4. Our board ensures the creation of and approves agency policies and procedures.	X		
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	X		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	X		
7. Our board meets at least quarterly. Indicate how often:_____	X		Monthly
8. Our agency creates and maintains permanent board minutes.	X		
9. Our agency ensures continuity by having overlapping board member terms.		X	Longevity of members Makes this unnecessary
10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise.	X		
11. Our board has a process for handling urgent matters between meetings.	X		
12. Each board member has contact information for the entire board.	X		
13. Our board evaluates the executive director on an annual basis.	X		
14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage_____	X		100%
<b>B. Bylaws and Policies</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency has written bylaws.	X		
2. Our agency provides each board member a copy of the bylaws.	X		
3. Our bylaws state the requirements for a board quorum.	X		

4. Our board regularly reviews the bylaws.	X		
5. Our agency has written operational policies and procedures.	X		
6. Our board has approved a code of ethics for both staff and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices.	X		
7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur.	X		
8. Our board ensures that the agency has personnel policies and written job descriptions.	X		
<b>C. Board Committees</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making.		X	Our Board does not want standing committees
2. Our agency's board members serve on at least one board committee.		X	See above
3. Our agency committees meet on a regular basis (monthly or quarterly).		X	See above
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.		X	See above
<b>D. Compliance with legal requirements</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements.	X		
2. We have been the subject of a governmental investigation in the last 24 months.		X	All clean audits
<b>E. Insurance</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. We have liability insurance covering volunteers, staff and board of directors.	X		Covering staff and volunteers
2. We have general liability coverage.	X		

**Agency Name:** \_\_\_\_\_ **White Bird Clinic** \_\_\_\_\_

**Prepared By (Name):** \_\_\_\_\_ **Chuck Gerard** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Clinic Coordinator** \_\_\_\_\_

**Date:** \_\_\_\_\_ **January 14, 2010** \_\_\_\_\_

## Attachment B

### United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

\_\_\_\_\_ **White Bird Clinic** \_\_\_\_\_

(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Signature, Agency Director: \_\_\_\_\_ *Chuck Gerard* \_\_\_\_\_

Print name: \_\_\_\_\_ **Chuck Gerard** \_\_\_\_\_

Date: \_\_\_\_\_ **January 14, 2010** \_\_\_\_\_

## United Way of Lane County

### **NON-DISCRIMINATION CERTIFICATION OF COMPLIANCE**

**“I hereby certify that our agency/organization is in compliance with all applicable Federal, State, and local laws that may apply to our agency regarding discrimination on the basis of: race, religion, color, sex, national origin, marital status, familial status, age, source of income, disability, sexual orientation, and any other category protected by such laws.”**

### **ANTI-TERRORISM COMPLIANCE MEASURES**

**“I hereby certify that our agency/organization is in compliance with the USA Patriot Act and other counterterrorism laws, United Way of Lane County requires that each agency certify that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”**

### **AGENCY DIRECT FUNDRAISING POLICY**

#### **Intent**

The intent of this agreement is to adapt current fundraising agreements to the new community impact model and foster a spirit of cooperation within our current system. United Way does not wish to regulate fund raising that has little impact on workplace giving. It is the position of this agreement that, in good faith, agencies will not engage in any development activities that would interfere with United Way’s workplace efforts.

#### **Agreement**

- Member agencies will dedicate as much staff and volunteer effort as possible, in support of each other, to increase community giving from September to November.
- Agencies agree to grant United Way exclusive rights and leadership of the workplace campaigns.
- Member agencies agree to co-market with all fundraising activities as noted in the agency agreement and clearly identify themselves as a United Way agency.

# **DONOR DESIGNATION POLICY**

United Way of Lane County conducts an annual, community-wide campaign for the purpose of raising funds and recruiting volunteers. The objective is to increase good will and public involvement and commitment to community goals by addressing high priority health and human care issues in Lane County, Oregon. Donor designations are offered within that context as a service to our donors.

## **Accepting Donor Designated Gifts**

United Way of Lane County will accept donor designated gifts within the framework of the following choices:

- a designation to the Live United Fund
- a designation to a specific action area (Education, Income, Health)
- a designation to a specific eligible organization or another United Way
- a designation to exclude a specific United Way participating agency from receiving any portion of a donor's gift

A donor may designate all or part of their gift.

## **Eligibility Criteria**

Organizations must meet the following criteria to be eligible for receiving designations through the United Way campaign:

- Contributions to the organization must be fully tax deductible to the donor. Specifically excluded in accord with this policy are political campaigns, political action groups, tuition, dues, or other payment for services.
- The organization must be in compliance with all necessary registration and filing requirements for charitable organizations.

United Way reserves the right to review the status of any organization at any time as it relates to eligibility for designations.

## **Promotion of the Donor Designation Program**

Organizations—both United Way participating, as well as non-United Way—are expected to promote the United Way concept when engaged in activities surrounding the campaign. United Way of Lane County reserves the right to deny eligibility for designated funds to any organization that engages in or encourages activities designed to result in direct designations to their own organization through the annual United Way campaign.

## **Service Fees**

United Way will forward designated gifts to specific agencies on a quarterly basis. Payouts will be based on the actual cash collected from donors less a service fee to help cover the

fundraising and administrative costs. The amount of the fee is dependent on the amount of the donor's total gift or their employer.