

NEED

1. *Oral Health Needs of the Service Area/Target Population*

The San Francisco Community Clinic Consortium (SFCCC) operates in a city with significant unmet need for dental services among homeless patients. We are therefore pleased to submit this proposal to expand the oral health services available to our Health Care for the Homeless (HCH) patients in partnership with grant sub-recipient the San Francisco Department of Public Health (SFDPH). SFCCC formed in 1982 and has been providing high quality, culturally competent HCH services since 1988. SFDPH opened its first community health center in 1965 and now has a network of 15 primary care health centers across the City, including four located within the San Francisco General Hospital Medical Center.

In the third quarter of 2015 San Francisco was deemed the third most expensive urban area in the United States with a Cost of Living Index of 178.1, or about 80% above the national average.¹ This cost of living is driven in large part by high housing costs, which are unevenly distributed as some long term residents have rent-controlled apartments while those who need to move and those already experiencing homelessness face very high housing costs at current market rates.

The general housing picture for San Francisco for the five year period running from 2010 to 2014 reflects a market in which 63% of housing units are rentals, median rent was \$1,533, with 43% of households paying housing costs above 30% of gross income, and 22% of households paying housing costs above 50% of gross income.² A snapshot at the end of 2012, also based on American Community Survey data, placed median monthly rent paid by residents at \$1,463 and at that same time, in late 2012, the average list price to move into a rental was \$3,226.³ The exorbitant price difference between continuing to live in a rent controlled apartment and affording to move into an apartment in San Francisco is 120% higher rent. Stated another way, moving into an apartment in San Francisco is more than twice as expensive as the average rental price paid. In this already highly expensive housing market, prices have continued to rise to the point that San Francisco is now the most expensive rental market in the United States with a median rental price for a 1-bedroom reaching \$3,490 in January 2016.⁴

Prohibitively high housing costs make San Francisco's low and moderate income residents vulnerable to periods of homelessness, and make it extremely difficult to regain housing once lost. Life events that often result in homelessness include interruption in income, an occasional or ongoing inability to meet high monthly rent payments, displacement from a rent-controlled

¹ COLI Release Highlights, Quarter 3, 2015. The Council for Community and Economic Research. <https://www.coli.org/ReleaseHighlights.asp>

² Estimates generated using 2014 American Community Survey: 5-Year Data [2010-2014, Block Groups & Larger Areas] accessed through National Historical Geographic Information Systems (NHGIS) website on January 15, 2016. <https://www.nhgis.org>

³ http://www.socketsite.com/archives/2013/11/census_bureau_survey_says_san_francisco_has_the_highest.html

⁴ Zumper National Rent Report: January 2016. <https://www.zumper.com/blog/2016/01/zumper-national-rent-report-january-2016/>

apartment due to building sale or conversion to condominiums, as well as family, health, and safety issues.

In addition to newly homeless individuals and families, there is also a significant number of people enduring long term homelessness in San Francisco. Altogether, SFCCC's HCH program serves over 20,000 homeless San Franciscans each year, providing medical, case management, dental, outreach, and other important services.⁵ Of these 20,000 homeless patients, 2,450 receive dental services through current HCH funding in San Francisco.⁶ San Francisco County is designated a Health Professional Shortage Area in Dental Care.⁷ There is significant disparity between homeless San Franciscans' access to primary care versus access to dental care. Within SFCCC's HCH-served population, 99% of clients were connected with primary care in 2015 while only 11% were connected with dental care through HCH programs. We would like to increase the share of patients receiving dental care to 13% through this funding.

Homeless patients without access to needed dental care often experience physical, emotional, and social consequences of deteriorating oral health.⁸ Dental health is an important part of overall health and well-being. Lack of dental care has a disproportionate impact on vulnerable populations including the homeless. Without treatment, in addition to a higher incidence of dental concerns, homeless patients are at high risk of particularly severe consequences. Visible dental problems can affect employment options and self-confidence, and consequently make it more difficult to exit homelessness.⁸ A 1992 study established that people living in unstable housing arrangements including hotels or doubling up with friends are six times more likely to have dental problems than those in stable housing, and those experiencing street or shelter-based homelessness are 12 times more likely to have dental problems.⁹

The Fall 2015 issue of Healing Hands, published by the HCH Clinicians' Network, included an article focused on "Dental and Vision Care for Homeless Patients."⁸ The article featured quotes from an interview with Dr. Clement Yeh who is an emergency room doctor at San Francisco General Hospital (one of the proposed sites for expanded dental services), the Medical Director of San Francisco's 911 Center, and the Medical Director of San Francisco Department of Emergency Management. In the article, Dr. Yeh's comments describe homeless patients seeking emergency room care to address pain and complications arising from untreated cavities that have progressed to "dental abscesses, infections around the tooth itself, and in some instances to severe facial soft tissue infections."⁸ Increased availability of dental care would assist patients with emergency needs, prevent the need for future emergency care, and decrease oral health complications arising from patients without access to routine care.

⁵ 2014 UDS Zip Code reporting for HCH 330(h) program.

⁶ 2014 UDS Zip Code reporting for HCH 330(h) program.

⁷ <http://bhpr.hrsa.gov/shortage/hpsas/updates/09012011dentalhpsas.html>

⁸ Healing Hands: Dental and Vision Care for Homeless Patients. HCH Clinicians' Network. 2015.

<https://www.nhchc.org/wp-content/uploads/2015/10/healing-hands-fall-2015-web-ready-pdf.pdf>

⁹ <http://ncemch.org/NCEMCH-publications/OHhomeless.pdf> & Ferenchick GS. 1992. The medical problems of homeless clinic patients: A comparative study. Journal of General Internal Medicine 7(3):294-297.

2. *Existing Oral Health Care Providers/Organizations Serving the Target Population and Gaps in Services to be Addressed*

The primary organizations serving homeless San Franciscans' oral health needs are the nonprofit and public clinics that are part of SFCCC's HCH network. The SFCCC HCH network is described in further detail in the Response section below. Specifically, SFCCC's HCH dental services are provided by SFDPH, Native American Health Center, South of Market Health Center, and North East Medical Services. These agencies serve some of the most impacted neighborhoods and special populations, and appointment slots and drop in hours are fully utilized. In addition to the HCH dental resources, there is a rich referral network that assists in connecting patients to dental care that is described in the Collaboration section. There are also two major dental schools in San Francisco, the University of the Pacific Dugoni School of Dentistry and the University of California, San Francisco School of Dentistry, each of which offers reduced cost dental care to a limited number of patients.

Alternate sources of funding to provide dental services to homeless San Franciscans include Medicaid, City and County of San Francisco local funding, Ryan White funding for HIV+ patients, and reduced cost dental services provided at two major local dental schools. Medicaid, in California implemented as Denti-Cal and Medi-Cal, is by far the greatest source of funding to provide dental care for patients with incomes up to 138% of the Federal Poverty Line without a share of cost.¹⁰ However, there is great unmet need due to historic and on-going restrictions in both provider reimbursement levels and covered services for patients with Medicaid insurance.

After complete elimination in 2009, California restored adult Denti-Cal services in 2014. Concurrently, Medicaid expansion under the Affordable Care Act increased the number of patients eligible for Medi-Cal and Denti-Cal. Medi-Cal enrollment is up from just under eight million in fiscal year 2012-13 to nearly 12 million in fiscal year 2014-15. Statewide, between 2008 and 2015, there has been a 77% increase in adults enrolled in Denti-Cal and a 40% increase in children enrolled.¹¹

In 2014 Denti-Cal reimbursement rates for adults were only 29%¹² of commercial dental insurance charges and only 31.7%¹¹ of the national average Medicaid reimbursement. Low reimbursement rates and significant documentation requirements create significant barriers for private practice dentists to become and remain Denti-Cal providers. Since 2008 there has been a 24% decrease in Denti-Cal providers.¹¹ In expensive cities like San Francisco where the cost of

¹⁰ Medi-Cal Expansion: Covering More Californians. California Department of Health Services.

<http://www.dhcs.ca.gov/Pages/Medi-CalExpansionInformation.aspx>

¹¹ Medi-Cal Dental Services Rate Review, July 1, 2015. California Department of Health Care Services.

http://www.dhcs.ca.gov/Documents/2015_Dental-Services-Rate-Review.pdf

¹² A Ten-Year, State-by-State, Analysis of Medicaid Fee-for-Service Reimbursement Rates for Dental Care Services, pg 10. [Health Policy Institute, American Dental Association.](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx)

http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx

doing business is one of the highest in the nation,¹³ the decrease in Denti-Cal providers has been the greatest. There has been a decline in general dentists accepting new Denti-Cal patients from 67 dental offices in 2010 to 42 offices in 2015, a decrease of 37%.¹⁴ Currently in the entire City of San Francisco there is only one private practice pediatric dentist that accepts Denti-Cal.

San Francisco public health clinics have seen large increases in adults seeking dental services. When compared to fiscal year 2013-14, in 2014-15 SFDPH dental clinics saw a 59% increase in adult patient visits at Southeast Health Center, from 941 visits to 1,496, and a 72% increase at the dental clinic located at Potrero Hill Health Center, from 752 to 1,295.¹⁵ Across San Francisco, demand is outpacing capacity and access to services for both children and adults has become difficult. In 2014, 68% of children ages 1-10 covered by Denti-Cal in San Francisco had not seen a dentist within the previous year.¹⁶

In San Francisco options for adult patients without insurance are even more limited and for the most part are restricted to urgent care. SFDPH provides no-cost dental services to homeless patients in the HCH program regardless of insurance coverage. The oral health service expansion award would allow SFCCC and SFDPH to significantly improve access to comprehensive oral health care services for homeless adults and children by increasing capacity to see both insured and uninsured homeless clients.

RESPONSE

1. Current Oral Health Care Services and Service Delivery Methods

Currently, SFCCC's HCH program provides oral health care in four San Francisco neighborhoods where homeless individuals access services. Services are provided by sub-recipient organizations Native American Health Center (NAHC), South of Market Health Center (SMHC), North East Medical Services (NEMS), and SFDPH's Tom Waddell Urgent Care Center (Tom Waddell). These services are provided at each of these organizations' main clinic sites and in addition – by MOU – at HCH sub-recipient agencies Mission Neighborhood Resource Center (by NAHC) and HealthRIGHT 360 (by SMHC). Annually, over 400 dental screenings and over 3,000 dental treatments are provided at these sites. However, in order to reach more homeless individuals and families to address the vast remaining unmet needs for homeless oral health services, this service delivery system needs additional staffing, hours of service, and an additional site to adequately address the true needs.

¹³ 3. New York City and San Francisco, in contrast to the most cost-friendly cities, represent the most expensive large U.S. cities in which to do business, with cost indexes of 103.6 and 104.2, respectively

<http://www.kpmg.com/us/en/issuesandinsights/articlespublications/press-releases/pages/atlanta-most-cost-friendly-business-location-among-large-us-cities-cincinnati-orlando-follow-closely-kpmg-study>.

¹⁴ SF Child Health & Disability Prevention (CHDP) Program - Children's Dental Referral Directories 2010 to 2015

¹⁵ SFDPH Dental Program Statistics

¹⁶ California Department of Health Care Services, Medi-Cal Dental Services Division, run August 2015

Sub-recipient SFDPH's current HCH funding supports a 0.4 FTE dentist at Tom Waddell Urgent Care Center and the 2015 supplemental HCH grant funds an additional 0.5 FTE dentist to serve patients at Southeast Health Center. This Oral Health Service Expansion grant if fully funded would more than double the oral health resources available to SFDPH HCH patients.

SFDPH's longstanding Tom Waddell dental program works together with Tom Waddell Clinic's outreach program to better connect with patients experiencing both homelessness and health challenges. In particular, Tom Waddell has strong programs providing Ryan White services and is a national leader in transgender patient care. Ryan White Part C funding is complemented by two Part F Special Programs of National Significance (SPNS) programs investigating how best to deliver wraparound care for HIV+ homeless patients and transgender patients. SFDPH's strengths in HIV care, transgender care, and increasingly hepatitis C and office-based opiate treatment create very strong services that strengthen the SFDPH dental program by connecting vulnerable patients who may otherwise be difficult to bring into care.

2. *New and/or Expanded Oral Health Services to be Provided*

Through this Oral Health Service Expansion grant a 1.0 FTE dentist and 1.4 FTE dental assistants would be hired by sub-recipient SFDPH to serve as a dental team providing services targeted to homeless individuals. SFDPH is best positioned to expand capacity and address the unmet needs for oral health care among homeless San Franciscans. The team will offer services at a new dental site at the San Francisco General Hospital (Tues & Thurs), expand dental offerings at Southeast Health Center (Mon & Wed), and Potrero Hill Health Center (Fri). The service delivery model will be based on SFDPH's longstanding and highly utilized Tom Waddell HCH dental clinic that runs in the Tenderloin/Civic Center neighborhood Mon & Thurs.

New funding will enable SFDPH to expand dental services to an additional 449 patients and to provide 1,410 additional dental visits each year. These new dental services will be available to homeless individuals who are SFDPH primary care patients, SFCCC member clinic patients, SFCCC Street Outreach Services (SOS) mobile van patients, and HCH-eligible patients from other agencies. The new dental team will provide basic dental screenings and additional services including fillings, temporary crowns, incision and drainage of oral abscesses, extractions, and anterior root canals for newly connected dental patients (see complete list of services below).

Units of Service (UOS)

The number of annual dental appointments, or Units of Service, that will be added by the end of 2017 is 1,410. In order to reach this figure a productivity formula that incorporates several pieces of information from the current Tom Waddell HCH dental program was developed:

$(1.0 \text{ FTE Dentist}) \times (0.9 \text{ clinical time per dentist}) \times (0.89 \text{ patients/hour seen during Tom Waddell HCH clinics}) \times (44 \text{ weeks}) \times (40 \text{ hours/week}) = 1,410 \text{ UOS}$

The 2014 national average dental encounters per FTE for HRSA 330 health center grantees serving the general population is 2,637 UOS.¹⁷ The UOS goal is less than the national average because of the episodic nature in which homeless patients often seek dental care, the high level of disease encountered, and the increased level of communication and patient management required for successful treatment.

Unduplicated Clients (UDC)

Program data from SFDPH's Ryan White dental program was accessed in ARIES¹⁸ (AIDS Regional Information and Evaluation System, a centralized HIV/AIDS client management system maintained for California and Texas with input from local and state health departments) to determine that each unduplicated client in the Ryan White program receives approximately 3.14 service visits per year. Employing this ratio, along with the estimate of 1,410 newly funded patient visits, this Oral Health Service Expansion grant will serve an estimated 449 unduplicated clients each year by the end of 2017. These clients will be drawn largely from existing SFDPH HCH patients and SFCCC HCH patients from other sub-recipient clinic sites, though some will be new to the system and add modestly to the total HCH patients served in San Francisco.

3. Health Center's Current Physical Capacity, Site Additions, and Equipment Purchases

The SFDPH Tom Waddell HCH dental clinic we are modeling this expansion after has been very successful in part due to its harm reduction model and warmhearted dental staff, elements the expanded dental program will emulate. This twice weekly full day clinic model serves the San Francisco neighborhood with the greatest number of HCH patients. SFDPH's 2014 UDS figures indicate that 1,608 SFDPH HCH patients reside in the immediate 94102 zip code that comprises the heart of the Tenderloin neighborhood.¹⁹

This oral health service expansion opportunity will enable SFCCC and SFDPH to serve additional high need neighborhoods. SFCCC and SFDPH decided collaboratively that a dental team running HCH clinics at multiple SFDPH primary care sites has the greatest potential to connect additional HCH primary care patients to dental services. The three additional sites identified for expansion services share two important features: 1) each site is located in a neighborhood with a large HCH patient population, and 2) each site has existing dental facilities that can be adapted to accommodate additional dental services capacity within 120 days.

In 2014 SFDPH saw 1,667 HCH clients from the three neighborhoods targeted for expanded oral health services.¹⁹ Potrero Hill Health Center's neighborhood, zip code 94107, was home to 248

¹⁷ <http://bphc.hrsa.gov/uds/datacenter.aspx?q=t5&year=2014&state=>

¹⁸ <http://www.cdph.ca.gov/programs/aids/Pages/OAARIESHome.aspx>

¹⁹ 2014 UDS Zip Code reporting for SFDPH

total HCH patients in 2014, 121 of whom were uninsured. This proposal seeks to add one HCH clinic-day of services at Potrero Hill Health Center. Southeast Health Center's Bayview neighborhood, zip code 94124, was home to 628 HCH patients in 2014, 315 of whom were uninsured. This proposal would add two HCH clinic-days of services at Southeast Health Center, in addition to the 2.5 HCH clinic-days funded under new supplemental funding. San Francisco General Hospital (SFGH) is located in Bernal Heights, zip code 94110, where 791 SFDPH HCH clients reside, 375 of whom were uninsured as of 2014.¹⁹ While Potrero Hill Health Center and Southeast Health Center are largely neighborhood-based public health centers, SFGH's four on-site primary care clinics draw patients from all over the city in addition to local Bernal Heights residents. This proposal would add two HCH clinic days of dental services at SFGH.

The Potrero Hill neighborhood has a total population of 12,110 and is the most prosperous neighborhood among the proposed sites.²⁰ However, rapid socio-economic changes in San Francisco have resulted in neighborhoods of homeless populations, residents of low income, and residents of tremendous affluence living side by side. Potrero Hill has a median household income of \$107,161 even though 11% of residents have incomes below the poverty line.²⁰ As noted above, 248 homeless residents served at SFDPH sites live in the Potrero Hill neighborhood and these patients would benefit from the availability of HCH dental services at their local health center. Potrero Hill Health Center has an existing dental office with three dental chairs that has available capacity on Fridays to add a full day HCH dental clinic.

San Francisco's Bayview neighborhood has a population of 35,890.²⁰ This community has a median household income of \$44,962 and 20% of residents have incomes below the poverty line.²⁰ Bayview's unemployment rate is 13% and educational attainment for residents over age 25 includes 53% with high school or less, 29% with some college or an associate's degree, 12% with a college degree, and 6% with a graduate or professional degree.²⁰ In addition, 35% of Bayview residents are foreign born and 50% speak languages other than English in the home.²⁰ Locating additional dental resources on site at Southeast Health Center on Mondays and Wednesdays will vastly improve access to dental care for the 628 SFDPH HCH patients living in Bayview. Southeast Health Center has a large dental services exam room with four chairs and can house additional dental services two days per week for additional HCH dental clinics.

The Bernal Heights neighborhood where SFGH is located has a total population of 23,390.²⁰ This neighborhood has a median household income of \$85,784 and 8% of residents have incomes below the poverty line.²⁰ The unemployment rate is 7%, and among residents over age 25, 29% have completed high school or less, 19% have some college or an associate degree, 29% have a college degree, and 22% have a graduate or professional degree.²⁰ In addition, 30% of residents are foreign born and 43% speak languages other than English in the home.²⁰ SFGH currently does not have any basic dental services on site, while 791 HCH patients live in the immediate neighborhood. Fortunately, SFGH has an Oral and Maxillofacial Surgery space with 8 dental

²⁰ <http://sf-planning.org/modules/showdocument.aspx?documentid=8779>

chairs that is currently only used for oral surgery three days per week.²¹ The eight chair space is available on Tuesdays and Thursdays and could be put to use providing general HCH dentistry on Tuesdays and Thursdays. Approximately \$80,000 of the year one grant budget would be used to purchase the equipment needed to upgrade two of the eight dental chairs at the SFGH oral surgery clinic to provide general dentistry.

The mission of the SFDPH dental program is to provide comprehensive, community-based dental health services to residents of San Francisco. The HRSA Oral Health Service Expansion funding would expand services to help homeless patients with:

- Elimination of dental related pain and discomfort;
- Improved general health and well-being;
- Increased ability to chew food and eat, therefore achieving proper nutrition and possible improved adherence to medications because some drugs require simultaneous food intake;
- Improved self-esteem by restoration of dentition, with a resulting healthier smile;
- Enhanced quality of life by giving people a sense of pride in their rehabilitation efforts; and
- Contribute to harm reduction for substance abusers contemplating and in recovery working towards improved health and employability.

This is accomplished by providing patients with basic dental screenings and additional qualifying oral health services. Specifically, the following services will be available to HCH patients:

²¹ <http://www.sfhealthnetwork.org/need-to-visit-a-specialist-doctor/oral-surgery/>

- Oral Examinations
- X-Rays
- Prophylaxis (cleaning)
- Scaling and Root Planing
- Fluoride Treatment
- Dental Sealants
- Fillings - Amalgam and Composite
- Uncomplicated Extractions
- Occlusal Adjustment
- Temporary Crowns
- Temporary Fillings
- Pulpotomy
- Incision and Drainage - Oral Abscess
- Anterior Root Canal

The SFDPH Primary Care dental clinics, including Potrero Hill Health Center and Southeast Health Center, are well known in the community and have been in existence for over 30 years. In addition, SFGH is a central resource for the city's homeless individuals and service providers and will be a welcome addition to SFCCC and SFDPH's dental programming for HCH patients.

4. *Implementation Plan Summary*

The first two steps needed to begin offering expanded services include hiring a new full time dentist and ordering equipment to prepare the SFGH Oral Surgery site for general dentistry. Both of these activities, as well as hiring a part time dental assistant, will be initiated within 15-30 days of grant award. The second set of steps include preparing the three expanded clinic sites for smooth patient scheduling and initiating the dental team's work at the three clinic locations. Two of the sites can open the new services as soon as the new dentist begins work and the third needs both the dentist and the equipment in place to open. Our attached Implementation Plan offers additional details. The attached timeline carefully incorporates the typical time to hire for SFDPH dentists and is a realistic and well-conceived plan to ensure all three sites are operational within 120 days of the grant award.

5. *How Target Population will be Informed of Available Expanded Oral Health Services*

The homeless population in San Francisco is well connected to primary care through multiple primary care clinics, the SFCCC mobile van Street Outreach Services (SOS), and through community agencies offering supportive services. An informational campaign will inform major homeless service providers and shelters of the expanded dental services available through this grant and referral resource lists will be updated and disseminated. In addition to connecting with patients through their primary care doctors, case managers, and outreach workers, SFDPH will continue its direct participation in Project Homeless Connect which places available dental services in front of approximately 1,500 homeless individuals five times per year.²²

Project Homeless Connect (PHC) was founded in 2004 with a mission "to connect San Franciscans experiencing homelessness with the care they need to move forward."²³ Project Homeless Connect is funded jointly by City funds and nonprofit donations and is designed to

²² <http://www.projecthomelessconnect.org/about/results/>

²³ <http://www.projecthomelessconnect.org/about/>

connect individuals and families experiencing homelessness to needed services, broadly defined, all in one day at special monthly events. In addition to running the widely successful Project Homeless Connect events PHC opened a regular office, open daily, as a supplement in 2012. SFDPH's Director of Dental Services Dr. Steven Ambrose attends all major Project Homeless Connect events and refers patients needing dental care directly to SFDPH dental clinics that are open during the event. In addition to arranging for emergency dental care, Dr. Ambrose has oversight of staff and linkages to other resources to assist new patients in setting up appointments to establish dental care.

6. *How the Health Center will Ensure Access for Homeless Populations*

SFDPH creates a comfortable environment for patients experiencing homelessness by bringing services to neighborhood health centers rather than patients needing to travel to a central, larger clinic. This opportunity to expand HCH services to three additional neighborhoods would be a large step in ensuring access to additional patients in need of dental services. The Tom Waddell SFDPH dental site that currently offers two days of dedicated HCH services operates with a combination of appointment slots in the afternoons and drop in hours in the mornings to accommodate patients with different scheduling preferences and abilities to keep appointments. This model would be extended and adapted as appropriate for the expanded oral health sites.

7. *How the Applicant will Provide Culturally and Linguistically Appropriate Oral Health Hygiene Instruction and Oral Health Education*

SFDPH dental strives to have at least one Spanish-speaking dentist or dental assistant in clinic at all times. In addition, SFDPH has language resources available to support patient care including health workers who speak a variety of languages and a language line resource available for when the staff present in clinic do not speak the same language as the patient. In addition, a new, centralized call center that patients can call to set up appointments is staffed with great attention to matching the bi-lingual skills of call center employees with the common languages spoken locally in San Francisco. Providing patient education about oral hygiene and communicating treatment plans and options is a high priority in SFDPH dental clinics and language resources are frequently used to accomplish these important aspects of dental care.

8. *How the QI/QA Program Currently Supports or will be Enhanced to Support the Project*

The SFCCC HCH Oral Health Expansion program's progress in accomplishing its goals will be evaluated through a variety of means. The SFCCC Consumer Advisory Panel (CAP) provides SFCCC with feedback on the quality of services and recommendations for improvement, and a greater focus on oral health services will be incorporated into the CAP's discussions. SFCCC also implements HCH network-wide continuous quality improvement activities, including administration of a standardized HCH patient satisfaction survey across all SFHCHP sites, with results presented to the SFCCC Board, CAP and the SFCCC Quality Improvement Committee.

Sub-recipient SFDPH reports oral health patient data as part of monthly service data and quality assurance is primarily guaranteed through a combination of meetings to review deliverables and patient chart audits conducted as part of bi-annual re-certification of each dentist.

In addition, the newly introduced clinical audit measure determining the proportion of patients between ages six and nine at moderate to high risk for dental caries who receive sealants on first permanent molars will support our Quality Assurance program. This is an important area of focus for our Quality Assurance efforts due to the preventative importance of the treatment and the particular vulnerability of homeless children for dental caries and related complications.

9. How HIT and an EHR will be used to Support Integrated Project Implementation

Health Information Technology will be used to identify HCH patients who have not been connected with dental care and as a first step Potrero Hill Health Center and Southeast Health Center will outreach to their own HCH patients to invite them to attend dental appointments at their primary care clinic. As a second step, and incorporating any lessons learned through the outreach to Potrero Hill and Southeast Health Center patients, the SFGH hospital-based primary care clinics will be invited to outreach to their HCH primary care patients not yet connected to dental care.

10. Description of the Sliding Fee Discount Schedule

SFCCC ensures all Consortium Clinics and sub-recipients have BPHC-compliant sliding fee discount schedules in place for patients at or below 100% of the poverty level. The schedules are compliant with the BPHC requirements for incomes above 100% of the poverty level as well.

Sub-recipient SFDPH has a sliding scale policy with Dental Share of Cost amounts ranging from \$0 to \$200 for families below 500% of the Federal Poverty Line. There is no cost for all patients with incomes below 100% of the Federal Poverty Line. In addition, SFDPH does not charge fees to patients receiving General Assistance or who are homeless. Patients receiving the proposed HCH Expanded Oral Health Services will not be charged for these services.

COLLABORATION

1. Description of Collaboration and Coordination of Oral Health Services with Providers/Organizations serving Low Income and/or Uninsured Populations in the Service Area

Street Outreach Services (SOS) is a SFCCC HCH program that provides outreach and urgent care services to homeless residents where they live.²⁴ The SOS program has existed since the start of the SFCCC HCH grant award 28 years ago. The SOS program has a mobile outreach medical van (SOS van) that travels throughout San Francisco connecting homeless patients to care immediately through urgent care at the mobile stop and by connecting patients with a

²⁴ <http://www.sfccc.org/street-outreach-services/>

medical home and links to needed services such as dental care. Demand for connection to dental care outstrips availability of current referral resources, and SFCCC and SFDPH are establishing an MOU and patient referral form to better link these newly proposed services to the SOS van patients in need of dental care.

The SOS Director Beth Rittenhouse-Dhesi, SFCCC Director of Community Services, states that additional referral HCH dental clinics at Potrero Hill Health Center, Southeast Health Center, and SFGH will greatly improve patient show rates at dental care appointments since patients are much more likely to attend in their local area. The SOS van begins its route on Wednesday afternoons at Southeast Health Center where it picks up two SFDPH clinicians who travel with the SOS van generally within the Bayview neighborhood. Southeast Health Center, located centrally in the Bayview neighborhood, is about four miles (45 minutes on public transit) closer to Bayview residents than the existing dental referral site for the SOS van and similarly distant from SFDPH's Tom Waddell Urgent Care dental site. Residents in Potrero Hill and Bernal Heights will similarly benefit from the new HCH services arranged under this service expansion opportunity as the hill is extremely steep and has limited public transportation service.

All of the SFDPH Primary Care Clinics and SFCCC member clinics will be made aware of expanded HCH dental clinics available in the HCH system. This promotion will be reinforced through staff meetings at all of the Primary Care Clinics, meetings with SFCCC clinics, email announcements, and SFDPH working directly with medical directors. Referral relationships will be strengthened particularly with SFCCC clinics. Our current resource list will be revised and a referral form will be designed and distributed to each of SFCCC and SFDPH health centers.

2. Description of Agencies with Attached Letters of Support and Collaborative Plans with these Agencies related to the HRSA Oral Health Service Expansion Opportunity

SFCCC and SFDPH will be working with the following agencies to implement the goals of this proposal. Mission Neighborhood Health Center is a Health Center Program award recipient without a dental program. They serve a predominantly Latino population. One of their programs, the Mission Neighborhood Resource Center (MNRC), focuses on serving homeless patients. MNRC refers homeless patients to Native American Health Center's HCH dental program by MOU and to SFDPH's dental program when there is overflow of the SFDPH location is more convenient. With expanded oral health services, we will be able to accept more patients referred from MNRC.

South of Market Health Center (SMHC) is a Health Center Program award recipient that provides comprehensive medical, dental, and podiatry services to medically underserved individuals and families in our community. SMHC refers homeless patients to SFDPH's HCH dental program. With expanded oral health services, SFDPH will be able to accept more patients referred from SMHC.

Asian & Pacific Islander Wellness Center (APIWC) is a Health Center Program award recipient without a dental program. APIWC serves predominately LGBTQ and people of color in the Tenderloin neighborhood. APIWC currently refers homeless clients to our HCH dental program and if funded for expansion, we will be able to accept more client referrals from them.

Northeast Medical Services (NEMS) is a Health Center Program award recipient serving a predominantly Asian population in San Francisco. NEMS also serves homeless dental patients. If funded, we will be able to accept referrals from NEMS including patients without insurance.

Native American Health Center (NAHC) is a nonprofit organization serving the California Bay Area Native Population and other under-served populations in the San Francisco Bay Area. NAHC is a referral site for SFDPH HCH patients who require dental prosthetics. If funded, patients will continue to be referred to NAHC and SFDPH dental clinics will be available for NAHC dental patient overflow.

Larkin Street Youth Services (LSYS) is a nonprofit organization dedicated to getting homeless youth off the streets. LSYS provides housing, medical care, education, and job training to homeless youth. In 2014 LSYS and SFDPH were awarded a grant from Blue Shield that allowed 12 half days of dental services for LSYS homeless youth. LSYS clients received dental services at Tom Waddell Health Center which is in close proximity to LSYS. The collaboration was so successful that we continued the partnership even after the grant funds ended. We currently reserve two appointment slots per week at Tom Waddell for homeless youth from LSYS. If funded for expansion, we will be adding HCH dental services to multiple sites. This should lighten the load at Tom Waddell and allow us to see more clients from LSYS.

Project Homeless Connect is a nonprofit agency located in San Francisco's Civic Center neighborhood serving over 5,000 homeless clients annually. Five times a year PHC hosts PHC service events at which we provide dental services. Also the PHC office schedules at least 25 dental appointments with the HCH dental program monthly. If funded, we will be able to treat more homeless patients at PHC events and accept more referrals from the PHC office.

San Francisco Dental Society (SFDS) is the local component of the American Dental Association. The Society has partnered with SFDPH Dental Services since 2004 to provide dental services to the homeless population of San Francisco. SFDS provides volunteer dentists to screen and treat patients during PHC events. Partnering with us and Project Everyday Connect, SFDS also recently created the City Smiles Connect program, a program to provide dentures to this most needy population in 2016. If funded, the additional staff will allow for the treatment of more patients at PHC events and help SFDS to sustain the City Smiles Connect program.

The University of the Pacific (UOP) Dugoni School of Dentistry provides comprehensive oral health care to the community at a reduced cost. UOP refers homeless patients to our HCH dental program. If funded, more patients referred from UOP will be receive services sooner.

The San Francisco Children's Oral Health (COH) Collaborative is committed to eradicating health disparities in childhood oral health and making San Francisco cavity-free. The collaborative developed San Francisco's first citywide strategic plan to systematically improve children's oral health. The COH Collaborative has worked closely with SFDPH dental services to increase access to oral health care among underserved San Francisco communities, a primary goal of the strategic plan. If funded, we will further contribute to implementation by improving access to oral health services for homeless children and their families.

EVALUATIVE MEASURES

1. Description of Progress toward Clinical Performance Measures that will be impacted

SFCCC and SFDPH will have two new emphases around oral health clinical performance in the coming two years. The first emphasis will be on improving above the (soon to be established) baseline performance on the UDS clinical audit measure of appropriate application of dental sealants for children ages 6 through 9. The second emphasis will be to monitor the improvement in the proportion of SFCCC's HCH primary care patients who receive a dental visit each year.

In addition to UDS and HCH clinical performance measures, SFDPH engages in internal quality improvement and quality assurance work as well. As each dentist is re-credentialed every two years, chart audits are conducted to assess the quality of patient care. For SFDPH's Ryan White dental program, a subset of SFDPH dental services, annual chart reviews and client satisfaction surveys are conducted. SFDPH Dental quality improvement work is also included in SFDPH Primary Care's broader quality improvement work, and the Dental Program Director attends Primary Care Quality Improvement monthly committee meetings as needed throughout the year.

2. Goals for the Estimated Annual Dental Patients and Visits projected for the Calendar Year ending December 31, 2017.

These expanded oral health services will serve a projected 449 additional patients with 1,410 visits annually.

3. Goal for the Percentage of Health Center patients that will Receive Oral Health Services at the Health Center by December 31, 2017. (also on Supplemental Information Form)

These additional services will bring the percentage of Health Center patients receiving Oral Health Services through SFCCC's HCH program up to 13% by December 31, 2017.

4. Description of how HIT, including EHR systems, will be used to Improve Oral Health Outcomes and the Quality of Oral Health Services Provided.

In addition to using HIT systems to identify homeless primary care patients not currently receiving SFDPH dental services to better target outreach efforts, SFDPH will monitor the units of service provided at each of the three new sites quarterly in the eighteen months leading up to the end of 2017 as we focus initially on reaching our process goal of providing 1,410 additional

units of services. HIT data may also be used to identify dental patients at each of the newly expanded sites to receive patient satisfaction surveys. Patient satisfaction surveys will be used to gain early feedback on patient satisfaction with appointment scheduling options, the dental clinic environment, and the care received from the dental team.

HIT systems are utilized to report oral health patient data as part of monthly service data and quality assurance efforts are implemented through meetings to review these data and patient chart audits conducted as part of bi-annual re-certification of each dentist. In addition, SFCCC HCH sites will utilize EHR systems to track, assess and report on the new clinical audit measure regarding dental care. Tracking this Quality Assurance measure will allow us to assess the proportion of patients between ages six and nine at moderate to high risk for dental caries who receive sealants on first permanent molars.

RESOURCES/CAPABILITIES

1. Description of Capabilities and Expertise that Qualify the Organization to Carry out the Proposed Project

SFCCC has a 28 year track record of administering HCH funding to meet homeless San Franciscans' health care needs with a strong emphasis on cultural competency. SFCCC relies on a network of SFCCC member clinics and a partnership with SFDPH to best reach those who need care in the settings most comfortable and convenient for them. SFCCC's HCH program is a strong collaboration of diverse nonprofit and public health clinics that come together as a service delivery network under SFCCC's leadership and guidance.

SFCCC continually monitors HCH sub-recipients' service provision for compliance with contracted deliverables. The HCH Sub-recipient Agreements that are executed between SFCCC and HCH sub-recipients specify the numbers of homeless patients to be served and the number of services to be provided, by type of service. If funded, the SFCCC-SFDPH Sub-recipient Agreement will be amended to incorporate the Oral Health Services Expansion budget and deliverables. HCH sub-recipients submit data each month to SFCCC on HCH services provided, which are entered into SFCCC's HCH data-base. Data reports are generated and reviewed for compliance in meeting deliverables. Sub-recipient invoices are only authorized for payment if contracted service levels have been provided. Sub-recipients are required to submit a corrective action plan that addresses any deficiency.

The HCH Sub-recipient Agreements also incorporate the relevant Section 330 Program Expectations with which sub-recipients are required to comply. In 2014, SFCCC and the HCH program underwent a BPHC Operational Site Visit. This process and the findings from the OSV resulted in significant revisions to our Sub-recipient Agreement and to our policies and procedures for more robust oversight, monitoring and evaluation, coupled with comprehensive training on BPHC Program Expectations as they pertain to HCH grantees. In the next Project Period, SFCCC will continue to implement this plan for evaluating sub-recipient compliance with these standards. SFCCC is compliant with all grant requirements, and there is no Corrective Action Plan pending.

Sub-recipient SFDPH opened its first primary care clinic in 1965 and has been refining and expanding services throughout the past 50 years. SFDPH Primary Care began incorporating dental services into select primary care clinics, space and budget permitting, 30 years ago and continues to work to better integrate dental care into patient care. SFDPH has been a leader in harm reduction and HIV care, and continues to be an innovative Department of Public Health.

SFDPH is an important partner in SFCCC's HCH service delivery network because several of SFDPH's Primary Care Clinics are especially well situated and retain highly trained staff to serve homeless and marginally housed San Franciscans. Tom Waddell Urban Health Clinic is a primary example of SFDPH's capacity to serve homeless patients. Tom Waddell Urban Health

Clinic is located in the heart of the Tenderloin, about five blocks away from the Tom Waddell Urgent Care Center site that houses the current HCH dental services. Tom Waddell Urban Health Clinic serves over 4,000 patients annually, many of whom are living in supportive housing or experiencing homelessness. Tom Waddell provides primary medical care, psycho-social services, psychiatry, benefit enrollment, and more.

Tom Waddell employs a variety of outreach strategies to engage their existing patients and those in need of primary care services in the neighborhood. Tom Waddell partners with local nonprofits and shelters to provide medical care at community sites including many local shelters. In addition, Tom Waddell receives federal Ryan White funding to support programs providing wraparound services to HIV+ patients and participates in two Ryan White Special Programs of National Significance programs utilizing even more intensive models of care for homeless HIV+ patients and transgender HIV+ patients. Tom Waddell has a nationally recognized specialty in transgender primary care services and has been running a “Transgender Tuesdays” clinic for over twenty years.

Altogether, SFDPH Primary Care has a network of 15 Primary Care Clinics strategically located throughout San Francisco. Four of these Primary Care Clinics are located within the San Francisco General Hospital to provide a resource-rich clinical environment and better connect patients seeking emergency care to primary care medical homes. SFDPH Primary Care provides patient and family-centered, comprehensive, team-based care focused on quality outcomes and safety. Primary care teams collaborate with patients to deliver health promotion, disease prevention, health maintenance and promotion, counseling, health education, diagnosis and treatment of acute and chronic illnesses. SFDPH provides integrated dental services at five primary care clinics.

HCH sub-recipient SFDPH met all deliverables from the most recent full HCH contract period (November 2014 – December 2015). There are no current Corrective Action Plans or other areas of non-compliance for sub-recipient SFDPH.

2. Description of How the Organizational Structure, including the Capability and Commitment of the Administration, Management, and Governing Board, is Appropriate

The organizational structure of SFCCC’s HCH program includes oversight by SFCCC’s Board of Directors, Community Advisory Panel patient input through SFCCC’s approved Governance Waiver, and a high level of commitment from both SFCCC administration and SFDPH administration. The expansion of dental care to better serve San Francisco’s homeless population is a priority for both SFCCC and SFDPH management, and the SFDPH Dental program has been instrumental in preparing this grant proposal and is eager to implement the plan. SFCCC’s Board and administrative oversight over SFDPH as a HCH sub-recipient is very strong and there are no current Corrective Action Plans or areas of concern that would impede SFDPH’s ability to deliver the program as proposed.

3. *Description of the Recruitment and Retention Plan for Oral Health Care Staff, including the Proposed New Onsite 1.0 FTE Licensed Dental Provider and Other Proposed Staff*

Job descriptions for the new 1.0 HCH dentist and part-time dental assistant to be hired in the first year of the grant have been developed and are ready to be posted upon notification of grant award. The SFDPH dental program hired two dentists this past year and is very familiar with civil service hiring timelines and recruitment strategies and this experience informed the attached project timeline. SFDPH dentist and dental assistant turnover has been extremely low over the years in part because the civil service salaries are competitive when compared with nonprofit salaries for dentists sharing the mission to serve homeless patients. In addition, the SFDPH dental program is well supported by SFDPH administration and well-connected to the local community so our providers operate in a positive work environment.

4. *Description of Past Experience Successfully Completing Similar Projects Involving Equipment Purchase and/or Alternation/Renovation Funding*

SFCCC's HCH program has successfully implemented many projects on time that have involved equipment purchases. SFDPH as a sub-recipient has not typically budgeted for equipment purchases and SFCCC has worked closely with them on this project timeline to ensure the equipment purchases can be completed in time to open the SFGH site comfortably within the 120 day maximum timeframe.

SUPPORT REQUESTED

1. *Budget Presentation*

See SF-424A and Budget Justification Narrative files.

The proposed budget leverages existing SFDPH facilities and dental program support and includes only the cost of direct service delivery personnel, grant overhead, and a one-time equipment purchase in Year 1.

2. *Plans for Maximizing Collections and Reimbursement for Oral Health Care Services*

SFDPH does not collect patient fees from homeless patients, and Denti-Cal would be the primary source of revenue generated through these expanded services. In SFDPH's 2014 UDS reporting, approximately 40% of UDC had Medi-Cal. Current program and billing data indicate that the current figure is much higher, and between 70% and 80% of our homeless patients now have Denti-Cal coverage. With an FQHC billing rate currently at \$257.52, this would correspond to between \$145,000 and \$270,000 in anticipated revenues based on our UOS projections. This revenue would be used to enrich and expand the services available to patients.