

# Program Overview

Completed by tim.clontz@carectr.org on 4/7/2022 1:53 PM

**Case Id:** 15104

**Name:** Care, Community - 2022

**Address:** \*No Address Assigned

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## Program Overview

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Please provide the following information.



City of Winston-Salem  
ARPA Transformational  
Non-Profits Application

City of Winston-Salem  
P.O. Box 2511  
Winston-Salem, NC 27102  
336-727-8000  
[ARPA@cityofws.org](mailto:ARPA@cityofws.org)

This application portal is to request funding from the City of Winston-Salem as part of the Transformational Non-Profits Application Process. Applications received through this portal will only be reviewed by the City of Winston-Salem. Other jurisdictions may have separate application processes. Please contact other jurisdictions (e.g., Forsyth County) for instructions regarding requests to those jurisdictions.

Submitting an application does not guarantee funding. Please see the section below regarding the scoring process. The Mayor and City Council will have final decision-making authority regarding program funding requests.

Non-profit organizations may submit funding requests for capital or operating costs.

### Minimum Criteria

- Must be registered non-profit organization (includes faith-based organizations providing a public purpose)
- Must have been incorporated as a non-profit for at least one year

### Scoring Process and Matrix

All completed applications will undergo a review to ensure required documents are attached. Fully completed applications will be reviewed by selected City staff members and scored based on the scoring matrix approved by the Mayor and City Council. [Click here](#) to view the scoring matrix. Scored applications will be reviewed by the City's Management Team for potential recommendation to the Mayor and City Council who will have authority to appropriate funding for programs.

Staff reserves the right to contact any applicant to request clarification or additional details regarding application responses and materials.

## Defining Performance Measures

Sections of the application will reference performance measures and outcomes as required by the U.S. Department of Treasury. Specifically, the application will request workload and effectiveness/outcome measures. Please see this video (<https://www.cityofws.org/2809/Performance-Measures-Video>) for general information on performance measures.

## Upcoming Application Orientation Session

The City will host a virtual application orientation session on April 1, 2022 at 10:00 am. The meeting will take place virtually via the Zoom platform and will also have a live simulcast on the City's YouTube page. The link for that meeting will be posted the morning of the meeting to the website: [www.cityofws.org/clfrf](http://www.cityofws.org/clfrf)

## Contact Information

For any questions or concerns, please email [ARPA@cityofws.org](mailto:ARPA@cityofws.org) or call City Link at 336-727-8000.

## A.Contact Information

Completed by tim.clontz@carectr.org on 4/7/2022 2:05 PM

Case Id: 15104

Name: Care, Community - 2022

Address: \*No Address Assigned

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### A.Contact Information

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Please provide the following information.

#### ORGANIZATION/AGENCY INFORMATION

##### A.1. Organization/Agency Name

Community Care Center for Forsyth County, Inc.

##### A.2. Mailing Address

2135 New Walkertown Road Winston-Salem, NC 27101

##### A.3. Organization Website

<https://carectr.org/>

##### A.4. Year 501 (c)(3) Status Obtained

2,006

##### A.5. Organization/Agency Fiscal Year

2,022

##### A.6. Federal Tax ID Number

##### A.7. Federal DUNS Number

##### A.8. Federal SAM Registered?

Yes

#### ORGANIZATION/AGENCY CONTACT INFORMATION

##### EXECUTIVE DIRECTOR

##### A9. First Name

Timothy

##### A10. Last Name

Clontz

##### A11. Title

Executive Director/CEO

##### A12. E-mail

[tim.clontz@carectr.org](mailto:tim.clontz@carectr.org)

##### A13. Phone Number

(336) 760-1235

##### BOARD CHAIR

##### A14. First Name

Rob

##### A15. Last Name

DiBella

##### A16. E-Mail

[rob@dibellacg.com](mailto:rob@dibellacg.com)

##### A17. Phone Number

(336) 416-6906

##### A18. Term Expiration Date

12/31/2022

## B. General Project Information

Completed by tim.clontz@carectr.org on 4/7/2022 2:14 PM

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## B. General Project Information

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Please provide the following information.

### PROJECT INFORMATION

#### B.1. Project/Program Title

Transforming Dental Care for the Uninsured

#### B.2. Project Location/Address

2135 New Walkertown Road Winston-Salem, NC 27101

### PROJECT CONTACT/MANAGER

#### B3. First Name

Timothy

#### B4. Last Name

Clontz

#### B5. Title

Executive Director/CEO

#### B6. E-Mail

tim.clontz@carectr.org

#### B7. Phone Number

(336) 760-1235

## C. General Project Narrative

Completed by [tim.clontz@carectr.org](mailto:tim.clontz@carectr.org) on 4/25/2022 8:14 AM

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## C. General Project Narrative

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Please provide the following information.

### C.1. Provide description of project and how funds will be used

Community Care Center for Forsyth County, Inc. (CCC) seeks to transform the landscape of free dental services available to the least among us in the Winston Salem, Forsyth County area. We will do so by adding staff and taking advantage of a recent transformational change in the NC dental rules and regulations.

In late 2021, the North Carolina Board of Dental Examiners approved “limited supervision” of dental hygienists. Under “limited supervision”, a dental hygienist is now able to provide services to patients without the presence of a dentist as long as the dentist has developed a plan for the care of the patient. The opportunity to dramatically expand dental services for low-income patients is now at hand due to this labor force multiplier.

Our plan is to hire a full-time dentist and two full-time dental hygienists to work with our current part-time dental assistant. The dentist would develop the plan of care for each patient, as well as perform procedures. This level of staffing will allow us to offer both day appointments Monday through Thursday, and evening appointments on Monday and Thursday, the full regular hours of clinic operation.

We seek three-year funding for the dental staff, dental supplies used in the visits, and the one-time cost of dental instruments and small equipment to fully restock our three existing dental operatories. CCC is a long-established dental clinic with existing infrastructure and office staff and procedures in place, needing only the additional dental staff to immediately expand free dental services to the community’s diverse, economically disadvantaged residents.

### C.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?

CCC is a free and charitable clinic, located in Qualified Census Tract 16:02 in East Winston. We provide a variety of medical services to promote the mental and physical health and well-being of our patients, all at no cost to the patient.

To access any of our services an individual must financially qualify and become a patient of the clinic. They will then be seen by one of our medical providers during an initial office medical visit. The provider will assess the patient and provide any needed care or referrals, including a dental referral if warranted. The patient is then given an in-clinic appointment for whatever dental services are needed that we provide.

The benefits of good dental care for individuals are well documented, as are the harmful effects of poor oral health. Elsewhere we provide a link to evidence-based Oral Health benefits described in the Healthy People 2020 initiative that discusses these benefits in detail. Poor dental health status doesn’t affect only the mouth. It also is linked to chronic diseases like diabetes and heart disease. For some of our patients, the dental care they receive at Community Care Center is the first dental care they have ever had.

The benefits of the free dental care provided by Community Care Center don’t accrue just to the patients receiving the

care. As the area's only provider of free dental services beyond extractions, CCC keeps our patients out of emergency rooms and other public health services, saving taxpayer dollars and provider hours. We provide beneficial outcomes for our patients AND our community.

**C.3 Total estimated number of unique participants to be served annually**

1,545

**C.4. Will program beneficiaries be only residents of Winston-Salem?**

No

**Describe the other areas (counties) that will benefit**

The vast majority of our patients reside in Forsyth County, but a small percentage are from Davie and Stokes Counties. 2,203 (92.8%) of the 2372 patients we saw in the past 24 months have Forsyth County zip codes.

**Estimate the percentage of beneficiaries that will be residents of Winston-Salem**

80.80 %

**TOTAL FUNDING REQUEST**

**C.5. Total Operating Funding Request**

\$1,387,416.00

**C.6. Total Capital Funding Request**

\$0.00

**SPENDING TIMEFRAME**

**C.7 Capital Spending Timeframe**

NA

**C.8 Operating Spending Timeframe**

9/1/22 - 8/31/25

## D. Project Budget Categories

Completed by tim.clontz@carectr.org on 4/25/2022 8:24 AM

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### D. Project Budget Categories

Please provide the following information.

Use templates below to input **the total** Project Budget (**only requested expenses and estimated revenues related to the program or project for which you are requesting funding**) by clicking **Add Column**. Please include all funding from the City and other sources.

Operating Costs	Total
Personnel	\$989,850.00
Fringe Benefits	\$168,539.00
Travel/Education to maintain licensure	\$4,147.00
Consumable Dental Supplies	\$123,882.00
Utilities	\$7,160.00
Dental instruments and small equipment for operatories	\$56,398.00
Contract interpreters needed for dental rooms/hours expansion	\$56,160.00
N/A	\$0.00
	\$1,406,136.00

Capital Costs	Total
N/A	\$0.00
	\$0.00

### PROJECT/PROGRAM REVENUE CATEGORIES

Please fill out the revenue estimate table. **Note: operating revenues and expenses must be balanced (be equal).**

Operating	Total
NC Dental Society Foundation \$5K grant for dental hygienist	\$5,000.00
Vendors donation of consumable dental supplies	\$10,000.00
CCC General operating funds for part-time dental assistant	\$3,720.00
WS COVID-19 ARPA Transformational Grant	\$1,387,416.00
N/A	\$0.00
	\$1,406,136.00

Please list below all known/expected **individual** grants and contributions totaling 10% or more of the project's budget.

7 of 25

**Note: capital revenues and expenditures must be balanced (be equal)**

<b>Capital</b>	<b>Total</b>
N/A	\$0.00
N/A	\$0.00
N/A	\$0.00
N/A	\$0.00
	\$0.00



## E. Demographic and Geographic Distribution

Case Id: 15104  
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Completed by tim.clontz@carectr.org on 4/25/2022 8:25 AM

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### E. Demographic and Geographic Distribution

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Please provide the following information.

Demographic distribution is an assessment of the level of the project funds spent on a program or service provided at a physical location in a Qualified Census Tract (QCT), OR where the primary intended beneficiaries live within a QCT, OR whether the program benefits residents that earn less than 60 percent of median income for the City, OR whether over 25 percent of program beneficiaries are below the federal poverty line.

E.1 Is this project/program located in a QCT or serve residents that live in a QCT?

Yes

If yes, what percentage of clients served are estimated to be residents of QCTs? ([Click here](#) to view the QCT mapping tool)

35.00 %

E.2 If the project or program is not a QCT or specifically serve residents in a QCT, will residents meet the follow criteria:

25% or more of participants below the federal poverty line or participants served make less than 60% of the Area Median Income

The project/program does not operate in a QCT, and beneficiaries neither reside in a QCT nor meet the income thresholds mentioned above.

## F. Alignment to Strategic Plan

Completed by [tim.clontz@carectr.org](mailto:tim.clontz@carectr.org) on 4/25/2022 8:29 AM

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### F. Alignment to Strategic Plan

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Please provide the following information.

Strategic planning is a process in which organizational leaders determine their goals and objectives, and allocate needed/limited resources to successfully achieve those goals and objectives. [Click here](#) to view Winston Salem's Strategic Plan. The Strategic Plan includes three (3) tiers of priorities:

#### Tier 1:

- Focus on job creation/sustainability and workforce development
- Collaboration and funding for pre-K opportunities
- Funding for affordable housing
- Funding for economic development

#### Tier 2:

- Poverty reduction/cessation
- COVID reopening plan
- Community engagement (Power of connections)
- Funding for arts

#### Tier 3:

- Community Fundraising
- Environmental initiatives
- Address digital divide
- Address childcare needs
- Neighborhood maintenance
- Organization efficiency and public-private partnerships
- Law enforcement reform

**F.1. Please select the primary priority from the list above addressed by your project/program.**

Tier 2

**F.2. Please select the secondary priority from the list above addressed by your project/program.**

Tier 3

**F.3. Please describe how the workload or outcomes from your project/program addresses the primary priority you**

**selected.**

The priorities listed above are not as detailed as the Winston Salem 2022-2025 Strategic Plan PDF. We will respond using the PDF's stated priorities since healthcare isn't mentioned by name above. Our proposed program aligns with two Tiers of the City's Strategic Plan; therefore, we address both.

Tier 2 - Priority 5: Implement programs designed to reduce poverty and eliminate barriers to economic mobility.

Priority 5.1: Design and fund programs with community partners to use American Rescue Act Funding to ADDRESS HEALTH DISPARITIES, build stronger neighborhoods, address educational disparities, and promote healthy childhood outcomes.

Priority 5.5: Conduct a feasibility analysis to provide VOCATIONAL CAREER TRAINING, HEALTH, WELLNESS, housing, and other wrap around services, and opportunities for economic development and empowerment.

Tier 3, Priority 9: Engage in fundraising efforts with community partners TO PROVIDE ADDITIONAL CAPACITY TO MEET COMMUNITY NEEDS

Priority 9.1: Identify SPECIFIC COMMUNITY ORGANIZATIONS ALIGNED WITH CITY COUNCIL PRIORITIES AND PROVIDE ASSISTANCE with capital campaigns.

Priority 9.2: Review American Rescue Plan Act funding eligibility for PROVIDING ASSISTANCE TO NON-PROFIT ORGANIZATIONS WHO SUPPORT HEALTHY OUTCOMES AND COMMUNITY INITIATIVES IN QUALIFIED CENSUS TRACTS.

Priority 9.3: INCREASE ENGAGEMENT WITH NON-PROFIT ORGANIZATIONS to provide a platform to review and address emerging community needs.

Because we've capitalized the salient intersections above between the City's Priorities and the services we provide to the community, we won't relist each one here in the discussion.

We provide free healthcare to a diverse, primarily minority, population of the most economically disadvantaged among us. Exactly the people who the City's Strategic Plan says ARPA funding was designed to help. Because of whom makes up this population, our workload performance measures to track the number of free dental appointments completed and number of patients served by this grant directly address the disparities in healthcare priorities listed above. Each individual served, each appointment completed, reduces the disparity in dental health services for the poor.

As one of the largest providers of free healthcare in NC, we are well-experienced in providing healthcare to these underserved populations. We also help train future medical professionals by partnering with local medical education institutions such as Wake Forest University, Winston-Salem State University, and Forsyth Technical Community College, to provide their students with clinic experience. We serve Community Health AND Workforce Education and Training City Council Priorities.

## G. Collaboration

Completed by tim.clontz@carectr.org on 4/25/2022 8:32 AM

**Case Id:** 15104

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### G. Collaboration

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Please provide the following information.

**Collaboration is when an organization is partnering or proactively working with one or more external stakeholders to achieve the same goal.**

**G.1. How many other external partners, organizations, stakeholders will you be collaborating with to provide the project/program?**

3+

**G.2. Please provide the names of the organizations and the roles they will serve in the project/program?**

CCC is a member of the NC Association of Free & Charitable Clinics (NCAFCC) and actively participates in statewide and regional Region 3 meetings. Starting in Summer 2021, CCC engaged in regional discussions relative to the development of either new or expanded dental clinics. While dental care was identified as the most needed service in the region, there has been no progress in addressing this issue primarily due to the lack of funds.

NCAFCC Region 3 met on April 20, 2022. At the meeting, Camino Research Institute, out of Charlotte, shared the top 10 results of a needs survey of North Carolina's Latinx population. Access to dental care was ranked #1. CCC shared that it would be submitting this grant application; there was a positive reaction to the submittal of our application for expansion of dental services. Region 3 includes the following free clinics located in Winston-Salem: The Shalom Project, Atrium Health Wake Forest Baptist Community Health Alliance Mobile Health Program, DEAC Clinic, Crisis Control Ministry, New Stories Health and Wellness Center, and CCC.

## H. Administration/Reporting

Completed by tim.clontz@carectr.org on 4/25/2022 8:36 AM

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### H. Administration/Reporting

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Please provide the following information.

Per U.S. Treasury rules and associated guidance, the City's framework for using these funds aligns with specific administrative reporting requirements. The administration/reporting criterion has three core elements: 1) the organization's/project's development of clear performance indicators and measurable outcomes, 2) the use of evidence-based interventions, 3) and the City's evaluation of organization and project risk.

#### H.1. Please clearly define the workload and outcome measures that are associated with your project/program

Workload	We track number of appointments completed, and number of unique patients served, and numbers on categories of procedures - cleanings, fillings, extractions, etc.- performed.
Effectiveness/Outcome	Percent of unique patients target achieved, percent of appointments completed target achieved, and patient satisfaction surveys.

#### H.2. Does the project/program use evidence-based interventions?

Yes

#### Please provide a link to (or attach a copy of) the evaluation of the program model

We are not experimenting with a program model. The positive outcomes for good dental health and negative outcomes for poor dental health are well established. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>



#### Program Model Evaluation

Healthy People Link.docx

H.3. For transparency purposes, the risk matrix is attached. This is NOT required, however, you can self-assess if you wish. Please fill out and upload the [Risk Matrix](#).



#### Risk Matrix

Risk Assessment dental.xlsx

# I. Capacity

Completed by tim.clontz@carectr.org on 4/25/2022 8:47 AM

Case Id: 15104

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## I. Capacity

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Please provide the following information.

**An organization's capacity can be defined as its ability to implement the proposed project, as characterized by the alignment of its mission and vision with the proposed project, existing internal infrastructure to support it, and its plan for implementation and assessment of project success.**

### **I.1. Please provide your organization's vision and mission statements and explain the alignment between the proposed project/program and the organizational mission.**

The mission of the Community Care Center is: "To provide access to compassionate, high-quality health care services to the medically uninsured and underserved who reside in Forsyth, Stokes, or Davie Counties and meet the eligibility guidelines of the Community Care Center."

Expanding free dental services to the economically least among us directly serves that Mission in a straightforward way. CCC has no defined Vision Statement.

### **I.2. Describe the organization's current infrastructure and capacity to deliver the program services or complete the project. Include any relevant current programming and experience providing similar services.**

Our 3-chair dental clinic has been in operation for over 20 years. The dental clinic originally operated with volunteer dentists for two years, then funding was found in 2003 to hire a paid full-time dentist and a paid part-time dental hygienist. In 2005, we provided 3,500 free dental appointments to patients. Unfortunately, the paid dentist left after three years for positive personal life issues.

Since 2006, we have relied on volunteer dentists as well as informal collaborations with dentists, oral surgeons, periodontists, orthodontists, and dental labs who accepted our patients for services we could not provide. Prior to the pandemic, our volunteer dentists still were seeing 830 patients per year, although that is well below our maximum capacity.

Our normal general clinic operating hours are 9am-5pm on Tuesday and Wednesday, and 9am-8pm on Monday and Thursday. Our plan is to have the dental clinic open all of those hours as well. All of the physical and administrative and office staff infrastructure is in place to expand existing dental services. We just need to add dental staff. The clinic has three complete dental operatories which became underutilized when COVID struck because almost all of our dentists stopped volunteering. Other than human capital, we will need one-time additional dental instruments and startup supplies for the additional staff and the additional patients to be served.

### **I.3. Describe the program/project implementation plan. Include any known barriers to success and how those will be overcome**

Our plan is simple. Add staff to a long-established dental practice so that we can add free appointment slots and see more economically disadvantaged patients. We plan to hire a full-time dentist and two full-time dental hygienists. The dentist will ensure that there is a plan of care for each patient, as well as perform procedures. This level of staffing will

allow us to offer new day and evening appointments during regular clinic operating hours. We would not be able to expand services this way without the transformational dental supervision rule changes discussed above.

We had a busy practice prior to COVID and thus are well experienced in the requirements of providing these services. The dearth of volunteer dentists due to COVID is the overriding reason we were forced to reduce services. While many of our volunteer medical providers have returned, dental volunteers have not, in spite of our efforts. Hiring staff will enable us to provide a consistent level of service and eliminate our one big barrier to treating more patients with oral health needs.

COVID isn't just affecting the ability to attract dentists. Dental hygienists are also a challenge to recruit for the same reason. This is potentially our greatest barrier to success. Forsyth County Department of Public Health has been unable to fill its open position for a dental hygienist for a year. We may have to increase our compensation package to bring onboard the two hygienists we need. Our hygienist compensation budget is set at 108% of the established median salary to give us negotiating room to be competitive in this tight market. We will return any unused funds to the City.

Of course, just because the staff is paid does not mean there will never be times when they are unavailable to work due to life events. We will continue our efforts to recruit volunteer dental staff for both service expansion and as backup when needed. Until we see that COVID has become a manageable endemic issue similar to the flu, it will remain a challenge.

The population we serve has a high proportion of Spanish-speaking individuals so communication is a potential barrier to successfully serving the patient. To overcome this, CCC has Spanish-speaking office staff, as well as paid and volunteer interpreters. Because of the increased demand created by operating all three dental rooms for the entirety of regular CCC hours, we'll need an extra contract interpreter for about half of those hours.

Most of our patients are the working poor. Getting time off for medical appointments during the day can be difficult or impossible. This grant will allow us to offer dental appointments two evenings a week, making access easier for those with daytime commitments.

Transportation can be a barrier for patients without a vehicle. There is a bus stop near the clinic which makes CCC convenient for people using public transportation. We also have a large parking lot for those with vehicles, which can accommodate the additional traffic created by expanding the dental clinic's hours.

Patients also can be a barrier to meeting our outcome goals by not showing up for appointments. In our experience, around 10% of scheduled patients are "no shows" for their appointments. That is a waste of resources which we combat with telephone confirmations, including the day before the appointment. If someone is going to miss an appointment, we will call patients on the waitlist to take their place. The burden of need is so high that we cannot let these service appointments go empty if at all possible.

Because all of our services are at no cost to our patients, one of the most significant barriers to obtaining dental care is eliminated.

**I.3a. Describe the program assessment plan including how the data will be collected for selected performance metrics and any other evaluation tools that will be used to determine program/project success.**

The performance metrics we've chosen are listed in section H.1.

Since our program is designed to increase free dental appointments, thereby making dental services available to more

people, we will count appointments and unique patients served to assess our success. We will provide prior year numbers for both these measures for comparison with program results. The number and mix of staff under the program, along with the expanded hours, is so different from our operation over the past few years that using those numbers to try and project program targets would not be useful.

Instead, we're setting patient and appointment goals based on the same Dental Clinic Comparison Chart [1] we referenced for budgeting costs related to running a 3-chair dental practice, such as our own under the grant program, which sets a yearly expectation of 3,680-4,048 appointments for 1,472-1,619 unique patients. Over the three-year life of the program, we expect to help 4,416-4,857 unique patients in over 11,040-12,144 visits. If our numbers fall within these ranges, our program can be deemed a success at meeting standard appointment and unique patient goals for a comparable dental practice. In sections requiring a single number, we will use the midpoint values as first-year targets: 1,545 for the number of unique patients, and 3,864 for appointments. We will adjust subsequent year targets as we accumulate actual results. Unadjusted, our unique three-year targets are 4,645 patients and 11,592 appointments. In the budget for per-visit consumable supplies however, we are asking for supplies for the high end of potential appointments - 4,048 per year - in the hope that we can exceed our target numbers.

Clinic staff track the number of visits and number of unique patients served on paper logs and then accumulate the data in an Excel spreadsheet for analysis and reporting.

We track categories of procedures from paperwork logs and accumulate them in Excel as well. Examples include the number of cleanings, fillings, extractions, etc. We will provide these numbers in our grant reporting if requested, but since our funding request is not associated with specific dental procedures, the numbers are informational only and not intended as accountable performance measures. Obviously, the procedures we will perform will be driven by the individual oral health needs of patients, not predefined goals.

We currently use paper patient satisfaction surveys for the general clinic. Responses are accumulated in Excel for analysis and reporting. We are going to use a standard Patient Satisfaction Survey [2] developed for dental patients to gauge patient satisfaction with their care. This performance measure is necessarily subjective and qualitative, rather than quantitative like our other performance measures, but we think it is important to find out how our patients feel about the services they are receiving. Other than a couple of general comment fields, answers to the survey questions fall into categories (Agree, Unsure, Disagree) which can be tabulated and reported.

[1]: Safety Net Dental Clinic Manual <https://www.dentalclinicmanual.com/2-facilities/sec1-01.php>

[2]: Safety Net Dental Clinic Manual <https://www.dentalclinicmanual.com/documents/patient-survey-3.pdf>



## J. Impact/Community Need

Completed by tim.clontz@carectr.org on 4/25/2022 9:17 AM

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### J. Impact/Community Need

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Please provide the following information.

**Impact/Community needs concern whether or not the proposed project will address an identified need within the community project will be**

**J1. Describe the identified community need for this project/program. Cite specific data or studies/reports that have identified**

According to the most recent US Census 5-Year American Community Survey[1], our tri-county service area has a population of 43,000. 15% are below the Federal Poverty Level (FPL). Of the population total, 159,812 (35.4%) have incomes less than 200% of the FPL. Of those, 31,170 (6.9%) meet the criteria (200% of FPL) to become one of our patients.

We define an active patient as one with at least one clinic medical visit in the previous 24 months. Here are the zip codes for our active beneficiaries of our free medical services.

80.8% have WS zip codes

92.8% have Forsyth County zip codes.

1.18% have Davie County zip codes.

2.9% have Stokes County zip codes.

The CDC Basics of Oral Health webpage[2] reports the following statistics for adults: 26% have untreated tooth decay, 46% of adults have periodontal disease. About 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. The CDC reports that the general population.

Based on the above statistics and the number of people who meet our patient qualifications, over 8,000 of these individuals have an unmet need for dental treatment. About 3 in 4 Hispanics have an unmet need for dental treatment, and our patient base is 70% Hispanic. As mentioned previously, The Care Community shared the top 10 results of a general needs survey of North Carolina's Latinx population. Access to dental care was ranked #1. Oral health is a top priority for the population with a lot of unmet oral health needs and not a lot of options to meet them.

The Forsyth County 2017 Community Health Assessment[3] listed Oral Health as one of the community's four ranked major health needs. The assessment stated that it should be addressed.

The question then is, has it been addressed? The answer is that we currently have fewer options for free/low-cost dental care than we need.

We performed a survey of free and low-cost dental clinics available to the economically disadvantaged in the counties we serve. The survey was for the economically least among us. According to page 84 of the 2017 CHA, the cost of dental services is a barrier for 60.8% of respondents and for 17.9% of respondents.

Free dental services are practically non-existent in Forsyth County, much less in Winston Salem. COVID-19 laid waste to CCC's oral health services. The priority by the CHA much worse. The Rescue Mission performs free extractions only two mornings a month on a first-come, first-served basis. The response to oral health needs of the economically disadvantaged could be significantly worse if CCC lost one of our two volunteer dentists. For extractions, two mornings a month

We recently received a \$5,000 grant from the NC Dental Society Foundation to pay for less than half the cost of a part-time dental hygienist to get it. But the dental services deficit for the City's economically disadvantaged is not going to be touched by \$5,000 here and \$5,000 there. Oral health priority for the City/County, now is the time to make a definitive move to address it in a big way. If this is the once in a generation opportunity, the community be able to make a move to transform the free/low-cost dental services landscape?

CCC is the only free dental provider with the infrastructure already in place to expand dental services to a larger number of underserved residents. We are beginning offering thousands of new free dental appointments to city and county residents. Because the community is starting from scratch, we can only look back a few paragraphs to see why. We are going backward in dealing with the oral health problem, not forward. Not

Back to the specific dental services needed, we and other providers have been forced to deal with the problem of poor oral health. The demand is so high. Bringing dental hygienists on staff by utilizing the new 2021 dental supervision rules would let us take a step to get on top of the backlog in extractions and other health problems. That is the true long-term public health need we hope to address with your funding assistance. Preventative interventions. The WS COVID ARPA Grant we are seeking would make CCC the only free option in the area to even offer

1. US Census 2019 5-Year Estimate American Community Survey: (<https://data.census.gov/cedsci/table?t=Health%20Insurance%3AIncome%20and%20Poverty%3AOfficial%20Poverty%20Measure>)
2. Basics of Oral Health CDC webpage: (<https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html>)
3. 2017 Forsyth County Community Health Assessment: ([https://www.forsyth.cc/PublicHealth/assets/documents/2017\\_CHA\\_Report](https://www.forsyth.cc/PublicHealth/assets/documents/2017_CHA_Report))

**J2. Describe the short-term impacts of the project/program and how they align with the community need identified above.**

The short-term impacts of the program will be thousands of new appointments providing dental cleanings, treating oral disease and preventing other health problems related to poor oral health. This is in direct alignment with stated community health needs and

**J3. Describe the long-term impacts of the project/program and how they align with the community need identified above.**

The long-term impacts of the program are an increased number of people getting dental care, the improved health of patients, and therefore leading to improved quality of life. As stated earlier, using the transformative 2021 workforce multiplier dental supervision health - cleanings and prevention - will prevent the need for future fillings and extractions, making for happier, healthier patients. The more people we can get into a maintenance cycle of oral healthcare, the less the future demand for the scarcest and most expensive dental services. This aligns with community health needs and priorities as described above.

**J4. Referencing previous section on outcomes, describe how the impacts noted above will be measured.**

We will track and report the number of appointments completed, and the number of patients served, as described in the previous section.

We will track and report the number and categories of the procedures performed. This measure has no targets because the procedure is included for informational purposes only, not scoring.

Tracking the patients' perception of their benefits can be more subjective and less quantifiable, however. For this, we will turn to

Unfortunately, these measures cannot tell us if the cleaning done today prevented the cavity that would have turned into an extraction. The clinic doesn't have the staff to design and track the sort of statistical studies required for such a task. Therefore, we cannot track the benefits they will accrue.

## K. Funding Stability

Completed by tim.clontz@carectr.org on 4/25/2022 10:49 AM

Case Id: 15104

Name: Care, Community - 2022

Address: \*No Address Assigned

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### K. Funding Stability

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Please provide the following information.

**Funding stability is an assessment of both the organization's annual funding and the planned funding mechanism for the project/program from grants, donations, sales, and other income generators. To the extent possible, the City wishes to ensure applying entities have sustainable funding sources outside the City's ARPA allocation. An entity will be deemed as having superior funding stability if it demonstrates at least three years of sustainable grant, contribution, and/or fee-based revenues to cover operating costs. The entity must also demonstrate commitments from other organizations to cover the full cost of project deficits or future-year operating costs (in combination with realistic fee-based revenue assumptions).**

**K.1. Have your organization's operating revenues covered operating expenses the last three years?**

No

**K.2. Approximately what percentage of your organization's total budget is covered by competitive grants that you must re-apply for?**

71.10 %

**K.3. What percentage of your project/program's budget is covered by City ARPA funds as part of this request?**

98.70 %

**K.4. Please provide narrative on funding for this program after City ARPA funding has been exhausted.**

(NOTE on K.1. answer: Operating revenues covered operating expenses in 2021 and 2020; however, CCC had a negative operating margin in 2019.)

Let's just state the obvious from the start - once in a generation funding will be a huge challenge to replace. More so than in a typical grant reward situation.

The year, 2021, marked the 20th anniversary of the Community Care Center Dental Clinic opening its doors. This clinic was started in this community and has always been supported by this community.

Sustainability for an operation of our size is always a challenge. We solicit funds from members of the dental community annually and submit proposals to foundations that have dental care as a funding focus. Over the years, CCC has been fortunate to have foundation funders who have varied with the times, our needs and their interests. Here is a partial list of current and previous partners.

The Richard and Marie Reynolds Foundation The Tomlinson Family Trust

The Forsyth County Dental Society Patterson Dental

Forsyth-Stokes-Davie Medical Society United Way of Forsyth County

NC Sisters of Mercy Foundation Blue Cross Blue Shield of NC

Currently, our dental clinic is funded from our general operating revenues; our largest grantor is Novant Health Forsyth Medical Center Foundation. Novant has been a major contributor to CCC since our inception, providing our building, computer systems, software, and other infrastructure. Our patients also make voluntary contributions. Patients give what they can to help, but no one is denied care if they cannot donate. Patient donations provided \$19,878 for CCC operations in 2021. We do not count that revenue in this grant budget because it is already allocated against the general expense of operating the entire clinic.

Doctors, dentists, and other providers from over a dozen specialties support CCC's mission and work by donating their time. Donations of equipment have allowed us to have an ultrasound machine, an x-ray room (which also provides dental x-rays), and a medical lab. Local laboratories donate additional laboratory tests and process pathology reports. All of these volunteer partners believe in the mission of CCC and help us fulfill it for the good of the community.

We ask for three years of City ARPA funding for our dental program. We have to because this once in a generation funding is needed to provide a transformational expansion of CCC's dental clinic in its essential role as the free provider of the dental services the community says are a priority. But the question remains: how does anyone replace once in a generation funding of a program? We need time and space to do the work and gather the data to show the community what an impact a fully operational free dental clinic can have on the community's economically disadvantaged residents and health priorities and that CCC is the best choice to fund for those purposes and goals. There also is a lot of catching up to do due to two years of COVID-19. One year of expanded services will not close that gap. One year will not even give us a year's worth of results to use to convince other funders of the worth of our services.

There is another reason we need more than just one year of secure funding support as we attempt to restore the community's dental services safety net. Over the last few weeks, there have been news reports about the potential of a recession as the Federal Reserve takes steps to cool inflation. The last time inflation was this high, small business loans had interest rates of 18% and money got very tight. If our dental program was funded for just one year, we might come to the end of our ARPA funding just when there is a recession-generated pullback on charitable giving, making that once in a generation funding just that much harder to replace as recession increases the number of economically disadvantaged people.

Running a dental clinic is very expensive. Only this new 2021 dental hygienist workforce multiplier law allows us to fully utilize all three of our dental operatories with a single paid staff dentist. Even with all of our infrastructure and administration already in place, 95% of our funding request is just for compensation and the supplies expended during patient visits, and that's still \$1.3M over the three-year life of the grant. If local government is going to put any money into its oral public health priority, there is no existing place better to put it to work than CCC. We need the results of operating our expanded program for the full three years in order to produce the evidence for future funders that we are providing a level of service which is essential to the community and deserves their funding support. The fact that the City would make the choice to put significant resources into this public health priority during this once in a generation opportunity will be a selling point to help us make the case to potential future funders of both the community's need and its support. Dental services for the economically disadvantaged in our community are in a hole. If we do not take steps to reverse that with this extraordinary opportunity, then when will we do so? When will be the right time, if not now?

As always, Community Care Center actively pursues funding opportunities to expand access to dental services for our patients. Many recent events, including the obvious COVID-19 pandemic, have made CCC's mission more challenging. CCC is the only free resource for non-extraction dental care in our service area. We are committed to continuing our

dental program, as we have for the past two decades, despite the funding challenges we meet, and will continue to provide free dental care to our patients at whatever level we are able to gain funding to support.

And what is the worst result if CCC is unable to secure the full level of funding to replace ARPA funding at the end of three years? Thousands of economically disadvantaged local residents will have gotten the dental care they need - their health and lives improved. Those gains will remain.

**K.5. Please attach commitment letters from other organizations showing financial support for the project/program.**

**Commitment Letters**

NC Dental Health Endowment Funds (\$5,000).pdf

## L. Representation

Case Id: 15104

Name: Care, Community - 2022

Address: \*No Address Assigned

Completed by tim.clontz@carectr.org on 4/25/2022 10:44 AM

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### L. Representation

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Please provide the following information.

**Representation deals with how diverse an organizations leadership is compared with community demographics, which includes Winston-Salem's race/ethnic backgrounds as well as gender. Local non-profit organizations should reflect the communities they serve. Since organizations are requesting to receive ARPA funding through the City, we must ensure these entities hold themselves accountable to having diverse staff and leadership panels**

**L.1. Provide a list of board members including the race, ethnicity, and gender identification for each member.**

Name	Race	Ethnicity	Gender Identification
Rudy Allen, MSA, SHRM CP	Black	African/American	Male
Anthony H. Brett, JD	White	American	Male
Robert Coil	White	American	Male
Ernesto de la Torre, MD	Hispanic/Latino	Cuban	Male
Robert DiBella	White	American	Male
Robert Ford, MD	White	American	Male
Loraine Frank Lightfoot, DNP, MBA, RN, NEA-BC	White	American	Female
Kimberly Gregg	White	American	Female
Gregory Holthusen, MD	White	American	Male
Ben Hough	White	American	Male
Marlon Hunter	Black	African/American	Male
Lucinda Jones	White	American	Female
Gilmour Lake	White	American	Male
James T. Robinson	White	American	Male
Sarah Sabiston	White	American	Female
William M. Satterwhite, JD, MD	White	American	Male
Millie Schultz	White	American	Female
Nancy Smith	White	American	Female
J. Baldwin Smith, MD	White	American	Male
Sharon Storm	White	American	Female
Alex Turner, CFA	White	American	Male
Carl Westcott, MD	White	American	Male
Yen Nguyen, DDS	Asian	Vietnamese	Female

## M. Required Documents

Completed by tim.clontz@carectr.org on 4/25/2022 10:44 AM

Case Id: 15104

Name: Care, Community - 2022

Address: \*No Address Assigned

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### M. Required Documents

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Please provide the following information.

For North Carolina Secretary of State - Current and Active Status, [Click Here](#)

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### Documentation

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**Code of Conduct/Conflict of Interest Policy \*Required**

CCC Conflict of Interest Annual Acknowledgement and Policy 04 13 2022.pdf



**Copy of the agency's latest 990 Form as submitted to the Internal Revenue Service \*Required**

CCC 2020 Form 990 11 02 2021.pdf



**Organization By-Laws \*Required**

CCC-Bylaws.doc



**Articles of Incorporation \*Required**

CCC Restated Articles of Incorporation.pdf



**Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) \*Required**

CCC HANDBOOK & POLICIES.pdf



**IRS 501(c)3 Designation Letter \*Required**

CCC IRS Tax Exempt Letter (3).pdf

**Most recent audited financial statements or a third-party review \*Required**

CCC 2020 Audit Letter + Audited Financials.pdf

**North Carolina Secretary of State - Current and Active Status \*Required**

CCC Secretary of State Document.pdf



## N. Submit

Completed by tim.clontz@carectr.org on 4/25/2022 10:50 AM

**Case Id:** 15104

**Name:** Care, Community - 2022

**Address:** \*No Address Assigned

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## N. Submit

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Please provide the following information.

I certify that all information entered into this application is true.

Tim Clontz

Electronically signed by tim.clontz@carectr.org on 4/25/2022 10:50 AM

04/25/2022