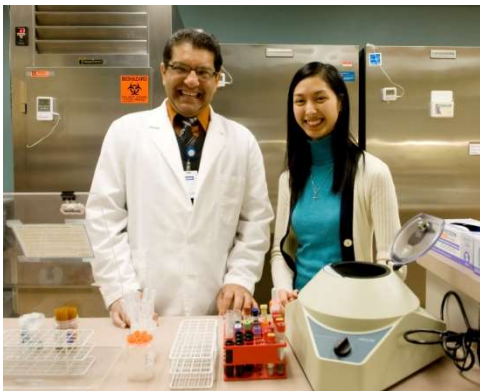
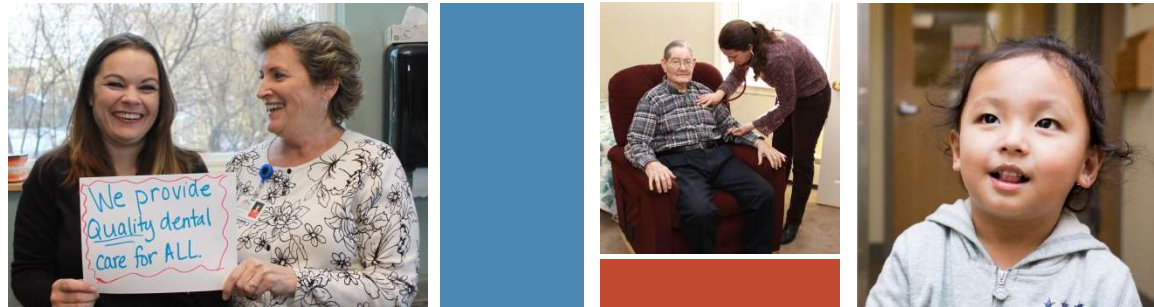




community
health centers
OF BURLINGTON





Federally Qualified Health Center (FQHC) serving 30,000 patients with medical, dental, mental health, and substance abuse services.

- Distinctive urban setting in a rural state
- Vermont's only federal Health Care for the Homeless Grantee
- Region holds significant Medicaid-enrolled refugee populations
- Viewed as a Vermont Model of Integrated Care





Our Generations of Growth



First Decade

CHCB was founded in 1971 as an all-volunteer free clinic.



Second Decade

During the second decade, CHCB changed our name from the People's Free Clinic to the Community Health Center of Burlington. We also became Vermont's first Healthcare for the Homeless federal grantee.

Fourth Decade

CHCB fully integrated mental health and substance abuse services into our primary care program, developed the Safe Harbor and Pearl Street Health Centers for homeless and at-risk adults, families and teens, and started dental programs, including a school-based dental center. Over 500,000 patient visits occurred in this decade. In 2009, CHCB won a nationally competitive grant for \$10.9 million to construct a new main facility.



Third Decade

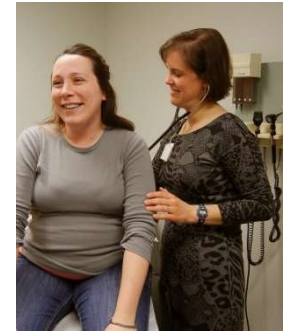
CHCB was designated Vermont's second Federally Qualified Health Center and added a professional interpreter program, social work and obstetrical and prenatal care.



Current Decade

In addition to renovating our Riverside Health Center to accommodate increased patient need, we took on four new practices between 2012 and 2017, bringing us to a total of eight locations serving 30,000 patients throughout Chittenden and Southern Grand Isle Counties.





Our Services and Programs

- MEDICAL CARE (PRIMARY AND PREVENTIVE)
- THERAPY/PSYCHIATRY WITH WALK-IN ACCESS
- COMPREHENSIVE PREVENTIVE/RESTORATIVE DENTAL CARE
- SCHOOL-BASED DENTAL CENTER FOR LOW-INCOME CHILDREN
- COMPREHENSIVE CARE MANAGEMENT
- MATERNAL/CHILD HEALTH PROGRAM INCLUDING MIDWIFE & PEDIATRICIAN
- HOMELESS HEALTHCARE PROGRAM INCLUDING HOUSING PROGRAMS
- SUBSTANCE USE DISORDER TREATMENT INCLUDING MAT
- LABORATORY SERVICES
- DOCTOR-AT-HOME SERVICE
- TRANSGENDER/LGBTQ HEALTH CLINICS
- RENOWNED REFUGEE SERVICES AND INTERPRETER SERVICES
- ELIGIBILITY NAVIGATION (PATIENT SUPPORT) SERVICES
- FINANCIAL ASSISTANCE PROGRAMS (SLIDING-FEE SCALE)
- DISCOUNTED PRESCRIPTIONS PROGRAM (340B)





Meeting Community Need and Collaborations

- CHCB runs Burlington's only low-barrier warming shelter with 38-42 guests a night during winter months
- New Medical Respite Partnership with UVMHC
- Surpassed 400 patients in opiate addiction treatment working with Police Chief and Mayor's task force
- Psychiatric Consult Program for children facing long community waitlists
- VNA At-Home Psychiatric Care Pilot Program





FQHC Responsibilities and Accountabilities

- Annual Budget Renewal Grant /Competitive every 3rd Year
- On-site, in-person HRSA site team verification audit required
- Required Risk, Compliance and Quality Programs
- 16 required Clinical Quality Measures
- Required programmatic, benchmark reporting
- Required Consumer Majority Board holds full authority
- FQHCs cannot refuse patients based on ability to pay





Community Investment and Benefit

- Demonstrated Cost-Effective Backbone Safety Net System (13% lower cost per patient for Vermont Medicaid enrollees*)
- Major employer, often in underserved areas
- Designed to respond to and be part of the community, driving change from the patient experience
- Focus on reducing barriers to care

*Nocon, R, Lee, S., Sharma, R., Ngo-Metzger, Q., Mukamel, D., Gao, Y., White, L., Shi, L., Chin, M., Laiteerapong, N., Huang, E. (2016) Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers versus Other Primary Care Settings. *American Journal of Public Health*: 106 (11)





FQHC Model Provides

- Federal Grants and Expansion Opportunities
- Enhanced Medicaid reimbursement
- FTCA Malpractice Insurance Coverage
- Access to 340B (\$3.3 million in savings directly to our patients in 2017)





Sustaining an FQHC

- Patient income is 71% of our budget
 - Medicaid - 36% (PPS rate=84% our cost per encounter)
 - Medicare - 27% (PPS rate=80%)
 - Commercials - 34% (fee-for-service = 56%)
 - Self-Pay - 3% (mostly Sliding-Fee Scale Program)





Closing the Gap

- Grants - 16%
 - Federal - 12%
 - State - 2%
 - Private - 2%
- Blueprint/MAT - 4%
- 340B - 8%
- Other - 1%

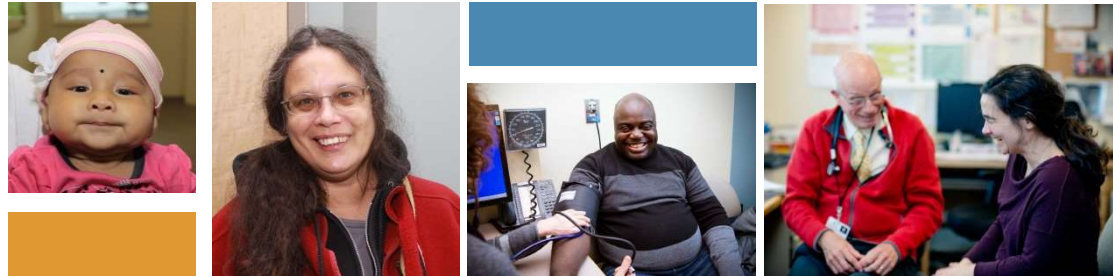




Community Support

- Individual/Corporate Donations for Operating and Capital
 - Facilities and Equipment
- United Way
- Community Benefit UVMHC
- \$100,000 operating support for Sliding-Fee Scale
- \$100,000 to support staffing at Beacon Apartments





FQHCS are Leaders in Health Reform

- Well-developed statewide safety net structure and primary care access points currently serving 170,000 Vermonters
- Rooted in demonstrated community need “you’ve seen one FQHC...you’ve seen one FQHC.”
- FQHCs have the demonstrated ability to make policy into “boots on the ground” change

