

Program Overview

Completed by grants@vim-cascades.org on 11/26/2023 7:27 PM

Case Id: 30226

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

Program Overview



CITY OF BEND

CITY OF BEND
PUBLIC SERVICE PROGRAM APPLICATION

City of Bend
710 NW Wall St.
Bend, Oregon 97703
(541) 323-8550
housing@bendoregon.gov

This section provides general information regarding the federal Community Development Block Grant (CDBG) program and the types of activities that are eligible for funding. For more detailed information on eligible activities, please contact the City's Affordable Housing Program at housing@bendoregon.gov, or (541) 323-8550, or P.O. Box 431, 710 NW Wall Street, Bend, OR 97709 or visit the HUD website at www.hud.gov.

Community Development Block Grant (CDBG) is authorized under Title 1 of the federal Housing and Community Development Act of 1974, as amended. The primary objective of the CDBG Program is the development of viable urban communities through:

- The provision of decent housing,
- The provision of a suitable living environment, and

- The expansion of economic opportunities.

The Community Development Block Grant Program is administered at the federal level by the Department of Housing and Urban Development (HUD).

National Objectives

Federal regulations specify that all activities undertaken using CDBG funding must meet at least one of the following national objectives:

- Benefit to low- and moderate-income persons,
- Aid in the prevention or elimination of slums or blight, or
- Meet a need having a particular urgency.

HUD considers persons below 80% AMI low-income and persons at 80% AMI moderate-income. The three national objectives are summarized below:

1. Benefit to Low- and Moderate-Income Persons

Under this objective, CDBG-assisted activities must primarily benefit low- and moderate-income persons. The income thresholds for meeting the low- and moderate-income requirement are determined by HUD. Projects funded with CDBG dollars must either:

- benefit all of the residents of a particular area, where at least 51% of the residents are low- and moderate-income,
- benefit specific populations (e.g., homeless persons, elderly persons, or persons living with HIV/AIDS), as long as 51% of those served are low- or moderate-income,
- provide or improve permanent residential structures for low- and moderate-income persons, or
- create or retain permanent jobs, at least 51% of which will be made available to or held by low- and moderate-income persons.

2. Elimination of Slum and Blight

Under this objective, CDBG-assisted activities must help to prevent or eliminate slums and blighted conditions. These activities must either:

- prevent or eliminate slums or blight in a designated area in which slums or blighted or deteriorating conditions exist,
- prevent or eliminate slums or blight on a spot basis in an area not located in a slum or blighted area, in cases where a specific condition is detrimental to public health and safety, or
- be in an urban renewal area.

3. Urgent Need

The Urgent Need category is designed only for activities that alleviate emergency conditions of recent origin that pose a serious and immediate threat to the health or welfare of the community, and for which no other sources of funding are available. An example of an eligible project under this category would be a major flood that causes serious damage to buildings and infrastructure, thereby threatening the safety of occupants or nearby residents.

Eligible Activities

In order to meet local needs within the national objectives, the CDBG Program provides a great deal of flexibility in the eligible uses of CDBG funds. The following is a summary of the range and types of activities that may be funded through the CDBG Program. The summary is not a complete list of eligible activities; please contact the City's Affordable Housing Program for more detailed information regarding the eligibility of specific programs or projects.

Basic Eligible Activities

According to federal CDBG regulations outlined in 24 CFR 570, the basic eligible activities include a variety of uses including public services.

Ineligible Activities In general, activities that are not specifically identified as eligible are considered by HUD to be ineligible. The following activities are specifically identified by HUD as activities that are not eligible for CDBG funding. Please contact the City’s Affordable Housing Program for more information on ineligible activities.

- Acquisition, construction, or reconstruction of buildings for the general conduct of government
- General government expenses
- Political activities
- Purchase of construction equipment, fire protection equipment, furnishings and personal properties
- Operating and maintenance expenses
- Income payments
- Construction of new housing

Please review the following documents regarding the City of Bend Public Services Program:

[City of Bend Public Services Goals and Objectives](#)

[City of Bend Public Services Evaluation and Criteria and Funding Priorities](#)

[City of Bend Public Services Program Policy on Loans and Grants](#)

[City of Bend Public Services Program Rules and Requirements](#)

[City of Bend Public Services Selection Process](#)

[Other Information for Public Service Applicants](#)

[504 Self-Evaluation Checklist](#)

Eligible Proposals

In general, only public or private non-profit agencies or organizations are eligible to apply for CDBG funding. However, the following two exceptions apply: (1) for-profit organizations may apply for CDBG funds to undertake certain economic development activities related to microenterprise assistance, and (2) under certain limited circumstances, for-profit organizations qualifying under HUD criteria as Community-Based Development Organizations (CBDOs) may apply for funds to carry out neighborhood revitalization, economic development, or energy conservation projects. Regulations pertaining to these exceptions can be found at 24 CFR 570.201(o) and 24 CFR 570.204.

Any public or private non-profit agencies or organizations currently under investigation regarding previously awarded federal, state, or local government funding are ineligible for assistance from the City of Bend’s Affordable Housing Program.

HUD Income Limits

The current income limits for City of Bend are shown below. Updated City of Bend income limits may be applicable on July 1, 2023. Recipients of CDBG funding must meet the income guidelines at the time the funds are utilized. City staff will be able to provide funding recipients with updated income limits information when available.

Persons Per Household	1	2	3	4	5	

Area Median Income (AMI)	\$66,640	\$76,160	\$85,680	\$95,200	\$102,816	\$
Moderate Income (80% AMI)	\$53,350	\$60,950	\$68,550	\$76,150	\$82,250	\$
(60% AMI)	\$40,020	\$45,720	\$51,420	\$57,150	\$61,740	\$
Low Income (50% AMI)	\$33,350	\$38,100	\$42,850	\$47,600	\$51,450	\$
Extremely Low Income (30% AMI)	\$20,000	\$22,850	\$25,700	\$28,550	\$30,850	\$

I have downloaded and read the above documents.

A. Applicant Information

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Case Id: 30226

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

A. Applicant Information

Please provide the following information.

ORGANIZATION INFORMATION

A.1. Organization Name

Volunteers in Medicine Clinic of the Cascades

A.2. Organization Address

2300 NE Neff Rd. Bend, OR 97701

A.3. Executive Director Full Name

Kat Mastrangelo

A.4. Executive Director Email Address

kat.mastrangelo@vim-cascades.org

PROJECT INFORMATION

A.5. Project Name

VIM – Medical Care for Low-Income, Uninsured Adults from Working Families

A.6. Project Location

2300 NE Neff Rd. Bend, OR 97701

CONTACT PERSON INFORMATION

A.7. Contact Full Name

Kat Mastrangelo

A.8. Contact Title

Executive Director

A.9. Contact Address

2300 NE Neff Rd. Bend, OR 97701

A.10. Contact Phone Number

(541) 585-9005

A.11. Contact Email Address

grants@vim-cascades.org

B. Organization Information

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B. Organization Information

Please provide the following information.

B.1. What is the organization's background, mission, and service history:

Volunteers in Medicine Clinic of the Cascades (VIM) is a nonprofit clinic in Bend that provides free medical care to low-income, uninsured adults from working families in Central Oregon. Our mission is "to improve the health and wellness of the medically uninsured or critically underserved through the engagement of professionals, community partners, and dedicated volunteers." Since 2004, VIM has cared for the health of more than 15,000 patients with a value to the community of more than \$151 million. All care is provided without charge. VIM creates an important impact for healthcare access, reduces the burden on Bend's healthcare systems, and keeps residents healthy and housed.

Our accomplishments last year include:

- * 941 low income, uninsured patients served
- * 10,281 patient visits and consultations provided
- * 700 visits to the emergency room prevented
- * 11,019 volunteer hours donated, valued at \$795,984.
- * \$2,584,019 in prescription medications dispensed without charge

VIM is the only medical clinic in Central Oregon that is focused exclusively on serving the uninsured at no charge. Our patients are 96% Latinx and predominantly from working families. Most patients do not have access to other safety net services in Bend, so CDBG funds will fill an important gap for this underserved community.

B.2. Provide a brief description of the organization's financial stability as it pertains to the organization's capacity to successfully complete the project, including a brief financial history and primary funding sources. The City may request copies of the organization's financial audit or review for the last two years.

VIM owns the clinic building, has no debt, and offers a strong balance sheet. We maintain low operating expenses by leveraging over 170 medical and medical support volunteers to work with our paid staff of 12.93 FTE.

VIM is powered by community support, and philanthropic donations comprise 88% of our cash budget. We do not receive insurance reimbursements. We have an endowment, but we draw down 5% annually for our medical director's salary, so larger withdrawals would curtail sustainability.

For FY2024, we have secured funding from sources including Central Oregon Health Council (COHC), Oregon Health Authority (OHA), Les Schwab, Cow Creek Umpqua Indian Foundation, Chambers Family Foundation, Central Oregon Health Quality Alliance (COHQA), Oregon Community Credit Union, Coverys, First Interstate Bank, Collins Foundation, and Roundhouse Foundation. We also will utilize more than \$739,000 in restricted funds raised in the last fiscal year. In 2021, Tykeson Family Foundation provided a new challenge grant of \$125,000/yr for three years to match medical community donations, and in 2022, we secured a four-year pledge from PacificSource of \$40,000/yr for four years. St.

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Charles Health System is providing a \$125,000 challenge match this year.

Donated services and goods are a key factor in VIM’s financial sustainability. Highly qualified medical professionals and trained support volunteers provided \$795,984 in donated, in-clinic services last year. We supply prescription medications through \$2,584,019 in donated products and Prescription Assistance Programs, maintaining a complete pharmacy for our patients. Finally, we leverage referral networks to provide millions of dollars in specialty care and surgery for our patients at no cost or at very low cost.

B.3. Key Personnel Assigned to Project:

Name	Job Title	Qualifications	FTE Hours
Heather Laird, ANP	Medical Director	<p>Joined VIM in April 2022 after serving as an adult nurse practitioner at Mosaic Medical Group in Bend for the prior eight years. She volunteered at VIM and Oregon Adaptive Sports in Bend for six years. Before that she was an ANP for nine years in San Francisco and a Registered Nurse at UCSF Medical Center. She is a bilingual Spanish/English speaker. Ms. Laird earned her MS in Nursing at University of California, San Francisco; MS in Environmental & Occupational Health Sciences at University of Washington; and BA in Chemistry-Environmental Studies at Whitman College.</p>	1
Kat Mastrangelo	Executive Director	<p>Has served as VIM’s executive director since April 2008. She joined VIM as a volunteer when the clinic originally opened in 2004, providing over 120 volunteer hours that first year. Ms. Mastrangelo serves on the board of the National Association of Free and Charitable Clinics (NAFCC) where she co-chairs the Roadmap to</p>	0.6

		<p>Health Equity Committee. She served on the board of VIM America for two years. She is a member of the Central Oregon Health Council (COHC) Operations Committee and the Central Oregon Diversity, Equity & Inclusion Committee (CODIE). Her current civic service includes work as a City of Bend Budget Committee member and as a City Club of Central Oregon board member and program committee member co-chair. She is a board chair of CASA of Central Oregon and a member of 100 Women Who Care of Central Oregon. She is a board member for The Lund Report which provides independent healthcare news for Oregon & SW Washington. Her prior work experience includes Bend Surgical Associates practice manager, Methodist Medical Center business analyst in Peoria, Illinois, and City of Peoria management analyst. Ms. Mastrangelo earned her MPA in Comparative Administration, Health Care Administration at Indiana University Bloomington, and a BS in International Relations and African Studies at Georgetown University.</p>	
Jennifer Fuller, RN, BSN	Nurse Manager	Started as a volunteer at VIM in March 2004 before joining the staff in 2005 where she has served as	1

		the Nurse Manager for the past 18 years. She earned her nursing degree at the University of Washington School of Nursing in 1991 and worked as a Nursing Supervisor and Co Director of the surgical unit for 12 years at Good Samaritan Hospital in Puyallup, Washington.	
Kimberly Rojas, RN, BSN	Diabetes RN Care Coordinator (funded through COHC)	Was previously RN care coordinator at Mosaic Medical in Bend. Before that, she was a clinical RN at La Clinica West Medford Health Center in Medford. She volunteered as a Spanish medical interpreter at VIM for two years and at Hospital De La Familia Foundation in Nuevo Progreso, Guatemala for one year. She earned her BS in Nursing at OHSU Ashland and her BS in Biology at Oregon State University – Cascades. Ms. Rojas is a bilingual, bicultural Spanish speaker.	1
Salome Chauncey	Patient Care Manager/Lead Interpreter	Started volunteering as an interpreter at VIM in 2014 while taking the health care interpreting course at COCC. She found volunteering rewarding as she helped with the much-needed language interpreting in the clinic. In December of that year, she joined the VIM clinic serving as the Care Coordinator and Lead Interpreter for seven years. Ms. Chauncey is a bilingual, bicultural Spanish speaker.	1
Rodrigo Gaspar-Barajas	Pharmacy Technician		1

Kim Hughes	Volunteer Coordinator		0.8
Cynthia Hunt	Director of Operations		0.4
Charles Jordan	Pharmacy Director		0.75
Yannely Nonato	Patient Navigation Manager		1
Gemma Bartrina	Patient Navigator		1
Linda Orecelleto	Administrative Assistant		0.11
TBD	Patient Care Coordinator		0.75
			10

C. Project Description

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C. Project Description

Please provide a brief description of the following:

C.1. Amount Requested:

\$40,000.00

C.2. Number of people to be served with requested funds:

40

C.3. In one or two sentences, describe what the requested funds will be used for.

VIM respectfully requests CDBG funds of \$40,000 to provide one year of comprehensive medical care to 40 low, very low or extremely low-income, uninsured Bend adults who are not eligible for Affordable Care Act (ACA) programs.

C.4. Describe the need or problem your project will address.

While the Affordable Care Act (ACA) greatly expanded healthcare coverage, many Oregonians were left behind. Based on the 2023 County Health Rankings, nearly 17,000 individuals are uninsured in the Deschutes, Jefferson, and Crook tri-county area.

Many of those lacking health coverage are low, very low, or extremely low-income Latinx immigrants, with very few healthcare options. Oregon Health Authority (OHA) reports that in 2020 Latinos were uninsured at a rate of 18.4% as compared to 6.8% for Whites.

Medical coverage affects not only health but also housing. A study in Seattle found that a third of unhoused individuals listed medical debt as a factor in their homelessness [Bielenberg, et al. 2020]. The National Alliance to End Homelessness finds that health crises and long-term disabling conditions are a key cause of homelessness. The Kaiser Family Foundation found that poor health leads to job loss while healthcare coverage supports employment [2020]—and thus the ability to remain housed.

The link between health and housing is stark in a city like Bend where the median home price is \$785,000 and rental rates have increased 34% over four years. [apartmentlist.com] The U.S. Department of Health and Human Services finds that Hispanic households (VIM's primary patient population) are twice as likely as White households to spend the bulk of their income on housing and struggle with paying rent, overcrowding, moving frequently, and accessing health care. [Healthy People 2030 Initiative, 2023]."

Without insurance, most low-income people cannot afford to seek medical attention. They wait until they are terribly ill and end up in the emergency room (ER). But ERs don't provide ongoing or non-urgent care. VIM does. VIM's work strengthens the physical health of low-wage earners, allowing them to stay employed, care for their families, and spend hard-earned income on housing and basic necessities. All of this translates into a stronger community.

C.5. Describe how your project will address the identified need or problem, including project background, project

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objectives, services to be provided by the project, the populations or areas to be served, and how the funds will be used.

PROJECT DESCRIPTION

VIM respectfully requests \$40,000 to provide one year of comprehensive medical care to 40 low, very low or extremely low-income, uninsured Bend adults who are not eligible for healthcare insurance or services through ACA programs. Patients will receive primary and specialty medical care, prescription medications, mental health care, surgery, physical therapy, lab work, imaging and medical tests, and targeted patient education programs at no charge.

VIM provides care through medical and support volunteers. Last year, 177 clinic volunteers donated 11,019 hours valued at \$795,984. Volunteer medical providers are predominantly medical doctors and doctors of osteopathic, but also include registered nurses, nurse practitioners, and physician's assistants. For patients whose primary language is not English, we provide more than 20 trained volunteer interpreters. Volunteers are managed by a staff of medical and nonprofit professionals. We offer a high level of individual attention, with care providers seeing only one to two patients per hour.

We additionally maintain referral networks to provide millions of dollars in specialty care and surgery at no cost to patients. Bend's specialty providers donate services including cancer treatment, urgent surgeries like appendectomies, and emergency dental. Last year, our 232 off-site medical partners saw 670 patients upon referral to provide no cost or deeply discounted specialty care.

VIM serves patients who are 100% low-income, 96% Latinx, ineligible for medical coverage, and over 19 years of age. Potential patients are screened for healthcare coverage eligibility and income. If a person is eligible for medical care elsewhere, we want them to have it. Thus, VIM's first priority is to enroll people into ACA programs. Everyone seeking care at VIM must complete the ACA enrollment process and apply for the Oregon Health Plan (OHP).

Most of VIM's patients have multiple underlying conditions (high blood pressure, diabetes, obesity) and families to care for. They face language and cultural barriers in healthcare which VIM addresses.

USE OF CDBG FUNDS

CDBG funds of \$40,000 will allow VIM to provide all primary and specialty medical care, prescription medication, mental health care, and targeted health education programs to 40 low, very-low, or extremely low-income Bend adults for one year.

CDBG funding of \$1,000 per patient represents 17.2% of the cost of care. The remaining 82.8% will be provided through volunteer medical practitioners, donated prescription drugs, grants, and cash contributions from VIM supporters for indirect costs.

The total value of care per patient is \$5,817:

- *Direct services (CDBG): \$1,000
- *Direct services (other funders): \$530.13
- *Admin and overhead (VIM general operating budget): \$515.23
- *In-kind medical and support services: \$884.43
- *In-kind prescriptions: \$2,871.13
- *In-kind Epic electronic records management support: \$16

Every City of Bend CDBG dollar will be leveraged with \$1.05 in other cash contributions and \$3.77 in donated goods and services. This means that a CDBG grant of \$40,000 (when combined with VIM's cash contribution of \$20,609 for indirect expenses, \$21,205 of other funding, and \$150,863 in donated goods and services) will provide medical support valued at \$232,677.

IMPROVING HEALTHCARE DELIVERY

VIM delivers innovations in healthcare delivery. One example is our intensive Nurse Triage program, staffed by volunteer nurses. This program has its roots in the pandemic when volunteer nurses called COVID patients as frequently as daily. The outcomes were that VIM had zero COVID-19 patients in the ICU, zero deaths, and only five hospitalizations—despite working with a population that would otherwise experience high mortality rates. Today, volunteer nurses call all patients who visit the emergency room or urgent care, receive lab results, contract COVID-19, or have health questions. Our nurse corps made 3,291 patient calls last year. Patients avoid unnecessary medical visits and receive expedited appointments when care is needed. Thanks to our Nurse Triage program, our patients have half the ER visits of the general population.

We also retained innovations established during the pandemic. Our telehealth program allowed us to expand services from four to five days per week and after hours. Free-of-charge mail delivery reduces barriers for our patients. Expanded pharmacy staffing ensures no downtime in the pharmacy and more pharmacy support for medical providers and patients.

VIM takes a holistic approach to health, going beyond basic healthcare services. We provide referral services for food, housing, children's services and other needs. We help clients make calls to service providers and provide interpretation services whenever needed. We also help clients connect with Latino Community Association when full case management or wrap-around services are beneficial.

C.6. Describe how your project will address the identified need or problem in a way or to a degree not already being achieved in the community. Please identify any other similar programs or projects and how your project will add to or improve upon existing services.

By providing access to quality healthcare free of charge, VIM helps working individuals and households that are cost burdened or severely cost burdened—meaning that the bulk of their income goes to housing costs—avoid housing instability. Community members who may have to otherwise choose between paying for housing or healthcare can devote more of their earnings to necessities such as rent, food, clothing, and utilities.

VIM is the only clinic in Central Oregon that cares exclusively for the uninsured without charge. We do this by providing care through medical and support volunteers. There are two other clinics in Central Oregon for the uninsured—Mosaic Medical and St. Charles Family Care. Both provide care through paid staff, and thus charge patients on a sliding scale, writing off uncollectable amounts. Since the ACA was enacted, we've worked with both clinics to take more of their uninsured patients. The uninsured generally have high rates of chronic illness due to an inability to access care. This puts a large burden on local clinics, but especially Mosaic Medical, which lacks free or affordable specialty care for the uninsured. In contrast, this is where VIM excels.

C.7. Describe the ways in which your project will have a long-term impact on the need or problem being addressed.

VIM's patients are often the primary wage-earners in a family. From a financial perspective, unmanageable medical costs are the number one reason people file for personal bankruptcy. Those who are uninsured often let a small ailment go without care for so long that it becomes chronic and even life-threatening. Often this is due to the overwhelming fear

of debt that can't be repaid on a low-income salary.

A large number of VIM patients have been without healthcare for years. By the time they come to us, many of them are quite sick. Most of VIM's patients have at least one chronic condition, with diabetes, hypertension, and high cholesterol being our top diagnoses. These complicated conditions take more time to diagnose and treat, but by using our integrated approach to care, VIM's patients are able to make great strides in a shorter amount of time, without incurring any debt.

When the family breadwinner is healthy and able to manage chronic conditions with regular monitoring and medication, families are stronger. Income can go toward housing and basic needs, which alleviates the strain on social services and the community as a whole.

C.8. Describe your organization's plan for evaluating the progress of the project toward addressing the identified need or problem.

We will measure our success by the number of patients receiving care and by the services provided to them. Specifically, over the course of one year, we will collect the following data on all 40 CDBG sponsored patients:

- 1) Number of visits to the clinic
- 2) Number of medical problems per patient
- 3) Number of prescription medications per patient
- 4) Number of tests and procedures received by each patient
- 5) Number of referrals to outside, pro-bono providers for specialty care and surgery

VIM additionally undertakes continuous program improvement through four approaches: (1) Year-over-year metrics to help us evaluate program efficiency, performance, progress, and quality; (2) Patient feedback – in 2018, for example, we conducted detailed phone interviews with 150 patients on patient needs and clinic services; (3) A six-question survey in the clinic for every patient with Spanish language on one side and English on the other; and (4) A patient advisory committee for diabetic patients that provides feedback on services, evaluates bilingual educational materials, and addresses barriers to service for all VIM patients.

C.9. Describe your organization's collaborations with other agencies, including those that serve protected classes under the Fair Housing Act. Briefly explain your organization's history with these agencies, including any measurable outcomes in the last 12 months. What are your expected outcomes for this project?

Sixty-seven medical groups, clinics, and facilities provide donated goods and services for our patients. These include St. Charles Health System (all lab tests), Central Oregon Radiology Associates (imaging services), Summit Medical Group (patient referrals), Bend Anesthesia Group (to support surgeries), and Central Oregon Emergency Physicians (pro bono ER care). St. Charles additionally leases the land for our clinic for \$1 per year on the St. Charles Hospital campus and provides in-kind management of our Epic EMR.

We have a strong working relationship with the three Central Oregon county health departments, particularly in Deschutes County, where VIMCC was selected to vet and manage all volunteer providers for the county-wide Covid-19 vaccination effort targeting 96,000 of 138,000 residents and where we served on the Covid-19 Incident Management Command team. All three county health departments accept referrals for VIM patients with acute mental health issues and other specific needs.

We are in year two of a project with Mosaic Medical and Latino Community Association to move newly eligible VIM patients to Oregon Health Plan (OHP). The Healthier Oregon law has opened OHP to undocumented immigrants. In the

year ending June 30, 2023, we helped 104 VIM patients with OHP enrollment and intensive navigation support. Over the next 12 months, we are working collaboratively to move another 350 patients to OHP as the law has expanded again to allow enrollment for more people. We are opening our own enrollment to new patients who are low income but still do not qualify for OHP.

D. Work Program

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D. Work Program

Please provide the following information.

D.1. Anticipated Start Date:

07/01/2024

D.2. Anticipated Completion Date:

06/30/2025

D.3. List of Task(s) Needed for Project

Task	Start Date	End Date
Provide healthcare services for 40 patients	07/01/2024	06/30/2025

NOTE: If funded, staff will work with you to set benchmarks for your project. Failure to meet these benchmarks could mean a reduction in funding during current or future years.

E. Project Benefit

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E. Project Benefit

Please provide a brief description of the following:

E.1. Estimate the total number of persons to be served by the project. How many of the total persons served are low- and moderate-income persons?

A \$40,000 grant will provide one-year of comprehensive healthcare to 40 medically uninsured patients. All 40 patients will fall below Bend's 80% AMI limit category, meaning they will be low, very low, or extremely low on the AMI scale.

E.2. Is the project in a slum or blighted area? If yes, describe the population that will be served and the characteristics of the slum or blighted area (if applicable).

N/A

E.3. Describe how the project will ensure that moderate-income persons do not benefit to the exclusion of low-income persons.

VIM only serves households up to 300% of Federal Poverty Level (FPL).

E.4. Explain the methods used to determine the project benefit. How are the sources used to determine the project benefit documented and maintained?

VIM uses the Epic electronic medical records (EMR) system to track all healthcare services delivered to our patients. This is the system used by virtually all major healthcare providers in Central Oregon and it is a standard for the best private-sector clinics nationally. Implementing Epic was a major accomplishment for VIM.

Epic immediately alerts physicians and nurses when lab work is complete or when patients visit other medical providers, receive third-party prescriptions, or visit the ER. It was only with Epic that we could implement our telehealth program in response to COVID-19; our old EMR could not support the medical professionals in volunteering from home. We are currently adding the Willow pharmacy module to integrate our pharmacy software with Epic.

We also work with patients to complete required ACA, OHP, and VIM eligibility screenings each year. This process ensures that patients continue to fall within our guidelines and provides updated patient data.

We maintain a dashboard of all the data above. The dashboard not only shows overall population demographics and health outcomes, but it also tracks deliverables for each funding award.

F. Financial Information

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F. Financial Information

Please also provide the following financial information:

F.1. Provide a detailed line-item budget describing the total project cost and operating income and expenses, including consideration of inflationary factors, maintenance costs, potential relocation costs, and increased insurance costs associated with the project.

Budget Form *Required

Budget Detail for CDBG 2024-25 Application - VIM November 2023 D.pdf

F.2. Describe the assumptions used to determine the total project cost and the operating budget, including the sources consulted and how costs were determined.

We used historical records of what it costs for patient services in the clinic to determine the budget for this grant. These included our FY2023-24 annual budget of \$1,840,824, along with \$3,394,413 in in-kind contributions from our in-clinic volunteers, charitable pharmacy, and Epic EMR support.

Care at VIM is predominantly provided by volunteers, but there is still a need for supervision and coordination to ensure that the care being received by patients is appropriate and necessary. Direct program funds are used for this purpose. This means that CDBG funds will be used to recruit, manage and oversee the work of the medical and non-medical volunteers, provide nurse coordination and patient triage, manage patient intake, and supervise the prescription assistance and pharmacy programs. Our budget assumes that the need for care will remain constant or increase and that we will continue to train and supervise a steady stream of volunteers. If one of the patients supported by this grant moves on to private or federal healthcare programs, we will substitute another patient for the remaining grant period.

The budget also assumes that all line item costs will be allocated equally among patients. For example the cost of the diabetic registered nurse care coordinator is allocated equally across all patients, although not all patients are diabetic.

CDBG funds will support 17% of the project cost. Over two-thirds, or 65%, of the project costs will be funded with in-kind (donated) goods and services, 9% with VIM general operating funds for indirect costs (not allowable for CDBG funding), and 9% through other cash sources for direct program expenses. Indirect costs are funded from VIM's general operating budget and include fundraising, general & administrative, and costs such as bookkeeping, grant writing, occupancy, dues, and licenses, and printing and copying. In-kind contributions include volunteer services and prescription medications:

(1) Volunteer Services: Volunteer medical professionals provide the medical care in the clinic. Assisting them are trained volunteers (and support staff) who handle vital positions such as patient scheduling, medical records and eligibility screening. Finally, this includes interpreters. Last year, 26 volunteer Spanish interpreters donated 1,497 hours. Volunteers are valued at the standard rate for their profession (e.g. doctor, nurse, interpreter, medical front desk). This does not include the value of care provided by VIM's 100+ community medical partners, which would increase this

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contribution substantially. These are the providers who see patients in their own offices and facilities upon referral.

(2) Prescriptions: Our charitable pharmacy provides prescription medications to patients at no charge, thanks to Prescription Assistance Programs with pharmaceutical companies and donated medications. The value of these medications is based on the standard retail price.

F.3. Provide a brief description of your organization’s plan for funding the project after the first year, if applicable.

Since 2004, VIM has raised the funds needed to provide healthcare to the uninsured. The number of people we are able to serve varies each year, but we plan to continue this work until we are no longer needed.

F.4. Explain your organization’s ability to proceed with the project without your requested CDBG funds, or with an award less than your requested amount.

As stated above, our mission will continue. Since we are asking for per-patient support, this is a scalable request.

F.5 CDBG Funds Requested:

\$40,000.00

F.6 Leveraged Funds:

\$192,677.00

G. Budget

Case Id: 30226

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

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G. Budget

Please provide the following information.

G.1. Project Budget

Project Activities	CDBG Funds Requests	CET Funds Requested	Other Public Funds	Private Funds	Activity Total
Direct medical care & oversight	\$40,000.00	\$0.00	\$9,838.00	\$11,367.00	\$61,205.00
Indirect costs	\$0.00	\$0.00	\$0.00	\$20,609.00	\$20,609.00
Volunteer care provided in the VIM clinic (in-kind)	\$0.00	\$0.00	\$0.00	\$35,377.00	\$35,377.00
Prescription medications (in-kind)	\$0.00	\$0.00	\$0.00	\$114,845.00	\$114,845.00
Medical records management (in-kind)	\$0.00	\$0.00	\$0.00	\$640.00	\$640.00
TOTAL	\$40,000.00	\$0.00	\$9,838.00	\$182,838.00	\$232,676.00

G.2. Other Public Funds

Source	Use of Funds	Amount of Funding	Funding Status
Central Oregon Health Council (COHC)	Direct costs for 40 patients	\$9,838.00	Secured
TOTAL		\$9,838.00	

G.3. Private Funds

Source	Use of Funds	Amount of Funding	Funding Status
VIM general operating funds	Indirect costs for 40 patients	\$20,609.00	Committed
VIM other fundraising	Indirect costs for 40 patients	\$10,656.00	Committed
Volunteer care provided in-clinic	Donated patient care	\$35,377.00	Committed
Prescription medication from VIM's charitable pharmacy	Prescription medication for CDBG sponsored patients	\$114,845.00	Committed
St. Charles Health System	In-kind electronic medical records support	\$640.00	Committed
Central Oregon Health Quality Alliance (COHQA)	Direct costs for 40 patients	\$711.00	Secured
TOTAL		\$182,838.00	

G.4. Funding Documentation



Funding Documentation - Letters of funding commitment from sources

**No files uploaded

H. Project Feasibility and Readiness

Case Id: 30226

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

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H. Project Feasibility and Readiness

Please provide the following information regarding project feasibility and readiness:

H.1. A description of the organization's administrative capacity to complete the project, including its experience in implementing and managing activities similar to the proposed project. If capacity is achieved through partnerships with or utilization of other organizations or agencies, describe the nature and status of these partnerships.

VIM has been successfully caring for the medically uninsured using volunteers since 2004. Our paid employees include 12 staff who oversee all of the care that volunteers provide to patients, handle volunteer recruitment and scheduling, administrative duties, and fundraising. Several of our staff members were volunteers before being hired. VIM's books are reviewed annually by Jones & Roth, CPA.

VIM is governed by a 12-person Board of Directors, which includes members with expertise in medicine, insurance, hospital administration, data and analytics, banking, law, education, accounting, and non-profit and business management. All VIM board members are engaged in fundraising.

VIM has been awarded 13 CDBG grants since 2009. All funds were properly administered and tracked, and all related objectives and outcomes were met.

H.2. A description of neighborhood and/or community support for the project. Attach letters of support or other evidence of neighborhood/community support.

Since VIM is powered by volunteers, we wouldn't exist without strong community support, as mentioned above. St. Charles Health System provides substantial support including a pharmacy allowance, direct grants, and a land lease for \$1 per year. We receive imaging and lab work support from St. Charles Hospital and other providers.



Letters of Support

VIM SCHS LetterofSupport 11-17-2023.pdf

H.3. A description of the organization's readiness to proceed with the project. For example, is staff currently available to work on the project, or is the organization ready to proceed with hiring staff?

The project is already in process. VIM currently serves 900 low-income, uninsured patients each year.

H.4 For CDBG applicants, a description of the organization's familiarity with meeting the federal requirements listed in the [City of Bend Public Services Program Rules and Requirements](#), and/or the organization's plan for ensuring that these requirements are satisfied.

We have been awarded multiple CDBG grants between 2009 and 2023, and we are familiar with the federal requirements, including record-keeping and reporting. We are also familiar with, and abide by, requirements of other

federal and state programs such as HIPPA (Health Information Privacy and Portability Act), Medicare, Medicaid, OSHA, ADA, and SSI Disability documentation and the other federal requirements in the City of Bend Public Services Program Rules and Requirements.

H.5. For CDBG applicants, will the full amount of the funds be spent by June 30, 2024? Select from the dropdown menu.

Yes

I. Required Documents

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Case Id: 30226

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

I. Required Documents

Please provide the following information.

Please download, complete, and upload the document (s) below:

- [504 Self-Evaluation Checklist](#)

Documentation



504 Self-Evaluation Checklist *Required

VIM Self-Evaluation Checklist - November 2023.pdf



Equity and Inclusion Policy

VIM DEI Statement and Policy (3-21-2018).pdf



Map of Project Location

VIM Location Map.pdf



Proof of Non-Profit or Governmental Status

VIM 501(c)(3) Documentation.pdf



State of Oregon Business Registry Printout

VIM Oregon Business Registry Info - November 2023.pdf

 **Unique Entity Identifier (UEI) Number**

VIM UEI Number.pdf

Submit

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Case Id: 30226

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator. Also note: please check your Spam email folder if you have not received any emails from Neighborly.

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the City's Affordable Housing Development Program.

I understand that U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I certify that the application information provided is true and complete to the best of my/our knowledge.

I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

I further grant permission and authorize any bank, employer, or other public or private organization to disclose information deemed necessary to complete this application.

Signature

Kat Mastrangelo

Electronically signed by grants@vim-cascades.org on 11/26/2023 7:35 PM