

# “Starting a Dental Project Using the Clinic Model”

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I.M. Sulzbacher Clinic

Case Study

Case Study

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**volunteers**  
in health care

*A report written by organizers of volunteer-based health care programs serving the uninsured.*

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# DENTAL

## “Starting a Dental Project Using the Clinic Model”

### I.M. Sulzbacher Dental Center

#### THE IDEA

The idea for the I.M. Sulzbacher Dental Center at the Salvation Army (Dental Center) came about during the grant writing process for a Robert Wood Johnson Local Initiatives Grant during the fall of 1995. The first meeting of the Dental Advisory Committee was in February of 1996. The Dental Center opened in January of 1997. The process proceeded rapidly because of the already existing infrastructure of the I.M. Sulzbacher Center for the Homeless. But the story really begins much earlier with addressing the entire health needs of the homeless.

In the early 1990s, a gap in health care services was identified by the Emergency Services and Homeless Coalition of Jacksonville. While there were health care services available to the indigent who could show proof of residency, the homeless could only access health care through hospital emergency rooms.

In 1991, the Emergency Services and Homeless Coalition conducted the first annual census of homeless people. Adequate health care was identified as one of the most important needs of homeless people, along with affordable housing and jobs/job training. In 1992, the Health Care Committee of the Emergency Services and Homeless Coalition requested help from the Duval County Medical Society Indigent Care Committee (We Care Jacksonville) to collaborate in a focused effort to provide primary health care to the homeless. These two organizations solicited the cooperation of the Department of Health & Rehabilitative Services; the Duval County Health Department; area hospitals, churches, and government and business leaders.

In June of 1993, Health Care for the Homeless was founded, and the first health clinic specifically for the homeless was opened in downtown Jacksonville. While there were numerous community agencies contributing to the effort, five organizations accepted primary responsibility for oversight, implementation, and resource development. They include:

- **The I.M. Sulzbacher Center for the Homeless** – a 24 hour emergency shelter facility providing case management. As a program of the I.M. Sulzbacher Center, Health Care for the Homeless is governed by the Center's Board of Directors and receives in-kind goods, services, and space.
- **We Care Jacksonville** – a program of the Duval County Medical Society. A network of volunteer physicians who staff five health care clinics that provide medical care to the indigent and homeless at no charge.
- **Baptist/St. Vincent's Health System** – the community's largest not-for-profit medical centers, providing no-charge hospitalization and outpatient services, and donation of supplies, equipment, and money.
- **Public Health Department of Duval County** - provides HIV/AIDS counseling and testing, tuberculosis screening, pregnant women and children's health services, and dental services for children.
- **Department of Health** – assures compliance with all regulatory and legislative mandates regarding provision of health care for the homeless, provides sovereign immunity and worker's compensation to all volunteer physicians, dentists, nurses, allied health professionals, and clerical staff providing health care services to the homeless. Additionally, the Department provides screening of all volunteers and volunteer training and review of patient medical records for compliance with state and federal regulations.

#### Case Study

*The I.M. Sulzbacher Dental Center for the Homeless in Jacksonville, FL, opened in 1997 as the result of a community-wide collaboration. Using 3 operatories located in the Salvation Army Senior Citizen Center, four full-time staff and over 50 volunteer dentists provide a full range of dental services to referred homeless men, women, and children for a nominal fee. Forty area agencies refer patients to the Dental Center. This report was prepared by Cynthia Skigen, DMD, Director.*

# Case Study: I.M. Sulzbacher Dental Center

One of the recurring health problems faced by Health Care for the Homeless volunteers was dental disease. Often, patients would present with abscessed teeth and swollen faces. They could be treated for infection with antibiotics, but nothing definitive could be done about their caries or periodontal disease.

A Dental Advisory Committee was formed as part of the I.M. Sulzbacher Center for the Homeless' Health Care Advisory Committee. The committee consisted of the Health Department Dental Director, a dental supply dealer, faculty from the local community college's dental hygiene program, the Salvation Army and a representative from the area health education center, which provides funding to enhance partnerships between health profession training programs and community health centers that serve the underserved. The Dental Advisory Committee was instrumental in planning and designing the dental center.

## ***Funding***

The I.M. Sulzbacher Dental Center is a project of the I.M. Sulzbacher Center for the Homeless. The administration is handled by a full-time staff dentist, who is a member of the senior staff of the Center. Input is received from the Dental Advisory Committee, the Health Care Advisory Committee, and the Board of Directors. The Dental Advisory Committee has been the body that has had the most influence on the success of the Dental Center. The Committee has several individuals who are very committed to the project and have a clear vision for developing the Dental Center.

During the Emergency Services and Homeless Coalition's annual census of the homeless, a section of questions is included about health care. The second highest ranking need was dental care. In 1995, 64% of the homeless population reported immediate dental problems and 76% reported no dental care in the past year.

The I.M. Sulzbacher Center for the Homeless received tax-exempt status by applying to the IRS in 1994. The IRS determined the center was a publicly supported organization and not a private foundation.

## ***Facility Location***

The project is housed in the Salvation Army's Senior Citizen Center. The 800 square foot space is provided at no cost to the program. The Salvation Army also provides maintenance, electric, water, waste disposal, local phone service, and security for the Dental Center. The space consists of a reception area, an appointment desk, a private office, 3 dental operatories, a sterilization area, darkroom, storage, and restroom. The space had previously been used as an office area and had to be renovated. The most difficult part of the renovation project was to remove part of the 18" thick concrete slab to install plumbing for the operatories. The Dental Center was constructed with a Habitat for Humanity concept. The dental supply dealer on the dental advisory committee had a close working relationship with a contractor who agreed to renovate the space for the cost of materials only. The contractor then recruited and organized subcontractors who donated their services to the project.

## ***Clinic's Governing Body/Administration***

The Dental Advisory Committee relied on the experience of the Health Department with their 3 dental clinics for budget planning. It was estimated that the start-up cost for permanent equipment would be approximately \$60,000; however, many donations were solicited and the total renovation and permanent equipment cost came to only \$35,000. A grant for this was obtained jointly by the I.M. Sulzbacher Center for the Homeless and the Salvation Army from the Riverside Foundation of Jacksonville.

The I.M. Sulzbacher Center for the Homeless applied for and received a Robert Wood Johnson Local Initiative Funding Partners Program. This was a three year matching funds grant that provided start-up and ongoing support for the Dental Center, as well as a primary health care clinic and vision clinic. The grant was matched by local funding from the Edna Sproull Williams Foundation, Baptist/St. Vincent's Health System, the Riverside Foundation, the Ida M. Stevens Foundation, and C. Herman Terry.

# Case Study: I.M. Sulzbacher Dental Center

These original partners have continued to support the Dental Center as well as the health clinic component. Additional funding comes from the general revenue of the I.M. Sulzbacher Center. The Dental Center has an annual budget of approximately \$250,000.

## ***Business Plan***

The I.M. Sulzbacher Center has a business plan that is updated each year. The Dental Center does not have its own plan.

## **RECRUITING VOLUNTEERS**

### ***Start-up***

The Dental Advisory Committee had a vision of the Dental Center being a comprehensive care facility, not just a "point and pull" type of clinic. They recognized the need to have continuity and full-time coverage. They recommended a full-time dentist, a full-time assistant, and part-time hygienist assisted by whatever volunteer clerical and professional help could be obtained. Volunteers provide care approximately 1.5 days per week.

- **Dentists** – We have had about the same number of volunteers and hours since the beginning of our program. Each year, there are about 50 different people (currently, there are 53) who volunteer about 220 hours. We have had really good support from the oral surgery community. The periodontist began with us about a year into our program, and the endodontist began about two years into our program. We do not have retired dentists volunteering. Most of the retired dentists do not keep their license active.
- **Dental Assistants** – The dental assistants who have volunteered with us have been the staff of the volunteer dentists. About 50% of the volunteer dentists bring an assistant, which works well, as they are used to working with each other. In Jacksonville, we do not have a dental assistants' professional organization, so that has been a group that is hard to target for volunteering.
- We have had maybe one or two hygienists volunteer over the course of our existence. We haven't really had the need to recruit them because of the hygienist on staff.

### ***Who Recruits Volunteers?***

Volunteer dentists are recruited through an arrangement with the Jacksonville Baptist Association. The Baptist Association had in the past recruited volunteers for a mobile dental unit that traveled around the state. They decided as an organization that recruiting volunteers for existing, local programs would be of greater benefit.

Each year, the Baptist Association sends a letter to the Northeast District Dental Association (our regional dental society). The letter lists what volunteer opportunities exist and includes a postage-paid card that the dentist marks as to what facility and how often they are willing to volunteer. The Baptist Association then contacts dentists who have agreed to volunteer and schedules the dentists for a half or a whole day. This has been one of the greatest relationships we have in the community.

The volunteers complete an application and go through a background check that is conducted by the Department of Health to ensure that they have a valid Florida dental license and that there is no action against their license. The Health Department also provides workmen's compensation coverage and sovereign immunity from liability, as provided by Florida Statutes.

### ***Recruitment Strategies***

We have found that the best way to contact practicing dentists is by being active in the local dental association and committees associated with access to care. We have the past president of the regional dental association on our Dental Advisory Committee, as well as two other practicing dentists.

# Case Study: I.M. Sulzbacher Dental Center

As an incentive, the Florida Board of Dentistry provides one hour of continuing education credit for three hours that the dentist or hygienist volunteers. Additionally, the Department of Health promotes volunteerism by hosting a luncheon and awards reception for volunteers each year. The Dental Center nominates a Volunteer Dentist of the Year and a Volunteer Dental Specialist of the Year. This award is also publicized through the state and regional dental association newsletters.

## ***Volunteer Supervision***

A full-time, paid dental director ensures continuity of patient care and serves as a liaison between the dental project and the dentist community. The greater the range of services and more patients served, the more important it becomes to have a full-time dentist on staff.

## ***Provider Licensing/Malpractice Insurance***

Volunteers are covered from liability by the State of Florida's sovereign immunity law. This law states that a volunteer providing care to the indigent may not be named in a lawsuit, the State of Florida must be named, and the maximum claim is \$100,000. This law has been in effect for 8 years and, to date, has never been tested.

Volunteer dentists and hygienists must have a valid Florida dental license. Florida law also provides for a permit for dentists licensed in other states without action against their license to work or volunteer with a nonprofit organization.

While some of our dentists are retired, most are working full-time. Many retired dentists do not keep their license active.

## ***Equipment/Supply Preferences***

The full-time dentist developed a list of materials and equipment before opening the clinic. As volunteers expressed a desire for a specific material or piece of equipment, we have evaluated and added those items where practical. Since our start up, we have added very little in the way of materials but have added several major pieces of equipment for root canals. Many dentists have expressed that they enjoy trying a different product without having to purchase a whole kit for their office.

## ***Dental Ancillary Volunteers***

The dental assistants that volunteer in our Dental Center almost always come with the doctor for whom they work. They usually have a comfortable working relationship and can work faster than the dentist can with a new assistant. The Dental Center's full-time assistant then sets up and breaks down the operatories, seats patients, handles the paperwork, and can find specific instruments or materials for the volunteers.

While we have good response from the dentists and their assistants, we have had very few hygienists volunteer. In Florida, the hygienist must have on-site supervision from a dentist. An effort directed towards the hygienists similar to what is done for the dentists would probably be very effective. With a full-time hygienist, this has not been a major need.

## ***Volunteer Recognition***

The volunteers are recognized each Spring through the Department of Health's Volunteer Services program. The annual luncheon recognizes the Volunteers of the Year. All volunteers are sent a certificate for their contribution.

## **OPERATIONS**

### ***Dental Services Offered/Clinic Hours***

The I.M. Sulzbacher Dental Center provides comprehensive dental care. This means we do everything from exams, x-rays, cleanings, and extractions to root canals, crowns and bridges, and dentures. This was the vision of the Dental Advisory Committee and is one reason that the program is so well received by the dental community. By providing primary (exams, prevention, relief of pain), secondary (restorations, extractions, root canals), and tertiary (restoration of missing

# Case Study: I.M. Sulzbacher Dental Center

teeth through bridges or dentures) services, our patients have an end point of dental health that is maintainable with minimal effort and expense over time.

Our Dental Center is open Monday-Friday from 8:00 am to 4:30 pm. We tried some Saturday hours in the past but found the no-show rate to be extremely high.

## ***Clinic Eligibility Requirements***

The initial population we targeted were the homeless men, women, and children living at the I.M. Sulzbacher Center for the Homeless and the Salvation Army. We were very quickly approached by many other social services organizations. Our requirement is that the patient be below 150% of the Federal Poverty Level. This is required by the State of Florida to ensure sovereign immunity. We now have over 40 organizations that refer clients to us for care.

To become a patient at the Dental Center, the patient must be referred from an agency with which we have agreed to work. The referring agency completes a referral form and a financial evaluation. It is preferred to have documentation of the past month's income, but it may be self-declared.

## ***Staffing***

Our Dental Center began with a full-time dentist, a full-time assistant, and part-time hygienist. An office manager was added about 4 months into the program, and the hygienist position was increased to full-time about 2 years into the program.

## ***Patient Fees***

Patients who are homeless are asked to pay \$10 per visit. Patients who are indigent but not homeless, are asked to pay \$25 per visit. The referring agency can request that we waive that fee for the patient. Additionally, if any lab work is needed, the patient pays for the cost of the lab work. An upper and lower denture are \$400. A crown is \$100. These payments are split into smaller payments over time. A grant from a dental honor society covers the cost of lab fees for patients who cannot afford them.

## ***Translation/Transportation***

Our biggest challenge has been to communicate with non-English speaking populations. We have many Bosnian and Russian immigrants who are patients. We have had post-surgical instructions translated into these languages. Some social service agencies have also been helpful in providing translators. The Dental Center staff has also had in-service training on these languages with an audio tape series.

Because the majority of our patients come from the immediate downtown area, we do not have any type of transportation arrangements. Some of our patients do ride the city bus or are eligible for community transportation through their agency.

## ***Prescriptions***

The Dental Center provides antibiotics and non-narcotic pain medication to patients. The medications are from a vendor who sells pre-packaged and labeled medications. Florida law does not require any special permit for dispensing medications, as long as they are not sold to the patient. We decided to provide only non-narcotic medications because of the drug abuse history of many of our patients, as well as for the safety of the clinic. We have avoided many problems with patients who are only seeking narcotics. Our patients do extremely well following surgery with ibuprofen for pain control.

## ***Clinic Computerization***

We were fortunate to have a computer and dental office management software donated in the beginning of our program. The software handles scheduling and patient information. We set a fee schedule from a national fee survey, so

# Case Study: I.M. Sulzbacher Dental Center

that we can track the value of services provided, by patient, by age group, and by referral source. We can also get information based on age and race, which is extremely helpful for grants.

We use an old-fashioned tag system for keeping track of supplies. The minimum amount of an item is determined and how much should be ordered when the supply reaches that level. A tag with the order number is then put around that item. When someone grabs an item that has a tag, it is placed in the "to be ordered" box. It works very well.

Our fiscal information is handled by the controller of the I.M. Sulzbacher Center for the Homeless.

## ***Dental Education***

We received a grant from the Florida Dental Health Foundation for educational materials. With this grant, we purchased pamphlets on prevention, periodontal disease, root canals, crowns, bridges, dentures, oral cancer, and other topics from the American Dental Association. We also have used materials available free from the National Oral Health Information Clearinghouse (telephone 301-402-7364).

Our hygienist provides one-on-one oral hygiene education to patients at their initial visit, each cleaning visit, and recall visits. She uses models and has the patient demonstrate the skills they are learning.

## ***Specialized Dentistry/Medical Back-up***

We have a core group of specialists who are integral to our patients' care. We have five oral surgeons who routinely volunteer. Their surgical expertise and knowledge of pathology are extremely helpful. They are able to treat some things that we simply could not do without them: wisdom teeth extraction; surgical removal of pathology from inside the mouth, the lips, and the face; and management of medically compromised patients. Our oral surgeons prefer to see the patients in our Dental Center but will sometimes see a special patient in their office.

We have a periodontist who volunteers two times each month. He provides surgical and non-surgical treatment to patients with moderate to severe periodontal disease and provides treatment planning assistance for all patients. Our periodontist sees most patients at our Center, but often prefers to do surgery at his office.

Our other specialist is an endodontist. He volunteers every 8-12 weeks and provides assistance with difficult root canals. He prefers to see all patients at our Center. When this doctor was purchasing surgical microscopes for his office, he agreed to do so only if the company would donate one to our center. This is another way that volunteers can be very helpful!

We refer patients who need medical attention to the medical clinic at the I.M. Sulzbacher Center. Anyone who is eligible for our Dental Center is also eligible for the medical clinic. The most common reason for referral is hypertension.

## ***Policies & Procedures***

We have a policy and procedure manual that includes position descriptions and procedures for the administration of the Dental Center.

## ***Licensure***

Credentialing of the office is not required. There are some regulatory licenses that must be obtained for the office as required by Florida law. Radiography (x-ray) equipment must be registered and inspected each year. The fee is approximately \$85 each year for our panoramic x-ray and three intra-oral x-ray units. A biohazardous waste generator permit is also required. Staff must receive training in the handling of biohazardous waste, and a fee of \$55 is paid each year. For our county, we must also comply with requirements for the disposal of waste from our x-ray developer. There is an annual inspection and a fee of \$150. We also pay a fee of \$76/year for the company that disposes of the waste.



# Case Study: I.M. Sulzbacher Dental Center

## **LOOKING BACK**

The need for dental care is overwhelming in the indigent population. In an effort to try to take care of everyone, we have overextended ourselves beyond our original target population. If I could go back, I would focus more effort on fewer agencies. The result has been that we have a long wait (6-8 weeks) for new patients to be treated, which slows down the treatment for everyone.

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### **Volunteers in Health Care**

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