

PANDEMIC RECOVERY OFFICE

Public Health Clinics: Free Clinic Final Report

Submitted by State of Rhode Island Pandemic Recovery Office

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https://pandemicrecovery.ri.gov

This project was supported, in whole or in part, by federal award number SLFRP0136 awarded to the State of Rhode Island by the U.S. Department of Treasury.

Public Health Clinics: Free Clinic Final Report

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Project Identification Number: 10057

Pandemic Recovery Office Approval Date: February 23, 2023

Project Completion Date: May 9, 2025

Funded Amount: \$2,000,000 Expended Amount: \$2,000,000

Project Expenditure Category: 2.34 Negative Economic Impacts: Assistance to Impacted

Nonprofit Organizations

<u>Problem Statement</u>: Since its establishment in 1998, the Rhode Island Free Clinic (Free Clinic) has relied on volunteer healthcare professionals. During the pandemic, the Free Clinic experienced a shortage of medical professionals and volunteers. The Free Clinic sought these funds to return to needed staffing levels and transition from a solely volunteer staffing model to one that adds direct hires to complement and augment the services provided by volunteers. The number of volunteers were:

- 409 from February 2019 to January 2020
- 263 from February 2020 to January 2021
- 278 from February 2021 to January 2022
- 210 from February 2022 to January 2023

<u>Project Overview</u>: The Rhode Island Department of Health (RIDOH) provided a grant to the Free Clinic to improve the access to and quality of primary care for uninsured adults and to increase access to dental care for uninsured adults. With the grant, the Free Clinic satisfied its operational needs and hired 6.46 full-time equivalent (FTE) positions. The Free Clinic created two positions, a grant writer and director of donor relations, to secure the organization's long-term viability. The goal was to establish regular funding channels through grants and donor contributions, which would ensure continued funding for the positions after the SFRF funding was exhausted.

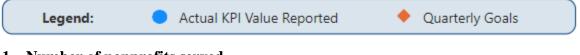
RIDOH also provided quarterly grants to implement and maintain the Rhode Island Health Information Exchange's electronic medical records system, which consolidates healthcare information on Rhode Island patients to replace the Free Clinic's internal system.

<u>Financial Overview</u>: All program payments can be found on the <u>Pandemic Recovery Office's</u> <u>website</u> by filtering the "Project" box for "Free Clinic." The table below shows planned expenditures by fiscal quarter and actual expenditures by fiscal quarter:

Fiscal Year Quarter	Planned Expenditures	Actual Expenditures
FY 2023 Q3	\$44,186	-
FY 2023 Q4	\$235,695	\$84
FY 2024 Q1	\$292,020	\$685,687
FY 2024 Q2	\$269,513	\$278,291
FY 2024 Q3	\$268,210	\$177,548
FY 2024 Q4	\$268,210	\$208,863
FY 2025 Q1	\$291,717	\$257,548
FY 2025 Q2	\$268,210	\$215,827
FY 2025 Q3	\$62,237	\$176,152
Total	\$2,000,000	\$2,000,000

Notes: A single audit fee applies to all State Fiscal Recovery Fund projects and accounts for 600 of the 2,000,000 of planned expenditures and actual expenditures in the above table.

<u>Key Performance Indicators</u>: The following are the key performance indicators based on quarterly goals and monthly data collections.



1. Number of nonprofits served

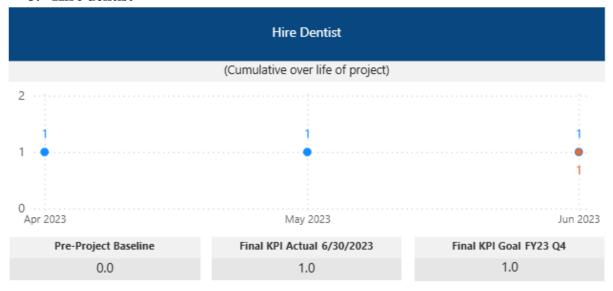


2. Number of FTEs hired

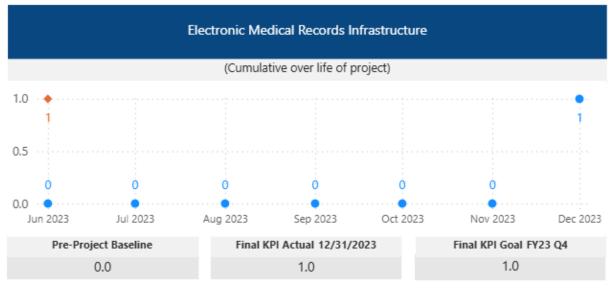




3. Hire dentist¹



4. Electronic medical records infrastructure²

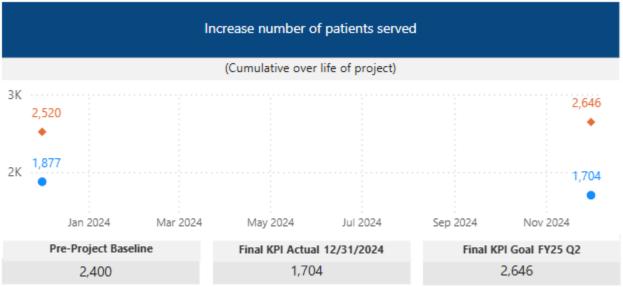


¹ This is a yes/no binary indicator: 0 meaning 'no', 1 meaning 'yes'.

² This is a yes/no binary indicator: 0 meaning 'no', 1 meaning 'yes'.



5. Increase number of patients served³



6. Increase number of dental visits



³ The Free Clinic provided the following information about unforeseen factors that impacted this key performance indicator. In 2024, the Free Clinic paused its wait list for three months until November as it did not have enough nurses or providers to accommodate more patients. The Free Clinic hired a nurse during the pause and a volunteer coordinator to focus on provider recruitment. Additionally, a 2022 eligibility screening reduced the patient pool as people either attained insurance or were no longer income eligible for the Free Clinic's services. In August 2024, the Free Clinic adjusted the eligibility criteria by increasing the income cap from 200% of the federal poverty level to 250%.