

## Local Dental Pilot Project Quarterly Report: Jan-Mar, 2018

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## Program Activities

The California Rural Indian Health Board (CRIHB) Local Dental Pilot Program (LDPP) partners with 11 Tribal Indian Health organizations, as well as with three Tribal Head Starts, and one Women Infants and Children agency serving children ages 0-20 across 13 counties. CRIHB, as the lead entity, maintains communication with the participating sites and other relevant stakeholders. We work with each site’s designated Oral Health Care Coordinator (OHCC), who is responsible for implementing our LDPP. We provide training and support to the OHCCs and the employees responsible for maintaining and accessing data from the Electronic Health Records (EHR).

**Communication:** The LDPP Coordinator hosted educational webinars with participating OHCCs and health care providers in January and February, which were recorded for those unable to participate in the live session. In March, the Coordinator participated in individual check-in calls with each OHCC. In addition, the LDPP Coordinator contributed a program update article to the Dental Support Center quarterly newsletter. The Coordinator presented on oral health and disease prevention at the mid-year Head Start in-service meetings for all of our Head Start sites.

**Advisory Committee:** We held our regular monthly advisory committee call in January. In February we held our first annual face-to-face advisory committee meeting. The Coordinator presented the progress to date and solicited advice on addressing some of the challenges we have encountered in the program.

## General Activities

	Jan 2018	Feb 2018	Mar 2018
<b>Advisory Committee meeting conference call</b>	X		
<b>Advisory Committee face-to-face (Feb &amp; May)</b>		X	
<b>Educational Webinar for OHCCs</b>	X	X	
<b>Individual check-in calls</b>			X
<b>Annual Best Practices Conference Presentation (May)</b>			
<b>Annual Dental Conference Presentation (May)</b>			
<b>Annual Head Start In-service</b>	X		
<b>Email blasts</b>	X	X	X
<b>DTI Challenge Awards</b>			
<b>DSC Newsletter</b>	X		

## Individual Program Activities

Program Site	Assigned OHCC	Attended Case Management Training	Site Visit	CRA Training	Meet or Exceed Annual GPRA Goal (July)
Chapa-De	X	X		9/27/17	N/A
Greenville	X	X	1/26/18	9/27/17	N/A
Karuk-Yreka	X	X		9/27/17	N/A
Karuk-Happy Camp					N/A
Lassen	X	IP		9/27/17	N/A
Pit River	X	X		9/27/17	N/A
Round Valley	X	X	10/8/17	9/27/17	N/A
San Diego	X	IP	2/26/18	2/26/18	N/A
Shingle Springs	X	X	3/7/18	3/7/18	N/A
Toiyabe-Coleville		IP			N/A
Toiyabe-Bishop		IP			N/A
Tule River		IP			N/A
Tuolumne Me Wuk				9/27/17	N/A
Tuolumne WIC	X	X		9/27/17	N/A
Elk Valley Head Start	X	IP	12/19/17	9/27/17	N/A
Lytton Head Start	X	IP	1/4/18	9/27/17	N/A
Manchester/Point Arena Head Start	X	IP		9/27/17	N/A

## Program Data

### Self-Reported Data—1<sup>st</sup> Quarter 2018

Program Site	# of Children Referred for Dental Services	# of Children Received Dental Services	# of Children Received Oral Health Education	# of Fluoride Varnishes Performed in Medical	# of Fluoride CRAs Performed in Medical	# of Completed Dental Treatment Plans
Chapa-De	187	94	31	12	31	42
Greenville	21	22	21	20	21	0
Karuk-Yreka	0	4	0	0	0	0
Karuk-Happy Camp						
Lassen	4	3	4	2	3	2
Pit River	0	23	16	0	0	0

<b>Round Valley</b>	17	51	15	6	13	5
<b>San Diego</b>	1	0	1	0	1	0
<b>Shingle Springs</b>	14	0	14	10	11	14
<b>Toiyabe-Coleville</b>						
<b>Toiyabe-Bishop</b>						
<b>Tule River</b>						
<b>Tuolumne Me Wuk</b>	8	2	8	0	8	0
<b>Tuolumne WIC</b>	32	0	32	0	21	0
<b>Elk Valley Head Start</b>	7	12	50	0	0	8
<b>Lytton Head Start</b>	0	3	20	0	0	0
<b>Manchester/Point Arena Head Start</b>	0	1	20	0	0	2
<b>Totals</b>	291	215	232	50	109	74

## Challenges and Obstacles

The biggest challenge this quarter has been recruiting new sites to replace the two sites of Northern Valley Indian Health that we lost previously. It has been difficult to communicate the value of participation to the Tribal Health Programs (THP). An additional challenge has been obtaining the data from the Electronic Health Records (EHR) of each THP. Many of the programs do not have anyone on staff knowledgeable enough about the EHR to retrieve the data. CRIHB is in the process of training staff for Resource and Patient Management System (RPMS) certification in order to assist the THPs .

At the end of each program year, programs can earn incentive awards for achieving increases in the number of children receiving preventive dental services versus the number receiving restorative treatment (the DTI Challenge awards). These awards have not yet been given out due to the challenge of obtaining the data from the EHR of each Tribal Health Program.

Half-a-year into the program, we are seeing some successes among the challenges. Our Oral Health Care Coordinators are building a good rapport with the parents, children, and medical office staff. The parents are receptive to the oral health messages and are happy to receive a dental referral. Too often, though, those referrals are resulting in no-shows to the dental appointments. Another challenge we are facing is the reluctance of the dental departments to “share” with the medical department; some dental directors feel that only dental personnel can or should do a Caries Risk Assessment or place fluoride varnish. On the other side, many of the long-term medical providers are resistant to adding yet another procedure to their already busy schedule. We have greater success with medical practitioners who have not been practicing as long.

## Program Modifications

We began our LDPP with the idea of incorporating dental assistants into the medical office to serve as OHCCs. We immediately ran into some problems with this approach:

- 1) The dental assistants were so busy in the dental office that they often cannot get away when they have a target child patient in the medical office.
- 2) The medical offices have not been as accepting or cooperative of having a dental assistant working among them as we expected.
- 3) The medical offices are not taking as much responsibility for the program as they need to, considering that the intervention happens in their arena. They defer it to the dental department, which does not have any authority over what occurs in the medical department.

For these reasons, we have modified our approach. Now, for new sites coming on board or replacing an OHCC, we are urging them to designate multiple medical assistants to perform the duties of an OHCC, with one of them designated as the lead for communication and reporting purposes. We feel that this approach will be more sustainable long-term. Those sites that have been doing it this way find it to be much less disruptive to their flow of work. It just becomes part of what the medical assistants *do* during a well-child visit, which is more likely to continue beyond this LDPP. Further modifications need to happen to more fully incorporate the medical providers themselves into the program.

## Future Program Events

April 4-6, 2018	Training OHCCs for 3 sites of Toiyabe Indian Health Project
April 10, 2018	Visit with Tule River Indian Health about starting their LDPP participation
April 11, 2018	Advisory Committee Conference Call
April 16-18, 2018	National Oral Health Conference
April 24, 2018	Monthly webinar
May 6, 2018	Face-to-Face Advisory Committee Meeting
May 8, 2018	DTI Meeting at Dental Conference
May 9, 2018	Motivational Interviewing presentation at Dental Conference
May 22, 2018	Monthly webinar
May 23, 2018	Presentation on Medical-Dental Integration at Best Practices Conference
May 31, 2018	Training/Site visit: Karuk Yreka and Karuk Happy Camp
June 5, 2018	Advisory Committee Conference Call
June 12, 2018	Training/Site visit: Tule River Indian Health Clinic
June 19-20, 2018	California Oral Health Plan Convening

June 26, 2018

Monthly webinar

## Expenses

The expenditures of this quarter totaled \$79,637.97. The bulk of this amount (\$44,890.50) went to Oral Health Care Coordinator salary reimbursements to the sub-contracted sites. \$31, 650.35 was spent on salaries for administration and Tribal Head Start staff. Building rental was \$1,979.27. There were \$117.85 in travel expenses for the face-to-face advisory committee meeting and staff visits to program sites. See the financial statement on the following page.

**California Rural Indian Health Board**  
**BUDGETARY PROFIT & LOSS STATEMENT**  
4101 LDPP YR 1 - PROJECT REPORT 7/1/17 - 3/31/18

			PROJECT		ENCUMBRANCES		QUARTER	
			PROJECT	COSTS TO DATE		YEAR TO DATE	ENCUMBERE	COSTS
			BUDGET	/1/2017 3/31/201	VARIANCE		1/2018 3/31/201	
<b>INCOME</b>								
<b>Grant &amp; Contract Income</b>								
		State Grant Revenue	\$2,618,338.00	\$176,801.12	\$2,441,536.88	\$0.00	\$2,441,536.88	\$79,637.97
		Total Grant & Contract Income	\$2,618,338.00	\$176,801.12	\$2,441,536.88	\$0.00	\$2,441,536.88	\$79,637.97
		<b>Total Income</b>	<b>\$2,618,338.00</b>	<b>\$176,801.12</b>	<b>\$2,441,536.88</b>	<b>\$0.00</b>	<b>\$2,441,536.88</b>	<b>\$79,637.97</b>
<b>EXPENDITURES</b>								
<b>Payroll Expense</b>								
		Salary & Wage Expense	\$442,037.00	\$61,263.65	\$380,773.35	\$0.00	\$380,773.35	\$25,180.24
		Taxes & Benefits	\$141,452.00	\$13,549.60	\$127,902.40	\$0.00	\$127,902.40	\$6,470.11
		Total Payroll Expense	\$583,489.00	\$74,813.25	\$508,675.75	\$0.00	\$508,675.75	\$31,650.35
<b>Supply Expense</b>								
		Office Supplies	\$1,760.00	\$0.00	\$1,760.00	\$0.00	\$1,760.00	\$0.00
		Total Supply Expense	\$1,760.00	\$0.00	\$1,760.00	\$0.00	\$1,760.00	\$0.00
<b>Travel Expense</b>								
		Staff Travel	\$26,820.00	\$599.72	\$26,220.28	\$0.00	\$26,220.28	\$193.29
		Advisory/Policy Council Travel	\$14,000.00	\$661.66	\$13,338.34	\$1,183.12	\$12,155.22	\$661.66
		GSA Vehicle Usage	\$0.00	\$393.10	(\$393.10)	\$0.00	(\$393.10)	\$262.90
		Total Travel Expense	\$40,820.00	\$1,654.48	\$39,165.52	\$1,183.12	\$37,982.40	\$1,117.85
<b>Contractual Service Expense</b>								
		Consultant - THP	\$0.00	\$7,780.00	(\$7,780.00)	\$0.00	(\$7,780.00)	\$0.00
		Total Contractual Service Expense	\$0.00	\$7,780.00	(\$7,780.00)	\$0.00	(\$7,780.00)	\$0.00
<b>Board and T&amp;TA Expense</b>								
		Incentives	\$72,000.00	\$0.00	\$72,000.00	\$0.00	\$72,000.00	\$0.00
		Total Board and T&TA Expense	\$72,000.00	\$0.00	\$72,000.00	\$0.00	\$72,000.00	\$0.00
<b>Facilities, Fixtures &amp; Equipment Expense</b>								
		Building Rental	\$26,330.00	\$5,596.48	\$20,733.52	\$0.00	\$20,733.52	\$1,979.27
		Total	\$26,330.00	\$5,596.48	\$20,733.52	\$0.00	\$20,733.52	\$1,979.27
<b>Direct Payment Expense</b>								
		Sub-Contract Expense	\$1,893,939.00	\$86,956.91	\$1,806,982.09	\$559,596.14	\$1,247,385.95	\$44,890.50
		Total Direct Payment Expense	\$1,893,939.00	\$86,956.91	\$1,806,982.09	\$559,596.14	\$1,247,385.95	\$44,890.50
		<b>Total Expenditures</b>	<b>\$2,618,338.00</b>	<b>\$176,801.12</b>	<b>\$2,441,536.88</b>	<b>\$560,779.26</b>	<b>\$1,880,757.62</b>	<b>\$79,637.97</b>
		<b>NET SURPLUS/(DEFICIT)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$560,779.26)</b>	<b>\$560,779.26</b>	<b>\$0.00</b>