

Local Dental Pilot Project Quarterly Report: July-Sept, 2017

California Rural Indian Health Board, Inc.

4400 Auburn Blvd., 2nd Floor

Sacramento, CA 95841

Jan Carver, MSHS, RDH

Dental Project Coordinator

916-929-9761 Ext. 1308

jcarver@crihb.org

Rosario Arreola Pro, MPH

Health Systems Development Director

916-929-9761 Ext. 1300

rarreolapro@crihb.org

California Rural Indian Health Board
BUDGETARY PROFIT & LOSS STATEMENT
4101 LDPP YR 1 - PROJECT REPORT 7/1/17 - 12/31/17

	PROJECT BUDGET	PROJECT COSTS TO DATE 7/1/2017 9/30/2017	VARIANCE	ENCUMBRANCES YEAR TO DATE	UNENCUMBER ED	CURRENT PERIOD COSTS 7/1/2017 9/30/2017
4101 - CDHCS-Dental Transformation Initiative						
INCOME						
Grant & Contract Income						
State Grant Revenue	\$2,618,338.00	\$14,816.09	\$2,603,521.91	\$0.00	\$2,603,521.91	\$14,816.09
Total Grant & Contract Income	\$2,618,338.00	\$14,816.09	\$2,603,521.91	\$0.00	\$2,603,521.91	\$14,816.09
Total Income	\$2,618,338.00	\$14,816.09	\$2,603,521.91	\$0.00	\$2,603,521.91	\$14,816.09
EXPENDITURES						
Payroll Expense						
Salary & Wage Expense	\$442,037.00	\$10,562.23	\$431,474.77	\$0.00	\$431,474.77	\$10,562.23
Taxes & Benefits	\$141,452.00	\$2,661.35	\$138,790.65	\$0.00	\$138,790.65	\$2,661.35
Total Payroll Expense	\$583,489.00	\$13,223.58	\$570,265.42	\$0.00	\$570,265.42	\$13,223.58
Supply Expense						
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
Travel Expense						
Staff Travel	\$26,820.00	\$0.00	\$26,820.00	\$0.00	\$26,820.00	\$0.00
Advisory/Policy Council Travel	\$14,000.00	\$0.00	\$14,000.00	\$0.00	\$14,000.00	\$0.00
Total Travel Expense	\$40,820.00	\$0.00	\$40,820.00	\$0.00	\$40,820.00	\$0.00
Board and T&TA Expense						
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
Facilities, Fixtures & Equipment Expense						
Building Rental	\$26,330.00	\$1,592.51	\$24,737.49	\$0.00	\$24,737.49	\$1,592.51
Total	\$26,330.00	\$1,592.51	\$24,737.49	\$0.00	\$24,737.49	\$1,592.51
Direct Payment Expense						
Sub-Contract Expense	\$1,893,939.00	\$0.00	\$1,893,939.00	\$264,088.00	\$1,629,851.00	\$0.00
Total Direct Payment Expense	\$1,893,939.00	\$0.00	\$1,893,939.00	\$264,088.00	\$1,629,851.00	\$0.00
Total Expenditures	\$2,618,338.00	\$14,816.09	\$2,603,521.91	\$264,088.00	\$2,339,433.91	\$14,816.09

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 entities other relevant stakeholders, including the Oral Health Care Coordinators, medical and dental providers, early periodic screening diagnosis and treatment (EPSDT) case managers at each of the participating sites, and Tribal Head Start family service workers.

Communication: The LDPP coordinator hosts monthly webinars with participating Oral Health Care Coordinators and health care providers, which are recorded for those unable to participate in the live session. The LDPP coordinator also participates in a monthly advisory committee call, maintains a listserv, and sends regular e-mail updates. In addition, the LDPP coordinator contributes articles to the Dental Support Center quarterly newsletter and the Tribal Health Advisor quarterly newsletter. A tool-kit is being developed that contains reporting and data collection tools, templates, suggested workflows, and other oral health resources.

Meeting Plans: Besides the monthly webinars, there will be yearly face-to-face meetings with Oral Health Care Coordinators at the annual Dental Support Center conference, semi-annual face-to-face meetings with the advisory committee, and annual site visits to the participating Tribal Health Programs.

Training: Training for the Oral Health Care Coordinators will include:

- Oral health screening
- Performing caries risk assessments
- Fluoride varnish application
- Case management
- Motivational interviewing
- Documentation
- Oral health care education
- Patient self-management goal-setting
- Behavioral management for pediatric patients
- Child nutrition
- Workflow
- Community outreach

DTI Challenge Awards: At the end of each program year, programs will earn incentive awards for achieving increases in the number of children receiving preventive dental services versus the number receiving restorative treatment.

General Activities

	July 2017	Aug 2017	Sept 2017
Advisory Committee meeting conference call			X
Advisory Committee face-to-face (Feb & May)			
Educational Webinar for OHCCs	X	X	X
Annual Best Practices Conference Presentation (May)			
Annual Dental Conference Presentation (May)			
Annual Head Start In-service			
Email blasts	X	X	X
DTI Challenge Awards			
DSC Newsletter			

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			9/27/17	N/A
Greenville	X			9/27/17	N/A
Karuk-Yreka	X			9/27/17	N/A
Karuk-Happy Camp	X			9/27/17	N/A
Lassen	X			9/27/17	N/A
Pit River	X			9/27/17	N/A
Round Valley	X			9/27/17	N/A
San Diego	X			9/27/17	N/A
Shingle Springs	X			9/27/17	N/A
Toiyabe-Coleville					N/A
Toiyabe-Bishop					N/A
Tule River					N/A
Tuolumne Me Wuk	X			9/27/17	N/A
Tuolumne WIC	X			9/27/17	N/A
Elk Valley Head Start	X			9/27/17	N/A
Lytton Head Start	X			9/27/17	N/A
Manchester/Point Arena Head Start	X			9/27/17	N/A

Program Data

The CRIHB engages in a multi-pronged approach to increase access to oral care and caries risk assessment for Medi-Cal beneficiary children ages 0-20.

Pilot 1. An Oral Health Care Coordinator is integrated within the primary care setting or Tribal Head Start/WIC to help facilitate dental integration across the medical and dental services, with a particular emphasis on increasing oral health access for Medi-Cal beneficiary children ages 0-20 as measured by an increased number of fulfilled dental referrals and dental appointments among this target population. All sites are participating in Pilot 1.

Pilot 2. The Oral Health Care Coordinator is integrated into the primary care setting to incorporate routine caries risk assessments and fluoride varnish placement during well-child visits in order to augment the delivery of preventive dental services in the primary care setting.

As we are still in the start-up phase of our LDPP, we have not yet gathered EDR/EHR data. That data will be reported in our year 1 report in January 2018.

Self-Reported Data—3rd Quarter 2017

Program Site	# of Children Referred for Dental Services	# of Children Received Dental Services	# of Children Referred Oral Health Education	# of Fluoride Varnishes Performed in Medical	# of Fluoride CRAs Performed in Medical	# of Completed Dental Treatment Plans
Chapa-De	78	20	0	0	3	1
Greenville	39	21	11	0	11	11
Karuk-Yreka						
Karuk-Happy Camp						
Lassen						
Pit River	4	40	40	0	0	4
Round Valley	150	48	150	6	53	2
San Diego	50	18	50	0	0	6
Shingle Springs						
Toiyabe-Coleville						
Toiyabe-Bishop						
Tule River						
Tuolumne Me Wuk						
Tuolumne WIC						
Elk Valley Head Start			50			
Lytton Head Start			1			
Manchester/Point Arena Head Start			20			13
Totals	321	143	322	6	67	37

Challenges and Obstacles

Perhaps the biggest challenge in getting our LDPP off the ground has been working with all of the disparate entities. In the time since the project was conceived until it was granted, there were personnel changes at some of the Tribal health clinics and/or changes in Tribal leadership, resulting in some confusion and miscommunication. This has required a lengthy period of re-education about the project and re-engagement of some of our participants and stakeholders. As a result, three of our sites still have not hired an Oral Health Care Coordinator (OHCC). We are hoping to have them on task by the end of the year. Additionally, we lost two sites of Northern Valley Indian Health that decided not to participate once they realized that they would not be able to meet the level of commitment required from the participating sites.

It has been challenging having all of the OHCCs starting at different times. It would have been easier and more effective to have taken a month or two to develop a complete training program where all of the OHCCs could assemble and be trained together. It has been difficult training them all in pieces via the monthly webinar. One problem with that approach, however, would be that our sites are scattered around remote parts of California, and our grant does not allow for travel of the OHCCs.

Future Program Events

- | | |
|--------------------|--|
| October 30, 2017 | Monthly webinar |
| November 2-3, 2017 | Targeted Case Management Training |
| November 8, 2017 | Site visit: Round Valley Indian Health |
| November 16, 2017 | Site webinar: Lassen Indian Health |
| November 29, 2017 | Monthly webinar |
| December 19, 2017 | Elk Valley Head Start In-Service |
| December 29, 2017 | Monthly webinar |