

Local Dental Pilot Project Quarterly Report: Oct-Dec, 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

Alana Perez-White

Health Systems Development Director

916-929-9761 Ext. 2006

aperez-white@crihb.org

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

			PROJECT				ENCUMBRANCES		QUARTER COSTS	
			PROJECT BUDGET	COSTS TO DATE 7/1/2017	12/31/2017	VARIANCE	YEAR TO DATE	UNENCUMBERED	10/1/2017	12/31/2017
INCOME										
Grant & Contract Income										
		State Grant Revenue	\$2,618,338.00	\$97,163.15	\$2,521,174.85	\$0.00	\$2,521,174.85	\$82,347.06		
		Total Grant & Contract Income	\$2,618,338.00	\$97,163.15	\$2,521,174.85	\$0.00	\$2,521,174.85	\$82,347.06		
		Total Income	\$2,618,338.00	\$97,163.15	\$2,521,174.85	\$0.00	\$2,521,174.85	\$82,347.06		
EXPENDITURES										
Payroll Expense										
		Salary & Wage Expense	\$442,037.00	\$35,603.33	\$406,433.67	\$0.00	\$406,433.67	\$25,041.10		
		Taxes & Benefits	\$141,452.00	\$7,559.57	\$133,892.43	\$0.00	\$133,892.43	\$4,898.22		
		Total Payroll Expense	\$583,489.00	\$43,162.90	\$540,326.10	\$0.00	\$540,326.10	\$29,939.32		
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	\$406.43	\$26,413.57	\$0.00	\$26,413.57	\$406.43		
		Advisory/Policy Council Travel	\$14,000.00	\$0.00	\$14,000.00	\$0.00	\$14,000.00	\$0.00		
		GSA Vehicle Usage	\$0.00	\$130.20	(\$130.20)	\$0.00	(\$130.20)	\$130.20		
		Total Travel Expense	\$40,820.00	\$536.63	\$40,283.37	\$0.00	\$40,283.37	\$536.63		
Contractual Service Expense										
		Consultant - THP	\$0.00	\$7,780.00	(\$7,780.00)	\$0.00	(\$7,780.00)	\$7,780.00		
		Total Contractual Service Expense	\$0.00	\$7,780.00	(\$7,780.00)	\$0.00	(\$7,780.00)	\$7,780.00		
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	\$3,617.21	\$22,712.79	\$0.00	\$22,712.79	\$2,024.70		
		Total	\$26,330.00	\$3,617.21	\$22,712.79	\$0.00	\$22,712.79	\$2,024.70		
Direct Payment Expense										
		Sub-Contract Expense	\$1,893,939.00	\$42,066.41	\$1,851,872.59	\$190,411.40	\$1,661,461.19	\$42,066.41		
		Total Direct Payment Expense	\$1,893,939.00	\$42,066.41	\$1,851,872.59	\$190,411.40	\$1,661,461.19	\$42,066.41		
		Total Expenditures	\$2,618,338.00	\$97,163.15	\$2,521,174.85	\$190,411.40	\$2,330,763.45	\$82,347.06		

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, 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 has been developed that contains reporting and data collection tools, templates, suggested workflows, and other oral health resources.

Meeting Plans: Besides the monthly webinars, there are 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 includes:

- 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

	Oct 2017	Nov 2017	Dec 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			X
Email blasts	X	X	X
DTI Challenge Awards			
DSC Newsletter	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		9/27/17	N/A
Karuk-Yreka	X	X		9/27/17	N/A
Karuk-Happy Camp					N/A
Lassen	X			9/27/17	N/A
Pit River	X	X		9/27/17	N/A
Round Valley	X	X		9/27/17	N/A
San Diego	X	X		9/27/17	N/A
Shingle Springs	X	X		9/27/17	N/A
Toiyabe-Coleville					N/A
Toiyabe-Bishop					N/A
Tule River					N/A
Tuolumne Me Wuk				9/27/17	N/A
Tuolumne WIC	X	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.

Self-Reported Data—4th Quarter 2017

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	200	71	8	2	8	21
Greenville	24	35	24	0	24	0
Karuk-Yreka	2	0	2	2	2	0
Karuk-Happy Camp	0	0	1	0	0	0
Lassen	2	0	2	1	2	0
Pit River	20	44	17	5	5	0
Round Valley	43	82	28	2	51	12
San Diego	13	10	13	0	1	4
Shingle Springs	0	0	0	0	0	0
Toiyabe-Coleville						
Toiyabe-Bishop						
Tule River						
Tuolumne Me Wuk	0	0	3	0	3	1
Tuolumne WIC	2	1	2	0	2	0
Elk Valley Head Start	73	51	50	0	50	2
Lytton Head Start						
Manchester/Point Arena Head Start	0	0	20	0	0	3

Totals	381	294	239	26	169	44
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Challenges and Obstacles

The biggest challenge this quarter has been getting our sites to implement the LDPP as designed. Specifically, most of our sites have delegated the implementation to the dental department, assigning a Dental Assistant as the OHCC. This has been a challenge because our dental clinics are chronically understaffed and are therefore reluctant to allow the OHCCs the time to go to medical to perform their OHCC function. This seems like a major flaw in the implementation of the LDPP. To counteract this, in programs that do not yet have OHCCs in place, I am encouraging them to assign the medical department to be in charge of implementation and to appoint a Medical Assistant or a Community Health Worker (CHW) as OHCC. Three of our sites still have not hired an Oral Health Care Coordinator (OHCC) and are in danger of failing out of the LDPP. We are beginning the process of replacing the two sites of Northern Valley Indian Health that we lost previously.

Future Program Events

January 5, 2018	Lytton and Manchester Point Arena Head Start In-Service
January 17, 2018	Advisory Committee Conference Call
January 23, 2018	Monthly webinar
January 26, 2018	Site visit: Greenville Rancheria Tribal Health
February 20, 2018	Monthly webinar
February 26, 2018	Site visit: San Diego American Indian Health Center
February 26-28, 2018	Advisory Committee Face-to-Face Meeting
March 7, 2018	Site visit: Shingle Springs Tribal Health
March 12-14, 2018	Site visit: Tule River Indian Health Clinic
March 21, 2018	Advisory Committee Conference Call
March 27, 2018	Monthly webinar