

Local Dental Pilot Project Quarterly Report: Jan-Mar 2019

California Rural Indian Health Board, Inc.

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Program Activities

The California Rural Indian Health Board, Inc. (CRIHB) Local Dental Pilot Project (LDPP) partners with 12 Tribal/Urban 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 a check-in conference call in March 2019. The session was recorded for those unable to participate in the live sessions. In March the coordinator also called sites for individual check-ins.

Advisory Committee: We held our first face-to-face meeting of the reconfigured Advisory Committee February 25, 2019. We discussed what’s working, what’s not working, and possible program improvements. (See attached meeting minutes.)

General Activities

	Jan 2019	Feb 2019	Mar 2019
Advisory Committee meeting conference call			
Advisory Committee face-to-face (Feb)		X	
Educational webinar or check-in for OHCCs			X
Individual check-in calls			X
Annual Best Practices Conference presentation (May)			
Annual Dental Conference presentation (May)			
Annual Head Start in-service (Aug)			
Email blasts			X
DTI Challenge Awards			
Quarterly DSC newsletter	X		

Individual Program Activities

Program Site	Assigned OHCC	Attended Case Management Training	Last Site Visit	Caries Risk Assessment Training	Meet or Exceed Annual GPRA Goal (2018)
Chapa-De	X	X	2/21/19	9/27/17	no
Greenville	X	X	1/26/18	9/27/17	no
Indian Health Council	X	In-Progress	12/20/18	12/20/18	yes
Karuk-Yreka	X	X	5/31/18	9/27/17	no
Karuk-Happy Camp	Irregular		5/31/18	10/9/18	no
Lassen	X	X	7/12/18	9/27/17	no
Pit River	X	X	7/13/18	9/27/17	no
Round Valley	X	X	10/8/17	9/27/17	no
San Diego	no	no	2/27/19	no	no
Shingle Springs	X	X	7/3/18	7/3/18	no
Toiyabe-Coleville	no	no	4/6/18	no	no
Toiyabe-Bishop	X	In-Progress	4/5/18	4/5/18	no
Tule River	X	X	6/12/18	6/12/18	no
Tuolumne Me Wuk	X	no	8/10/18	no	no
Tuolumne WIC	X	X	8/10/18	9/27/17	N/A
Elk Valley Head Start	X	no	12/19/17	no	N/A
Lytton Head Start	X	In-Progress	9/27/18	9/27/17	N/A
Manchester/Point Arena Head Start	X	X		9/27/17	N/A

Program Data

Self-Reported Data—1st Quarter 2019

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 Caries Risk Assessments Performed in Medical	# of Completed Dental Treatment Plans
Chapa-De	637	246	6	2	6	79
Greenville	16	11	19	16	14	--
Karuk	10	11	56	17	9	0
Lassen	4	0	0	0	0	1
Pit River	6	174	79	11	2	41
Round Valley	6	61	6	2	6	13
San Diego	0	0	0	0	0	0
Shingle Springs	15	15	14	9	14	0
Toiyabe-Bishop	10	0	10	10	10	10
Tule River	2	10	15	15	15	10
Tuolumne Me-Wuk	24	5	24	219	140	0
Tuolumne WIC	27	0	27	0	27	0
Elk Valley Head Start	18	11	50	0	0	0
Lytton Head Start	0	3	20	0	0	1
Manchester/Point Arena Head Start	0	0	20	0	0	0
Totals	775	547	346	301	248	155

Challenges and Obstacles

The biggest challenge continues to be that some of our clinics are not able to maintain consistent staffing. San Diego American Indian Health Center has been without a Medical Director for many months. Pit River Health Service has been without a Medical Director for over a year. Round Valley lost their Dental Director in February. The lack of key staff makes it difficult to move forward with the project goal of integrating medical and dental services in those sites.

Progress

Previously, we identified a lack of dental providers who are knowledgeable and competent in minimally invasive dentistry and treatment of children who need sedation. The Decay Reduction mini-grants have begun to address this issue. Shingle Springs Tribal Health is using their mini-grant to send three dentists to the annual meeting of the American Academy of Pediatric Dentistry for training in techniques of treating young children. These dentists will return and train the rest of the staff. Toiyabe Indian Health Project is using part of their mini-grant to certify a dentist in conscious sedation for children under age five. Karuk Tribe Health and Human Services is using part of their mini-grant to train staff in the use of silver diamine fluoride to arrest decay and to train in using their Electronic Dental Record software to improve efficiency in their recall system in order to increase continuity of care.

Future Program Events

April 8, 2019	Conference call on sub-contract invoicing guidelines
April 30, 2019	Site visit to Pit River Health Service
May 1, 2019	Site visit to Lassen Indian Health Center
May 6-9, 2019	Annual CRIHB/IHS Dental Conference
May 28, 2019	Bi-Monthly Oral Health Care Coordinator check-in conference call
June 13, 2019	Site visit to Round Valley Indian Health
June 14, 2019	Site visit to Greenville Rancheria Tribal Health

Expenses

The expenditures of this quarter totaled \$146,683.78, of which \$75,700.44 went to Oral Health Care Coordinator salary reimbursements to the sub-contracted sites and \$21,000 went to Decay Reduction Mini-Grants. Salaries for administration and Tribal Head Start staff totaled \$42,251.70, and \$2,282.94 was spent on supplies. Staff and Advisory Committee travel expenses totaled \$3,343.55, with \$530.15 spent on Advisory Committee meeting facilities. Facility and operating expenses totaled \$1,575.00. See the financial statement on the following page.

California Rural Indian Health Board
BUDGETARY PROFIT & LOSS STATEMENT
DTI PROJECT REPORT 1/1/19-3/31/19

	PROJECT			ENCUMBRANCES		CURRENT	
	PROJECT	COSTS TO DATE	VARIANCE	YEAR TO DATE	UNENCUMBERED	PERIOD COSTS	
	BUDGET	7/1/2017 3/31/2019				1/1/2019 3/31/2019	
INCOME							
Grant & Contract Income							
State Grant Revenue	\$2,618,338.15	\$636,228.05	\$1,982,110.10	\$0.00	\$1,982,110.10	\$146,683.78	
Total Grant & Contract Income	\$2,618,338.15	\$636,228.05	\$1,982,110.10	\$0.00	\$1,982,110.10	\$146,683.78	
Total Income	\$2,618,338.15	\$636,228.05	\$1,982,110.10	\$0.00	\$1,982,110.10	\$146,683.78	
EXPENDITURES							
Payroll Expense							
Salary & Wage Expense	\$430,172.53	\$195,199.20	\$234,973.33	\$0.00	\$234,973.33	\$32,779.06	
Taxes & Benefits	\$131,893.37	\$46,793.55	\$85,099.82	\$0.00	\$85,099.82	\$9,472.64	
Total Payroll Expense	\$562,065.90	\$241,992.75	\$320,073.15	\$0.00	\$320,073.15	\$42,251.70	
Supply Expense							
Supplies - Budget Only	\$127,306.00	\$0.00	\$127,306.00	\$0.00	\$127,306.00	\$0.00	
Office Supplies	\$1,440.00	\$20.14	\$1,419.86	\$56.17	\$1,363.69	(\$0.32)	
Program Supplies	\$6,200.00	\$408.38	\$5,791.62	\$0.00	\$5,791.62	\$74.00	
Education Supplies	\$0.00	\$3,316.97	(\$3,316.97)	\$6,434.00	(\$9,750.97)	\$2,044.15	
Small Equipment < \$500	\$0.00	\$165.11	(\$165.11)	\$0.00	(\$165.11)	\$165.11	
Total Supply Expense	\$134,946.00	\$3,910.60	\$131,035.40	\$6,490.17	\$124,545.23	\$2,282.94	
Other Operating Expense							
Postage Expense	\$0.00	\$56.40	(\$56.40)	\$0.00	(\$56.40)	\$0.00	
Total Other Operating Expense	\$0.00	\$56.40	(\$56.40)	\$0.00	(\$56.40)	\$0.00	
Travel Expense							
Staff Travel	\$19,886.41	\$4,856.85	\$15,029.56	\$0.00	\$15,029.56	\$1,679.16	
Participant Travel	\$0.00	\$142.89	(\$142.89)	\$0.00	(\$142.89)	\$142.89	
Advisory/Policy Council Travel	\$10,500.00	\$4,336.05	\$6,163.95	\$886.14	\$5,277.81	\$1,521.50	
GSA Vehicle Usage	\$765.22	\$1,068.82	(\$303.60)	\$0.00	(\$303.60)	\$0.00	
Total Travel Expense	\$31,151.63	\$10,404.61	\$20,747.02	\$886.14	\$19,860.88	\$3,343.55	
Contractual Service Expense							
Consultant - THP	\$25,780.00	\$7,780.00	\$18,000.00	\$0.00	\$18,000.00	\$0.00	
Membership/Dues	\$0.00	\$40.00	(\$40.00)	\$0.00	(\$40.00)	\$0.00	
Total Contractual Service Expense	\$25,780.00	\$7,820.00	\$17,960.00	\$0.00	\$17,960.00	\$0.00	
Outreach Expense							
Outreach Printing	\$0.00	\$64.32	(\$64.32)	\$0.00	(\$64.32)	\$0.00	
Total Outreach Expense	\$0.00	\$64.32	(\$64.32)	\$0.00	(\$64.32)	\$0.00	
Board and T&TA Expense							
Training Space Rental	\$900.00	\$1,169.38	(\$269.38)	\$0.00	(\$269.38)	\$269.38	
AV Equipment Rental	\$0.00	\$161.63	(\$161.63)	\$0.00	(\$161.63)	\$161.63	
Conference Host/Sponsor Expense	\$0.00	\$99.14	(\$99.14)	\$0.00	(\$99.14)	\$99.14	
Incentives	\$36,000.00	\$0.00	\$36,000.00	\$0.00	\$36,000.00	\$0.00	
Total Board and T&TA Expense	\$36,900.00	\$1,430.15	\$35,469.85	\$0.00	\$35,469.85	\$530.15	
Facilities, Fixtures & Equipment Expense							
Building Rental	\$24,257.21	\$8,485.66	\$15,771.55	\$0.00	\$15,771.55	\$0.00	
Facility Operating Expense	\$0.00	\$4,200.00	(\$4,200.00)	\$0.00	(\$4,200.00)	\$1,575.00	
Total	\$24,257.21	\$12,685.66	\$11,571.55	\$0.00	\$11,571.55	\$1,575.00	
Direct Payment Expense							
Sub-Contract Expense	\$1,683,237.41	\$336,863.56	\$1,346,373.85	\$629,273.23	\$717,100.62	\$75,700.44	
Mini Grants	\$120,000.00	\$21,000.00	\$99,000.00	\$48,411.00	\$50,589.00	\$21,000.00	
Total Direct Payment Expense	\$1,803,237.41	\$357,863.56	\$1,445,373.85	\$677,684.23	\$767,689.62	\$96,700.44	
Total Expenditures	\$2,618,338.15	\$636,228.05	\$1,982,110.10	\$685,060.54	\$1,297,049.56	\$146,683.78	

Advisory Committee Meeting Minutes February 25, 2019

Attendees:

- Paul Newman, D.D.S.—Tule River Indian Health Clinic
- Chalise Morgan, D.D.S.—Shingle Springs Tribal Health Program
- Kathy Mitchell, R.D.H.—Pit River Health Service
- Donna Gosnell, R.D.A.—Chapa-De Indian Health
- Michelle Thomas, M.A.—Greenville Rancheria Tribal Health
- Tammy Jones, R.D.A.—Greenville Rancheria Tribal Health
- Steve Riggio, D.D.S.—California Area Office, Indian Health Service
- Nicamer Tolentino, M.P.H.—Deputy Director, Health Systems Development Department, California Rural Indian Health Board
- Consuelo Gambino, B.A.—Dental Support Center Coordinator, California Rural Indian Health Board
- Jan Carver, M.S.H.S., R.D.H.—Dental Project Coordinator, California Rural Indian Health Board

Item 1: History of CRIHB LDPP

The project coordinator shared the history of the CRIHB LDPP as proposed. She shared the progress to date and some of the modifications we have made along the way. For example, originally the program was designed with the use of dental assistants as Oral Health Care Coordinators (OHCCs). Many sites have found it more successful to utilize their existing Medical Assistants to perform the OHCC duties, which gets around the problem of the dental assistants being too busy to come to the medical clinic.

Item 2: What's Working

The CRIHB LDPP has served numerous additional children. Many sites have found a routine that works successfully for them. For Chapa-De, Karuk, and Round Valley, it is a .5 FTE dental assistant. Toiyabe, Tule River, and Greenville use medical assistants. Tuolumne Me Wuk, Indian Health Council, and Pit River use a team approach.

The 2018 budget revision allowed our sites to use funds to purchase non-billable supplies (such as toothbrushes, etc.) to be used for oral health education. The sites appreciate this option. However, they did not use it as much as we had hoped, mainly because the budget revision was approved so late in the year that it was difficult for them to take advantage of it. To avoid this problem in 2019, the project coordinator sent a supplies budget to each site in January to give them maximum time to use it and to allow the project coordinator time to nudge those who have not yet done so. There was much praise from the Committee for two items that the project purchased for each site—the toothbrushing critter, and the Totally Disgusting Mouth Book. There was a request to supply each site with an additional book so that maybe they could use the pages to make posters or just to have one to use in the dental clinic in addition to the medical clinic. The Dental Support Center has decided to purchase copies of the book for all of the California dental clinics, so the LDPP will not need to do that. However, the project coordinator will look into the possibility of purchasing posters for the sites. Dr. Newman suggested that the information about purchasing supplies should be sent to the dental directors in addition to the OHCCs

since that is where most of the supplies come from, and people in the medical clinic aren't familiar enough with the options to take advantage of it.

Item 3: What's Not Working

Care Coordination: The project coordinator asked if the Advisory Committee members have Care Coordinators at their Tribal Health Programs (THPs). Most of them do not. Care Coordination is an area where most of the sites fall short, particularly the smaller clinics. This will be an area of focus in 2019 to increase the skills and use of care coordination by our OHCCs.

Data Reporting: The project coordinator explained the difficulty in getting the annual data reporting out of the sites. Many of the sites don't have anyone knowledgeable in data retrieval from the Electronic Health Record (EHR). We have our EHR team at CRIHB, as well as a very competent person at Karuk who is willing to assist those programs that need help.

Engaging the Medical Providers: The project coordinator shared the challenges in engaging the medical providers. The first issue is the revolving door of providers. The sites are frequently short-staffed, or when they get a supportive provider, s/he leaves. Also, the providers are pressed for time. Even if the OHCC does the bulk of the work for this project, they need to turn over the room for the next patient. There also seems to be a disconnect between the medical and dental departments for integrated care. Dr. Newman shared an idea that he has used where he did a presentation at an all-staff meeting on the connection between diabetes and oral health. He suggested that we could try to engage the medical providers this way. The Committee agreed that this is an excellent suggestion that would be even more workable if the project coordinator provided a customizable presentation that the clinics could use.

THPs Not Invoicing Enough Money: The project coordinator explained that many sites are not billing anywhere near their contracted amount. The project coordinator needs to continue to emphasize that they should include everything DTI that OHCCs or others do (except billing and administration) in their invoices. The suggestion was made to host a conference call with the finance teams at the THPs so that they fully understand the invoicing process.

Item 4: Program Improvements/Budget Modifications

Mini-Grants: The project coordinator shared the summary of the current round of mini-grants. Currently there are seven approved mini-grants that just started and run through August 2019 (Greenville, Karuk, Pit River, Round Valley, Shingle Springs, Toiyabe, Tuolumne Me-Wuk). CRIHB will propose to repeat it for the 2019 budget revision.

Reading Program: The project coordinator shared with the group a program that San Joaquin County DTI is doing, which is a reading program where they furnish each child with a book. The actual program sounds too expensive, but we may be able to do it with a select group of books on oral health. The Committee liked the idea and made some suggestions of books to use. The project coordinator will follow up on the idea.

Smiles for Life Training Stipends: The project coordinator shared that some other LDPPs offer stipends of \$100 for medical providers to complete the Smiles for Life curriculum and asked the Committee what they thought of that idea. The Committee does not like it. It would seem unfair to other employees, and

they see the potential for abuse, with providers not actually taking the trainings but submitting for the incentive anyway. CRIHB will not move forward with this idea.

Annual Gathering of OHCCs: The project coordinator explained that originally the state would not allow us to gather all of the OHCCs annually for training, sharing of ideas, and a Care Coordination refresher. With changes at the state level, they now seem open to possibly approving such a gathering. The Committee approves of this idea.