

Local Dental Pilot Project Quarterly Report: Jul-Sep 2019

California Rural Indian Health Board, Inc.

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Introduction

The California Rural Indian Health Board, Inc. (CRIHB) Local Dental Pilot Project (LDPP) for the Dental Transformation Initiative (DTI) partners with 12 Tribal/Urban Indian Health organizations, as well as with three Tribal Head Starts and one Women, Infants, and Children (WIC) 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.

Metrics

Self-Reported Data—3rd Quarter 2019

Pilot 1: Integrated OHCC within the primary care setting to help facilitate dental integration, including medical, dental, behavioral health, and social 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.

Year	# of Sites with an OHCC	# of Children Referred for Dental Services	# of Children Who Received Dental Services	# of Completed Dental Treatment Plans
Baseline (2016)	0			
2017 (Sep-Dec)	8	702	441	81
2018	12	1729	1277	368
2019 (Jan-Jun)	13	1486	1140	380
2019 (Jul-Sep)	17	650	719	180

Pilot 2: Leverage the integration of the OHCC into the primary care setting to help incorporate routine caries risk assessments by the primary care provider and fluoride varnish placement by the OHCC during tandem well-child visits in order to augment the delivery of preventive dental services in the primary care setting among children ages 1-6.

NOTE: This was modified to include children ages 0-20. These figures also include our WIC and Head Start sites, which are not clinical sites but do provide dental screenings, referrals, fluoride varnish, oral health education, and care coordination.

Year	# of Fluoride Varnishes Performed in Medical/Head Start	# of Caries Risk Assessments Performed in Medical/Head Start
Baseline (2016)		
2017 (Sep-Dec)	32	236
2018	333	687
2019 (Jan-Jun)	350	422
2019 (Jul-Sep)	56	114

Individual Site Metrics—3rd 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	545	255	0	0	0	70
Greenville	8	3	16	8	8	0
Indian Health Council	12	4	12	0	8	1
Karuk	4	32	4	0	4	3
Lassen	9	6	9	9	9	5
Pit River	0	169	75	17	5	41
Round Valley	15	206	338	0	6	38
San Diego	2	1	2	2	2	0
Shingle Springs	9	17	9	3	8	2
Toiyabe-Bishop	0	0	0	0	0	0
Tule River	0	10	10	10	10	10
Tuolumne Me-Wuk	30	15	25	7	38	9
Tuolumne WIC	16	1	16	0	16	1
Elk Valley Head Start	0	0	0	0	0	0
Lytton Head Start	0	0	0	0	0	0
Manchester/Point Arena Head Start	0	0	0	0	0	0

Note: Chapa-De shows increased numbers for referrals and treatment due to a focus on care coordination, but a decrease in caries risk assessment and fluoride varnish as they transition into training all of the medical staff to perform those functions. Round Valley shows an increase in service numbers due to outreach. Toiyabe reported low numbers due to staff turnover. Head Start locations did not hold class during the summer.

Program Activities

Communication: The LDPP coordinator hosted a check-in conference call in July 2019, with the main topic of *Obstacles to Fluoride Varnish Treatment*. The session was recorded for those unable to participate in the live session. In addition, there were site visits to Indian Health Council, San Diego American Indian Health Center, Toiyabe Indian Health Project, Tule River Indian Health Center, Tuolumne Me-Wuk Indian Health Center, and Tuolumne County WIC program. In September there were individual check-in calls. CRIHB published an article in the Dental Support Center’s (DSC) quarterly newsletter on Care Coordination.

Annual Head Start In-service: As part of the annual Head Start in-service, the LDPP coordinator trained the Head Start staff on the decay process, decay prevention, dental nutrition, and toothbrushing procedures.

General Activities

	Jul 2019	Aug 2019	Sep 2019
Advisory Committee meeting conference call			
Educational webinar or check-in for OHCCs	X		
Individual check-in calls			X
Annual Head Start in-service (Aug)		X	
Email blasts	X	X	X
DTI challenge awards		X	
Quarterly DSC newsletter		X	

Individual Program Activities

Program Site	Assigned OHCC	Attended Case Management Training	Last Site Visit	Caries Risk Assessment Training
Chapa-De	X	X	2/21/19	9/27/17
Greenville	X	X	1/26/18	9/27/17
Indian Health Council	X	In-Progress	9/18/19	12/20/18
Karuk-Yreka	X	X	5/31/18	9/27/17
Karuk-Happy Camp	Irregular		5/31/18	9/27/17
Lassen	X	X	5/1/19	9/27/17
Pit River	X	X	4/30/19	9/27/17
Round Valley	X	X	10/8/17	9/27/17
San Diego	X	X	9/18/19	9/4/19
Shingle Springs	X	X	7/3/18	7/3/18
Toiyabe-Coleville	no	no	4/6/18	no
Toiyabe-Bishop	X	In-Progress	7/3/19	4/5/18
Tule River	X	X	7/2/19	6/12/18
Tuolumne Me Wuk	X	no	7/9/19	no
Tuolumne WIC	X	X	7/9/19	9/27/17
Elk Valley Head Start	X	no	12/19/17	no
Lytton Head Start	X	In-Progress	9/27/18	9/27/17
Manchester/Point Arena Head Start	X	X		9/27/17

Cycle 1 Mini-Grant Summaries

CRIHB introduced mini-grants during our 2018 budget revision, which provided funds to assist applicants in meeting our goal of reducing decay among Medi-Cal members age 0-20. The project period ran from February to August 2019. Each LDPP sub-contract was eligible to apply for funds of up to \$10,000. Seven Tribal Health Programs applied. The following is a summary of what they achieved with their awards.

- Greenville Rancheria Tribal Health Center:** Greenville focused on increasing caries risk assessment and disease management via outreach events. They participated in several community events, doing dental screenings and education outreach. They purchased educational materials and brochures and sent out postcards inviting members to attend. They collaborated with the Tehama County Public Health Department.
- Karuk Tribe and Health and Human Services Program:** Karuk focused on increasing caries risk assessment and disease management via outreach events, increasing dental prevention, increasing continuity of care, and increasing dental practitioners' ability to treat children. They participated in several community events and school classroom visits, doing dental screenings and education outreach. They developed several interactive presentations for the children and purchased educational materials. Some staff members attended training courses in the use of caries risk assessment, silver diamine fluoride (SDF), and glass ionomers. They received training on how to improve their recall

system to improve the numbers of children returning for preventive care. Lastly, they introduced an incentive program for children to win prizes for oral hygiene improvements.

- **Pit River Health Service, Inc.:** Pit River focused on increasing caries risk assessment and disease management, increasing dental prevention, and increasing dental practitioners' ability to treat children. Because SDF to arrest decay is not yet a Medi-Cal covered benefit, they used funds to offer this service. All providers on staff were trained in the use of SDF. In addition, they made monthly visits to the Tribal day care center, where they applied fluoride varnish and did oral hygiene education for children and parents.
- **Round Valley Indian Health Center:** Round Valley focused on increasing caries risk assessment and disease management via outreach events, increasing dental prevention, and increasing continuity of care. They partnered with several local community groups. They purchased educational materials for outreach and incentives for those returning for their recall appointments.
- **Shingle Springs Health and Wellness Center:** Shingle Springs focused on increasing dental practitioners' ability to treat young children. They sponsored three dentists to attend the conference of the American Academy of Pediatric Dentistry. The dentists came back and trained the staff on what they learned.
- **Toiyabe Indian Health Project, Inc.:** Toiyabe focused on increasing dental prevention by increasing the number of hours they were able to provide preventive treatments. They were able to extend their daily hours until 6:00 p.m. Monday—Friday and add a dental hygienist on Saturdays. They have been able to increase the numbers of sealants and fluoride treatments provided. They also took part in several outreach events.
- **Tuolumne Me-Wuk Indian Health Center:** Tuolumne Me-Wuk focused on increasing caries risk assessment and disease management via outreach events, increasing dental prevention, and increasing continuity of care. They conducted dental screenings, caries risk assessments, fluoride varnish, and oral hygiene education, with prophylaxis appointments either the same day or soon after.

Challenges and Obstacles

An ongoing challenge CRIHB's LDPP faces is turnover among medical providers. This results in inconsistency in results, as Tribal Health Programs often must fill vacant positions with locum tenens, who may not be knowledgeable on oral health. In addition, some sites lack dental providers who feel confident in treating children. We are encouraging them to avail themselves of training opportunities through both the Indian Health Service and the American Academy of Pediatric Dentistry.

Progress

With little more than a year left in the LDPP, some of our sites are beginning to consider sustainability. These sites are transitioning the OHCCs to focus on Care Coordination while training the medical assistants and medical providers to assume the oral health education and fluoride varnish.

Future Program Events

October 2, 2019	Site visit and Head Start parent meeting, Lytton Head Start
October 2, 2019	Site visit to Manchester/Point Arena Head Start
October 3, 2019	Site visit to Round Valley Indian Health Center
October 29, 2019	Gathering of OHCCs at CRIHB office
October 30, 2019	Site visit to Shingle Springs Health and Wellness Center
November 6, 2019	Site visit to Karuk Tribe and Health and Human Services Program
November 7, 2019	Site visit to Elk Valley Head Start
November 8, 2019	Site visit to Greenville Rancheria Tribal Health Center
November 26, 2019	Bi-Monthly OHCC check-in conference call

Expenses

The expenditures of this quarter totaled \$125,122.55, of which \$45,034.35 went to OHCC salary reimbursements to the sub-contracted sites and \$27,411 went to Decay Reduction Mini-Grants. Salaries for administration and Tribal Head Start staff totaled \$34,901.35, and \$12,073.30 was spent on program supplies. DTI Challenge incentive awards from 2017 and 2018 totaled \$3,500. Facility operating expenses totaled \$1,575. Staff travel expenses totaled \$619.12. Refer to the financial statement on the following page.

California Rural Indian Health Board, Inc.
BUDGETARY PROFIT & LOSS STATEMENT

DTI PROJECT REPORT 7/1/17-9/30/19

	PROJECT BUDGET	PROJECT COSTS TO DATE		VARIANCE	ENCUMBRANCES		CURRENT
		7/1/2017	9/30/2019		YEAR TO DATE	PERIOD COSTS	
						7/1/2019 9/30/2019	
INCOME							
Grant & Contract Income							
State Grant Revenue	\$2,069,214.50	\$1,009,730.58	\$1,059,483.92	\$0.00	\$1,059,483.92	\$125,122.55	
Carryover - State Grant Rev	\$549,123.65	\$0.00	\$549,123.65	\$0.00	\$549,123.65	\$0.00	
Total Grant & Contract Income	\$2,618,338.15	\$1,009,730.58	\$1,608,607.57	\$0.00	\$1,608,607.57	\$125,122.55	
Total Income	\$2,618,338.15	\$1,009,730.58	\$1,608,607.57	\$0.00	\$1,608,607.57	\$125,122.55	
EXPENDITURES							
Payroll Expense							
Salary & Wage Expense	\$513,101.14	\$263,706.92	\$249,394.22	\$0.00	\$249,394.22	\$28,197.50	
Taxes & Benefits	\$113,889.91	\$63,198.49	\$50,691.42	\$0.00	\$50,691.42	\$6,703.85	
Total Payroll Expense	\$626,991.05	\$326,905.41	\$300,085.64	\$0.00	\$300,085.64	\$34,901.35	
Supply Expense							
Supplies - Budget Only	\$51,789.65	\$0.00	\$51,789.65	\$0.00	\$51,789.65	\$0.00	
Office Supplies	\$500.14	\$82.41	\$417.73	\$0.00	\$417.73	\$0.00	
Program Supplies	\$12,814.38	\$611.68	\$12,202.70	\$0.00	\$12,202.70	\$12,073.30	
Education Supplies	\$10,041.97	\$15,243.02	(\$5,201.05)	\$7,388.55	(\$12,589.60)	\$7.57	
Small Equipment < \$500	\$0.00	\$165.11	(\$165.11)	\$0.00	(\$165.11)	\$0.00	
Total Supply Expense	\$75,146.14	\$16,102.22	\$59,043.92	\$7,388.55	\$51,655.37	\$12,080.87	
Other Operating Expense							
Prining - Internal	\$0.00	\$0.86	(\$0.86)	\$0.00	(\$0.86)	\$0.86	
Postage Expense	\$56.40	\$56.40	\$0.00	\$0.00	\$0.00	\$0.00	
Total Other Operating Expense	\$56.40	\$57.26	(\$0.86)	\$0.00	(\$0.86)	\$0.86	
Travel Expense							
Staff Travel	\$17,048.65	\$5,352.13	\$11,696.52	\$292.96	\$11,403.56	\$315.60	
Participant Travel	\$19,410.00	\$142.89	\$19,267.11	\$2,292.00	\$16,975.11	\$0.00	
Advisory/Policy Council Travel	\$9,814.55	\$4,336.05	\$5,478.50	\$886.14	\$4,592.36	\$0.00	
GSA Vehicle Usage	\$1,068.82	\$1,513.80	(\$444.98)	\$0.00	(\$444.98)	\$303.52	
Total Travel Expense	\$47,342.02	\$11,344.87	\$35,997.15	\$3,471.10	\$32,526.05	\$619.12	
Contractual Service Expense							
Consultant - THP	\$7,780.00	\$7,780.00	\$0.00	\$0.00	\$0.00	\$0.00	
Membership/Dues	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Contractual Service Expense	\$7,820.00	\$7,820.00	\$0.00	\$0.00	\$0.00	\$0.00	
Outreach Expense							
Outreach Printing	\$64.32	\$64.32	\$0.00	\$0.00	\$0.00	\$0.00	
Total Outreach Expense	\$64.32	\$64.32	\$0.00	\$0.00	\$0.00	\$0.00	
Board and T&TA Expense							
Training Space Rental	\$900.00	\$1,169.38	(\$269.38)	\$0.00	(\$269.38)	\$0.00	
AV Equipment Rental	\$0.00	\$161.63	(\$161.63)	\$0.00	(\$161.63)	\$0.00	
Conference Host/Sponsor Expense	\$480.00	\$99.14	\$380.86	\$0.00	\$380.86	\$0.00	
Incentives	\$36,000.00	\$3,500.00	\$32,500.00	\$0.00	\$32,500.00	\$3,500.00	
Total Board and T&TA Expense	\$37,380.00	\$4,930.15	\$32,449.85	\$0.00	\$32,449.85	\$3,500.00	
Facilities, Fixtures & Equipment Expense							
Building Rental	\$8,485.66	\$8,485.66	\$0.00	\$0.00	\$0.00	\$0.00	
Facility Operating Expense	\$8,925.00	\$7,290.00	\$1,635.00	\$0.00	\$1,635.00	\$1,575.00	
Total	\$17,410.66	\$15,775.66	\$1,635.00	\$0.00	\$1,635.00	\$1,575.00	
Direct Payment Expense							
Sub-Contract Expense	\$1,496,127.56	\$557,319.69	\$938,807.87	\$404,858.41	\$533,949.46	\$45,034.35	
Mini-Grants	\$310,000.00	\$69,411.00	\$240,589.00	\$0.00	\$240,589.00	\$27,411.00	
Total Direct Payment Expense	\$1,806,127.56	\$626,730.69	\$1,179,396.87	\$404,858.41	\$774,538.46	\$72,445.35	
Total Expenditures	\$2,618,338.15	\$1,009,730.58	\$1,608,607.57	\$415,718.06	\$1,192,889.51	\$125,122.55	

