Local Dental Pilot Project Annual Report: 2019

California Rural Indian Health Board, Inc.
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Introduction

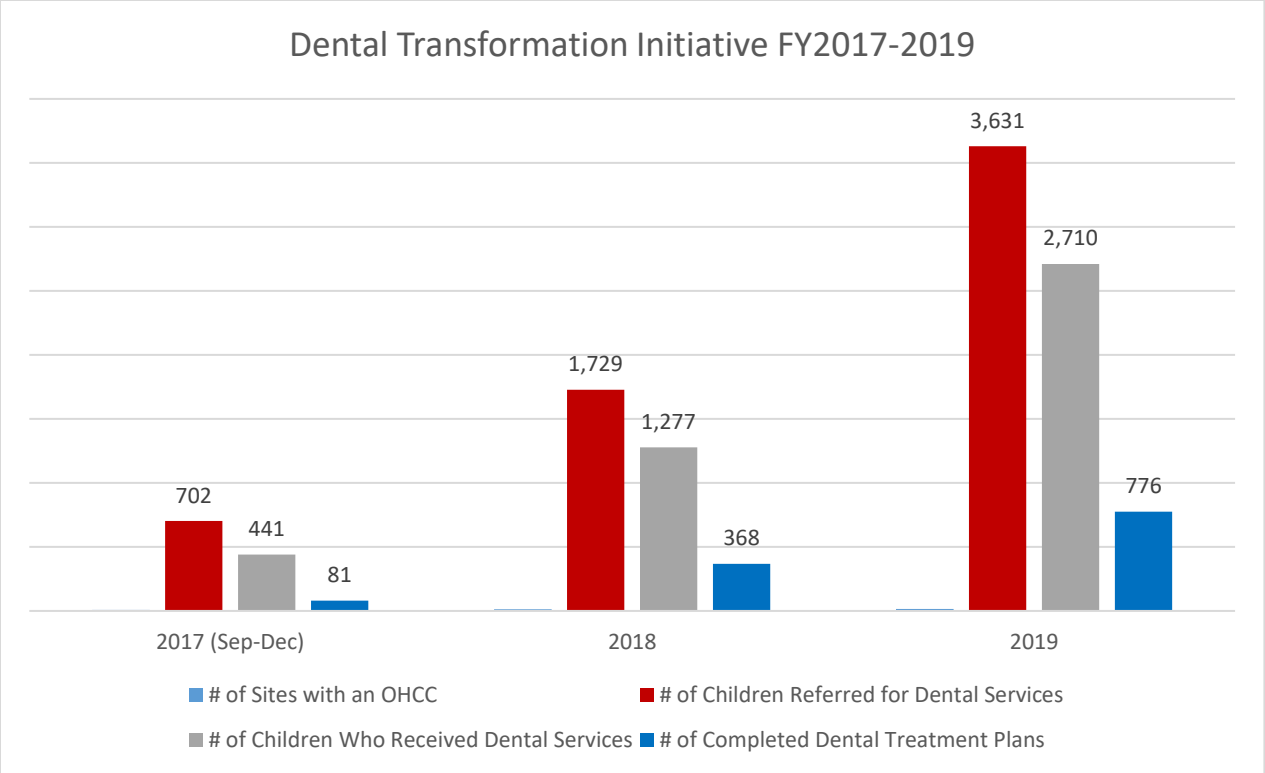
The California Rural Indian Health Board, Inc.'s (CRIHB) Local Dental Pilot Project (LDPP) for the Dental Transformation Initiative (DTI) partners with 12 Tribal/Urban Indian Health organizations, as well as with three Tribal Head Starts and one Women, Infants, and Children (WIC) agency, serving children ages 0-20 across 12 counties. As the lead entity, CRIHB maintains communication with the participating sites and other relevant stakeholders. CRIHB works with each site's designated Oral Health Care Coordinator (OHCC), who is responsible for implementing the LDPP. CRIHB provides training and support to the OHCCs and the employees responsible for maintaining and accessing data from the electronic health records.

Metrics

Self-Reported Data—2019

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

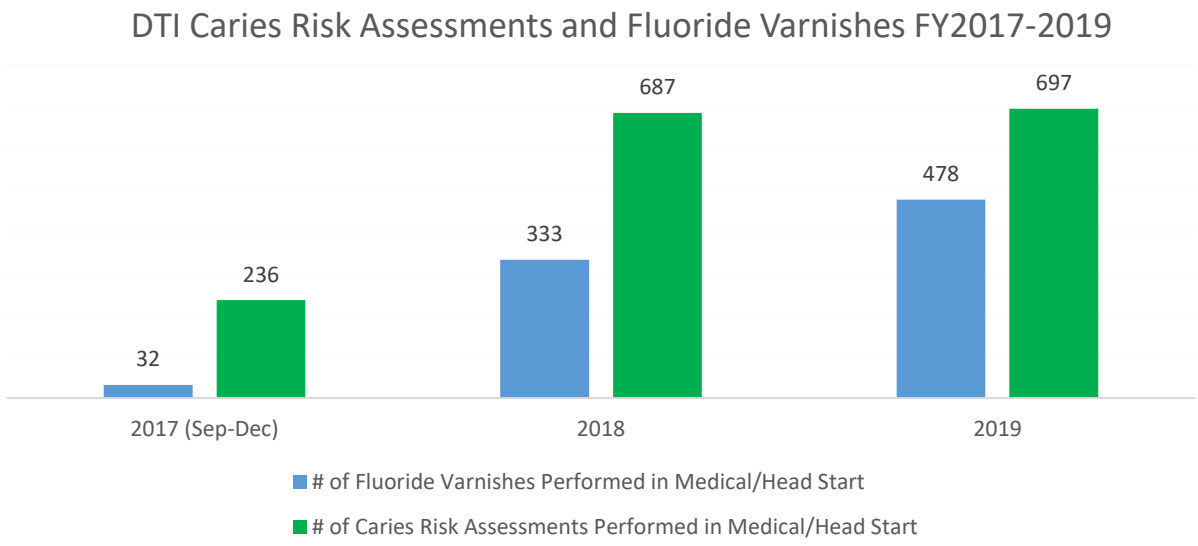
Year	# of Sites with an OHCC	# of Children Referred for Dental Services	# of Children Who Received Dental Services	# of Completed Dental Treatment Plans
Baseline (2016)	0	No data	No data	No data
2017 (Sep-Dec)	8	702	441	81
2018	12	1,729	1,277	368
2019	16	3,631	2,710	776



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 in 2017 to include children ages 0-20. These figures also include the 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)	No data	No data
2017 (Sep-Dec)	32	236
2018	333	687
2019	478	697



Program Activities

Communication: In 2019, CRIHB hosted check-in conference calls in March, May, July, and December. The sessions were recorded for those unable to participate in the calls. In addition to the group check-in calls, the DTI Coordinator made numerous individual check-in calls. The DTI Coordinator hosted a meeting at the Continuing Dental Education Conference in May for all who were interested in DTI. The attendees were all affiliated with CRIHB LDPP Tribal Health Programs (THPs).

With the approval of the budget revision, CRIHB was able to host the first in-person gathering of OHCCs in October. The agenda included the roll out of the Reading Program, a review of care coordination principles, an opportunity for the OHCCs to share ideas and experiences with outreach, and to troubleshoot problems. The OHCCs reported that the gathering was an extremely valuable experience, and they exchanged contact information in order to continue the peer advising.

The quarterly CRIHB Dental Support Center Newsletter included updates of the CRIHB LDPP, No-Show Reduction, and Care Coordination.

The DTI Coordinator presented on oral health and disease prevention at the annual Head Start in-service meeting for all of CRIHB's Head Start sites.

The DTI Coordinator conducted site visits to all project sites.

Presentations: In addition to the bimonthly conference calls, the Annual Dental Conference and the Annual Best Practices Conference for medical providers featured sessions supporting CRIHB's LDPP.

Pertinent Best Practices Conference Topics:

- Motivational Interviewing
- Improving No-Show Rate

Pertinent Dental Conference Topics:

- Motivational Interviewing
- Minimally Invasive Dentistry
- Front Office Etiquette
- Cultural Competency
- A Hands-on Refresher in Pit and Fissure Sealants

Reading Program: With the approval of the budget revision, CRIHB began the Reading Program, with the goal of increasing oral health literacy among the children and their parents. Modeled after the successful Reach Out and Read program, CRIHB purchased selected children's books and trained the OHCCs in how to use them as part of their primary care visits. The program began in November. The OHCCs report great success so far, with both the parents and children being very receptive to the books and their message.

Advisory Committee: CRIHB held the first face-to-face meeting consisting of the reconfigured Advisory Committee in February. The committee discussed what is working, what is not working, and possible program improvements. The recommendations of the committee were executed with the annual budget revision.

Cycle One Mini-Grant Summaries

CRIHB introduced mini-grants during the 2018 budget revision, which provided funds to assist applicants in meeting the goal of reducing decay among Medi-Cal members ages 0-20. The Cycle One project period ran from February to August 2019. Each LDPP sub-contract was eligible to apply for funds of up to $10,000. Seven THPs applied. There were also seven applicants for the Cycle Two mini-grants, which will take place January 2-April 15, 2020. The following is a summary of what they achieved with their Cycle One awards:

- Greenville Rancheria Tribal Health Program (Greenville) focused on increasing caries risk assessment and disease management via outreach events. They participated in several community events, conducting dental screenings and education outreach. They purchased educational materials and brochures and sent postcards inviting members to attend. They collaborated with the Tehama County Public Health Department.
- Karuk Tribal 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' abilities to provide dental treatment for children. They participated in several community events

and school classroom visits, conducting dental screenings and educational 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 assessments, silver diamine fluoride (SDF), and glass ionomers. 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' abilities to provide dental treatment for children. SDF to arrest decay is not yet a Medi-Cal covered benefit, so 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 daycare center, where they applied fluoride varnish and instructed children and parents on the benefits of oral hygiene.
- 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 recall appointments.
- Shingle Springs Health and Wellness Center (Shingle Springs) focused on increasing dental practitioners' abilities to provide dental treatment for children. They sponsored three dentists to attend the American Academy of Pediatric Dentistry Conference. The dentists then returned to the clinic and trained the staff on what they learned at the conference.
- 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.

General Activities—2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Advisory Committee meeting conference call												
Advisory Committee face-to-face		X										
Check-in calls for OHCCs			X		X		X					X
Individual check-in calls			X						X	X		
Annual Best Practices Conference					X							
Annual Dental Conference					X							
Annual Head Start in-service								X				
Email blasts	X	X	X	X	X	X	X	X	X	X	X	X
DSC newsletter	X			X			X					

Individual Program Activities—2019

Program Site	Assigned OHCC at end of 2019	Attended Case Management Training	Site Visit	Caries Risk Assessment Training	Meet or Exceed Annual GPRA Goal 2019	Earned DTI Challenge Award (Clinics Only)
Chapa-De Indian Health Program, Inc.	X	X	2/21/19	9/27/17	Partial	
Greenville Rancheria Tribal Health Program	X	X	11/8/19	9/27/17	yes	
Indian Health Council	X	in progress	9/18/19	12/20/18	no	
Karuk Tribal Health & Human Services Program	X	X	11/6/19	9/27/17	yes	X
Lassen Indian Health Center	X	X	5/1/19	9/27/17	partial	
Pit River Health Service, Inc.	X	X	4/30/19	9/27/17	yes	

Program Site	Assigned OHCC at end of 2019	Attended Case Management Training	Site Visit	Caries Risk Assessment Training	Meet or Exceed Annual GPRA Goal 2019	Earned DTI Challenge Award (Clinics Only)
Round Valley Indian Health Center	X	X	10/3/19	9/27/17	partial	
San Diego American Indian Health Center	X	X	9/18/19	9/4/19	no	
Shingle Springs Health and Wellness Center	X	X	10/30/19	7/3/18	partial	
Toiyabe Indian Health Project, Inc.	X	in progress	7/3/19	4/5/18	partial	
Tule River Indian Health Center, Inc.	X	in progress	7/2/19	6/12/18	partial	
Tuolumne Me-Wuk Indian Health Center	no	no	7/9/19	7/9/19	no	n/a
Tuolumne County Public Health Department—WIC	X	X	7/9/19	9/27/17	n/a	n/a
Elk Valley Rancheria Head Start Center	X	no	11/7/19	no	n/a	n/a
Lytton Rancheria Head Start	X	in progress	10/2/19	9/27/17	n/a	n/a
Manchester Point Arena Head Start	X	X	10/2/19	9/27/17	n/a	n/a

Program Data

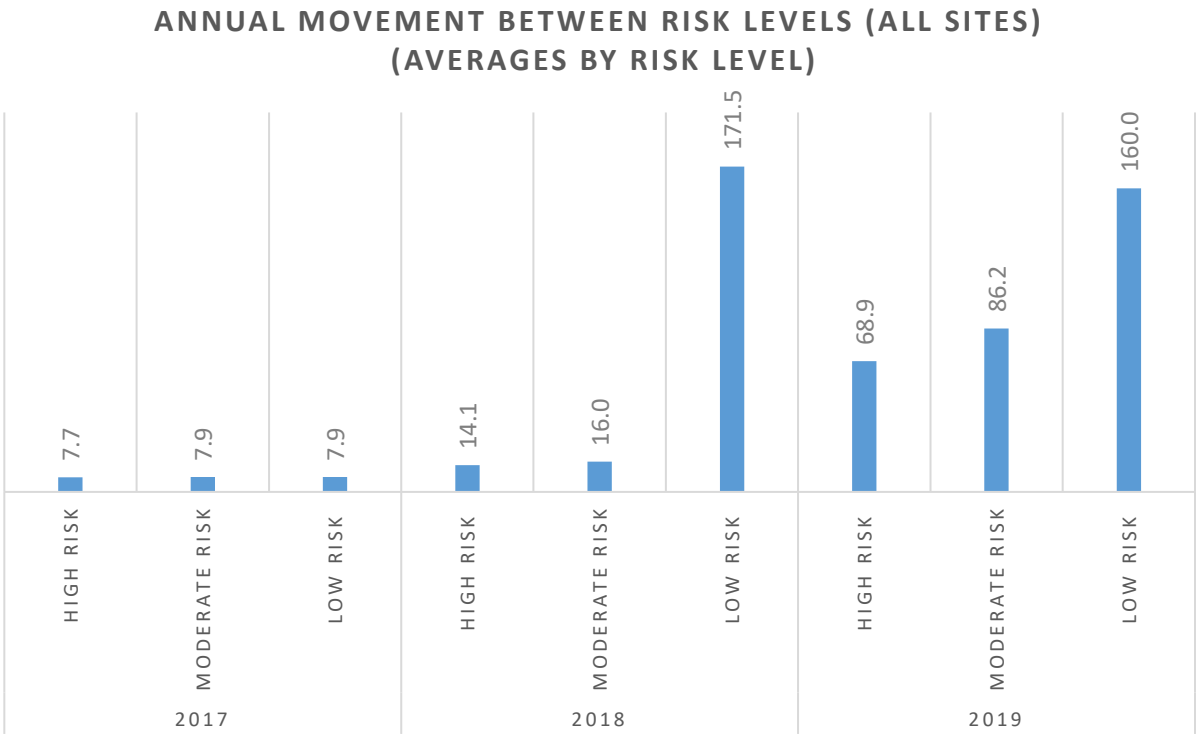
Short-term Self-Reported Data—2019

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/Head Start	# of Caries Risk Assessments Performed in Medical/Head Start	# of Completed Dental Treatment Plans
Chapa-De Indian Health Program, Inc.	3,101	1,145	636	5	66	376
Greenville Rancheria Tribal Health Program	54	38	70	54	52	0
Indian Health Council	30	17	30	0	24	3
Karuk Tribal Health & Human Services Program	26	78	169	18	25	3
Lassen Indian Health Center	21	7	18	11	14	10
Pit River Health Service, Inc.	37	696	318	59	16	217
Round Valley Indian Health Center	75	531	556	6	85	88
San Diego American Indian Health Center	6	5	6	6	6	0
Shingle Springs Health and Wellness Center	40	54	40	18	38	2
Toiyabe Indian Health Project, Inc.	13	6	23	23	23	13
Tule River Indian Health Center, Inc.	2	24	29	29	29	24

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/Head Start	# of Caries Risk Assessments Performed in Medical/Head Start	# of Completed Dental Treatment Plans
Tuolumne Me-Wuk Indian Health Center	82	35	72	236	206	33
Tuolumne County Public Health Department—WIC	83	7	74	0	83	2
Elk Valley Rancheria Head Start Center	53	60	50	0	0	0
Lytton Rancheria Head Start	7	6	20	13	30	5
Manchester Point Arena Head Start	1	1	20	0	0	0
Totals	3,631	2,710	2,131	478	697	776

Long-term Self-Reported Data—2019

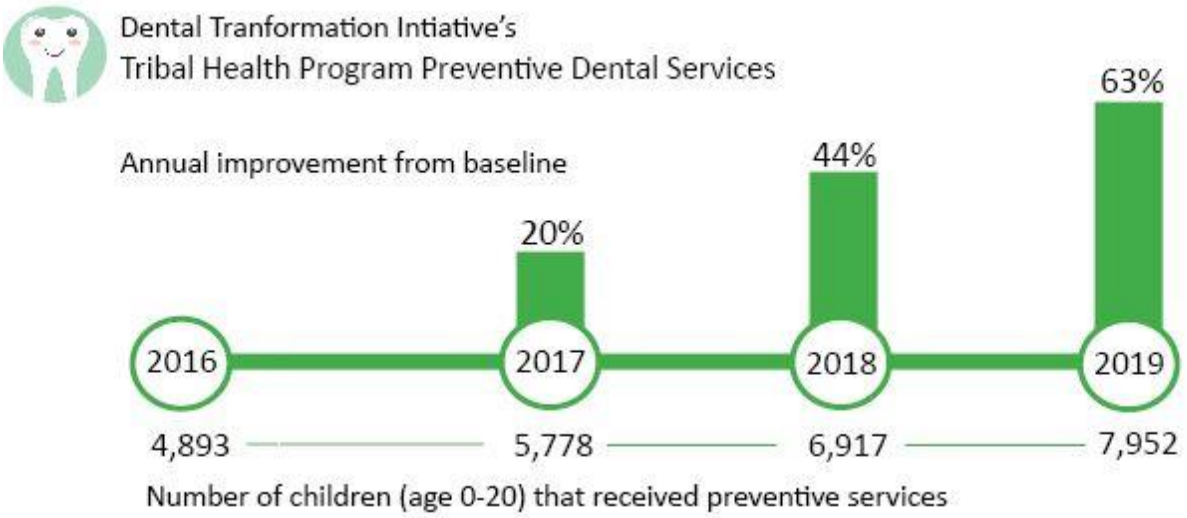
CRIHB's LDPP is seeking to create a positive change over time in the ratio of low caries risk to high caries risk. As indicated below, there does not appear to be a consistent pattern of change in caries risk levels. This may be due to the inconsistencies among sites in performing the caries risk assessment as part of the well-child visits. Additionally, the length of the LDPP may not be long enough to show a meaningful change from high to low risk. With the short duration of the LDPP, the clinics are still bringing new children into care, which has kept the high and moderate risk levels relatively elevated.



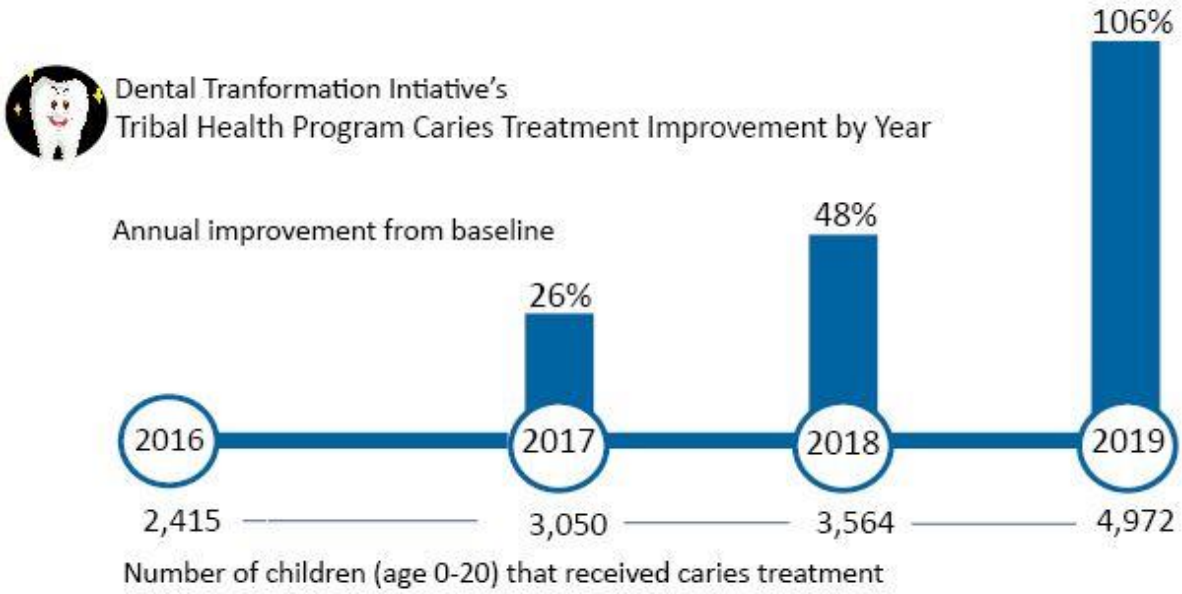
The LDPP is also seeking to create an increase in the ratio of preventive treatment to restorative treatment. There does not appear to be significant movement in this ratio over the course of the project. There has been a large increase in the overall numbers of *both* types of treatments.

2019 Ratio Preventive: Restorative Treatment	1.2:1
2018 Ratio Preventive: Restorative Treatment	1.2:1
2017 Ratio Preventive: Restorative Treatment	1.1:1

- *Increase in preventive dental services*



- *Increase in restorative dental services*



- Individual sites:
    - Greenville had the highest increase in caries treatment above baseline, with a 166% increase in 2019.
    - Tuolumne Me-Wuk followed with a 49% increase in caries treatment above baseline in 2019.

- Tule River Indian Health Center, Inc. had the highest increase in percent of caries treatment to preventive treatment, with a 14.43% increase to baseline, exceeding the access goal challenge.
- Karuk increased their percent of caries treatment to preventive treatment by 12.01% to baseline, exceeding the access goal challenge for the third consecutive year.
    - FY 2017 goal 3%: 5.5% higher than baseline
    - FY 2018 goal 5%: 46.6% higher than baseline
    - FY 2019 goal 7.5%: 12.0% higher than baseline

Challenges and Obstacles

The biggest challenge continues to be that some of the clinics are not able to maintain consistent staffing. San Diego American Indian Health Center has been without a Medical Director for most of 2019. Pit River Health Service, Inc. has been without a Medical Director for over a year. Lassen Indian Health Center and Round Valley Indian Health Center were without a Dental Director for three to four months. Turnover among medical providers has resulted in inconsistent data reports, as THPs often must fill vacant positions with locum tenens, who may not be knowledgeable in oral health. In addition, some sites lack dental providers who feel confident providing treatment to children. CRIHB encourages them to avail themselves of training opportunities through both the Indian Health Service and the American Academy of Pediatric Dentistry. An additional challenge is a shortage of medical and dental assistants, which sometimes pulls the OHCCs into performing those jobs instead of the OHCC duties.

As shown in the self-reported data, the numbers are low in fluoride varnish application. The OHCCs report that one of the biggest reasons for the low numbers of fluoride varnish applications in primary care is that parents do not want it, or the parents allow the children to decide, and the children decline it. There is a clear need for parental education on the benefits of fluoride.

Progress

Previously, CRIHB 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 used their mini-grant to send three dentists to the annual meeting of the American Academy of Pediatric Dentistry for training in techniques for treating young children. These dentists returned and trained the rest of the staff. Karuk used part of their mini-grant to train staff in the use of silver diamine fluoride to arrest decay and the use of glass ionomers in minimally invasive techniques.

The LDPP sites report a significant increase in their ability to do outreach, which was made possible by the Decay Reduction mini-grants. The THPs are attending many more community events, performing oral health education, and funneling new patients to the dental clinics.

Often these events include fluoride varnish application. As a result of these events, CRIHB expects to see an increase in dental visits, both preventive and restorative.

With less than a year left in the LDPP, some of the sites are beginning to consider sustainability. These sites are transitioning the OHCCs to focus on outreach and care coordination while training the medical assistants and medical providers to assume the oral health education and fluoride varnish application.

Expenses

The expenditures of 2019 totaled $745,437, of which $416,248 went to Oral Health Care Coordinator salary reimbursements to the sub-contracted sites. Salaries for administration and Tribal Head Start staff totaled $185,657. Mini-grants totaled $104,411. The total expenditure for office, program, and educational supplies was $19,957. Advisory Council, OHCC Gathering, and staff travel totaled $8,446. Facilities expenses totaled $6,240. DTI Challenge incentives awarded $3,500. OHCC Gathering expenses were $802. The remaining $176 was made up of postage, printing, and the purchase of publications. See the financial statement on the following page.

California Rural Indian Health Board, Inc.
BUDGETARY PROFIT & LOSS STATEMENT
DTI PROJECT REPORT 1/1/19 - 12/31/19

	PROJECT BUDGET	PROJECT COSTS	VARIANCE	UNENCUMBERED
INCOME				
Grant & Contract Income				
State Grant Revenue	$740,656.00	$745,437.24	($4,781.24)	($4,781.24)
Carryover - State Grant Rev	$343,928.65	$0.00	$343,928.65	$343,928.65
Total Grant & Contract Income	$1,084,584.65	$692,185.15	$339,147.41	$339,147.41
Total Income	**$1,084,584.65**	**$745,437.24**	**$339,147.41**	**$339,147.41**
EXPENDITURES				
Payroll Expense				
Salary & Wage Expense	$147,049.00	$148,234.05	($1,185.05)	($1,185.05)
Taxes & Benefits	$47,056.00	$37,422.84	$9,633.16	$9,633.16
Total Payroll Expense	$194,105.00	$185,656.89	$8,448.11	$8,448.11
Supply Expense				
Supplies - Budget Only	$51,789.65	$0.00	$51,789.65	$51,789.65
Office Supplies	$480.00	$62.27	$417.73	$417.73
Program Supplies	$12,480.00	$12,147.30	$332.70	$332.70
Education Supplies	$6,725.00	$7,581.91	($856.91)	($856.91)
Small Equipment < $500	$0.00	$165.11	($165.11)	($165.11)
Total Supply Expense	$71,474.65	$19,956.59	$51,518.06	$51,518.06
Other Operating Expense				
Printing - Internal	$0.00	$0.86	($0.86)	($0.86)
Postage Expense	$0.00	$141.53	($141.53)	($141.53)
Total Other Operating Expense	$0.00	$142.39	($142.39)	($142.39)
Travel Expense				
Staff Travel	$6,865.00	$3,394.73	$3,470.27	$3,470.27
Participant Travel	$9,705.00	$2,686.27	$7,018.73	$7,018.73
Advisory/Policy Council Travel	$3,500.00	$1,521.50	$1,978.50	$1,978.50
GSA Vehicle Usage	$0.00	$843.14	($843.14)	($843.14)
Total Travel Expense	$20,070.00	$8,445.64	$11,624.36	$11,624.36
Training Expense				
Publications	$0.00	$34.95	($34.95)	($34.95)
Total Training Expense	$0.00	$34.95	($34.95)	($34.95)
Board and T&TA Expense				
Training Space Rental	$0.00	$269.38	($269.38)	($269.38)
AV Equipment Rental	$0.00	$161.63	($161.63)	($161.63)
Conference Host/Sponsor Expense	$480.00	$370.93	$109.07	$109.07
Incentives	$18,000.00	$3,500.00	$14,500.00	$14,500.00
Total Board and T&TA Expense	$18,480.00	$4,301.94	$14,178.06	$14,178.06
Facilities, Fixtures & Equipment Expense				
Facility Operating Expense	$6,300.00	$6,240.00	$60.00	$60.00
Total	$6,300.00	$6,240.00	$60.00	$60.00
Direct Payment Expense				
Sub-Contract Expense	$584,155.00	$416,247.84	$167,907.16	$167,907.16
Mini-grants	$190,000.00	$104,411.00	$85,589.00	$85,589.00
Total Direct Payment Expense	$774,155.00	$520,658.84	$253,496.16	$253,496.16
Total Expenditures	**$1,084,584.65**	**$745,437.24**	**$339,147.41**	**$339,147.41**