# Local Dental Pilot Project Quarterly Report: Oct-Dec 2019

California Rural Indian Health Board, Inc. 1020 Sundown Way Roseville, CA 95661

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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—4th Quarter 2019

**Pilot 1:** Integrate 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	0			
(2016)				
2017 (Sep- Dec)	8	702	441	81
2018	12	1729	1277	368
2019 (Jan- Sep)	17	2136	1859	560
2019 (Oct- Dec)	16	1086	715	182

**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 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- Sep)	406	536			
2019 (Oct- Dec)	72	161			

# Individual Site Metrics—4<sup>th</sup> 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	916	244	410	0	0	87
Greenville	17	11	20	17	17	0
Indian Health Council	7	4	7	0	5	2
Karuk	4	12	4	1	4	0
Lassen	2	0	4	0	0	2
Pit River	20	180	86	19	6	67
Round Valley	34	181	59	0	59	18
San Diego	4	4	4	4	4	0
<b>Shingle Springs</b>	11	10	7	3	6	0
Toiyabe-Bishop	0	6	6	6	6	0
Tule River	0	0	0	0	0	0
Tuolumne Me- Wuk	18	10	16	9	18	3
<b>Tuolumne WIC</b>	12	5	12	NA	12	1
Elk Valley Head Start	35	46	45	NA	NA	NA
Lytton Head Start	5	1	16	NA	NA	NA
Manchester/Point Arena Head Start	1	1	20	NA	NA	NA

### Program Activities

**Communication:** The LDPP coordinator hosted a check-in conference call in December 2019, with the main topics of *The Future of the Dental Transformation Initiative* and our focus in the final year. The session was recorded for those unable to participate in the live session. In addition, there were site visits to Greenville Rancheria Tribal Health Program, Karuk Tribal Health and Human Services Program, Round Valley Indian Health Center, Shingle Springs Tribal Health and Wellness Center, Elk Valley Rancheria Head Start Center, Lytton Rancheria Head Start, and Manchester Point Arena Head Start. In October, there were individual check-in calls.

# **General Activities**

	Oct 2019	Nov 2019	Dec 2019
Advisory Committee meeting conference call			
Educational webinar or check-in for OHCCs			Х
Individual check-in calls	Χ		
Annual Head Start in-service (Aug)			
Email blasts	Χ	Χ	Х
DTI challenge awards			
Quarterly DSC newsletter			

# **Individual Program Activities**

Program Site	Assigned OHCC	Attended Case Management Training	Last Site Visit	Caries Risk Assessment Training	
Chapa-De	X	Χ	2/21/19	9/27/17	
Greenville	X	Χ	11/8/19	9/27/17	
Indian Health Council	X	In-Progress	9/18/19	12/20/18	
Karuk-Yreka	Х	Х	11/6/19	9/27/17	
Karuk-Happy Camp	no		5/31/18	9/27/17	
Lassen	Х	Х	5/1/19	9/27/17	
Pit River	Х	Х	4/30/19	9/27/17	
Round Valley	X	Х	10/3/19	9/27/17	
San Diego	Х	Х	9/18/19	9/4/19	
Shingle Springs	X	Х	10/30/19	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	Χ	7/2/19	6/12/18	
Tuolumne Me Wuk	no	no	7/9/19	no	
Tuolumne WIC	X	Х	7/9/19	9/27/17	
Elk Valley Head Start	X	no	11/7/19	no	
Lytton Head Start	Х	In-Progress	10/2/19	9/27/17	
Manchester/Point Arena Head Start	X	Х	10/2/19	9/27/17	

#### **Cycle 2 Mini-Grants**

In November 2019, CRIHB released the Request for Proposals for Cycle 2 of the Decay Reduction Mini-Grant. (See attached.) Seven Tribal Health Programs (THP) applied for up to \$10,000 to further the objectives of CRIHB's LDPP. The project period will run January 2, 2020 through April 15, 2020.

### Challenges and Obstacles

The biggest ongoing challenge continues to be turnover among medical providers, dental providers, and in some cases, OHCCs. Without a firm policy in place that prioritizes oral health in well-child visits, the LDPP often must be restarted with each change of providers. The most successful THPs receive strong support from their leadership, who require oral health screenings, caries risk assessment, and fluoride varnish to be part of well-child visits. The OHCCs report that the biggest reason 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**

As the pool of clinic patients within the LDPP target has become exhausted over time, our OHCCs have increased the number of outreach events they are doing. This has enabled the OHCCs to reach even more children and bring them into care.

### **Future Program Events**

February 18, 2020 Bi-Monthly OHCC check-in conference call

TBD (Mar-July, 2020) Annual Face-to-Face Advisory Committee meeting

### Expenses

The expenditures of this quarter totaled \$179,519, of which \$78,487 went to OHCC salary reimbursements, and \$35,000 went to Decay Reduction Mini-Grants. Salaries for administration and Tribal Head Start staff totaled \$53,143, and \$7,082 was spent on program supplies. Facility operating expenses totaled \$1,575. Staff and participant travel expenses totaled \$3,783. Conference host expense was \$272. Training and postage expenses totaled \$177. Please refer to the financial statement on the following page.

		Califo	rnia Rura					
		BUDGETARY PROFIT & LOSS STATEMENT						
		D	TIPROJECT	REPORT 10/1	/19 - 12/31	/19		
				PROJECT				CURRENT
			PROJECT	COSTS TO DATE		ENCUM BRANCES		PERIOD COSTS
			BUDGET	1/1/2019 12/31/2019	VARIANCE	YEAR TO DATE	UNENCUM BERED	10/1/2019 12/31/2019
INCOME								
Grant & Co	ontract Income							
	State Gran	nt Revenue	\$740,656.00	\$621,819.83	\$118,836.17	\$0.00	\$118,836.17	\$179,518.75
	Carryover	- State Grant Rev	\$343,928.65	\$0.00	\$343,928.65	\$0.00	\$343,928.65	\$0.00
	Total Grant &	& Contract Income	\$1,084,584.65	\$621,819.83	\$462,764.82	\$0.00	\$462,764.82	\$179,518.75
	Total Income		\$1,084,584.65	\$621,819.83	\$462,764.82	\$0.00	\$462,764.82	\$179,518.75
EVDENIDITIO	70							
EXPENDITURE Powell From								
Payroll Ex	•	W F	¢1.47.040.00	¢144 100 01	62.044.00	#0.00	\$2.0cc.00	#42 BD5 22
	-	Wage Expense	\$147,049.00	\$144,182.01	\$2,866.99	\$0.00	\$2,866.99	\$42,895.23
	Taxes & I		\$47,056.00	\$36,125.72	\$10,930.28	\$0.00	\$10,930.28	\$10,248.14
	Total Payrol	I Expense	\$194,105.00	\$180,307.73	\$13,797.27	\$0.00	\$13,797.27	\$53,143.37
Supply Exp								
Supplies - Budge	-		\$51,789.65	\$0.00	\$51,789.65	\$0.00	\$51,789.65	\$0.00
	Office Sup	-	\$480.00	\$62.27	\$417.73	\$0.00	\$417.73	\$0.00
	Program S		\$12,480.00	\$12,147.30	\$332.70	\$0.00	\$332.70	\$11,870.00
	Education		\$6,725.00	\$7,137.91	(\$412.91)	\$0.00	(\$412.91)	(\$4,788.14)
	Small Equ	ipment < \$500	\$0.00	\$165.11	(\$165.11)	\$0.00	(\$165.11)	\$0.00
	Total Supply	Expense	\$71,474.65	\$19,512.59	\$51,962.06	\$0.00	\$51,962.06	\$7,081.86
Other Ope	rating Expense							
	Printing -	Internal	\$0.00	\$0.86	(\$0.86)	\$0.00	(\$0.86)	\$0.00
	Postage E	xpense	\$0.00	\$141.53	(\$141.53)	\$0.00	(\$141.53)	\$141.53
	Total Other	Operating Expense	\$0.00	\$142.39	(\$142.39)	\$0.00	(\$142.39)	\$141.53
Travel Expe	ense							
	Staff Trav	/el	\$6,865.00	\$3,394.73	\$3,470.27	\$0.00	\$3,470.27	\$1,361.25
	Participar	nt Travel	\$9,705.00	\$2,166.53	\$7,538.47	\$0.00	\$7,538.47	\$2,023.64
	Advisory/	Policy Council Travel	\$3,500.00	\$1,521.50	\$1,978.50	\$0.00	\$1,978.50	\$0.00
	GSA Vehic	cle Usage	\$0.00	\$843.14	(\$843.14)	\$0.00	(\$843.14)	\$398.16
	Total Travel	Expense	\$20,070.00	\$7,925.90	\$12,144.10	\$0.00	\$12,144.10	\$3,783.05
Training Ex								
	Publicatio	ns	\$0.00	\$34.95	(\$34.95)	\$0.00	(\$34.95)	\$34.95
	Total Trainin	ng Expense	\$0.00	\$34.95	(\$34.95)		(\$34.95)	\$34.95
Board and	T&TA Expense				. ,		` ′	
		Space Rental	\$0.00	\$269.38	(\$269.38)	\$0.00	(\$269.38)	\$0.00
	-	ment Rental	\$0.00	\$161.63	(\$161.63)		(\$161.63)	\$0.00
		ce Host/Sponsor Expen		\$370.93	\$109.07	\$0.00	\$109.07	\$271.79
	Incentives		\$18,000.00	\$3,500.00	\$14,500.00	\$0.00	\$14,500.00	\$0.00
		and T&TA Expense	\$18,480.00	\$4,301.94	\$14,178.06	\$0.00	\$14,178.06	\$271.79
Facilities 1	Fixtures & Equip		- 10,.00.00	Ų.,301.7T	1,170.00	ψ0.00	¥1.,170.00	Ψ2.11.77
		perating Expense	\$6,300.00	\$6,240.00	\$60.00	\$0.00	\$60.00	\$1,575.00
	Total	peraring Expense	\$6,300.00	\$6,240.00	\$60.00	\$0.00	\$60.00	\$1,575.00
Direct Days	ment Expense		ψ0,500.00	φυ,2πυ.υυ	φ00.00	φυ.υυ	φυσ.υσ	φ1,575.00
Directrayl		act Expense	\$584,155.00	\$298,943.33	\$285,211.67	\$276,291.20	\$8,920.47	\$78,487.20
		-				\$276,291.20	-	
	Mini-gran		\$190,000.00	\$104,411.00	\$85,589.00		\$85,589.00	\$35,000.00
	ı otai Direct	Payment Expense	\$774,155.00	\$403,354.33	\$370,800.67	\$276,291.20	\$94,509.47	\$113,487.20
	Total Expendit	ures	\$1,084,584.65	\$621,819.83	\$462,764.82	\$276,291.20	\$186,473.62	\$179,518.75