Local Dental Pilot Project Annual Report: 2020

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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) partnered with 12 Tribal/Urban Indian Health organizations, three Tribal Head Start programs, and one Women, Infants, and Children (WIC) agency to collectively reduce the incidence of dental decay among children ages 0-20 across 12 counties. As the lead entity, CRIHB maintained communication with participating sites and other relevant stakeholders. CRIHB worked with each site's designated Oral Health Care Coordinator (OHCC), who was responsible for implementing the LDPP. CRIHB provided training and support to the OHCCs and employees responsible for maintaining and accessing data from electronic health records.

Metrics

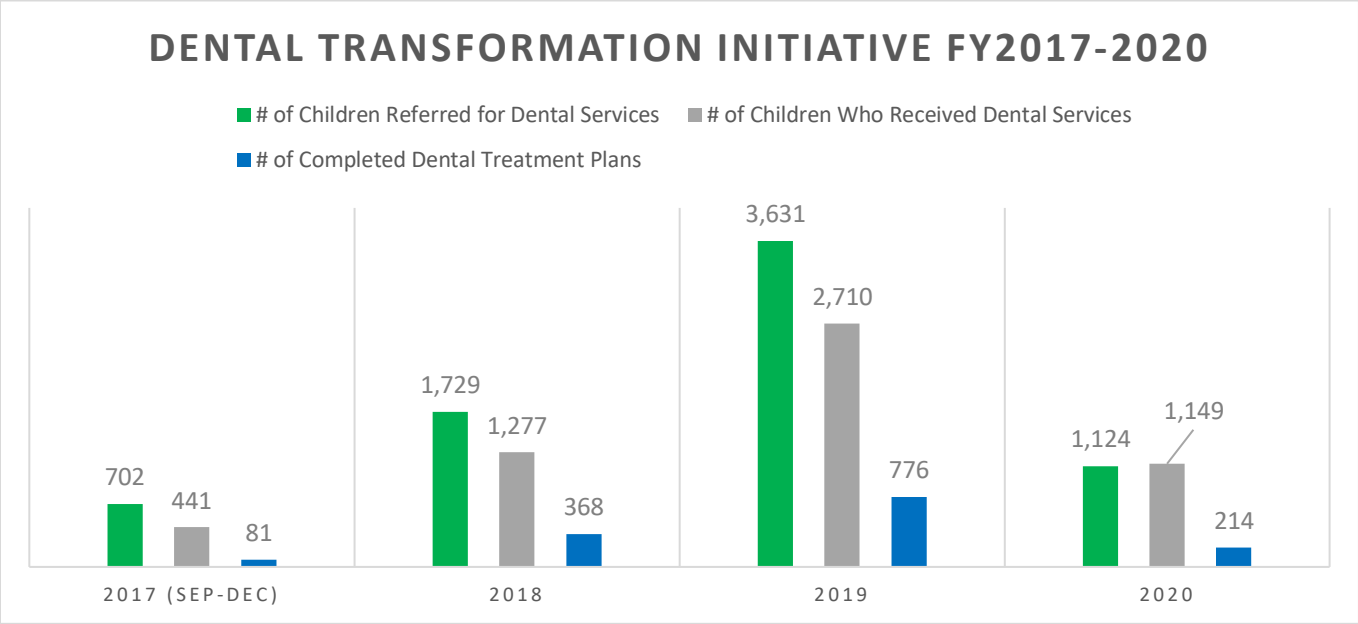
Self-Reported Data—2020

Pilot 1: Integrated an OHCC at the primary care setting to help facilitate dental integration, including medical, dental, behavioral health, and social services. The OHCC worked to increase oral health access for Medi-Cal beneficiary children ages 0-20. The OHCC measured results by tracking the number of fulfilled dental referrals and dental appointments among this target population. Please refer to Table 1 and Figure 1 for a summary of the OHCC self-reported data collected for Pilot 1.

Table 1. Pilot 1: OHCC Self-Reported Data By Year

Year	# of Sites with an OHCC at End of Period	# of Children Referred for Dental Services	# of Children Who Received Dental Services	# of Completed Dental Treatment Plans
2020	10	1,124	1,149	214
2019	16	3,631	2,710	776
2018	12	1,729	1,277	368
2017 (Sep-Dec)	8	702	441	81
Baseline (2016)	0	No data	No data	No data

Figure 1.



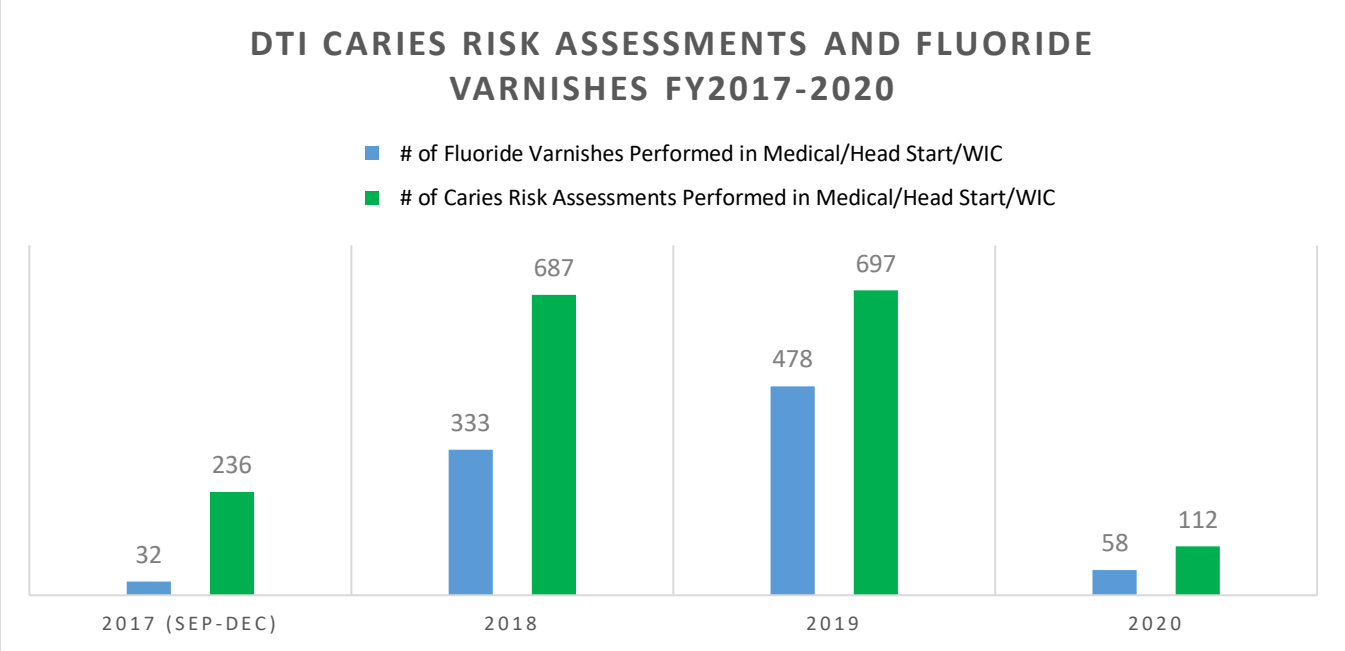
Pilot 2: Leveraged the OHCC in the primary care setting to apply fluoride varnish and help the primary care provider incorporate routine caries risk assessments (CRA). These treatments occur during tandem well-child visits in order to augment the delivery of preventive dental services among children ages 0-6**.** Please refer to Table 2 and Figure 2 for Pilot 2 treatment data by year.

NOTE: This was modified in 2017 to include children ages 0-20. These figures include data from 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.

Table 2. Pilot 2: Treatment Data By Year

Year	# of Fluoride Varnishes Performed in Medical/Head Start/WIC	# of CRAs Performed in Medical/Head Start/WIC
2020	58	112
2019	478	697
2018	333	687
2017 (Sep-Dec)	32	236
Baseline (2016)	No data	No data

Figure 2.



Program Activities

Reach Out and Read Program: CRIHB continued the Reading Program, with the goal of increasing oral health literacy among children and their parents. Modeled after the successful Reach Out and Read program, CRIHB purchased select children's books with a focus on oral health and incorporated them into children's primary care visits. CRIHB provided training to OHCCs on how to execute the program. OHCCs report that the program is popular with parents, children, and providers, and indicate that they believe it is having the intended effect.

Communication: The CRIHB LDPP coordinator communicated with participating programs via monthly conference calls, webinars, in-person visits, and shared updates over e-mail.

- **Conference Calls:** The CRIHB LDPP coordinator hosted a Zoom check-in call with the OHCCs in February 2020. During the call, the LDPP coordinator shared the Department of Health Care Services' (DHCS) plans to incorporate the more successful aspects of DTI into the California Advancing and Innovating Medi-Cal (CalAIM) initiative. The LDPP coordinator also solicited feedback on the Reach out and Read program. OHCCs reported that participants display high enthusiasm for the program, specifying that it helped children and parents gain interest and understanding for oral health. All other monthly OHCC check-ins were canceled due to the reductions in clinic staffing as a result of more stringent infection control policies and strict social distancing measures implemented during the COVID-19 pandemic. In lieu of group calls, the CRIHB LDPP Coordinator had numerous individual check-in calls over the remainder of the year.

- **Site visits:** The CRIHB LDPP Coordinator made a site visit to Chapa-De Indian Health Program, Inc.—Grass Valley site in February 2020. Also, in February the CRIHB LDPP coordinator conducted a training and site visit to Tule River Indian Health Center, Inc. Other site visits were canceled due to travel and social distancing restrictions related to COVID-19.
- **Newsletter:** The semi-annual CRIHB Dental Support Center Newsletter included updates of the CRIHB LDPP.
- **Conference:** The Annual Dental Conference and Annual Best Practices Conferences were cancelled due to COVID-19. Dental providers were encouraged to take online courses in minimally invasive dentistry, treatment of pediatric patients, and other relevant courses.
- **Materials:** All program materials, including reports, recordings of conference calls/webinars, and program materials are uploaded to the CRIHB DTI webpage, found at https://crihb.org/dental-transformation-initiative/.

Cycle 2 Mini-Grant Summaries: Cycle 2 of the Decay Reduction Mini-Grant ran from January 2, 2020 to April 15, 2020. Seven Tribal Health Programs (THP) participated in alternative projects to further the objectives of increasing dental prevention and restorative treatment for children ages 0-20. The following is a summary of what they achieved using their awards.

- **Chapa-De Indian Health Program, Inc.:** The Chapa-De Indian Health Program, Inc. focused on completing Dental School Screening Events at up to nine area schools, screening at least 1,000 children. In addition, they provided these children with an oral health education program. Chapa-de sent letters home with students that reminded parents/guardians of the importance of regular dental visits for their children. They also coordinated with the school nurses to follow up with parents/guardians of children with urgent and immediate needs to ensure that they receive care. During the COVID-19 pandemic, clinics and schools were shut down, which halted progress for the program. However, even though Chapa-De concluded the project early, they still succeeded in screening 762 children.
- **Greenville Rancheria Tribal Health Program:** The Greenville Rancheria Tribal Health Program focused on three priorities: increasing dental referrals from the medical department, increasing CRAs, and increasing disease management procedures. They raised awareness for these priorities through three community outreach events, during which they distributed brochures and other educational materials and showed educational videos. Greenville successfully increased referrals from the medical department, yet community outreach was minimal due to cancelled events as a result of the COVID-19 pandemic.
- **Karuk Tribal Health & Human Services Program:** The Karuk Tribal Health & Human Services Program focused on training its staff to use Electronic Health Record software to manage patient records and schedule re-care appointments. The Program's Dental

Director attended training in CRA and treating pediatric patients. The Director then trained staff in these areas as well.

- **Pit River Health Service, Inc.:** The Pit River Health Service, Inc. focused on increasing disease management and dental preventive care. They made monthly visits to the Tribal daycare center, where they gave a presentation on the importance of good oral hygiene to children and parents. During these presentations, they offered live fluoride varnish treatment, distributed books on dental health, and passed out high-fluoride toothpaste and fluoride supplements. They also provided silver diamine fluoride treatments to children awaiting surgical procedure or those seeking decay treatment at a clinic.
- **Shingle Springs Health and Wellness Center:** The Shingle Springs Health and Wellness Center focused on increasing their dental practitioners' abilities to treat young children. They did this by sponsoring three dentists to attend a conference from the American Academy of Pediatric Dentistry in May 2020. However, the conference was canceled due to the COVID-19 pandemic, and the project received an extension to complete the training.
- **Toiyabe Indian Health Project, Inc.:** The Toiyabe Indian Health Project, Inc. focused on increasing dental preventive care by increasing the number of hours they provided preventive treatments. They extended their hours of operation to 6:00 p.m. Monday through Friday and added a dental hygienist on Saturdays. With extended hours of operation, Toiyabe increased the number of sealants and fluoride treatment services.
- **Tule River Indian Health Center, Inc.:** The Tule River Indian Health Center, Inc. focused on dental prevention and created the Super Smile Olympics in which they educated patients about oral hygiene at several successive visits and checked their oral health knowledge and plaque scores at each visit. They awarded prizes to participants for meeting goals. Tule River reported great enthusiasm for the project from both patients and staff and significant oral hygiene improvements in participants.

Cycle 3 Mini-Grant Summaries: Cycle 3 of the Decay Reduction Mini-Grant ran from November 16, 2020, through December 31, 2020. Each LDPP sub-contract was eligible to apply for funds of up to $20,000. Six THPs participated in alternative projects to further the objectives of increasing dental prevention and restorative treatment for children ages 0-20. The following is a summary of what they achieved using their awards.

- **Greenville Rancheria Tribal Health Program:** Greenville Rancheria Tribal Health Program focused on dental prevention, CRA and disease management through increased medical/dental department coordination and increased telephone outreach to patients. They provided pediatric patients with brochures, educational materials, and dental homecare products.
- **Pit River Health Service, Inc.:** Pit River Health Service, Inc. focused on training dental staff in silver diamine fluoride and wet-field dental sealants application. In addition, they increased staff time for reaching out to patients who were past due for care due to the

COVID-19 pandemic. They provided pediatric patients with dental homecare products and fluoride supplements.

- **San Diego American Indian Health Center:** San Diego American Indian Health Center focused on prevention of caries and gingivitis for Medi-Cal eligible patients ages 0-20. They provided to pediatric patients dental homecare products, including electric toothbrushes and MI Paste Plus®. San Diego provided dental homecare instructions and used the products as incentives for appointment compliance. The no-show rate dropped from 11% to 7.5% by the end of the project period.
- **Shingle Springs Health and Wellness Center:** Shingle Springs Health and Wellness Center focused on prevention of caries and gingivitis for Medi-Cal eligible patients ages 0-20. They provided to pediatric patients dental homecare products, including electric toothbrushes and Clinpro™ 5000. They provided dental homecare instructions and used the products as incentives for appointment compliance.
- **Toiyabe Indian Health Project, Inc.:** The project of Toiyabe Indian Health Project, Inc. focused on increasing dental prevention by participating in two "drive thru" outreach events, where they provided dental homecare supplies and instructions and encouraged patients to schedule appointments. As a result, dental office staff were able to increase preventive dental visits by offering priority scheduling of appointments for Medi-Cal members ages 0-20.
- **Tule River Indian Health Center, Inc.:** Tule River Indian Health Center, Inc. hosted a new round of their popular and successful Super Smile Olympics, which involved educating patients about oral hygiene at several successive visits and checking their oral health knowledge and plaque scores at subsequent visits. Tule River reports great enthusiasm for the project from both patients and staff and significant oral hygiene improvements in participants.

General Activities Conducted During 2020

Table 3. General Activities Conducted During 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Advisory Committee meeting conference call			Conference calls replaced with email updates									
Advisory Committee face-to-face			Cancelled due to COVID-19									
Check-in calls for OHCCs		X										
Individual Program check-in calls	X		X	X	X	X	X	X	X	X	X	X
Annual Best Practices Conference			Cancelled due to COVID-19									

Table 3. General Activities Conducted During 2020	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Dental Conference			Cancelled due to COVID-19									
Annual Head Start in-service			Cancelled due to COVID-19									
Email blasts	X	X	X	X	X	X	X	X	X	X	X	X
DSC newsletter	X					X						

Individual Program Activities Conducted During 2020

Table 4. Individual Program Activities Conducted During 2020 Program Site	Assigned OHCC at end of 2020	Attended Case Management Training	Last Site Visit	CRA Training	Meet or Exceed Annual GPRA Goal 2020	Earned DTI Challenge Award (Clinics Only)
Chapa-De Indian Health Program, Inc.			2/21/19		No	X
Greenville Rancheria Tribal Health Program	X	X	11/8/19	9/27/17	No	
Indian Health Council	X	Incomplete	9/18/19	12/20/18	No	
Karuk Tribal Health & Human Services Program	X	X	11/6/19	9/27/17	No	X
Lassen Indian Health Center			5/1/19		No	
Pit River Health Service, Inc.	X	X	4/30/19	9/27/17	No	X
Round Valley Indian Health Center			10/3/19		No	
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	No	
Toiyabe Indian Health Project, Inc.	X	Incomplete	7/3/19	4/5/18	No	

Table 4. Individual Program Activities Conducted During 2020 Program Site	Assigned OHCC at end of 2020	Attended Case Management Training	Last Site Visit	CRA Training	Meet or Exceed Annual GPRA Goal 2020	Earned DTI Challenge Award (Clinics Only)
Tule River Indian Health Center, Inc.			7/2/19	6/12/18	No	
Tuolumne Me-Wuk Indian Health Center			7/9/19		No	
Tuolumne County Public Health Department—WIC			7/9/19		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	Incomplete	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—2020

Table 5. Short-term Self-Reported Data 2020 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/WIC	# of CRA Performed in Medical/Head Start/WIC	# of Completed Dental Treatment Plans
Chapa-De Indian Health Program, Inc.	894	219	377	0	11	58
Greenville Rancheria Tribal Health Program	33	25	39	31	26	0
Indian Health Council	13	1	22	0	7	0

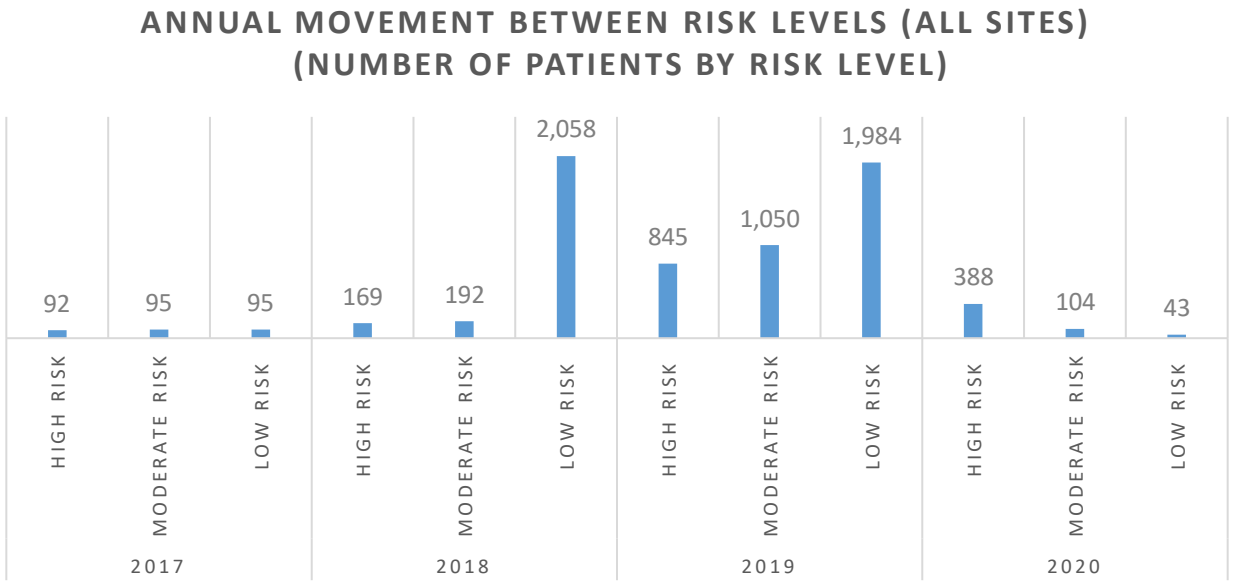
Table 5. Short-term Self-Reported Data 2020 Program Site	# of Children Referred for Dental Services	# of Children Received Dental Services	# of Children Received Oral Health Education	# of Fluoride Varnishes Performed in Medical/Head Start/WIC	# of CRA Performed in Medical/Head Start/WIC	# of Completed Dental Treatment Plans
Karuk Tribal Health & Human Services Program	5	56	0	1	1	0
Lassen Indian Health Center	20	8	28	0	0	5
Pit River Health Service, Inc.	21	610	293	21	8	130
Round Valley Indian Health Center	5	129	5	0	5	17
San Diego American Indian Health Center	0	0	0	0	0	0
Shingle Springs Health and Wellness Center	7	58	3	1	3	0
Toiyabe Indian Health Project, Inc.	2	0	3	3	3	3
Tule River Indian Health Center, Inc.	0	0	0	0	0	0
Tuolumne Me-Wuk Indian Health Center	0	0	0	0	0	0
Tuolumne County Public Health Department—WIC	54	0	53	0	53	0
Elk Valley Rancheria Head Start Center	64	33	78	0	0	0

Table 5. Short-term Self-Reported Data 2020 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/WIC	# of CRA Performed in Medical/Head Start/WIC	# of Completed Dental Treatment Plans
Lytton Rancheria Head Start	1	5	27	1	6	1
Manchester Point Arena Head Start	5	5	34	0	0	0
Total	1124	1149	962	58	112	214

Long-term Self-Reported Data—2017–2020

CRIHB's LDPP sought to create a positive change over time in the ratio of low caries risk to high caries risk. As indicated in Figure 3 below, there is not an apparent consistent pattern of change in caries risk levels in a four-year timespan. This may be due to the inconsistencies among sites in performing CRA as part of 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 duration of the LDPP, clinics were bringing new children into care, which has kept the high and moderate risk levels relatively elevated compared to low risk level. In other words, children newly coming into care tend to have high or moderate caries risk, offsetting the also-rising number of children with low caries risk.

Figure 3.



The LDPP also sought 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, with the exception of 2019 when there was a small shift in the ratio. This shift is most likely due to the overall increase in new children coming into care, resulting in more restorative procedures relative to preventive procedures. See Figures 4, 5, and 6 for an illustration of the trends.

Figure 4: Increase in preventive dental services, annual improvement from baseline

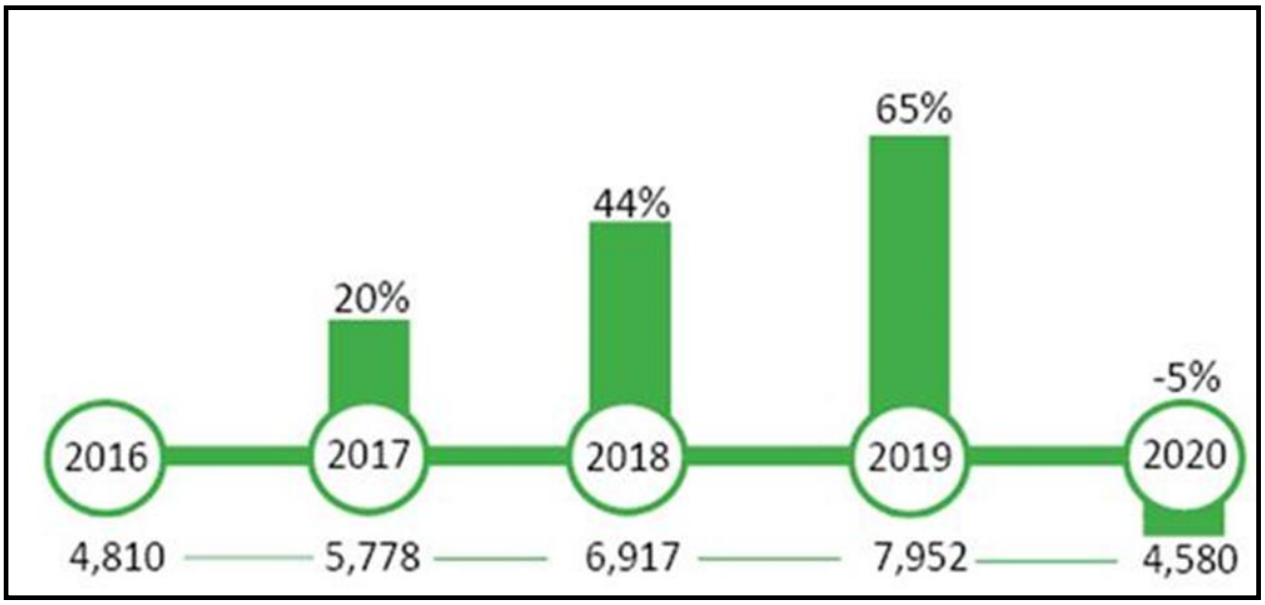


Figure 5: Increase in restorative dental services, annual improvement from baseline

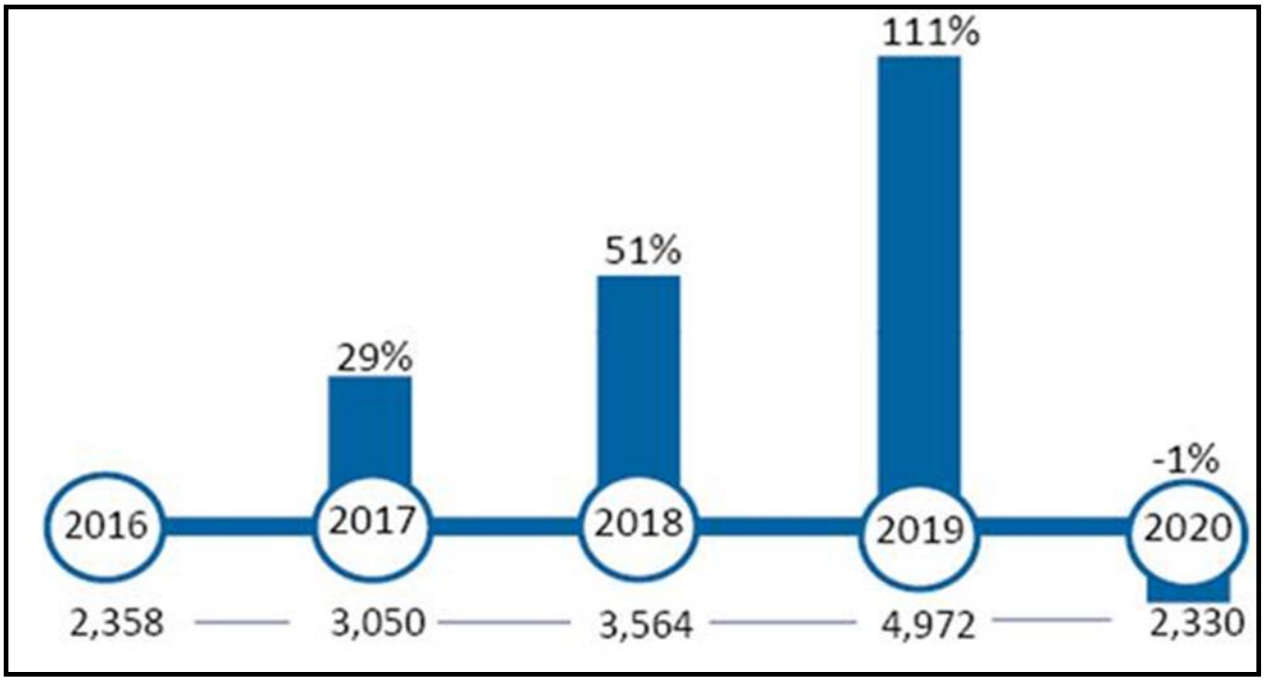


Figure 6: Ratio of preventive to restorative treatment

2020 Ratio Preventive: Restorative Treatment	1.9:1
2019 Ratio Preventive: Restorative Treatment	1.6:1
2018 Ratio Preventive: Restorative Treatment	1.9:1
2017 Ratio Preventive: Restorative Treatment	1.9:1

Challenges and Obstacles

The LDPP experienced several challenges in 2020 related to the disruption caused by the COVID-19 pandemic. All dental clinic sites shut down for at least three months. For much of the year, many OHCCs resigned, or were furloughed or reassigned, leaving some sites without an OHCC for the duration of the LDPP. Some OHCCs who are Medical Assistants continued working, but they reported that parents frequently canceled or did not show to well-child appointments. At times, the clinics canceled well-child visits until social distancing measures were relaxed. Some medical clinics are doing telemedicine only, making it less likely for the OHCCs to perform their screenings and oral health education. Closures of dental clinics created a patient backlog that they are still working through, greatly reducing the number of preventive dental visits in 2020. As the LDPP drew to a close, the following sites lost or reassigned their OHCCs and did not replace them: Chapa-De Indian Health Program; Lassen Indian Health Center; Round Valley Indian Health Center; Tule River Indian Health Center, Inc.; Tuolumne Me-Wuk Indian Health Center; and Tuolumne County Public Health Department—WIC.

An ongoing challenge was the chronic shortage of dental and medical providers, as well as dental and medical assistants. There was also a lack of dental specialists within a reasonable distance of the rural THPs, necessitating long trips and/or waits for children to receive care.

Throughout, the LDPP care coordination (case management) was not as successful as intended. CRIHB's proposal required that the LDPP provide annual Case Management training to OHCCs, but initially, travel for in-person training for participating program staff was restricted by DHCS. Unable to identify a suitable online training, CRIHB's Dental Support Center paid for the OHCCs to travel to attend the first training session in 2017. However, Case Management training is geared more toward managing medically complex patients, so it became apparent that Case Management training would not meet the needs of the OHCCs. To better serve the needs of the OHCCs, CRIHB designed a Care Coordination curriculum in which the OHCCs would be taught the basics of barriers to care and how they could assist patients in mitigating those barriers. The curriculum was delivered in a series of webinars which created a patchwork system of training, as not all OHCCs attended all webinars. In Year 3 of the program, DHCS allowed CRIHB to hold a gathering of OHCCs, where they shared best practices and reviewed care coordination. By that point in the program, it had become apparent that staff performing clinical duties often did not have the time or inclination to assist patients in overcoming obstacles to care.

Progress

Prior to the COVID-19 disruption, Chapa-De Indian Health Program, Inc. greatly increased the number of children brought into care through a robust program of care coordination. Chapa-De and Tule River Indian Health Center, Inc. trained their medical assistants to perform oral health screenings and apply fluoride varnish to serve more children. CRIHB encouraged all sites to adopt this strategy.

Sites participating in mini-grants reported increases in the number of children contacted through school screenings and outreach events, as well as improvements in the oral health of participants in their individual projects. Mini-grants also were valuable as a way to provide additional training for dental providers in minimally invasive dentistry techniques and methods of working successfully with young children.

Even with COVID-19 restrictions, OHCCs adapted by providing oral health education in the waiting room. The Reading Program assisted with oral health education and proved to be popular with OHCCs, children, and their parents.

Best Practices

Two of the most valuable aspects of CRIHB's LDPP were mini-grants and the Reading Program. Mini-grants allowed sites to target a particular need that would impact their ability to deliver positive results. Different sites have different deficits; through mini-grants, they could plan for a way to improve on an identified need. The Reading Program was designed to meet a need identified early on—low levels of oral health literacy among both children and parents. CRIHB exclusively chose books that address oral health for children ages 1-12. It gave the OHCCs a way to continue oral health lessons after the children left the clinic.

Lessons Learned

There are several lessons learned over the duration of the LDPP. The first lesson involves how CRIHB approached the administration of the program at the sub-contractor level. In its planning stages, CRIHB primarily worked with the sub-contractor's dental departments and/or the executive officer. Since the bulk of its activities were to take place through well-child visits in the medical department, the LDPP would have been more successful had CRIHB worked more closely with the medical departments while designing the program and required training for medical providers at the beginning of the LDPP.

The second lesson involves OHCCs. CRIHB's LDPP was written with the assumption that OHCCs would be dental assistants who would work within the medical department. However, dental assistants are not part of the medical department and often had difficulty collaborating with medical department staff. In addition, the dental departments are frequently understaffed, which meant that the OHCCs often were required to stay in the dental department, making them unable to perform their OHCC duties. When these drawbacks became apparent, CRIHB encouraged sites to select medical assistants, not dental assistants, to act as OHCCs. This

change yielded better results. However, both dental and medical assistants lack the authority to enforce the administration of the program, which ties into the need to enlist medical providers as described in the previous paragraph.

A third lesson involves care coordination. CRIHB's OHCCs were trained in care coordination, but it was difficult for them to recall these skills because they may not have been called upon to use these skills often. One site excelled in care coordination because its program was large enough to make care coordination the exclusive job of its OHCC, with the intention of training all the medical assistants to do the clinical piece. Care coordination may be best performed in that manner, with one employee specializing in it for the entire THP.

Sustainability

With or without the financial support of DTI, CRIHB's LDPP is sustainable if the following items become integrated into the health care service delivery:

1. The medical providers learn how and commit to doing the oral screenings of all pediatric patients.
2. All medical assistants working with well-child visits are trained in basic oral hygiene education and fluoride varnish application.
3. If possible, there is a designated person for all care coordination at each THP.

Expenses

The total expenditure for 2020 was $597,855; $260,761 of which was used for subcontract expenses. Salaries for administration and Tribal Head Start staff totaled $197,753. Mini-grants totaled $108,697. The expenditure for office, program, and educational supplies totaled $18,899. Facility operating expenses totaled $5,734. DTI Challenge incentives awarded $4,500. Staff travel totaled $650. Conference registration and related membership expenses totaled $624. Postage and shipping expenses totaled $237. Please refer to CRIHB's financial statement on the following page.

California Rural Indian Health Board
BUDGETARY PROFIT & LOSS STATEMENT
DTI PROJECT REPORT 1/1/20 - 12/31/20

	PROJECT BUDGET	PROJECT COSTS TO DATE 1/1/2020 -12/31/2020	VARIANCE	ENCUMBRANCES YEAR TO DATE	UNENCUMBERED
INCOME					
Grant & Contract Income					
State Grant Revenue	$966,324.00	$597,855.29	$368,468.71	$0.00	$368,468.71
Carryover - State Grant Rev	$380,000.00	$0.00	$380,000.00	$0.00	$380,000.00
Total Grant & Contract Income	$1,346,324.00	$597,855.29	$748,468.71	$0.00	$748,468.71
Total Income	**$1,346,324.00**	**$597,855.29**	**$748,468.71**	**$0.00**	**$748,468.71**
EXPENDITURES					
Payroll Expense					
Salary & Wage Expense	$156,576.00	$156,220.79	$355.21	$0.00	$355.21
Taxes & Benefits	$50,104.00	$41,532.32	$8,571.68	$0.00	$8,571.68
Total Payroll Expense	$206,680.00	$197,753.11	$8,926.89	$0.00	$8,926.89
Supply Expense					
Supplies - Budget Only	$209,000.00	$0.00	$209,000.00	$0.00	$209,000.00
Office Supplies	$480.00	$0.00	$480.00	$0.00	$480.00
Program Supplies	$12,480.00	$5,454.16	$7,025.84	$0.00	$7,025.84
Education Supplies	$6,725.00	$13,444.75	($6,719.75)	$0.00	($6,719.75)
Total Supply Expense	$228,685.00	$18,898.91	$209,786.09	$0.00	$209,786.09
Other Operating Expense					
Postage Expense	$0.00	$91.40	($91.40)	$0.00	($91.40)
Shipping Charges	$0.00	$146.06	($146.06)	$0.00	($146.06)
Total Other Operating Expense	$0.00	$237.46	($237.46)	$0.00	($237.46)
Travel Expense					
Staff Travel	$6,865.00	$451.60	$6,413.40	$0.00	$6,413.40
Participant Travel	$9,705.00	$0.00	$9,705.00	$0.00	$9,705.00
Advisory/Policy Council Travel	$3,500.00	$0.00	$3,500.00	$0.00	$3,500.00
GSA Vehicle Usage	$0.00	$198.52	($198.52)	$0.00	($198.52)
Total Travel Expense	$20,070.00	$650.12	$19,419.88	$0.00	$19,419.88
Contractual Service Expense					
Membership/Dues	$0.00	$30.00	($30.00)	$0.00	($30.00)
Total Contractual Service Expense	$0.00	$30.00	($30.00)	$0.00	($30.00)
Training Expense					
Conference Registration	$0.00	$594.00	($594.00)	$0.00	($594.00)
Total Training Expense	$0.00	$594.00	($594.00)	$0.00	($594.00)
Board and T&TA Expense					
Conference Host/Sponsor Expense	$480.00	$0.00	$480.00	$0.00	$480.00
Presenter Fees	$1,000.00	$0.00	$1,000.00	$0.00	$1,000.00
Incentives	$18,000.00	$4,500.00	$13,500.00	$0.00	$13,500.00
Total Board and T&TA Expense	$19,480.00	$4,500.00	$14,980.00	$0.00	$14,980.00
Facilities, Fixtures & Equipment Expense					
Facility Operating Expense	$6,300.00	$5,733.75	$566.25	$0.00	$566.25
Total	$6,300.00	$5,733.75	$566.25	$0.00	$566.25
Direct Payment Expense					
Sub-Contract Expense	$625,109.00	$260,761.14	$364,347.86	$0.00	$364,347.86
Mini-grants	$240,000.00	$108,696.80	$131,303.20	$0.00	$131,303.20
Total Direct Payment Expense	$865,109.00	$369,457.94	$495,651.06	$0.00	$495,651.06
Total Expenditures	**$1,346,324.00**	**$597,855.29**	**$748,468.71**	**$0.00**	**$748,468.71**