

Local Dental Pilot Project Quarterly Report: Apr-Jun 2020

California Rural Indian Health Board, Inc.

1020 Sundown Way

Roseville, CA 95661

Jan Carver, MSHS, RDH

Dental Project Coordinator

916-929-9761 ext. 1308

jcarver@crihb.org

Rosario Arreola Pro, MPH

Health Systems Development Director

916-929-9761 ext. 1300

rarreolapro@crihb.org

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) 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—2nd Quarter 2020

Pilot 1: Integrate 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 at End of Period	# 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	1,729	1,277	368
2019	16	3,631	2,710	776
2020 (Jan-Jun)	16	1,022	674	144

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 to augment the delivery of preventive dental services in the primary care setting among children ages one to six years old.

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)		
2017 (Sep-Dec)	32	236
2018	333	687
2019	478	697
2020 (Jan-Jun)	43	78

Individual Site Short-Term Self-Reported Data—2nd Quarter 2020

Note: Due to the COVID-19 pandemic, some of the OHCCs have been furloughed and have been unable to perform their OHCC duties. Those sites are left blank.

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.						
Greenville Rancheria Tribal Health Program	5	0	6	5	2	0
Indian Health Council	0	0	6	0	0	0
Karuk Tribal Health & Human Services Program						

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
Lassen Indian Health Center						
Pit River Health Service, Inc.	2	62	37	2	1	8
Round Valley Indian Health Center						
San Diego American Indian Health Center						
Shingle Springs Health and Wellness Center						
Toiyabe Indian Health Project, Inc.	1	0	2	2	2	2
Tule River Indian Health Center, Inc.						
Tuolumne Me-Wuk Indian Health Center						
Tuolumne County Public Health Department—WIC	1	0	1	0	1	0
Elk Valley Rancheria Head Start Center						
Lytton Rancheria Head Start						

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
Manchester Point Arena Head Start						
Totals	9	62	52	9	6	10

Program Activities

Communication

- Due to the closure of the dental offices, the LDPP Coordinator canceled the bimonthly Zoom check-in meetings in April and June 2020.
- The LDPP Coordinator continues to reach out to the sites as they resume clinical operations.

General Activities

	Apr 2020	May 2020	Jun 2020
Advisory Committee meeting conference call			
Educational webinar or check-in for OHCCs			
Individual check-in calls	X	X	X
Annual Head Start in-service (Aug)			
Email blasts	X	X	X
Annual DTI challenge awards (Mar)			
Quarterly DSC newsletter	X		

Individual Program Activities

Program Site	Assigned OHCC	Attended Case Management Training	Last Site Visit	Caries Risk Assessment Training
Chapa-De Indian Health Program, Inc.	X	X	2/3/20	9/27/17
Greenville Rancheria Tribal Health Program	X	X	11/8/19	9/27/17
Indian Health Council	X	in progress	9/18/19	12/20/18
Karuk Tribal Health & Human Services Program	X	X	11/6/19	9/27/17
Lassen Indian Health Center	X	X	5/1/19	9/27/17

Program Site	Assigned OHCC	Attended Case Management Training	Last Site Visit	Caries Risk Assessment Training
Pit River Health Service, Inc.	X	X	4/30/19	9/27/17
Round Valley Indian Health Center	X	X	10/3/19	9/27/17
San Diego American Indian Health Center	X	X	9/18/19	9/4/19
Shingle Springs Health and Wellness Center	X	X	10/30/19	7/3/18
Toiyabe Indian Health Project, Inc.	X	in progress	7/3/19	4/5/18
Tule River Indian Health Center, Inc.	X	in progress	2/28/20	2/28/20
Tuolumne Me-Wuk Indian Health Center	X	no	7/9/19	no
Tuolumne County Public Health Department—WIC	X	X	7/9/19	9/27/17
Elk Valley Rancheria Head Start Center	X	no	11/7/19	no
Lytton Rancheria Head Start	X	in progress	10/2/19	9/27/17
Manchester Point Arena Head Start	X	X	10/2/19	9/27/17

Cycle 2 Mini-Grant Summaries

Cycle 2 of the Decay Reduction Mini-Grant ran from January 2, 2020, through April 15, 2020. Seven Tribal Health Programs (THP) participated in alternative projects to further the objectives of CRIHB’s LDPP. Two projects requested an extension to complete their objectives as their activities have been canceled or postponed due to COVID-19. The following is a summary of what they achieved with their awards.

- Chapa-De Indian Health Program, Inc.:** Chapa-De focused on completing Dental School Screening Events at up to nine area schools, screening at least 1,000 children. In addition to the screenings, they provided an oral health education program to all children at these schools. They sent letters home, reminding all parents/guardians of the importance of regular dental visits. They also coordinated with the school nurses to follow-up with parents/guardians of children with urgent and immediate needs to ensure care is received. Chapa-De received an extension to complete their project due to clinic and school shutdown.
- Greenville Rancheria Tribal Health Program:** Greenville focused on increasing dental referrals from the medical department and increasing caries risk assessment and

disease management through three community outreach events. They produced and purchased brochures, videos, and other educational materials. Though they increased referrals from the medical department, outreach through community events was less than expected as a result of cancellations due to COVID-19.

- **Karuk Tribal Health & Human Services Program:** Karuk's project focused on training the staff to use the Electronic Health Record software to manage patient records, scheduling, and re-care appointments. The Dental Director also attended training in CRA and in treating pediatric patients in order to train the rest of the staff in those skills.
- **Pit River Health Service, Inc.:** Pit River focused on increasing disease management and dental prevention. They made monthly visits to the Tribal daycare center, where they applied fluoride varnish and gave a presentation on the importance of good oral hygiene to children and parents. They distributed high-fluoride toothpaste and fluoride supplements to children in need of all ages. They also purchased dental-related books to distribute. They also provided silver diamine fluoride treatments to children awaiting surgical procedure or any child seeking decay treatment at their clinic.
- **Shingle Springs Health and Wellness Center:** Shingle Springs intended to focus on increasing dental practitioners' abilities to treat young children by sponsoring three dentists to attend the conference of the American Academy of Pediatric Dentistry in May 2020. The meeting was canceled due to COVID-19, and the project received an extension to complete the training.
- **Toiyabe Indian Health Project, Inc.:** Toiyabe focused on increasing dental prevention by increasing the number of hours they provided 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 number of sealants and fluoride treatments provided.
- **Tule River Indian Health Center, Inc.:** Tule River came up with the Super Smile Olympics. They educated patients about oral hygiene at several successive visits, then checked for their oral health knowledge and plaque scores at each visit. Tule River reports great enthusiasm for the project from both patients and staff, and significant oral hygiene improvements in participants. They look forward to resuming Super Smile Olympics when they can reopen fully.

Challenges and Obstacles

The biggest challenge right now is the disruption caused by the COVID-19 pandemic. All of the dental offices have been shut down for the entire quarter, and some remain so. Some OHCCs who are Medical Assistants are still working, but they report that parents are canceling or not showing up for well-child visits. Medical referrals to dental have not been happening while the dental offices are closed due to the COVID-19 pandemic. Because of the required extra COVID-19 precautions, dental offices will not be able to see the volume of patients needed to clear the

backlog for the foreseeable future. Most OHCCs who are dental personnel have been furloughed or reassigned to other tasks during this time.

Future Program Events

None scheduled at this time.

Expenses

The expenditures of this quarter totaled \$158,334, of which subcontract expenses were \$80,754. Salaries for administration and Tribal Head Start staff totaled \$49,398. Mini-grants came to \$25,000. Facility operating expenses came to \$1,403. The program spent \$1,310 on education supplies and \$295 on staff training. Staff travel expenses totaled \$174. Please refer to the 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		ENCUMBRANCES			CURRENT
		PROJECT	COSTS TO DATE			PERIOD COSTS	
		BUDGET	1/1/2020 6/30/2020	VARIANCE	YEAR TO DATE	UNENCUMBERED	4/1/2020 6/30/2020
INCOME							
Grant & Contract Income							
	State Grant Revenue	\$966,324.00	\$208,392.06	\$757,931.94	\$0.00	\$757,931.94	\$158,333.34
	Carryover - State Grant Rev	\$380,000.00	\$0.00	\$380,000.00	\$0.00	\$380,000.00	\$0.00
	Total Grant & Contract Income	\$1,346,324.00	\$208,392.06	\$1,137,931.94	\$0.00	\$1,137,931.94	\$158,333.34
	Total Income	\$1,346,324.00	\$208,392.06	\$1,137,931.94	\$0.00	\$1,137,931.94	\$158,333.34
EXPENDITURES							
Payroll Expense							
	Salary & Wage Expense	\$156,576.00	\$71,894.87	\$84,681.13	\$0.00	\$84,681.13	\$39,772.42
	Taxes & Benefits	\$50,104.00	\$18,906.30	\$31,197.70	\$0.00	\$31,197.70	\$9,625.55
	Total Payroll Expense	\$206,680.00	\$90,801.17	\$115,878.83	\$0.00	\$115,878.83	\$49,397.97
Supply Expense							
	Supplies - Budget Only	\$209,000.00	\$0.00	\$209,000.00	\$0.00	\$209,000.00	\$0.00
	Office Supplies	\$480.00	\$0.00	\$480.00	\$0.00	\$480.00	\$0.00
	Program Supplies	\$12,480.00	\$0.00	\$12,480.00	\$0.00	\$12,480.00	\$0.00
	Education Supplies	\$6,725.00	\$5,454.16	\$1,270.84	\$6,612.30	(\$5,341.46)	\$1,310.16
	Total Supply Expense	\$228,685.00	\$5,454.16	\$223,230.84	\$6,612.30	\$216,618.54	\$1,310.16
Travel Expense							
	Staff Travel	\$6,865.00	\$451.60	\$6,413.40	\$0.00	\$6,413.40	\$0.00
	Participant Travel	\$9,705.00	\$0.00	\$9,705.00	\$0.00	\$9,705.00	\$0.00
	Advisory/Policy Council Travel	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$3,500.00	\$0.00
	GSA Vehicle Usage	\$0.00	\$198.24	(\$198.24)	\$0.00	(\$198.24)	\$174.16
	Total Travel Expense	\$20,070.00	\$649.84	\$19,420.16	\$0.00	\$19,420.16	\$174.16
Training Expense							
	Conference Registration	\$0.00	\$295.00	(\$295.00)	\$0.00	(\$295.00)	\$295.00
	Total Training Expense	\$0.00	\$295.00	(\$295.00)	\$0.00	(\$295.00)	\$295.00
Board and T&TA Expense							
	Conference Host/Sponsor Expense	\$480.00	\$0.00	\$480.00	\$0.00	\$480.00	\$0.00
	Awards	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,000.00)
	Presenter Fees	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00
	Incentives	\$18,000.00	\$2,000.00	\$16,000.00	\$0.00	\$16,000.00	\$1,000.00
	Total Board and T&TA Expense	\$19,480.00	\$2,000.00	\$17,480.00	\$0.00	\$17,480.00	\$0.00
Facilities, Fixtures & Equipment Expense							
	Facility Operating Expense	\$6,300.00	\$2,846.23	\$3,453.77	\$0.00	\$3,453.77	\$1,402.51
	Total	\$6,300.00	\$2,846.23	\$3,453.77	\$0.00	\$3,453.77	\$1,402.51
Direct Payment Expense							
	Sub-Contract Expense	\$625,109.00	\$81,345.66	\$543,763.34	\$494,355.46	\$49,407.88	\$80,753.54
	Mini-grants	\$240,000.00	\$25,000.00	\$215,000.00	\$10,000.00	\$205,000.00	\$25,000.00
	Total Direct Payment Expense	\$865,109.00	\$106,345.66	\$758,763.34	\$504,355.46	\$254,407.88	\$105,753.54
	Total Expenditures	\$1,346,324.00	\$208,392.06	\$1,137,931.94	\$510,967.76	\$626,964.18	\$158,333.34