

PORTFOLIO IMPACT AND LEARNING SUMMARY

TEN YEAR VISION

- DENTAL DISEASE IN COLORADO'S CHILDREN IS SIGNIFICANTLY REDUCED.
- COLORADO HAS AN EXPANDED ORAL HEALTH WORKFORCE DEVELOPED TO IMPROVE ACCESS TO CARE FOR UNDERSERVED POPULATIONS.

ORAL HEALTH PORTFOLIO - MONITORING METRICS:

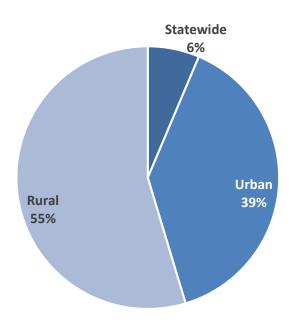
Metric Population		2015 Data	2016 Data	Data Source	Frequency of Collection	
Caries Experience - Untreated decay and/or fillings	Children (3rd grade)	55.2%	N/A	Colorado Oral Health Basic Screening Survey (BSS)	Every 3-4 years	
Untreated Tooth Decay	Children (3rd grade)	14.4%	N/A	BSS	Every 3-4 years	
Loss of Teeth - Due to decay or gum disease	Adults (ages 21+)	38.1%	N/A	Behavioral Risk Factor Surveillance System (BRFSS)	Annual	
Sealants on 1+ Permanent Molar	Children (3rd grade)	44.9%	N/A	BSS	Every 3-4 years	
Preventive Dental Visit	Children (on Medicaid, ages 0 – 20)	48.8%	N/A	Centers for Medicare and Medicaid Services (CMS)	Annual	
Dental Treatment Received	Children (on Medicaid, ages 0 – 20)	25.20%	N/A	CMS	Annual	
Access to Fluoridated Public Water	All Coloradans	72.4%	N/A	Water Fluoridation Reporting System (WRFS)	Annual	
Dentists Accepting Medicaid	Private practice dentists	33% (877 Dentists)	N/A	Colorado Health Institute	N/A	
Dentists Providing Significant Services to Medicaid Patients	Dentists who billed Medicaid \$10,000 or more in past year	288 dentists	N/A	Colorado Department of Health Care Policy and Financing	N/A	

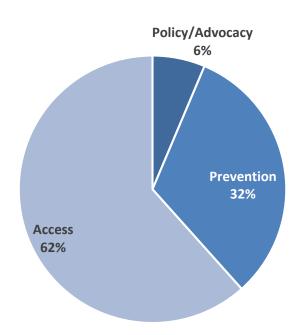
GOAL ONE: IMPROVE ACCESS TO PREVENTIVE CARE AND COMMUNITY-BASED DENTAL SERVICES.

	2015	2016	2017
Number of Grants	13	10	8
TOTAL FUNDS	\$887,249	\$719,334	\$794,212
ESTIMATED NUMBER SERVED	27,605	7,802 (with four final *Pending final	
		reports submitted)	report submission

Geographic Distribution of Funds*

Distribution of Funds by Objective*





*Geographic distribution of funds, distribution of funds by objective, grantee objectives and assessment of impact ratings are based on all grants with final reports submitted for Oral Health Goal One.

Grantee Objectives*			Overall Assessment of Impact*		
Not Met	Partially Met	Fully Met	Low	Medium	High
-	47%	53%	5%	30%	65%

Staff Reflections and Stories

(Final reports have been submitted on 17 grants under this goal)

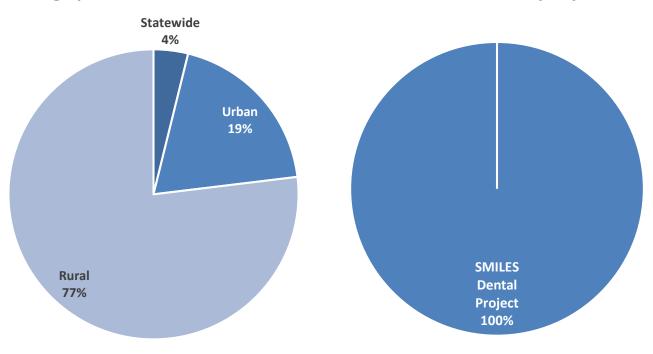
- The grants under this goal continue to be largely responsive to the community needs and thus vary greatly in what success looks like. For some organizations funded in this area, the funds were used for capital improvements and successes included increased clinical efficiencies and numbers served. The Stout Street Health Center at Colorado Coalition for the Homeless used grant funds to equip a dental hygienist operatory as part of the medical/dental integration project. The final report noted significant increases in number of patients served and overall efficiencies.
- Many of these grants were successful due to multiple strong partnerships in the community. It is clear oral health organizations, especially in rural areas, cannot be successful without strong partnerships and cooperation across other community organizations.
- In some cases, the cooperation between community organizations leads to a more successful organizational structure to provide services. This was the case with the Northwest Dental Coalition and Northwest Colorado Health. With financial support from CFC these two service providing organizations were able to plan and implement a merger of the two organizations. The transition allowed for the most efficient use of resources and funding, and most importantly created a more streamlined system of care for community members. The transition would not have occurred on this timeline if CFC had not been highly involved.
- The majority of funds continue to go to rural areas, highlighting the lack of other financial options in these areas across our state.
- A large majority of funds also continue to go to access focused projects over prevention focused projects. CFC will continue to track this balance and hope for a shift however it is important to note the large percent of "high impact" grants under the access objective. CFC is directly contributing to increased access to oral health care
- Some challenges within this goal area relate to aligning current oral health work with new, innovative programs, such as the SMILES Dental Project. There is some weariness regarding shifting roles in providing oral health services and CFC continues to encourage ongoing collaboration with such innovative projects in order to ensure stakeholders and providers are bought-in to this effort.

GOAL TWO: DEVELOP NEW AND INNOVATIVE ORAL HEALTH DELIVERY METHODS TO ADDRESS WORKFORCE SHORTAGES.

	2015	2016	2017
Number of Grants	0	8	5
TOTAL FUNDS	-	\$510,000	\$985,100
ESTIMATED NUMBER	-	N/A because all	*Pending submission
SERVED		planning grants	of final reports

Geographic Distribution of Funds*

Distribution of Funds by Objective*



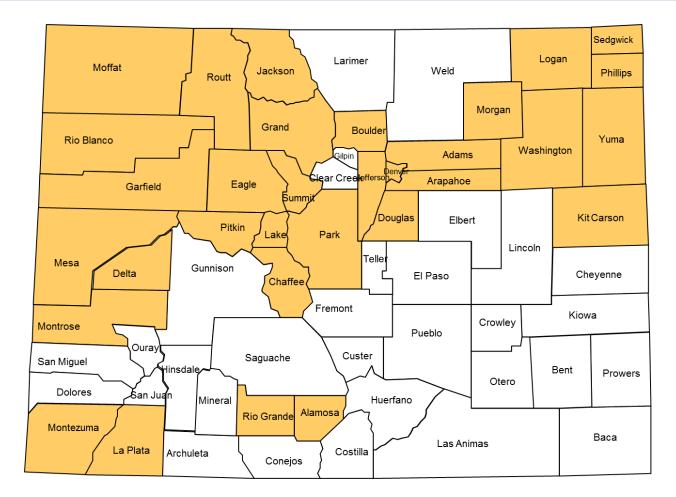
*Geographic distribution of funds, distribution of funds by objective, grantee objectives and assessment of impact ratings are based on all grants with final reports submitted for Oral Health Goal Two.

Grantee Objectives*			Overall Assessment of Impact*		
Not Met	Partially Met	Fully Met	Low	Medium	High
-	17%	83%	17%	-	83%

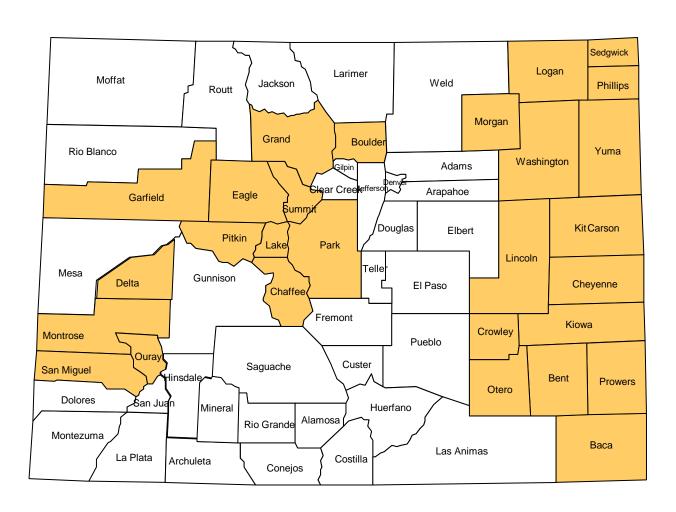
Staff Reflections and Stories

- The SMILES Dental Project Phase I planning grants are reflected in this evaluation as they have been completed with final reports submitted. Currently the Phase II Implementation grants are underway in the communities.
- The planning grant reports highlighted many lessons learned for the organizations involved and for the community. It was clear this process was necessary before diving in to implementation as it allowed for intentional community discussions on the best way to embed the work in the community.
- The importance of planning was perhaps most apparent in northeast Colorado through the planning process hard conversations were had regarding organizational capacity and the most appropriate agency to lead implementation. The result was a shift in lead agency between planning and implementation. While this was a difficult shift to make, it resulted in a stronger implementation application.
- Another important grant completed under this goal was to the Community College of Denver to train dental
 hygienists in ITR. This was a small but very high impact grant as CCD successfully trained the first 19 dental
 hygienists in Colorado to do this procedure. This is a vital step in fully implementing the SMILES Dental Project
 and will continue as the project moves forward.
- More detailed evaluation data and explanations will be developed through the SMILES Dental Project outside evaluation.

ORAL HEALTH - GOAL 1, ACCESS TO CARE - GEOGRAPHIC IMPACT OF ALL AWARDS 2015-2017



Oral Health – Goal 2, New Delivery Models and Workforce – Geographic Impact of all awards 2015-2017



ORAL HEALTH GRANT SUMMARIES

GRANTS WITH COMPLETED FINAL REPORTS

Organization	Grant Amount	Grant Summary Statement (as written by grantee)
Colorado AIDS Project / Howard Dental Center	\$75,000	Funding was used to support renovations at the Colorado Health Network's newly purchased building on East Colfax Avenue in Denver with the ultimate goal of creating a more integrated, sustainable organization and services for clients.
Colorado AIDS Project / Howard Dental Center	\$50,000	Howard Dental Center provided comprehensive and integrated oral health care services to 997 unduplicated adults, youth and children living with HIV in a compassionate, professional atmosphere. The patients served achieved a 76% completion rate for Phase I Treatment (diagnostic, preventive, basic restorative, non-surgical extractions) which is 11% higher than the HIV Standards of Care established by the federal government.
Colorado Coalition for the Homeless	\$39,006	Caring for Colorado Foundation funded a Dental Hygienist Operatory with X-Ray and a pediatric wall mural. The new equipment helped the Stout Street Health Center Dental Clinic expand the number of clients served and improved the experience for children coming into the clinic.
Community College of Denver Foundation	\$10,000	CCD provided a 2-day training on the Interim Therapeutic Restorations (ITR) which was completed on December 8th and 9th, 2016. We trained 19 hygienists on ITR, which due to community demand was approximately 4 more individuals than originally anticipated. The training went very well and the trainees are the first dental hygienists in the state to practice ITR.
Dental Aid, Inc.	\$40,000	Dental Aid's registered dental hygienist provided fifty days of oral health education, screenings, fluoride and sealant services to low-income and minority students at twelve Boulder Valley School District schools. Students needing additional treatment were referred to Dental Aid or the child's own dental provider. Dental Aid also developed a business and operational model for the delivery of oral health services in a school setting.
Dental Aid, Inc.	\$50,000	Dental Aid completed a community readiness assessment and selected three implementation sites, developed partnerships with local leaders, and began an operational plan for SMILES Phase II Implementation.
Garfield County Public Health	\$73,183	During the 2015-2016 school year, the Smiles for Students School Dental Program provided preventative oral hygiene services to 1,650 school-age students. The program provided care to students in 21 schools located in Garfield, Pitkin, and Eagle County. The Smiles for Students team placed 2,947 dental sealants and detected 892 cavities. During the 48-72+ hour retention check, Smiles for Students sealants were shown to have a 96% retention rate.Two-year data was collected on a group of 113 students from five schools. The average sealant retention rate after two years was 95%. In addition, 88% of students had received recommended treatment. Garfield County Public Health participated with Mountain Family Health Center's SMILES Dental Home collaboration during this first planning year and will continue to partner with the organization as progress continues.
Inner City Health Center	\$100,000	This grant applied to ICHC's Dental Program, General Operations. In addition to the indicators below from the most recent grant year (a banner year in many ways), it has supplemented and augmented the progress made over time with CFC's Capacity Building and G.O. grants. The digital radiography system, recommendations from Safety Net Solutions, and other structural improvements made possible with CFC support and excellent leadership, have come to a kind of culmination over the years. Provided in the Supplemental Attachment is a table showing program growth over time.
Marillac Clinic	\$48,000	Marillac utilized the grant to expand the dental residency program, create a sustainable model for training new dentists and significantly expand access to dental care. The grant allowed Marillac to fully develop and implement an effective, sustainable residency program, which has increased access and appointment availability. They hope to host at least two residents per year and have already enrolled new residents as of July 2016.
Metro Community Provider Network	\$100,000	This grant has allowed MCPN to create and sustain oral health programs at the MCPN Pine Tree Health Center and establish new agreements for Dental Services within Jefferson County Public Schools, Jefferson County Public Health Department's WIC program, Head-start programs, and Gilpin County Public Health Department.
Montezuma County Public Health Department	\$80,341	With help from CFC grant funding the health department has been able to serve Medicaid eligible adults with their dental needs in Montezuma County. Specifically, the funding allowed the health department to buy equipment to address an increased need among adults, especially Medicaid adults, for restorative dental care. The department also hired a bilingual pediatric dentist with public health experience.

Organization	Grant Amount	Grant Summary Statement (as written by grantee)
Mountain Family Health Centers	\$50,000	Mountain Family Health Center committed significant time developing an implementation plan and internal leadership for the SMILES Dental Home. The organization is newly expanding into their first school-based health center site, which will include VDH services. They are building partnerships with local schools to garner interest, support and willingness to offer space/time for SMILES. Despite challenging community dynamics and resistance to change, Dr. Millard and his team have stayed focused on project goals and progress.
Northeast Colorado Health Department	\$40,000	In the 2015 – 2016 school year, NECHD provided oral health services to 897 children in 10 pre-schools, 14 elementary schools, and 4 middle schools in 10 school districts.
Northeast Colorado Health Department	\$50,000	NCHD, in collaboration with RCRC, conducted 9 community meetings and several key informant interviews to increase education and support for a Virtual Dental Home (VDH) model across northeast Colorado; they also conducted a community readiness assessment. Salud Family Health Center was then selected as the initial site to implement VDH (now SMILES Dental Home) in northeast Colorado.
Northwest Colorado Dental Coalition	\$72,000	The Northwest Colorado Dental Coalition faced many obstacles and partially met objectives due to staff turnover, limited capacity and closure of one of their two clinics. However, impact of funding was high, because CFC's financial support and liaison work helped make the organization's merge with Northwest Visiting Nurse Association a possibility. The board approval for this merge was a huge success that will increase the stability and sustainability of safety net dental services in rural northwest Colorado.
Northwest Colorado Dental Coalition	\$78,000	During this grant cycle, the Dental Coalition made great strides in providing consistent dental services to the community. Restorative and preventive care was provided consistently 4 days a week and we increased daily production averages by 5% from the previous year. In the final month of this grant (February 2017) the Dental Coalition board of directors approved an asset purchase with Northwest Colorado Health. The services have now been transitioned and the Dental Coalition filed articles of dissolution March 20, 2017.
Northwest Colorado Health	\$20,000	With the funding from this grant, we have contracted with a law firm to navigate and guide us through the process of an asset purchase with the Northwest Colorado Dental Coalition (NCDC), including completing a thorough due diligence process. After significant legal effort and time the merger is almost complete and the services will be operational under one name by the end of 2017.
Oral Health Colorado	\$73,725	OHCO shifted its efforts from solely passing/defeating legislation to building public awareness of oral health as a community priority. They expanded the oral health network to include organizations representative of communities of color, faith organizations and the business community and have worked to increase partners' knowledge of the importance of oral health and advocacy.
Rural Communities Resource Center	\$90,000	RCRC provided dental screenings to 833 children in NE Colorado. School screenings including screening fluoride, sealants, education and supplies, referral and navigation to get treatment completed. Community based screenings offered monthly and including screening, fluoride, sealants, radiographs, referral to restorative care, assistance with transportation and interpretation and help applying for Medicaid, CHP+ and insurance on the market place.
Rural Communities Resource Center	\$80,000	The Rural Communities Resource Center, together with our partners, provided 786 dental screenings to people in the under-served counties of Yuma and Washington. 741 people, the vast majority children, received a screening, fluoride treatment, and dental education for the whole family. In addition to these 786 screenings, we facilitated and supported Baby Bear Hugs home visitation program to provide a brief Cavity Free at 3 screening, dental education, and supplies to 114 young children.
Summit Community Care Clinic	\$100,000	With this grant, the Care Clinic was able to purchase 3 new dental chairs and corresponding equipment to help improve the functionality of the department. The equipment helped to increase productivity and patient experience by ensuring that faulty equipment did not interrupt work flow, appointments were able to be kept and no compromises in patient care were endured.
Summit Community Care Clinic	\$50,000	The Summit Community Care Clinic (SCCC) was able to plan, build relationships and create an action plan to implement SMILES visits within a 5 county region over the course of the past year. Through team sessions, meetings, assessments and strategic planning, SCCC is now ready to begin serving the region with SMILES visits with telehealth dental teams.
Tri-County Health Network	\$50,000	Tri-County Health Network (TCHN) completed a community readiness assessment and implementation plan that will start with three school sites in Montrose and San Miguel counties; secured a Dental Director and supporting dentists to provide SMILES services; and developed a Dental Subcommittee to oversee the project.