

# REPORT 2019 April Cycle

## GENERAL INFORMATION

### Organization Information

<b>Legal Name:</b> San Antonio Christian Dental Clinic, Inc.		<b>Federal Tax ID#:</b> 74-2428161	
<b>Address:</b> 1 Haven for Hope Way	<b>City:</b> San Antonio	<b>State:</b> TX	<b>Zip Code:</b> 78207
<b>Website:</b> www.sachristiandental.org		<b>Fax:</b> (210) 220-2325	

### Head Of Organization

<b>Name:</b> Gloria Canseco	<b>Title:</b> Executive Director
<b>E-Mail Address:</b> gloria@sachristiandental.org	<b>Phone:</b> (210) 220-2300

### Application Contact

<b>Name:</b> Gloria Canseco	<b>Title:</b> Executive Director	<b>E-Mail Address:</b> gloria@sachristiandental.org	<b>Phone:</b> (210) 220-2325
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## REPORT INFORMATION

<b>Report Funding Cycle:</b> 2019 April Cycle	<b>Report Date:</b> 09/04/2020 12:00 am
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**1: Please include in your report the dollar amount of the funds that were awarded, the date they were funded and what the funds supported.**

Awarded Amount: 25,000	Date: 09/04/2020
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**2: Were the objectives cited in your original proposal met? Please address each started objective and how it was met.**

The original project proposed a 6-month pilot program to measure utilization of pediatric dental care for diagnostic and preventive procedures uniquely for children ages 4-17 living on the Haven campus. Pediatric services would be offered by staff dentists twice a month on Fridays with scheduling that allowed for treatment appointments and walk in patients. Our objective for the 6-month period was to treat at least 100 children, yet only 21 children accessed services and of these 8 were children of employees who agreed to a "dry run" test of processes and procedures.

Having worked diligently with Haven staff and leadership, we identified two factors as the most likely contributors. The first is the likelihood that families experiencing the trauma of homelessness do not prioritize dental care in the face of the extraordinary hardships they are confronting while on campus. Unless a child complains of pain, there are more urgent needs to resolve. The second is that a dental visit often also means a parent misses work and a child misses school. A few parents declined our services stating that they duplicated a Medicaid provider visit and preferred to miss work/school for that visit instead of for care on campus.

**3: Please explain any changes from the original proposal and the circumstances that lead to the modification of the objective.**

After three months, the program was withdrawn due to low response. The Najim Foundation graciously permitted redirection of funding to support costs of instrumentation and equipment in 2020, a portion of which is dedicated to children's hygiene kits for children on the Haven campus and of Haven adult patients who are parents of young children. At SA Christian Dental Clinic, this group includes any parents who exited Haven within a year of treatment.

**4: What needs were addressed?**

The pilot hypothesized that Haven for Hope children would elect an on campus provider for preventive care due to improved access and affordability (no cost to pediatric patients) especially for children for families recovering from trauma. The lack of response illustrated that the need for pediatric dental care for children on campus is either not a need or is a need adequately met by community Medicaid providers.

**5: What method of evaluation did you use to monitor and measure the project's outcome and what are the result?**

Patient visits with corresponding treatment and service value are measured through use of a dental practice management software.

**6: Do you plan to continue this project, and if so, how do you plan to sustain it?**

There are no plans to continue the project.

**7: Please provide any other comments or information relevant to this grant.**

We appreciate the opportunity to have supported our principal partner, Haven for Hope, in support of a perceived need for children whose families are actively experiencing trauma. Having invested both the support of the Najim Charitable Foundation and a portion of operating funds earmarked for the project as well as the human resources dedicated to development of a solid program, there is data to demonstrate that the program is not among the many needs of these children. Thank you for your investment and good intentions.

**8: Please provide an updated detailed projected budget with expenses for the received grant. Also include the totals for the budgeted and actual amount. Explain any discrepancies between the budgeted and the actual expenses for the project.**

Line Item Description	Total Project Funds Allocation	Najim Requested Funds	Project Funds Actual	Najim Funds Allocation
Dental Instrumentation	\$12,300	\$12,300	\$13,319	\$9,205
Dental Consumables	\$10,000	\$10,000	\$6,023	\$5,935
Waitroom Play Area Setup	\$2,500	\$2,500	\$1,210	\$1,210
Medical Waste Disposal	\$200	\$200	\$500	\$500
Staff Dentist	\$4,700	\$4,700	\$2,350	\$0
Staff Hygienist	\$3,900	\$3,900	\$1,050	\$850
Dental Services Director	\$4,400	\$4,400	\$2,200	\$850
Intake/Discharge Staff	\$2,200	\$2,200	\$1,100	\$1,100
Care Coordination Staff	\$2,700	\$2,700	\$1,350	\$1,350
Chairside Assistants (4)	\$6,700	\$6,700	\$4,250	\$4,000

Malpractice Insurance	\$400	\$400	\$0	\$0
<b>TOTAL:</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$33,352</b>	<b>\$25,000</b>
<b>Signature</b> Gloria Z Canseco				