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San Francisco



Community-Clinical Linkages: Implementing School-Based/Linked Programs and Integrating Dental Referrals



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Welcome, House Keeping Tips and Introduction of the Speakers

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California Oral Health Technical Assistance
Center (COHTAC)

Housekeeping Tips

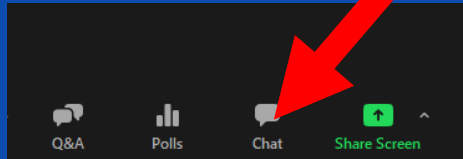
To achieve the best participant experience, please note the following:

SOUND AND VIDEO

- Join with computer or internet if you have a poor phone signal
- Expand Zoom window to “full screen mode”
- Adjust presentation to “fit to window”

Q&A

- For technical difficulties, type your question in the Chat box



- Ask your questions for the speakers in the Q&A box at the bottom of your screen

RECORDING

- This session will be recorded and posted on the COHTAC’s website

Building Partnerships to Support Community-Clinical Linkage Programs

Jayanth Kumar, DDS, MPH
California State Dental Director

California Department of Public Health
Center for Healthy Communities
Office of Oral Health



Objective 6: Implement evidence-based programs to achieve California Oral Health Plan objectives.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to:

- ▶ **increase the number of low-income schools with a school-based or school-linked dental program;**
- ▶ **increase the number of children in grades K-6 receiving fluoride;**
- ▶ **increase the number of children in grades K-6 receiving dental sealants** and increase or maintain the percent of the population receiving community fluoridated water.

School Dental Program

The 3 Buckets of Prevention



SOURCE: Auerbach J. The 3 Buckets of Prevention. J Public Health Management Practice
2011http://journals.lww.com/jphmp/Citation/publishahead/The_3_Buckets_of_Prevention__99695.aspx



Public Health Infrastructure

7

DEPARTMENT OF PUBLIC HEALTH

- **Public Health Infrastructure**—The Budget includes \$300 million ongoing General Fund beginning in 2022-23 for investments in Public Health infrastructure.

PUBLIC HEALTH INFRASTRUCTURE

- ✓ Assessment/Surveillance
- ✓ Emergency Preparedness and Response
- ✓ Policy Development and Support
- ✓ Communications
- ✓ Community Partnership Development
- ✓ Organizational Administrative Competencies
- ✓ Accountability/Performance Management



Communicable
Disease Control



Chronic Disease
and Injury
Prevention



Environmental
Public Health

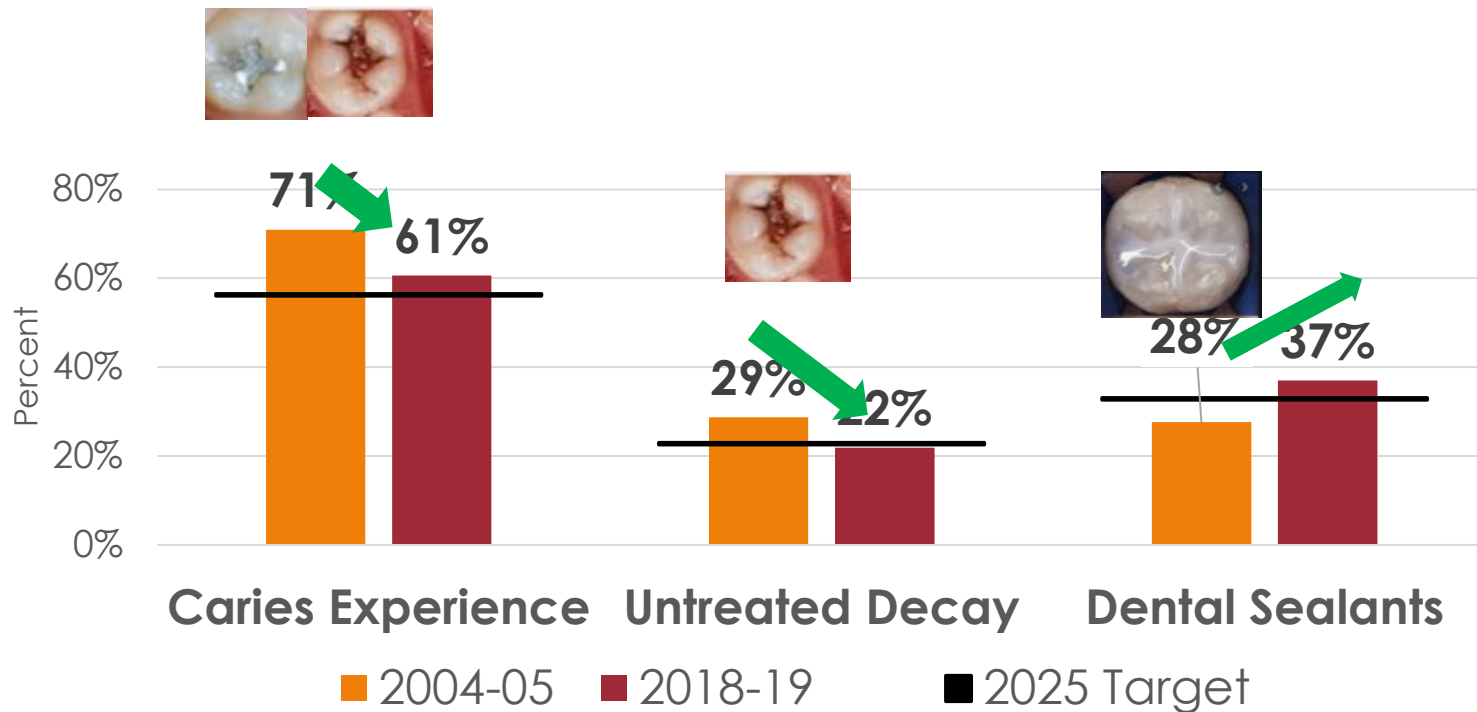


Maternal,
Child, and
Family Health



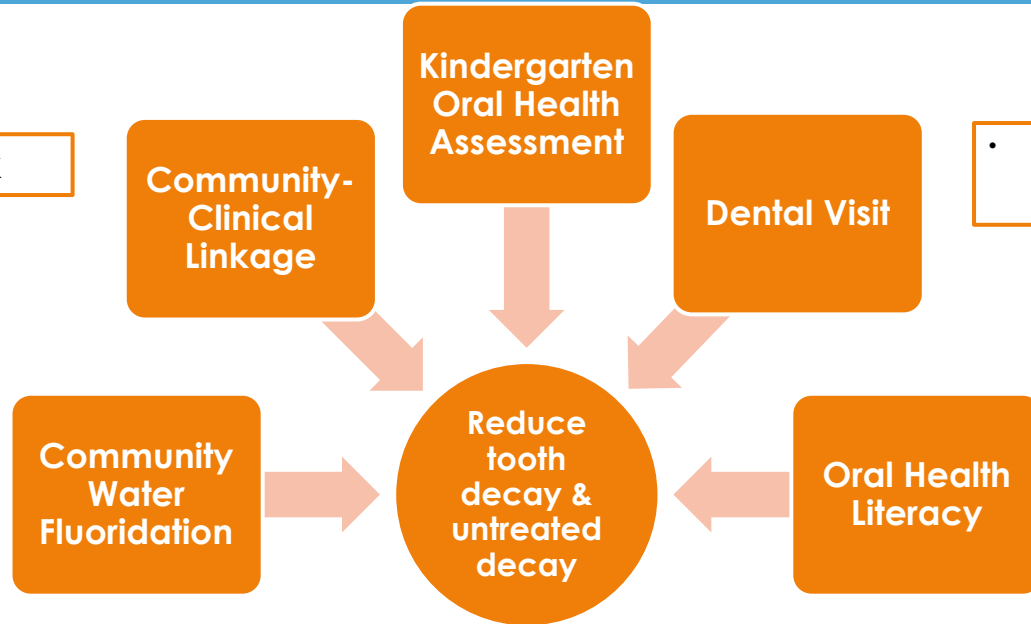
Access to and
Linkage with
Clinical Care

California Smile Survey: Results from 2004-2005 and 2018-19



Goal: Cavity Free Children

- Rethink Your Drink



- PSE Change – Toothbrushing in Early Care & Education Programs

Measure performance:

How much are we doing? How well are we doing? Is this making children healthier?

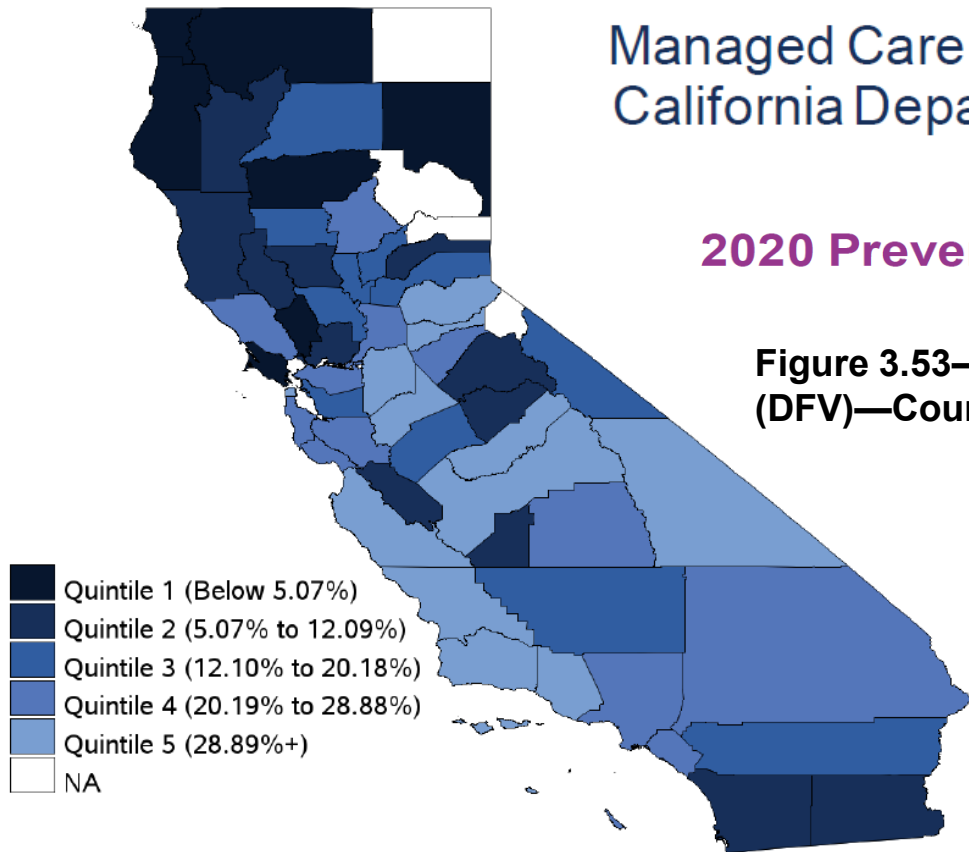
California Advancing & Innovating Medi-Cal (CalAIM) Dental

- ▶ Caries Risk Assessment Bundle for young children (0 to 6 years of age) and Silver Diamine Fluoride for young children (0 to 6 years of age) and specified high-risk and institutional populations
- ▶ Pay for Performance for two adult and 17 children preventive services codes and continuity of care through a Dental Home

Managed Care Quality and Monitoring Division
California Department of Health Care Services

2020 Preventive Services Report

Figure 3.53—Dental Fluoride Varnish
(DFV)—County-Level Results



“While the percentage of members receiving dental fluoride varnish treatments is 23 percent, only about 3 percent of members received treatments from a non-dental provider. This finding indicates MCPs have an opportunity to work with medical providers to ensure members receive dental fluoride treatments.”

School Dental Program

	Schools	K-6th Enrollment
Rural	1223	398,008
Urban	3403	1,648,061
Total	4626	2,046,069

Definition for targeting school-based or school-linked dental programs

All **public elementary urban schools with > 50% of students** on the free/reduced lunch program and **all rural schools** are considered eligible for a school-based/-linked sealant

Questions

Contact: DentalDirector@cdph.ca.gov



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Planning for and Implementation of the School-Based/Linked Programs with a Dental Referral Component

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Care Coordination and Sustainability Specialist

California Oral Health Technical Assistance Center (COHTAC)

UCSF School of Dentistry

How Do We Go About Planning?



Steps in Planning

1. Analyze the Needs, Challenges and Strengths
2. Identify Model, Extent and Details of School-Based/Linked Programs
3. Engage Dental Providers
4. Plan for Dental Referral Management System
5. Align with Care Coordination Models
6. Develop a Roll-Out Plan
7. Develop a Logic Model
8. Plan for Sustainability
9. Develop Performance Measures and Quality Improvement Approaches

1. Analyze the Needs, Challenges and Strengths

- Perform a Strength, Weakness, Opportunity, Threat (SWOT) analysis of your program
- Evaluate the progress and document your readiness and needs for this new phase of establishing a program focused on creating community-clinical linkages

2. Identify Model, Extent and Details of School-Based/Linked Programs

- Perform an Environmental Scan of the existing providers at schools and establish alignments, data sharing agreements, etc. (e.g. Federally Qualified Health Centers (FQHC))
- Develop partnerships with schools, school nurses and Superintendents
- Identify your model: School-Based or School-Linked (or a combination of the models in different schools) and the scope of services
- Identify schools, grades, the plan for gradual expansion and the scope of services (if other services are being provided onsite)

2. Identify Model, Extent and Details of School-Based/Linked Programs-Continued

- Design an early prevention program (e.g. Tooth Brushing Programs in Pre-K, Oral Health Education)
- Plan staffing: volunteers or providers in the community (Private, Community Clinics, Commercial Dental Providers, etc.)
- Plan for and purchase equipment needed
- Think through cost, billing and sustainability of your program

3. Engage Dental Providers

- Develop an Environmental Scan of existing providers at schools and establish alignments (e.g. Federally Qualified Health Centers (FQHC), clinics, private practitioners)
- Use innovative ways to involve providers and sustain the efforts: RDHAPs, Federally Qualified Health Centers (FQHC), Fee-for-Service (FFS) Dental providers
- Increase the pool of providers accepting Medi-Cal

4. Plan for Dental Referral Management System

- Identify users and setting that it will be used
- Identify capacity to work at the school/community level
- Identify settings and organizations interested in being involved

5. Align with Care Coordination Models and Partners

- Identify internal partners including Maternal, Child & Adolescent Health (MCAH) and Child Health and Disability Prevention Program (CHDP)
- Identify external partners including agencies utilizing Community Health Workers workforce, Family Resource Centers, First 5, Women, Infants, and Children (WIC), etc.
- Create strategies to strengthen partnerships and align efforts in Care Coordination
- Identify your model of Dental Referral Management

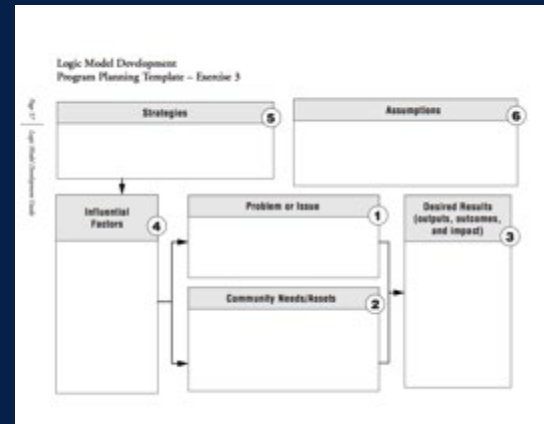
6. Develop a Roll-Out Plan

- Identify an initial plan
- Identify plan for expansion: setting up for the long term success of implementation
- Identify incremental 5 year goals



7. Develop a Logic Model

- Develop Specific, Measurable, Achievable, Realistic, Time-Bound (SMART) objectives
- Develop a logic model based on the assessment above



8. Plan for Sustainability

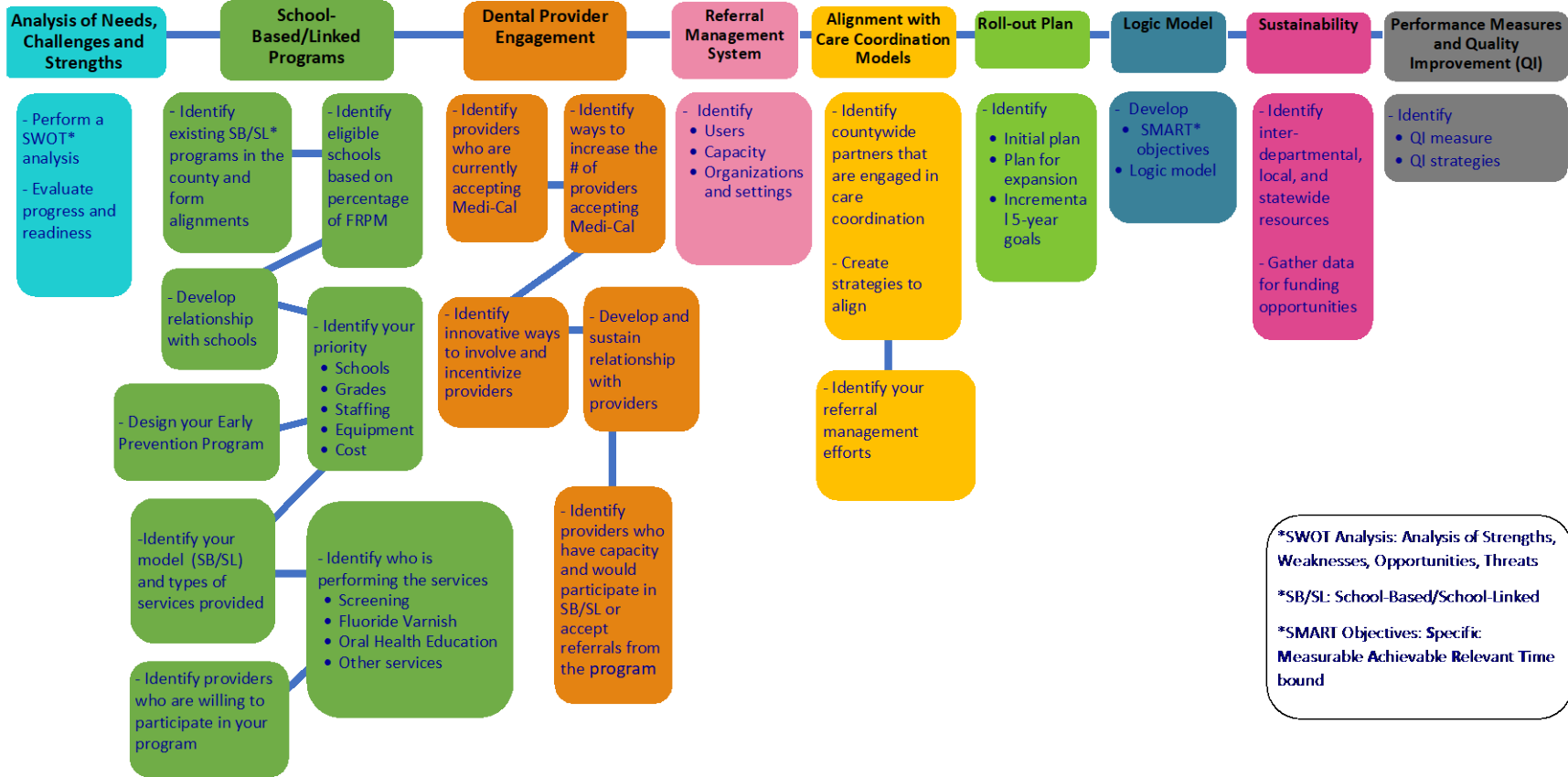
- Identify inter-departmental, local and state-wide resources
- Gather data to be ready for funding opportunities

9. Develop Performance Measures and Quality Improvement (QI) Approaches

- Identify Performance Measures you would like to incorporate
- Identify QI strategies to improve performance

Planning Tools: Planning Grid and Flow Chart

Planning Year 1: 08/2021 - 06/2022				
Task	Responsible	Partners	Status	Explain results from column A
Analyze the Needs, Challenges and Strengths				
Perform a Strength, Weakness, Opportunity, Threat (SWOT) analysis of your program	e.g. Project Director, Project Coordinator, all staff			
Evaluate the progress and document your readiness and needs for this new phase of establishing a program focused on creating community-clinical linkages				
Identify Model, Extent and Details of School-Based/Linked Program				
Perform an Environmental Scan of the existing providers at schools and establish alignments, data sharing agreements, etc. (e.g. Federally Qualified Health Centers (FQHC))				
Develop the goals and objectives for the program. Write your Specific, Measurable, Achievable, Realistic, Time-Bound (SMART) objectives				
Develop partnerships with schools, school nurses and Superintendents				
Identify your model: School-Based or School-Linked (or a combination of the models in different schools) and the scope of services				
Identify schools, grades, the plan for gradual expansion and the scope of services (if other services are being provided onsite)				
Design an early prevention program (e.g. Tooth Brushing Programs in Pre-K, Oral Health Education)				
Plan staffing: volunteers or providers in the community (Private, Community Clinics, Commercial Dental Providers, etc)				
Plan for and purchase equipment needed				
Think through cost, billing and sustainability of your program				
Engage Dental Providers				
Develop an Environmental Scan of existing providers at schools and				



Flow Chart
Planning for School-Based/Linked Programs with Dental Referral Component

Important Considerations in Planning

- The steps can be repeated to inform each other; for example thinking through the Sustainability and developing a Logic Model can inform which dental providers or models of school programs will work better.
- Going through the steps will inform your model, partners and anticipated numbers for each year.

The Implementation Metrics For Each Year

- **Schools** Participating in School-Based/Linked Programs
- **Grades** in Each School Participating in School-Based/Linked Programs
- **Number of Students** Intended to Reach
- **Providers** Who Perform Screenings and other Services
- **Users** of the Referral System

The Implementation Metrics For Each Year

- **Care Coordinators:** Individuals/Organizations to Do Referral and Follow up after Screenings
- **Providers Who Accept** the Referrals and Type of Providers (FQHCs, Private Providers, etc.)
- **Services:** e.g. Screenings, F1 Varnish Application, Sealants, etc.
- **Early Prevention Program:** Oral Health Education, Tooth Brushing Programs, Classrooms Intervention, etc.

Implementation Grid

Implementation Plan Grid								
Task	Year 1		Responsible	Status	Explain results from column A	Year 1		
	#	List of Organizations/Schools				Q1	Q2	Q3
Schools Participating in School-Based/Linked Programs								
Grades in Each School Participating in School-Based/Linked Programs								
Number of Students Intended to Reach								
Providers Who Perform Screenings and other Services								
Users of the Referral System								
Care Coordinators: Individuals/Organizations to Do Referral and Follow up after Screenings								
Providers Who Accept the Referrals and Type of Providers (FQHCs, Private Providers, etc.)								
Services: e.g. Screenings, F1 Varnish Application, Sealants, etc.								
Early Prevention Program: Oral Health Education, Tooth Brushing Programs, Classrooms Intervention, etc.								



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Overview of the Dental Referral Management System

Results of the Survey to LOHPs



Kind of Guidance/Assistance Most Needed

In the order of need:

1. Trainings on care coordination
2. Planning a roll out of the program
3. Establishing partnership with the dental providers
4. Establishing partnerships with schools

Logistical Clarifications

- Office of Oral Health (OOH) is working to choose a unified system operating at the State level
- The specifications are being informed by LOHPs' feedback and other pilots such as Local Dental Pilot Projects (LDPPs)
- It is Health Insurance Portability and Accountability Act (HIPAA) compliant and can be used in different settings
- Counties have the freedom to choose another one, specially if they have been working with one

Logistical Clarifications

- More information on clarifying the recent RFA budget will be coming from OOH
- There will be trainings and support as part of launching the system
- Integration with other systems will be part of future plans
- Timeline: 2022 to give time for State procurement

Next Steps

- More webinars are being planned to
 - Share guidance
 - Explore promising practices
- Reach out to us as you go through planning

LAUNCH POLL



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Alignment with the Office of Oral Health Expectations and Timelines

Joanna Aalboe, RDH, MPH

Local Programs and Statewide Interventions

Unit, Chief

Health Program Manager I

California Department of Public Health

Time line

Planning: Focus on Oct - Dec

Implementation: Aim for piloting School Dental Programs on Jan 2022

- Capitalize on what you have established
- Focus on School Based/Linked interventions
- A year to plan
- Keep Children Dental Health Program in the focus

Timeline
Planning Year 1: 08/2021 - 06/2022

Analyze the Needs, Challenges and Strengths

08/2021 – 11/2021

Identify Model, Extent and Details of School-Based/Linked Program

08/2021 – 12/2021

Engage Dental Providers

08/2021 – 01/2022

Plan for Dental Referral Management System

08/2021 – 01/2022

Align with Care Coordination Models and Partners

08/2021 – 01/2022

Develop a Roll-Out Plan

08/2021 – 02/2022

Develop a Logic Model and SMART objectives

08/2021 – 03/2022

Plan for Sustainability

08/2021 – 04/2022

Develop Performance Measures and Quality Improvement (QI) Approaches

08/2021 – 05/2022

Questions and Answers



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Thank you!