

Communities of Practice Questionnaire

1. Name of your organization Center for Oral Health- Early Smiles Sacramento*

2. What is the structure/type of your organization? Please select from the following.

County Health Department FQHC Non-profit

Other (please describe) _____

3. Please briefly describe the history/background of the program.

Early Smiles Sacramento (ESS) is an innovative program that aims to improve oral health outcomes for the youngest and most vulnerable children in Sacramento County. The program was launched in September 2016 and is currently in its third year. In its first two years, more than 15,000 high-risk children were served, 60% of which were Medi-Cal eligible. The program has since, expanded with the goal of serving an over 20,000 children each school year. ESS brings greater accountability to the Medi-Cal dental program (Denti-Cal), leverages limited funds to enhance the well-being of the children and the community, and improves access to care while keeping children in their classrooms.

ESS provides evidence-based preventive dental services and helps navigate every child screened to a dental home in a timely, culturally and linguistically competent, and efficient manner. ESS works closely with the Geographic Managed Care (GMC) dental plans in Sacramento (Liberty, HealthNet, and Access) to identify providers, resolve issues promptly, and provide additional assistance like transportation and translation services. ESS also connects non-GMC, privately insured and uninsured children to relevant organizations and providers to ensure their insurance status changes if uninsured, they receive needed care, and a dental home is established.

4. Which population is being served by the program?

Early Smiles Sacramento serves children age 0-20 that attends high-risk schools in the school districts in Sacramento County. ESS has established agreements with twelve of the thirteen K-12 public-school districts within the County of Sacramento. To maximize program impact COH uses a methodology to select schools with a population of 350 students or more, and at least 50% of its students should be enrolled in the "Free and Reduced Meal" program, which is a proxy for Denti-Cal eligibility.

The school districts and programs served by ESS include Twin Rivers Unified School District, San Juan Unified School District, Robla Unified School District, Sacramento City Unified School District, Elk Grove Unified School District, Gateway Community Charters, Center Unified School District, Galt Joint Unified School District, Natomas Unified School District, Folsom Cordova, Unified School District, Arcohe Union School District, River Delta Unified School District, Elverta Joint Elementary School district and SETA.

*Funding for this program was due to the low level of preventive services by the GMC insurance company providers that are capitated. GMC insurance companies were directed by DHCS to fund this program. Sacramento County is the only GMC program in the state. LA County has both Fee for Service and GMC.

5. What type of service delivery model is/are used in the program? Please select all that applies.

- Dental clinic model (e.g. permanent setting) Mobile- portable model
 Virtual model (e.g. telehealth/teledentistry) Event-based model
 Outreach and education model

6. What type of dental and oral health services are provided? Please select all that applies.

- Screenings Cleanings Fluoride varnish Sealants X-rays Fillings
 Referrals to dental and oral health services Care coordination/case management
 Patient education Other (please describe) _____

7. What type of integration service is/are provided? Please select all that applies.

- Medical services Behavioral health services Vision services Hearing services
 Transportation services Translation services Nutrition services None

8. Who are the staff that supports the program? How many staff are involved in the program? What are their roles?

Staff	Number of Staff	Role
Executive Director	1	Organizational and strategic oversight and long-term sustainability
Director of Public Policy Research	1	Program data collection and analysis oversight. Monitors program quality, oversees program outcomes and evaluation.
Director of Programs	1	Program oversight and compliance. Program integration with other organization activities and partner relations.
Program Coordinator	1	Program supervision of day to day operations, including staff supervision, direct service schedules, and school and partner relations.
Program Dental Hygienists (RDH)	4	Provide direct oral health preventive services for school-aged children at school-based and community sites; including oral health education, visual dental screening and application of fluoride varnish.
Data and Outreach Specialist	1	Data and case management, outreach, program administrative support, and oral health education.
Data and Evaluation Specialist	1	Data and case management, oral health education and supporting the evaluation of the program.

9. What is the source of funding?

- Foundation/organization grant
 Public funding (e.g. local, state, federal)
 Private donations (e.g. individuals, businesses)
 Other (please describe)

10. How is the program evaluated?

Early Smiles Sacramento is evaluated annually to ensure continued improvement and delivering a fiscally-responsible and effective program to the community. ESS navigation and case management methodology contribute valuable primary quantitative and qualitative data that can be used for ESS program's broader data collection activities. The program gathers community input and comment on an ongoing basis ensuring that the program is catered to community needs and is serving the population in a competent manner. ESS also ensure data is shared with relevant entities to maintain engagement and transparency. This includes school and district level reports, reports to contracting health plans and other partners. ESS utilizes a comprehensive data system to catalog and track client outcomes. The program is currently setting data up and requesting data from DHCS to conduct a 3-year impact evaluation.

11. Are there any reports?

In 2018, COH released the Early Smiles Sacramento (ESS), Evaluation of the ESS Program that presented findings of a one-year evaluation of ESS program over 12 months (one program year), comprising of September 2016 to October 2017. This report demonstrated the effectiveness of the ESS program and impact of navigation and preventive services offered. ESS is preparing the next program evaluation and will use the data collected by the ESS program to articulate the value of the program's services.

12. Are there any barriers/challenges to your program?

Early Smiles Sacramento (ESS) works closely with school nurses and school personnel to address challenges with accommodating dental screenings at school sites. ESS offers additional support to facilitate the scheduling process, consent form distribution, and communication to parents.

To address the challenge of low return rates of consent forms, the ESS consent forms were revised and translated to other languages including Arabic, Spanish, Farsi, Mandrin, and Russian. Onsite education is offered prior to the scheduled screening in effort to engage children in their oral health and encourage parents to provide consent for their child to receive ESS services.

During the navigation process, ESS staff are often met with the challenge of wrong phone numbers, voicemails and language barriers, which makes it difficult to reach some parents or guardians. The program has protocols in place to appropriately follow-up with such clients on an ongoing basis throughout the program year. After a select number of attempts, the ESS outreach staff will work with the school nurses to contact hard to reach families.

13. What are the lessons learned and/or are there any plans for improvement?

The Early Smiles Sacramento (ESS), Evaluation Report released in the spring of 2018 presented findings of a one-year evaluation of ESS program over 12 months (one program year), comprising of September 2016 to October 2017. The report demonstrated the effectiveness of the ESS program and concluded that:

- ESS clients have a higher dental sealant rate than California State Average.
- Nearly 60% of ESS Participants were successfully navigated to a dental office resulting in a dental visit
- Nearly 40% of the children navigated by ESS received treatment at a dental office
- ESS has the potential to increase county-wide dental utilization by at least 5% over the next 5 years

Future plans include seeking data from the Department of Health Care Services and the GMC Health Plans to compare dental care utilization and outcomes between ESS and non-ESS clients. As students are screened in progressive school years, the program will look to longitudinally monitor oral health (this information is collected for all ESS clients) and assess change in it thereof.

If you are interested in learning more about this program, please contact COHTAC at oralhealthsupport@ucsf.edu.