




Welcome to the Lunch and Learn
The program will begin shortly

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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


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Today's Program


Improving Oral Health Using an Early Childhood Oral Health Assessment (ECOHA) System

Presented by
Paul Glassman, DDS, MA, MBA
Professor and Associate Dean for Research and Community Engagement
California Northstate University




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Improving Oral Health Using an Early Childhood Oral Health Assessment System (ECOHA)

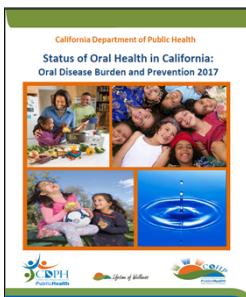


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College of Dental Medicine, California Northstate University
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Early Childhood Oral Health Assessment: The Problem



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Early Childhood Oral Health Assessment: The Problem

Table 1. Healthy People 2020 Oral Health Indicators: Target Levels and Current Status for United States and California

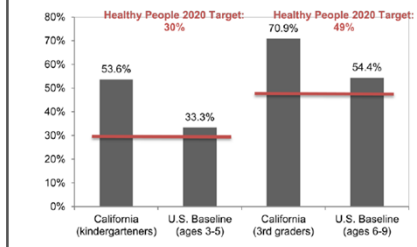
Healthy People 2020 Objective	U.S. Target HP 2020 (%)	U.S. Baseline (various years) (%)	California Baseline (various years) (%)
OH-1 Dental caries experience			
Young children, aged 3-5 (primary teeth)	30	33.3 ^a	53.6 ^a
Children, aged 6-9 (primary and permanent teeth)	49	54.4 ^a	70.9 ^d
Adolescents, aged 13-15 (permanent teeth)	48.3	53.7 ^a	
OH-2 Untreated dental decay in children			
Young children, aged 3-5 (primary teeth)	21.4	23.8 ^a	27.9 ^a
Children, aged 6-9 (primary and permanent teeth)	25.9	28.8 ^a	28.7 ⁱ
Adolescents, aged 13-15 (permanent teeth)	15.3	17 ^a	

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Early Childhood Oral Health Assessment: The Problem

Figure 1. Dental Caries Experience in Children: California vs. Healthy People 2020 Baseline and Targets.



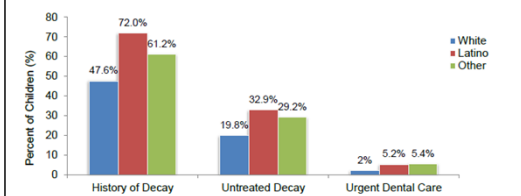
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Early Childhood Oral Health Assessment: The Problem

Figure 6. Oral Health of Kindergarten and Third Grade Children in California by Race and Ethnicity, 2004–2005.



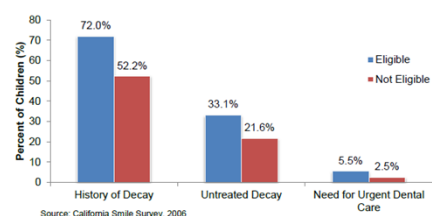
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Early Childhood Oral Health Assessment: The Problem

Figure 10. Oral Health of Kindergarten and Third Grade Children in California by Eligibility for the Free/Reduced Price Lunch Program, 2004–2005



Source: California Smile Survey, 2005

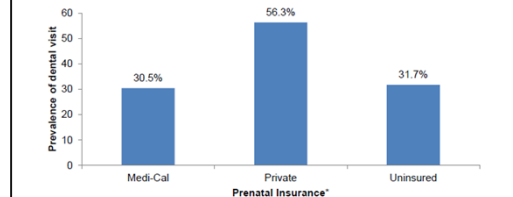
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Early Childhood Oral Health Assessment: The Problem

Figure 11. Prevalence of Receipt of Dental Visit during Pregnancy in California by Prenatal Insurance, 2012



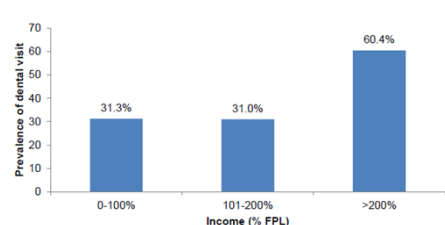
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Figure 13. Prevalence of Receipt of Dental Visit during Pregnancy in California by Income, 2012



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Early Childhood Oral Health Assessment: The Problem

Why?

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Conclusions

- Dental care is too difficult to access for many families of young children
- The problem IS NOT that they don't know about dentists
- Case management/care navigation resources are not readily available and can be overwhelmed by the need

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Strategy

- Use workforce already in contact with families of young children
 - Community Health Workers
 - Home Visitors
- Train and support them to:
 - Perform 1st level triage
 - Provide information
 - Support adoption of mouth health habits

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Benefit

- Identification of risks for dental disease
- Support behavior change
 - Trusted member of the community
 - More regular contact
- 1st level triage
 - Focus case management resources on those who need them most

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Oral Health Risk Assessment: 2010

- California Department of Developmental Services Early Start Program



The Early Start program is California's early intervention program for infants and toddlers with disabilities and their families. Early Start services are available statewide and are provided in a coordinated, family-centered system.

For more information regarding Early Start services and referrals, please contact the Early Start BabyLine at 800 - 515 - BABY (800 - 515 - 2229) or earlystart@dds.ca.gov.

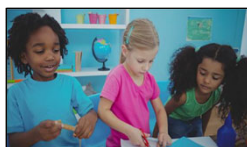


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Oral Health Risk Assessment: 2014

OFFICE OF HEAD START
An Office of the Administration for Children & Families


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Training

Early Childhood Caries (ECC)



What is ECC?

- Any tooth decay, including extractions and fillings from previous decay, in the primary dentition.



Severe ECC

- Distinctive pattern of tooth decay that begins on upper primary teeth
- Rapidly progressing to other teeth as they erupt



Pain

- Children learn to live with the pain
- Missed preschool and school days
- Inability to concentrate
- Can affect sleep and overall health and well-being



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Training

Early Signs of Decay: White Spot Lesions



Fluoride Toothpaste

- Brush 2x/day with F1 toothpaste as soon as teeth erupt
- Under 2 yrs – use a small film or “smear” of toothpaste
- 2-6 yrs, use a small pea size amount
- Apply toothpaste across width, not length of toothbrush



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Training

The Declining Role for the Dental Drill

Remineralization



Caries Arresting Medications



Sealing Caries

Fluoride Varnish



Silver Diamine Fluoride



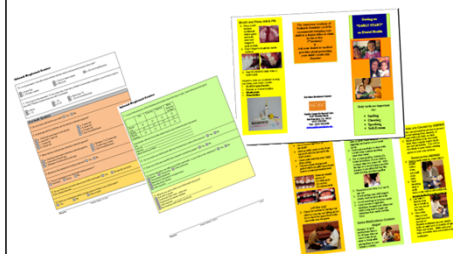
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Tools

Assessment Forms and Brochures



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Oral Health Risk Assessment

Oral Health Risk Assessment Form	
<i>This section to be completed by program staff</i>	
Today's Date: _____	<input type="checkbox"/> Initial Risk Assessment Visit <input type="checkbox"/> Follow-up Risk Assessment Visit
Home Visitor Name: _____	
Site Name: _____	Identifying Code: _____ Date of Enrollment: ____/____/____
Child/Parent/Guardian Information	
*Child First Name: _____	
*Child Last Name: _____	
*Child Date of Birth: ____/____/____	*Child Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Parent/Guardian First Name: _____	*Parent/Guardian Last Name: _____
Insurance Coverage	
1. What type of primary health insurance is this child covered by?	
<input type="checkbox"/> a. Denti-Cal	<input type="checkbox"/> b. Medi-Cal
<input type="checkbox"/> c. Employer Pay Insurance	<input type="checkbox"/> d. Cash/sliding scale
<input type="checkbox"/> e. No insurance/ free care	<input type="checkbox"/> f. Healthy Kids
<input type="checkbox"/> g. Other (please specify): _____	<input type="checkbox"/> h. No insurance

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Oral Health Risk Assessment

Oral Health Questions	
2. Do you have a dentist or a source of regular dental care for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. What age was your child at his or her first visit the dentist or dental hygienist?	
a. Child has never seen a dentist or dental hygienist	e. 3 years old
b. Less than 1 year old	f. 4 years old
c. 1 years old	g. 5 years old
d. 2 years old	h. Don't know/Declined
4. When did your child last see a dentist or dental hygienist?	
a. Child has never seen a dentist or dental hygienist	d. Between 1 to 2 years ago
b. Less than 6 months ago	e. 2 years ago or more
c. Between 6 months and a year ago	f. Don't know/Declined
5. If your child does not have a regular dentist, would you like assistance locating a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Would you like additional information on how to care for your child's teeth and mouth?	
<input type="checkbox"/> Yes <input type="checkbox"/> No. Skip to Question 9	
7. If you answered YES to question # 6 when will you be able to attend this session?	
<input type="checkbox"/> At socialization <input type="checkbox"/> At the local Head Start Site during a Parent meeting <input type="checkbox"/> by Phone <input type="checkbox"/> Other	
8. Your child's Early Head Start program offers on-site dental services at the local Head Start sites. This program allows your child to be seen by a dental hygienist at the Head Start pre-school site. Would you be interested in learning more or being a part of this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you have any concerns about your child's oral health? <input type="checkbox"/> Yes <input type="checkbox"/> No specific concerns	
If yes, please describe _____	
10. Have you noticed any white or brown spots or holes in your child's teeth?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has no teeth	

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Oral Health Risk Assessment

Oral Health Questions	
12. Do you have any concerns about your child's oral health? <input type="checkbox"/> Yes <input type="checkbox"/> No specific concerns	
If yes, please describe: _____	
13. Have you noticed any white or brown spots or holes in your child's teeth?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has no teeth	

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Oral Health Brochure

Cavities are Caused by GERMS!
Cavities can spread from person to person.

- ❑ Avoid sharing food, utensils, or cups with your baby or child.
- ❑ Brush and floss your own teeth daily, have regular dental check-ups and eat healthily. You will be less likely to pass cavity-causing germs to your own children.

Adaptive kids are available to help you clean your baby's teeth.

- Modified gauze pads
- Electric or manual toothbrushes
- Mouth props
- Floss holders



Remove the GERMS!

- ❑ **Begin with a clean, wet wash cloth daily.**
- ❑ **Start brushing baby's teeth twice a day with a soft toothbrush, as soon as the first tooth comes in.**
- ❑ **Let baby's head to your lap to brush so you can see all the teeth.**
- ❑ **Use a thin, flat or very small pea-size amount of fluoride toothpaste on your child's teeth as early as 6-12 months of age. Wipe out excess. Make sure your baby or toddler does not swallow the toothpaste.**



Brush and Floss AM & PM

- ❑ **Fluoride toothpaste** when your child is 6 years and older and use a pea-size amount.
- ❑ **Don't forget to brush the inside surfaces.**



- ❑ **Start FLOSSING daily when 2 teeth touch.**

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Oral Health Brochure

Early Childhood Cavities:

- *Are a serious infection of the teeth!*
- *Start as white spots on the front top teeth and can spread to the back molars.*
- *Can cause pain and stop your child from eating.*
- *Can necessitate having teeth pulled which can affect speech and lead to crooked permanent teeth.*



These are sample photos of:

- (1) white spots
- (2) cavities
- (3) infected teeth

Lift the Lip!

- ❑ Check for cavities by laying your child on your lap and lifting up his lip to check the upper front teeth, especially near the gums.



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Oral Health Risk Assessment

Oral Health Questions

14. Is your child using any of the following and at what time of the day or night? (check all boxes that apply)

	Day	Evening	Naptime	While Sleeping at Night
Sipper Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, what do the bottles and/or sipper cups contain at each time period:

Day: _____

Evening: _____

Naptime: _____

While Sleeping at Night: _____

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Oral Health Risk Assessment

Oral Health Questions

15. Do you brush your child's teeth after his/ her last food or drink of the evening? ☐ Yes ☐ No

16. Does your child use a pacifier that is dipped in something sweet? ☐ Yes ☐ No

17. Some medication can affect your child's oral health. Is your child on any medication? ☐ Yes ☐ No

☐ Dilantin ☐ Tetracycline ☐ Other antibiotics

☐ Tranquilizers/Sedatives

☐ Medications delivered in a sugary syrup

☐ Fluoride drops/ tablets

☐ Other (specify): _____

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Oral Health Brochure

Don't Bathe the Teeth in Sugar!

Prolonged exposure to sugars from milk or juice, while sleeping or napping can lead to severe tooth decay.

- ❑ Don't put your baby to sleep with a bottle that contains anything other than water.
- ❑ Try a clean pacifier, instead of a bottle or binky, if your child is younger than two years old. After the age of 2, avoid using a pacifier because it can affect the way the teeth develop and bite together.



- ❑ Transition your baby to a cup by age one.
- ❑ Avoid giving your child sugary drinks, such as juice and soda.
- ❑ Avoid snacking in between meals.
- ❑ Limit sweets to right after mealtime, because how often your child is exposed to sugar can determine how easily cavities form.

Some Medications Contain Sugar!

Beware! Liquid medications have a lot of sugar that can cause tooth decay; rinse or brush after giving them to your infant or toddler.



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Oral Health Risk Assessment

Oral Health Questions

18. What do you use to clean your child's teeth and gums?

- ☐ Soft cloth or gauze
- ☐ Toothbrush (soft, hard - circle one)
- ☐ Fingerbrush for babies/ toddlers
- ☐ Other (specify): _____
- ☐ Not brushing child's teeth or gums yet



19. How much toothpaste do you use (Circle one)?

a. Smear b. Pea Size

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Oral Health Brochure

Cavities are Caused by GERMS!

Cavities can spread from person to person!

- Avoid sharing food, utensils, or cups with your baby or child.
- Brush and floss your own teeth daily, have regular dental check-ups and eat healthy. You will be less likely to pass cavity-causing germs to your own children.

Adaptive aids are available to help you clean your baby's teeth:

- Modified gauze bandage
- Electric or manual toothbrush
- Mouth syringe
- Finger brush



Remove the GERMS!

Relieve teeth come in, clean baby's mouth with a clean, wet wash cloth daily.

Start brushing baby's teeth twice a day with a soft toothbrush as soon as the first tooth comes in.

Let baby's head in your lap to brush so you can see all the teeth.

Use a thin, flat or very small pre-curved amount of fluoride toothpaste on your child's teeth as early as 6-12 months of age. Wipe out excess. Make sure your baby or toddler does not swallow the toothpaste.

Brush and Floss AM & PM

Place a soft toothbrush where your baby's mouth and tongue meet and wiggle it back & forth.

Don't forget to brush the inside surfaces.

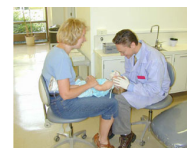
Start FLOSSING daily when 2 teeth touch.

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Oral Health Visual Screening Examination

- Flashlight examination
- Infection control
 - Gloves
 - Optional mask and eye protection
- Knee to knee position



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Oral Health Visual Screening Examination



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Oral Health Risk Assessment

Oral Health Visual Screening Examination

19. Record findings from the intra-oral visual screening examination
- ☐ Child has no teeth
 - ☐ There are white spots on the teeth
 - ☐ There are brown spots on the teeth
 - ☐ There are holes in the teeth
 - ☐ Other (specify) _____
 - ☐ No abnormalities seen

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Oral Health Risk Assessment

Oral Health Risk Assessment

Based on the information provided above, assign a risk category (as defined for this project)

☐ **Low Risk** – The family is following good preventive practices and understands how to prevent dental disease AND no abnormalities were observed.

Action: Follow-up with family at next visit to re-assess risk. If risk is still low provide additional information if needed and answer any questions that have arisen.

☐ **Moderate Risk** – The family was using some practices that could lead to dental disease, but after being provided with information the family seems to understand and is likely to follow good preventive practices AND no abnormalities were observed.

Action: Follow-up with family at next visit to re-assess risk. If risk is still low provide additional information if needed and answer any questions that have arisen. A referral to a dental professional may be appropriate.

☐ **High Risk** – The family was using some practices that could lead to dental disease, and even after being provided with information the family needs further education or help to understand and follow good preventive practices OR some abnormalities were observed that warrant further evaluation from a dental professional.

Action: Refer to a dental professional for further education for the family, preventive procedures, or referral to a dentist for dental treatment.

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Oral Health Risk Assessment

Recommendations & Interventions

21. Brochure Highlighted and Given:

☐ Yes ☐ No

22. Counseling Provided:

☐ Cleaning Teeth ☐ Medications ☐ Habits (i.e. putting baby to sleep with bottle) ☐ Diet (i.e. sugar intake)

23. Fluoride Varnish Applied

☐ Yes ☐ No Comments

24. Oral Health Goal in IFSP:

(If Included, check all that apply)

☐ To be included ☐ Included ☐ No

☐ Tooth brushing/cleaning ☐ Behavioral

☐ Dental Appointment ☐ Dental Coordinator

☐ Medications ☐ Baby bottle/ Nutrition

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Oral Health Risk Assessment

Recommendations & Interventions

25. Referral to Dental Coordinator (for children at high risk)

☐ Yes ☐ No ☐ 6 mos. follow-up ☐ Family Declined Referral
☐ If Yes, Referral Form attached

26. Client Referral(s):
☐ Social Service ☐ Primary Medical Care ☐ Specialty Medical Care ☐ Dental Care
☐ Nutrition Services ☐ Specialty Dental Care ☐ Behavioral Services ☐ Speech Therapy
☐ Other _____ ☐ Transportation ☐ Developmental Services ☐ Childcare

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Oral Health Risk Assessment

Other Findings Or Concerns

27. OTHER FINDINGS OR CONCERNS: (including barriers to seeking dental care for child or purpose of Dental Coordinator referral)

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Oral Health Risk Assessment: Findings

- 50 % of families were found to be at low or moderate risk
- 25% of families needed further educational or assessment services from a dental professional
- 25% of families needed a visit with a dentist

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Dental Transformation Initiative

Domain 4: Local Dental Pilot Programs (LDPPs)

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First 5 Riverside/San Bernardino DTI LDPP



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First 5 Riverside/San Bernardino DTI LDPP



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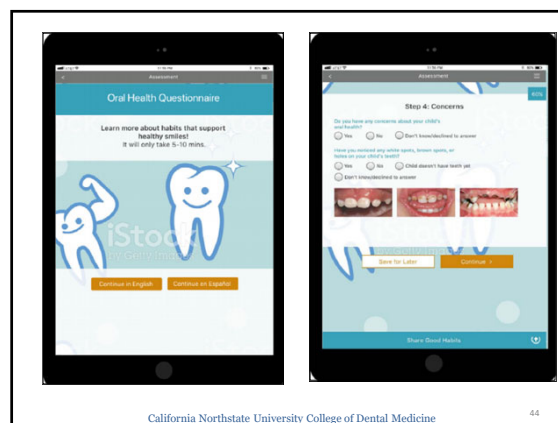
First 5 Riverside/San Bernardino DTI LDPP

- Objective
 - Take the paper-based system and upgrade to a technology-based system
 - Engage community health workers
 - Connect to Virtual Dental Home and other community-based care systems in the community

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HOME ABOUT ADMISSIONS FINANCIAL AID FAQ'S COURSES Research and Community RDHAP

The California Dental Transformation Initiative

Local Dental Pilot Projects

Background

In 2016, California began its Medi-Cal 2020 Waiver Program. The aim of the waiver from the Federal Centers for Medicare & Medicaid Services (CMS) was to "transform and improve the quality of care, access, and efficiency of health care services for over 13 million Medi-Cal members."

One of the components of the Medi-Cal 2020 waiver was the establishment of a \$750 million Dental Transformation Initiative (DTI) the intent of which was to "improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform." One of the four "Domains" of the DTI was Domain 4 – Local Dental Pilot Projects (LDPPs). The goals of the LDPPs were to address the DTI goals through "alternative programs and potentially use strategies focused on rural areas, including local case management initiatives and education partnerships."

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DTI Evaluation: Symposium on Community-Engaged Oral Health Systems

On December 18, 2020, CNJU hosted a Symposium on Community-Engaged Oral Health Systems. The symposium focused on lessons learned and recommendations for the future from two aspects of the DTI LDPPs. These were care coordination and the Virtual Dental Home System. Recordings of the presentations and panels from the symposium are available in the links below.

Also, in partnership with the counties where the LDPP VDH systems and the ECOHA programs were implemented and The Children's Partnership a series of reports have been developed documenting the findings from these activities and recommendations. In addition, a report prepared by Children Now documents the results and recommendations from the complimentary work done by the LDPPs on Care Coordination.

Topic	Presenter(s)
Welcome, introduction, background on the DTI and on Community-Engaged Oral Health Systems	Paul Glaszman, CNJ
Care Coordination and Access to Care in the DTI	Katie Andrew, Children Now
The Virtual Dental Home in the DTI	Jenny Kattlove, Consultant
Panel Presentations	Katie Andrew, Children Now Stephanie Thornton, The Children's Partnership Susan Flores, CA Pan Ethnic Health Network Mary McCune, California Dental Association Rhonda Gonzalez, CA Dental Hygienists Assoc. Amanda Willard, CA

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DTI Evaluation: Symposium on Community-Engaged Oral Health Systems

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These reports referenced in the Symposium are available here:

- The Virtual Dental Home: Building Best Practices into California's Oral Health Care Delivery System for Children
- The Virtual Dental Home in the Inland Empire: Building Best Practices into the Oral Health Care Delivery System for Children
- The Early Childhood Oral Health Assessment in the Inland Empire: From Pilot to Health Care Systems Integration
- The Virtual Dental Home in Orange County: Building Best Practices into the Oral Health Care Delivery System for Children
- The Virtual Dental Home in Sacramento County: Building Best Practices into the Oral Health Care Delivery System for Children
- The Virtual Dental Home in San Joaquin County: Building Best Practices into the Oral Health Care Delivery System for Children
- Dental Care Coordination and Access to Care: How Local Dental Pilot Projects Connect Children to Dental Care in California's State Medicaid Program

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The Early Childhood Oral Health Assessment in the Inland Empire: From Pilot to Health Care Systems Integration

Children's Partnership | FIRST 5 | December 2020

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Overview of ECHOA

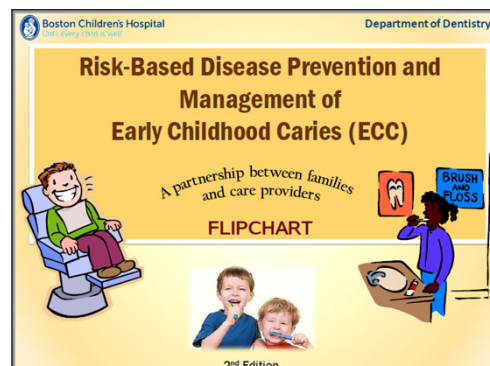
The CHWs met with families in the following community settings throughout the Inland Empire to conduct assessments.

- ▶ Health clinics, during well child visits and in waiting rooms
- ▶ WIC clinics
- ▶ Head Start and other early learning sites
- ▶ Elementary schools
- ▶ Libraries
- ▶ Food distribution sites
- ▶ Community events, such as health fairs and farmers markets
- ▶ Churches

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Early Childhood Cavities



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Preventing Cavities is a Partnership between YOU and US



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How much sugar is in your child's favorite drink?



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How much sugar is your child drinking?




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Bottles and Sippy Cups: It's what's inside that counts





Only water to bed No more than 4 oz juice once each day Breastfeeding

Healthy Balanced Diet → Healthy Bodies


Adapted from: American Academy of Pediatrics. A Pediatric Guide to Children's Oral Health. 10. Green Village, N. American Academy of Pediatrics, 2009.

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Tooth brushing




Tips for Brushing Teeth

- Approach child from behind
- Use a small, soft-bristled toothbrush
- Brush teeth for 2 minutes
- Lift the lip to brush along the gum lines
- Concentrate on the back molars which are prone to cavities
- Brushing doesn't have to take place in the bathroom
- Help with brushing until age 7

Lift the Lips

Show that tooth brushing can be fun!

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Fluoride Cavity Protection Available from many sources






Fluoridated Water

Fluoride Toothpaste and Rinses

Fluoride Varnish

Fluoride Supplements

0.25mg & 0.5mg F chewable tabs

NaF 5000 ppm F >5 years of age

NaF 1000 ppm F toothpaste with xylitol



Stannous fluoride 1000 ppm F

Calcium and phosphate NaF

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How much **FLUORIDE** toothpaste?

<2 years old 2 - 5 year olds

SMEAR **PEA-SIZE**

WAIT 30 minutes before eating or drinking and no rinsing!

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Overview of ECHOA

The Numbers:

January 2019 – September 2020



- ▶ Total Assessments Completed: 9,984
- ▶ Assessments in Spanish: 35%; Assessments in English: 65%

Risk Level	Percent of Assessments by Risk Levels
High	12%
Medium	42%
Low	46%

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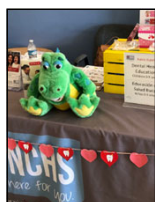
Overview of ECHOA

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Overview of ECHOA



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Overview of ECHOA



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Overview of ECHOA

Connection to Virtual Dental Homes

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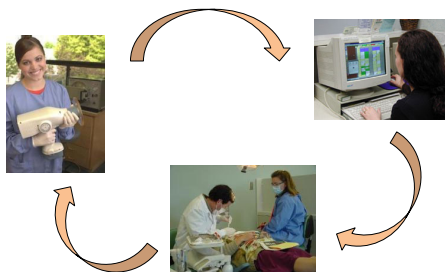
Community Engaged Oral Health Systems



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The Virtual Dental Home



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Space and Equipment



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EHR: Radiographs



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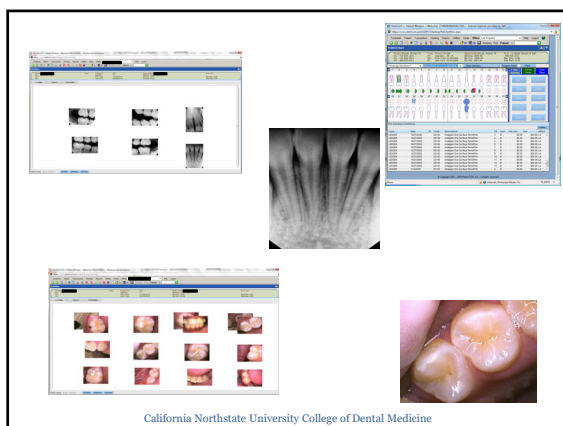
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EHR: Photographs



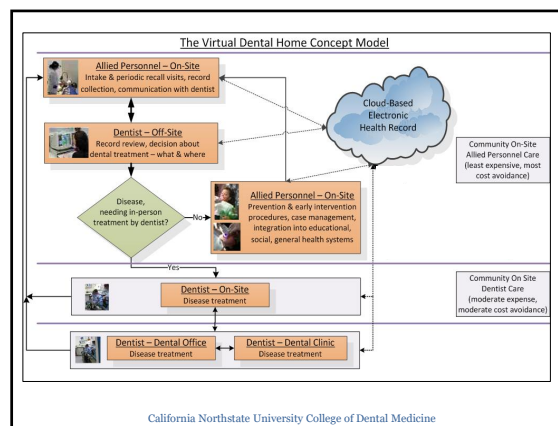
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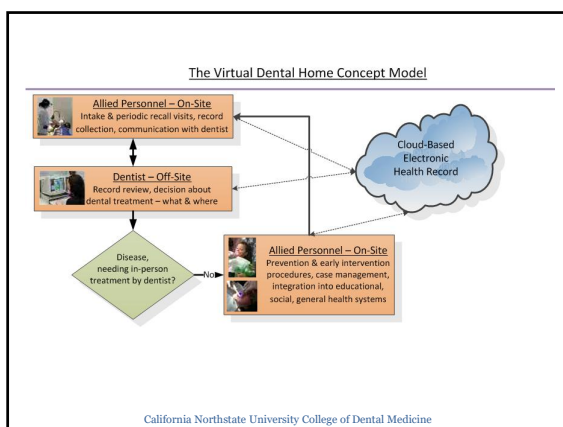
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Community-based Prevention and Early Intervention Procedures

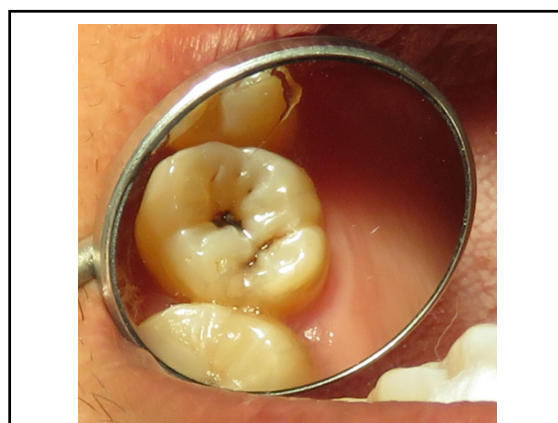


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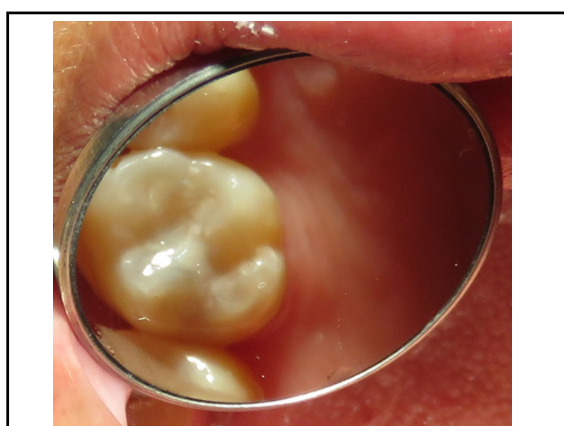
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Telehealth-Connected Teams and Virtual Dental Homes Key Outcomes

- Reach people, emphasize prevention, and lower costs
- Majority of people kept and verified healthy on-site
 - About 2/3 of children had all needed services completed by dental hygienist
- Now estimate 80-85% of children can be kept healthy in the community

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Overview of ECHOA

Toward Spread and Sustainability: Recommendations

Next Steps

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Early Childhood Oral Health Assessment: Next Steps

- Partner with technology company that can maintain application and data
- Develop updated training and support system
- Make the system available statewide

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Customer Story

FIRST 5 RIVERSIDE

"Apricot is the connective tissue between all our initiatives. We're lucky to have met with Social Solutions – it's made our lives a lot easier."

Piera Causley
First 5 of Riverside Regional Manager – Family Resource Centers & Resilient Families, Riverside County Children & Families Commission

Before:

- Multiple disparate solutions in place
- All data siloed no shared insights
- Failed implementation of mobile app
- Using Excel as a work around for all reporting needs

A360 Implementation Timeline: 12 weeks

- Multi- Model Home Visiting
- Family Resource Centers & Closed Loop Referrals
- First 5 Internal Programs
- Contractor Management
- 2nd project: Dental Transformation Initiative

Social Solutions

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Toward Spread and Sustainability: Recommendations

ECHOA Assessment Deployment

- Quick deployment – 3 weeks for initial build – faster for future deployments
- Supports prevention efforts for hard-to-reach, high risk kids by leveraging the existing Home Visitor network
- Ability to share ECHOA tool across any new or existing instances of Apricot
- Real-time dashboards and reporting

Social Solutions

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Toward Spread and Sustainability: Recommendations

Timeline

- Spring 2021
 - Convert from DTI application to Apricot 360
 - Develop associated educational resources
 - Develop on-demand and live supplemental training
 - Test all of the above
- Summer 2021
 - Pilot program
 - Refine materials and systems


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**Toward Spread and Sustainability:
Recommendations**


Timeline

- Fall 2021
 - Make ECOHA available statewide



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Speaker Q & A

Please type your questions in the Q & A box and we will get to as many as possible.

UCSF

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On behalf of

COHTAC

CALIFORNIA ORAL HEALTH TECHNICAL ASSISTANCE CENTER
<https://oralhealthsupport.ucsf.edu/>

Thank you for attending today's Lunch and Learn!

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