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# **KOHA Process and Systems**

1. **How are the class rosters obtained to upload onto the secure laptops? Does the school district provide these at the beginning of the school year as a part of the MOU agreement?**

The information belongs to the school district, SFUSD. SFDPH has access to the info only as needed to conduct KOHA. SFUSD has developed a database that merges K classroom rosters with the fields needed to document KOHA results. Today we no longer upload onto our laptops, instead our laptops have access to the cloud-based database. Permission to access the SFUSD system to collect KOHA is part of the contract SFDPH has with SFUSD. The MOU is to get the de-identified data back at the end of the school year for analyses. This may be only in SF that we have both a contract and an MOU for KOHA…contract to conduct the screenings because SFDPH is being paid, and MOU to see the data.

1. **What kind of modifications have you had to make, if any, due to COVID? For example, do you take temps before or do screenings in classrooms or a different area?**

We are following the SFDPH health directives for schools and for conducting dental and vision screenings. The directives currently allow indoor screening in rooms with open windows; however, we are sensitive to the schools and we have done KOHA screenings outside and in hallways if that’s what the school wanted. We have one school that has declined for this year. We don’t take temps because that is done at the beginning of the day. Screeners are now in full PPE (gown, glasses, face shield, gloves), which also is a change from previous years.

Healthier Kid’s Foundation has been very keen on ensuring their staff and dentists have PPE, background checks, and are vaccinated for the safety of the students and school staff.

1. **Can you share the name of the system that you are using to collect the roster and input data collection?**

(Kathleen King) For those asking about roster data uploads and downloads, for Healthier Kids Foundation, we use Salesforce.

1. **How much is the Salesforce software account?**

I can’t recall the exact price; however, it is very expensive for County/government to have an account. It is a lot cheaper for non-profits. Therefore, Healthier Kid’s Foundation purchases the accounts at a non-profit rate and shares the data reports with us. If there is a non-profit partner that utilizes the software and can share with the County, there will be less expensive.

1. **Does your team use any platforms (e.g., doodle) to make it easier to determine times/days for screenings that work for everyone involved (teachers + dental professionals who will be screening + school nurse)?**

It’s surprising how low-tech this process still is for us. The big change is more use of email communication replacing phone calls, but we still find emails get ignored or overlooked. There is still the need to call to remind people to respond. Some of the long-time dentist screeners are not so tech savvy, but this is something to explore for sure! Testing if google calendars, doodle, etc. can streamline our processes. Thanks for suggesting!

1. **Can you please tell us more about the In-Kind arrangement with the SFDPH RDH?**

Because the SFDPH KOHA program preceded the AB 1433 legislation and the 2016 Prop 56 LOHP funding, we developed the program using alternate funding mechanisms, including volunteer staffing and in-kind arrangements. SFDPH originally had one RDH that staffed the school-based sealant program, which started in 1996. When the KOHA started in 2000, the dental director determined it made sense to make the same RDH the owner/manager of the KOHA program, later adding the preschool screening and varnish program, along with one day of clinical hygiene in the SFDPH clinics. KOHA management is only a portion of the RDH job duties.

1. **What is included in a KOHA screening? Is FV application included, or any sealants applied?**

The KOHA screening includes a 2-minute screening by a licensed dentist. They are looking for visible decay and any other emergency. They provide the referral based on their notes, and Healthier Kid’s Foundation coordinates the rest.

1. **I'm familiar with an MOU, what is an MOA?**

MOA is Memorandum of Agreement.

1. **Could you elaborate on any FERPA considerations LHDs would have to consider in implementing the KOHA?**

Please review the FERPA Summary page for more information. [FERPA Summary Page - Data Governance (CA Dept of Education)](https://www.cde.ca.gov/ds/ed/dataprivacyferpa.asp)

Each school district sets the policy for consent rules.  Screenings don’t require active consent because they aren’t providing treatment. However, it is prudent to

check with the school district or their website for the policy on consent forms and referrals. There was some confusion about care coordination and consent.  Therefore, it is recommended that you put a statement on the passive consent form. It could state that the child might receive a referral if dental care needs are identified.

1. **Is it possible for you to share a sample of the contract?**

You can search COHTAC for examples of an MOU. Here is a sample: <https://oralhealthsupport.ucsf.edu/content/mou-koha-san-mateo-county>.

Here is the link to the webinar <https://oralhealthsupport.ucsf.edu/events/establishing-mou-memorandum-understanding-agreement-webinar>.

1. **Are template/examples of passive consent form for KOHA and MOU between PHD and school districts available?**

KOHA forms <https://oralhealthsupport.ucsf.edu/our-programs/school-programs/kindergarten-oral-health-assessment/koha-toolkit>.

# **SCOHR**

1. **Who will upload the results of screenings onto SCOHR database?**

The SFDPH logistics coordinator (the AmeriCorps member/public health trainee, etc.) who is present at the screening, uploads screening results into the SFUSD database. They can either upload directly using a laptop, which is preferred, or they can document on a class roster sheet and input later.

In San Diego, KOHA data from all districts who report is shared with the County. Our LOHP staff will upload the KOHA data into SCOHR since very few schools report to SCOHR.

In Santa Clara, the KOHA data is uploaded by participating District staff/nurses. This is what we have been working on the past 18 months to collaborate with District Nurses to encourage entering valuable KOHA data. For the Districts not entering, if we have the partner screening data, the LOHP enters the data manually. We have offered this service to all the districts as well.

1. **Is it possible for the OOH to host a webinar that focuses on reporting for using the SCOHR system? In our community there is a lack of reporting and many schools note the difficulty of using the system.**

SCOHR is planning to develop a training video and manual regarding how to input data into SCOHR. The OOH will provide an update soon. You can contact SCOHR for help at (866) 762-9170 or by email at [scohr@sjcoe.net](mailto:scohr@sjcoe.net).

1. **Are you able to provide a training for how to input data in SCOHR for both schools and LOHP?**

At SCC we have a handout that our program put together that may be helpful. Handout attached.

SCOHR will be developing videos and a manual to help schools and LOHPs to input data into SCOHR.

# **Funding**

1. **Can you please specify what funding the schools get for these screenings?**

When AB 1433 was passed in 2006, there was state funding for school districts to incentivize reporting data…i

Approximately $9/child. That is the funding SFUSD initially used for contract with SFDPH. However, when funding for KOHA wasn’t prioritized, SFUSD decided to continue the KOHA contract with SFDPH using other funding.

As a result of the great recession in 2009 schools were allowed to flex funding for priority areas, unfortunately many schools did not identify KOHA as a priority. In 2013-2014. the Local Control Funding Formula (LCFF) was hallmark legislation that fundamentally changed how all local educational agencies (LEAs) which are [school districts/County Offices of Education in the state. Spending under LCFF is spelled out in a Local Control Accountability Plan (LCAP) where parents, teachers, students and community must review and can help shape funding priorities. Under LCAP high need students bring extra funding to their districts and charter schools that must be used to provide services to attain the main goal: *Every Student Succeeds*. This provides a unique opportunity to educate LEAs regarding the importance of oral health and prioritizing KOHA which is in Ed Code in relation to chronic absence, school performance which can play an important role in helping schools reach their overall goal for student success.

\*Link to explanation of LCFF/LCAP <https://youtu.be/lFQOjG7IUac>

1. **Can you provide clarification about how the incentives work for reporting? Does the incentive go straight to the schools that report?**

Technically, it wasn’t considered an incentive but a payment to complete the paperwork and to report the information to the County Office of Education (COE). See response above how local communities could leverage resources from the LCAP to meet priority groups such as Foster Youth, English Learners, and Low-income students and to address chronic absence, and improve student success.

# **General Questions/Concerns**

1. **What do you do if a child at a school-based oral health program session does not have any insurance (not even Medi-Cal)?**

In San Francisco we have a pretty comprehensive system for enrolling low-income children into public insurance coverage. Most school-based staff have been trained on what resources are available, such as our local health plan or other enrollment assistance providers, to work with families and get kids enrolled into public insurance.

1. **One of the consistent feedbacks that we have heard from some of the school districts is that since there is no payment for KOHA form reporting, there is no incentive for them to report the data. How can we motivate school district staff?**

San Diego works with the San Diego County Office of Education (SDCOE). Regular communications and emails are sent each year to stress the importance of KOHA and that it is required by law. We continually reiterate that oral health must be included as a part of total health, and school absences due to dental problems impact attendance.

1. **What kind of training are you providing to the school nurses? Do you have a specific curriculum, or did you guys develop the trainings?**

We developed the trainings based on what our program could offer.

# **Resources**

* The June 2021 PDM recording Somayeh mentioned can be found here: <https://youtu.be/IN_78VZT34g>