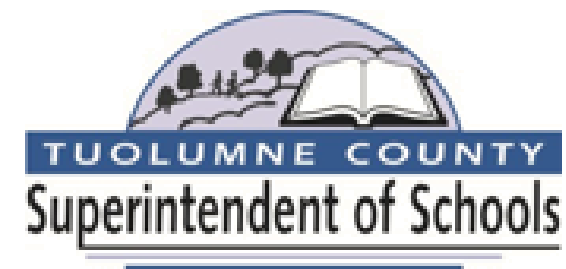


Smile Keepers Dental Disease Prevention Program & Tuolumne County Local Oral Health Program



Amelia Do-Golden - LOHP Project Director
Erika Hagstrom-Dossi, RDA - Smile Keepers Program Director
Ocean Arellano, RDHAP - Smile Keepers Clinical Director

Smile Keepers Snapshot



- Established 1994
- Serves 4,750 school age children (K-8) & 500 preschool children
 - Dental education, basic screening & fluoride varnish application
 - Over 90% participation rate
- Prenatal oral health education at Adventist Health Sonora & prevention services at Tuolumne County Behavioral Health (through MHSA)
- Staffing: RDA - Program Director; RDHAP - Clinical Director

How did we get here?

PARTNERSHIP
DEVELOPMENT

COMMUNITY
INVOLVEMENT

PERSONAL
RELATIONSHIPS

FUNDING
SOURCES

MOU, LIABILITY
INSURANCE, ETC.

How we got started...

- Community involvement
- Shared vision
- Agency support
- Verbal agreements
- Bring all ideas to the 'table'

**AGREEMENT FOR PROFESSIONAL SERVICES
DENTAL ASSESSMENT SERVICES**

THIS AGREEMENT ("Agreement") is made and entered into this 1st day of July, 2020, by and between the County of Tuolumne, a political subdivision of the State of California, ("County"), and Tuolumne County Superintendent of Schools through its Smile Keepers Dental Disease Prevention Program, ("Contractor"), pursuant to the following terms and conditions.

WITNESSETH:

1. TERM

The term of this Agreement shall commence on July 1, 2020 and terminate on June 30, 2021 unless extended as provided by this Agreement.

Upon funding availability, this agreement may be extended for one one-year extension by written amendment signed by both parties.

2. SERVICES

Contractor shall perform dental assessment services as described in Exhibit A, "Scope of Work," which is attached hereto and incorporated herein by reference. Contractor shall provide all staffing and materials necessary to perform the Scope of Work.

3. COMPENSATION

Contractor shall be compensated for services performed in an amount not to exceed

What to include

- Term
 - Annual contract with amendments
- Scope of work
- Compensation
- Insurances
 - Personal & Professional Liability
- County policies

Formalizing MOUs

Oral Health Program

- Program Staff
- Department analyst
- Department Directors
- County Counsel

Smile Keepers

- Program Staff
- HR team
- Superintendent

Things to consider

- Agency support
 - Resources
- Sustainability
- Data
- Equipment & Materials

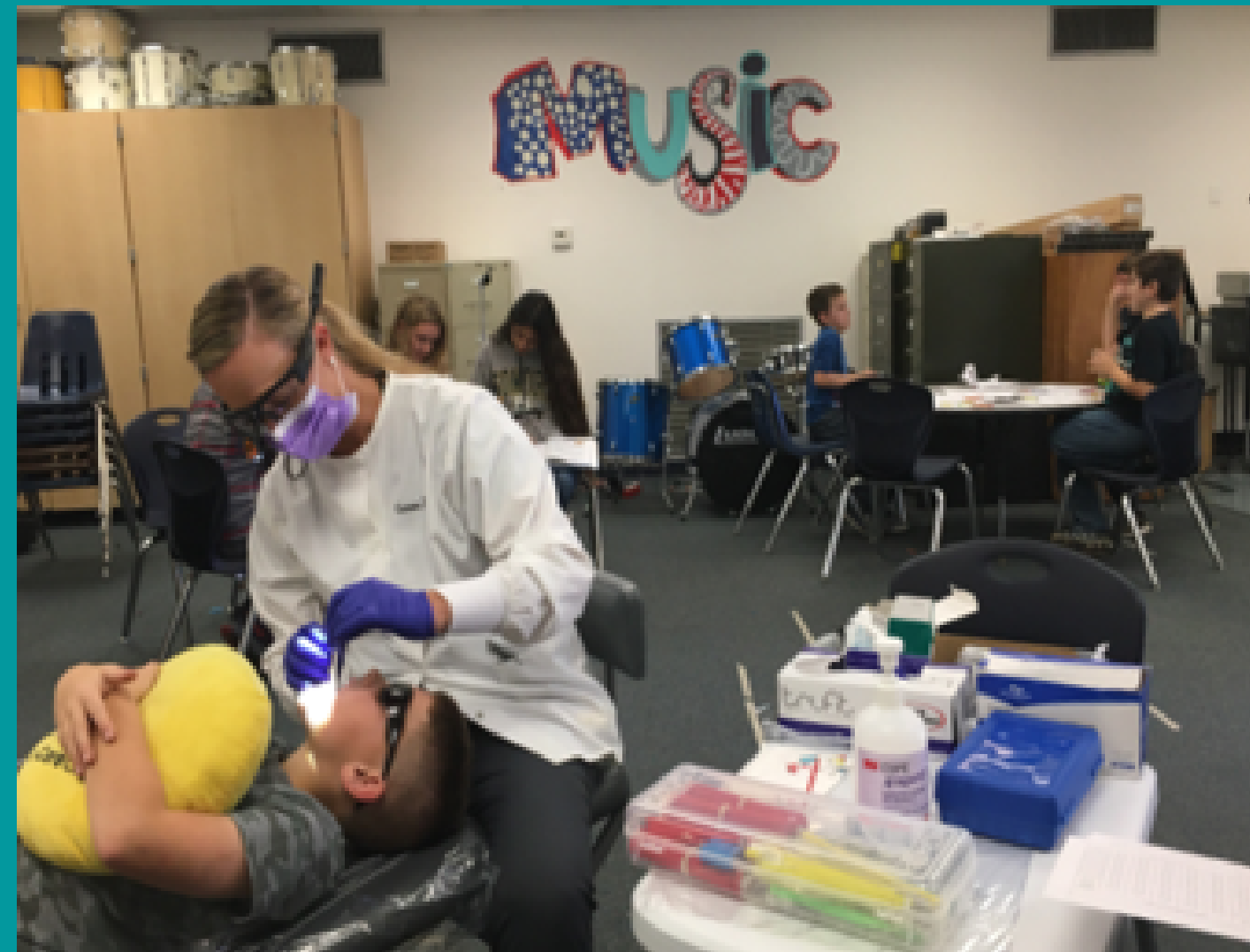
Putting the MOU into action



- School Assessments
 - LOHP provides equipment and materials
 - Smile Keepers provides clinical services
- KOHA implementation assistance
- Referral coordination
- Education for families
- Increased capacity



Education & Screenings



Keep it simple!



Working together...

- Smile Keepers team & LOHP staff at every assessment
- Education provided prior to assessment visit
- Scheduling with schools completed months ahead of time
- Assessment time ~ 5 minutes per child
- Recording on screening form (DMFS) form (digital entry in progress)
- Professional but SIMPLE set up
- Student volunteers (8th graders) assist with escorting children to and from class
- Provide creative activities while children wait (RYD, Tobacco education)
- Don't rush! Be flexible!





Smile Keepers Dental Disease Prevention Program Consent Form



Dear Parents/Guardians:

Your child's class will be participating in the Smile Keepers Dental Disease Prevention Program this school year. Children in this program will:

1. Learn to prevent cavities and gum disease
2. Learn to brush and floss their teeth
3. Have a basic dental screening
4. Receive two fluoride varnish applications during the school year

There is no cost to participate in this program, however **YOU MUST SIGN THIS FORM** for your child to participate with the rest of the class.

1. Your Child's Information

Child's Name

Name of School

Child's Birth Date

Month	

Day	

Year			

Age

Grade

Teacher/Room #

Home Phone Number

Cellular Number

Emergency Contact:

Name

Phone

2. Dental History & Health Coverage

Does your child currently have a dentist they see every 6 months? ☐ Yes ☐ No

Does your child have dental insurance? ☐ Yes ☐ No If yes, which type of dental insurance? ☐ Medi-Cal ☐ Private ☐ Other

Name of child's regular dentist (if applicable): _____

Consent forms
provided at the
beginning of the
school year

Decayed, Missing,
Filled, Sealed
(DMFS) form used
during assessment
process

School Code: <input type="text"/> <input type="text"/> <input type="text"/>			Date of Screening: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			Child SSID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Grade: <input type="text"/>			Age: <input type="text"/> <input type="text"/>		Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female			Race/Ethnicity (check one): <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unknown					

UPPER (MAXILLARY) ARCH								LOWER (MANDIBULAR) ARCH					
Tooth Space	Tooth Type	O	L	B	M	D	Occlusal Sealant Status	Tooth Space	Tooth Type	O	L	B	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 l	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 o	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29 t	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment Urgency (check one): <input type="checkbox"/>	<input type="checkbox"/> Varnish #1	<input type="checkbox"/> Varnish #2
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Smile Keepers Dental Disease Prevention Program



Name of Child _____ Date _____

DENTAL REPORT

Dear Parent/Guardian,

Today your child recieved a dental screening at school by a Smile Keepers staff member. As a result of today`s screening, we recommend the following dental care for your child:

- No obvious cavities were detected. Please continue to see your dentist for regular examinations.
- Cavities or suspicious areas were detected. Your child needs a dental appointment. **Please see attached referral.**
- Serious dental problems detected. A dental appointment is recommended as soon as possible. . **Please see attached referral.**

Dental reports
provided to each
student following
their assessment

"Creating a legacy program!"

— Erika Hagstrom-Dossi, RDA



Questions?

THANK YOU!

