Communities of Practice Questionnaire

1. Name of your organization Petaluma Health Center School Based Program

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.

We started in 2013 as a School sealant program. Under this model, we provided student education in the front of the classroom and screenings and sealants in the back. This meant higher patient volume per day and shorter program duration. Also meant more inconvenience to the teacher since we took over the classroom for a period of time. Later we converted to more value per visit and a more constant, regular presence at the schools as intermittent sites. Under this model, we are sending to the schools a dentist and one-two assistant(s) and sometimes a patient care coordinator. We use an empty classroom that is always available to us, and provide more care: dental exams, x-rays, cleanings, sealants, fluoride, motivational interviewing for goal setting, caries risk assessments, oral hygiene instructions and nutritional counseling. In a few instances we have also provided emergency care. At the elementary schools we use mobile dental equipment transported by our Facilities team. At the high schools we have modular buildings on site which eliminate the need for a dedicated classroom. We utilize some of the medical equipment and the mobile dental equipment there. We take one student out of class at a time. We also see students after school, from YMCA. We try to provide as much preventive care as possible at the schools and some of the students are also seen at the main clinic sites for treatment.

4. Which population is being served by the program?

We serve elementary and high school students at schools with higher percentage of free and reduced lunch program. Initially, our county helped us identify the schools to serve. On average, 55%-100% of the students have been MediCal beneficiaries across schools.

Since 2015, we received 1,882 yes consents, 746 no consents, and provided 900 visits, to 831 patients. The caries rate in patients seen at the schools has been twice to three times higher than the caries rate in the same age group of patients seen at the main clinics. The caries rate at the schools has been 52-63% compared to 25% at the main sites.

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
Dentist	1	Provides care, documents visits, communicates with schools regarding schedules and consents, leads the administrative preparations for visits, keeps list of students/teachers, keeps the consents binder, provides after visit summaries, and collects data.
Dental Hygienist		
Dental Assistant	1-2	Assists the dentists, cleans, disinfects, sterilizes and maintains equipment per protocol, provides patient education.
Non-dental clinical staff	1	Patient care coordinator screens consents, contacts families for additional information, prepares patient lists for scheduling, calls families for visit follow up and to check on their self-management goal, connects families with certified enrollment counselors, creates bell schedule for each school and marks school holidays on calendar.
Community health workers		
Other		Facilities staff transports mobile dental equipment. Certified enrollment counselors help patients apply for insurance coverage. School nurses, administrators, teachers and parent volunteers help with consents collections. Outreach department and medical department help with consents distribution and collection as well especially at the high schools where care is integrated.

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) To start the program we relied on fundraising and small community donations for the equipment. Most recently we received a grant from the city of RP for treatment cost offset. Bill Medi-Cal Dental and private insurance for services.

10. How is the program evaluated?

We collect the following data:

- hours and days of care provided
- number of visits provided
- number of consents distributed
- number of consents returned
- number of consents marked no
- number of consents marked yes
- number of exams, cleanings and fluoride applications
- number of students who received sealants
- number of students with active decay
- number of students with urgent treatment needs
- number of existing patients seen
- number of new patients seen
- report of patients by billing type
- charges and adjustments

11. Are there any reports?

Yes for the data points listed above.

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

Obtaining a steady stream of consents from year to year is the main challenge. The lack of a steady stream of consents makes staffing projections difficult. Is had to anticipate the demand for care each year, combined with the seasonality of the school year, means that we are not able to hire for the program. We utilize existing staff that we take out of the main clinics to provide care at the schools.

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

Presence at the schools is important for engaging families and school staff: provide presentations at back to school night, attend open house, enrollment day, registration events, PTA meetings, parent teacher conferences, career day, and provide updates in the school bulletin. Establish a contact person/champion at each school: school nurse, parent volunteer, office manager, teacher, or principal. Their initial buy in is critical.
Consents: send out at the end of school year, beginning of school year; different process for elementary school students versus high schools; consider incentivizing consent return. Find out if school uses online forms to incorporate consent online.
Process the returned consents promptly, obtain missing information and keep in binder for the provider to refer to on the day of care. Take into account early on the school calendar: events, bell schedules, school holidays and short days.

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