

## A. PROJECT IDENTIFYER INFORMATION

Grant Number: H47MC23162

Project Title: Children's Oral Healthcare Access Program

Organization Name: Center for Oral Health

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## C. PROGRESS

### 1. Planning and Implementation

#### 1. A. Delivery System Design

Since 2011 Center for Oral Health (COH) worked in collaboration with the Los Angeles Unified School District (LAUSD) medical director, school administrators, the project dental consultant, and the project evaluator to effectively implement school based comprehensive oral health services within the two school based health centers (SBHC) outlined in the proposal. COH formed administrative teams to better facilitate the planning and implementation of this multi-faceted project. The teams included the Dental Management Team (DMT), the Administration Management Team (AMT), the School Based Health Center Administration Team, and the Center for Oral Health project staff. The project was named Healthy Teeth Healthy Schools project.

Given that LAUSD is the second largest school district in the United States, with over 750,000 pupils, it has complicated layers of bureaucracy and rules COH had to comply with. The initial phase of the project required extensive negotiation between COH and LAUSD. This phase involved fulfilling the requirements of LAUSD's contracting process to integrate comprehensive school-based oral health services at the Michael J. Godfrey school based health center at Murchison Elementary School and the Immigrant Student Guidance Assessment and Placement (GAP) Center at Plasencia Elementary. This phase took much longer than COH had initially anticipated due to LAUSD contracting requirements. The process also included negotiations for the sub-contracting of LAUSD staff in the project as well as approval of all operational aspects.

During this period unforeseen circumstances forced the closure of one of our targeted school SBHC, Murchison Elementary. The circumstances involved legal and administrative actions that resulted in a reassignment of staff. Murchison Elementary SBHC was reopened in March 2012. During this time COH also learned that Plasencia Elementary's GAP Center was not a fully functioning SBHC as LAUSD had initially stated. The health center at Plasencia served as a new entry point for health services for immigrant students and not as a traditional SBHC. Because this model did not align with the goals of this project, COH informed LAUSD of its decision to not establish the program at Plasencia and began discussion with another school within the vicinity. COH selected Durfee Thompson Elementary within Los Angeles County close to Murchison Elementary.

COH's dental consultant Dr. Timothy Martinez began providing dental services in May 2012 at Murchison Elementary. An additional dental provider was identified; this provider began providing services in early June. The dentist trained alongside COH's dental consultant and is familiar with the use of portable equipment, delivery of oral health services in a school setting, and data collection using COH's oral health surveillance system Healthy Teeth Toolkit (HTTK).

With the agreement of school administrators a list of duties was developed for the SBHC administrative assistant. In assessing the demographics of the surrounding area, COH worked with school administrators to identify a bilingual SBHC administrative assistant living locally. Ms. Daisy Caperon was trained by

COH staff and Dr. Martinez to provide administrative support to the project. Ms. Caperon is primarily responsible for tracking consent forms, scheduling appointments, and entering data into HTTK, and was ultimately responsible for billing and purchasing supplies. By fall 2012 an additional administrative assistant with the same qualifications was identified and hired at Durfee Thompson Elementary for our second SBHC. Ms. Caperon and Ms. San Miguel were both given on-going training throughout the term of the grant based on Plan, Do, Study, Act (PDSA) findings of our CQI plan.

The dental care policies and procedures manual (PPM) included guidelines on how to integrate oral health services with the current medical SBHC medical. The Advisory Committee was convened to provide feedback on the process for integration. LAUSD Director of Medical Services indicated the Murchison Elementary did not have a PPM for the SBHC instead the district maintained district-wide policies manual. COH continued to work with the Advisory Council and LAUSD to determine the best way to integrating dental PPM within the schools policies.

Prior to initiation of oral health services into the SBHC a CQI program was developed for the integration of oral health services into the SBHC. (See Attachment A Continuous Quality Improvement) includes the CQI plan developed for the project.

The dental consultant was responsible for setting up the billing mechanisms, practice management, developing dental care policies, and providing initial services. Administrative staff was trained in scheduling appointments and inputting data into the HTTK system.

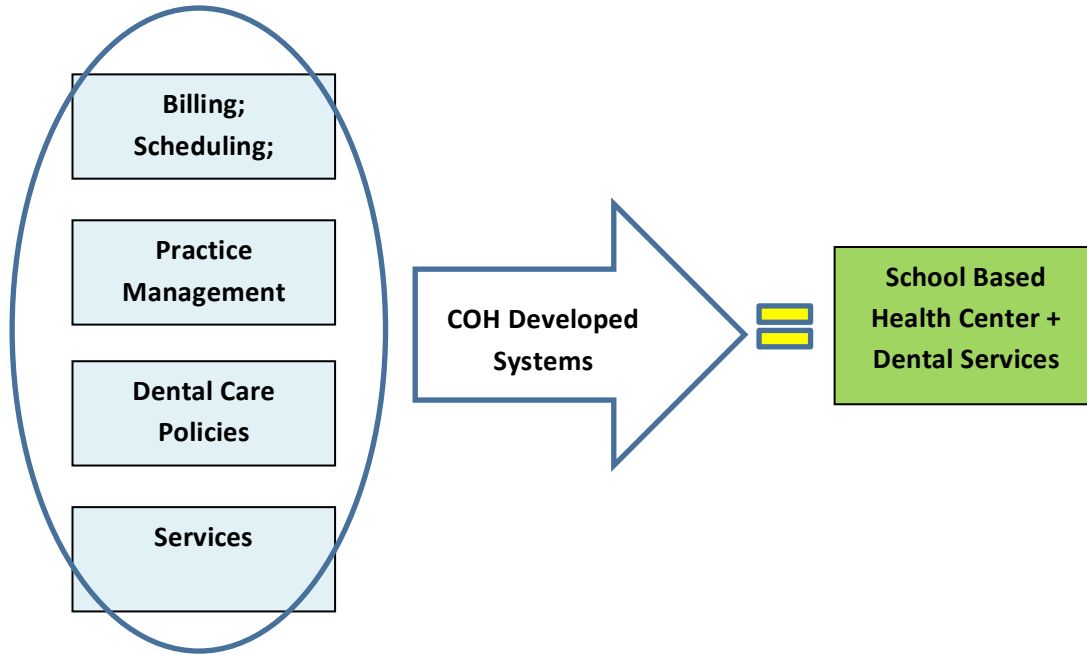
During the second phase COH trained SBHC staff to bill for services, integrate practice management, dental care policies with other SBHC programs, and implement comprehensive dental services. The dental consultant developed CQI metrics, which were integrated into the program. Staff and providers participated in CQI trainings.

During the fourth year of the grant (September 2014 – September 2015), COH expanded its comprehensive dental services model to Evergreen Elementary School and adopted Dentrix as the dental practice management and electronic dental record software for all school-based dental care services. Due to construction at Durfee Thompson Elementary, the school based clinic moved to Cortada Elementary in June 2015 and provided summer oral health services for the children. In September, outreach, oral health education, and fluoride varnish events were performed on students from 4 elementary schools. School aged children from Cortada, Potrero, Murchison and Evergreen Elementary schools received oral health services from our SBHC. Supplemental funding sources were the past 2 years for our Los Angeles County SBHC locations from corporate donations, foundation, federal and state grants.

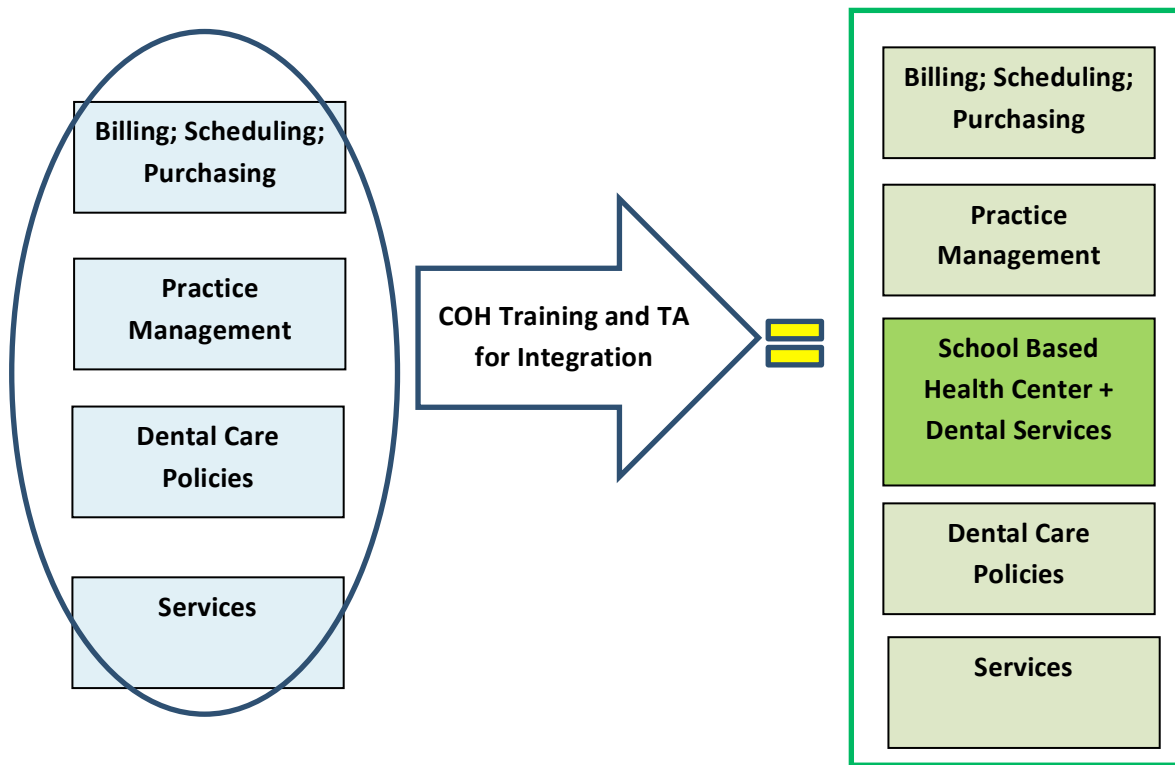
A partnership with the Get Enrollment Moving (GEM) program was also established during the fourth year to ensure enrollment into a health insurance plan. Patients who visited the Durfee SBHC were linked with the Child Health and Disability Prevention Program (CHDP) Gateway program to receive temporary Medi-Cal and Denti-Cal (California's Medicaid program) coverage. GEM is an agency that uses Health Insurance Navigators to help children and their families enroll into Medicaid. In LAUSD, the CHAMP program and Healthy Start School Based navigators worked closely with the SBHC staff, CHDP staff, and oral health nurses to enroll the families into Medicaid to help establish a sustainability plan. (See APPENDIX A Integration Between School Based Health Clinic and School Based Oral Health Clinic) A cross-referral system within the El Monte City Unified School District and LAUSD SBHC was better established to ensure consistent billing.

**Service Integration**

COH implemented a two-phase integration process. Phase I & Phase II graphs below define the two-phase process.



**Figure 1. Phase I: Developing systems –Infrastructure development**



**Figure 2. Phase II: Integrating systems for comprehensive oral health services**

During the first phase of this two-phase approach the Center for Oral Health program developed systems for school-based comprehensive oral health services. Center for Oral Health set up billing mechanisms, practice management, and developed dental care policies in partnership with school districts.

During the second phase Center for Oral Health trained SBHC staff to bill for services, integrated practice management and dental care policies with other SBHC programs, and implemented comprehensive dental services. Center for Oral Health developed CQA metrics, which were integrated into the program. Staff and providers participated in CQA trainings.

***Barriers Encountered***

One of the initial sites LAUSD had identified as a potential school-based site had to be dropped. A school based comprehensive oral health center was initially planned for the Immigrant Student Guidance Assessment and Placement (GAP) Center at Plasentia Elementary. It served as a new entry point for health services for immigrant students and not as a traditional school based health center (SBHC). Since this model did not align with the goals of the project, COH identified another school within the vicinity close to Murchison Elementary. Durfee Thompson Elementary was selected to be the alternative school once it was established Plasentia Elementary would not meet our school based program needs.

The second barrier COH considers important was the initial partnership with Western University of Health Sciences because the business model proposed by COH collided with the business model implemented by WesternU. COH’s model was based on a private nonprofit dental practice model where a local dentist could

integrate services within a school site and make it sustainable. WesternU's model includes delivery of dental services by dental students, which makes a delivery model costly, time consuming, and inefficient.

A third barrier was the departure of Dr. Timothy Martinez from Western University. Dr. Martinez was one of the initial thought leaders and visionary program designer. His departure left a vacuum hard to overcome.

A fourth barrier was shifting the mentality of "free services" to "sustainable models". School sites were not used to thinking about dental insurance, enrollment, reimbursement, and "Explanation of Benefits" statements. A large number of children did receive the dental care services they required, however capturing accurate billing data was an uphill work. By the time a thorough billing mechanism was in place, the funding provided by HRSA had been expired.

### **1. B. Interdisciplinary Care**

Since 2011 Center for Oral Health (COH) worked in collaboration with the Los Angeles Unified School District (LAUSD) medical director, school administrators, the project dental consultant, and the project evaluator to effectively implement school based comprehensive oral health services within the two school based health centers (SBHC) outlined in the proposal. COH formed administrative teams to better facilitate the planning and implementation of this multi-faceted project. The teams included the Dental Management Team (DMT), the Administration Management Team (AMT), the School Based Health Center Administration Team, and the Center for Oral Health project staff. The project was named Healthy Teeth Healthy Schools project.

LAUSD School-Based Health Center, which at Murchison Elementary School is operated by a Nurse Practitioner, provides primary care medical services to the school population through the Child Health Developmental Program (CHDP). As every child need to receive at least one annual visit, this CHDP visit became the perfect opportunity for the SBHC to incorporate dental care to its program through the Healthy Teeth Healthy School clinic. Thus, the program has increased compliance with the annual dental check-up required by CHDP.

The partnership with Western University also facilitated the incorporation of visual acuity tests. This is another service required by CHDP.

The Healthy Teeth Healthy School clinic has also provided referrals to the SBHC when a child scheduled for a dental visit has not had his/her annual CHDP well-child check up. This two-way referral system has facilitated a better integration of (interprofessional) health care services.

In addition to this, school nurses throughout the LAUSD (district) have received oral health education and oral hygiene instruction. COH, with additional funds from DentaQuest Foundation, provided education sessions to LAUSD school nurses in 2013, 2014, and 2015. School nurses that are aware of the Healthy Teeth Healthy School clinic at Murchison and Evergreen Elementary Schools refer children from nearby schools to the dental clinic. They have also coordinated and facilitated oral health screenings at early childhood education centers (ECE).

Additional details about integration may be found in *Appendix A – Integration Report*.

### **1. C. Patient Community Education**

Since the inception of this program in 2011, the Center for Oral Health worked in collaboration with the Los Angeles Unified School District (LAUSD). LAUSD's medical director and school administrators, the Los Angeles Trust for Children's Health (LA Trust), which serves as a school district foundation, the project dental consultant selected by COH, and the project evaluator (Mary Foley) worked together to effectively implement school based comprehensive oral health services within the two school based health centers (SBHC) outlined in the proposal.

COH formed administrative teams to better facilitate the planning and implementation of this multi-faceted project. The teams included the Dental Management Team (DMT), the Administration Management Team (AMT), the School Based Health Center Administration Team, and the Center for Oral Health project staff. The project was named Healthy Teeth Healthy Schools project.

The project incorporated community education and participated in back-to-school nights, parent meetings, and school enrollment activities to provide oral health education for parents and caregivers, and provide information about the program, which has been welcomed by the community.

In addition to this, and as mentioned in an earlier section, school nurses throughout the LAUSD (district) received oral health education and oral hygiene instruction. COH, with funds from DentaQuest Foundation, provided education sessions to LAUSD school nurses in 2013, 2014, and 2015. School nurses that are aware of the Healthy Teeth Healthy School clinic at Murchison and Evergreen Elementary Schools refer children from nearby schools to the dental clinic. They have also coordinated and facilitated oral health screenings at early childhood education centers (ECE).

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## 2. CONTINUOUS QUALITY IMPROVEMENT

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The Center for Oral Health Dental Management Team developed a CQI Plan for the dental component of the two SBHCs. The methodology that was used to assess continuous quality improvement targeted five specific program areas:

1. Program administration
2. Quality of patient care
3. Regulatory adherence
4. Optimization of California Medicaid I billing; and
5. Dental program business plan

### ***1. Program Quality – Program Administration***

The assessment of program administration included measures identified by the Association of State and Territorial Dental Directors (ASTDD) Best Practices Project which includes the following review criteria for program planning and evaluation: Impact, Effectiveness/Efficiency, Demonstrated Sustainability, Collaboration/Integration and Objectives/Rationale. The following measures were incorporated into the CQI:

#### Impact

*Program Data:* Student population and program data was gathered from school, SBHC and patient records. Measures included:

- percentage of children eligible for Free and Reduced Lunch Program by school;
- number and percentage of children whose parents provided informed consent;
- number and percentage of children who actually participated;
- number and percentage of children who received at least one dental sealant;
- number and percentage of children who presented with urgent needs;
- number and percentage of children referred for follow-up
- number and percentage of children who had documented treatment completed

#### Effectiveness

*Technical Quality:* A two-step process will be undertaken by program evaluators to ascertain the technical (clinical) quality of the program and patient services. First, patient records will be reviewed and information relative to health status and services data will be collected. This information will be compared to data subsequently collected by the evaluators during on-site, school-based intra-oral examinations. Comparison data will include:

- untreated dental decay
- teeth needing urgent care
- sealant information: intact; partially intact; not present

*Quality Assurance:* Two checklists, derived from a variety of key clinical resources have been drafted. The purpose of these checklists is to assess policies, standard operating procedures, and practices related to:

*Quality Assurance:* Two checklists, derived from a variety of key clinical resources have been drafted. The purpose of these checklists is to assess policies, standard operating procedures and practices related to: 1) general program administration; and 2) treatment services and documentation. These items will be either integrated or cross-referenced with the existing SBHC QA program. The following items are included in the checklists:

#### *Efficiency*

Two measures will be used to assess the overall efficiency of the program:

- Adequate number children who utilize dental services within the SBHC.
- Medicaid reimbursements sufficient to sustain the program

#### *Demonstrated Sustainability*

To measure the viability and ongoing sustainability of the program, a comprehensive analysis of the current operating budget, income, expenses, mechanisms for billing and managing accounts receivable and personnel management will be conducted.

#### *Collaboration/Integration*

To measure the strength of the collaborative arrangement between COH, LAUSD and the Murchison and Plasencia SBHC, MOUs and contracts must be current, signed and on file. :

- Current documented MOUs and/or contracts on file

#### *Objectives/Rationale*

Evaluators would assess the degree to which the program's goals and objectives are linked to state and/or national oral health goals and objectives. The measures used to assess this criterion include Healthy People 2020 National Oral Health Objectives:

- OH 2.1; OH2.2; OH 2.3 Reduce the proportion of children, adolescents with untreated dental decay.

## **2. Program Quality—Patient Care**

To assess the quality of patient care, the proposed measures were derived from a report published in the Institute of Medicine entitled, Crossing the Quality Chasm: A New Health System for the 21st Century. The IOM Report identifies six "aims" from which to assess patient care. The following measures were developed within the framework of those six aims:

#### *Safe*

- Patient or provider injuries noted
- Details of the incident(s) documented
- Corrective action taken and noted
- California dental regulations followed related to provider scope to practice/ services
- AAPD and ADA Clinical Guidelines and standards of care followed

- CDC Infection Control Guidelines followed
- HIPAA regulations followed

#### *Effective*

- Services provided are evidenced-based
- AAPD and ADA clinical guidelines and recommendations followed
- Target highest need, at-risk populations

#### *Patient Centered*

- Evidence of informed consent obtained and documented
- Evidence of parent input documented i.e. parent satisfaction survey
- Culturally and linguistically appropriate materials

#### *Timely*

- Time out of classroom is limited to 30 minutes
- Waiting time is less than ten minutes

#### *Efficient*

- Need to repeat sealant application less than or equal to 10%
- Efficient use of manpower to impact the greatest number of children
- Treatment plans are completed within 6 months of dental examination

#### *Equitable*

- All children within the selected schools are invited to participate
- All services offered comply with professional standards of care
- All children/schools are offered the same services

### **3. Regulatory Adherence**

Evaluators would assess the degree to which program administrators adhere to state and federal regulations regarding Medicaid and CHIP billing. Claims data will be used for this analysis. CDT procedure codes D0001 through D9999. The following specific queries were identified to be used: D0150 – Comprehensive Dental Examination; D1203 – Topical application of fluoride (child); D1206 – Topical fluoride varnish; D1351 – Dental sealant; D2940 – Sedative filling; and D2999 – Unspecified restorative procedure by report.

Other regulatory adherence would be evaluated and included in the results section under “Assessment of Patient Care.”

### **4. Optimization of California Medicaid/CHIP Billing**

To assess the optimization of Medicaid/CHIP billing practices and potential loss in billing revenue, the evaluators would look at several key factors:

- Actual frequency of services billed
- Actual collections by child per month
- Reimbursement costs for dental prophylaxis not billed by number of children who had received at least one dental service (i.e. lack of insurance; inability to pay; eligibility issues)
- Timeliness of billing Medicaid in relation to date services were performed
- Appropriate use of CDT codes

***5. Dental Program Business Plan***

Center for Oral Health developed a business plan that included detailed attention to all regulatory and business requirements needed to expand school-based dental care services to additional schools. The business plan was used when the model was expanded to Evergreen Elementary School. The Business Plan model was developed with additional funds leveraged from private sources.

Further detail about the CQI plan and the business plan can be found on *Appendix A. Continuous Quality Improvement* and *Appendix A. COH SBOHC Manual*.

### 3. SUSTAINABILITY

Sustainability was from the beginning a major concern of the program.

The biggest challenge is sustaining efforts beyond grant funding with Medicaid payments that, in the case of California are widely considered significantly below national average. However, sustainability is a complex dimension that requires more than financial resources (see figure 3 below). The Center for Oral Health organized a symposium in 2013 to discuss the topic of school-based dental care services. Participants at the symposium identified the following elements to ensure successful delivery of school-based oral care:

1. Community Collaborative Practice Model
2. “Comprehensive” on-site care
3. Multidisciplinary Teams
4. Multisite Model (Optimization of resources)
5. Portable Clinic Model
6. Supportive School Oral Health Policies
7. Supportive State Medicaid Policies
8. Presence of a solid business plan
9. Presence of a quality dashboard

COH considered these components to consciously act upon each component to ensure long-term sustainability of the program.



Figure 3. School-based oral health care sustainability

COH firmly believes that *comprehensive* school-based programs offer the promise of improving access to prevention, diagnosis of, and treatment of dental disease highly prevalent in children and adolescents in

public schools. Pediatric health care professionals, educators, and mental health specialists should work in collaboration to develop and implement effective school-based oral health services.

### ***Financial metrics***

Additionally, COH developed *break-even models* (see *Appendix A. COH Break Even Analysis*) to assess and track financial performance of the program. The break-even model was implemented during the last stretch of the fourth year of the grant.

### ***Challenges***

Although enrollment into a medical plan for a Medicaid eligible person may involve a managed care product, the dental plan is usually overlooked and the enrollment counselors are not savvy about the number of Medicaid dental products, the names of the plans, and which of the dental plans are FFS or MCO's... Hence, individuals randomly select a dental Medicaid plan that is not based on a sound educated choice. COH tried to verify and track the dental Medicaid plans to provide assistance to those patients with a MCO dental plan so that those interested patients can change to a FFS dental plan, which reimbursement/payment rates would be beneficial to the program.

Initially, COH attempted to contact the various MCO's and asked about signing up for their plans but met with resistance from the customer service agents who stated that school based programs would not be considered as part of any patient panel. As COH worked to educate MCO dental plans it was able to sign up for their plans and become a provider for MCO. The number of MCO clients however has remained small.

The greatest challenge encountered by the program was probably the partnership with Western University. Since the inception of the program, it was COH's goal to develop a self-sustaining model of school-based dental care delivery. Western University College of Dental Medicine, which partnered with COH to rapidly implement the program, was always aware of the program needs, however its data collection system was cumbersome, questions about the whether dental care services provided by dental students were billable, and billing itself not being prioritized as needed, made measuring the impact of the program, specifically its sustainability, difficult.

Had we had better billing data we would know our financial shortcomings and then be better positioned to have an open discussion with Denti-Cal, the state Medicaid dental program, and the MCO plans. We then could request additional funds to manage their patient panel in school based health center settings. Of course we would provide metrics and be monitored on our performance based on a piloted negotiated contract with the MCO's. There is however, little indication that MCO plans will be widely adopted in California.

## D. EVALUATION

**Goal 1:** Expand the capacity of two existing school-based health centers within the Los Angeles Unified School District, to respond to the oral health needs of enrolled low-income Medicaid and CHIP pre-school, elementary and middle-school aged children.

**Objective 1:** In Year 1, the COH and the LAUSD will establish a dental service component within the Los Angeles Unified School District, Murchison and Placencia Elementary Schools School-Based Health Centers.

**Accomplishments:** The SBHC at Murchison Elementary was integrated with the Children's Oral Healthcare Access Program implemented by COH. Placencia Elementary had to be replaced because it did not meet the requirements of the grant. The new site selected was Durfee Thompson Elementary School where similar activities took place.

**Goal 2:** Demonstrate successful integration of culturally competent, nutrition and oral health education, and comprehensive oral healthcare services into two school-based health centers within the Los Angeles Unified School District.

**Objective 1:** Beginning in Year 1, and for each consecutive year, information regarding oral healthcare services and consent forms will be distributed to 100% children enrolled in the LAUSD SBHCs.

**Accomplishments:** The SBHC at Murchison Elementary and Durfee Thompson received consent forms each year. 2,808 consent forms were distributed. 1,175 signed consent forms were received back from the students. While all the students received consent forms, only 42% were enrolled in the SBOHC.

**Objective 2:** By the end of year 1, 50% of children enrolled in the Murchison and Placencia SBHCs will return positive **consent forms**. Year 2: 55%; Year 3: 65%; and Year 4: 75%

**Accomplishments:** While all the students received consent forms, only 42% returned positive consent forms. 2,808 consent forms were distributed. 1,175 signed consent forms were received back from the students.

**Objective 3.** By the end of year 1, 70% of children enrolled in the Los Angeles Unified School District, Murchison and Placencia SBHCs will receive **nutrition and oral health education services**. Year 2: 80%; Year 3: 90%; Year 4: 100%.

**Accomplishments:** 100% (2,808) of the students that received their dental care through the SBOHC received oral health education services.

**Objective 4.** By the end of year 1, 50% of the children enrolled in the Los Angeles Unified School District, Murchison and Placencia SBHCs will receive a **comprehensive dental examination**. Year 2: 55%; Year 3: 65%; and Year 4: 75%

**Accomplishments:** 42% (1,175/2808) of the students that received their dental care through the SBOHC received oral health education services.

**Objective 5.** By the end of year 1, 50% of the children enrolled in each of the Murchison and Plasencia School-Based Health Centers will **receive preventive oral health care services:** x-rays; oral prophylaxis; fluoride; sealants. Year 2: 55%; Year 3: 65%; and Year 4: 75%

**Accomplishments:** 42% (1,175/2808) of the students that received preventive oral health care services.

**Objective 6.** By the end of year 1, 50% of the children enrolled in each of the Murchison and Plasencia School-Based Health Centers, who were identified as needing restorative care, will receive **at least one restorative treatment service.** Year 2: 60%; Year 3: 75%; and Year 4: 100%

**Accomplishments:** We estimate that all children that were identified in need of restorative care received it.

**Objective 7.** By the end of year 1, a **quality** comprehensive oral health services program will be integrated into the Murchison and Plasencia SBHCs.

**Accomplishments:** Quality comprehensive oral health services program were integrated into the Murchison and Durfee Thompson SBHCs.

**Goal 3:** Achieve and sustain optimum oral health among children enrolled in the LAUSD, Murchison and Plasencia School-Based Health Centers.

**Objective 1.** By the end of year 1, 25% of the children enrolled in each of the Murchison and Plasencia School-Based Health Centers, who were identified as needing restorative care, will have completed phase 1 restorative treatment plan within 6 months of comprehensive exam date and will be placed into recall/health maintenance. Year 2: 50%; Year 3: 75%; and Year 4: 100%.

**Accomplishments:** Data collection was not as efficient as desired. It is difficult for COH to measure this objective because accurate data is not available.

**Objective 2:** Establish SBHC oral health surveillance system for monitoring oral health outcomes.

**Accomplishments:** Established SBHC oral health surveillance system for monitoring oral health outcomes.

## E. RESOURCES AND CAPABILITIES

The Center for Oral Health was ready from its first year of implementation of this program to adapt its resources to fulfill this project. COH leveraged Western University's faculty and students to deliver rapidly deploy resources into this program. Over the four years of implementation, COH and WesternU collected information and amassed knowledge that ultimately have helped sustain this project beyond its initial 4-year grant.

The proposed project, although challenging, put COH and WesternU on the right track to establish school-based comprehensive dental care. There were, however changes and modifications needed to ensure the goals of the program and the fidelity of the model were achieved.

### ***Past work experience***

COH had previous experience implementing community-based dental care models to deliver dental care to underserved communities. Its Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): “*Early Entry into Dental Care*” is highly recognized and has been replicated and implemented by Federally Qualified Health Centers (FQHCs) throughout California. The model developed by COH provided a simple yet powerful solution to the problem of preventing dental disease in low income children. It brings comprehensive preventive dental services directly to vulnerable children through WIC programs, a place where very young children and their parents are eminently accessible, as the delivery point for the services. By providing dental care on site at WIC, the program is able to intervene at an age when dental disease can be effectively prevented.

This model, *Children’s Oral Healthcare Access Program* followed the *Early Entry...* footsteps by developing an infrastructure that facilitated access to comprehensive dental care services in a community setting. This time, the community setting selected was elementary schools.

COH’s leadership, program staff and consultants have a rich experience implementing community-based oral health programs. They all have a variety of backgrounds that facilitated the implementation of the program. These include, government, philanthropy and nonprofit, oral health, public health, and academia. The diverse points of view enriched the program and leveraged existing resources as well as helped develop new ones to ensure continued success of the program.

### ***Policies and Procedures***

*The Children’s Oral Healthcare Access Program* leveraged existing policies and procedures developed by COH to assist school district determine which oral health programs to adopt. The aforementioned Policies and Procedures were adopted by The California School Boards Association. Together COH and The CA School Boards Association created a guidebook “*Integrating Oral Health Into School Health Programs and Policies*” to serve as a comprehensive approach to oral health education policy in school districts.

Intended for school board members and administrators, the guidebook:

- Delivers education and training for school board members and communities;
- Provides tools and sample policies to support an effective oral health infrastructure;
- Identifies and communicates best practices among school districts;
- Supports project development and partnerships in local communities; and
- Offers ideas for initiatives and partnerships in local communities

More information about school policies and the *Integrating Oral Health into School Health Programs and Policies* guidebook are available at: <http://www.cenfororalhealth.org/index--new.html>)

Establishing a school-based oral health program, especially one in which comprehensive dental care is delivered can be very challenging. Many policies and procedure related to operating a SBCOHS project were needed and COH through *The Children’s Oral Healthcare Access Program* developed them. The following is a list of policies and procedures developed by COH. These can be found in Appendix A. COH SBOHC Manual.

- I. SBOHC Daily Set-Up
- II. SBOHC Daily Supplies and Equipment Maintenance
- III. Clinical Procedures for Screening Events
- IV. Clinical Procedures for Comprehensive Dental Care
- V. Informed Consent of Parents
- VI. SBOHC Finance Policies
- VII. Evaluation Procedures
- VIII. Patient Records Policy
- IX. Patients Complaints and Incidents Reports Policy

***Readiness***

*The Children's Oral Healthcare Access Program* leveraged existing resources to rapidly implement program components. One of the main resources was the academic partnership with WesternU. Two facilities were selected to initiate the program: Murchison Elementary School and the Immigrant Student Guidance Assessment and Placement (GAP) Center at Placentia Elementary. Services at Murchison Elementary were implemented in year one of the project. The other site, Placentia, had to be replaced by Durfee Elementary because COH realized that Placentia did not meet the requirements of the grant.

At the onset of the program clinical staff was provided by WesternU. All the necessary resources were secured and deployed early in the program to ensure that services were available to the target population during year 1 of the program. Additional resources were secured in subsequent years. COH has been able to maintain the program it started with HRSA funds and has expanded the same model to Evergreen Elementary School. COH has also made the same service available to feeding schools and early childhood education centers in close proximity to the its SBOHCs. As result of the program a stable dental team is in place. Dr. Elmer Hilo, who was at the beginning of the program a dental student at Western U is now COH's Dental Director. Part of the team is also a Registered Dental Assistant, Kristina Flores, and a community liaison continues to be hired by the school district (LAUSD). COH has also secured additional financial resources to maintain SBOHCs at LAUSD. The program has been maintained beyond the 4-year HRSA grant and expanded to additional schools.

**APPENDIX A – SUPPORTING DOCUMENTS**

**APPENDIX B - DATASETS**