

Grant Number: H47MC23169
Project Title: Children's Oral Healthcare Access Program
Organization Name: Share Our Selves (SOS)
Mailing Address: 1550 Superior Avenue, Costa Mesa, CA 92627-3653
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Planning and Implementation

Share Our Selves (SOS) proposed to implement a school-based oral health care program and integrate to its existing school-based medical clinic. The featured project, the SOS-El Sol Wellness Center (Wellness Center), opened in 2010 providing medical care, and is located on the El Sol Science and Arts Academy Campus (El Sol) - a public charter school (K-8) located in a Medically Underserved Area of Santa Ana, California. El Sol and SOS launched the Wellness Center in partnership with Hoag Memorial Presbyterian Hospital, a major private hospital in Orange County.

In 2010, the Wellness Center operated from a 1,400 square foot modular unit equipped with six exam rooms, a small lab, provider office space, and a waiting area. In July of 2011, the University of California, Irvine, School of Nursing Science, in collaboration with SOS, implemented a nurse-managed health center program to train nurses at the SOS-El Sol Wellness Center. This program was anticipated to create a long-term impact for the children and families of El Sol Academy by broadening access to care, building provider capacity for culturally-competent care, and reducing health disparities through regular and affordable health services.

In September 2011, upon commencement of the subject grant, the original scope of work outlined in the grant application was for the Wellness Center (medical only) to remain in the existing modular unit and the Dental Clinic was to operate via a mobile unit. The mobile unit would be operated by SOS's dental grant partner and subcontractor, Healthy Smiles for Kids Orange County (HSK). The mobile unit would be operational as the dental clinic until SOS received access and renovated a permanent space in an area of the campus that was not being utilized. As such, it was anticipated the (initially) proposed dental clinic would have two dental chairs – with room for a third chair for future expanded capacity and administrative space for patient intake, billing, patient and parent oral health education and care coordination/referrals. The build-out of this two-chair clinic was scheduled during Years One and Two; retiring the usage of the mobile unit – however retaining HSK as subcontractor.

In year one of the grant, El Sol received approval by the Santa Ana Unified District School Board for a 40-year lease extension on the land and space surrounding the school site. This extension allowed El Sol to move forward with a \$25 million capital campaign with initial financing from new market tax credits and private donations. This renovation impacted the space initially designated to SOS for its fixed-site dental clinic as the building was demolished in December 2012 as Phase I of El Sol's campus renovation began.

However, as part of El Sol's Phase I renovation, SOS was allocated 4,000 square feet to construct and replace the existing Wellness Center i.e. modular unit. Due to the limited square footage available for this fixed-site clinic, it was determined dental would occupy its own clinic space, scheduled for construction in Phase II, adjacent to the medical clinic. The subject dental

space was removed as an option as El Sol reallocated the space to classrooms. As such, the subject dental program remained operational from the mobile unit throughout the 4-year grant term.

Challenges

Organizational readiness throughout the grant term fluctuated, by all participants in SOS's grant. As such, SOS achieved designation as a Federally Qualified Health Center in June 2012 or year 1 of the grant term. While a strategic goal of SOS, the SOS team implementing the subject oral health grant was dually responsible to implement the FQHC mandates. This was a strain on agency resources as both grants required extensive administrative and operation attention. The designation impacted the Wellness Center and the model of care for the delivery of medical services. As noted previously, UCI was utilizing the Wellness Center as training site for students; however, as an FQHC this model of care was not adequate. Limitations of the training model include lack of continuity of care (multiple providers), length of appointments (average was 45 minutes), and number of individuals engaged in the appointment (patient, faculty member, student, and often a translator).

In agreement with HRSA, SOS terminated this model of care with UCI transitioning out of the clinic at the commencement of year three of the subject grant. One impact was we were "loosing" two years of investment in our health partner as they had been fully integrated into the oral health grant inclusive of sitting on the Advisory Committee. On the flip side, transitioning the model of care to that of Patient Centered Medical Home via SOS employed providers and clinical staff resulted in 65% increase in medical encounters in the year following UCI's departure. Oral health encounters for the subject grant program increased 56%; in part the increase was due to the established referral processes between SOS medical and dental providers.

SOS partner and subcontractor Healthy Smiles for Kids (HSK) also experienced setbacks impacting the subject grant term; specifically years 2 and 3. HSK experienced a major transition of staff positions – both grant funded and/or holding key roles - transitioned out of the organization within an 18 month period; Executive Director, Dental Director (2), Clinic Manager (3), PR/Marketing Director, and Prevention Services Coordinator. The Sr. Director of Operations transitioned to part-time employment and out of the grant. As such, the strategic focus of our subcontractor was to focus internally to "right their ship". This transition resulted in a fragmented and non-collaborative process at the operational and Advisory Committee level. SOS completed the grant term with HSK as its subcontractor, not grant partner.

Hosting school, El Sol Science & Arts Academy (El Sol) was not without impact during the grant term. Detailed below, during grant year 1, El Sol received approval to commence a \$25M campus renovation. This diverted the focus of the school from the incorporation of a school-based health center inclusive of the subject dental grant; to that of strategic fund raising and construction management.

After reviewing best practices of successful school based health centers it had become apparent to SOS the level of engagement by El Sol, in coordinating the activities of the dental clinic and/or health center and the school, was not optimal. While El Sol provides the physical space for the school-based clinic, there does not appear to be a robust understanding of or a willingness

to execute the concepts and deliverables as originally written in the grant. Specifically, information regarding opportunities to engage the community, students and teachers are not provided proactively. Often, opportunities to engage in outreach have been missed as SOS was not made aware of the event or was notified too late in the process to allow for the allocation of staff and resources to participate. As such, neither El Sol faculty nor its administration is required to be knowledgeable in clinic services nor are they requested to refer students to the clinic when sick or show symptoms of illness. Further, parents are not mandated by the school to complete or return student consent for preventative service forms distributed by SOS during school registration or forms to participate in school-wide screenings.

A key impact to the grant and program was an inaccurate needs assessment. In 2010, upon establishment of the SOS-El Sol Wellness Center the school population was identified by El Sol to consisting of 75% uninsured students (with the assumption the family member were as well). This assessment did not match that of utilization of either medical or dental programs now operational on the campus. In the report for Year 2 SOS reported, “during year 2, SOS struggled to expand student/sibling usage of dental clinic services. Direct feedback from El Sol administrators provided the recommendation to add dedicated and culturally appropriate outreach staff and activities to the campus directly impacting students and families. The goal of these efforts would:

- Increase awareness of the medical and dental clinics (i.e., education to overcome the perception that only limited services can be offered in the SmileMoblle)
- Establish knowledge of services and ability to access services
- Enhance integration into the El Sol population and surrounding community

As well, a potential barrier to increased usage as a dental home is the licensure limiting the clinic to twenty clinical hours per week, as access must be convenient and consistent, especially when serving a pediatric population”.

In response to this direct feedback from the school partner, El Sol, SOS invested in non-grant funded bicultural staffing resources for the dental clinic: (1) hired a Case Manager and an Outreach Officer (2) on-site Eligibility & Enrollment Counselor, (3) established the SOS-El Sol News, a culturally appropriate clinic newsletter, and (4) the SOS Chief Medical Officer, Dental Director, Site Medical Director and Chief Operating Officer attended El Sol teacher in-service events, PTA meetings, and community events as information was provided by the El Sol Academy all in an effort to bring awareness to the dental clinic. In an effort to provide personalized care and identify the needs of the student population at El Sol, Case Management services were integrated at the Wellness Center and Dental Clinic in March 2013. Implementing and integrating case management at the dental clinic allowed SOS the ability to provide an individualized comprehensive student and family evaluation and needs assessment, providing linkage to both healthcare and social services.

Regardless of efforts, SOS was unsuccessful in increasing productivity. In December 2013 SOS completed its own “mini-needs assessment” conducting a one-to-one outreach effort to El Sol families. The below is a snapshot of findings:

- 504 families contacted
- 667 student contacts made
- 6% or 40 students were interested in dental services
- 41% or 271 were insured via Medicaid with a dental home other than SOS
- 53% or 356 families did not respond after three attempts to contact.

The initial needs assumption of 75% or more of El Sol Students is not validated based on the outreach efforts and surveys completed by SOS in grant Year 3. SOS has transitioned its verbiage as it relates to the SOS-El Sol Wellness Center, we now state we are a “school-site” health center vs. school-based.

Aside from any and all challenges, SOS was committed to the grant – the program funded – and sustainability. This grant objective was two-fold wherein the preventative piece provided school-wide oral health screenings (limited to El Sol students) and then provision of oral health services provided via the mobile dental clinic. The mobile dental clinic was open to El Sol students and family members with expansion to include non-El Sol affiliated clients in year two of the subject grant.

Preventative School Screenings

In an effort to increase awareness of the dental clinic and the importance of oral health, SOS participated in El Sol’s annual student registration during grant term distributing student assent forms to parents. This assent form provided for the following: “I agree to have my child participate in mandatory school health screenings at the SOS-El Sol Wellness Center. These screenings may include an assessment for vision, scoliosis, weight (Body Mass Index) and oral health. I understand that I am not designating the SOS Wellness Center as my primary care provider if I already have one. I am aware that if my child does not currently have health insurance and/or primary medical home, medical services are available via SOS Wellness Center. In addition, if my child requires medical assessment/treatment form minor issues while at school, I understand that the Wellness Center can assess my child”.

Year 1 of the grant term, SOS struggled to successfully incorporate this into the school’s registration process. The school-based health center was a new concept to the parents and were unsure of its benefits evidenced by just 43% (330 students) with completed and returned the assent form. Years 2 through 4, SOS had a table and staff present at El Sol’s registration in order to educate parents on what the Wellness Center/Dental Clinic offered. Over the next three years, SOS averaged an 83% rate of return of assent forms. Which is attributed to the personalized attendance and education SOS provided at the registration. SOS was unable to secure assent forms for the current school year as El Sol completed registration without notification to its clinic partner.

School-wide screenings, also conducted via subcontractor HSK, lacked participation regardless of SOS efforts to educate and inform both El Sol and its parents on its purpose and benefit. Over the 4-year grant term the average school year consisted of 844 unduplicated students; however just an average of 42% of students participated in screening events. A continued barrier was the inability to ensure parents received the notification of screening in a timely manner, or at all.

Clinical Services/Treatments

In addition to the prevention program for El Sol students, SOS also provided full oral health treatment via the Mobile Unit wherein HSK provided the services. Historically throughout the grant term, access to oral health services was provided a total of six (6) days per month. Days of service fluctuated as operationally SOS sought to find optimal operating days and hours; as based on patient feedback and no-show rates. Saturday hours were rolled out in year two of the grant which surprising had the highest rate of no-shows thus Saturdays were limited; however we ended the grant term with Saturdays most popular. Services were available from 8am – 5pm. Saturdays operated from 8am-12noon. The clinic operated a total of 24 clinic hours per month.

During year 2 of the grant, access was expanded to include the greater Santa Ana community. Oral health services included both comprehensive preventative services and restoration services to include screenings, fluoride varnish, sealants, restorations, extractions and education. Children requiring advanced specialty treatment, oral sedation, general anesthesia, and/or have a special need are referred to the HSK's Smile Center in Garden Grove for completion of services.

To further the dental home concept for the students and provide a continuum of care for those aging out of the dental clinic, SOS established a direct referral to the SOS Dental Clinic in Costa Mesa. This adult dental clinic provides comprehensive restorative and preventive dentistry for adults who have no other resources for care or no dental home. Services include high quality emergency and preventative care, including dental hygiene, X-rays, fillings, root canals, extractions, dentures and transitional partials, and adult oral health education. The primary goal of the Dental Clinic is to preserve and maintain natural dentition for patients whenever possible and total mouth reconstruction when needed. This linkage to adult dentistry allows for a continuum of oral health care for students and families over the age of 18.

Data statistics are included in Appendix B.

Interdisciplinary Care

To note, during years 1 and 2 of the grant term, the Wellness Center (medical) was staff by faculty and graduate students from the University of California, Irvine, School of Nursing (UCI). This is important to note as when SOS integrated interdisciplinary care, it was not only SOS and HSK providers involved in the said training; three UCI faculty and six BSN students were included each year. Specifically, during year 2 - HSK performed 14 trainings with 127 attendees from SOS, HSK and UCI partners. Providers in attendance included RN's, MD's, NP's, Physical Therapists, Speech Therapists, and Occupational Therapists, UCI faculty and students, and CalState RN-BSN nursing students and faculty.

Interdisciplinary care training was positively received as evidenced by follow up requests from attendees from one training to do provide training at other clinic sites and groups. In addition, this cross-training reached beyond SOS and UCI, the teachers and administrators of El Sol Academy also requested training to increase their knowledge of recognizing oral health issues and symptoms in their students. Dr. Jila Nikkhah, SOS Dental Director, provided trainings for years 3 and 4 of the grant term; replacing HSK.

SOS excelled at integrating interdisciplinary care; specifically the pediatric oral health program within its medical clinical practice. All clinic sites within the SOS network of health centers (to date there are six) operate off of the same program management platform, Allscripts. Allscripts is also the electronic health record system capturing medical and behavioral health encounters. Interfaced with Allscripts, is DentiMax, the electronic dental system capturing oral health encounters. Via the shared program platform, all sites and providers are able to access patient records. This also allows for electronic referral between all service lines; dental, medical and behavioral health. Further, electronic pharmacy is available.

This integration was achieved despite the dental clinic / program operating via HSK's Electronic Dental Record (EDR) system due to connectivity barriers with SOS's EDR. HSK dental encounters were captured on paper chart, scanned, and sent electronically to SOS. In turn, SOS transitions this paper chart to its electronic health record system. Neither an ideal solution nor situation, this did allow SOS health provider's access to integrated and comprehensive patient health records. Most importantly, it was seamless to the patient.

This grant provided SOS the platform to integrate cross-training of providers, implement a seamless referral model, and established a team-based model of care at all clinic sites.

Oral Health Education

Education outreach, targeting both students and parents, was provided through HSK's Oral Health Educator. The benefit of this role at El Sol is the in-classroom oral health education teaching students about the importance of their teeth, what cavities are - how they get them, and proper care of their teeth. The Dental Hygienist is in attendance and would complete a visual oral exam and provide students a goody-bag with toothpaste, floss, timer, and a toothbrush. Oral health education was provided (a) in each classroom during the school year, (b) health educator rotating being on campus during student drop-off / pick-up to speak with parents, and (c) during annual screenings, and (d) at time of treatment services provided on mobile unit. In-classroom education was well received by our host school, with annual assignments to the classrooms.

Grant funding also provided for the Health Educator role to expand the in-classroom model to surrounding schools. As well, funding has provided the opportunity to conduct health education at local community based organizations which include Head Start, WIC, and Orangewood Children's Center, an outreach calendar is attached as an Appendix. The key objective is to create increased awareness of the role proper oral health has in the child's over-all health and serves as outreach to drive patients to the Dental Clinic at El Sol. This outreach health education was also widely accepted and participated as noted in the sample monthly calendar.

SOS also participated in the annual health fair hosted by El Sol as well as annually hosting its own health fair on the campus. Participation in the health fairs and request for oral health resources and or education; simply never equated to utilization of services.

Continuous Quality Improvement

SOS has a board approved, Continuous Quality Improvement (CQI) Plan which is inclusive of oral health, medical and behavioral health services. The mission statement of the CQI Committee is "to continuously improve the high quality of health care delivered at all SOS health center site

by 1: improving the employee and patient experience, 2: improving the health and health outcomes for patients and the community, and 3: providing high quality health care in a cost effective manner utilizing the LEAN concepts of CQI.”

SOS’s CQI Plan is approved annually by the board of directors with the Chief Medical Officer reporting out monthly to the board regarding monthly CQI initiatives, findings, and outcomes. As well, the board of directors implemented a standing Quality Committee chaired by Dr. Gwyn Parry. As well the scope of the CQI Program includes all service delivery sites (including mobile units), all health care services, and all functions. CQI activities are carried out in a collaborative and interdisciplinary manner, in concert with SOS’s Mission & Values, and based on the board approved strategic plan and goals.

SOS is committed to providing high quality health care services by embedding a culture of quality in its organization. The CQI Program is a description of the means of fulfilling part of that commitment. The overall goal of the program is to embed a seamless culture of quality at all SOS clinic sites. SOS will utilize the LEAN concepts of Continuous Quality Improvement, the model of Patient Centered Medical Home (PCMH), and the Triple Aim objectives to continuously monitor and improve the health care it delivers. Working in collaboration with all health care providers, disciplines within the organization, and as appropriate, the community, the organization’s CQI plan is designed to: 1) Facilitate delivery of care at the optimal achievable level of quality in a safe and cost effective manner to ensure that sustainable high quality health care is provided; 2) Help staff develop concurrent mechanisms for evaluation of employee and clinic practices and to include problem identification, assessment, and resolution to ensure rapid improvement cycles; 3) Provide a mechanism to evaluate the results of actions taken by individuals in the clinic and to maximize the efficient use of resources available within the facility and the community to ensure no errors; 4) Facilitate communication between the CQI Committee, Board of Directors, providers, and staff in order to enhance the current scope of practice and quality improvement activities to ensure the SOS community is equipped with a seamless and comprehensive system to improve the quality of health care delivered; and 5) Embody current knowledge of corporate compliance and risk management issues, help develop policies for implementation, and provide a way to evaluate effectiveness of measures taken to ensure continual updates of procedural action.

SOS’s QM Program was designed to be consistent with Federal Tort Claim Act (FTCA) guidelines, emphasizing the reduction of exposure to malpractice claims through a proactive Risk Management Program. SOS policies and procedures for Risk Management is inclusive of (1) conducting documented periodic assessments to identify, prevent, and monitor health care malpractice risk, (2) health center has implemented written policies that address (a) Patient Privacy, (b) completeness of documentation, and (c) archiving procedures, (3) we conduct documented reviews of oral health records (and medical) to determine quality, completeness, and legibility, (4) implemented board approved clinical policies addressing (a) emergency appointments, (b) walk-in patients, (c) telephone triage, and (d) no-show appointments, (5) board approved clinical protocols that define appropriate oral health (and medical) treatment and diagnostic procedures, (6) implemented tracking system (electronic dental records/DentiMax) for patients who require follow-up of referrals, diagnostics, and hospitalization (including dental patients). All staff members annually participate in malpractice risk management training.

A critical component of the Risk Management Program is the continuous monitoring by the Chief Medical Officer and other organizational leaders as well as by all providers. In addition, SOS utilizes Internal Clinic Audits completed by third-party payors, grant funders, and or Department of Public Health; as all are a form of internal check of procedures and identification of areas for improvement. As well, Confidential Patient Experience Surveys may identify an area of improvement before an incident occurs. For example, regular meetings of the CQI Committee include reviews of policies and procedures; reviews of documentation of provider compliance with procedures and protocols; and reminders about regulatory compliance. The CQI Committee endeavors, through its activities and leadership, to instill an organization-wide culture of patient safety. CQI processes are tracked internally and reported at the CQI meetings where progress on goals can be shared. When indicated, the LEAN principals of improvement will be used as process improvement tools, specifically the A3 method of improvement and the PDSA (Plan, Do, Study, Act) cycle, which are step-by-step methods for testing an idea or change to improvements.

SOS identifies potential problems through a number of mechanisms that are within the framework of its CQI Program. Specifically, the CQI process monitors potential problems through seven mechanisms: 1) Internal Clinical Audits; 2) Chart Audit Peer Reviews; 3) Patient Satisfaction Surveys; 4) Incident Reports; 5) Patient Complaints, 6) Patient and Staff Suggestions; and 7) Metrics and Data. Opportunities for improvement are sought in the clinical, non-clinical, and business aspects of SOS as it relates to the triple aim of SOS's CQI Program. This is to; 1) improve employee and patient experience, 2) improve health outcomes, and 3) provide high quality care in a cost effective manner. The CQI Committee maintains an open door policy toward project and improvement suggestions by staff, patients, and stakeholders.

Tracking CQI processes, outcomes, and measures is the important element in the effective provision of quality health care to our patient population. Data required for the computation of health care quality metrics are obtained via SOS's Electronic Information Technology Systems, including but not limited to, electronic dental records and electronic medical records; that interface. CQI progress is tracked and displayed graphically; increasing the likelihood that there will be standards across the network of clinic sites. SOS's Director of IT leads monthly Clinical IT Systems meetings incorporated in these meetings is updates, customized templates, as well as reports identifying human error that are trended (if applicable), reviewed and evaluated to determine the need for further training and/or the need for workflow redesign.

Identified issues are documented and reviewed monthly at the CQI Committee meeting. It is here where identification, improvement suggestions, and PDSA's are implemented for improvements. The CQI committee ensures implementation of processes to measure, assess, and improve the performance of SOS's governance, clinical, and support systems. Baselines and benchmarks for performance follow guidelines established by HRSA, National Committee for Quality Assurance (NCQA), FQHC Performance Measures, Primary Care Metrics, and Meaningful Use; to name a few. In developing benchmarks and performance measurement goals, the process includes identification of the measurement population, eligibility criteria, data collection plan and/or tools, a means of reporting and communication, thru process improvement. Improvements made through these processes will be sustained over time by the requirement that all staff consistently

and routinely provide feedback on the improvement projects. After achieving success with an improvement activity, a regular monitoring effort is implemented to determine if the process improvement activity remains a success over time. The information is presented to all appropriate staff and the process improvement activity, if successful, is implemented organization-wide.

Sustainability

This grant provided SOS the opportunity expand its dental program to include pediatric oral health. More unique, was the opportunity to provide a model of care which integrated oral health within a school-based health center utilizing a mobile unit. For Orange County, which has no public hospital and relies on the network of safety-net providers to care for its uninsured and under-insured; this model was a first. The SOS-El Sol Wellness Center was the first comprehensive school-based clinic in the county thus the first FQHC school-based health center. As such, when we incorporated the subject grant, mobile dental at schools were associated to “screenings” not treatment.

The most impactful insight by SOS was parents and caregivers weren’t opposed to the provision of school-based oral health; they were opposed to the means in which it was provided: mobile. Note, the population is largely Latino (95%), with many of the children first generation to be born in America. The ability of parents/caregivers to provide their child(ren) health insurance and access to doctor was a luxury. This luxury equated to seeking services in what is traditional: the dental office within a brick/mortar building. In contrast, the parent/caregiver would not be opposed to themselves receiving services via a mobile unit.

Upon the commencement of year 4 of the subject grant and committed to the continuation of the pediatric oral health program, SOS dental shifted its efforts. SOS’s strategic plan allotted for the expansion into pediatric care, as such SOS affiliated with Children’s Hospital Orange County (CHOC) successfully acquiring CHOC’s Pediatric Ambulatory Clinic located in Costa Mesa, approximately 1.0 mile from SOS’s Costa Mesa site. CHOC had slated to close the subject site; however, as the only pediatric clinic serving the Costa Mesa / Newport Beach area, SOS secured the clinics ownership to ensure the only medical home for the low-income would remain open. SOS relocated the clinic from its Costa Mesa site to Newport Beach (move was less than 1 mile) in order to expand service lines inclusive of behavioral health, obstetrical care, and family medicine.

Dental efforts transitioned its efforts to continue the pediatric oral health program within the desires of the patient; a fixed brick/mortar building. SOS successfully secured a \$1M donation from the Beauchamp Family (founders of Western Dental) to establish the pediatric dental center. Having just opened the SOS-Children & Family Health Center in Newport Beach, SOS elected to secure adjacent space and expand to include the SOS-Dr. Robert & Dorothy Beauchamp Family Dental Center.

SOS has executed a ten year Rental Agreement with building owner, Hoag Hospital, and is currently in tenant improvement stage. The dental center will go-live on January 23, 2016! The subject dental clinic is 2,146 square feet and will provide for six (6) dental operatories – 3 open bay / 3 private offices. Pediatric oral health services will be inclusive of diagnostic and

preventative (sealants/fluoride), restorative (fillings/crowns), endodontic (root canal), and oral health education. Nitrous oxide will be available for patients requiring sedation for procedures. Children requiring specialty care, such as sedation and/or surgery, will be linked to CHOC for completion.

With a waiting list already in place (yes, including patients from the SOS-El Sol Wellness Center), year one of operation is estimated to produce 7,200 encounters or 3,600 unique patients; year two will provide 9,600 encounters or 4,800 unique patients. Further, the dental center is projected to serve 90% pediatric population of which SOS is anticipating the children will be insured by Denti-Cal and or Denti-Cal eligible. The remaining 10% are anticipated to be uninsured adults (parents, caregivers, etc.) seeking services via the sliding fee scale. This is in line with the current pediatric population seeking health care as 95% are Medi-Cal insured.

SOS would like to note, it is process of executing a MOU with Health Mobile; also a grantee in the subject grant. Health Mobile, located out of Northern California was seeking to expand to Southern California. Our MOU will allot for SOS to lease mobile unit(s) accommodating both medical and dental care; with SOS staffing the unit(s). This mobile health program will allow SOS expand its reach as a federally designated Health Care for the Homeless Provider as well as serving SOS clinic sites that do not have integrated oral health centers. Thus, the mobile will provide services at the SOS-El Sol Wellness Center, of which students and families of El Sol, will have the opportunity to access.

SOS is committed to the sustainability of the school-based model; however El Sol will not be the model. In order to achieve this, SOS has expanded its outreach efforts outside the El Sol school population and has developed a relationship directly with the Santa Ana Unified School District (SAUSD). As a charter school, the number of students feeding into SOS-El Sol Wellness Center was limited, partnering with SAUSD will provide SOS the:

- Access to the parents/caregivers of the 57,000 students enrolled for the 2015/2016 school year as SAUSD will be electronically distributing SOS “Back to School” fliers advertising clinic services.
- Provide mobile health services to school-sites within SAUSD commencing school year 2016/2017.

SOS is also in active discussions with SAUSD as we are seeking a school campus in which to build a comprehensive health center inclusive of medical, dental, behavioral health, and vision. School sites have toured with a final site determined with bids out for costs to renovate.

Evaluation

In order to develop a permanent and comprehensive school-based oral health center on the El Sol Science and Art Academy campus in Santa Ana SOS established the following objective:

Objective 1:

Create a “dental home” for children and families on the El Sol campus that incorporates scheduling, billing, care coordination, health and dental record integration, patient and parent

oral health literacy, quality protocols and recall appointments for consistent oral care throughout a child's elementary and junior high school presence.

The American Academy of Pediatric Dentistry defines the term dental home as “the interaction of the patient, parents, dentists, dental professionals, and non-dental professionals”. The grant provided this opportunity. SOS dental patients were provided direct access and linkage to the following:

- Comprehensive Primary, Specialty & Subspecialty Healthcare
- Integrated Behavioral Health
- On-Site Clinical Pharmaceutical Services & Full Service Dispensary
- Healthcare for the Homeless
- Multi-Disciplinary Team Care Coordination
- Clinical & Social Case Management
- Health Education (individual and group)
- SOS-Hoag Discharge Clinic
- Eligibility & Enrollment Services
- Enabling Social Services

An adjunct to the network of community clinics and services is the SOS Comprehensive Service Center providing resources and linkages to address the social stressors most often associated with the poverty levels of the SOS patient population. Services include:

- Food Pantry
- Emergency Financial Aid
- Public Health Nurse
- Medi-Cal Case Worker
- Homeless Outreach Case Manager
- Public Law Center
- Wells Fargo Bank Budgeting & Financial Management Classes
- US Mail Services
- Seasonal Programs

Access to and increased awareness of the above services is evidenced by SOS's commitment to provide El Sol families access to resources and linkages in an effort to overcome barriers and achieve proper health and economic self-sufficiency. Data statistics follow in Appendix B.

Objective 2:

Broaden access to oral health care for students beyond prevention through the addition of weekend services for oral restorative services.

Historically throughout the grant term, access to oral health services was provided a total of six (6) days per month. Days of service fluctuated as operationally SOS sought to find optimal operating days and hours; as based on patient feedback and no-show rates. Saturday hours were rolled out in year two of the grant. Services were available from 8am – 5pm. Saturdays operated

from 8am-12noon. The clinic operated a total of 24 clinic hours per month. Data statistics follow in Appendix B.

A second goal of the grant, was to integrate school-based health and dental services to efficiently link prevention, education and chronic illness management across clinical, IT and administrative processes between both the SOS-El Sol Wellness Center and the SOS Dental Clinic.

Objective I: establish and integrate the following:

- Parental Consent – integrate process to obtaining, recording and integrating bilingual Parental Consent forms with patient records.
- Scheduling Procedures – steps will be outlined for scheduling restorative appointments, including directions for patient call-back, no-show thresholds and referrals to outside providers.
- Job Descriptions/Organizational Information – a clear outline of job duties, roles and responsibilities for each position in Dental Clinic.
- Referrals – resources will be available for both the Wellness Center and Dental Clinics to refer children.
- Emergency Protocols – clear directions will be outlined on how to manage an Emergency both for a student oral trauma and/or in-clinic emergency. Protocols will be shared between the Wellness Center and Dental Clinic.
- Communication Protocols – a phone list and communication hierarchy will exist for managing hazard communications, per Federal guidelines.
- Health Record Integration and Charting – patient intake procedures will be clearly outlined, and will include provision of data gathering and surveying, as necessary for program evaluation.
- IT – HSK’s electronic dental record software will be utilized until SOS’s electronic dental record system can be integrated to the pediatric program.
- HIPAA Compliance – procedures outlining HIPAA compliance from all facets of operation (patient intake/scheduling, IT, billing and records management), will be clearly established from the outset, and will incorporate HIPAA training and compliance measures existing at both SOS and Healthy Smiles.
- Billing – procedures for collecting patient insurance info, appropriate billing steps for 3rd party state insurance (Denti-Cal, Healthy Families), and collection of sliding scale fees for uninsured children.
- Billing – initially will be provided HSK, who will train SOS in effort to transition function by end of year two to SOS.
- Evaluative Surveys – patient and parent satisfaction surveys will be integrated from the outset of SOS-El Sol Dental Clinic operations, and will be guided by the external evaluator (Dr. Dara Sorkin, UC Irvine).

Of the above, all were completed and integrated, aside from the ability of SOS to integrate and utilize its electronic dental record system. Previously mentioned, SOS was able to create an electronic record from HSK’s paper chart thus the desire to create an electronic linkage between medical and dental programs was completed. The evaluation surveys were not completed as

initially intended by the evaluator subcontracted by HSK. Funds allocated to this task were not expensed by SOS during the grant term.

Objective 2:

Develop and implement provider cross-training program for clinical staff at both the SOS Wellness Center and Healthy Smiles For Kids that increases recognition between oral and pediatric diseases among El Sol students (and siblings).

Cross-training of both medical and dental providers is based on recommendations outlined by the American Academy of Pediatrics which incorporates oral health screenings, fluoride varnish application, and education into well-child encounters.

Specific items addressed in the provider training address:

- Review of oral health epidemiology
- Correlation and impact of oral disease on medical conditions
- Oral health assessment and visual screening training
- Implementation of prevention including fluoride varnish
- Prenatal oral health care

HSK provided trainings to the medical staff of the SOS-El Sol Wellness Center that included education to Medical Assistants and Providers. This training was most beneficial to the providers of the Wellness Center as there has been a significant increase in the volume of pediatric patients. Follow up to this training includes assessment of medical encounters to be audited for (1) date of child's last dental appointment, (2) notation dental home, (3) referral to dental, or (4) linkage to insurance. SOS Dental Director, Jila Nikkhah, DDS, attended the training in a "train the trainer" effort as SOS expanded these training to its other clinic sites.

Resources and Capabilities

SOS has been safety-net provider to the low-income Latino population; the target population the dental program since its founding in 1970. This is evidenced by SOS's 2015 clinic data which identified 10,400 unduplicated individuals accessing healthcare services, 81% live at or below 100% of Federal Poverty Level, 67% of patients are Hispanic/Latino, and a full 62% are uninsured with 38% insured via Medicaid. Further, 789 individuals identified themselves as homeless. SOS integrated oral health care into its clinic model in 1984, annually providing over 8000 (adult) oral health encounters, with the inclusion of pediatric oral health in 2011 via this subject grant.

As such, SOS subcontracted with Healthy Smiles for Kids Orange County, the county's largest provider of mobile oral health; established 2003. HSK provided SOS the knowledge of pediatric dental thus as a grant partner would (1) be the subcontracted provider for both screening and clinical treatment, (2) provide operational processes such as billing, treatment patters, recall schedules, and patient volume of the pediatric program, (3) provide the Oral Health Educator position and broaden the geographic scope of the program to northern Santa Ana so as to encompass community areas surrounding El Sol – driving awareness and traffic to both the

Wellness and Dental Centers, and (4) implement a robust in-class and community oral health education program.

In evaluating the resources and capabilities allocated to the grant, during grant years 1 and 2, resources while strained were adequate. The Advisory Committee, as grant leadership, was able to implement and integrate grant components while navigating ever changing organizational challenges – impacting all partners – as well as conceptual plans of the a final clinic home. Clinical staff was readily adequate and available throughout the grant. In hind-sight, too many operational activities and oversight had been allocated to grant partner, HSK. The operational challenges impacting HSK resulted in SOS taking on operational management of the program. Though a learning benefit to SOS it was a struggle for HSK staff now taking operational direction from SOS; who was not their employer. During year 4 of the grant term, the operational component of the grant program returned to efficiencies experienced in earlier years. Despite any incurred barriers or challenges, SOS was able to integrate a large majority of the proposed project plan.

Policies and procedures necessary to initiate the school-based program were initially based on HSK's, customized to meet the unique partnership of two organizations. Policies and procedures, while reviewed annually as part of SOS's board mandates, were updated in 2012 to accommodate SOS's designation as an FQHC. They continue to reviewed and approved on an annual basis by the Board of Directors.

Appendix A-1
Sample of CQI Meeting / Minutes

	Agenda	Details	Comments/Action
1	Present	Drs: Huang (Medical), Soo Hoo (Behavioral), Nikkhah (Dental), Le (Medical), Hollander (Pediatrician), Huntsman (PhamD)	
2	Call to Order	12:20	
3	Framing		
4	Consent Calendar	Incident Reports Patient Complaints Patient and staff suggestions Clinical Audits	<ul style="list-style-type: none"> No incident reports Reviewed need for patient surveys to continue. Huntsman will report status at next meeting
5	Review of Incident Reports	Requesting feedback on process (PDSA)	No use of info path as no incident reports this month
6	Old Business	Review 3 rd quarter measures Review deliverables	<p>Reviewed preventive care measures. Huang reviewed status of data collection and work Vincent is doing to link all codes. Gaps identified:</p> <ul style="list-style-type: none"> Charts must be closed for data collection to occur. Too many charts not closed in a timely manner Legacy codes left over from old work flow that needs to be identified and changed I2i will help but must close charts <p>Discussed pediatric measures and pediatric practitioner's contribution to measures. Priority is being placed on proper linkage to capture data and ease for providers to document. Reviewed Utilization Review in Allscripts</p>
7	New Business	PCMH submission process for 3 sites (EI Sol, PEACE, CFHC) and review of PDSA	<p>Request: Each site to designate a team for PCMH application consider site medical director, site manager, and another interested staff member for assessment.</p> <p>Assessment will take place in January and will request Jason to walk teams through assessment</p> <p>After assessment we will have a better understanding of time and effort each clinic will need for PCMH submission</p>
8	Evaluation		
9	Next Meeting	1/14/2016 @ 12:15 SOS CM board room	

	Preventive Care Measures	UDS 2012	2014 Goal	3 yr. Goal	Comments
1	Percentage of patients ages 18 years and older who were queried about tobacco use one or more times within 24 months. (NQF 0028)	74%	98%	98%	April quarterly focus
2	Percentage of patients ages 18 years and older who are users of tobacco and who received (Charted) advice to quit smoking or tobacco use. (NCQA 0027)	69%	70%	75%	April quarterly focus

3	Percentage of patients ages 50-75 years who had appropriate screening for colorectal cancer (includes colonoscopy \leq 10 years, flexible sigmoidoscopy \leq 5 years, or annual fecal occult blood tests). (NQF 0034)	16%	50%	65%	January quarterly focus
---	---	-----	-----	-----	-------------------------

2015-2016 CQI Consent Calendar	
Component	Tracking tool, person responsible
Incident Reports	Reports aggregated and categorized in dashboard in CQI folder by 1 st Monday of the month by dental director, site medical director, facilities and social services director.
Patient Complaints	Reports aggregated and categorized in dashboard in CQI folder by 1 st Monday of the month by site clinic managers.
Patient and Staff suggestions	"P" Projects from pick chart recorded by site clinic manager. These suggestions will tabulated in a dashboard for CQI review and evaluation
Clinical Audits	CQI to review result of HRSA, UDS, Cal Optima, etc.

Month	Deliverables
December	<ul style="list-style-type: none"> • CQI Meeting • CQI Minutes submitted to CEO • CMO report to Board of Directors CQI Committee • Metrics and data Review (Preventive Care Measures)

Appendix A-2
Sample – CQI Annual Calendar

Events	Month, 2014											
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Incident Report	0	1	3	0	2	0	1	2	5	3		
Satisfaction Survey	y	y	y	y	y	y	y	y	y	y	n	
Chart Audit				y			y			y		
Hot Topic			Perez	Santore	Wayt	Huntsman	Ontiveros	Ramirez	Aguilera	Pierre-Paul	Horner	

2014 Monitoring Calendar

Month	Milestones
1 guide dog	1 guide dog
February <i>Cardiovascular Care</i>	<ul style="list-style-type: none"> • CQI Meeting • PCMH readiness • Quality Report to Board
March <i>Oral Health Pediatrics</i>	<ul style="list-style-type: none"> • CQI Meeting • Quality Report to Board
April <i>Behavioral Health Pediatrics</i>	<ul style="list-style-type: none"> • CQI Meeting • Chart Audit (5 Charts/provider: January, February, March) • Quality Report to Board • Performance Measure Review • Policy & Procedure Quarterly Review (Exposure Control, Immunization, Dental*, Drug Management, Infection Control)
May <i>Asthma Care</i>	<ul style="list-style-type: none"> • Required Health Care Quality Metrics • CQI Meeting • Quality Report to Board
June <i>Diabetic Care</i>	<ul style="list-style-type: none"> • CQI Meeting • Quality Report to Board
July <i>Oral Health Adult</i>	<ul style="list-style-type: none"> • Clinic Satisfaction Survey • CQI Meeting • Chart Audit (5 Charts/provider: April, May, June) • Quality Report to Board • Performance Measure Review • Policy & Procedure Quarterly Review (Facility safety, Medical Records, Legal Consents)
August <i>Immunizations</i>	<ul style="list-style-type: none"> • CQI Meeting • Quality Report to Board
September <i>BMI Evaluations</i>	<ul style="list-style-type: none"> • CQI Meeting • CQI Plan Review

	<ul style="list-style-type: none"> • Quality Report to Board
October <i>Breast Cancer Screening</i>	<ul style="list-style-type: none"> • CQI Meeting • Staff/Management Evaluations • Chart Audit (5 Charts/provider: July, August, September) • Quality Report to Board • Performance Measure Review • Policy and Procedure Quarterly Review (Nurse Practitioner, Back Office, Medical Assistants, Case Management, Dental*)
November <i>Men's Health</i>	<ul style="list-style-type: none"> • CQI Meeting • Begin 2015 CQI Plan • Quality Report to Board
December <i>Behavioral Health Adults</i>	<ul style="list-style-type: none"> • Required Health Care Quality Metrics • CQI Meeting • CQI Committee approval of 2015 CQI Plan • Quality Report to Board

Parking Lot 2016

	Improvement Opportunity	Priority	Status

Appendix A-3
SOS Consent Form
CONSENT TO TREAT AND AUTHORIZATION TO DISCLOSE INFORMATION FORM

Last Name _____		First Name _____		MI _____	Phone Number(____) _____
DOB _____	Age _____	Gender	Female ___	Male ___	Check One: Grade _____ Teacher _____
Address _____		City _____	State _____	Zip Code _____	
Mother's Name/Legal Guardian _____			Phone (____) _____		
Father's Name/Legal Guardian _____			Phone (____) _____		
Emergency Contact Name _____			Phone (____) _____		
If we cannot reach you, please list others who can give permission for us to see your child: Name: _____					
Phone(____) _____		Name: _____		Phone(____) _____	

Race/Ethnicity : Hispanic _____		White Non-Hispanic _____		Black _____	American Indian/Alaska Native _____	Asian _____
Native Hawaiian/Pacific Islander _____		Other/Unknown _____				
Number Of Household Members _____			Estimated Annual Income _____			

Does your child have medical insurance? Yes _____ No _____	
Insurance Company _____	
Does your child have dental insurance? Yes _____ No _____	
Insurance company _____	
Would you like more information about our services? Yes _____ No _____	
Phone: (____) _____	
Are you a patient of El Sol Wellness Center? Yes _____ No _____	
Are you a patient of Healthy Smiles? yes _____ no _____	
Last Physical your child/children had? Year _____	
If more than one please give a contact number to schedule an appointment(____) _____	

I _____, parent of child #1 _____

#2Name _____ Grade _____ #3 Name _____ Grade _____

#4 Name _____ Grade _____ #5 Name _____ Grade _____

I, Agree to have my child/children participate in school health screenings at the SOS-El Sol Wellness Center. These screenings may include: vision, scoliosis, weight (Body Mass Index) and oral health. I am aware that if my child/children do not currently have health/dental insurance and/or a primary medical home, medical and dental services are available via the SOS-El Sol Wellness Center. If my child/children require medical /dental assessment/treatment for minor/urgent issues while at school, I give consent for treatment of such services, I have read this Parental Consent for Medical/Dental treatment and understand the services available through the school based health center SOS-El Sol Wellness Center. By signing the consent/assent form, I certify I am the parent/legal guardian of the student/students named above. I understand I may withdraw my consent for services upon written notice to the SOS –El Sol Wellness Center at any time.

Signature of Parent/Guardian _____ Date _____

- NO, I DO NOT give consent for my child to receive any services at the SOS-El Sol Wellness Center



SOS/ EI Sol Outreach Events March and April

Number of Events Scheduled on a Monthly Basis	Date
Carver (P&CE/S) Santa Ana	2-Mar
Davis (P&CE/S) Santa Ana	3-Mar
WIC (PE/S) Santa Ana	3-Mar
Madison (P&CE/S) Santa Ana	5-Mar
Lowell (CE/S) - Santa Ana	9-Mar
Garfield (P&CE/S) Santa Ana	9-Mar
O.C. Head Start (P&CE/S)	10-Mar
Davis (CE/S) - Santa Ana	10-Mar
Wilson (P&CE/S) Santa Ana	11-Mar
Wilson (CE/S) - Santa Ana	16-Mar
Kids Head Start (P&CE/S) Santa Ana	18-Mar
Pio Pico (P&CE/S) Santa Ana	18-Mar
Martin (P&CE/S) Santa Ana	20-Mar
Boys and Girls Club GG. - Santa Ana (RES)	23-Mar
Diamond Pre-School - (P&CE/S) Santa Ana	26-Mar
WIC (PE/S) - Santa Ana	7-Apr
Dia Del Nino Celebration (&CE/S) - Santa Ana	11-Apr
Heninger (CE/S) - Santa Ana	21-Apr
YMCA - (RE) Orange	25-Apr
Project Access - Warwick Square - Santa Ana	30-Apr

Key

P= Parent Education

CE= Child Education

S= Screening

RES= Resources



SOS - Healthy Smiles Operations Meeting
July 24, 2015

"We are servants who provide care and assistance to those in need and act as advocates for systemic change."

- I. Present:
- II. Agenda:
 - a. HSK Staff Introductions
 - i. Jenny – Manager of Outreach, Education and Prevention
 - ii. Tommie Servie – Director of Operations
 - b. Productivity Review (June 2015)
 - i. Overall number of visits - 44
 - ii. No Show Trend – 35%
 - iii. Utilization Trend – not provided?
 - iv. Comments: Challenge to care coordinators was no show rates
 1. Feedback regarding no shows:
 - a. Patients have own medical / dental homes.
 - b. Parents taking care of sick children and lack of childcare
 - c. Lack of parking
 - d. Highest rates among new patients
 - e. 35% is higher than in Garden Grove clinic.
 - c. Debrief on June screening
 - i. Low turnout
 - ii. Diane to send actual data.
 - iii. Feedback (HSK):
 1. Sent cover letter to parents to encourage 6 month follow up.
 2. New data system could help with analyzing why lower turnout rates for 2nd screening.
 3. Difference in procedure from how it was done in the past: didn't query patients as to why there was low turnout.
 - d. August Scheduling
 - i. Dates finalized. Every Saturday in August.
 - ii. Dentists scheduled.
 - e. September Scheduling – 9/6.
 - i. HSK won't go Labor Day Weekend
 - ii. 9/12 – SOS ESWC Grand Opening
 - f. El Sol Academy updates
 - i. Health Educator – Recruitment at LHA park over the summer and in SOS ESWC on Thursdays and will continue through September.



SOS - Healthy Smiles Operations Meeting
July 24, 2015

"We are servants who provide care and assistance to those in need and act as advocates for systemic change."

- ii. Assent Forms – need another venue to distribute and collect as registration already completed by El Sol.
- g. Open Forum
 - i. Diane interested to screen every single child again who she screened in 2011. Sara can piggyback on vision screening in the Fall.
 - ii. Reminder to distribute HSK forms at SOS clinical locations.
- h. Action Items:

Task	Person Responsible	Status
Communicate to HSK re: data needed for year 4 and send to Jeny and Tommie	Dr. Nikkhah	
Discuss HRSA grantee meeting and feedback at August meeting	Dr. Nikkhah	
Get feedback for Year 4 for final eval from HSK perspective	Kathleen Bruski	
Discuss MOU and contract moving forward with El Sol and SOS and report out to HSK.	Jeremy Elkins	
Send save the date to HSK for 9/12 Grand Opening of SOS ESWC. Also let Rudy know.	Jeremy Elkins	
Discuss plan for assent forms	Sara Flores, Jeremy Elkins	

- i. Next Meeting: August 28, 2015



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Lake Forest, CA 92630



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**SOS-EL SOL
WELLNESS CENTER**



SANTA ANA



WE ARE HAPPY TO WELCOME YOU to the SOS-EI Sol Wellness Center and want you to know that we appreciate the opportunity to take care of you and your family. Our team is focused on providing high quality and efficient care.

We emphasize care of the whole person through the comprehensive services offered at our health center. Everyone is welcome at the center, even if you are uninsured or cannot afford to pay.

We look forward to meeting you.

HOURS OF OPERATION:

Monday – Friday, 8:00am – 5:00pm



WE ARE SERVANTS WHO PROVIDE CARE AND ASSISTANCE TO THOSE IN NEED AND ACT AS ADVOCATES FOR SYSTEMIC CHANGE.

COMPREHENSIVE HEALTH CENTER

MEDICAL SERVICES

We provide full-scope primary care including preventive health care, chronic disease management, and same-day appointments. We treat patients in all stages of life.

PEDIATRIC DENTAL SERVICES

The SOS-EI Sol Wellness Center and Healthy Smiles for Kids of Orange County provide dental services several times a month for children in the community ages 0-17. Check our website to find out when dental services will be available.

CHILDREN'S SERVICES

The SOS-EI Sol Wellness Center offers comprehensive pediatric medical services, such as well-child checkups, yearly physical exams, and routine vaccinations, as well as mental health and support services for children ranging from infants to adolescents.

WOMEN'S HEALTH

The SOS-EI Sol Wellness Center provides comprehensive women's services, including gynecological care, family planning, and a prenatal care program. We also offer regular breast, pap smear, and pelvic exams, and confidential sexually transmitted infections testing.

BEHAVIORAL HEALTH

Our behavioral and mental health services include counseling, case management and education for the vulnerable and at-risk.

PHARMACY SERVICES

We are able to provide some medication at no charge for clinic patients who cannot afford to purchase medications. We offer expanded medication management services personalized to promote wellness, ensure safe medication use, and improve health outcomes in the patients we serve.

INSURANCE COVERAGE

The SOS-EI Sol Wellness Center is currently able to provide care for individuals who are covered by:

- Uninsured
- Medi-Cal (Cal Optima)
- MediCare
- Monarch
- Prospect Medical
- Blue Shield of California
- CHOC Health Alliance
- MSN (Medical Safety Net)
- Family PACT (Planning Access Care Treatment)
- CDP (Cancer Detection Program)
- CHDP (Child Health & Disability Prevention Program)
- Paying Patients (Individuals who are able to participate in a sliding fee scale program)
- Other insurances (call to determine if your insurance is accepted)
- Additional services provided under Vaccines for Children (VFC)

BACK TO SCHOOL! ARE YOU READY?

One of the most important steps to preparing for back to school is a **health check-up!**

Bring the whole family to the SOS-EL Sol Wellness Center to get prepared for the new school year. We offer services to all ages including:

- Well child exams
- School physicals
- Vaccines
- Primary care
- Well woman exams
- Eligibility screenings for insurance

Plus! Stop by the Healthy Smiles Smile Mobile and receive a FREE visual dental screening and education. We offer the following services to children ages 0-17 by appointment only:

- Dental exams
- X-rays
- Cleanings
- Treatment

WE WANT TO BE SURE YOU ARE READY TO SUCCEED THIS SCHOOL YEAR!



Healthy Smiles for Kids of Orange County
(714) 638-7637
healthysmilesoc.org

SOS-El Sol Wellness Center
331 W. Halesworth • Santa Ana, Ca 92701
(949) 270-2160
www.shareourselves.org



¡REGRESO A LA ESCUELA! ¿ESTÁN LISTOS?



¡Uno de los pasos más importantes en prepararse al regreso a la escuela es una revisión de salud! Traiga a toda la familia al Centro de Salud SOS-El Sol para empezar la preparación del nuevo año escolar. **Ofrecemos servicios para todas las edades incluyendo:**

- Exámenes para niños
- Exámenes físicos para la escuela
- Vacunas
- Cuidado primario
- Exámenes para la mujer
- Ver si es elegible para recibir asegurancia

¡Además pase a la unidad móvil de Healthy Smiles y reciba un examen visual dental gratis y educación dental! **Ofrecemos servicios para niños 0-17 años con cita, incluyendo:**

- Exámenes dentales
- Limpieza
- Radiografías
- Tratamiento

¡QUEREMOS ASEGURARNOS QUE ESTÉN PREPARADOS PARA EL NUEVO AÑO ESCOLAR!



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ATENCION MEDICA
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SOS School Screening Program	<u>Y1</u>	<u>Y2</u>	<u>Y3</u>	<u>Y4</u>	Smile Mobile Service (students & community)	<u>Y1</u>	<u>Y2</u>	<u>Y3</u>	<u>Y4</u>
Informed Consent:					Informed Consent:				
Number of forms distributed	759	806	875	944	Number of forms distributed				
% forms returned	43%	90%	82%	77%	% forms returned				
Enrollment:					Enrollment:				
Number of children enrolled in the program by age, grade level, and insurance coverage (Medicaid, CHIP, and third party insurance)	321	407	333	374	Number of children enrolled in the program by age, grade level, and insurance coverage (Medicaid, CHIP, and third party insurance)				
PVT Ins	Not Avail.	133	93	103	PVT Ins				
Medicaid	Not Avail.	100	184	229	Medicaid				
Child Health Plus	Not Avail.	0	0	0	Child Health Plus				
Sliding scale	Not Avail.	0	0	0	Sliding scale				
Self-pay	Not Avail.	0	0	0	Self-pay				
Uninsured	Not Avail.	100	56	42	Uninsured				
Healthy Families	Not Avail.	74	0	0	Healthy Families				
Wait time for 1st appointment from time of enrollment	N/A	N/A	N/A	N/A	Wait time for 1st appointment from time of enrollment				
Reimbursements:					Reimbursements:				
Number of claims eligible for Medicaid and CHIP	181	212	355	374	Number of claims eligible for Medicaid and CHIP				
% claims billed from Medicaid and CHIP	100%	100%	75%	77%	% claims billed from Medicaid and CHIP				

% claims paid from Medicaid and CHIP	100%	100%	75%	77%	% claims paid from Medicaid and CHIP				
Number of claims eligible for other 3rd party reimbursement	0	2	0	4	Number of claims eligible for other 3rd party reimbursement				
% claims billed from 3rd party	0	100%	0%	100%	% claims billed from 3rd party				
% of claims paid from 3rd party	0	100%	0%	100%	% of claims paid from 3rd party				
Preventive Dental Services: comprehensive oral exam, x-rays, oral prophylaxis, fluoride, sealant, education	321	407	333	374	Preventive Dental Services: comprehensive oral exam, x-rays, oral prophylaxis, fluoride, sealant, education				
% of enrolled children who received preventive services	95%	56%	46%	51%	% of enrolled children who received preventive services				
For each type of preventive service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP, and 3rd party insurance)					For each type of preventive service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP, and 3rd party insurance)				
Comprehensive oral exam	0	0	0	0	Comprehensive oral exam	149	125	112	203
X-rays	0	0	0	0	X-rays	123	223	168	274
Oral prophylaxis	308	386	314	374	Oral prophylaxis	163	199	196	256
Fluoride	308	376	314	229	Fluoride	201	175	198	256
Sealant	61	105	81	119	Sealant	38	42	65	25
Education	321	407	333	374	Education	375	411	285	303

Medicaid	181	212	355	376	Medicaid				
CHIP	0	0	0	0	CHIP	0	0	0	0
3rd party	0	2	0	4	3rd party	0	0	0	0
cash pay	230	94	119	84	cash pay				
Unknown	0	99	0	0	Unknown	0	0	0	0
Treatment services: restoration, extractions, other (specify)					Treatment services: restoration, extractions, other (specify)				
% of enrolled children who received treatment services					% of enrolled children who received treatment services	56%	76%	64%	54%
For each type of treatment service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP, and 3rd party insurance)					For each type of treatment service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP, and 3rd party insurance)				
Restorations					Restorations	26	32	22	8
Extractions					Extractions	51	6	19	14
Other (specify)					Other (Fillings)	147	143	112	108
Other (specify)					Other (Crowns)	9	16	9	0
Other (Root Canal)					Other (Root Canal)	8	27	14	0
Other (Spacers)					Other (Spacers)	7	4	5	4
					Other (Composite)	150	142	150	80
Medicaid					Medicaid				
CHIP					CHIP				
3rd party					3rd party				
Unknown					Unknown				
Dental Caries:					Dental Caries:				

Prevalance of dental caries among students who were recruited into the program	33%	42%	44%	57%	Prevalance of dental caries among students who were recruited into the program	29%	28%	21%	29%
Utilization of dental services (for students enrolled in the program):					Utilization of dental services (for students enrolled in the program):				
% of children having annual diagnostic dental examination					% of children having annual diagnostic dental examination				
% of children having teeth cleaned in past year					% of children having teeth cleaned in past year				
% of all children having completion of treatment plan in one year					% of all children having completion of treatment plan in one year				