

School Based Comprehensive Oral Health Services Grant Program

Final Report

A. Project Identifier Information

Grant Number: H47MC23171-02-01
Project Title: Children's Oral Healthcare Access Program
Organization Name: Summit Community Care Clinic
Primary Contact: Erin Major
School Based Health Director
PO 4337
Frisco, Colorado 80443
970-423-8831
emajor@summitclinic.org

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C. Progress

Planning and Implementation

SBCOH Goals

Summit School-Based Health Center's Children's Oral Healthcare Access Program set the following four goals at the inception of the HRSA grant program:

Goal 1: Provide access to quality preventive and restorative dental care to Summit County's children by integrating a comprehensive oral health program into Summit School Based Health Center's existing primary care, reproductive health and behavioral health services.

Goal 2: Demonstrate a decrease in dental caries incidence via a comprehensive dental service delivery program in a school-based health center.

Goal 3: Increase the oral health IQ for all Summit School District families focusing on children ages 0-21

Goal 4: Create a financially sustainable oral health program utilizing billing capabilities for Medicaid, CHP+, private insurance and sliding fee scale clients.

Delivery System Design

Dental Screening and Oral Health Education

The first contact point for an elementary student to access oral health services at Summit SBHC is the Elementary Dental Screening. Two to three person dental teams provided oral health education in all Summit School District elementary level classrooms and dental screenings and fluoride varnish to all students with signed permission forms. Summit School District incorporates the Summit SBHC enrollment as well as permissions for dental screening, fluoride varnish application and sealants in their online enrollment. Access to the online district registration has significantly increased participation in the Summit SBHC program and the dental screening program now called the Healthy Smiles Program.

One dental team member begins the oral health education piece while the second team member sets up the screening area for that classroom. Preschool through third grade curriculum includes:

- Sugar and Cavities
- Toothbrush and flossing instruction
- Healthy Snacks vs Sugar snacks

4th and 5th grade education curriculum includes

- Nutritional education
- Sugar and Sodas
- How to read processed food and beverage packaging to determine the amount of sugar.

Following the 15-20 minute interactive education piece, students received a brief screening and a fluoride varnish. The screening team has added the Basic Screening Survey (BSS) tool to the 5 point screening scale we had developed ourselves. Utilizing the BSS will allow us to accurately track the caries experience and urgency rating of each student. As a widely used screening tool, the BSS will also give us the ability to compare Summit County students to other areas nationwide.

Students take home a screening sheet with their screening score. Screening scores are explained on the take home sheet. On the back of the take home sheet are all the Summit County private dental offices, where they are located and which insurance opportunities they offer. This detail was created during the community planning process for the sealant program. It appealed to the local dental community as an equitable way for them to be represented within the school district.

The screening scoring data is case managed by the dental staff. Every student identifying with obvious dental needs or who indicated they had not seen a dentist in over a year receives a phone contact in an effort to refer the student to a dental home.

Accessing students for dental screenings becomes more complicated in middle school and high school due to class scheduling. Summit School District has allowed Summit SBHC to add a dental screening onto the mandated 7th grade and 9th grade vision and hearing screenings. The middle school and high school do however; have significantly more primary care visits which allow for the second contact point for a dental screening by the primary care provider. Students may also schedule a comprehensive dental examination on their own. The screening and referral system remains the same as the elementary level.

Referrals for Comprehensive Dental Exams

The bilingual assistant team calls parents to schedule their child's comprehensive dental exam which is scheduled at Summit Community Care Clinic (SCCC) or the student's dental home. The comprehensive dental exam produces the treatment plan for the student. SCCC dental assistants take x-rays and the SCCC dentist performs the exam. Appointments to complete the student's treatment plan are case managed by the bilingual dental assistant team. Case management on all students with treatment plans will be followed until the treatment plans are completed or the parent refuses care. All communication pieces are recorded in Dentrix.

Preventive and Restorative Care

While all elementary schools in Summit County have on-site screenings as feeder programs to Silverthorne and Dillon Valley SBHC clinics, the mobile dental unit has a regular schedule for dental cleanings, fluoride and sealant placement at Silverthorne, Dillon Valley and Upper Blue Elementary Schools. Additional opportunities for more complicated restorative work will be scheduled at SCCC. Dental treatment beyond the scope of care for SBHC site will be referred into the Summit County dental community. Referral systems have been set up with Pedodontists, Endodontists, Oral Surgeons and Orthodontists. Follow up calls on all referrals are case managed by the bi-lingual dental assistants and recorded in Dentrix.

Each student is sent home with an oral health care packet containing a parent oral health education piece, a toothbrush, toothpaste and floss.

Data collection is imperative to correctly reflect the outcomes and impact of our program. In year three of the program, templates were created within Dentrix for data collection. Tracking the number of screenings provided, fluoride varnish applications, sealants present and sealants placed, caries present, referrals provided and completed treatment plans is now easily and accurately obtained. A software interface between Dentrix and the SCCC electronic medical record, Aprima, was initiated in 2013.

Planning Final Report

Delivery System Design:

Background

Dental screenings had been occurring at Summit School District (SSD) elementary schools in a random manner for many years prior to the SBCOH grant. Local dentists would come into an elementary location at the school nurse's request and provide a brief visual screen primarily to identify those students with obvious urgent dental needs. Identified oral health concerns were logged by the school nurse who then contacted the family and advised them to seek care for their child. The school nurse was a long time county resident and utilized her network of local dentists to provide this service.

In 2009, budget cuts from SSD had reduced the school nurse FTE which resulted in the inability of District nursing staff to coordinate or help with dental screenings. (In Colorado, vision and hearing screenings are mandated by the Colorado Department of Education but not dental screenings). Summit Community Care Clinic (SCCC) was approached by the new school nurse to look at a more comprehensive approach for dental screenings at Summit elementary schools. SCCC was providing Title X and Behavioral Health services for Summit School Based Health Centers. SCCC was an independent non profit and while not a "free clinic", did not take any insurance and had no billing capacity. The dental department was new and had a 1.0 FTE grant funded Dental Hygienist / Dental Coordinator who struggled with time and resources to continue the dental screening work at Summit schools.

The Children's Oral Healthcare Access Program funding opportunity in 2011 was the first grant written by the SCCC dental coordinator. The original funding request covered 8 hours a week for the dental coordinator, 16 hours a week for a hygienist, 32 hours a week for a dental assistant and 10 hours a week for a dentist at SCCC for restorative care follow up. The funding request at 127,970.00 covered the time for direct service but was woefully inadequate for program coordination and data tracking.

Local Private Practice Support:

Summit County Colorado is a resort mountain community with only 18 private dental offices. The dental coordinator scheduled a Lunch and Learn with each private dental office in year one to explain the more formalized dental screening program that was going to begin at Summit elementary schools. The School-Based Comprehensive Oral Health Services (SBCOHS) program was presented as the new dental arm of the existing Summit School Based Health Centers. (Summit SBHC). Summit SBHC offered each dental office staff the opportunity to volunteer either through the school screening program, restorative care at the SCCC dental office or as a participant in the Adopt a Student Program

100% of the local dental offices agreed to participate in the Adopt a Student program! Children identified with oral health needs through the screening program were case managed into restorative care by the screening team. This was important as SCCC still did not take Medicaid at that time, the local Pediatric office was only open two days a week and dental home opportunities for children were minimal. Each office was allowed to determine their referral criteria. Most offices agreed to take at least one student a year and complete their treatment plan. The Pediatric office agreed to take up to 6 little ones per year. One office did cosmetic work on a student's mottled anterior molars. The local oral surgery office took 2 graduating seniors that year and removed their wisdom teeth. Some preferred teen agers and some were good with younger kids. Each dental office was given a plaque for their reception areas thanking them for participating in the Adopt a Student program. This identified them as great community partners.

While every dental office agreed to participate in the Adopt a Student program, there were concerns from some of the private practices:

1. *Would families think their child had seen a dentist for their bi annual exam because they had received a screening at their school?*

*Response: Summit SBHC engaged the local dentists in creating the Send Home form for the program. The committee agreed on the following disclaimer: **While the screening is not a substitute for a comprehensive dental examination and six month cleaning, at today's screening we did note the following possible problems. Please have them checked by your regular dentist.** * Appendix A: Attachment 1*

2. *The local pediatric office, in particular, felt that there was an unfair advantage for SCCC to have access to all the children in the elementary schools.*

*Response: Federal discrimination law prohibits the inclusion of any entity over another in government based organization such as schools. A school district attempting to create a screening program independently would need to put out a Request for Proposals to dental offices. Staffing, time and money can prohibit a school district from creating their own dental programs. SCCC was currently providing the SBHC medical and behavioral health care and incorporating dental services into the existing integrated care model was a seamless process. A Memorandum of Understanding between Summit School District and Summit Community Care Clinic exists to define this relationship. *Appendix A: Attachment 2*

*The Send Home form created for the SBCOH was created with the list of every dentist in Summit County and their payment opportunities on the back. The dental coordinator attempted to reassure local dentists that access to children in Summit schools was not to create a referral for SCCC itself but to make sure that all children have access to a dental home and quality dental care. The SCCC dental program has only 3 operatories and has been scheduled out several months since its opening. Transparency and communication with local dentists remains an important part of the SBCOH program. *Appendix A: Attachment 3*

It is relevant to point out that at no time prior to the SBCOH grant, did local dentists attempt a consistent dental screening program in Summit schools. In 2011, Summit Pediatrics was the only Medicaid dental opportunity in Summit County and they were only open two days a week. Summit Community Care Clinic did not take Medicaid at this time and was understaffed for the need presented in Summit County.

School District Support:

Support for any program introduced into a school system is imperative to its success. Without support from Central Administration, District Nursing and Building staff, independent programs will have a hard time staying afloat.

Summit School District has had a School Based Health Center at Summit High School for over 20 years. The Board of Education (BOE) has approved capital improvements to both Summit Middle School and Summit High School for clinic space. However, top down BOE support does not always translate to nursing staff and building staff support. Growth in SBHC venues and reduction in school nurse funding

nationwide have inadvertently created a bit of a turf war between nursing staff and SBHC staff. Shared space and collaboration with nursing staff are important if access to children is to be accomplished.

BOE Support: The dental coordinator presented the oral health program in the spring of 2011 to the BOE and received unconditional support. Annual reports are presented to the BOE on the SBHC program as a whole and on the dental program specifically.

School Nurse Support: Summit SBHC initially thought that adding a station for an oral screening during state mandated vision and hearing screenings would cause the least negative impact to school schedules. However, SSD elementary school nurses did not want to incorporate another station to this already difficult task. This then pushed the scheduling request for dental screenings onto the building administrator and teaching staff. Teachers are already under significant challenges with the time they are allotted for outcomes achieved. Asking for additional time away from curriculum is often seen as detrimental to their job.

Five of the six SSD elementary schools presented with the opportunity for oral health education and dental screenings signed up in year one. At the elementary level Summit SBHC has 3 different logistical choices

- 1. The dental hygienist and assistant travel with a cart to each classroom following a schedule set up by the teachers and administration from that building. A 20 minute oral health education piece is presented to the classroom followed by screening and now fluoride for students who have completed a permission form. This format allows teachers to select a time that works for them for the interruption. This also allows for interactions with smaller groups of children which Summit SBHC feels is better for the oral health education piece.*
- 2. The school selects a central place (gymnasium or library) for children to be brought to for the education piece, screening and fluoride. This works for a few of the Summit schools. SBHC staff finds that settling the children down after their stroll to the location is often detrimental to the oral health piece.*
- 3. The school selects a central place (gymnasium or library) and files children with permission forms through the screening and fluoride with no oral health education.*

Finding a dental screening opportunity at the middle and high school levels was more difficult. Students do not remain in one place at this level and achievement outcomes become more pressing for teaching staff making them reluctant to give up academic time. It was not until year two that SBHC staff was allowed to incorporate dental screenings with mandated Colorado Department of Education 7th and 9th grade vision and hearing screenings. This concession allowed access to at least one grade in the middle school and one grade at the high school. This step required some cajoling of the middle and high school nurse as well as a gentle push to accommodate the dental screenings by building administrators.

Internal Support

Oddly, understanding of and support for the SBCOH program by the SCCC Dental Department itself had a bumpy start. The Dental Department was new at the time and struggling to operate with volunteer dentists. Interim dental "managers" did not have a good grasp of the program or its value. Internal Lunch and Learns and rotating dental staff through the schools have helped incorporate the SBCOH program more solidly into the SCCC Dental Department.

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Summit SBHC is pleased to have achieved success with the 4 goals originally set for the SBCOH project. The learning curve was steep and the “lessons learned” have enabled the Summit SBHC dental team to expand into neighboring Lake and Park counties.

Year One Accomplishments

- *Community Outreach on the SBCOH project*
- *Creation of Permission Forms, Screening Forms and Send Home Forms*
- *Creation of the 5th Grade Quiz*
- *Curriculum developed for oral health education grades P-3*
- *Curriculum developed for oral health education grades 4-6*
- *Oral health education and screenings provided at 5 elementary schools—No Data*
- *Cavity Free at Three training for hygiene staff*
- *Give Kids a Smile Day*

**Appendix A: Attachments 5, 6 and 7*

Year One Hurdles

- *No billing capabilities through SCCC*
- *Spreadsheet and hard copy form for data points were not adequate data tracking*

It became apparent in the early days of the project that the 8 hours a week for program coordination was inadequate. In May of 2012, the first grantee meeting was held in DC and it became apparent to the HRSA team that the dental coordinator for this project was in over her head. (It was apparent to her as well). Summit SBHC had no data other than that they had screened several hundred students and referred many with needs into restorative care.

Following the May grantee meeting, Pam Vodicka called to offer additional funding for IT assistance. It is important to say that the success of the Summit SBHC SBCOH project would not be where it is without the recognition of this gap in the Summit program.

As previously mentioned, this grant was the first one written by the SCCC dental coordinator. In an effort to be fiscally responsible, she had written a bare bones budget for the work she wanted to accomplish. New to the non profit world, she also did not recognize the time and effort that data tracking would require.

The supplemental funding allowed Summit SBHC to hire a Lori Bowman as a Dentrax Billing Specialist and Data Coordinator. Lori’s expertise in these areas created the data tracking successes and financial sustainability that currently exists in the Summit SBHC program. This also allowed the Project Coordinator to focus her time and effort on SBCOH growth and development.

To that end, improvements in system design and delivery, integrated care design and strengthened community collaborations have resulted in the Summit SBCOH as it stands today.

Step One: Permission Forms and Demographic information

Permission for dental services is the first point of contact. Summit School District has incorporated SBHC overall enrollment and Healthy Smiles specific permissions into their online enrollment process. Parents may select any or all of the following dental services:

- *Dental Screening*
- *Fluoride*
- *Sealants*
- *Dental Cleanings- (new in 2015)*

**Appendix A: Attachment 4*

*Summit School District and SCCC have worked closely on FERPA compliance through their Memorandum of Understanding. District lawyers are reluctant to have student information from Power School (SSD software) available to outside entities. Race and Ethnicity has been a particularly touchy subject but language in the enrollment form on information sharing for SBHC enrolled students has resulted in the release of a spreadsheet with the following demographic pieces: *Appendix A: Attachment 2*

- *Student Id Number*
- *Student Name*
- *Parent name*
- *DOB*
- *Address*
- *Phone*
- *Race and Ethnicity*
- *Grade*
- *School*
- *Insurance Type—Initially, SBHC was allowed to ask for specific insurance information online. This has been limited to insurance type by District lawyers. Currently, insurance type is a drop down box and those students identifying with Medicaid and CHP are then confirmed on the Web Portals.*

These demographic pieces are very important data points and would be difficult to obtain without the Online Registration.

Remember that parents are not present for the screening and fluoride. Pertinent information for billing and data tracking need to be obtained ahead of time. In 2011, Summit SBHC had 1025 hard copy Healthy Smiles Permission Forms returned by parents. In 2015, 2413 SBCOH (Re-branded Healthy Smiles) permissions were granted with Online Registration for an increase of 135%!

Step Two: Services Provided

- *Oral health education and fluoride varnish application are provided at all Summit County preschools.*
- *Oral health education and fluoride varnish application are provided at all In Home Child Care Centers in Summit County.*
- *Oral health education, screenings and fluoride varnish application are provided annually at 8 elementary schools in Summit< lake and Park counties.*

- Screenings and fluoride varnish are provided for 7th and 9th grade students at the secondary levels in Summit, Park and Lake Counties.
- Preventive care appointments are provided one day a week at each of 5 different schools.
- Restorative care is case managed by the Hygienists and Patient Navigator for restorative care.

Step Three: Data Collection and Entry

The data load from screening sheets to the patients account in Dentrix is complicated and time consuming. The aforementioned Data Coordinator, the Hygienists and a Dental Patient Navigator work together to streamline services provided, data collection and billing for the Summit SBCOH program.

Screening:

The screening form used is the Basic screening Tool.

**Appendix A: Attachment 8*

Data points collected:

- *# Decayed Teeth*
- *# Missing Teeth*
- *# Filled Teeth*
- *Carries Risk Assessment Low / Moderate / High*
- *# and Location of Untreated Caries*
- *# Caries Experience*
- *Treatment Urgency*
- *# Sealants Present*
- *Ortho Present Yes or No*
- *Referred for Treatment Yes or No*
- *Where was the student referred*
- *Expander or Space Maintainer Presence Tooth # and Quadrant*
- *Gingivitis Yes or No*
- *Periodontal Disease Yes or No*

Screening form information is then loaded into the SCCC dental software, Dentrix, by the Hygienists and the Patient Navigator. The Billing specialist generates claims and makes adjustments to the appointment as required. This actually takes more time than the screening and fluoride varnish itself. Probably 8-10 minutes per patient.

- 1. First the patient must be entered into Dentrix with the demographic pieces from the District Registration spreadsheet including insurance type.*
- 2. An appointment is made in Dentrix for each student screened. *Attachment 9*
- 3. Students identifying with Medicaid and CHP+ have their enrollment verified through the Web Portals. Insurance information is entered into Dentrix*
- 4. A screening window is opened in Dentrix which mirrors the BSS hard copy. *Attachment 10 Data points are recorded. If there is a treatment urgency of 1 or 2, a note entitled Needs Call is placed in the appointment. *Attachment 9*
- 5. Medicaid and CHP+ claims are generated and sent.*
- 6. The Patient Navigator uses the appointment list (Attachment 9)) to make a personal contact to all students identified with a Needs Call. Preventive appointments are made at the schools and restorative appointments are made at SCCC Dental. Families with a dental home are encouraged to have their child seen by their dentist*

Extractable data from this work flow includes:

- *Unduplicated patient count*
 - *# of Services provided—Screenings, fluoride, sealants, cleanings*
 - *Program usage by race and ethnicity*
 - *Program usage by insurance type*
 - *Financial Tracking*
 - *Referral Tracking—while we can track if we make a referral...if the work is not completed by SCCC...we may not know if the restorative works is completed.*
- *Attachment 13: HRSA Data Requirements*

The screenings generate the appointment list for the preventive care work done at the schools. Hygienists provide cleanings and sealants one day a week at 5 different schools.

- *Interdisciplinary Care*

Summit Community Care Clinic's fully integrated health care model is mirrored in the School Based Health Center program. Intake forms for every medical appointment ask the date of the patient's last dental appointment. A task is sent in Aprima to the patient navigator to schedule a dental appointment if it has been over 6 months.

Well child exams include a visual assessment of the oral cavity as well.

- *Patient/Community Education*

The Summit SBHC dental team participates in over 20 County outreach events each year.

- *Hygienists partner with Early Childhood Options with oral health education for Child Care Center staff and parents.*
- *Hygienists partner with Public Health visiting In Home Child Care centers for combined vision, hearing and dental screenings.*
- *The Program Director partners with 3 town councils and Public Health with a Water Fluoridation Education group. (Grass roots efforts to eliminate water fluoridation have begun in Summit County)*
- *Additional dental outreach includes school Health Fairs, El Grito, Halloween Carnivals (toothbrushes instead of candy), Mamacitas, New Moms group.*

2. Continuous Quality Improvement

Summit SBHC incorporates a Plan Do Study Act (PDSA) model for continuous quality improvement. PDSA cycles for the duration of the SBCOH grant included:

- *Form Revision- SBHC permission and screening forms change frequently. Compliance with District FERPA guidelines, an ever increasing desire for data points and collaboration with the local dental community improves this process regularly.*
- *Fluoride Varnish Application-Fluoride Varnish application is a hot topic in Summit County. The first two years of the screening and fluoride program resulted in 1-2 fluoride varnish applications given to children whose parents had indicated No to fluoride on the permission form. The improvement created was to pre print the screening forms using the district spreadsheet. Stickers with each students name, grade and Fluoride Permission (Y or N) were printed and placed on the screening sheets prior to screening day. A secondary check for fluoride permission was implemented by having the spreadsheet itself present via computer at the screening also. The stickered screening form was matched with the spreadsheet and confirmed by the hygienist and patient navigator between the screening and the fluoride varnish application.*

- *Data Input into Dentrix- Initially, notes were written into each students chart in Dentrix. This was time consuming. The solution as to create a template box in Dentrix with each data point from the screening form. The data point's specific to a screening could then be selected by a few clicks. The data points from the template box can be filtered into reports indicating the number of students with caries, the number who received sealants and most importantly, a clean tracking mechanism for students who need follow up care.*
- *Sealant Material- The ability to track sealant placement and retention resulted in an inordinate number of sealants that were not retained between years 1 and 2. Hygienists subsequently changed the sealant product they were using.*
- *Customer Satisfaction- Summit SBHC sends a Survey Monkey out to district staff annually to gauge their understanding of and appreciation for the SBHC services. The 2016 survey will incorporate a dental program specific question to be determined. Overall, staff satisfaction with SBHC services is good and understanding of the program improves annually.*

3. Sustainability- The addition of a Billing Specialist for Dentrix in year two of the SBCOH grant improved the trajectory of the Summit SBCOH Program. The billing mechanism is outlined in the Implementation section of this document.

The results can be seen in Section D Evaluation

D.Evaluation

****Attachment 13 Sum Data Required by HRSA***

Additional evaluation for the SBCOH grant includes the results related to the 4 Goals set for the program.

Goal 1: Provide access to quality preventive and restorative dental care to Summit County’s children by integrating a comprehensive oral health program into Summit School Based Health Center’s existing primary care, reproductive health and behavioral health services.

Summit SBHC currently has a robust and comprehensive oral health program that has expanded into neighboring Lake and Park Counties in Colorado. Visit data below shows the increase in services provided and children reached each year.

Please note that visit data is compared by the following timelines:

- Year One: July 1 2011-June 30 2012 (Minimal or no data)*
- Year Two: July 1 2012-June 30 2013*
- Year Three: July 1 2013-June 30 2014*
- Year Four: July 1 2014- June 30 2015*
- Column 5 July 1 2015-Dec 31 2015 Final Semester with SBCOH Grant*

Screening Encounter Comparisons 2011-2015

School	Screenings Y1	Screenings Y2	Screenings Y3	Screenings Y4	Screenings Y5 July 2015-Dec 2015	Totals
Breck		63	128	90	122	403
Dillon Valley		141	406	285	256	1088
Frisco		87	173	136	107	503
Silverthorne		63	193	256	250	762
Summit Cove		58	73	138	203	472
Upper Blue		101	252	174	163	690
Summit Middle		188	185	167	223	763
Summit High		134	142	114	164	554
Outreach Locations		235	0	474	202	911
TOTALS	1209	1070	1552	1834	1690	6146

Fluoride Varnish Applications 2011-2015

School	Fluoride Varnish Y2	Fluoride Varnish Y2	Fluoride Varnish Y3	Fluoride Varnish Y4	Fluoride Varnish Y5 July 2015- Dec 2015	Totals
Breck		47	106	75	97	325
Dillon Valley		97	362	227	229	915
Frisco		37	141	122	84	384
Silverthorne		48	155	191	227	621
Summit Cove		43	66	129	168	406
Upper Blue		73	254	147	133	607
Summit Middle		4	160	163	194	521
Summit High		2	112	120	144	378
Outreach Locations			25	388	154	567
TOTALS		351	1381	1562	1430	4724

Sealant Data 2011-2015

School	Sealants Y1	Sealants Y2	Sealants Y3	Sealants Y4	Sealants Y5	Totals
Breck		0	0	0	0	0
Dillon Valley		39	60	55	4	158
Frisco		0	0	25	0	25
Silverthorne		34	0	52	10	96

Summit Cove	0	0	0	0	0
Upper Blue	33	76	69	0	178
Summit Middle	0	0	49	70	119
Summit High	0	0	8	66	74
Outreach locations	13	14	32	69	128
TOTALS	119	150	290	219	778

Highlights

- *58% increase in screenings from Year One through Dec 31 2015*
- *307% increase in fluoride varnish applications Year One through Dec 31 2015*
- *84% increase in sealants placed from Year One through Dec 31 2015*
- *Oral health visual screens are embedded into all SCCC well child exams*

Goal 2: Demonstrate a decrease in dental caries incidence via a comprehensive dental service delivery program in a school-based health center.

Please see Attachment 13 in Appendix A for Caries Incidence Data

Summit SBHC is able to track caries incidence using the BSS and Dentrrix. Demonstrating a decrease in the caries rate has not been clearly achieved as the screening number increases each year and the sample group changes. Anecdotally,, the SBCOH team believes the caries rate has decreased in Summit County over the 4 year project.

Highlights:

- *Year Two and Year Three had a 6% and 11% Caries Incident Rate respectively. These percentages are well below the CDC national average of 19%.*
- *Year Four reflected a Caries Incident Rate of 26%. This is a direct reflection of the programs move into Lake and park Counties. Summit SBHC anticipates the ability to demonstrate a decrease in this number by the next screening year.*
- *Summit County only Caries Incidence for Year Four was 10%. This is a decrease from the 11% in Year Three.*
- *For the first semester of school year 15-16 (July 1 2015-December 31 2015) SBCOH screened*

Goal 3: Increase the oral health IQ for all Summit School District families focusing on children ages 0-21
Summit SBHC provides oral health education in over 60classrooms in Summit County schools every year.

Additional oral health education includes:

- *Summit County Child Care Providers*
- *In Home Child Care Centers*
- *Public Health staff training*
- *Head Start family events*
- *Head Start staff trainings*
- *Health Fairs*
- *Family and intercultural Resource Center*
- *Ebert Santos Pediatrics*

*The 5th Grade Quiz was developed to discern if the oral health IQ of Summit students was increasing over the timeline of the project. *Appendix A: Attachment 11*

5th Grade Quiz Results

<i>Frisco</i>	<i>2011-2012</i>	<i>2013-2014</i>	<i>Change</i>
<i>Total Points</i>	<i>229</i>	<i>161</i>	
<i>Total Possible</i>	<i>370</i>	<i>234</i>	
<i>Average</i>	<i>62%</i>	<i>69%</i>	<i>7%</i>
<i>Silverthorne</i>	<i>2011-2012</i>	<i>2013-2014</i>	
<i>Total Points</i>	<i>274</i>	<i>106</i>	
<i>Total Possible</i>	<i>490</i>	<i>114</i>	
<i>Average</i>	<i>56%</i>	<i>93%</i>	<i>37%</i>
<i>Summit Cove</i>	<i>2011-2012</i>	<i>2013-2014</i>	
<i>Total Points</i>	<i>148</i>	<i>112</i>	
<i>Total Possible</i>	<i>220</i>	<i>168</i>	
<i>Average</i>	<i>67%</i>	<i>67%</i>	<i>0%</i>
<i>Breckenridge</i>	<i>2011-2012</i>	<i>2013-2014</i>	
<i>Total Points</i>	<i>150</i>	<i>150</i>	
<i>Total Possible</i>	<i>240</i>	<i>240</i>	
<i>Average</i>	<i>63%</i>	<i>63%</i>	<i>0%</i>
<i>Upper Blue</i>	<i>2011-2012</i>	<i>2013-2014</i>	
<i>Total Points</i>	<i>259</i>	<i>68</i>	
<i>Total Possible</i>	<i>420</i>	<i>96</i>	
<i>Average</i>	<i>62%</i>	<i>71%</i>	<i>9%</i>
<i>Totals</i>	<i>2011-2012</i>	<i>2013-2014</i>	
<i>Total Surveys</i>	<i>174</i>	<i>118</i>	
<i>Total Questions</i>	<i>1740</i>	<i>708</i>	
<i>Total Correct</i>	<i>1060</i>	<i>512</i>	
<i>Average Score</i>	<i>61%</i>	<i>72%</i>	<i>11%</i>

Improvements

- *The 5th grade quiz results will help us make our case for oral health education in the 2 elementary schools that do not currently participate in that part of the SBHC oral health program. The schools that do not participate in oral health education scored the lowest on the 5th grade quiz.*
- *Dillon Valley Elementary has not participated in the 5th grade quiz due to scheduling conflicts. We will present the quizzes closer to the oral health education presentations in the hopes that they will participate. Dillon Valley has the highest Free and Reduced Lunch percentage in the district and we would like to see how their students are retaining oral health information from our program.*
- *Due to improvements in both oral health vocabulary and the test scores themselves, the Summit SBCOH team will begin having 4th graders take the quiz in the spring of 2016.*

Goal 4: Create a financially sustainable oral health program utilizing billing capabilities for Medicaid, CHP+, private insurance and sliding fee scale clients.

The addition of a dental billing specialist to the Summit SBCOH program in Year Two, significantly improved its financial sustainability. Summit SBCOH has been able to expand these services into two adjacent rural mountain counties.

<u>Billing Reimbursements</u>	2012-2013 Year Two	2013-2014 Year Three	2014-2015 Year Four	July-December 2015 Current School Year
SBHC				
Self Pay	\$ 20,668.37	\$ 14,934.00	\$ 17,898.00	\$ 4,870.00
Medicaid	\$ 11,756.57	\$122,746.89	\$168,557.96	\$ 143,192.60
CHP	\$ 4,277.29	\$ 2,806.00	\$ -	\$ -
Outstanding Medicaid	\$35,000.00	\$ 4,159.00	\$ 3,800.00	\$ 23,386.54
Total Reimbursements	\$ 71,702.23	\$ 144,645.89	\$ 190,255.96	\$ 171,449.14

Highlights:

165 % increase in reimbursements from Year Two to Year Four.

Please note that the first six months of fiscal year 15-16 has yielded 90% of Year Fours total income.

E.Resources

Staffing:

Initial staffing allocations were under budgeted, as previously mentioned. Planning and community outreach took more than the 8 hours of the Project Coordinators time.

<i>Staffing Positions</i>	<i>2011 Staffing Levels Hours per Week</i>	<i>2016 Staffing levels Hours per Week</i>
<i>Project Coordinator</i>	<i>8</i>	<i>16</i>
<i>Data Coordinator/Billing</i>	<i>0</i>	<i>24</i>
<i>Hygienist-Administrative</i>	<i>0</i>	<i>16</i>
<i>Hygienist-Clinical</i>	<i>16</i>	<i>40</i>
<i>Dentist</i>	<i>10</i>	<i>0</i>
<i>Dental Assistant</i>	<i>32</i>	<i>0</i>
<i>SBHC Patient Navigator</i>	<i>0</i>	<i>40</i>

Staffing changes:

- The original staffing plan included 10 hours a week for a dentists time at SCCC for restorative care. Subsequent planning for expansion has changed to incorporate a restorative opportunity that does not require paying to staff a dentist.*
- Increased time for Project coordination*
- Administrative time allocated to the hygiene staff*
- Increase in on-site hygiene time*
- Data Coordination and Billing position added*
- Dental Assistant position changed to a Patient Navigator*

Advisory Board

** Appendix A Attachment 12*

While some of the individual members of the board changed during the course of the SBCOH project, the composition of the entities involved did not.

Evaluation Staff- The evaluation team for the project remains the Project Coordinator and the Data Coordinator

Policies and Procedures- Summit Community Care Clinic was awarded a Federally Qualified Healthcare Center designation in 2014. SCCC has a comprehensive Policy and Procedure manual per Federal compliance requirements.

Readiness: Summit SBHC was prepared to begin the project within six months of the grant award because of a pre existing relationship with the school district and SBHC program.

A Screening Template was created in Dentrrix. (Please see Screen shot)

- *Utilization of Dentrrix*
- *Interface of Dentrrix and Aprima*
- *Accurate data tracking*
- *Financial sustainability*
- *Increased oral health IQ*
- *Expansion in to child care centers*

- *Expansion in to neighboring counties*
- *Decrease in Caries rate*
- *Embedded in the school culture*
- *Eshq*
- *State involvement cASBHC CDPHE...state standards*
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