The Los Angeles Trust for Children's Health

Putting the care in student healthcare

ORAL HEALTH INITIATIVE

OPERATIONS MANUAL

The Los Angeles Trust for Children's Health (The L.A. Trust) is a nonprofit organization, working to improve the health of the children of the Los Angeles Unified School District (LAUSD). The L.A. Trust was formed through a 1991 resolution of the LAUSD Board of Education to address the myriad and significant health challenges many LAUSD students faced. The L.A. Trust has served as support for school-based health clinics and health partnerships through a broad range of school-linked programs. Improving the oral health of LAUSD students is a top priority of The L.A. Trust.

Introduction

The intent of this manual is to facilitate the spread of wide-ranging oral health practices throughout the Los Angeles Unified School District (LAUSD) as well as to inform school districts across the country on how they can implement models similar to The Los Angeles Trust for Children's Health (The L.A. Trust) Oral Health Initiative. As of June 2017, The L.A. Trust has piloted a successful district-wide Oral Health Initiative, built on a public health approach, that has reached more than 50 schools. The model includes school-based oral health education and community awareness building, on-site oral health screenings, oral disease prevention and early intervention services, and dental home connections. It is now time to spread this sustainable model more broadly across LAUSD and other interested school districts across the country.

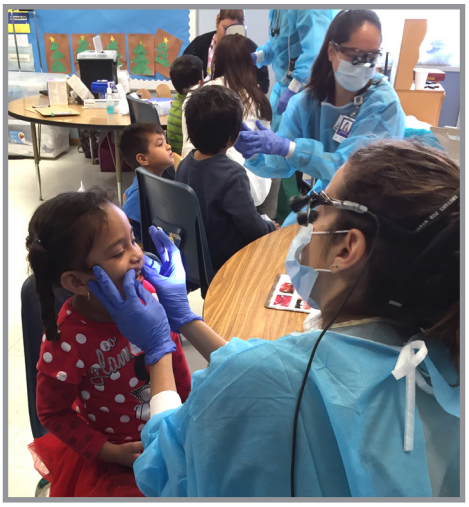
Audience

For this manual includes oral health care providers within the LAUSD geographic area, staff at LAUSD, Los Angeles area community-based organizations, as well as other schools and school districts across the nation and their oral health care provider and community-based partners. The activities outlined in this manual are intended for implementation in schools in underserved areas. Although each school environment may differ based on oral health providers, stakeholders, community needs, school staffing, room availability, layout, etc., the guidelines and protocols presented in this manual provide the framework for an effective program. In other words, users can adapt the contents and protocols of The L.A. Trust's Oral Health Initiative to create their own school-based oral health initiative. This section provides an overview of the Initiative and the problem the Initiative seeks to address.

Why a School-Based Oral Health Initiative

Schools provide an effective platform for promoting oral health because public school systems serve over 50.7 million children across the United States. School-based oral health care services have the potential to overcome many of the logistical barriers to accessing primary preventive oral health services that disproportionately affect vulnerable populations. In addition, schools have the potential to link families to systems of care and to impact the social norms regarding health behaviors.[1]

About the Oral Health Initiative



The L.A. Trust's Oral Health Initiative uses a comprehensive public health approach to meet the oral health needs of students and families in LAUSD. This Initiative builds upon best practices from the curriculum and model of Anderson Center for Dental Care at Rady Children's Hospital-San Diego Center for Healthier Communities[2] as well as best practices and lessons learned from our own experiences.

Since 2012, The L.A. Trust has partnered with LAUSD Nursing (LAUSD-DNS); University of California, Los Angeles (UCLA) Department of Pediatrics; Eisner Pediatric and Family Medical Center; Big Smiles, the Center for Oral Health; and many other community-based providers to implement a standardized oral health education, prevention, and early intervention program across LAUSD. This initiative is thanks in large part to the DentaQuest Foundation.

[1] Fast Facts, National Center for Education Statistics, https://nces.ed.gov/fastfacts/display.asp?id=372 accessed January 9, 2017.
[2] Susan Lovelace, 2010. Rady Children's Hospital and Anderson Center for Dental Health.

The Initiative has also been shaped by The L.A. Trust's Oral Health Advisory Board (OHAB), comprised of the above-mentioned providers as well as children's advocates, local and statewide public health officials and providers, District health and social services staff, and other interested stakeholders. The purpose of the OHAB is to guide the activities of the Oral Health Initiative; track the progress of the Initiative; identify and build on best practices and lessons learned; identify policy barriers which impede optimal school-based oral health strategies; and advocate for change at the local, state, and national level.

Goals and Objectives

Program Goal: The long-term program goal of the Oral Health Initiative is to institutionalize school-based oral health education and comprehensive care delivery to improve access to and increase the use of oral health services for 640,000 students in LAUSD.

Program Objectives:

1. Develop an oral health education and community engagement strategy to raise awareness among students and families in LAUSD schools and surrounding communities of the importance of good oral health and regular oral health care and to engage students, families, and community members in educating their peers about the importance of good oral health.
2. Develop and standardize a training program on oral health, which includes prevention and early intervention strategies, for school nurses and other school staff—such as Healthy Start coordinators—in addition to community-based providers working in and around LAUSD.
3. Facilitate universal screening, preventive oral healthcare services, and dental home connections for students in LAUSD schools.
4. Enhance public-private partnerships to bring comprehensive oral health services to school sites, and enhance referral networks to expand access to restorative oral health care for LAUSD students, resulting in 100% of those with urgent oral healthcare needs receiving restorative care.
5. Institutionalize the use of designated school staff and/or community oral health service providers to lead the implementation of Oral Health Initiative activities in schools throughout the District.

The L.A. Trust's Oral Health Initiative (Figure 1) uses a systematic, public health approach to address

student needs including primary prevention through community-wide oral health education (bottom of the triangle), prevention and early intervention through universal screening for oral health diseases, fluoride varnish and sealants—where possible—on school campuses (middle of triangle) and linking children in need to community-based oral health service providers for access to comprehensive preventive and restorative care, ultimately resulting in a dental home (peak of triangle). Using this model, we have successfully addressed the comprehensive oral health needs of children in 50 LAUSD schools, reaching children ages 2 to 17, as of May 2017. By standardizing oral health education, building the capacity of local providers to conduct oral health screening and apply fluoride varnish in schools, extending the network of community oral health providers as both the on-site provider and a source for referrals, and establishing clear guidelines for partnerships, we hope to build the infrastructure required to disseminate this model throughout LAUSD and beyond, with the goal of eliminating untreated childhood caries among children in our schools.

3 Strategic School-Based Public Oral Health Tiers

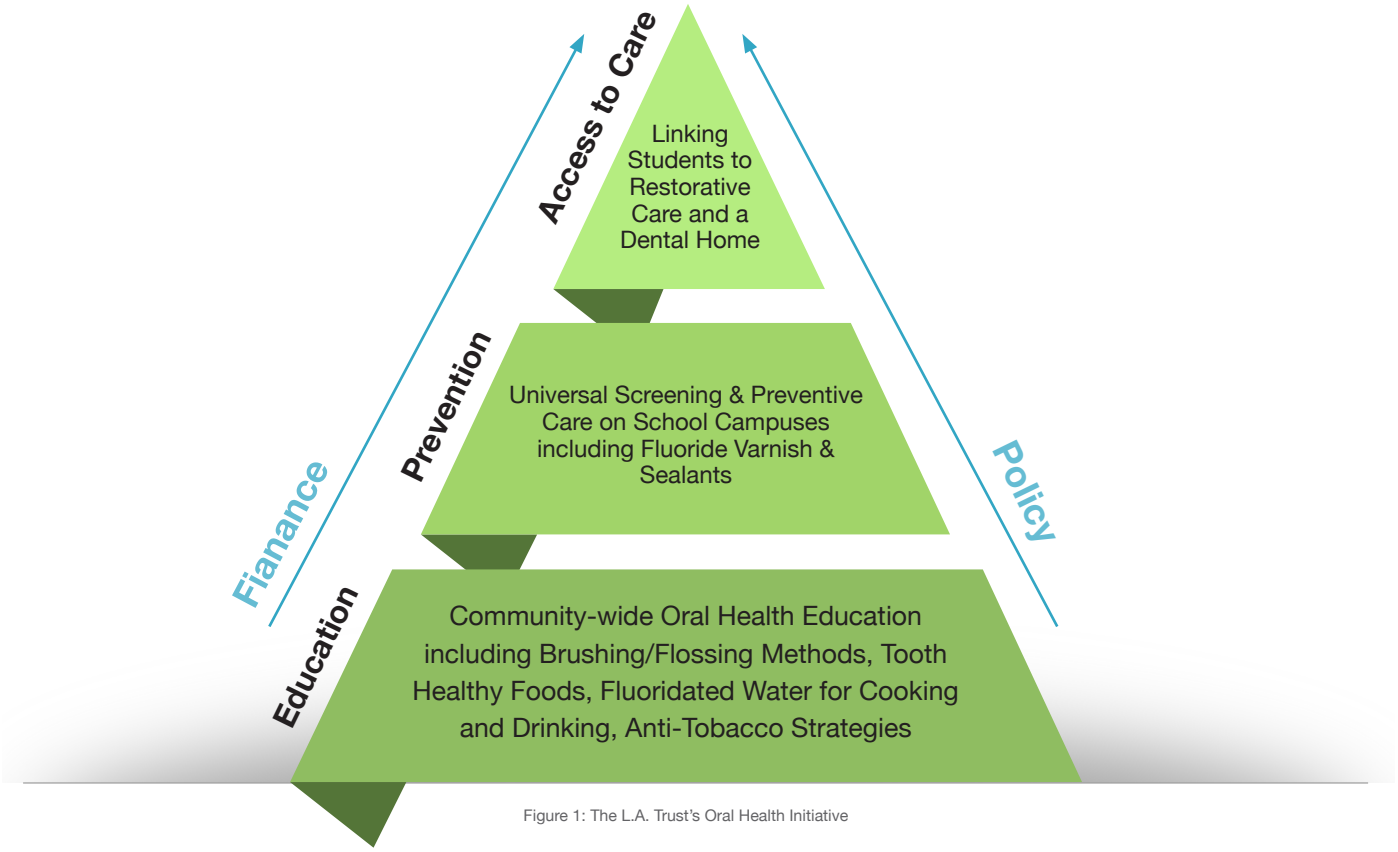


Figure 1: The L.A. Trust's Oral Health Initiative

Critical First Steps in Establishing the Initiative

The L.A. Trust took the following critical steps to establish a framework on which to build the Initiative:

- Established an Oral Health Advisory Board (OHAB) comprised of stakeholders from oral health, school health, public health research, children's advocacy, and other stakeholder communities. The OHAB is critical in helping to assess the needs of our community; identifying local and state policy and financing opportunities; and providing input, guidance, and technical support to The L.A. Trust staff.
- Educated and forged partnerships with LAUSD Nursing Services, Student Health & Human Services staff, District leadership, and community and oral health care partners to engage them in implementing and championing the Initiative.
- Conducted a needs assessment through key informant interviews and focus groups with parents, school staff, and community providers to identify:
    - oral health care needs of LAUSD children and families;
    - oral health care barriers, including policies and financing, and strategies to address these barriers;
    - successful strategies for community engagement; and
    - education and training needs of school staff, families, and community partners.

Highlighted Results of the Initial Needs Assessment

- Children need free, school-based or school-linked preventive oral health services.
- Students and parents need information about the importance of good oral health and how to achieve good oral health.
- School staff and community members need training so that they can help families achieve good oral health.
- Families need care coordination support so that all students are connected to a dental home.

- Researched existing school-based models for oral health care to identify best practices to apply to LAUSD.
- Revised LAUSD's Wellness Policy to include and emphasize the promotion of positive oral health among students as a key factor in academic success and overall student well-being.

The Problem

Dental caries, the disease that causes tooth decay (more commonly known as cavities), remains the leading chronic childhood disease, although it is almost entirely preventable. Tooth decay is the single most common chronic childhood disease—5 times more common than asthma, 4 times more common than early- childhood obesity, and 20 times more common than diabetes.[3] The Centers for Disease Control and Prevention (CDC) found that by age 15, approximately 60% of all adolescents will have experienced tooth decay.[4] In California, that number is greater, with more than 50% of children in kindergarten already having had experienced dental decay (28% of which is untreated decay); and by the time they reach 3rd grade; over 70% of California's children have experienced dental decay[5].

Lack of access to oral health care is a key reason children have poor oral health. In Los Angeles County, nearly 1 in 10 children under age 17 and 1 in 5 children under age 5 have never been to a dentist[6].

Poor children suffer twice as much from dental caries as their more affluent peers, and their disease is more likely to be untreated.[7] More than 1 in 5 Los Angeles youth living in poverty do not have a usual source of oral health care.[8] The U.S. General Accounting Office found that poor children had five times more untreated dental caries than children in higher-income families, and poor adults were much more likely to have lost six or more teeth to decay and gum disease than higher-income adults.[9] As a result, poor children spend nearly 12 times as many days suffering with limited ability to study, play, and interact socially, than children from higher-income families.[10] Finally, rates of tooth decay are disproportionately higher in children in racial/ethnic minority populations, such as Latinos and African Americans.[11]

Los Angeles Unified School District (LAUSD) Highlights

The LAUSD is the second largest school district in the country, serving more than 640,000 students in roughly 1,200 school sites. The District serves a vulnerable population with an elevated burden of untreated oral diseases resulting in poor academic outcomes and overall health for students.

Children cannot eat, speak, and sleep normally when they are in pain from untreated cavities and related oral health disease. And oral health disease can lead to infection, tooth loss, and an increased risk for serious medical conditions such as diabetes, heart disease, and poor birth outcomes.[12]

In addition to untreated tooth decay harming children's overall health and well-being, untreated oral health disease also negatively impacts a child's ability to concentrate and do well in school. Nationally, an estimated 51.7 million school hours are missed annually by school-aged children because of an oral health problem or visit.[13]

[3] AAPD http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf
[4] Griffin, S., Barker, L., Wei, L., Li, C., Albuquerque, M., Gooch, B. (2014). Use of Dental Care and Effective Preventive Services in Preventing Tooth Decay Among U.S. Children and Adolescents. Centers for Disease Control and Prevention.
[5] "Mommy, It Hurts to Chew." The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children, February 2006 http://www.centerfororalhealth.org/images/lib_PDF/dhf_2006_report.pdf
[6] Mulligan R, Seirwan H. "The Oral Health Baseline Needs Assessment of Underprivileged Children." Los Angeles, CA: The Children's Dental Health Project; October 2009.
[7] Kenny, G. M., G. Ko, and B. A. Ormond. 2000. "Gaps in Prevention and Treatment: Dental Care for Low-Income Children." Washington, DC: The Urban Institute. Available at: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/309527-Gaps-in-Prevention-and-Treatment.PDF
[8] Holtby S, Zahnd E, Grant D. Ten-Year Trends in the Health of Young Children in California: 2003 to 2011-2012. Los Angeles, CA: UCLA Center for Health Policy Research, 2015.
[9] U.S. General Accounting Office, Oral Health: Dental Disease Is a Chronic Problem Among Low Income and Vulnerable Populations. Washington, DC: General Accounting Office, 2000. Available at: http://www.gao.gov/new.items/he00072.pdf.
[10] Oral Health in America: A Report of the Surgeon General. Rockville, MD: National Institute of Dental and Craniofacial Research; 2000
[11] Pourat, N., & Finocchio, L. (2010). Racial and ethnic disparities in dental care for publicly insured children. Health Affairs, 29(7), 1356-1363.
[12] B. Sanders, Subcommittee on Primary Health and Aging. Dental Crisis in America: The Need to Expand Access. U.S. Senate Committee on Health, Education, Labor and Pensions. February 2012.
[13] Griffin, S., Barker, L., Wei, L., Li, C., Albuquerque, M., Gooch, B. (2014). Use of Dental Care and Effective Preventive Services in Preventing Tooth Decay Among U.S. Children and Adolescents. Centers for Disease Control and Prevention.

Students in LAUSD on average miss 2.2 days of school annually because of oral health problems.[14] A study of oral health needs of LAUSD students found that students with no access to oral health care are three times more likely to miss school because of oral health problems than students with access to care.[15] Finally, researchers found that students with toothaches are almost four times more likely to have a lower grade point average than their counterparts who do not have dental pain.[16]

Further, oral health disease is costly. Applying days missed across the 640,000 students at LAUSD at $61.58/day in average daily attendance (figure from the 2016/17 school year) represents a $61,800,000 loss in school attendance funding that could be used to sustain a robust oral health program.

Preventive oral health care is critical to preventing dental caries in children; and the American Academy of Pediatric Dentistry (AAPD) recommends that children visit the dentist at the time of first tooth eruption and no later than one year old and every six months after that.[17] Unfortunately, this need for oral health care often goes unmet, leaving our youth vulnerable to advancing decay. Barriers to accessing oral health care include a lack of awareness that routine oral health care is critical to promoting oral health, lack of dental insurance, and a shortage of oral health providers to treat low-income children in the community.[18]

Nationwide, only 20 percent of dentists treat patients enrolled in Medicaid, and of those, an even smaller percentage regularly devotes a significant amount of time from their practice to serving those who are poor, chronically ill, or living in underserved communities.[19] Several reports note the limited number of oral health providers willing to treat those enrolled in Medi-Cal (California's Medicaid program).[20] In addition, while public insurance plans such as Medicaid and the Children's Health Insurance Program (CHIP) provide dental insurance to these vulnerable populations, coverage does not always equate to actual care. In California, fewer than 42% of children enrolled in Medi-Cal received any oral health services in Fiscal Year 2015, with only 33.5% receiving preventive oral health services.[21]

For these reasons and because schools are a critical place to provide and connect children to preventive oral health services to address the barriers outlined above, The L.A. Trust created, is implementing, and is seeking to scale and make sustainable its Oral Health Initiative.

Selected Demographics of LAUSD Students

73% are Latino*
10% are African American*
27% of students are uninsured**
44% are enrolled in Medicaid**
80% come from an economically disadvantaged background, making LAUSD the largest provider in the nation of free and reduced lunch.*

* LAUSD Local Education Agency Plan. California Department of Education; June 2014.
** Teare C., Wunsch B. Sustaining and Improving School Health Centers in LAUSD: Pacific Health Consulting Group; Funded by The L.A. Trust for Children's Health, January 2008.

[14] Mulligan R, Seirwan H. "The Oral Health Baseline Needs Assessment of Underprivileged Children." Los Angeles, CA: The Children's Dental Health Project; October 2009.
[15] Teare C., Wunsch B. Sustaining and Improving School Health Centers in LAUSD: Pacific Health Consulting Group; Funded by The L.A. Trust for Children's Health, January 2008.
[16] Seirawan, H., Faust, S., & Mulligan, R. (2012). The impact of oral health on the academic performance of disadvantaged children. American journal of public health, 102(9), 1729-1734
[17] Frequently Asked Questions, American Academy of Pediatric Dentistry, http://www.aapd.org/resources/frequently_asked_questions/ accessed January 18, 2017.
[18] Kenny, G. M., G. Ko, and B. A. Ormond. 2000. "Gaps in Prevention and Treatment: Dental Care for Low-Income Children." Washington, DC: The Urban Institute. Available at: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/309527-Gaps-in-Prevention-and-Treatment.PDF
[19] B. Sanders, Subcommittee on Primary Health and Aging. Dental Crisis in America: The Need to Expand Access. U.S. Senate Committee on Health, Education, Labor and Pensions. February 2012.
[20] Department of Health Care Services, "Medi-Cal Dental Services Rate Review," July 1, 2015. http://www.dhcs.ca.gov/Documents/2015_Dental-Services-Rate-Review.pdf. Accessed January 18, 2017; Barbara Aved Associates, Without Change It Is the Same Old Drill, Improving Access to Denti-Cal Services for California Children Through Dentist Participation (Sacramento, CA: Barbara Aved Associates, 2012); Little Hoover Commission, "Fixing Denti-Cal," Report #230, April 2016, http://www.lhc.ca.gov/studies/230/Report230.pdf. Accessed January 18, 2017.
[21] EPSDT Data, Medicaid.gov, https://www.medicaid.gov/medicaid/benefits/downloads/fy-2015-epsdt-data.zip, accessed January 18, 2017.

Oral Health Education and Community Awareness

This section of the manual outlines oral health education and community awareness building strategies employed by The L.A. Trust's Oral Health Initiative, with the goal of transitioning the responsibility of coordinating these activities to designated school staff and/or local oral health providers. The intent is that program coordinators either combine these activities with the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program or implement them on their own. Critically, all education activities must link children who need additional oral health care to sources able to provide that care.

This section focuses on the importance of tailored oral health education for children, parents, community members, teachers, and other school staff. It also focuses on engaging and empowering these groups of individuals to educate their peers and others about the importance of good oral health, good oral health behaviors, and how to get regular oral health care.

Components of Oral Health Education and Community Awareness and Engagement

The L.A. Trust's Oral Health Initiative Education/Community Awareness efforts include the following components:

- **Education of School Administrators and School Staff**

  The first step in engaging schools is to educate Los Angeles Unified School District (LAUSD) school administrators about the epidemic of oral disease and its impact on students' health and academic achievement, as well as how schools can make a significant impact in reducing oral health disease among children and families. Conversations with school administrators should note that while oral health education requires an investment of time, the payoffs are great for students, families, and school districts' bottom lines. This is important, given schools' many competing priorities.

  The next step is to explore with the appropriate school staff how to integrate oral health education activities into school activities. For example, principals are often willing to organize an assembly in an auditorium or gymnasium with access to a projector and microphone. If assemblies are not possible, blacktop presentations before school or brief classroom visits by oral health educators are also effective in reaching students and teachers. Making announcements through the intercom or conducting robocalls (LAUSD's ConnectEd system) to families are also strategies to reach students and families with basic information. Schools should make educational and referral materials available in the main office, library, and classrooms as well as send information home with students.

  Critical to this component is giving school administrators and staff the tools they need—such as talking points and materials (available at https://www.thelatrust.org/oral-health)—to educate students, families, other school staff, and community members so that the messages are spread wide by trusted individuals (e.g., school staff, peers, etc…).

- **Education of Students**
  As mentioned above, there are a variety of ways to educate students about the need to engage in good oral health behaviors and how to do that. Critical to this education is to ensure educators are using age and culturally appropriate materials. Visit https://www.thelatrust.org/oral-health for examples of materials.
  Students can also play a significant role in educating their peers. The L.A. Trust has developed a Student Oral Health Advocates Training (Early Elementary, Upper Elementary, Middle School, and High School) to develop peer advocates who can take educational resources and curriculum to their schools and feeder sites, promote good oral health at community health events and to peers at Student Councils and Youth Advisory Boards, and generally talk to their peers about the need to engage in positive oral health behaviors and how they can help themselves, their families, and their friends reduce incidence of oral health disease.

- **Education and Engagement of Parents**
  Providers should work with schools to integrate parent and community education sessions into the school's regular activities on campus to not only inform parents of the on-site Universal Screening, Oral Disease Prevention, and Dental Home Connection Program (see next section), but also to explain the basics of oral health and engage parents in educating and reinforcing positive oral health habits. Using motivational interviewing and employing non-judgmental strategies are key to helping families understand the root causes of poor oral health and how to make positive oral health decisions. Finally, these sessions can also serve to recruit parent volunteers to support other activities of the Oral Health Initiative.
  The L.A. Trust's Oral Health Initiative often uses already established avenues for engaging parents. Examples of parent engagement opportunities include:
    - Parent Centers
    - School Advisory Committee (SAC)
    - School Site Council (SSC)
    - English Learner Advisory Committee (ELAC) meetings
    - Coffee sessions with the principal

- **Broad-based Education**
  Broad-based education is the wide dissemination of messages in a variety of avenues to meet the needs of various audiences. Not only does broad-based education spread important information about positive oral health, but it also supports messages that individuals hear from educators, health staff, parents, and peers. Such education includes the dissemination of program materials and partner organization materials; and promotion of oral health related activities via social media; earned media, with an emphasis on targeting ethnic media; community events; and inclusion of oral health education components in other school-based health and social support events. Examples can be found at https://www.thelatrust.org/oral-health

- **Education of District Leadership**
  It is critical to educate and gain the support and commitment of District leadership. With District leadership, there is a commitment to partnering with organizations and investing time and resources, when possible, to oral health activities on school campuses. Continuing to educate LAUSD Leadership, including the Board of Education, through reports that educate about the epidemic of oral health disease among children and the work of The L.A. Trust's Oral Health Initiative, has proven effective. In fact, in January 2017, The LAUSD Board of Education adopted a resolution to prioritize preventive oral health activities to improve the oral health of LAUSD students.

Investment of School Staff Time

External organizations, such as community-based organizations and oral health providers, should be aware of school staff resources. Schools often do not have the resources to assume additional program costs. Therefore, there should be upfront conversations about costs of materials and activities, and who will assume those costs. Further, organizing an event or hosting an oral health educator does take the time of school staff to help coordinate. While many schools are open to investing time into these activities, it is important that there is clear communication upfront about what it will take from school staff to implement a successful program.

Topics Included in Oral Health Education

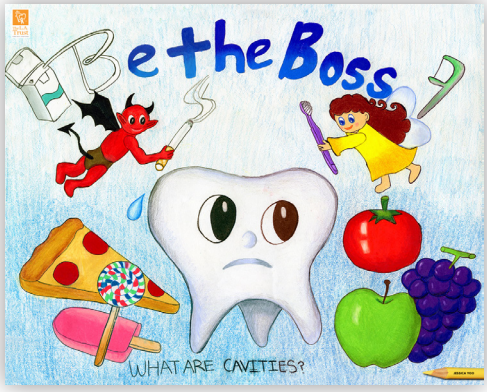
Oral health education should highlight the following:

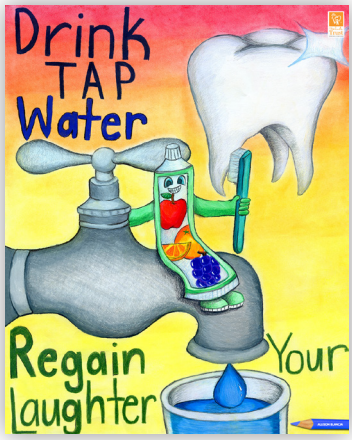
- Causes, processes, and effects of oral diseases
- Effects of tobacco/drug use on oral health
- Diet and nutrition and their relation to oral health
- Need for an effective daily oral health care routine
- Use of preventive dental agents (fluoride toothpaste, floss, mouthwash)
- Drinking fluoridated water
- Regular oral health visits for preventive treatment (exam and screening, cleaning, fluoride varnish, sealants)
- Oral injury prevention (mouth guards)
- How to connect to a dental home and get regular oral health care
- Long term health impacts of oral health disease, including links to cancer, diabetes, mental health issues and other diseases
- Long term economic impact, the costs related to preventive vs. restorative care, the benefit of taking care of your teeth early including likelihood of employment or hire-ability

Examples of The L.A. Trust's Oral Health Initiative Education/Community Awareness Activities

The ToothFairy Convention is an annual community exposition and celebration to raise awareness of the critical need for improved oral health and to engage local advocates in spreading the message across Los Angeles County. The event is also a venue to honor the LAUSD parent heroes who volunteered at school-based oral health screening programs. The event features free oral health screening, educational programming for families and children, advocacy pledges, and a recognition ceremony to acknowledge the many parent volunteers, staff, and provider partners who have made this work possible through their support.

The Oral Health Poster Contest is a poster contest conducted among the LAUSD middle and high school students annually. The top 3 posters from both middle and high school level entries are given a prize, and the posters are featured on The L.A. Trust website as well as school-based health centers. The topics for the poster contest range from basic oral health facts to discussion about oral cancer and the right to oral health care for all.





Train the Trainer program for parents provides guidance on peer training using a PowerPoint presentation that Lead Parent Trainers use during training seminars. The PowerPoint is available at https://www.thelatrust.org/oral-health. This resource provides a simple training for parent volunteers and other trainers to use, and ensures a consistent message is being spread across the District.

Materials and Other Resources

The L.A. Trust has created and compiled a robust collection of materials related to oral health education, promotion, and programs, which can be found at http://thelatrust.org/ohi-oral-health-resources/. Oral health providers and community advocates can use these resources to work with schools to implement education activities. The site offers community engagement tools and other resources for promoting positive oral health, such as:

- Resources for administrators
- Resources for teachers
- Resources for mothers and families
- Social media outreach strategies and text
- Downloadable oral health education resources
- Oral health campaign materials
- Referral lists for free and low-cost oral health care
- Information on dental insurance

Connecting Children to Care and Coverage

Connecting to Care

The L.A. Trust and District Nursing Services have up-to-date information on appropriate oral health care resources that can be found at https://www.thelatrust.org/oral-health. Anyone working with families can refer to these lists (separated by LAUSD Local Districts) when assisting parents in accessing oral health care.

When a child is identified with an urgent oral health need, the oral health provider, school nurse or designated school staff should call their parent to provide oral health care referral information including low and/or no cost resources, and direct the parent to make an immediate dentist appointment. LAUSD staff are advised to include a minimum of three recommended clinics when making a referral. The nurse should later follow-up to make sure that the child actually received the required care. For non-urgent oral health needs, designated school school can provide oral health resources and referral information for the local area.

To support these efforts, The L.A. Trust will continue to:

- Identify local oral health care providers who accept low-income and uninsured patients.
- Equip all school personnel with an annually updated list of current oral health providers.
- Partner with oral health "Hubs" where every child can be seen regardless of income or insurance with standardized data collection metrics (see Section V of this manual).
- Support on-site oral health restorative services at school campuses through:
    - Portable chairs and equipment
    - Mobile service delivery vans; and
    - Services through School-based Wellness Centers
- Provide a comprehensive oral health directory on The L.A. Trust & District Nursing websites to link students to a dental home.
- Annually update referral system through call-banking, including utilizing student advocates to vet providers.
- Develop a referral updating system to track changes in oral health outcomes.

Connecting to Health Coverage

When implementing oral health education and community awareness activities, oral health providers, community providers, and others should be prepared to identify and connect families with uninsured children and other members to health and dental coverage enrollment assistance. The Los Angeles Unified School District has a robust system for assisting families to enroll in health coverage. The oral health provider or community provider should work with the District to connect uninsured children and families to the District Child Health Access and Medi-Cal Program (CHAMP) http://achieve.lausd.net/champ, Healthy Start Program http://achieve.lausd.net/healthystart, and other health care partners to assist families in the Medi-Cal and Covered California application process.

The L.A. Trust & LAUSD Nursing Services'

Universal Screening, Oral Disease Prevention, and Dental Home Connection Program

Overview of The Los Angeles Trust for Children's Health (The L.A. Trust) & the Los Angeles Unified School District (LAUSD) Nursing Services' Oral Health Initiative: Universal Screening, Oral Disease Prevention, and Dental Home Connection Program.

This Program entails on-site oral health education, oral disease identification, fluoride application, and connections to a dental home for students at schools with large numbers of underserved students. The key activity of the Program is a one or two-day event when a dentist and their staff provide oral health education and preventive oral health services at a selected school site to all students whose parents/guardians have completed a consent form. It concludes with connecting all participating children to a dental home, prioritizing those most in need.

Ideally, the Program will repeat twice a year over a two-year period. Programs using fluoride application are more likely to demonstrate benefits and reduce oral disease in at-risk populations when applications are offered at a minimum of six-month intervals over at least two years in duration in combination with counseling.[22]

The University of California, Los Angeles (UCLA) serves as the evaluator for The L.A. Trust's Oral Health Initiative's Universal Screening, Oral Disease Prevention, and Dental Home Connection Program. They collect data, evaluate results, and provide reports to both The L.A. Trust and the Los Angeles Unified School District (LAUSD).

This section of the manual gives an overview of each of the Program components. Please note that Program implementers can and should adapt any and all activities of the program, as needed by schools and providers, as long as the key activities are implemented. Examples of relevant forms and tools are provided in the Resources section of this Manual. However, to ensure one has the most up to date information and materials, visit https://www.thelatrust.org/oral-health.

The L.A. Trust has initiated and piloted the Program with an outstanding partnership with District Nursing Services who implemented and further developed this model. The long-term goal is for local oral health providers and other community-based partners to implement the Program with school partners—in collaboration with The L.A. Trust—so that the Program can be spread to all underserved schools in LAUSD and monitored equally across all sites. See Section V of this manual for information on creating a district-wide system of oral health care.

[22] Association of State and Territorial Dental Directors Fluoride Committee, Fluoride Varnish: An Evidenced-Based Approach Research Brief, Association of State and Territorial Dental Directors, 2007, 2014, p. 11.

Identifying School Partners

The school site is selected based on need as well as a willing and motivated administration, school nurse, teachers, staff, parent volunteers and students. An ideal program school site has the following characteristics:

- A high-need population (>50% of students participating in the Federal Free/Reduced Lunch Program)
- Support of the Administration
- Active parent volunteers
- Support from teachers and staff
- Physical space available

Once a school site is identified, the Principal of that school should designate a point person for the Program. This can be a school nurse, a Healthy Start Coordinator, a Parent Center representative, or someone else. It is important that this point person have the time to be available to work with the oral health provider, The L.A. Trust staff, and other school and community partners to coordinate all aspects of the Program.

Identifying Oral Health Provider Partners

It is important to identify a good match for an oral health provider to offer both education and preventive services on school sites, and to be a referral source for any students in need of restorative care. Oral health providers must be willing to put in the time and effort to participate in the necessary activities to execute a successful program, especially because the Program requires multi-day activities outside of the provider's office.

One critical consideration for the provider is financial viability of participating. For example, Federally Qualified Health Centers (FQHC)—clinics that provide services to underserved populations and offer a sliding fee scale for the uninsured—qualify for reimbursement from Medi-Cal for some of the Program activities. Non-FQHC providers may participate. However, our evaluation team has found that without enhanced reimbursement they may not be able to participate for financial reasons since they must provide services to all LAUSD students for free, regardless of the students' insurance status. Notably, providers find participating in school-based preventive service programs financially advantageous as they typically see large numbers of children in a short amount of time at the school site which in turn can result in receiving more referrals to their off-site clinic.

Another consideration is to match oral health providers to certain age groups of children. For example, the provider may have a grant to work with younger children and may want to serve an early education center. Further, a provider may have expertise in working with particular age groups.

Once the oral health provider is selected, they will work with an Organizational Facilitator (OF) from LAUSD to execute a Memorandum of Understanding (MOU) with the District to provide services to students on a school campus (renewed every 5 years) and a Service Delivery Agreement (SDA)—an agreement between the provider and the school to deliver oral health care services to students on campus (renewed annually).

Connecting the School Site and Provider

Once the sites are selected, the District Oral Health Nurse from LAUSD will set up a meeting among the provider, Principal, point person from the school, the OF, and other relevant individuals to walk through the activities of the day and the responsibilities of various individuals, discuss with the provider what he or she will need to bring (e.g., dental equipment), and answer questions. The reason for having the OF at this meeting is so that he or she can facilitate the signing of the MOU and the SDA and provide additional support, as needed.

Planning the Event

The District Oral Health Nurse, The L.A. Trust staff, school point person, and oral health provider should create a Planning Team among themselves and others (e.g., volunteers) and divide up tasks. The Team should identify a day (or two days) for the event that works for all parties and designate a room at the school for the event (e.g., auditorium, multi-purpose room, adjoining classrooms), with easily an accessible restroom. They should also work together to identify the date and time for the Oral Health Education Assembly and are encouraged to host parent education sessions as well to increase the rate of consent form return. Details and ideas for recruiting families to attend are described below.

The Team should also identify and develop a plan for ensuring they have supplies, gifts, and other needed items. As noted below, the provider and The L.A. Trust have supplied many of the items in the past, however, this may not be possible over the long term. Therefore, the Planning Team should develop and implement a plan for seeking donations, such as in-kind items from retailers, and/or money donated from philanthropic and government sources.

Note that the success of the Program will depend on planning and coordination. It is critical that all members of the Team are clear about who is doing what and hold themselves and each other accountable. Regular meetings can help with this, but it's up to the Team on how they want to communicate.

The school staff should provide to the Team:

- a roster of students—including information of each student's name, date of birth, grade, and room number
- a roster of teachers, including each teacher's name, grade, and room number
- the daily school bell schedule
- a map of the school
- the school calendar

Educating Students, Parents, and Teachers about the Importance of Good Oral Health and the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program

With administrative approval, the first step is that Program staff introduce the program to students and teachers through a school-wide oral health education assembly. These sessions are used to educate about the importance of good oral health, the basics of good oral health behavior (brushing, flossing, nutrition, and oral health care visits) and the basics of the Program, describing what will happen on the day of the event. Consent forms should be distributed to teachers in folders with class rosters and teacher instructions attached. For the basics of good oral health, presenters can use an oral health education video (provided by The L.A. Trust), a puppet show, or other means to capture the attention of children and families. Visit the https://www.thelatrust.org/oral-health for additional resources.

Parents should also be invited for oral health education and to explain the importance of the Program. These info sessions are scheduled at a time most convenient for families, typically in the morning or during regularly scheduled school site events. Sessions last about 30 minutes and are often held in an auditorium or other gathering place at the school. The presenters emphasize that the Program is available to all children, regardless of the child's insurance status or ability for their families to pay. These sessions can be used to recruit parent volunteers and to distribute and discuss consent forms (discussed in more detail below).

If all teachers are not present at the assembly, a member of the Planning Team should meet with the absent teachers at a later time to go over the Program and the teacher responsibility in disseminating and collecting consent forms, creating public awareness about the event, and supporting the Program during the day of the event (described in more detail below).

The L.A. Trust also provides education workshops with parents of kindergarteners. These workshops go into more details about how parents can take care of their children's oral health as well as their own, and highlights the State Kindergarten Oral Health Assessment Mandate (Assembly Bill 1433). These workshops should take place at times and places that are most convenient for parents, such as coffee sessions with the Principal and existing School Site Committee meetings, such as the English Learners Advisory Committee (ELAC) or other activities in which parents participate.

While The L.A. Trust staff currently conduct these education sessions (both the school-wide assemblies and parent education sessions), the goal is to have the participating oral health providers or designated school staff conduct these sessions. This will help the Program become more sustainable and more integrated into the day-to-day activities of the District and its schools.

In fact, once an oral health program is established at a school site with a committed provider that has an MOU and SDA, the Provider may become 'Independent' and take on the responsibility to plan and implement this program. Refer to the Resources section of this Manual for Independent Dental Provider Program Roles and Responsibilities.

Obtaining Consent and Additional Information

Obtaining parental/guardian consent is mandatory prior to each student being seen by a provider. Participation is voluntary, and parents and guardians may indicate that they wish their child to be educated and screened but not receive any other services. Parents/guardians may withdraw consent and participating students may refuse services on the day of the event, in which case they will not be screened or receive any services.

The oral health provider makes copies of the parent letter and consent form (see Resources section) in English and Spanish and works with the school to send them home with each student for parents to sign and send back to the school. Specifically, a member of the Planning Team should put together an envelope for each classroom with the class roster adhered to the front of it. The envelope should include a parent letter and consent form for each student in the class. The teachers then distribute the forms after the assembly during class. Teachers and other school staff also promote the event widely, reminding students to make sure their consent forms are signed and turned in to the school. Consent forms are accepted up until and including the day of the event.

Obtaining consent from parents and guardians for their children to participate in school-based events is always a challenge. Some ideas for obtaining consent include:

- Hosting mini-fairs at the schools to greet and educate parents/guardians and students as they are walking into school and encourage families to sign consent form;
- Training school secretaries to remind families;
- Training teachers to remind students to remind their parents/guardians;
- Using any chance school staff have to connect with parents/guardians as an opportunity to ask them if they have signed and returned the consent and encourage those who have not done so; and
- Using robocalls (ConnectED) to remind families by phone.
- Note: Bringing small favors such as toothbrushes and toothpaste to any of these options goes a long way in getting parents attention.

The Program consent form may also include questions regarding student demographics, access to and utilization of oral health care, and preventative oral health behaviors. This is so that the District can track the child's oral health status and to identify additional needs of children to address (such as the need to refer a child to a dentist immediately if he or she has an urgent oral health care need, or to connect the family with a Healthy Start coordinator to help them enroll in health coverage if they are uninsured). The data from the forms are also used to evaluate the Program.

Demographic variables may include student age, gender, race/ethnicity, home language, zip code, whether the child has a dentist, whether the child has been to the dentist in the previous 6 months, and whether the child has a known oral health problem. If the child has an oral health problem, parents should be asked to write down a brief description of the problem. Parents also may be asked the frequency with which their child brushes their teeth and consumed each of the following beverages in the previous 7 days: tap water, bottled water, milk, juice, soda, and sports drinks. Adolescent participants may be asked about symptoms of periodontal disease in the last month, including red, swollen, or painful gums; gum bleeding with tooth brushing, flossing, or eating hard foods; bad breath; and loose teeth.

Additionally, parents may be asked to indicate their child's insurance status by checking a box for Medi-Cal (California's Medicaid program), Healthy Way LA (a publicly subsidized insurance program without dental coverage), private insurance, no insurance, other, or unknown.

Parent Volunteers

Engaging parents (including guardians) as volunteers not only helps in staffing the day of the event, but it also empowers those parents to be ambassadors for good oral health among their family members and their peers, as well as for The L.A. Trust's Oral Health Initiative overall. Members of the Planning Team should meet with the volunteers before the day of the event to discuss what they will be doing and answer any questions they have.

Specifically, the duties of the parent volunteers are to help manage the flow of the day of the event. They retrieve the students from the classrooms, escort them to the event site, and escort them back to class when they are done with the activities. They also assist with shepherding students through program stations: check-in, education, dry brush, screening, and fluoride varnishing. The Planning Team will provide the parent volunteers with a list of students to retrieve and a schedule for the order of classrooms to participate. They often dress in tooth fairy costumes, provided by The L.A. Trust.

The Program should provide parent volunteers with gift cards, such as those to a grocery or retail store. Historically, The L.A. Trust has provided these but again, this is not sustainable. Therefore, the Planning Team should identify how to secure these, such as trying to get donations from grocery or retail stores or identifying a funder to pay for these.

Goody Bags

The Planning Team should create "goody bags" to send home with the children. Goody bags typically include toothbrushes, toothpaste, floss, and other materials including dental mirrors, timers, and stickers. The oral health provider has historically provided these. If this is not possible, the Planning Team should seek donations from other sources, such as dental plans, philanthropic organizations, or retailers.

Before the Day(s) of the Event

The Planning Team should outline the activities of the day by visiting the designated space at the school mapping out the activity stations, the flow of students, finalizing a list of needed equipment and materials, and identify who is tasked with bringing needed materials. For example, the Planning Team will need to work with the school facilities or plant manager to arrange for tables, chairs, electrical outlet needs, and other supplies.

The Planning Team should work with teachers and other school staff to follow up on any missing consent forms from students and families.

A few days before the event, the Planning Team should:

- Collect envelopes with roster attached from each teacher
- Ensure that consents are filled out completely (call parents when incomplete)
- Alphabetize forms in class envelope to reduce student check-in time
- Highlight names of participating students on the attached roster for volunteers to summon
- For early education center (EEC) students, pre-write student names on Dental Screening and Fluoride Varnish Application Reports, match with corresponding consents, and create student name tags for teachers to ID students before event so that teachers can pre-identify students
- Order food and beverages for staff and volunteers as needed

The Planning Team should send an email reminder to all involved individuals with date, time, location, parking info, and other relevant information.

The Planning Team should ensure they have all the supplies they need for the event, such as:

- Blank forms, such as Dental Screening and Fluoride Varnish Application Reports
- Paper clips
- Highlighter
- Name tags
- Office supplies (paper clips, stapler, staples, rubber bands, 1-3 reams of copy paper, post-its, pens, markers)
- Goody bags
- Gift cards for parent volunteers
- Dental equipment (responsibility of provider)
- Staff and parent volunteer sign-in sheets
- Tooth puppet model
- Large demo toothbrush
- Tooth fairy costumes
- Large hand sanitizer (non-alcohol)
- Gloves for universal precaution of staff
- Masks
- Dental referral lists
- Information on obtaining health insurance and getting health insurance enrollment assistance (CHAMP cards)
- Additional social service and health care resources for families
- Coloring books for children
- Tissues
- Towels

Day(s) of the Event

The actual Program event occurs over one to two days, depending on the number of participating students. There are three key activities that each student engages in: oral health education, oral health disease screening exam and fluoride varnish application, and connection to a dental home. Over the course of the day, parent volunteers retrieve students from class and bring them to the event site to participate in all three of these activities. Students are taken out of class—usually eight children at a time—for about twenty minutes to complete these activities. Designated school staff and/or provider staff later works with the family to connect the child to a dental home, based on the child's need (described in more detail below). All of the forms and materials noted below are included in the Resources section of this Manual at https://www.thelatrust.org/oral-health.

On Program day, the Oral Health Resource Nurse, the oral health provider, staff, and volunteers should arrive at the school at least one hour before classes begin to set up room and prepare order of classes to arrive for screening, based on individual classroom schedules.

The order of activities is as follows:

- Parent volunteers, dressed in costumes, retrieve students on consent list from class (if secondary school, may call classroom to summon).
- Designated Program implementers match each student with their consent form by asking for their name, date of birth, and parent's name (approx. 5 minutes).
- As a group, students receive toothbrushes, dry-brush demonstration, and oral health instruction. (approx. 7 minutes).
- Students go to waiting area to await their turn for oral health screening and fluoride varnish application (approx. 6 minutes).
- Dental provider conducts assessment and screening and applies dental varnish (1-2 minutes per child).
- Upon completion, students receive oral health goody bags.
- Students return to waiting area and return to classroom when entire cohort has gone through the activities.

Oral Health Education

Oral health education includes brief oral health education and a dry brush demonstration. Students then complete a 2-minute supervised dry-brush session, with a donated toothbrush that they can take home in a fresh plastic baggy. The L.A. Trust provides a curriculum and pointers for this activity.

Dental Disease Screening Exam and Fluoride Varnish Application

The screening exam includes an assessment of the number of visible white spots, brown spots, fillings and caries. In addition, the dentist will assess for bleeding, pain, and signs of infection.

Students are screened and assigned a treatment urgency status based on the following criteria:

1. No Visible Oral Health Problems	Child's teeth appear visually healthy, and there is no reason that he/she needs to see a dentist before the next routine checkup.
2. Evidence of Oral Health Problems	There are early reversible signs of tooth decay (white spots and brown spots or molars that would appear to benefit from sealants) as well small and large cavitated lesions or other acute problems that need therapeutic oral health care.
3. Needs Urgent Oral Health Care	There are signs or symptoms that include pain, infection, swelling or soft tissue lesions lasting longer than 2 weeks (determined by questioning the child).

Guidelines developed by the Association of State and Territorial Dental Directors in association with the California Dental Association (Adopted from Rady Children's Hospital-San Diego School-based Fluoride Varnish Program Manual)

A dentist, dental hygienist, or dental assistant then applies fluoride varnish to the students' teeth. The dentist will complete a Dental Screening and Fluoride Varnish Application Report for each child screened and indicate their treatment urgency status.

Oral Health Provider Referral Process

The designated Program implementer will immediately call parents of students in Category 3, requiring urgent oral health care, and he/she will assist the parent in coordinating follow-up care with a local community-based oral health provider.

Designated Program implementers then send the Dental Screening and Fluoride Varnish Application Reports home to the parents of each student, indicating the results of their screening exam and their recommended follow-up along with free and/or low cost oral health referral information and resource information about health/dental insurance. Additional follow-up calls to families of children who scored a level three (urgent needs) may be necessary to help the family connect to oral health care resources.

One barrier that arose during the pilot phase of the Program is that the LAUSD Oral Health Resource Nurse and District staff do not have the resources to do all the follow-ups with families. Therefore, the Planning Team should do a realistic assessment of what it will take to follow up with each family, seek assistance from other District staff,and potentially recruit the provider to make some calls. One way to divide the responsibilities is to have the provider follow up with families with less urgent cases.

Important oral health referral/resource information is listed at: https://www.thelatrust.org/oral-health.

The Oral Health Resource Nurse also refers families with uninsured children and other family members to the LAUSD CHAMP and Healthy Start, which helps children and families enroll in no- or low-cost health coverage.

Visit the Oral Health Education section of this manual to learn more about efforts to connect children to ongoing oral health care.

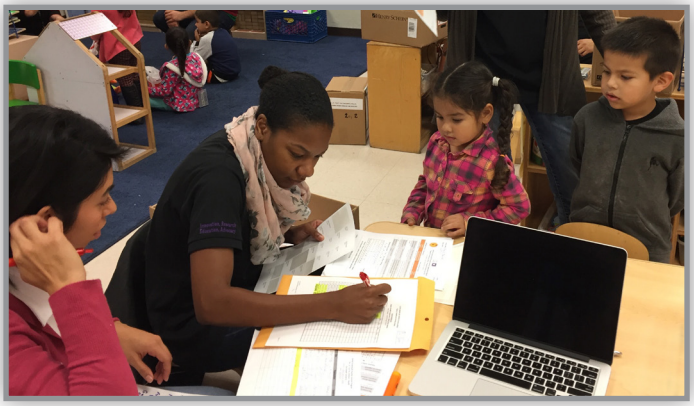
After the Event

There are several activities for the Team to engage in after the event related to following up with families and ensuring relevant parties have information for evaluation and for LAUSD and student records.

- Copy consents & Dental Screening and Fluoride Varnish Application Reports for LAUSD, the Provider, UCLA, and students (copies should be provided to teacher to send home with students).
- Enter data into LAUSD's electronic record system, Welligent.
- Document in Welligent if follow-up is needed.
- Conduct follow up and document in Welligent.
- Ensure Healthy Start staff follow-up with families who need assistance enrolling in health coverage.
- Provide all data to UCLA (Program evaluator) for analysis and evaluation (see section below on Data Collection, Analysis, Evaluation, and Presentation) and to create a Program summary report card.
- Once report card is created, provide to Principal and other relevant staff.
- Send thank-you note to principal, acknowledge all participants.

See Resources section for examples of the Program Planning and Organization Process and information for staff and parents about fluoride varnish, and examples of the various forms and materials listed above. Also, visit https://www.thelatrust.org/oral-health for updated examples.

Data Collection, Analysis, Evaluation, and Presentation



Data are collected at various stages of the program so that The L.A. Trust, LAUSD, providers, and other stakeholders can assess the success of the Program in its ability to reduce oral health disease among LAUSD students in a cost-effective way. Data help inform lessons learned and best practices so that the Program can be adapted. Finally, data are necessary help develop ways to ensure the program can become sustainable over the long term.

The L.A. Trust staff provides the school administrator and school nurse with a list of each student's oral health level, as identified by the dentist. The District Oral Health Nurse keeps a copy of the Dental Screening and Fluoride Varnish Application Report in the District Nursing Office, in case the parent has questions or misplaces their copy. (Please note that the consent form signed by the parent allows for this sharing of health information.)

Data Collected at Consent

As mentioned above, the consent form may ask for additional information about students' demographics, oral health status and access to oral health care, and other details. These data help in evaluating how the program is working for identified groups of students, which is useful for The L.A. Trust, LAUSD, and provider partners in tailoring the program to certain groups of students.

Data Collected at Screening

Program staff will collect screening exam results on the day of each event including the number of white spots, brown spots, fillings, caries, missing teeth, mobile teeth, and sealants visualized as well as whether the participant had visible gingivitis and which number ranking treatment urgency status that the child was placed in for their overall assessment.

The L.A. Trust also tracks time out of class on the day of the event by tracking the amount of time it takes for one student to complete the screening process at the beginning, middle, and end of the event day and then averaging these times together.

The L.A. Trust collects program costs (personnel, supplies) and reimbursement data from the school district and oral health provider.

The L.A. Trust collects school enrollment information from publicly available data via LAUSD's student information system, called MiSiS.

Presenting Results

In addition to using the data for overall evaluation, The L.A. Trust's partners at UCLA collect and analyze the data and develop Oral Health Report Cards for the individual schools.

Oral Health Report Card – Sample Elementary Principal: Jane Doe		
	2012-2013	2013-2014
Total number of students screened	266	336
Had not been to a dentist in last 6 months	45%	35%
Drank fluoridated water in last 7 days	32%	27%
Drank soda in last 7 days	44%	51%
Drank sugar-sweetened beverage in last 7 days	86%	89%
Abnormal exam	N/A	81%
Caries experience	46%	79%
Reversible dental disease	15%	21%
Visable decay	52%	30%
Number of caries identified	399	272
Needed emergent dental care	4% (11)	5% (17)
Potential school saved	**374**	**706**

Costs, Funding, and Sustainability

This section reviews the costs of The L.A. Trust & District Nursing Services' Universal Screening, Oral Disease Prevention, and Dental Home Connection Program, a component of The L.A. Trust's Oral Health Initiative in the Los Angeles Unified School District (LAUSD), and ideas for covering those costs. It also discusses sustaining the Program over time.

Costs

Costs are always a concern when implementing school-based programs in which insurance reimbursement is not available for all students or all services (such as broad education and some forms of care coordination). See Figure 1 for example of typical costs for the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program. Developing a funding plan is not only important for paying for the one-time costs of a single event but also to identify how the program can be sustainable over time.

Expenses (Average)	cost/unit	cost/day	cost/child
Dentist (1 day)	$546.73	$473.82	$3.15
2 Dental assistants (1 day/8hrs)	$288.34	$390.60	$1.86
2 School nurses (1 day)	$441.82	$810.00	$5.00
Nurse coordinator (1 day)	$441.82	$405.00	$2.66
Fluoride varnish - Qty 200	$163.08	$192.55	$0.82
Masks (Ear loop) - 1 box of 50	$8.00	$1.60	$0.01
Gloves -1 box of 100	$5.79	$51.29	$0.29
Hand sanitizer - 1 bottle	$13.29	$6.65	$0.06
Disposable mirrors - Qty 72	$22.00	$67.67	$0.31
Toothbrushes - Qty 500	$100.00	$44.27	$0.20
2x2 gauze - box of 5000	$39.99	$7.08	$0.03
Pen lights - pk of 6	$9.26	$1.54	$0.01
Stickers - 25 rolls of 200	$17.00	$0.75	$0.00
Costs of photocopying 500 assessment forms	$25.00	$11.51	$0.05
Costs of photocopying 500 consent forms	$25.00	$11.51	$0.05
Costs of photocopying 500 cover letters	$25.00	$11.51	$0.05
Costs of photocopying 500 result letters	$25.00	$11.51	$0.05
Refreshments for volunteers (10 people)	$50.00	$50.00	$0.33
Total expenses	**$2,247.12**	**$2,548.87**	**$14.94**

Figure 2: Typical Costs Associated with Universal Screening, Oral Disease Prevention, and Dental Home Connection Program.

The total expenses for an oral health screening exam and fluoride varnish program averaged $2,179.80, or approximately $14.94 per child, depending on the fixed costs of the oral health provider (range=$2100.86-$3257.05 per day and $6.71- $29.27 per child) and the number of children screened per day.

Average Program Costs			
	Total	Average school event cost	Average student cost
Screening day expenses			
Personnel	$25,892	$1,726	$9
Supplies	$6,629	$442	$2
Year round expenses			
District oral health nurse salary	$81,143	$13,524	$59
Total costs	**$113,664**	**$15,692**	**$70**
Reimbursement	**$86,931**	**$5,795**	**$25**

Figure 3: Cost Analysis of Universal Screening, Oral Disease Prevention, and Dental Home Connection Program

However, the cost of unreimbursed care ranged from $0-$3,944 per school. Implementation of the Program throughout the District depends on funding for the un-reimbursed care and developing capacity among additional oral health providers to participate.

The Role of Medi-Cal Reimbursement

To cover many of the costs of the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program, Medi-Cal providers can submit claims and be reimbursed for certain costs of care for children enrolled in Medi-Cal. Reimbursements for the services rendered are continually being processed. However, preliminary results suggest, on average, care for 29% of students was reimbursed. Although the percent of students reporting Medi-Cal coverage ranged from 66%-77%, the percent of students for whom Medi-Cal actually reimbursed care ranged from 13%-49%. Once again, this varied by the type of oral health provider (Federally Qualified Health Center or not) and the definitions of what constitutes a billable visit. Overall we found this number encouraging; at a reimbursement rate between $16.20/child and $144/child, the money earned from those children covered by dental insurance could potentially subsidize the Program's cost.

Worth the Investment

While this manual is targeted toward those who are already considering investing in an onsite school-based oral health program for underserved students, it's worth reviewing the long-term cost benefits. Based on published estimates regarding the efficacy of twice yearly fluoride varnishing for reducing caries incidence we estimate that 0.74 caries per child could be averted each year.[23] The cost of filling those caries is estimated at $369.60/child,[24] compared to approximately $41 per child to support the entire fluoride varnishing program. Further, based on estimates that untreated dental disease cause approximately 2.1 missed school days per child,[25] we estimate that preventing 0.74 caries per child has the potential to save 1.6 school days per child per year, which amounts to a savings of $79.43 per child in Average Daily Attendance funding to the school district.

[23] Marinho, V., J. Higgins, S. Logan, and A. Sheiham. 2002. "Fluoride varnishes for preventing dental caries in children and adolescents." Cochrane Database Syst Rev 3.
[24] Healthy People 2020: Oral Health. Washington D.C.: Office of Disease Prevention and Health Promotion; 2014. Available at: https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health
[25] Pourat, N., & Finocchio, L. (2010). Racial and ethnic disparities in dental care for publicly insured children. Health Affairs, 29(7), 1356-1363.

A recent study (2012) of oral health needs in Los Angeles Unified School District (LAUSD) found that students with no access to oral health care are three times more likely to miss school because of oral health problems than students with access to care. Students in LAUSD on average miss 2.2 days of school annually because of oral health problems.[26] Applying days missed across the 640,000 students at $61.58/day in average daily attendance represents a $61.8 Million loss in school attendance funding that could be used to sustain a robust oral health program.

The financial burden goes beyond the expenditure of days lost due to school absences. The cost of restorative care, which becomes an urgent need once dental disease remains ignored over time, is extremely expensive. Extracting teeth, filling cavities, or performing root canal therapy are comparatively costly approaches to treating oral disease, when compared with preventive measures. And while emergency and restorative interventions like fillings and root canal therapy can stop disease, they cannot restore the natural tooth and gum tissue lost because of it.[27] Following (Figure 3) are examples of national average costs for common preventive and restorative procedures show that stopping disease before it starts can yield savings.

Common preventative services	Common restorative services
Fluride application: $31.70	Extraction: $147.32
Periodic examination: $44.10	Composite filling: $197.09
Cleaning: $61.14	Root canal: $918.88
Sealant, per tooth: $44.12	Porcelain crown: $1,026.30

Figure3: National Average Costs: American Dental Association (2013)

Covering Costs

As noted above, the investment in preventive oral health care pays off in the long run, and the money earned from those children covered by dental insurance could potentially subsidize the Program's cost, but covering the upfront costs can be a challenge. This section covers some ways to pay for the costs of the Program, including third party billing; school district contributions or in-kind support of space, utilities, and custodial services; sponsoring agency contributions or subsidies; private and government grants and local donations; and using dental students.

Billing Medi-Cal:[28] Medi-Cal is the main source of health insurance for low-income children in California, regardless of the child's immigration status. Full-scope Medi-Cal provides comprehensive health, oral health, and vision services to children, pregnant women, parents, elderly and blind individuals, and people with disabilities who meet income and other eligibility criteria. Providers must be licensed and accredited, according to the specific laws and regulations that apply to their service type. Application criteria include having an established place of business and proof of liability insurance coverage and professional liability insurance coverage. For more information, visit http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp. Interested providers must complete an application packet specific to their provider type. Provider application packages are available at: http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp.

Maximizing the Role of Community Health Centers:
There are several ways in which Federally Qualified Health Centers can bring oral health care to children at schools, such as establishing intermittent clinics at schools, contracting with private dentists, and using telehealth. Visit this guide, Increasing Access to Oral Health: A Technical Assistance Guide for California Health Centers, to learn more.

[26] Mulligan R, Seirwan H. "The Oral Health Baseline Needs Assessment of Underprivileged Children." Los Angeles, CA: The Children's Dental Health Project; October 2009.
[27] U.S. General Accounting Office, Oral Health: Dental Disease Is a Chronic Problem Among Low Income and Vulnerable Populations. Washington, DC: General Accounting Office, 2000. Available at: http://www.gao.gov/new.items/he00072.pdf.
[27] U.S. General Accounting Office, Oral Health: Dental Disease Is a Chronic Problem Among Low Income and Vulnerable Populations. Washington, DC: General Accounting Office, 2000. Available at: http://www.gao.gov/new.items/he00072.pdf.
[28] A Manual For Children's School Health Centers (2009) Accessed from www.schoolhealthcenters.org/wp-content/uploads/2011/07/Billing-Manual.pdf

Utilizing Dental Students in a School-Based Oral Health Clinic: Collaborating with dental schools to bring dental students to provide services for the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program is a great way to both provide services in a cost-effective way and expose students to community-based oral health care. For example, Western University of Health Sciences College of Dental Medicine utilized dental students as the primary source of providers at the School-Based Oral Health Centers (SBOHCs) in the Pomona and El Monte City School Districts. The junior and senior students serve as clinicians, while the sophomore students serve as assistants. Students perform oral health procedures according to their competency level under the supervision of a college-appointed licensed dental faculty. Additionally, the students help in all aspects of managing a dental practice including, but not limited to, participating in administrative duties, verifying patient insurance information, reviewing medical and oral health histories, setting up and breaking down dental operatories, sterilizing instruments, and assisting in inventory. At maximum, two Registered Dental Assistants (RDAs) are present in one clinical session (clinical session is equal to a full day's session). With two RDAs, one RDA will manage the front office while the second RDA manages the back office.

Even though student providers are not up to speed of experienced dental clinicians, the volume of student oral health providers willing to provide care, assistance, and represent a dental practice's "team," makes up for the speed and experience still to gain. Furthermore, the cultural diversity in the student body allows for patients to find commonality in language, which addresses one barrier to the access of oral health care. Having pre-doctoral students exposed to dental public health during their dental school training broadens their scope of practice to include community dentistry as their career choice after graduation, as well as enroll as a Medi-Cal provider. Therefore, collaborating with a dental institution to incorporate student providers at a SBOHC is a beneficial and mutualistic business model for all parties involved—the dental school, the future oral health providers, the school district, and most importantly, the patients in the community.[29]

Securing In-kind Support of Space, Utilities, Custodial Services, and other Staff Support from Schools: While schools have very few resources for activities beyond what they are funded for, there is still a role for schools to play in supporting the Program. Many schools have identified space, staff, and other resources to the Program. However, it is important to acknowledge that school staff have multiple responsibilities. Therefore, Programs should work with school principals and other administrators to find the right balance of participation, while not disrupting schools' overall aim to teach students.

Schools can also seek additional funds for certain activities associated with the Program. Two examples include:

- Medi-Cal Administrative Activities (MAA), which funds certain administrative activities that improve and support Medi-Cal services to children, such as Medi-Cal insurance outreach and enrollment, referral to Medi-Cal services, program planning, and collaboration of health and Medi-Cal services.[30]
- Local Control Funding Formula, established in 2013, is California's new way of funding schools, and it increases funding for schools that have greater needs (i.e., those that serve underserved students). It requires school districts to create a plan for how they are going to meet the LCFF goals.[31] For more information visit https://achieve.lausd.net/lcap.

Securing Contributions from Sponsoring Clinic/Providers: The sponsoring provider may have access to items, such as toothbrushes and other items for children, as well as may be able to contribute in-kind resources beyond activities for which they are reimbursed. Members of the Planning Team should explore ways the sponsoring provider can contribute.

[29] Jenny Tjahjono, Marisa Watanabe, and Josih Hostetler, Utilizing Dental Students in a School-Based Oral Health Clinic, Western University of Health Sciences College of Dental Medicine.
[30] Medi-Cal Administrative Activities, Los Angeles Unified School District, http://achieve.lausd.net/Page/2868, accessed January 22, 2017.
[31] Local Control Funding Formula Overview, California Department of Education, http://www.cde.ca.gov/fg/aa/lc/lcffoverview.asp, accessed January 22, 1917.

Securing Private and Government Grants and Local Donations: While fundraising can be time consuming, grant opportunities exist to implement community-based oral health programs, and school districts and clinics are often organizations that government agencies and private foundations tend to fund. To get started seeking government grants, visit http://www.grants.gov/web/grants/search-grants.html?keywords=oral%20health. There are several places to research to begin to seek private funds. Two examples include: Grantmakers in Health, and The Foundation Center.

Finally, working with local businesses is a great way to both seek donations of either money or items and engage local businesses in community-based activities. For example, local restaurants may donate food for volunteers. Local grocery stores and retailers may donate items, such as toothbrushes, dental floss, stickers, markers, etc…, as well as gift cards to give to volunteers.

A Note about Sustainability

While funding and sustaining school-based health programs—including oral health programs—can be difficult, because providers are potentially able to cover the costs of the oral health services through creating volume and because of the in-kind investment of schools and the community, this Program has the potential to be sustainable over time. This is especially true as The L.A. Trust leads the effort to create a District-wide system of oral health, as discussed in the next section of this manual.

Creating a District-Wide System of Providing Preventive Oral Health Care in Schools through Hubs

The Los Angeles Trust for Children's Health (The L.A. Trust) envisions building on their pilot of the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program—as well as oral health education—to create a sustainable system of ensuring every Los Angeles Unified School District (LAUSD) student gets preventive oral health care. This can be done by creating a system of oral health Hubs within LAUSD. This section outlines the vision for these Hubs and the steps and requirements communities need to take to build Hubs.

What is a Hub?

A Hub is a central point of care, and the providers in that Hub go out to the "spokes," which are local schools within a catchment area. A Hub can be a school-based oral health clinic or an oral health clinic in the neighborhood of a set of schools. Hubs are responsible for bringing care into a school, as well as for connecting children to services outside the school site, to ensure that students get the comprehensive care that they need and ultimately connect them to a dental home.

LAUSD's Commitment to Oral Health

It's worth highlighting the commitment of the Board of LAUSD students' oral health because it points to the fact that providers will be working in a supportive environment when creating systems of oral health care for LAUSD students. In January 2017, the LAUSD Board passed a resolution committing to improving the oral health of LAUSD students through education and preventive oral health care measures. This includes a commitment to working with school-site administrators and external organizations, such as FQHCs and community-based organizations to bring oral health education and preventive oral health care to schools.

Oral Health Providers as Central to Hubs

Because Federally Qualified Health Centers (FQHCs) are central to serving the neighborhood in which they are located, it makes sense that they serve as the Hub location for school-based oral health care, especially because they can be the referral point for children who need additional care. Further, the pilot phase of The L.A. Trust's Oral Health Initiative demonstrated that FQHCs can provide oral health care in schools through the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program in a cost-effective way. There are additional ways in which FQHCs can provide oral health care to children at schools in cost-effective ways, such as through the Virtual Dental Home (described below).

Requirements of Providers to Serve as Oral Health Hubs

Hub providers must be committed to the public health approach including community health education, conducting screenings in their adopted schools, and reporting on standardized data collection and metrics. The Hub provider must also ensure care management systems are in place to make and track referrals. Therefore, Hub providers should review this entire manual to ensure they are implementing all components of the public health approach outlined in the Introduction of this manual.

Roles and Responsibilities for Dental Hubs Inside LAUSD

Below are the basic roles and responsibilities of the District and the oral health care provider related to Hub implementation. More details can be found in section III of this Manual.

Materials Required from the District

- District-level Memorandum of Understanding (MOU) renewed every 5 years
- School-level Service Delivery Agreement (SDA) required annually for each intermittent location where services are delivered
- Provider must submit resume of lead provider, TB test certification, and federal Department of Justice background clearance for all staff involved in activities at the school

Hub Requirements for Oral Health Education/Community Engagement and the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program

- Twice/ year in the first year
- Once/year thereafter
- At least once/year education, student engagement activities
    - Promote oral health poster contest
    - Provide material on school campuses
    - Promote positive oral health, for example, in classrooms, at lunch time table, and at parent meetings and open houses
    - Promote Tooth Fairy convention
- Provide aggregate data to The L.A. Trust/DNS Resource Nurses

Required Universal Data Collection

Age of patient: _____

Gender: _____

Is this their 1st ever visit? _____

Race/Ethnicity: _____

When was the last visit? _____

Insurance Plan: _____

Comprehensive Exam Only:

Total # of Caries: _____

Missing teeth: _____

Fillings (seen/placed): _____

Sealants (seen/placed): _____

Gingivitis: Yes / No

Complete Caries Risk Assessment:

Screening Only:

Decay (1-3 ranking) _____

No Visible Oral Health Problems

Evidence of Caries- Small & large cavitated lesions or other acute problems.

Needs Urgent Oral Health Care- pain, infection, swelling or soft tissue lesions.

For all Comprehensive Exams, complete a 'Caries Risk Assessment.'

Referrals and Connections to Dental Homes

Critical to any program a Hub provider implements is ensuring that children get needed follow-up care and are connected to dental homes for ongoing care. This is discussed throughout this manual, and the Hub provider should develop a system that works best for them as well as the school population and staff. If the Hub provider cannot secure a follow-up appointment or dental home within their own clinic, the Hub provider should use resources provided by The L.A. Trust and LAUSD (https://www.thelatrust.org/oral-health) to connect families to care and health coverage.

The Hub provider should work with the school and district to identify care management resources if the provider cannot conduct all of the needed follow-up. Healthy Start staff or District Nursing may have staff resources to assist. The referral process should include case management by assisting in removing barriers to care (such as transportation) and should include a system of ongoing follow-up to ensure families make their appointments and are satisfied with the care their children received. In addition, these efforts should be tracked and documented.

Involving Students

Student Advisory Board involvement in school-based clinic can help to inform stakeholders of popular perceptions of their school-based health center and other programs, identify issues affecting their peers, and give recommendations on how to respond to the needs and requests of students. See more at: http://thelatrust.org/student-engagement/youth-advisory-board/.

The Virtual Dental Home

Another way FQHCs and other oral health providers can serve as Hubs and provide dental homes for students is through the Virtual Dental Home (VDH). The VDH is a system of oral health care that uses technology to bring oral health care to children where they already spend time, such as at schools and early childhood education sites. It has been proven to be both successful and cost effective in demonstration projects throughout California. It works by deploying allied dental providers, such as dental hygienists, under the supervision of a dentist—often at a FQHC—to community sites to provide preventive and basic restorative care to patients who would otherwise be unable to access such care.

Typically, a dental hygienist will bring a portable dental chair, a laptop computer, a digital camera, and a hand-held X-ray machine to a site such as a preschool, elementary school, or community center. The dental hygienist collects information on the patient by charting, taking x-rays, and taking photos. He or she uploads and makes available the complete digital records including photos and X-rays to a secure web server, where a dentist, from his or her office, makes a diagnosis and develops a treatment plan.

In general, care can be provided at the school, early learning site, or another community site. For more advanced treatment needs, an appointment or a referral to a dentist can be made on the spot. Data from Pacific's demonstration indicate that approximately two-thirds of children can be kept healthy over time with only the procedures performed in the school or another community site.

The VDH can be an alternative, yet comprehensive, way to meet the Hub provider requirements related to the Universal Screening, Oral Disease Prevention, and Dental Home Connection Program. For more information visit: http://dental.pacific.edu/departments-and-groups/pacific-center-for-special-care/innovations-center/virtual-dental-home-system-of-care.

Public Relations Curricula Packet Provided to Hub Providers by The L.A. Trust

This list is a summary of materials that The L.A. Trust can provide the Hub provider to assist in their implementation of oral health activities on school sites. Again, it is important that the provider review the entire manual for more details.

- Welcome packet that describes the school campus
  - Total number of LAUSD students enrolled in participating school site
  - List of feeder schools & principals in catchment area
  - Oral Health Initiative manual
- Intro to Oral Health Initiative (1 pager)
  - Infographic on LAUSD Oral Health Initiative (total students screened, data evaluation)
  - Summary report of missed school days due to oral health illness, what can be done about it (intervention, prevention, access to care)
  - How to get more people involved and enrolled in oral health programs

- Oral Health Education and Community Engagement Information and Materials
  - Annual Poster Contest materials, including information on how to promote to students, teachers, and the administration
  - Oral Health Education video to share at teacher and parent meetings, open house events, and other events
  - Public Service Announcements to share on campus and through robocalls
  - Other resources available on https://www.thelatrust.org/oral-health
  - Information on participating on The L.A. Trust Oral Health Advisory Board; meetings are held quarterly (February, May, August, November)

Tips for Establishing an Oral Health Hub

While much of this information is outlined in Section III of this manual, this is an excellent overview for getting started.

Identifying the Right School Site

- Find a school with high Free & Reduced Lunch percentage ~ 50% and above.
- Work with a large school to be able to get the volume needed achieve sustainability by collecting reimbursement to cover costs of the program.
    - If possible, identify a school with a school-based health center so that there is a place to refer children for multiple services.

Building Relationships

- Establish a relationship in the school district with a willing contact to advocate for your clinic. Examples include:
    - Principals
    - Organizational Facilitator
    - School Board Member
    - Healthy Start Navigator
- Ensuring support from leadership is essential.

Best Practices for Outreach

- Talk to principal, staff, school nurses, parents, attend coffee with principal, school-site committee programs, meet with health insurance navigators.
- Become well-known, make sure your faces are seen, break bread, provide incentive items with educational materials.
- Invite parents to a clinic-sponsored event to help to them feel more comfortable sending their child to receive services.
- Hire a paid community representative, such as a parent or community health worker, to help your clinic connect to the school. Ideally, this is someone who has worked on the school campus previously. They will be a mediator for parents and students.

Our focus is to expand preventive services to comprehensive primary care not just oral health care; overall health care including behavioral health if needed. We encourage the co-located providers to expand their collaboration with other providers on campus to coordinate more school-based programs. These partnerships foster a universal and holistic entity since it is at school site.

Understand Standard Services Within School District for co-referrals and partnership opportunities

- CHDP
- Mental Health
- School Nurses
- Vision
- Primary Health Care
- Audiometry

Identify Regional Partners for Referrals, Service Coordination, and Partnerships

- Early Education Sites, including Head Start
- Oral Health Providers
- WIC Sites
- Other Community Agencies
- Hospitals
- Community Health Navigator

Conclusion

This section and this manual are intended to support oral health care providers and other community partners in developing sustainable systems to bring oral health care and related services to where children are at schools. Ultimately, it is up to the provider to tailor a program that both meets the requirements outlined in this manual but also is tailored to the unique needs of schools and their staff, families, and the provider. The goal is to find a way to work together to eradicate dental disease among LAUSD's students.

Build Greater Partnerships

California Laws and Policies

To ensure a successful Oral Health Initiative in the Los Angeles Unified School District (LAUSD), The Los Angeles Trust for Children's Health (The L.A. Trust) engages in advocacy efforts—including educational visits with legislators—to promote school-based oral health programs and to ensure all underserved children—particularly those enrolled in Medi-Cal—have easy access to oral health care. The following outline provides an overview of policy developments that impact children's oral health and how these policies impact The L.A. Trust's Oral Health Initiative. Some policy developments are enacted legislation and some are implementation of state and federal laws.

Kindergarten Dental Checkup Requirement

Assembly Bill No. 1433: Signed into law in 2005

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=200520060AB1433

http://www.cda.org/public-resources/kindergarten-oral-health-requirement

Background	Impact on Oral Health Initiative
• Lack of access to dental care is a problem for many California children. Children in pain are unable to concentrate and learn in school. The kindergarten dental checkup requirement is one way schools can help children stay healthy. • Effective, January 1, 2007, AB 1433 requires that kindergarten students enrolled in a public school or first grade students not previously enrolled in a public school present evidence of having received an oral health assessment. This assessment may be performed no earlier than 12 months prior to the date of the initial enrollment of the student into a public school. The assessment may be performed by a licensed dentist or other licensed or registered dental health professional. • Schools educate families about the benefits of good oral health and the assessment requirement, provide families with an oral health assessment form for the dental provider to fill out with the results of the oral health assessment, and later collected the forms. They then collect and aggregate specified data and school districts forward specified data by December 31 of each year to their County Office of Education. All required forms are provided to schools by the California Department of Education. • While the program is optional, the California Department of Education (CDE) continues to allocate funding to support implementation of the law.	• As a result of The L.A. Trust's Oral Health Initiative and related advocacy, LAUSD is positioned to implement this law in all elementary schools in the District. o This law is included in LAUSD Blueprint for Wellness Policy. (For more information view BUL-3585.5 Oral Health Assessment for Kindergarten or First Grade Entry.) o LAUSD Board resolution passed in January 2017 enforces implementation of the law, with the directive that data be submitted to the Los Angeles County Office of Education.

Pupil Health: Oral Health Assessment

Senate Bill No. 379: Signed into law in 2017

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB379

https://www.cda.org/NewsEvents/Details/tabid/146/ArticleID/4046/CDA-sponsored-bill-to-improve-quality-of-oral-health-data-becomes-law.aspx

Background	Impact on Oral Health Initiative
• More than 10 years since passing AB-1433, the Kindergarten Oral Health Assessment mandate, the number of participating schools has decreased. • In response to goals identified in the draft California State Oral Health Plan, the California Dental Association co-sponsored SB-379, co-authored by Toni Atkins (D-San Diego). • In addition to adding new data points reported by schools, SB 379 enables schools to facilitate screenings by streamlining the consent process for on-site oral health assessments. Treatment of students will still require prior informed consent.	• The System for California Oral Health Reporting is an existing statewide data collection system that serves as an important element in the overall surveillance of tooth decay in children. • This bill will improve quality of data collected to monitor the health of our Kindergarten and incoming grade 1 pupils.

California Children's Dental Disease Prevention Program

Senate Bill No. 111: Originally signed into law in 1980; suspended in 2009 due to fiscal constraints; and re-funded in 2016

http://www.cdph.ca.gov/programs/Pages/OHProjects.aspx

Background	Impact on Oral Health Initiative
• The California Children's Dental Disease and Prevention Program (CCDDPP) provides preventive dental services to elementary school children in schools where at least 50 percent of the student population qualified for free and reduced price meals. CCDDPP provides comprehensive, evidence-based oral health prevention services to California children, including fluoride supplementation, dental sealants, plaque control, oral health education, an active oral health advisory committee and dental screenings. • CCDDPP is operated by the California Department of public health, and money is distributed to counties for implementation. • Over the course of the program's initial 30 years, CCDDPP operated in 31 counties.	• The Program provides needed preventive dental services for children to mitigate barriers to access caused by inadequate numbers of dental providers willing to serve children enrolled in Medi-Cal as well as to raise awareness about the need for good oral health behaviors and to teach those behaviors to children and families. • As of January 2017, the State Office of Oral Health is in the process of hiring staff, developing a guidance document and a request for application, and obtaining necessary approvals for inviting applications, reviewing and awarding contracts. For more information, visit: http://www.cdph.ca.gov/programs/Pages/OHProjects.aspx

Medi-Cal: Dental Program

Assembly Bill No. 2207: Signed into law in 2016

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2207

Background	Impact on Oral Health Initiative
• This bill requires the Department of Health Care Services to undertake specified activities for the purpose of improving the Medi-Cal Dental Program, such as expediting provider enrollment and monitoring dental service access and utilization. • The bill would require a Medi-Cal Managed Care health plan to provide dental health screenings for eligible beneficiaries and refer them to appropriate Medi-Cal dental providers. • It also requires the Department to publish performance data on its website for public use on a regular basis.	• With the publishing of data, the Oral Health Initiative can assess how children enrolled in Medi-Cal in Los Angeles County are faring when it comes to getting dental care. The L.A. Trust and LAUSD can then take measures to ensure LAUSD students are getting the appropriate dental care they need. • There may be opportunities for the Oral Health Initiative to advocate at the state level for the State to do more to ensure Medi-Cal enrolled children in LAUSD are getting needed dental care.

Medi-Cal: Dental Services Utilization Rate Report

Senate Bill 1098: Signed by the Governor in 2016

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB1098

Background	Impact on Oral Health Initiative
• This bill requires the Department of Health Care Services (DHCS) to report to the Legislature on progress towards the goal of raising the Denti-Cal utilization rate among eligible child beneficiaries to 60% or greater and to identify a date by which DHCS projects this utilization goal will be met. • The provisions of this bill sunset on January, 1, 2021.	• Given that Los Angeles County has the largest number of children enrolled in Medi-Cal among other counties in the State, attention should be paid by the Legislature as to how the State is doing to ensure that children enrolled in Medi-Cal in Los Angeles County (including in LAUSD). • There may be opportunities for the Oral Health Initiative to advocate at the state level for the State to do more to ensure Medi-Cal enrolled children in LAUSD are getting needed dental care.

Schools Connecting Families to Health Coverage

Assembly Bill No. 2706: Signed into law in 2014

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB2706

http://www.allinforhealth.org/ab_2706

Background	Impact on Oral Health Initiative
• The law reduces the number of eligible, but uninsured children by requiring schools to provide information to families about their health care coverage options and enrollment assistance. • This law requires schools to provide health coverage information in their enrollment packets at the beginning of the school year; for school years 2015–2016, 2016–2017, and 2017–2018. • AB 2706 helps families across California gain vital information about affordable health care options and the enrollment process.	• This takes advantage of the role schools can play in connecting children and families to health and dental coverage and has the goal of increasing the number of uninsured children and families who enroll in health coverage. • A critical and required component of the Oral Health Initiative is to connect families with uninsured children and other members to health coverage enrollment assistance.

California's Implementation of Patient Protection and Affordable Care Act

Health Care Reform (ACA), Federally Signed into Law in 2010/Significant change to pediatric dental coverage in 2015

http://www.coveredca.com/individuals-and-families/getting-covered/dental-coverage/

Background	Impact on Oral Health Initiative
• A comprehensive package of benefits, known as Essential Health Benefits (EHB), is the minimum that the ACA requires to be offered by non-grandfathered health plans in the individual and small group markets, both within and outside of the marketplaces The ACA lists ten categories of benefits that must be part of the EHB package, among them "Pediatric services, including oral and vision care." • In 2015, California began requiring all health plans sold through Covered California to include pediatric dental benefits, meaning every child who enrolls in coverage through Covered California also has dental benefits.	• Combined with the Medi-Cal expansion to undocumented children, now nearly all children enrolled in LAUSD schools have health and dental coverage. Therefore, the Oral Health Initiative can work with providers to bill for services, and more dollars can go to activities that dental coverage does not pay for, such as certain types of education and coordination activities.

Full Scope Medi-Cal for All Children

Senate Bill No. 75: Signed into law in 2015

http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB-75.aspx

Background	Impact on Oral Health Initiative
• This law expands full-scope Medi-Cal eligibility to children in California who are under 19 years of age, regardless of their immigration status, as long as they meet all other eligibility requirements (Welfare and Institutions Code section 14007.8.) Benefits include medical care, vision exams, dental care, substance abuse treatment, and mental health services that are available under Medi-Cal.	• Now nearly all children enrolled in LAUSD schools have health and dental coverage through Medi-Cal, Covered California health plans, or their families' insurance. Therefore, the Oral Health Initiative can work with providers to bill for services, and more dollars can go to activities that Medi-Cal and other types of coverage do not pay for, such as certain types of education and care coordination activities.

Topical Fluoride Application

Assembly Bill No. 667: Signed into law in 2009

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=200920100AB667

Background	Impact on Oral Health Initiative
• Allows a dental assistant to apply topical fluoride under the general direction of a licensed dentist or physician when operating in a school-based setting or public health program. • Specifies that any person may apply topical fluoride, including fluoride varnish, within a public health setting or public health program according to the prescription and protocol issued and established by a dentist or physician. • Clarifies that the topical fluoride program is required to be under the direction of a licensed dentist and may include self-application or application by another person in accordance with the prescription and protocol established by the dentist.	• This allows the Oral Health Initiative to use allied dental providers, volunteers, and other non-dental individuals to apply topical fluoride, maximizing the Initiative's resources by having dentists focus on more complex procedures.

Virtual Dental Home - Assembly Bill No. 1174: Signed into law in 2014

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1174
www.virtualdentalhome.org

Background	Impact on Oral Health Initiative
• AB 1174 increases access to dental care for underserved children and adults who currently go without needed care by enacting policies that would help allow the Virtual Dental Home (VDH) model to be spread to more communities across the state. Under VDH specially trained dental hygienists and assistants examine and collect dental information from patients in community settings—such as schools, Head Start sites, and nursing homes. They then send that information electronically via a secure Web- based system (called store-and-forward telehealth) to the supervising dentist at a clinic or dental office. The dentist uses that information to create a dental treatment plan for the hygienist or assistant to carry out. The hygienists and assistants refer patients to dental offices for procedures that require the skills of a dentist. • This law allows all Registered Dental Hygienists and Registered Dental Assistants in Extended Functions to decide which dental x-rays to take when examining patients and allows them to place interim therapeutic restorations (temporary fillings) on appropriate teeth under the direction of a supervising dentist. • This law would also require Medi-Cal to reimburse dentists for providing dental care via store-and-forward telehealth.	• The Virtual Dental Home has been implemented in some LAUSD schools. More clinics can implement the VDH in LAUSD schools as a way of bringing dental care to children at schools, without having to refer the majority of children to off-site clinics.

Medi-Cal 2020: Dental Transformation Initiative - California's 1115 Waiver, approved on Dec. 30, 2015

http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx

Background	Impact on Oral Health Initiative
• Approved by the Centers for Medicare and Medicaid Services; "Medi-Cal 2020 will guide us through the next five years as we work to transform the way Medi-Cal provides services to its more than 13 million members, and improve quality of care, access, and efficiency." • Within the Medi-Cal 2020 Waiver, the Dental Transformation Initiative (DTI) represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. • The DTI covers four domains: o Preventive dental services o Caries risk assessment and treatment o Continuity of care o Local Dental Pilot Projects	• All providers in Los Angeles County can participate in the first domain and receive increased reimbursement for providing more preventive dental services to children. Information about how to participate is available on the website above. • Domain 2 initially is being piloted in several counties but not in Los Angeles County. • Domain 3 also initially is being piloted in several counties but not in Los Angeles County. • Domain 4 allowscertain entities to apply to implement community-based pilot projects to bring dental care to Medi-Cal-enrolled children.

First Grade Child Health and Disability Prevention Examination Requirement

Signed into law in 1976

http://www.dhcs.ca.gov/services/chdp/Pages/SchoolEntry.aspx

http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/CHDPPub108.pdf

Background	Impact on Oral Health Initiative
• The California Health and Safety (H&S) Code Section 124085 requires each child within 90 days of entrance into the first grade to provide a certificate approved by the Department of Health Services to the school where the child is to enroll. This certificate documents that within the prior 18 months, the child has received the appropriate health screening and evaluation services. This evaluation includes an oral health assessment. Families may sign a waiver if they refuse or are unable to obtain a health assessment and evaluation services. • A CHDP or equivalent examination may be done by a California licensed private health care provider, health department clinic, or District CHDP staff. • In cooperation with the local CHDP Program, the governing body of every public school district and private school that has children enrolled in kindergarten is required to provide information to the parents or guardians of all children on the importance of health to learning and the importance of receiving a health screening before the end of first grade as well as inform parents or guardians that no-cost health examinations are available to eligible children through the CHDP program. • Effective January 1, 2005, California Health and Safety Code, Section 124100 was amended to no longer require schools to report data to CHDP on the number of children receiving health examinations at school entry.	• This law requires that the exam include "ear, nose, mouth, and throat inspection, including inspection of teeth and gums, and for all children one year of age and older who are eligible for Medi-Cal, referral to a dentist participating in the Medi-Cal program." • Dentists receiving referrals of children eligible for Medi-Cal under this section shall employ procedures to advise the child's parent or parents of the need for and scheduling of annual appointments. • This law is included in LAUSD Blueprint for Wellness Policy *(For more information view BUL-2514.1 Child Health and Disability Prevention (CHDP) Program and Blood Lead Testing.)*

The L.A. Trust for Children's Health's Oral Health Initiative Manual – Glossary

Below are words or phrases used in the Manual that may not be commonly understood. Some terms are specific to the Los Angeles Unified School District (LAUSD) and the Los Angeles Trust for Children's Health (The L.A. Trust), and some are more universal terms.

Care Coordination: Care coordination involves deliberately organizing patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.

Dental Caries: Dental caries is the scientific term for tooth decay or cavities. It is caused by a breakdown of the tooth enamel. This breakdown is the result of bacteria on teeth that break down foods and produce acid that destroys tooth enamel and results in tooth decay.

Dental Home: The dental home is the ongoing relationship between the dental provider and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age and includes referral to dental specialists when appropriate. Note that the dental home does not have to be at a dental provider's office. It could be at a school. The critical aspect of the dental home is the relationship between the provider and patient, not necessarily the physical site.

Dental Sealants: Sealants are thin, plastic coatings painted on the chewing surfaces of the back teeth. Sealants are put on in dentists' offices, clinics, and sometimes in schools. Sealant application is simple and painless. Sealants are painted on as a liquid and quickly harden to form a shield over the tooth.

District Oral Health Nurse: The LAUSD Oral Health Resource Nurse works in collaboration with various dental providers throughout LAUSD who offer education, dental screening and fluoride varnish programs, and restorative care to thousands of LAUSD students. School Nurses work in conjunction with the Oral Health Resource Nurse to identify students with dental needs and provide the students and their families with resources and follow-up.

English Learner Advisory Committee (ELAC): The ELAC provides written recommendations to the School Site Council (see definition below) regarding programs and services for English Learner (EL) students and the use of Economic Impact Aid/ Limited English Proficient (EIA-LEP) funding to support their academic needs. The ELAC reviews student and parent involvement data prior to submitting its written recommendations to the SSC. The ELAC also advises on the development of the Single Plan for Student Achievement and the budget related to programs/ services for ELs and assists in the review of the school's language census. The committee meets at least six times per school year.

Fluoride Varnish: Fluoride is a mineral that helps to strengthen teeth. Fluoride repairs tiny areas of decay before they become big cavities and makes germs in the mouth less able to cause decay. In other words, fluoride is able to make teeth more resistant to decay. Fluoride is found in many forms such as fluoridated water, fluoride varnishes, fluoride toothpaste, fluoride gel and foam, and fluoride mouth rinse. Even though all these products can individually reduce the incidence of tooth decay in people, combined use ensures greater level of protection of the teeth.

Healthy Start: The Healthy Start program is designed to serve children, youth, their family members, and the community. The program provides comprehensive school-integrated services and activities as well as links children and families to needed support and services. Healthy Start Coordinators are also Certified Enrollment Counselors who assist all families apply for health insurance coverage.

Motivational Interviewing: Motivational Interviewing is an evidence-based treatment that addresses ambivalence to change. It is a conversational approach designed to help people identify their readiness, willingness, and ability to change and to make use of their own change-talk.

My Integrated Student Information System (MiSiS): MiSiS is Los Angeles Unified School District's all-in-one student information solution that, among other activities, provides teachers, counselors, administrators, and others with access to student information all in one place; shows how a student is progressing toward graduation at any point in time; follows every student through his or her educational lifespan; allows the user to view student information for as long as that student has been in the District; is designed around the educational life of a student, bringing together attendance, assignments, grades, test scores, health, program eligibility, and more; and provides new ways for parents to stay informed of their students' progress.

Oral Health Vs. Dental: Oral health and dental are often used interchangeably to refer to the health of the mouth cavity. Dental has been commonly used in the past. However, oral is a more comprehensive term to better represent both the absence of disease and the ability to speak, smile, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex. This manual uses oral health, when possible, but uses dental when a word or phrase includes dental, such as in dental hygienist or dental caries, or when dental is more appropriate for the ease of reading.

Organizational Facilitator (OF): Organizational Facilitators at the Los Angeles Unified School District assist in the coordination of Student Health and Human Services (SHHS) programs among schools and school-based providers, including the integration of school-based health centers, Wellness Networks, Healthy Starts, and other community partnerships that provide supplemental programs and services to students; and assists the local operations in geographic districts in the implementation of policies, programs, and procedures for crisis intervention and violence prevention, school safety, promotion of a healthy school climate, student wellness, and drug free environments.

Parent Centers: Parent Centers are at every school in LAUSD to provide parents with education and support services. Parent Center staff personnel are usually members of the community, who are responsible for operating the Parent Center at a school site. They aim to boost parent and family engagement by providing educational opportunities as well as recruiting parent and community volunteers. They also serve as an adviser/consultant to the school administrator on matters regarding parental involvement and the community.

School Advisory Committee (SAC): The SAC participates in the school's planning process for the use of Economic Impact Aid funds for educationally disadvantaged youth by advising the SSC on the use of such funds. The SAC reviews student and parent involvement data prior to submitting its written recommendations to the SSC. The SAC shall be composed of no fewer than nine members and meets at least six times per school year.

School Site Council (SSC): The SSC is the decision-making council for all programs funded through the Consolidated Application (ConAp). The SSC is responsible for the development of the Single Plan for Student Achievement (SPSA), in consultation with the English Learner Advisory Committee, other relevant stakeholders and, where applicable, the School Advisory Committee. The SSC is also responsible for meeting all school level federal parental involvement mandates including the development of the Title I parent involvement policy and budget (E046) and the Title I parent-school compact.

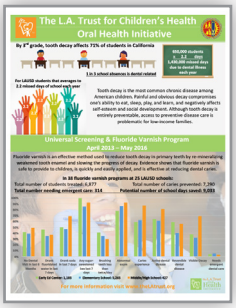
Universal: when paired with a procedure, such as oral health screenings, universal means that the program serves all children, regardless of their insurance status or ability to pay.

Virtual Dental Home: The Virtual Dental Home (VDH), created by the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific), combines telehealth technology with innovations in workforce to reach underserved children and adults with the dental care they need in community settings.

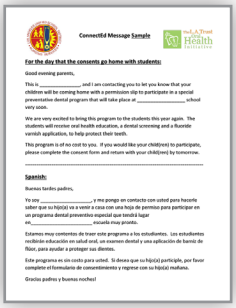
Welligent: Welligent is a Los Angeles Unified School District-wide web-based software system used for online IEPs and tracking of related services (such as speech and language, physical therapy, vision and hearing screenings, nursing services, etc.) provided to students during the course of their education. Welligent allows administrators to monitor IEP timelines and service delivery, and generate reports to ensure compliance with special education laws and regulations. Welligent is also a behind-the-scenes billing system that electronically invoices Medi-Cal and other insurance companies to seek reimbursement for services delivered to students.

Youth Advisory Board: The L.A. Trust for Children's Health Youth Advisory Board informs The L.A. Trust of popular perceptions of the wellness centers and other programs, identify issues affecting their peers, and give recommendations on how to respond to the needs and requests of students. The "Trust YAB" is a mechanism through which we build a student power base. These students are expected to go back to their sites and lead student health campaigns along with their adult allies.

Program Resources



Oral Health Initiative Infographic



Sample Connect-ED Messages & Intercom Announcements

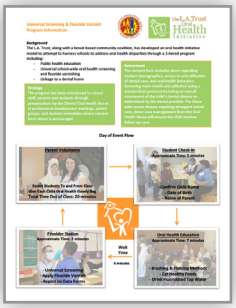
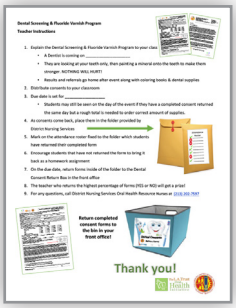
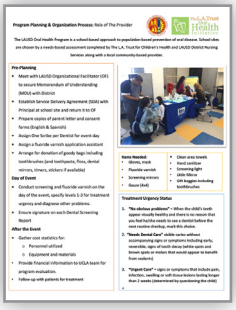


Diagram of Event Set-up



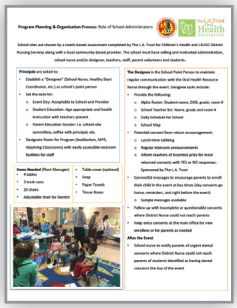
Dental Screening & Fluoride Varnish Program - Teacher Instructions



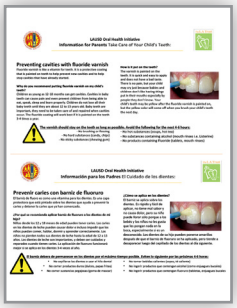
Role of The Provider

Dental Screening & Fluoride Varnish Application Report (Bilingual)

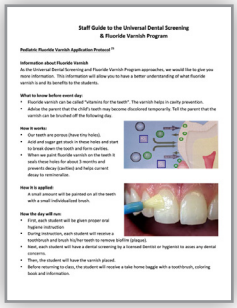
Program Resources



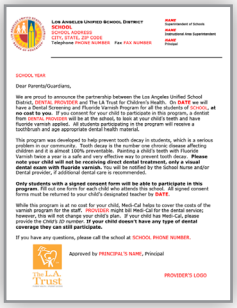
Role of School Administrators



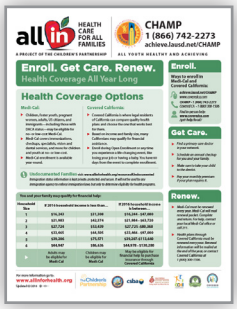
LAUSD Oral Health Initiative Handouts for Parents (Bilingual)



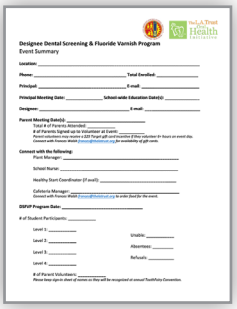
Staff Guide to the Universal Dental Screening & Fluoride Varnish Program



Parent Letter & Consent Form/ Survey (Bilingual)



LAUSD CHAMP Cards - All In - Health Care for All Families (Bilingual)



Designee Dental Screening & Fluoride Varnish Program - Event Summary

Children's Dental Coverage through Medi-Cal and Covered California (Bilingual)

Program Evaluation Infographic: School Based Solution to Oral Health Care

Oral Health Report Card - Sample Elementary