

A program of Community Action Partnership of Sonoma County

Annual Report
2017-2018 School Year

PROGRAM DESCRIPTION

For the fifth consecutive year, the Community Action Partnership (CAP) Health and Wellness Department was responsible for management and implementation of the Sonoma County School Smile Program, a school-based sealant program that provides dental education, assessment, treatment, and referral, and case management to children at low-income elementary schools. The goal of the program is to reduce dental decay and disparities among Sonoma County children through targeted intervention at First 5 Priority schools using evidence-based strategy. The key program components are:

Classroom Education - Community Health Workers lead an education module on hidden sugars, healthy drinks and foods, and oral health techniques.

Dental Assessment - A visual survey of the mouth which assesses the presence of untreated decay, treated decay, urgent dental problems and presence or need for dental sealants. A dental screening does not take the place of a regular dental exam in a dental office.

Fluoride Varnish Application - A fluoride treatment contained in a resinous base is painted onto tooth surfaces to prevent decay.

Sealant Placement – Dental providers apply sealants, thin plastic coatings applied to the biting surfaces of molars, to prevent decay. They may remain on the tooth for several years, providing lasting decay prevention.

Referral – Students receive referral for treatment if needed. Identified dental treatment needs are categorized as either “early” or “urgent” needs.

Case Management – A referral list is sent home with the students after the screening. A list of students with early or urgent dental needs is given to the school nurse. Urgent needs are followed up as soon after the screening date by the school nurse and the CAP staff.

PROGRAM IMPLEMENTATION

| School | Grades | Service Model | Assessment Provider | Treatment Provider |
|------------------------|---------------|----------------------|----------------------------|---------------------------|
| Bellevue | TK-6 | FFS | RDHAP/St. Joseph | RDHAP |
| Brook Hill | 2, 3, 6 | FQHC | SRCDC | SRCDC |
| Burbank | 2, 3, 6 | FQHC | SRCDC | SRCDC |
| Jefferson | 2 | FFS | RDHAP | RDHAP |
| JX Wilson | 2, 3, 6 | FQHC | SRCDC | SRCDC |
| Kawana | TK-6 | FFS | RDHAP/St. Joseph | RDHAP |
| Meadow View | TK-6 | FFS | RDHAP/St. Joseph | St. Joseph |
| RL Stevens | 2, 3, 6 | FQHC | SRCDC | SRCDC |
| Steele Lane | 2, 3, 6 | FQHC | SRCDC | SRCDC |
| Taylor Mountain | TK-6 | FFS | RDHAP/St. Joseph | St. Joseph |
| Wright Charter | 2, 3, 6 | FQHC | SRCDC | SRCDC |

PROGRAM RESULTS

Services

A total of 2,731 students received classroom education, 2,455 children were screened, 1,105 received fluoride varnish, 479 received dental sealants, and 653 received a referral for treatment. Overall, 100 (4%) of the students referred for treatment had urgent treatment needs.

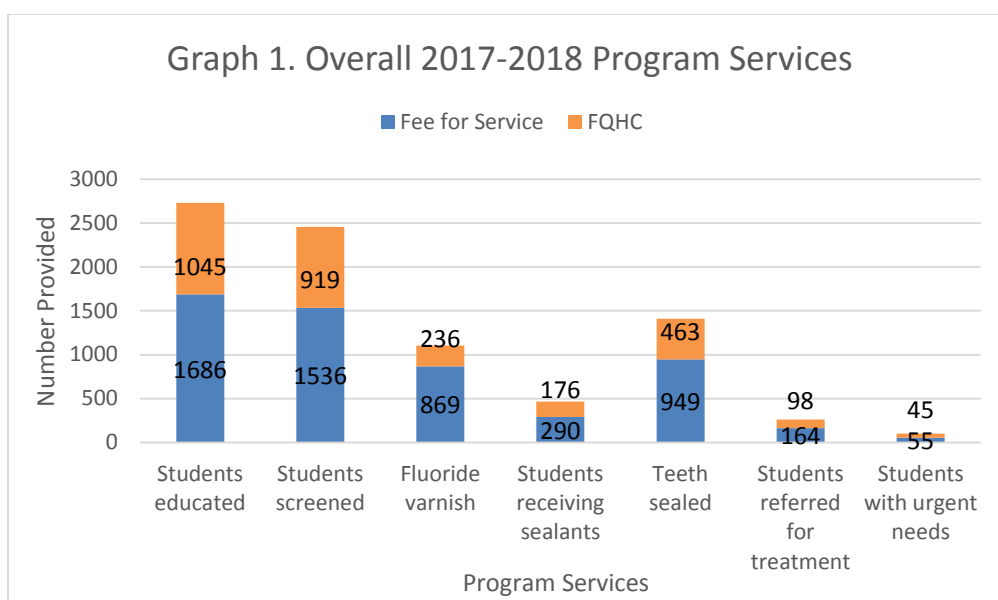
Clinical Definitions

Active decay: a cavitated or open lesion as a result of bacterial breakdown of the hard tissues of the teeth

Decay experience: Presence of active decay, existing restorations or teeth missing from premature extraction.

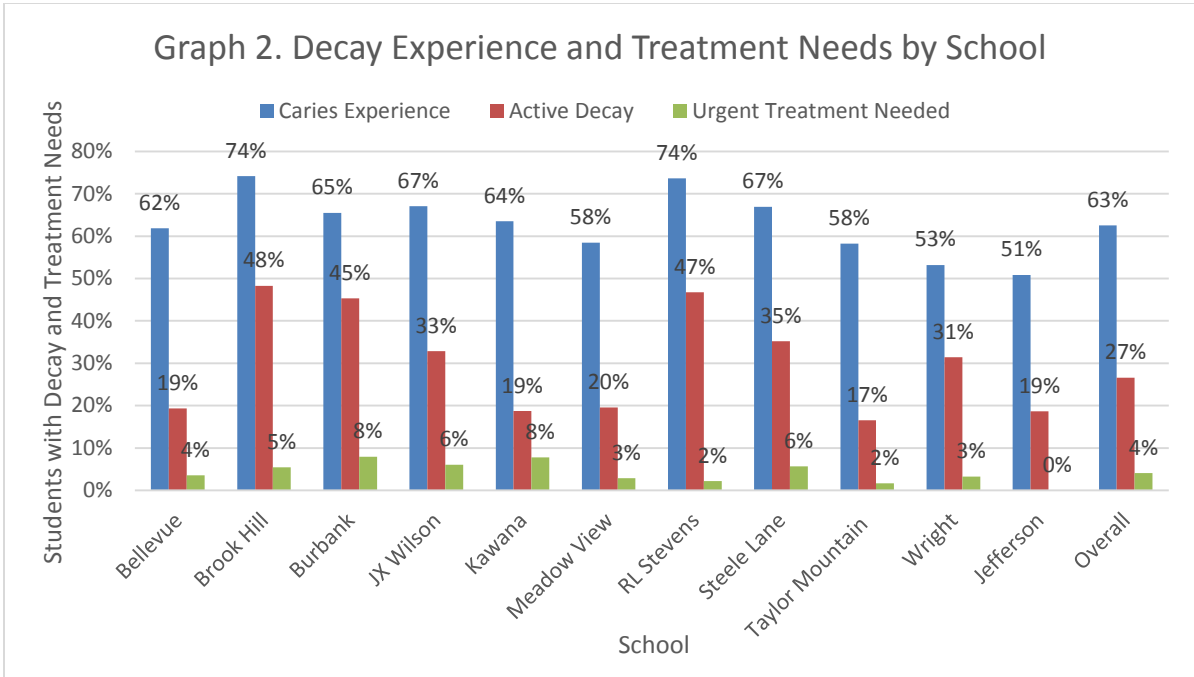
Early treatment needs: Active decay present but not urgent.

Urgent treatment needs: The clinical definition for “urgent” includes one of the following conditions: Pain, swelling, abscess, multiple lesions (cavities) in 3-4 quadrants of the mouth.



Decay Status

The overall rate of dental decay experience across the schools was 63%. The overall rate of active decay was 27%. A total of 100 students (4%) needed urgent treatment. Brook Hill Elementary School had the highest decay experience rate (74%); Wright Charter Elementary had the lowest rate of decay experience (53%). Kawana Elementary School is more representative of the elementary schools and had a decay experience rate of 64%. The greatest need for urgent treatment in the Fee for Service Model was at Kawana Academy of Arts and Sciences where a total of 24 students at the school needed urgent treatment. The greatest percentage of screened students that needed urgent treatment in the FQHC Model was at Luther Burbank Elementary at 8%.

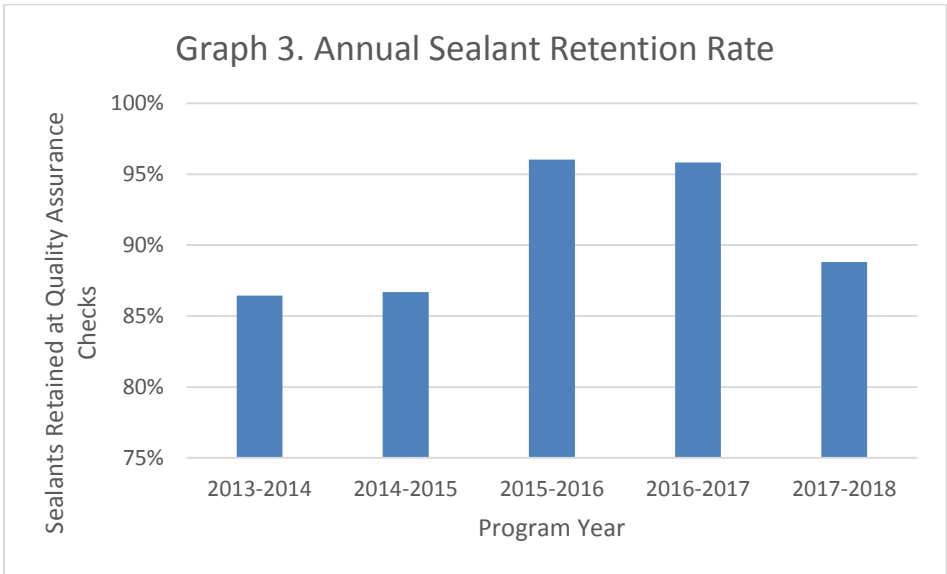


Case Management and Referrals

Overall, 653 students were referred for treatment. Community Health Workers (CHWs) at CAP were able to provide case management to 262 students who were active consented with parent contact information in order to ensure that students received needed restorative treatment. For students who were screened under a passive consent, parent contact information was not available and referral lists were provided to the school nurses to follow up with those students. By the end of the school year, 31% had completed treatment or were in the process of completing treatment.

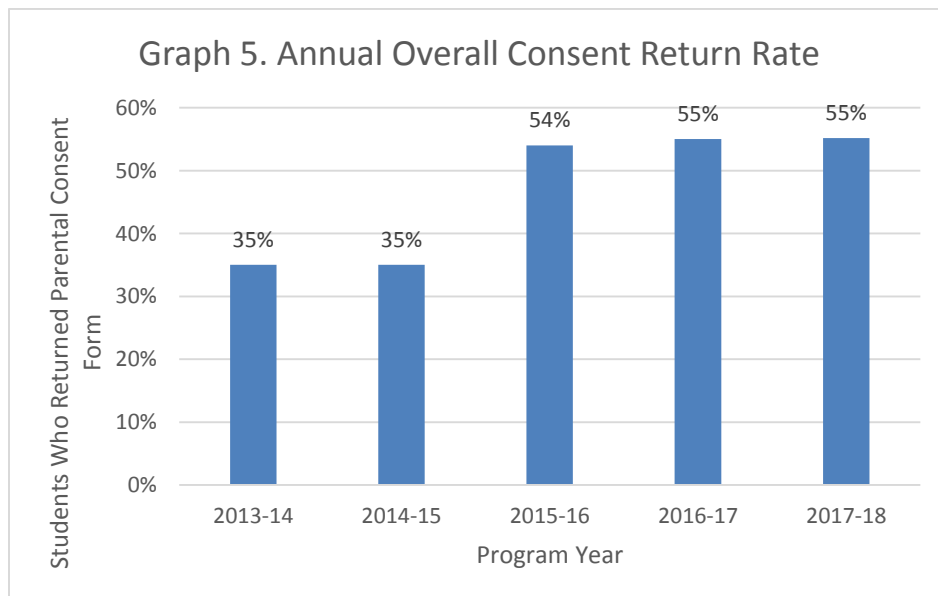
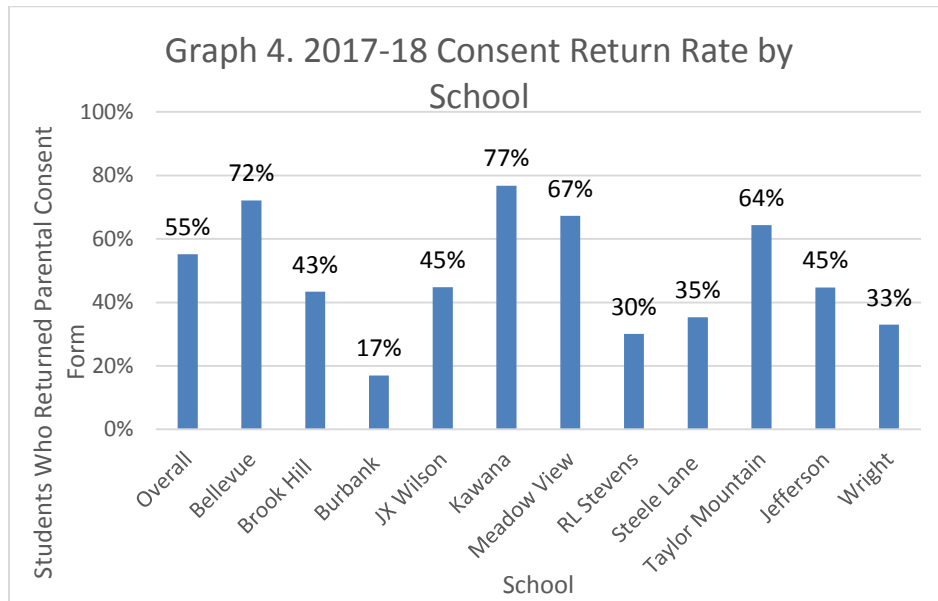
Sealant Retention

Quality assurance assessments to check that sealants remained on treated teeth were performed at all schools. A random sample of 10% of students receiving sealants at each school was chosen for review. The time interval between sealant placement and the quality assurance assessments varied from 3 months from completion dates to within 1 month of completion date. The average retention rate for this program year was 89% compared to 96% in 2016-2017, 96% in 2015-16, 87% in 2014-2015, and 86% in 2013-2014.



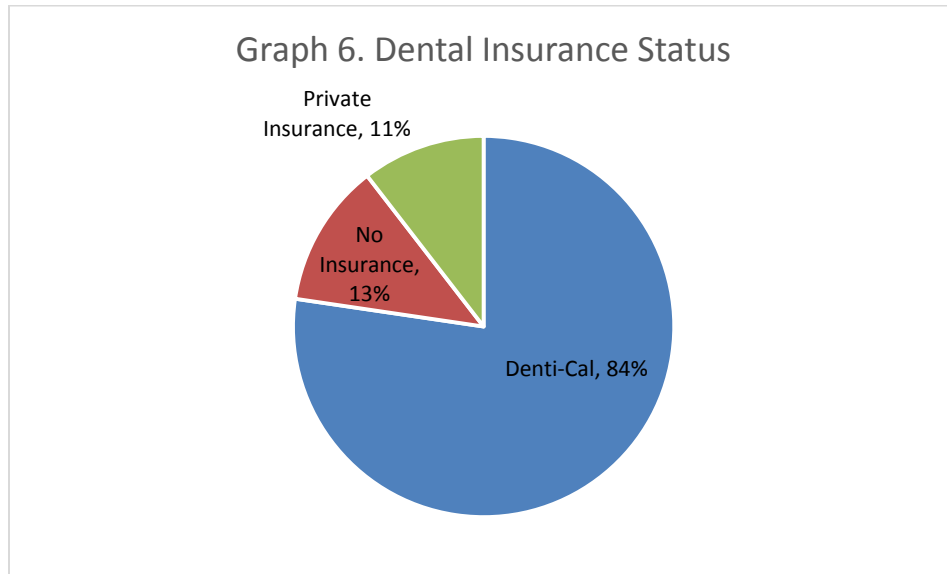
Consent Returns

The average consent return rate for the program was 55%. Kawana Academy of Arts and Sciences had the highest consent return with 77% and Luther Burbank had the lowest consent return rate at 17%. Overall the Bellevue Union School District continues to have the highest consent return rate with an average of 70%. The schools within the Wright Elementary School District had an overall consent rate of 36% and the three schools in the Santa Rosa City School District had the lowest overall average at 32%.



Dental Insurance Status

The majority of students had state provided dental insurance coverage. A total of 84% were insured through Denti-Cal, 11% through private insurance, and 13% did not have insurance coverage.



Financial Sustainability

The total 2017-2018 School Smile Program budget was \$130,000. The average cost to provide screening and fluoride varnish per child was \$2.30. The average program cost to provide one sealant was \$9.03. The average program cost per child served was an average of \$27.14.

Both the Fee for Service (FFS) and FQHC Models billed Denti-Cal for services provided to children enrolled in the public insurance program. Overall, 95% of the 1,118 active consented students who were screened in the Fee for Service Model were insured. Of this number, 84% were insured through Denti-Cal (Medicaid) and 11% had privately funded insurance. Sixty percent (60%) of insured students had complete information for insurance billing and reimbursement.

Average daily reimbursement for the RDHAP providers in the Fee for Service Model was \$422 per day. Of the 548 sealants completed by the RDHAP providers, 381 (56%) were billable and 96 (25%) had been reimbursed. The remaining 145 sealants were still pending reimbursement at the time of this report.

St. Joseph Health provided in-kind services to support the School Smile Program. They assisted with assessments at Kawana, Meadow View, Taylor Mountain and Bellevue and provided treatment at Taylor Mountain and Meadow View. Community Health Worker interns from the Department of Health Services' Dental Health Program provided in-kind support services through data entry, consent tracking, and assisting with case management.

DISCUSSION

Program Successes

We continue to have a high rate of consent return for the Bellevue District with strong interest and emphasis on participation from the principal, school nurse, and the staff. Attendance of key program

staff at national oral health meetings validated the evidence based practices being delivered by this program.

With funding limitations, the program initially removed Stony Point Academy and Jefferson Elementary from the participating school list. Funding was made available through a contribution from Western Dental and Jefferson Elementary was able to be included in this year's program services.

Challenges

The biggest challenge faced this year were the effects from the October wildfires. School closures and time that school staff needed to assess students led to an almost two month postponement of services. Dates that had been set and approved had to be rescheduled later in the school year leaving CAP staff and the school staff with minimal time for case management.

There were communication challenges in the Wright Elementary School District again this year due to the fact that they were participating in the School Smile Program and in the Department of Health Services Kindergarten Assessment program. Even though program consents distribution dates did not overlap this year, school staff expressed confusion as to what program was providing what services. It came to our attention that the school staff believed both the School Smile Program and the Department of Health Services Kindergarten Assessment Program was one program combined.

There continues to be challenges in reaching passive consented students who need additional treatment. This year there were a variety of conditions that contributed to the difficulty reaching parents. Workforce was limited this year with both regular staff and intern assistance. In addition, school nurses and parent liaisons reported dealing with after effects of the wildfires which left limited time to spend on case management. The school nurses were often only able to prioritize the most urgent cases.

Both Santa Rosa City Schools and Wright Elementary School District teachers and staff continue to express interest in having all grades screened but due to workforce and budgeting limitations it has been only offered to 2nd, 3rd and 6th grades.

Next Steps

Due to funding changes within the Sonoma County Department of Health Services Dental Health department, there will no longer be funding available to continue the program. Community Action Partnership of Sonoma County continues to be dedicated to the importance of the preventative work that has been provided with this program and the long-term impact it can have on both the dental health and overall health of our Sonoma County students.

Two program planning meetings were convened by the Sonoma County Department of Health Services, Oral Health Division in order to explore future avenues for program sustainability or alternative models, but there was no further assistance in finding additional funding sources nor was an alternative model decided upon instead of the current models being used. Per national guidelines, the current FFS model that screens all children in all grades is the accepted model for school based sealant programs. CAPSC continues to identify and reach out to other potential funding opportunities in order to maintain all or part of the program in the coming school year.

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Sally Yates, Bellevue Union School District Nurse

RDHAP Staff: Christina Dixon, Deborah DeVries

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Wright Elementary School District Superintendent Adam Schaible, JX Wilson, RL Stevens and Wright Charter School Principals, Teachers and Staff

Geri Ott, Wright Elementary School District Nurse

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For more information on the School Smile Program you may visit our website at www.capsonoma.org/school-smile or contact Assistant Director of Programs, Kathy Kane, RDHAP at kkane@capsonoma.org