



Dental Public Health Activities & Practices

Practice Number: 35008
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: <p style="text-align: center;">New York State Department of Health's Oversight/Management Role for School-Based Health Center Dental (SBHC-D) Programs</p>		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Policies Assurance – Population-based Interventions Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Interventions Assurance – Access to Care and Health System Interventions		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children 21-2 Reduce untreated dental decay in children and adults 21-8 Increase sealants for 8 year-olds' first molars & 14 year-olds' first & second molars 21-10 Increase utilization of oral health system 21-12 Increase preventive dental services for low-income children and adolescents 21-13 Increase number of school-based health centers with oral health component		
State: New York	Region: Northeast Region I	Key Words: Dental access, access to care, dental home, dental treatment, school program
Abstract: The New York State Department of Health (NYSDOH), Bureau of Dental Health (BDH) has the responsibility for the review, approval and ongoing monitoring of school-based health center dental (SBHC-D) programs. By law, health care facilities (e.g., hospitals, diagnostic and treatment centers, community health center, and county health department) under its Article 28 certificate interested in establishing a SBHC-D program in New York State are required to complete an application to provide dental health services and receive approval from the NYSDOH. A SBHC-D program is an approved dental health services delivery model located in a school/pre-school/Head Start/Early Head Start program or on school/pre-school/Head Start/Early Head Start program property that provides dental health services during school hours. As part of the application process, an Article 28 facility is asked to: (1) determine the need for school-based dental programs; (2) identify schools and pre-school and Head Start/Early Head Start sites within the community with the greatest need for dental services; (3) develop appropriate interventions to meet the identified needs of the target population; (4) develop a work plan consisting of activities, timelines, budget, staffing pattern, and an evaluation component; (5) establish a memorandum of understanding with each school or site; (6) develop an operating manual consisting of policies and procedures for program implementation, monitoring and quality assurance, compliance with rules and regulations, and billing for services; and (7) develop evaluation and continuous quality improvement plans. The BDH has approved more than 40 school-based dental health centers and continues to monitor the program serving approximately 600 schools with 65,000 children statewide participating in SBHC-D programs.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

School-based dental health programs gained prominence as an effective means to control dental diseases in New York State in the beginning of the century. As early as 1913, the New York City Health Department established dental clinics in schools. The primary purpose of the clinics was to treat dental diseases in children. These clinics were established at a time when dental diseases were rampant and affected almost all children. The focus of school-based programs then evolved to prevention of caries that include topical fluoride (e.g., school fluoride mouthrinse programs). In the 1980's, the school-based dental sealant programs were developed to address high occurrence of pit and fissure caries in children from low-income families. Dental restorative services have also been promoted to be part of comprehensive school-based health center programs.

In 2003, the New York State Department of Health introduced a new policy that required health care facilities, such as hospitals, diagnostic and treatment centers, community health center, and county health department, under its Article 28 certificate, that are interested in establishing a school-based health center dental (SBHC-D) program to complete an application to provide dental health services and receive approval from the Health Department. This policy establishes the role for New York State Department of Health (NYSDOH), Bureau of Dental Health (BDH) to oversee and manage SBHC-D programs and assure quality of dental care is provided to children in schools.

Justification of the Practice:

Over the past sixty years, the citizens of New York State have seen a dramatic improvement in their oral health. Still, oral diseases are a major health concern that affects almost every person in New York State. A survey of 3rd grade school children showed that 54.1% had experienced dental caries. Approximately 33% had untreated caries. The use of dental sealant was low (27%). This survey also showed wide disparities in oral health status and the use of preventive procedures.

School-based dental programs serve as a resource for children to enter the health care delivery system. Although effective interventions are available in most communities, these services are not being utilized in a timely manner. Therefore, the New York Department of Health promotes school-based programs in targeted underserved areas to reach those children who would not receive services otherwise. These programs facilitate the establishment of a dental home for all children.

The Bureau of Dental Health plays a critical role in coordinating local, state and federal resources to address the burden of oral disease and promote cooperative working relationships among partners to prevent and control disease. Assuring the quality of dental care delivered by school-based dental programs in New York schools is an extension of this role.

Inputs, Activities, Outputs and Outcomes of the Practice:

Inputs

Beginning in 2003, the NYSDOH Bureau of Dental Health (BDH) assumed the primary role for coordinating all dental health programs in schools. The BDH has the responsibility for the review, approval and ongoing monitoring of school-based health center dental programs. This is the BDH's oversight/management role for SBHC-D programs.

A SBHC-D program may be operated as an extension of a comprehensive School Based Health Center (SBHC) or be located in a school site lacking a SBHC (known as a stand-alone SBHC-D). All children enrolled in the school or pre-school/Head Start/Early Head Start program, regardless of age or grade, are eligible if they meet service criteria to receive the full range of preventive and treatment services provided by the SBHC-D program. If the SBHC-D program provides only preventive dental services, arrangements must be made for the provision of treatment services either at a designated back-up facility or through referral to another provider.

Some SBHC-D programs use NYSDOH BDH grant dollars to provide services and others are supported through foundation grants and revenues generated through billing Medicaid and third party insurance programs. Grants funding totaling \$1.5 million from the Maternal and Child Health Services Block Grant are available for Request for Applications (RFA) contracts to fund SBHC-D programs. NYSDOH provides a waiver for approved school-based programs to receive reimbursements for services rendered to Medicaid recipients enrolled in a managed care program.

The BDH has partnered with various offices (i.e., Medicaid, Managed Care and Project Management) to help implement quality SBHC-D programs. In addition, the SBHC-D programs works closely with community health centers, local health departments, hospitals and diagnostic and treatment centers to deliver their program services in schools and Head Start centers.

To facilitate the implementation of the SBHC-D programs, NYSDOH has established the New York State Oral Health Technical Assistance Center at the Rochester Primary Care Network (<http://www.oralhealthtac.org/>). The BDH supports the Center with funding.

Activities

The Bureau of Dental Health has developed a guidance document to assist applicants wanting to establish a SBHC-D program. The document, *Planning and Implementing a School-Based Health Center Dental Program – Guidance in Applying to Provide Dental Health Services in a School in New York State*, assists potential programs to prepare an application, which must include documentation or description of dental needs, work plan, evaluation, etc. The document provides the following information on:

- Determining the need for school based dental programs.
- Identifying schools and pre-school and Head Start/Early Head Start sites.
- Developing interventions to meet the needs of the target population.
- Developing a work plan.
- Establishing a memorandum of understanding with each school or site.
- Developing an operating manual.
- Developing evaluation and continuous quality improvement plans.

The guidance document is available online at:

http://www.health.state.ny.us/prevention/dental/docs/sbhc_guidance_providers.pdf.

In New York State, school-based dental health programs' services must be provided on-site (fixed facility or portable clinic) or on the premises (mobile van) of a school, pre-school, or Head Start/Early Head Start program within the school district, with the types and intensity of the interventions being planned based on the identified needs of the community. Five different types of intervention programs may be considered for approval based on need, feasibility, and local capacity.

1. *Creating a Healthy Environment:* Develop policy interventions to promote regular dental checkups, proper dietary habits, the use of fluoride, and safety measures to protect from injuries. Examples:
 - use of mouth guards in school sports
 - requiring dental checkups as part of school physical
 - community water fluoridation
2. *Health Education and Promotion Programs:* Incorporate dental health into the school curriculum by developing specific age-appropriate activities to promote dental health. Examples:
 - dental health month
 - tobacco cessation programs
 - visits to dental offices
 - tooth brushing programs
3. *School-Based Preventive Programs:*
 - dental assessments and counseling
 - screenings and referral
 - fluoride mouth rinse or tablets
 - management of dental emergency
4. *School-Based Clinical Preventive Programs:*
 - oral prophylaxis (cleaning)
 - sealants
 - fluoride applications

5. *School-Based Treatment Programs*

- treatment program using mobile vans or portable equipment
- treatment program using fixed facilities

The Bureau coordinates the review of the completed applications to ensure compliance with New York State Department of Health (NYSDOH) program requirements, laws and regulations, and administrative policies. If deficiencies are noted, technical assistance is provided.

The ongoing monitoring of the programs is conducted through periodic reports and site visits. The staff uses the *Performance Effectiveness Review Tool (PERT)* (available online at http://www.nyhealth.gov/prevention/dental/docs/pert_providers.pdf) to assess the compliance with program requirements. The tool engages in a process of self-evaluation and subsequent validation by a NYSDOH review team. Under this framework, the SBHC-D program is an active participant in all aspects of the monitoring and evaluation process.

The BDH encourages fiscal responsibility of every SBHC-D program. Even though specific budget approval is not required for approval of a non-funded SBHC-D program, a budget is still required to be submitted for review in order for the Department to be assured that adequate resources are available to operate a quality SBHC-D program and to assure its future financial viability.

Outputs

The BDH has reviewed over 40 school-based dental health center applications. It has approved programs in over 600 schools with over 65,000 children statewide participating in SBHC-D programs. In addition, BDH has conducted site visits for each SBHC-D program at least every three years or more frequently when needed.

Outcomes

The BDH's oversight/management role for SBHC-D programs has:

- Built the infrastructure and developed a system to assure SBHC-D programs improve access to preventive and early treatment services, assure quality of services rendered in schools, and make the delivery of services efficient. The system has averted problems such as inefficient services, lack of coordination, duplication of services, incomplete treatment plans, poor scheduling of patient visits, and inappropriate billing practices.
- Built a strong partnership with schools with a common goal to improve the quality of dental services delivered to the students by SBHC-D programs.
- Emphasized and encouraged SBHC-D programs to provide evidence-based practices, such as school-based dental sealant programs.
- Provided guidance for SBHC-D programs to support a coordinated effort to achieve HP 2010 oral health objectives. For example, BDH's emphasis on the need for prevention has established more school based dental sealant programs services.
- Resulted in increased number of children with dental sealants and reduced number of children experiencing tooth decay or having untreated tooth decay. For example, 2002-2004 statewide survey of 3rd grade children showed that 67.8% of children in schools with school-based programs have sealants but only 33.1% of children in schools without school-based program based programs have sealants.

Logic Model

A logic model is displayed in the Attachment on page 8 to illustrate how BDH works closely with SBHC-D programs in implementing its activities, producing outputs, and achieving outcomes.

Budget Estimates and Formulas of the Practice:

The BDH's cost to perform its oversight/management role for the SBHC-D programs includes the salary for a full-time position of the School-Based Health Center Dental Coordinator (a CDC supported position) to administer activities related to review of SBHC-D program applications, onsite audits, and technical assistance. Additional costs relate to travel and other support from the BDH Acting Director and staff, as well as travel for site visits at the schools.

The SBHC-D program budget varies considerably depending upon the nature of the program and its size.

Lessons Learned and/or Plans for Improvement:

The application process requires clear guidance and therefore, periodic communication with programs is important. To be a successful program, several key components such as selection of appropriate interventions to meet the needs, trained staff, cooperation from schools and practicing dental professionals, initial grant support, marketing, the ability to bill recipients and collect revenue, and organizational support are essential.

Data is difficult to obtain from many sites because of the wide variation in the training of the staff in data gathering. This is compounded by the different software used by these programs.

The challenge for many SBHC-D programs is the difficulty in arranging for treatment services in the community. It is not clear if those children who are referred for treatment actually receive the care.

Available Information Resources:

Provision of Dental Health Services in a School in New York State – Application

http://www.health.state.ny.us/prevention/dental/docs/sbhc_application_providers.pdf

Planning and Implementing a School-Based Health Center Dental Program – Guidance in Applying to Provide Dental Health Services in a School in New York State

http://www.health.state.ny.us/prevention/dental/docs/sbhc_guidance_providers.pdf

Performance Effectiveness Review Tool (PERT) [for assessing the compliance of SBHC-D programs]

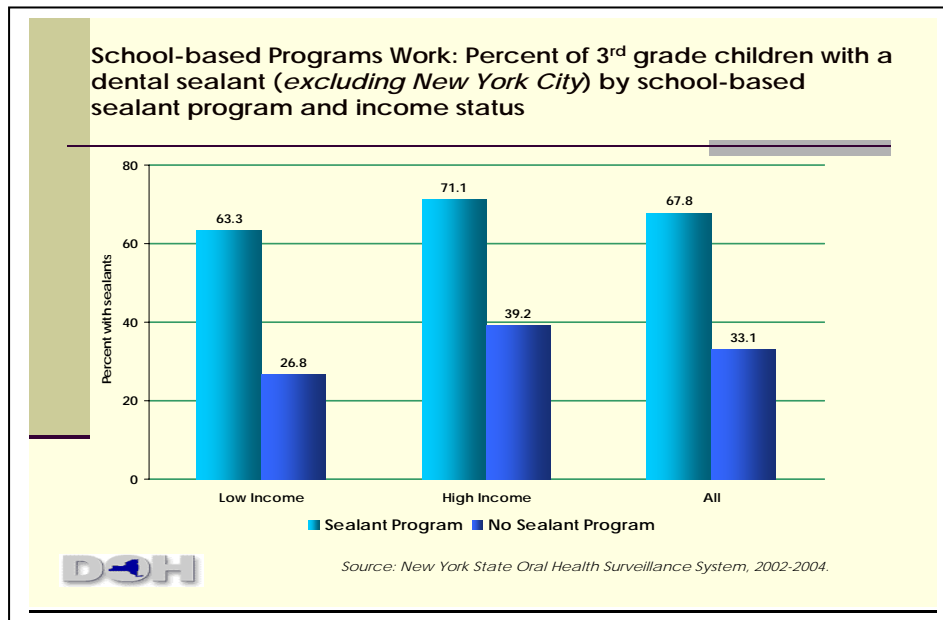
http://www.nyhealth.gov/prevention/dental/docs/pert_providers.pdf

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The NYSDOH Bureau of Dental Health's responsibility for the review, approval and ongoing monitoring of SBHC-D programs is designed to improve access to preventive and early treatment services, assure quality of services rendered in schools, and make the delivery of services efficient. One example of the impact/effectiveness of BDH's oversight/management role is in the support of a coordinated effort to achieve HP 2010 oral health objectives. As shown in the figure below, a statewide survey of 3rd grade children showed that while children in school based programs had accomplished the New York State objective of reaching at least 50% of children with a sealant on a first permanent molar, children in schools without a school-based program have not met the target.



Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Having one central authority, the BDH, providing oversight and management of the SBHC-D programs offers a set of standards that increase efficiency for the administration and coordination of the school programs across the state.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The BDH has served the oversight/management role of SBHC-D programs since 2003. The long-term commitment of the BDH to this role is strong. Under the revised policy, health care facilities interested in establishing a SBHC-D program in New York State are required to complete an application to provide dental health services and receive approval from the NYSDOH. This policy

contributes to sustaining the BDH's oversight/management role. The BDH's funding of SBHC-D programs also sustains the oversight/management activities.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The BDH's oversight/management role promotes collaboration/integration through:

- Working with the Department of Education, school districts and schools in overseeing quality of care are being provided to students.
- Building community partnerships by requiring every SBHC-D program to establish a community advisory committee to provide input into the development and operation of the program.
- Providing guidance for SBHC-D programs to build relationships with the family, school, school board, school district, community, dental health provider, and sponsoring agency relationships.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The BDH's oversight/management role for SBHC-D programs helps assure the delivery of quality services to children addressing these HP2010 objectives:

- Reduce the proportion of children with dental caries experience in primary and permanent teeth.
- Reduce the proportion of adolescents with dental caries experience in their permanent teeth.
- Reduce the proportion of children with untreated decay in primary and permanent teeth.
- Reduce the proportion of adolescents with untreated decay in their permanent teeth.
- Increase the proportion of children who have received dental sealants on their molar teeth.
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states.

At this time, the Bureau of Dental Health does not know the extent to which other states have a similar role in the oversight of school-based dental programs.

ATTACHMENT

Logic Model of School-Based Dental Sealant Program

The following logic model “New York State Global Sealant Logic Model” illustrates the inputs, activities, outputs and outcomes of school-based dental sealant programs funded by the NYDOH Bureau of Dental Health. The SBHC-D oversight/management role of BDH is illustrated in the activities related to the Request for Application (RFA) process and review, the technical assistance provided to the sealant programs, support in data analysis and reporting, and evaluation. In addition, the BDH guides the sealant programs in delivering quality outputs (eligibility, services and compliance to guidelines) and achieving outcomes (retention rates, sustainability and achieve Healthy People 2010 objectives).

