



# Dental Public Health Activities & Practices

**Practice Number:** 24005  
**Submitted By:** Tufts University School of Dental Medicine  
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| <b>SECTION I: PRACTICE OVERVIEW</b>   |   |   |
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| <b>Name of the Dental Public Health Activity:</b><br>Tufts Dental Facilities Serving Persons with Special Needs   |   |   |
| <b>Public Health Functions:</b><br>Assurance – Building Linkages and Partnerships for Interventions<br>Assurance – Building State and Community Capacity for Interventions<br>Assurance – Access to Care and Health System Intervention   |   |   |
| <b>Healthy People 2010 Objectives:</b><br>21-1 Reduce dental caries experience in children<br>21-2 Reduce untreated dental decay in children and adults<br>21-5a Reduce gingivitis among adults<br>21-5b Reduce periodontal disease among adults<br>21-10 Increase utilization of oral health system<br>21-11 Increase utilization of dental services for those in long-term facilities<br>6-10 Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities.   |   |   |
| <b>State:</b><br>Massachusetts  | <b>Federal Region:</b><br>Northeast<br>Region I | <b>Key Words for Searches:</b><br>Access to care, special needs, disability, community-based systems, oral health |
| <b>Abstract:</b><br><p>The Tufts Dental Facilities Serving Persons with Special Needs (TDF) program is a statewide network of 8 dental clinics that serve people with mental retardation and developmental disabilities (MR/DD). The program also has a prevention-oriented community outreach component that reaches 200 communities, a hospital-based component that provides care in the operating room, and an educational component that provides training to dental students and GPR residents. TDF was established in 1976 as the result of a class action suit that sought to improve medical and dental services for people who lived in state institutions. Six of the clinics are on the grounds of state institutions and 2 are in the community, however all sites are available to people living in the community. The cost of the program is approximately \$4.5 million annually; approximately 66% of that amount comes from Medicaid reimbursement and the remainder comes from contracts with the state Department of Mental Retardation and the Department of Public Health. The program has an enormous impact on increasing access to dental care for people with MR/DD because the private practice sector is unable to adequately serve this population. The program is an excellent example of what can be achieved through collaboration between the state and the private sector, in this case, the Tufts School of Dental Medicine.</p> |   |   |
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## SECTION II: PRACTICE DESCRIPTION

### History of the Practice:

The **Tufts Dental Facilities Serving Persons with Special Needs (TDF) program** has been in existence since 1976 with a 30+ years of history. Up until the mid 1970's, dental care for people with mental retardation and developmental disabilities (MR/DD) in Massachusetts was primarily delivered at five state institutions which had almost 6,000 residents. The dentists at these institutions were state employees who typically had no special training in hospital dentistry, sedation or behavior management. Relatively little restorative dentistry was offered, no prevention programs existed, and extractions were the most common treatment for the relief of pain and infection.

In 1972, a parent group led by Dr Benjamin Ricci brought a class action lawsuit against the state, citing poor standards for medical and dental care within state institutions. This lawsuit and the resulting settlements in 1982 and 1993 [*Ricci v Okin*, 537 F.Supp. 817, 836 (D.Mass.1982) and *Ricci v Okin*, 823 F.Supp. 984 (D. Mass. 1993)] changed the dental care landscape for people with special needs. The lawsuit and the related publicity created a new public awareness of the plight of individuals living in state institutions and public officials realized the old system required change. Statewide system change was assured when the parent group won the class action lawsuit, and a federal judge mandated improved programs and issued a timetable for corrective action.

In 1975, as a result of the settlement, the state contracted with Tufts School of Dental Medicine (Tufts) to develop a comprehensive statewide dental program for individuals living in state institutions as well as those who were discharged to the community. Several Tufts faculty with experience in a regional dental program for children with special needs helped plan the new program that would serve both children and adults. The settlement provided for major capital expenditures in equipment and supplies and the establishment of new dental facilities at each institution. In 1976, the dental program began serving patients. During the first year, TDF appointed 45 full and part time dentists to the program staff, all of whom had completed a general practice residency or specialty training.

The first phase of program operation, roughly from 1976 through the end of the 1980's, was marked by major accomplishments. A comprehensive prevention program was established at each of the eight sites directed by full-time dental health educators to implement customized prevention regimens for each resident; affiliations were formalized with community hospitals and larger teaching centers in Boston so that dental rehabilitation cases under general anesthesia could be completed; and the Tufts General Practice Residency (GPR) Program was expanded to include six months of clinical and didactic training in care of the disabled and the hospitalized dental patient. During this period, approximately 24,000 patient visits were provided annually, including about 500 cases of full mouth rehabilitation under general anesthesia in the operating room. All aspects of dentistry were provided including restorative dentistry, prosthodontics, periodontal therapy, endodontics, oral surgery, and orthodontics.

The 1990's brought different challenges. In FY 1990, severe state budget cuts threatened services, but these cuts were offset in part by an increased contribution by the Massachusetts Department of Mental Retardation ([www.mass.gov/dmr/](http://www.mass.gov/dmr/)) and with initiating Medicaid billing. In 1992, the western Massachusetts Belchertown Developmental Center (new term for "institution") closed but it was replaced by a community dental clinic located in a professional office building in neighboring Amherst. Similarly, the Dever Developmental Center closed in 1997 and was replaced by another community based dental office. This began a shift of program patients from residents of state institutions and to people living in the community. In 2007, the majority of patients who use the system live in the community.

In FY 2001 an evaluation of the physical plant and equipment at each site was completed and a modernization process began to replace 1970-era equipment. As part of the process, new clinics were built to replace outdated ones. The modernization program is ongoing and should be completed in early FY 2007. Currently, the program consists of 6 dental clinics at Developmental Centers and 2 in professional office buildings. Over the last several years, the program has provided approximately 34,000 patient visits to 16,000 individuals each year.

## **Justification of the Practice:**

The TDF is justified because people with special needs have oral health problems, have fewer dentists accepting them as patients in their practices, and experience greater obstacles to obtaining the care they need.

- (1) *Oral health problems of people with special needs:* Persons with special health care needs, due to physical and cognitive impairment, can be at increased risk for dental disease that can exacerbate their existing medical conditions. Poor oral hygiene is often problematic because many people with special needs depend on others for care. Limitations of patients' ability to perform oral self care and inadequate knowledge and skills of caregivers are other factors that contribute to poor oral health status. Periodontal disease has been shown to increase as the level of mental retardation increases. Fractured teeth are also common with persons who experience seizures. Compared to the general population, persons with MR/DD have a greater number of decayed, missing and filled teeth; however this is believed to be due to a lack of dental care rather than to a higher rate of decay.
- (2) *Availability of dental services:* Dental professionals face many issues that prevent them from providing dental care to individuals with special needs. These issues include: (1) offices that may be inaccessible to people with physical limitations; (2) unpredictability in scheduling patient appointments such as extended appointments when patients are uncooperative; (3) behavioral problems requiring sedation or general anesthesia to treat; (4) financial disincentives such as low Medicaid reimbursement rates; (5) inadequate training to serve people with severe handicaps and the lack of hospital/surgical privileges; (6) ancillary staff who are inadequately trained; and (7) unresolved patient guardianship and consent issues that can delay or postpone care.
- (3) *TDF as a major provider of Medicaid services:* Many people with developmental disabilities are covered by Medicaid (called MassHealth in Massachusetts). Relatively low fees for adult dental services and low participation by dentists in the MassHealth program greatly limit access to dental care. TDF is the major Medicaid provider of dental services for people with disabilities in the state.

## **Inputs, Activities, Outputs and Outcomes of the Practice:**

### **Inputs**

#### *Staff:*

The program employs over 70 individuals, which include staff at the 8 clinics, staff who work in the Community Dental Health Program, and those who participate in the undergraduate and GPR training programs. The staff includes dentists, dental hygienists, dental assistants, health educators as well as administrative and support personnel. There are currently 29 dentists working in the program, 4 are full time and 25 are part time; the total dentist FTE is 11.3. All dentists, both general dentists and specialists, must have completed specialty training or have completed a one-year general practice residency or equivalent with an emphasis on hospital dentistry. Each dental professional qualifies for a faculty appointment at the Tufts University School of Dental Medicine. All program members have a unique commitment to the mission of working with people who have special needs.

#### *Facilities:*

There are 8 TDF dental clinics: Six are in Developmental Centers. They are located in Baldwinville (1 operatory), Palmer (3 operatories), Shrewsbury (3 operatories), Hathorne (2 operatories), Waltham (9 operatories), and Wrentham (4 operatories). Two are located in professional buildings in the community: one is in Amherst (3 operatories) and the other in Taunton (5 operatories). All clinics have been specifically designed to accommodate individuals with disabilities and their associated limitations. Each of the clinics serves patients who are nearly all MassHealth members and have low-income status. Comprehensive dental care is provided at each site with a strong focus on aggressive preventive programs. Sedation and behavior management programs are provided when necessary, but general anesthesia is not provided at the clinic sites.

Other dental facilities that provide more specialized care are available through referral. Specialty consultation and care is provided at the main teaching centers located at the Fernald Developmental Center in Waltham and at Tufts University School of Dental Medicine in Boston. Patients who require general anesthesia in the operating room are treated at affiliated hospitals.

*Funding:*

For over the 30 years, the program has received funding from a variety of sources including direct appropriations from the Commonwealth of Massachusetts, contractual support from the Department of Mental Retardation and the Department of Public Health, Medicaid reimbursement as well as state, federal and private grants. The proportion of funding from these sources has varied considerably. Currently, the major source of revenue is Medicaid reimbursement (66%); funding from the Department of Public Health is the next largest source. The Tufts University School of Dental Medicine provides in-kind support.

**Activities**

*TDF Clinics Serving Persons with Special Needs:*

Persons eligible to receive services in the TDF program include residents of the 6 Massachusetts Developmental Centers and persons with MR/DD who live in the community. The 2 community based clinics serve only people who live in the community. The 6 institution based clinics have a primary mission to serve residents of the institution; however, they serve community members, too. There is high demand for services at all clinics and new patients are accommodated as openings become available for comprehensive treatment.

The clinics provide comprehensive dental care including emergency services, prevention, cleanings, restorative care, tooth removal, and limited specialty services. Advanced behavior management techniques, such as patient stabilization and sedation are used only with the informed consent of the patient, caregiver and/or guardian. General anesthesia is not provided at the clinics; if patients require it, they are referred to one of the affiliated hospitals.

An aggressive preventive dentistry program is implemented as part of the TDF program. TDF's philosophy is to maintain oral health and prevent the need for future treatment. Caregivers are trained to provide tooth brushing and flossing for residents who are unable to do it for themselves. Oral examinations and cleanings are scheduled one or more times a year, depending upon the risk assessment of the patient.

*Referral for operating room (OR) care:*

The TDF program can make referral for OR services with ease. TDF has affiliation agreements with four hospitals for TDF faculty to provide OR services for about 450 patients each year. These hospitals are Baystate Medical Center in Springfield, Franciscan Children's Hospital in Boston, Lemuel Shattuck Hospital in Boston, and North Shore Medical Center in Salem. TDF also has privileges at Tufts New England Medical Center Hospitals (TNEMCH) in Boston. TNEMCH is utilized when intensive specialized medical management is required. Patients receive a wide range of services in the operating room, including preventive care, palliative care, oral surgery, operative dentistry, and full mouth reconstruction.

*Community Dental Health Program:*

Seven dental hygienists visit nearly 200 sites throughout the state to provide oral health evaluation, dental cleanings, fluoride treatments, sealants, and oral health education to individuals with MR/DD. They visit special education and elementary school classrooms, Head Start programs, adult day activity centers, sheltered workshops and community residences. They provide clinical services using portable dental equipment. Dental hygienists also make referrals to local dentists and offer case management services to assist patients to obtain treatment. This community outreach program is an example of a successful partnership between the local systems that serve people with MR/DD and the dental profession.

### *Training of dental professionals:*

*Dental student externships* – Unlike many dental schools, Tufts offers its undergraduates a unique opportunity to gain substantial clinical experience with special needs patients. Before graduation, approximately 160 senior dental students spend one week of rotation at one of the TDF sites. This experience is designed to give students an exposure to the issues surrounding the provision of dental care to a group of patients with a variety of medical, physical, dental, and social profiles. In addition, affiliations with schools of dental hygiene and dental assisting provide rotations for about 60 of dental hygiene students each year. Their rotations vary from a few days to up to 6 weeks.

*GPR training* – The Tufts GPR program enrolls up to 6 first year and 2 second year residents. In addition, fellowship training in special needs dentistry combined with a project in another discipline is available by special arrangement. Usually this is in the third year. GPR residents spend about 40% of their time with special needs patients – significantly more time than other GPR programs. The residents treat patients in the dental clinics and in the OR; each resident participates in nearly 60 general dentistry OR cases each year. These experiences provide exposures to the challenges and rewards of working with special patients.

### **Outputs**

#### *Services per year:*

- Average number of patients served: ~16,700
- Average number of patient visits: ~34,000
- Average number of patients treated in the OR: ~450
- Average number of persons served in the community outreach program: ~5,000

#### *Training per year:*

- Average number of dental students trained: ~150
- Average number of dental hygienists/assistants trained: ~60
- Average number of GPR residents trained: ~8

### **Outcomes**

Perhaps the major outcome of the TDF program is that people with MR/DD, both within Developmental Centers and in the community, have greater access to high quality dental care than they did before the lawsuit. Compared to the situation prior to the 1974 lawsuit, the dental facilities at the Developmental Centers are improved and there are now 2 dental clinics in the community where previously there were none. In addition, the TDF program has established affiliation with four hospitals for TDF to provide services to 450 patients in the OR each year. The infrastructure for oral health care has expanded for persons with special needs.

Additionally, the *quality* of the dental program has improved. In addition to having the program operated by an accredited school of dentistry, TDF has a formal Quality Assurance System (QAS) that includes: 1) a QA Plan that identifies goals, standards and activities of the QAS; 2) a Quality Assurance Committee that meets quarterly and reviews QA data for both outpatient and OR care; 3) a periodic review of patient charts and clinical care; 4) monthly patient and caregiver satisfaction surveys; and 5) individualized education and evaluation plans for residents and written exams for dental and dental hygiene students.

Dentist participation in Medicaid is low in Massachusetts. This low participation rate affects all citizens with Medicaid, but for patients with special needs who are often difficult to treat, the rate of dentist participation is even lower. The TDF program serves as the major provider of Medicaid dental services in the state for people with MR/DD.

GPR residents and Tufts dental students who obtained training in the TDF program become more competent to serve patients with MR/DD in their professional practice. A survey of GPR residents, who graduated since 1999, shows that over 60% of the residents treat patients with disabilities either in their own practices, through participating as faculty in the TDF program, or through other programs that serve persons with special needs.

## Budget Estimates and Formulas of the Practice:

Funding sources and amounts have changed considerably over the 30-year existence of the TDF program. When the program began in the mid-1970's, the major source of funding was a contractual reimbursement between Tufts and the Commonwealth of Massachusetts. The amount of this contract remained essentially the same for the first several years with reimbursements rising modestly in FY 1982 (\$1.6 million) and in FY 1989 (\$1.87 million). Funds were primarily used for staff salaries. The Department of Mental Retardation (DMR), that operated the state facilities, provided space for the dental clinics as an in-kind contribution. In these early years of the program, there was no Medicaid billing and patients were not charged for services.

In FY 1990, severe statewide budget cuts resulted in a drastic reduction in the Tufts contract. Fortunately, these cuts were offset to some extent by an increased contribution by the DMR for staff positions. In addition, the program began Medicaid billing. During the 1990's, Medicaid revenue increased as the number of patients who lived in the community and had Medicaid coverage grew. During this period, Medicaid revenue increased to approximately 25% of total program income.

Currently, total annual program revenue is about \$4.5 million dollars in contracts and billable services (mostly MassHealth/Medicaid) represent about 66% of that. Only a small percentage of billable revenue comes from commercial insurance and patient payments. The major source of the remaining revenue is from contractual arrangements with the Departments of Public Health and Mental Retardation. Tufts provides major support with in-kind including educational and clinical services provided by Tufts faculty and the use of dental school facilities. The Department of Mental Retardation (DMR) still provides, at no cost, space for the dental clinics located at the 6 institutional campuses. However, facility costs associated with the 2 community based clinics are paid from program revenue.

The current modernization program to upgrade dental clinics throughout the system has been funded through a special line item in the state budget and by grants made available through the MassHealth Access Program (<http://ocp-map.org/Programs/MAP/>). A recent gift from Delta Dental of Massachusetts supports efforts to improve the data collection and data management capability of the TDF program and to create a unified data system across the 8 clinical sites ([http://www.gih.org/usr\\_doc/GIH\\_Bulletin\\_6\\_5\\_06.pdf](http://www.gih.org/usr_doc/GIH_Bulletin_6_5_06.pdf)).

## Lessons Learned and/or Plans for Improvement:

### Lessons Learned

1. *Advocacy:* It has been important for patients, care givers, and advocacy groups to mobilize their support for the program. They have done this by contacting their state representatives to give a collective voice to the great need for dental services for this population.
2. *Education of the public:* Education of the public and governmental agencies has been important so that people are reminded of the original mission of the program that was created through the class action suit over 30 years ago.
3. *Training of dentists:* The GPR is one of the core elements leading to success of the program. It not only supplies the practitioners in the community and staff for the TDF, but the GPR program also creates an environment that is fresh, progressive and interesting for patients, faculty, and staff. It also spreads the word about the program and its mission nationwide, as the residents graduate and many of them move out-of-state.

### Plans for Improvement

1. *Facility modernization:* Facility upgrades have been in progress for several years and will be ongoing for several more. With 8 separate facilities, there is a constant need to maintain dental equipment in good condition for performing high quality dentistry.
2. *Data management:* Just as there is a need to modernize the aging physical facilities, there is a similar need to modernize the old manual data systems for patient care, billing, and program management. Not only does each facility require improvement, but also the 8 separate sites must be integrated into a single inter-connected data system. The recent gift from Delta Dental of Massachusetts provides major support for this effort.

## Available Information Resources:

Tufts Dental Facilities Serving Persons with Special Needs (TDF) program information:

- The Tufts University School of Dental Medicine has protocols and guidelines for the dental management of medically compromised patients as well as for patients with developmental disabilities. Protocols for dental care of the patients in the operating room setting are developed.
- The preventive program developed for TDF has quarterly dental prophylaxis and fluoride treatments as part of its core philosophy. Desensitization and sensory integration principles are part of the treatment planning process to encourage participation in aggressive preventive therapy.
- TDF has recently developed a comprehensive online training program for presenting information about the provision of dental care for patients with special needs. Many of the principles mentioned above are incorporated into this comprehensive training program.

The New England INDEX is an information exchange on issues of disability that is sponsored by the Shriver Center at the U. Mass. Medical School (<http://www.disabilityinfo.org/>). It maintains a Dental Registry (<http://www.mnipnet.org/MNIP/Physicians.nsf/DentPWFP?OpenForm>) that identifies dentists who participate in Medicaid and who serve patients with disabilities.

Articles on the TDF program:

- Tufts Dental Medicine; the magazine of Tufts University School of Dental Medicine. Special Work: Profile of TDF. Summer 2006. [http://www.tufts.edu/home/feature/?p=special\\_needs](http://www.tufts.edu/home/feature/?p=special_needs)
- ADA News. Tufts dental school receives endowment to boost dental access. May 2006. <http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=1910>
- Grantmakers in Health Bulletin. New Grant and Programs. June 5, 2006. [http://www.gih.org/usr\\_doc/GIH\\_Bulletin\\_6\\_5\\_06.pdf](http://www.gih.org/usr_doc/GIH_Bulletin_6_5_06.pdf)
- Tesini D. Providing dental services for citizens with handicaps: a prototype community program. Ment Retard 25(4):219-22, 1987.

Articles on dental services for people with special needs in the community:

- Burtner P, Jones JS, McNeal DR, and Low DW. A survey of the availability of dental services to developmentally disabled persons residing in the community. Spec Care Dent 10(6):182-4, 1990.
- Burtner, P, Dicks, JL. Providing oral health care to individuals with severe disabilities residing in the community: Alternative care delivery systems. <http://plaza.ufl.edu/burtner/provide.pdf>
- Southern Association of Institutional Dentists. The Provision of Dental Services to Disabled Individuals Residing in the Community. Self-Study Course; Module 12. [http://saiddent.org/modules/20\\_module12.pdf](http://saiddent.org/modules/20_module12.pdf)
- Dwyer, RA. Access to Quality Dental Care for Persons with Developmental Disabilities. Northern Wisconsin Center for the Developmentally Disabled. Chippewa Falls, Wisconsin.

## 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 TDF program is the foremost provider of Medicaid dental services to people with MR/DD in Massachusetts. Individuals with special needs and with Medicaid coverage is one of the most difficult access-to-care challenges facing the dental care system.

The program provides training in the care of special needs patients for dental students and GPR residents. Over 60% of the residents treat patients with disabilities.

The TDF program has expanded the infrastructure for oral health care for persons with special needs in the state. Two new dental clinics have been added in the community to serve persons with MR/DD living in the community, 6 dental facilities at the Development Centers have been improved with plans to further modernize, and 4 hospital affiliations have been set up to provide OR treatment to 450 patients annually.

### **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.*

There are several features of the TDF program that make it an efficient model for providing care to people with special needs. One feature is the sharing of resources with the Department of Mental Retardation by operating dental clinics on the 6 state campuses; there is a significant cost savings for the procurement (at no cost) and maintenance of the physical facilities. Another is Tufts sponsorship of the TDF program; Tufts provides in-kind contribution for patient treatment, faculty and administrative support to the program. Yet another feature is the GPR program; the GPR program is an "in-house" training ground that allows the program to replenish its dental staff with qualified dentists who understand the patient population and are efficient and effective in their delivery of dental services.

The program also represents a cost-effective way to provide care on a statewide basis by creating a system of regional clinics. By improving access to dental care, more people with special needs are obtaining services early in the disease process and avoid more extensive treatment and the expense of requiring care in hospital emergency rooms or operating room settings. The TDF program also provides better access to regular prevention services to reduce dental disease.

### **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 TDF program has an excellent record of sustainability, having been in operation for 30 years. A key to this achievement is that the program has a legal underpinning established as a result of a class action lawsuit. The program's sustainability is also assured because each project partner -- the state departments of MR and Public Health, Tufts, local communities, families of people with MR/DD, affiliated hospitals -- has a vested interest in the success of the program.

The original design of the program as a *statewide mutual access approach* also contributes to program sustainability. In this model, oral health care services are provided with support from hospital, university, community, institutional, and private health care programs to deliver quality comprehensive clinical services and aggressive preventive education programs.



The sustainability of the program is also promoted because of its diverse funding streams. Although funding has fluctuated in relative importance through the years of the program, having multiple funding sources allowed the program to endure.

### **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 TDF program operates through collaboration with state agencies. Important collaborations include: the Tufts School of Dental Medicine providing staff for patient treatment, teaching and program administration; the Department of Mental Retardation providing space for the 6 dental clinics at the state campuses at no cost; the Department of Public Health providing financial support; the state Medicaid program providing reimbursement for dental services for their clients; and affiliated hospitals providing OR services.

There is collaboration with many community groups and agencies including the Association for Retarded Citizens, the Governor's Commission on Mental Retardation, the Department of Mental Retardation's Health Care Task Force, Health Care Advocates, Health Care for All, group homes, and parent and family support groups. Collaboration between the TDF program and the community is probably best exemplified in the Community Dental Health Program. To reach patients in over 200 community sites throughout the state, TDF dental hygienists collaborate with local dental professionals, special education personnel, parents, social workers, and service coordinators to schedule visits, obtain consent for preventive treatment, and to make referrals for dental treatment.

The TDF collaborates with the University of Massachusetts Medical School to integrate educational experiences for medical and dental students. There is opportunity for shared education experiences for faculty and students through the Leadership Education in Neurodevelopmental Disabilities (LEND) Program at the Eunice Kennedy Shriver Center, which is part of the Medical School. The TDF also provides educational support and training experiences for the U. Mass Medical School Dental GPR Program.

The TDF program collaborates with numerous organizations, both local and national, to promote the oral health of people with disabilities. The program was represented at the Surgeon General's Conference on Health Care Disparities and has established working relationships with key stake holders such as the Health Care Advisory Committee of Department of Mental Retardation of Massachusetts, the Department of Mental Retardation Dental Subcommittee, the Governor's Commission on Mental Retardation, and the Volunteer Advisory Committee of the Oral Health Foundation of Delta Dental Services of Massachusetts.

### **Objectives/Rationale**

*How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?*

The TDF program addresses the HP 2010 objectives and the Call to Action by the Surgeon General by creating a state infrastructure that improves access to dental care for some of our nations' most underserved individuals. The practice is a highly coordinated system of care that includes a prevention-oriented community outreach component, a statewide network of 8 dental clinics that provide outpatient services, and a hospital-based OR component that provides services by referral.

### **Extent of Use Among States**

*Describe the extent of the practice or aspects of the practice used in other states?*

It is not know if other statewide programs exist similar to the TDF program. It is not uncommon for schools of dentistry, hospital dental departments, or state or local health departments to operate dental programs that serve people with MR/DD but probably more limited; these programs are typically limited to a single location. What makes the TDF program unique is its statewide scope, its sponsorship by a school of dentistry, and its integration of prevention services, ambulatory treatment and hospital care.