



Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Special Care Dentistry Fellowship Program
Rose F. Kennedy Center, Children’s Evaluation and Rehabilitation Program
University Center for Excellence in Developmental Disabilities
Leadership Education in Neurodevelopmental and Related Disabilities
Montefiore Medical Center

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
 Check one or more categories related to the activity.

“X”	Assessment
X	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
X	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

***[ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)**

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.

- Reduce the proportion of children, adolescents, and adults with active or untreated tooth decay. We serve a population of people with developmental disabilities throughout their entire lifespan.
- Increase the proportion of oral and pharyngeal cancers detected at the earliest stage. Routine intra and extra oral exams include screenings for all pathology, including possible oral cancers.
- Increase the use of the oral health care system. Our dental program works collaboratively with the large array of medical service units at the Rose F. Kennedy Children’s Evaluation and Rehabilitation Program at Montefiore Medical Center.
- Increase the proportion of people with dental insurance. Before initiating any oral health service, each family is assessed for insurance coverage. An exceptionally large majority of our patients have dental coverage through a number of New York State Medicaid programs.
- Reduce the proportion of people who can’t get dental care they need when they need it. The Fellowship program utilized various behavior management techniques that are often not seen in the community to address behavioral and anxiety issues related to dental care.
- Increase the proportion of people whose water systems have the recommended amount of fluoride. Water treatment with fluoride is already addressed by New York City health policy.

- Reduce consumption of added sugars by people aged 2 years and over. Part of routine care for every patient includes nutritional counseling regardless of the patient's age.
- Oral health care for older adults. We have implemented the use of Silver Diamine Fluoride to arrest decay that cannot easily be restored, especially seen on root surfaces. Tooth extractions are delayed until such time that no other alternative is present. Patients with moderate to severe periodontal disease are seen more frequently as needed.
- Preventative care. Low or high income is not taken into account when planning a patient's treatment needs. A large majority of our patients are from low socioeconomic families. Sealants are placed as needed depending on clinical presentation and ability to cooperate with the treatment.
- Public health infrastructure. A number of faculty at this center participate in the New York State Office of People with Developmental Disabilities Special Dentistry Task Force.

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Developmental disabilities, oral health care, professional training, special needs, intellectual disabilities, policy, access to care: adults and older adult services, access to care: individuals with special health care needs, prevention: adults and older adults oral health, prevention: individual with special health care needs

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

It is well documented that the special needs population has difficulty accessing dental services on a timely basis. The Rose F. Kennedy University Center for Excellence in Developmental Disabilities (UCEDD) dental program provides: (1) clinical dental services to patients with developmental disabilities, (2) training in special care dentistry to postgraduate dental residents and fellows, and (3) outreach to patients and caregivers in promoting oral health maintenance procedures and practices.

The dental program is an integral service and training component of the broader Kennedy Center, which serves as a tertiary referral center for children with genetic and developmental anomalies. The Special Care Dentistry Fellowship Program, incorporated into the dental program, is one of only a few programs nationally that provides comprehensive training in all aspects of special care dentistry from training in genetics through the provision of treatment under general anesthesia. The dental clinic has logged 4,100 patient encounters in FY 2019.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Arial 10 pt.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

Historically, in the mid twentieth century, many people with intellectual and developmental disabilities lived in large institutions. As a result, there was little community development of health care resources including dentistry for this patient population.

In 1965, to help alleviate the shortage of practitioners willing and able to care for developmentally disabled patients, Dr. Harold Diner began providing dental treatment to children with developmental disabilities as part of the general dental program at the Bronx Municipal Hospital Center (BMHC, now Jacobi Hospital).

In 1970, the Rose F. Kennedy Center for Research and Services in Developmental Disabilities, part of the Albert Einstein College of Medicine, opened on the grounds of Jacobi Medical Center. Dr. Diner was given the opportunity to open a dental clinic for special needs children and begin a new pediatric dentistry residency program at the center. This program would incorporate a significant component of training and care for the population of special needs patients.

A one-year Clinical Fellowship in Special Patient Dental Care was also incorporated into the dental program. This fellowship was originally intended for graduates of pediatric dentistry residencies to enhance their skills in treating special needs children. Over time, the fellowship became opened to any dentist with an interest in learning to provide care to patients with developmental disabilities.

In 1988, the pediatric dentistry residency program was discontinued, and the fellowship program was expanded to include three FTE fellows (currently there are 2 FTE fellows). Training expanded to include treatment of adults with developmental disabilities. This decision was based on the realization that adults with disabilities living in community settings faced severe barriers to accessing dental care.

The Kennedy Center dental program and its Special Care Dentistry Fellowship are components of the Rose F. Kennedy University Center for Excellence in Developmental Disabilities (UCEDD). A UCEDD is an interdisciplinary treatment and training facility for persons with developmental and intellectual disabilities. More information about UCEDDs can be obtained at <http://www.aucd.org/template/page.cfm?id=24>

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Although many people with developmental disabilities can be treated in the traditional dental setting, a large number of these individuals have difficulty accessing dental services. Factors contributed to this scarcity of services include a lack of sufficient caregivers trained in the complexities of treating patients with developmental disabilities and inadequate compensation from private and public insurance programs for treating special needs patients requiring additional time and management for treatment. Across the nation, Special Care Dentistry (SCD) Fellowship programs, General Practice Residency (GPR), and pediatric dentistry programs are addressing the need to train dentists who are competent to treat persons with disabilities in the community and in the hospital.

As of 2021, there are close to 130,000 individuals with intellectual and developmental disabilities (ID/DD) residing in New York State receiving services through the New York State Office for People with Developmental Disabilities (NYS OPWDD). Of the approximately 130,000, 34,500 individuals with ID/DD reside in New York State certified residential facilities. The vast majority live in our communities, either in group residences, supported apartments, or with family. Dentistry is consistently cited as an unmet health care need in this population. There is a high need in the state for more dentists with training to care for individuals with developmental disabilities living in the community.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

The dental program at Rose F. Kennedy Center has been in existence since 1970 and has trained hundreds of residents and fellows who have subsequently opened their practices in many different states and countries. The clinic currently serves over 2,000 individuals with approximately 4,500 patient visits annually. The program has an IV/IM sedation program that treats over 300 patients a year. Patients travel from as far as Eastern Long Island and Upstate New York for this unique service. Additionally, the clinic is part of a large hospital, and the Special Care Dentistry program is affiliated with three other hospital systems. This permits easy referral for treatment in the operating room when appropriate.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Rose F. Kennedy University Center for Excellence in Developmental Disabilities Dental Program	
Professional Staff	1 general dentist 1 general dentist/dentist anesthesiologist 1 pediatric dentist 1 pediatric dentist/ dentist anesthesiologist 1 oral surgeon/dentist anesthesiologist 2 special care dental fellows Other residents from 6 postgraduate programs who take rotations at the Kenny Center Dental Clinic
Auxiliary Staff	4 dental assistants 2 receptionists 1 office coordinator/billing specialist
Funding	Medicaid revenue MCH grant -renewed every five years New York City Contract – renewed annually Private insurance (very small percentage)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

ACTIVITIES	
Operations	6 chair dental clinic within multidisciplinary outpatient neurodevelopmental center
Education	Clinical training of special care dentistry fellows and dental residents from 6 postgraduate programs
	Technical assistance to various agencies

Dental Program Major Activities

The Rose F. Kennedy UCEDD dental program provides the following major activities:

1. Clinical dental services to infants, children, adolescents, and adults with developmental disabilities,
2. Training in special care dentistry for postgraduate dental residents and fellows, and
3. Outreach to patients and their caregivers in oral health maintenance procedures and practices.

Educational Activities

The teaching component of the dental clinic provides an environment where all aspects of dental care for persons with medical, developmental, and/or behavioral disabilities is taught to postgraduate dental professionals; not only the Special Care Dentistry fellow, but also pediatric dentistry, general practice residents, and dental anesthesia residents who take rotations at Kennedy Center. Training involves both clinical and didactic components. Some of the pediatric dentistry residents spend 20% of their clinical time at the Kennedy Center (approximately 800 hours of clinical training). The general practice residents receive 96 hours of training. All the residents and the Special Care Dentistry fellow receive over 60 hours of didactic training in special care dentistry.

The clinic provides services for infants, children, adolescents, and adults with problems that include physical, intellectual, developmental, language, and learning disabilities. The clinical curriculum includes a comprehensive approach to those problem areas that require advanced and sophisticated treatment modes.

Special Care Dentistry Fellowship

The Fellowship in Special Care Dentistry is a comprehensive, one-year, full-time, postdoctoral level program. It is designed to provide an intensive program in the management of medically complex and behaviorally difficult patients. To be eligible for the fellowship program at the Rose F. Kennedy UCEDD, an applicant must be a graduate of an American or Canadian dental school with a current New York State license. Dentists licensed in another state can achieve licensure by credential in New York. Candidates must submit an application along with an official dental school transcript, two professional letters of recommendation, and a personal letter stating the applicant's reasons for seeking the advanced training, special interests, plans for the future, and any other relevant information. Special consideration is given to graduates of dental general practice residencies or specialty programs, but all applicants are considered. Letters announcing the availability of the program are sent to all GPR programs in the New York metropolitan area and to unmatched applicants of pediatric dentistry residency programs. The program usually receives 15-20 applicants for the program per year. The stipend is commensurate with residencies in the New York metropolitan area, with variation due to Post Graduate Year (PGY) level.

Curriculum

Extensive multidisciplinary exposure to those areas that are of importance to the dentist treating patients with special needs is essential to a training program such as this. The clinic is hospital based within a medical school and consequently provides frequent and close interaction with other members of the public health and developmental disabilities community.

By the end of the training period, the trainee (residents and fellow) will have acquired knowledge and experience in:

1. A wide range of developmental disabilities and acute and chronic medical disorders, with an emphasis on how they may impact the individual's ability to access adequate dental care.
2. A wide range of treatment modifications, adjunctive procedures, and specialized management modalities to facilitate delivery of dental care to patients with special needs.
3. A wide range of out-patient pharmacological sedation modalities.
4. Advanced restorative measures in children and adults.
5. The recognition and treatment of unusual dental conditions, which are either genetically or locally imposed.
6. Oral pathology.
7. Minor oral surgical procedures.
8. Current dental research activity.

Additionally, trainees who complete the Fellowship will:

1. Have acquired a much more advanced level of knowledge and experience in the above areas.
2. Be able to carry out research efforts directed towards improving the methods of providing treatment to the ID/DD population.
3. Be exposed to person centered dental plans and disseminate oral health information to families, self-advocates, and the broader community.
4. Be exposed to interdisciplinary training within the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program and help to incorporate oral health within interdisciplinary treatment plans.
5. Be able to act as a source of expert information to community programs, parents/guardians, and other dental and medical professionals.
6. Have an introduction to educational and desensitization techniques and equipment to modify and reduce anxious behaviors in the dental setting.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

Dentist training	One special care dental fellow and 46 residents trained per year (includes pediatric dentistry, general practice residents, and dental anesthesia residents who take rotations at Kennedy Center from 6 postgraduate programs)
Service units	4,100+ patient visits annually
Products developed	Oral health educational programs for direct care staff
	Oral health educational programs for patients
	Educational programs for general practice and pediatric dental residents
	Oral health education for the broader community (including those agencies serving the ID/DD population)
	Collaborated with the New York State Office for People with Developmental Disabilities (OPWDD) Task Force on Special

	Dentistry to create an online provider directory of special care dentists in New York State for providers, families and people with disabilities.		
INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- How outcomes are measured
 - How often they are/were measured
 - Data sources used
 - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Promotion of an interdisciplinary training and service delivery infrastructure that is oriented to comprehensive care for persons with disabilities
Increased dental workforce capacity to serve persons with disability, through special training programs (fellowship and resident training)
Development of a specialized program that accepts referrals from community dentists and agencies throughout the metropolitan area
Community based training program that Increases the oral health knowledge of care providers
Increased collaboration among dental residency programs in the metropolitan area

Specific Competency Objectives Upon Completion of Training

By the end of the training period, the trainee will be able to:

- State the etiology and prevalence of various common and uncommon medical, developmental, psychiatric, and behavioral disorders.
- List common pharmacologic agents used in the medical management of these conditions and their systemic effects.
- Describe significant oral and systemic manifestations of chronic health care conditions.
- Be aware of major national and local advocacy and support services available in the community.
- List and know the proper use of various specialized equipment that may be needed to facilitate the dental management of individuals with disabilities.
- Describe the relevance of professional or other appropriate consultations in the treatment of individuals with disabilities and obtain further evaluations when necessary.
- Be familiar with and obtain experience in various forms of light and deep conscious sedation, general anesthetic, and emergency management modalities and medications. Be familiar with and obtain experience in physiologic monitoring and electronic monitoring equipment and record keeping necessary for sedation and general anesthesia cases. Be familiar with and obtain experience in using emergency medical equipment and drugs.
- Know the legal requirements concerning consent for dental treatment in New York State and be able to obtain all necessary consents.
- Take a comprehensive health history, obtain medical or other needed consultations, and evaluate and diagnose existing oral conditions.
- Develop an appropriate treatment plan based on the health and psychosocial history, incorporating pertinent management factors such as methods of anxiety and pain control, optimum time and length of appointments, and use of support persons.
- Develop and implement an individual program for preventive care, given the specific problems presented by a patient with a disability.
- Demonstrate proper transport, transfer, and positioning of patients.

13. Demonstrate appropriate verbal and nonverbal communication skills in the treatment of patients.
14. Perform specialized dental procedures such as modified radiographic, restorative, prosthetic, or other specialized techniques, when appropriate.
15. Make appropriate decisions concerning the management of a patient with non-compliant behavior utilizing various behavior management and desensitization techniques.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

FY 2019 revenue was \$819,033.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Rose F. Kennedy Montefiore Medical Center 2019 Dental Program Expense Budget	
Salaries	\$654,050.00
Fringe	\$199,485.25
PAGNY Contract (Consulting)	\$188,000.00
Malpractice	\$30,000.00
OTPS (Supplies, Lab Costs, Repair)	\$ 65,000.00
Rent	\$80,000.00
Total Costs	\$1,216,535.25

3. How is the activity funded?

Patient revenue and departmental support. The Special Care Dentistry Program is a very expensive program to operate, and Montefiore Medical Center is extremely supportive of providing care to all individuals regardless of race, creed, or disability.

4. What is the plan for sustainability?

Increased productivity/maximize utilization to serve the needs of the ID/DD population.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?
 - Having strict protocols for obtaining consent, medical history and insurance information helps to facilitate treatment.
 - Having affiliation with hospitals facilitates referral for patient requiring treatment in OR.

- Having appropriately staffed clinic (i.e., with practitioners in different specialties) allows most treatment to be completed in a single outpatient facility and offers more opportunities for training the fellows and residents.
- Having affiliation with several postgraduate dental programs permits expansion of training opportunities and increases the number of practitioners able and willing to treat patients with special needs in the community, thus improving access to care.

2. What challenges did the activity encounter and how were those addressed?

The Rose F. Kennedy UCEDD dental clinic is both a training center and a service provider. Because of the dental clinic's expertise, it has become a tertiary level referral center for patients with developmental disabilities. Consequently, the dental clinic needs additional financial and in human resources. Focus areas for improvement include:

- Need for larger spaces to accommodate the aging population with ID/DD.
- More specialty faculty.
- Opportunity for the dental fellows to able to treat referred patients in a hospital operating room.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

- Curriculum guidelines for training in special care dentistry (available upon request to Dr. Alam at faalam@montefiore.org)
- Training objectives for clinical fellows and residents (available upon request to Dr. Alam at faalam@montefiore.org)
- Forms developed by NY State OPWDD Taskforce on Special Dentistry, available at <https://opwdd.ny.gov/adm-2010-02-medical-immobilization-protective-stabilization-mips-and-sedation-medical-dental-0>

TO BE COMPLETED BY ASTDD	
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