



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 Dental Clinic (SCDC)

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.
	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	
	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
	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
	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.

- Increase the proportion of children and adolescents with special health care needs who have a system of care — MICH-20
- Increase use of the oral health care system — OH-08
- Reduce the proportion of adults with active or untreated tooth decay — OH-03
- Reduce the proportion of people who can't get the dental care they need when they need it — AHS-05

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: Underserved, access to care: adults and older adults services, access to care: individuals with special health care needs, prevention: adults and older adults oral health, prevention: individuals 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.

Adults with intellectual and developmental disabilities (ID/DD) represent an underserved and vulnerable patient population. Due to specific challenges for dental treatment, such as behavior modifications, guardianship issues, and the possible need for sedation/hospital care, many dental providers lack the experience to provide efficient care to this population. The nature of many adults diagnosed with ID/DD is that they never grow out of their dependence on a family member, caretaker, or a group home. The purpose of this project is to improve access to oral healthcare services to this population through the operation of the Special Care Dental Clinic (SCDC) within the UNLV pre-doctoral program.

The SCDC is physically operated out of University of Nevada, Las Vegas, (UNLV) School of Dental Medicine campus. Dental students are rotated through the SSC, and if patients can be treated without general anesthesia, the dental students perform all aspects of dentistry. Approximately 5-8 patients are scheduled for each rotation and approximately five rotations are scheduled per week.

Many resources are needed to run the SCDC successfully, such as physical space to provide care and coordination of key personnel from UNLV, the Aging and Disability Services Division (ADSD), University Medical Center of Southern Nevada Hospital (UMC), the Division of Public and Behavioral Health (DPBH), Oral Health Program (OHP), Regional Transportation Commission of Southern Nevada (RTC), and public partners. Unless other funding mechanism are in place, patients or guardians are required to pay for out-of-pocket for services not covered by Medicaid or private insurance. Limits to the number of patients seen are due to the availability of providers at UNLV, the number of dental operatories, and scheduling limitations.

As a result of the SCDC, hundreds of patients have been seen who would otherwise have no access to routine dental services. Additionally, all dental students who graduated after 2015 will have first-hand experience with treating adults with ID/DD. Many of the UNLV graduates stay in Nevada to practice; therefore, the number of dental providers trained to treat this population is increasing.

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?

Individuals with special health care needs offer specific challenges for dental treatment including behavioral modifications, issues of guardianship and documentation, Medicaid reimbursement limitations, complex medication regimens, and/or the necessity of requiring sedation/hospital care to provide dental services. In Nevada, this population continues to grow, but many dental providers lack the training necessary to feel comfortable treating them. For those patients needing sedation/hospital care, the

average dentist does not have hospital privileges or a sedation license. Children with disabilities are more likely to access a dental provider as compared to their adult counterparts due to the enhanced children's dental Medicaid program and training for special care populations as part of pediatric residency programs. With limited access to dental care and funding for dental care, adults with special needs suffer the consequences of poor oral health that in turn impacts their overall health and well-being. Without timely dental treatment, their ability to maintain proper nutrition may impact their overall general health. Due to the limited number of dental providers willing to treat this patient population, there is a great need in Southern Nevada for a dental home for adults with ID/DD. The purpose of this project is to improve access to oral healthcare services to this population through the development of a Special Care Dental Clinic (SCDC) within the UNLV pre-doctoral program. The SCDC will increase the number of dental students trained in both safely treating and referring patients with ID/DD. The clinic will provide safe, efficient, and high-quality dental care thereby establishing a dental home for patients who would otherwise have no access to routine dental services.

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

The SCDC aids in achieving the 3rd goal of the Nevada Governor's Council on Developmental Disabilities Five Year Plan (October 2011 to September 2016). The goal states: "In conjunction with individuals with developmental disabilities and community entities, develop and strengthen systems that improve quality services and access to quality services and supports in their local communities." The SCDC has achieved this goal by collaborating with organizations to help facilitate accessible and appropriate information on healthcare resources to people with ID/DD. The clinic is provides educational information throughout the disability community to better enable informed choice throughout the lifespan.

Additionally, the Special Care Dental Clinic helps the UNLV School of Dental Medicine in achieving a requirement for accreditation. All dental schools are subject to the terms under the Commission on Dental Accreditation (CODA), and an updated requirement includes students who graduate to be competent in treating patients with special health care needs, as opposed to just assessing them as was the original accreditation requirement.

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

Dental students started treating patients in the Special Care Dental Clinic in 2015; however, the current process of rotations (explained below) through the clinic did not start until 2017. Prior to 2015, the rotation included students observing. The faculty member at that time personally treated patients although we do not currently have access to information about how many patients were treated. In 2015 and 2016, Dr. Gewelber relied upon students who volunteered to treat patients with special needs while developing the current rotation system.

Over the past five years, there were several occurrences of the state financially supporting the SCDC. In 2017 the Division of Public and Behavioral Health, Oral Health Program (DPBH, OHP) awarded the Special Care Dental Clinic \$47,000 to purchase hospital dental equipment needed to treat patients under general anesthesia at UMC Hospital. In 2020, DPBH, OHP facilitated a grant award of \$250,000 for dental treatment for individuals supported by the Desert Regional Center. Due to COVID-19, the SCDC was closed in the Summer of 2020, reopened with restrictions related to the pandemic in the Fall of 2020, and then closed at the end of December 2020 due to staffing difficulties.

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.)

Many resources are needed to run the Special Care Dental Clinic. Physical space is needed to screen patients and provide care. The dental school provides a bay of eight operatories including a wheelchair-accessible operatory. Additionally, several key personnel play a coordinating role in ensuring the success of the clinic, including staff from the dental school, the Aging and Disability Services Division (ADSD), and UMC. Due to a shortage of dental school staff, this has been a challenge. Additionally, networking with the Division of Public and Behavioral Health (DPBH), Oral Health Program (OHP) and public partners has been built since the program was created. Many of the patients need transportation to their appointments, and coordination with Regional Transportation Commission of Southern Nevada (RTC) is necessary. Since Medicaid funding for adults is limited, patients or their guardians are required to pay for services out-of-pocket unless scholarship or other funding is available.

Additionally, the SCDC focuses on dental services for adults with ID/DD. Many of the patients within SCDC are eligible or enrolled in Nevada Medicaid. However, Nevada Medicaid has limited adult benefits that do not provide comprehensive dental services for this patient population.

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.

The Special Care Clinic(SCDC) is physically operated out of UNLV's School of Dental Medicine campus in the Las Vegas Medical District. Senior and junior dental students are given rotations through the SSC throughout their dental training. During these rotations, patients are assigned to each student. The students are either screening new patients or providing treatment on patients of record. If any new patient requires sedation or general anesthesia for treatment, their care is scheduled at UMC.. If patients can be treated by the dental students, comprehensive care is performed at subsequent appointments.

Approximately 5-8 patients are scheduled for each rotation and approximately 5 rotations are scheduled each week. Exceptions are during school breaks and holidays. Staff members at UNLV coordinate the assigned student rotations and schedule patients in the SSC. The clinic was directed by a single UNLV faculty member overseeing students providing care from 2015 to 2020. She was also the primary provider rendering care for those who needed treatment under general anesthesia at UMC Hospital.

Limits to the number of patients who can be treated are due to the availability of participating faculty at UNLV, the number of dental operatories, scheduling limitations at UMC, and the number of students assigned on rotation. Overall, more patients want to be seen than those who can be accommodated with the fixed resources.

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.)

As a result of the Special Care Dental Clinic, hundreds of patients have been seen and completed their treatment plans. The exact number cannot be determined at this time; but without the SCDC, many would have had no ready access to dental care. Additionally, all dental students from 2015 through 2021 have

first-hand experience with treating adults with ID/DD. Many of these graduates will remain in Nevada, thus increasing access to care for this population.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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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:
 - a. How outcomes are measured
 - b. How often they are/were measured
 - c. Data sources used
 - d. Whether intended to be short-term (attainable within 1-3 years), intermediate

The primary outcome of the SCDC rotation is to change the attitude that dental students have regarding treating adults with ID/DD as measured by survey administered at the completion of their rotation. Dental students feel more confident treating patients with special healthcare needs by participating in the SCDC rotations. The data was based on anonymous and voluntary surveys of each class. The 2019 survey had the following results:

The 64 members of the class of 2020 participated in the survey. Fifty-two of the 64 students reported that they are now "a little more confident" or "much more confident" regarding treating patients with special health care needs because of participating in the Special Care Clinic rotation. The remaining responders said "no difference" or "n/a."

The survey conducted in 2020 had the following results: Of the 39 members of the class of 2021 who participated in the survey, 11 said they felt much more comfortable treating patients with special healthcare needs after participating in the clinic, 23 said they felt "a little more comfortable," and none reported less comfort. As these students enter the workforce, hopefully, they will continue treating patients with special health care needs to reduce barriers to care currently experienced.

Additional SCDC outcomes include:

- Providing screening services to patients with ID/DD to determine if there are any urgent needs.
- Providing educational opportunities to educate the patient and/or primary caregiver(s) on the importance of preventative and maintenance dental care.
- Providing comprehensive treatment plans, which include behavior management considerations, emergency, periodontal, restorative, endodontic, oral surgery, and recall procedures. Dental students perform all services as planned.
- Establishing a dental home for adult patients with ID/DD.
- Providing opportunities for general practice and pediatric residents, as well as pre-doctoral students to interact with patients with disabilities, thereby increasing their confidence and skills in treating such patients in the future.

Budgetary Information:

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

1. What is the annual budget for this activity?

The SCDC has struggled to establish as set budget. The 2020 state funding, provided reimbursement for services and some semblance of structure to the finances of SCDC. The grant budget for the state funding awarded in 2020 is below. Since December of 2020, there is no faculty member assigned to the Special Care Dental Clinic and is currently not operational.

**ATTACHMENT CC
BUDGET SCHEDULE**

Description	Hourly Rate	Fringe (Insurance, PERS, etc.)	Rate with Fringe	Hours per Week	Average Hours per Month	Length of Contract (months)	Total Hours for Contract Period	Anticipated Total
UNLV-SDM Dentist	\$ 58.34	33.0%	\$ 77.59	12	52.0	15	780	\$ 60,520
Personnel Costs Sub-Total								\$ 60,520

Description	Average Cost per patient	Clarifying Notes	Number Served per Month	Length of Contract (months)	Total for Contract Period	Anticipated Total
In-office Sedation for a 3 Hour Case	\$ 2,200.00	(includes sedation codes)	2	15	30	\$ 66,000
Hospital Operating Room (OR) Case	\$ 1,000.00	(dental only)	6	15	90	\$ 90,000
General Clinic Materials and Supplies	\$ 75.00	\$25 for screening only \$50-100 with treatment Projection based on \$75	32	15	480	\$ 36,000
Sedation, Hospital, & Supplies Sub-Total						\$ 192,000

GRAND TOTAL \$ 252,520

Average Monthly Cost \$ 16,835

Assuming start date of April 1, 2020	
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FY-2020 \$ 50,504

FY-2021 \$ 202,016

\$ 252,520

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

The exact costs associated with the SCDC are difficult to determine since the staff including the dentist are already employees of record. The job duties of these individuals are not solely the operation of the SCDC and include other tasks for the dental school. Supplies used on the dental school campus are not necessarily tracked separately from the other pre-doctoral dental clinics.

3. How is the activity funded?

The dental school provides the space for the treatment, the faculty member and staff who participate in the operation of the SCDC are already on salary at UNLV, the students are not paid for providing care, and the supplies for treatment rendered at the dental school campus are provided by UNLV. Treatment is paid for by the patient/guardian, Medicaid, or funding by the state depending on the situation and timing of treatment. Reimbursement does not simply flow back to the SCDC but is incorporated into the overall UNLV School of Dental Medicine clinic account.

4. What is the plan for sustainability?

Currently UNLV is looking for a new faculty member to treat the patients using what is left of the grant provided by the state in 2020. Since the SCDC meets a requirement for the dental school's accreditation, it is expected that the clinic will continue operating until the foreseeable future.

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?

Limitations on the success of the clinic at the university level depend on the support from the administration. A team of individuals dedicated to the clinic would be recommended. Based on the limitations of the SCDC, it is safe to conclude that to operate a successful Special Care Dental Clinic in an educational setting, the following team members and items need to be in place:

- Multiple dental providers available (ideally including an endodontist, oral surgeon, and dental anesthesiologist) with hospital credentials
- GP and Pediatric residents on rotation continuously throughout the year
- Fourth-year dental students on rotation continuously throughout the year
- At least one dedicated assistant with hospital dentistry training/experience/credentials
- A coordinator/scheduler with training/experience in legal guardianship documentation and good communication with UMC hospital for scheduling those who need general anesthesia
- Oral surgery suite with all equipment necessary to handle emergencies resulting from or spontaneously occurring during IV conscious and deep sedation performed on campus
- A portable laptop and digital sensors for taking radiographs in OS and at UMC
- A portable hospital dentistry unit with dental items needed for hospital dentistry cases.

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

At the beginning of the SCDC's creation, funding was the biggest limitation. However, the state's support and funding have minimized financial barriers and stabilized the program.. Despite the recent grant award from the Nevada Department of Health and Human Services of \$252,520, the current challenge is centered on staffing shortages. The SCDC Director left her position in late 2020 and the position stands vacant. This director was the sole employee within the clinic and without this single position, the SCDC is not able to provide clinical services. The future of the SCDC is unclear but demonstrates the multiple levels of support and continued buy-in from diverse partners that is needed to provide continued clinical services for vulnerable populations.

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.

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	31010
Associated BPAR:	Oral Health of Children, Adolescents and Adults with Special Health Care Needs
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