



Integrating Sustainable Oral Health Services into Primary Care in School-Based Health Centers: A Framework



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Introduction

Purpose

This framework offers ideas for school-based health centers (SBHCs) to consider when integrating sustainable comprehensive oral health services into primary care. Implementing these ideas can improve the quality of care and ultimately the oral health and overall health and well-being of school-age children and adolescents.

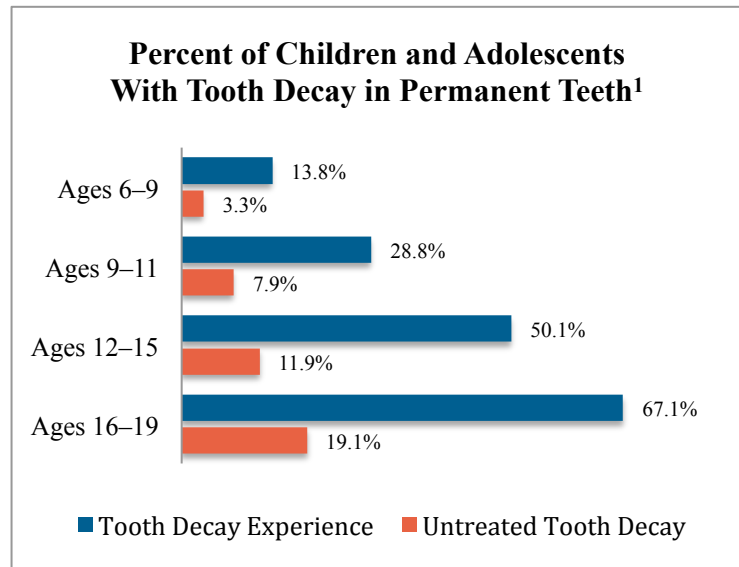
The framework begins with a description of the impact of oral health problems on children's and adolescents' school performance and a description of the Maternal and Child Health Bureau's (MCHB's) School-Based Comprehensive Oral Health Services Grant Program (SBCOHS), followed by a description of six levels of integration to help SBHCs identify their current level of integration. The advantages and disadvantages of each level of integration are also identified. In addition, the framework outlines 10 key elements of integration and includes a set of action steps, highlighted activities from the SBCOHS grantees, and relevant resources for each element. Based on this information, SBHCs can use the 10 key elements to more fully integrate sustainable comprehensive oral health services into primary care in SBHCs.

The framework has a flexible design that allows SBHCs to infuse their own ideas into the planning process, engage local partners, and tailor efforts to best meet their specific program needs. Information presented in the framework is based on lessons learned from MCHB's SBCOHS 2011–2015 grantees as well as on useful information that was compiled to support grantees' efforts to plan, implement, and evaluate integration activities.

In this framework, “sustainable” is loosely defined. It can mean simply that program services can continue despite resource shifts or losses. It can also refer to institutionalizing services or continued activities and impacts; creating a legacy; continuing organizational ideals, principles, and beliefs; upholding existing relationships; or maintaining consistent outcomes.¹

Oral Health and School Performance

Despite decreases in tooth decay rates among children and adolescents, tooth decay remains a persistent problem in the United States.² As children get older, they experience both more tooth decay and more untreated tooth decay. In addition to affecting their overall health and well-being, oral disease can negatively impact children's performance at school.³



Children and adolescents with oral health problems are more likely to have problems at school and less likely to completed their homework compared to those without oral health problems.⁴ Also, children and adolescents who had toothaches in the last 6 month months are almost four times more likely to have a grade point average below 2.8 compared to their counterparts who did not have toothaches.⁵ The worse a child's or adolescent's oral health status, the more likely the child or adolescent is to miss school as a result of pain or infection.⁶

One proven strategy for reaching children and adolescents at high risk for oral disease is through school-based programs with linkages to oral health professionals and other health partners in the community. These programs serve as models for improving access to oral health education, prevention, and treatment services for school-age children and adolescents at high risk for oral disease.⁷

Another approach that is gaining ground is the provision of comprehensive oral health care services that are integrated into primary care delivered in SBHCs. In fully operational integrated SBHCs clinical and behavior staff work at the top of their license and conduct screenings, provide preventive care, where appropriate, and make referrals within and outside the SBHC to meet all of the physical, behavioral, and oral health needs of each child.

School-Based Comprehensive Oral Health Services Grant Program

The MCHB-funded School-Based Comprehensive Oral Health Services (SBCOHS) grant program 2011–2015 was designed to demonstrate the successful integration of comprehensive oral health services into primary care in an existing SBHC. Under this program, SBCOHS projects delivered high-quality oral health



services (i.e., education and preventive and restorative care) to students in preschool, elementary school, and/or middle school with the greatest need. By augmenting an existing SBHC delivery system with culturally competent, comprehensive, high-quality oral health services, SBCOHS projects demonstrated effective ways to strengthen existing SBHC capacity. SBCOHS projects were also designed to respond to children’s and adolescents’ oral health needs and to increase access to oral health services for underserved populations at high risk for dental caries, including children and adolescents enrolled in Medicaid and in the Children’s Health Insurance Program.

Multiple approaches were used by SBCOHS projects to successfully organize and arrange for the delivery of oral health services in SBHCs. SBCOHS projects were organized using variations of school-based and school-linked models. Projects that were school-based used contracts and memorandums of understanding to obtain services from nonprofit oral health organizations and university-based training programs or were affiliated with federally qualified health centers (FQHCs) or FQHC lookalikes. Projects that were school-linked had health center affiliations or agreements with independent mobile/portable oral health care programs, oral health professionals, and coalitions to provide oral health services.

Levels of Integration

The following description of six levels of integration can help SBHCs determine their current level of integration, identify the advantages and disadvantages of their current level of integration, and offer insight into what they need to do to become more fully integrated. The information was adapted from the Center for Integrated Health Solutions' [*A Standard Framework for Levels of Integrated Healthcare*](#).⁸



Coordinated Care

Level 1: *Minimal Collaboration*. Oral health professionals and primary care health professionals work at separate facilities, use separate systems, and rarely communicate about cases. When communication occurs, it usually results from a particular health professional's need for specific information about a shared patient.

Level 2: *Basic Collaboration at a Distance*. Oral health professionals and primary care health professionals maintain separate facilities and separate systems. They view each other as resources and communicate periodically about shared patients.

Co-Located Care

Level 3: *Basic Collaboration Onsite*. Oral health professionals and primary care health professionals are co-located in the same facility and may or may not share the same practice space. They use separate systems but communicate regularly, especially by phone or e-mail. They meet occasionally to discuss shared patients. Movement of patients between practices occurs most often through a referral process that is more effective than in levels 1 and 2 because the practices are in the same facility. Health professionals may feel they are part of a larger team, but there are no clear guidelines for how the team operates. Most decisions about patient care are made independently by individual health professionals.

Level 4: *Close Collaboration with Some System Integration*. Oral health professionals and primary care health professionals collaborate more closely, and there is some integration in care through shared systems. A typical model may involve a primary care setting embedding an oral health professional. In an embedded practice, the primary care front desk schedules all appointments, and the oral health professional has access to medical records and enters notes in them. Often, patients with multiple complex health care issues drive the need for consultation, which occurs through personal communication. As oral health professionals and primary care health professionals have more opportunities to share patients, they gain a better understanding of each other's roles.

Integrated Care

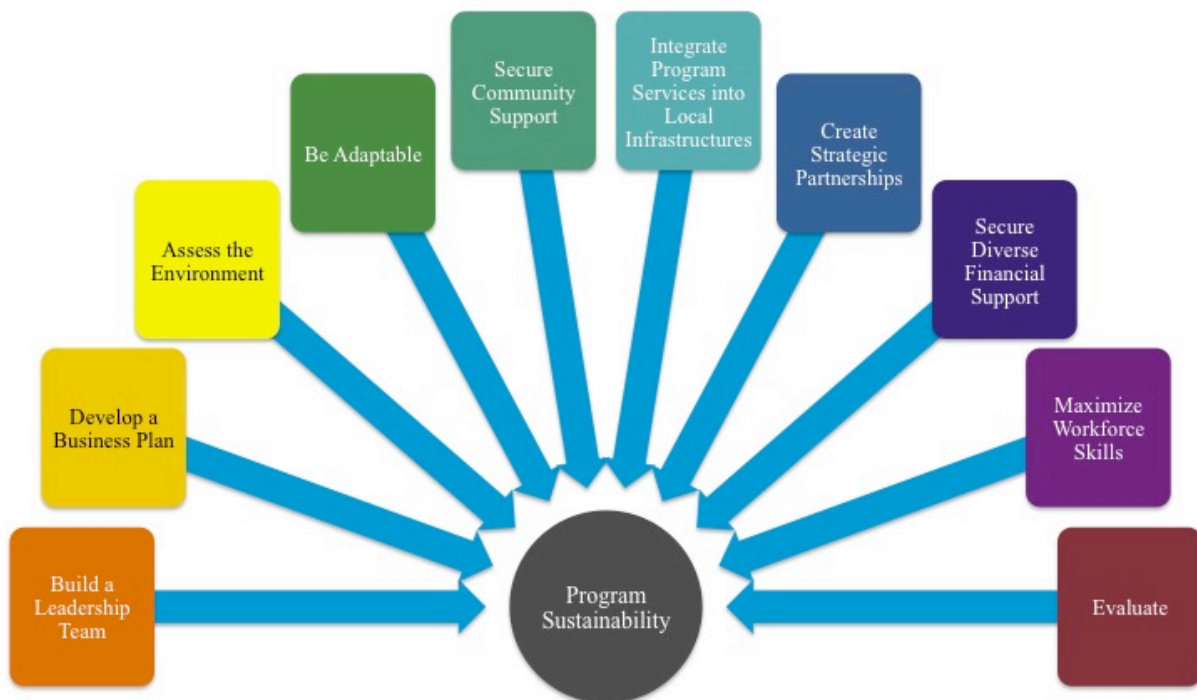
Level 5: *Close Collaboration Approaching an Integrated Practice*. Oral health professionals and primary care health professionals collaborate at high levels and are closely integrated. They begin to function as a true team, with frequent personal communication. The team actively seeks system solutions as they recognize barriers to care integration for a broader range of patients. However, some issues, such as the availability of an integrated medical record, may not be readily resolved. Health professionals understand the different roles team members need to play and have started to change their practice and the structure of care to more effectively achieve patient goals.

Level 6: *Full Collaboration in a Transformed/Merged Practice*. The highest level of integration involves the most significant practice changes. Fuller collaboration between oral health professionals and primary care health professionals has allowed system cultures (whether from two separate systems or from one evolving system) to blur into a single transformed or merged practice. Health professionals and patients view the operation as a single health system treating the whole person. The principle of treating the whole person is applied to all patients, not to targeted groups only.

Key Elements of Integration

Integrating sustainable comprehensive oral health services into primary care in SBHCs can span a number of strategies, including building internal capacity; securing new funding and managing and leveraging resources; or incorporating effective programs, practices, or policies into multidisciplinary practice to meet students' overall health needs.

Ten key elements of integrating sustainable comprehensive oral health services into primary care in SBHCs are presented here. Background, action steps, and resources are provided for each element. SBHCs may tailor any or all of these elements into their own unique sustainability strategies.



Build a Leadership Team

Strong leadership is key to achieving sustainability, and weak or contentious leadership can be its downfall. SBHCs should continuously strive to engage and develop their own organizational leaders while also identifying key stakeholders and champions in the community. Building a leadership team, rather than identifying a single leader, can help bolster successes even in the event of staff turnover. Having a clear vision for that team can also help ensure that it remains a source of support for program services as team composition changes over time.



Leadership teams can fulfill many important functions, including engaging key stakeholders and community champions and finding additional funders. Internal and external leaders can also develop and communicate the SBHC's mission and goals and chart new paths in the face of shifting community needs.

SBHCs should identify and cultivate leaders by creating opportunities for staff to build their own skills and participate in efforts to champion their causes. SBHCs should use current leaders' knowledge and skills to continually build this cadre of champions. In doing so, they also create opportunities to form new relationships and create larger networks of supporters.

Action Steps

- Identify strong internal leaders.
- Establish an advisory committee with diverse representation (e.g., students, parents, school officials, oral health professionals, other health professionals, members of local organizations, and the business community) to address the planning, implementation, and oversight of the integration progress.
- Keep organizational leaders engaged, and ensure their commitment.
- Identify external community champions.
- Promote leadership development.

Highlights from the SBCOHS Grant Program

- Bassett Healthcare Network (NY) used the principles of situational leadership to empower staff and gain buy-in.
- The National Maternal and Child Oral Health Resource Center in collaboration with the Maternal and Child Health Bureau and SBCOHS grantees developed a [worksheet](#) to serve as a checklist. Those leading the integration process found the worksheet useful for identifying areas needing attention; explaining the purpose and goals of the integration process to SBHC staff; promoting changes in SBHC policies, processes and protocols; and minimizing staff resistance to change.

Resources for this Element

Materials

[*Collaborative Healthcare Leadership: A Six-Part Model for Adapting and Thriving During a Time of Transformative Change*](#)

This document identifies key leadership practices within six organizational capabilities that are a prerequisite for establishing the successful delivery of collaborative care in multidisciplinary health care organizations. The organizational capabilities include collaborative patient care teams; resource stewardship; talent transformation; boundary spanning (e.g., eliminating silos); capacity for complexity, innovation and change; and employee engagement and well-being.

[*Delivering a Collective Leadership Strategy for Health Care*](#)

This paper describes steps for developing and implementing an effective collective leadership strategy. These steps include discovery, design, development, and evaluation.

[*Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards*](#)

This paper provides leadership standards critical to the goal of providing safe, high-quality patient care in a health care organization. While the paper focuses on large health care organizations, including hospitals, all the standards apply to school-based health centers. The paper includes information on what leaders do, leadership structure, leadership relationships, hospital culture and system performance, and leadership operations.

[*Safety Net Medical Home Initiative, Engaged Leadership*](#)

The Safety Net Medical Home Initiative website describes the initiative designed to help primary care safety net sites in five states become high-performing patient-centered medical home (PCMH). The Engaged Leadership web page describes key changes that leaders need to embrace to effectively facilitate, support, and sustain PCMH transformation. The page includes strategies

and tools for guiding practices through PCMH transformation and using health center board members to support PCMHs. It also includes tools for developing strategic planning, quality improvement, and business processes.

[Situational Leadership: Long-Term Success in the Rapidly Changing Healthcare Environment](#)

This paper defines situational leadership, identifies the core competencies of situational leadership, highlights the forces of change in health care, and discusses the need for flexible work styles.

[Top 8 Practices of Effective Healthcare Leaders](#)

This tip sheet identifies core practices that successful health care leaders use to keep their organizations moving forward. Practices include leading by example, building strong teams, encouraging participation, thinking like a teacher, challenging conventional thinking, measuring everything, knowing how to take action, and being accountable.

Tools

Community Tool Box, Chapter 6. [Building Leadership](#)

This chapter offers a toolbox to develop a plan for enhancing leadership and its core tasks. It offers a guide for becoming engaged as a leader, assessing leader and team competence in core tasks of leadership and developing a plan for improvement, envisioning team leadership team, setting leadership-development goals for individuals and teams, selecting methods for developing leadership, recruiting new people to lead, enhancing collaboration within and across teams, promoting leadership as a service, promoting adaptations to new situations, and building an excellent team will be built with strong leadership. Resources related to each core task are provided.

The Health Manager's Toolkit

This toolkit provides tools that focus on strengthening capabilities and offers instruments for improving leadership practices and increasing team effectiveness. Tools to assess how well a group is functioning and enhancing individual and team performance are also included.

Develop a Business Plan

A business plan is more than just a financial plan. It is written guide that

1. Defines SBHC governance and its relationship to the school(s) in which it operates;
2. Presents the SBHC’s vision, goals, and objectives; and
3. Outlines the path to operational success and financial stability.



It serves as an important communication tool to present key stakeholders, including potential funders, with a clear and compelling case for providing services. An effective business plan also describes the resources needed to accomplish the SBHC’s goals.³

SBHCs should develop a “living” business plan that is re-visited regularly, identify who is responsible for carrying it out, and specify goals, objectives, action steps, and a timeline. Although the elements of sustainability plans can vary, SBHCs should anticipate their plan’s evolution as their services mature. Leveraging lessons learned, successes, and challenges should lead to the incorporation of new approaches or ideas to sustain a service, a program, or a program’s activities.

Action Steps

- Start planning early.
- Create a shared vision with partners, community leaders, and other key stakeholders.
- Incorporate sustainability activities (e.g., practice management strategies) into daily program operations to achieve optimal productivity and maximize reimbursements.
- Create a sustainability plan.
- Incorporate measures of success into the business plan.

Highlights from the SBCOHS Grant Program

- The Center for Oral Health (CA) and Integrated Health Services, Inc. (CT) developed strong business plans to enhance program sustainability. Both grantees incorporated DentaQuest Institute Safety Net Solutions’ [practice management strategies](#) to achieve optimal productivity and maximize reimbursements.

- Summit Community Care Clinic (CO) worked with a consultant to adapt and improve its Dentrix system for collecting, measuring, and improving clinical outcomes and ensuring program sustainability. As a result, the SBHC was able to seek reimbursement from Medicaid and the state Children’s Health Insurance Program and was credentialed to bill private insurance for oral health care services.

Resources for this Element

Materials

[Business Intelligence Primer for Healthcare Professionals](#)

This document introduces health professionals and health care organization administrative staff to business intelligence (BI) concepts as they apply to health care delivery. The document defines BI, describes its value to health professionals and health care organizations administrative staff, highlights key performance measures, and describes the use of decomposition diagrams to identify performance issues and other issues that may otherwise be overlooked. The document also describes the BI maturity model, which highlights a health care organization’s level of integration.

[Public Health Program Capacity for Sustainability: A New Framework](#)

This article presents a conceptual framework for program sustainability in public health. It describes nine core domains that affect a program’s capacity for sustainability. The core domains include political support, funding, stability, partnerships, organizational capacity, program evaluation, program adaptation, communications, public health impacts, and strategic planning. The article concludes that a number of factors may be related to a program’s ability to sustain its activities and benefits over time.

Tools

[Caries Prevention Services Reimbursement Table \(State Specific Medicaid Payment Information\)](#)

This table provides a state-by-state list of preventive oral health services that can be provided by health professionals and reimbursed under state Medicaid and/or CHIP programs. The table identifies the type of health professional eligible for reimbursement under the state Medicaid program, reimbursement rates and procedure codes for each service, patient age limits for each service, number of allowable fluoride applications per year, and training requirements. The American Academy of Pediatrics maintains the table on its [Children’s Oral Health](#) website and updates it regularly.

[*Creating Dashboards to Monitor Your Oral Health Program*](#)

This webinar provides an overview of a dashboard used to highlight an oral health program's financial status. Dashboards, which are business intelligence tools, can serve as guides to help develop program goals and targets and measure program performance. The webinar addresses what is needed to create dashboards, identifies key practice data metrics, and discusses standard reports that dashboards can generate.

[*A Guide to Measuring the Triple Aim: Population Health, Experience of Care, and Per Capita Cost*](#)

This document offers analytic frameworks for measuring the three dimensions of Triple Aim; provides examples, data sources, and methods for measuring Triple Aim; and shares examples of integrating Triple Aim measurement into a learning system.

[*Oral Health and the Triple Aim: Evidence and Strategies to Improve Care and Reduce Costs*](#)

This brief describes research on oral-systemic linkages, state-level experiences with incorporating oral health into reform strategies, and promising local examples. In addition, the brief describes next steps for states wishing to incorporate an oral health strategy into their reform efforts. A companion [toolkit](#) is also available.

[*Safety Net Dental Clinic Manual*](#) Chapter 6. [*Program Sustainability*](#)

The *Safety Net Dental Clinic Manual* is designed to help programs with all aspects of clinic development and ongoing operations. Chapter topics include partnerships and planning, facility design and staffing, financing, clinic operations, quality improvement, and program sustainability. Chapter 6 synthesizes information from earlier chapters into a review of what is needed for efficient and effective delivery of clinical services and business operations.

[*Safety Net Solutions Dental Practice Management Series*](#)

This learning series consists of modules designed to provide an overview of the main components of practice management for a safety net dental program. Module topics address billing and collection processes, fee schedules and sliding fee scale rates, financial and productivity goals, front desk customer service, crucial roles of front desk staff, managing chaos, and strategic patient scheduling. Access to the free modules requires establishment of a [user account](#) with the DentaQuest Institute.

[*Sustainability*](#)

This website provides a toolkit of resources to help programs achieve sustainability. The toolkit contains a [framework](#) that outlines eight key sustainability factors; an [assessment tool](#) that, when completed, highlights sustainability efforts and identifies where increased efforts are needed; a

[resource guide](#) designed to help programs develop their own concepts of sustainability and create sustainability strategies; and an [e-learning module](#) that synthesizes all the sustainability resources. Links to additional resources on collaboration development, strategic communication, and dissemination are also included.

Assess the Environment

Whether a SBHC is in the planning phase or well on its way to integrating sustainable comprehensive oral health services into primary care, assessing the environment in which the center operates is critical. Looking at the burden of oral disease among the target population, community readiness, local demographics, and existing school- or community-based oral health services enables SBHCs to identify their place within the community and complement rather than duplicate others' efforts.



Assessing the financial environment encourages SBHCs to analyze their resources and understand what funding may be available now and in the future. Analyzing the political environment helps them navigate the political atmosphere within the community. Assessing the organizational environment (i.e., leadership, staffing, infrastructure) helps them more effectively integrate sustainable comprehensive oral health services into primary care.

Action Steps

- Embed continuous assessments of the financial, political, and organizational environments throughout the life of the program's services.
- Identify focus areas for conducting environmental assessments.
- Use information gathered.

Highlights from the SBCOHS Grant Program

- Bassett Healthcare Network (NY) realized that the oral health services offered did not meet the needs of its enrolled students, re-evaluated its community assessment, and adjusted services offered accordingly.
- Data from Summit Community Care Clinic's (CO) adaptations to its Dentrix system enabled the SBHC to evaluate its outreach efforts and determine prevention and restorative services

capacity, accurately assess staff productivity, and predict program income based on screening results.

- Solano Coalition for Better Health’s (CA) assessment of its target community indicated high unmet oral health care needs among students and their families. As a result, the SBHC provided care to students enrolled in the SBHC, their siblings, and children from birth to age 5 participating in nearby school-readiness programs.

Resources for this Element

Materials

Oral Health and Learning: When a Child’s Oral Health Suffers, So Does Their Ability to Learn

This fact sheet presents information about the effects of poor oral health on learning in school-age children and adolescents. Topics include the impact of poor oral health on school performance and social relationships, nutrition and learning, school attendance and learning, and programs for improving oral health.

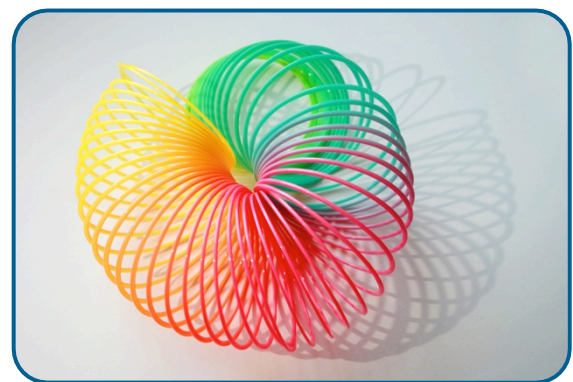
Survey of School-Based Oral Health Programs Operated by Health Centers: Descriptive Findings

This report presents findings from a national survey of school-based oral health programs that are operated by federally qualified health centers. Topics include survey methodology, online survey results, focus group results, and recommendations for those wishing to launch a new school-based oral health program or improve an existing program. Links to relevant organizations and resources for starting a school-based dental sealant program are also provided.

Be Adaptable

The ability to adapt to maximize program effectiveness and health outcomes is key to successfully integrating sustainable comprehensive oral health services into primary care in SBHCs. Community needs evolve, and addressing these needs can be challenging. Further complicating the challenge are the often fragile financial and political landscapes in which SBHCs operate.

Continually assessing the effectiveness of program services becomes a delicate balancing act between adapting to changing needs and remaining loyal to proven approaches. By being aware



of and responsive to environmental changes, SBHCs can withstand challenges while striving to continuously improve their program services.

SBHCs should think beyond their present circumstances, be creative, and remain open to new opportunities and options for implementing and delivering services. Keeping abreast of current and emerging trends, research, and other issues can help them succeed.

Action Steps

- Match program's services offered to community needs, and uphold the fidelity or best practice of the model being implemented.
- Create opportunities for innovation, and make use of best practices that have worked for others.

Highlights from the SBCOHS Grant Program

- Children's Dental Services (MN) worked with the student council community to increase awareness of the oral health services offered by the SBHC and with a local Somali mutual assistance organization to address cultural barriers related to immigration. The SBHC also incorporated positive cultural oral health practices into its patient education.
- Health Mobile (CA) hired a bilingual immigration attorney to work with its large Hispanic population to gain the community's trust.
- Lemon Grove Elementary School District (CA) worked with a local promotora who translated forms into Spanish and called parents of children needing oral health care services.
- Share Our Selves (CA) found that its needs assessment underestimated the oral health needs of its target population and that its oral health care partner could not meet the target population's needs. A new relationship with a local safety net clinic was established to provide school-based oral health care.

Resources for this Element

Materials

[Health Disparities and the Multicultural Imperative](#)

This article examines the need for a culturally and linguistically appropriate approach to eliminate oral health disparities in the United States. It discusses demographic changes that have taken place in the country and their impact on disparities in oral health, the impact of health behaviors and culture on oral health, and the multicultural factors to consider when establishing

care models to prevent oral disease. Examples of successful multicultural approaches to improve the quality of oral health are provided, and the need for patient-centered care, cultural competence, and interprofessional education and collaboration is addressed.

Tools

[Cultural Competency Program for Oral Health Professionals](#)

This program provides oral health professionals and other health professionals with basic knowledge and skills to improve access to oral health services provided to culturally and linguistically diverse populations and to improve the quality and outcomes of these services. The program consists of three courses that address the (1) fundamentals of culturally and linguistically appropriate care, (2) provision of culturally and linguistically appropriate care, and (3) culturally and linguistically appropriate communication and messaging. Participants are required to [register](#) to gain access to the program. Six free continuing-education credits are available.

[EPSDT—A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#)

This guide is intended to help health professionals and others understand the scope of services covered under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The guide provides information about periodic and interperiodic screenings, diagnostic services, the scope of EPSDT treatment services, permissible limitations on coverage of EPSDT services, services available under other federal authorities, access to services, and notice and hearing requirements.

[Health Literacy for Public Health Professionals](#)

This program educates health professionals about public health literacy, their role in providing health information and services, and promoting health literacy in public health settings. The program (1) defines and describes public health literacy, (2) lists factors that affect public health literacy, (3) identifies who is affected by public health literacy, (4) recognizes the consequences of limited public health literacy, (5) determines who are the stakeholders in public health literacy, (6) recognizes the role of public health literacy in meeting core public health services, and (7) applies lessons learned to improve public health literacy. Physicians can earn 1.25 continuing education credits for completing the course, and non-physicians can earn 0.1 credit.

Secure Community Buy-In and Support

Securing community buy-in and support can take many forms, including creating a coalition of local SBHC service professionals; building relationships with key stakeholders who are knowledgeable about the program's services; educating key community champions; and/or developing and disseminating effective messages, success stories, and meaningful data.



Advocacy also plays a crucial role in securing community buy-in and support. Sharing evidence of improved oral health and overall health of enrolled students demonstrates the success and effectiveness of the SBHC. Offering open houses and inviting key stakeholders to tour the SBHC to see how oral health is integrated into primary care services can also enlighten those who are unfamiliar with the SBHC's services. These efforts may result in the development of strong oral health champions and may lead to additional in-kind and financial support.

Action Steps

- Formulate a communication approach and message to ensure that the local community understands that oral health is integral to overall health and well-being.
- Promote the program and its services.
- Use program service professionals, key stakeholders, and community champions to share your message.

Highlights from the SBCOHS Grant Program

- Bassett Healthcare Network (NY) SBHC staff attended open houses, health fairs, sporting events, and other school-related functions and wore school colors to demonstrate that the SBHC was part of the school. Monthly tours by stakeholders who are unfamiliar with the SBHC's services often result in financial and in-kind gifts to the SBHC.
- Health Research, Inc./New York State Department of Health (NY) adopted the school logo and advertised the SBHC as part of the school community. The SBHC also created videos to showcase its services at school-related events ([School-Based Health Center](#) and [Rock Star Smiles](#)).

- Lemon Grove Elementary School District (CA) offered evening hours once or twice a month and established an oral health week elective for 7th- and 8th-grade students.

Resources for this Element

Materials

Engaging Health Care Users: A Framework for Health Individuals and Communities

This framework is based on the premise that health care users must be actively engaged in improving outcomes and reducing overall health care costs. Health-care-user engagement is defined, and a framework that focuses on the roles of the individual, health care team, organization, and community is described. Strategies for engaging health care users are presented, and case studies exemplifying stakeholder engagement in each section of the framework are provided.

Finding Answers: Disparities Research for Change—Securing Buy-In

This webpage defines stakeholder buy-in and addresses its importance for the success of a community-based health initiative. Strategies to obtain buy-in are offered. These strategies address getting buy-in from staff, from patients, and from the community.

Selecting a School-based Oral Health Care Program: Questions and Answers for School Staff

This document provides a series of questions and answers to guide schools on choosing a school-based oral health program. Question topics include why it is important for school-based programs to be community focused and why community-based programs should be allowed to provide oral health services to students in schools. Additional topics address community needs assessment, ownership, and funding and sustainability; program eligibility, treatment options, follow-up and emergency care, and appointments; service location and equipment needs; supervision, quality assurance, informed consent, and referral; and data collection, record keeping, and sharing of health information. School-based health center staff may find this document useful in anticipating questions from school administrators, faculty, and staff.

Tools

Gateway to Health Communications & Social Marketing Practice

This website offers resources and tool to help build social marketing campaigns and programs. Resources include tools for identifying population segments that will benefit from a health service, examples of successful health communications and social marketing material and interventions, channels for reaching target populations, tip sheets for entertainment writers and

producers, and health communication basics for achieving success. Strategies for tracking and evaluating the success of health messaging efforts and communicating risk are also provided.

Tools for Data Demand and Use in the Health Sector: Stakeholder Engagement Tool

This document provides an approach for identifying an appropriate set of stakeholders to be involved in proposing, designing, implementing, and reporting on a health project. The stakeholder engagement tool offers a structured approach to identifying stakeholders, defining their roles and resources, identifying dynamics among stakeholders, establishing the optimal stakeholder group, creating an engagement plan, and tracking stakeholder engagement.

Templates for project planning, implementation, and follow-up phases are also provided, as are practical considerations for using the tool.

Integrate Services into SBHC Infrastructures

There is no gold standard for integrating comprehensive oral health services into primary care in SBHCs. However, in fully integrated SBHCs, multidisciplinary care teams (e.g., medical, oral health, mental health, nutrition) are responsible for providing whole-person care for students enrolled in the SBHC. Using a combined electronic medical and dental record, SBHCs have a defined workflow to ensure that all students



receive evidence-based screening, preventive, educational, and primary care services. SBHCs are also equipped to monitor students at increased risk, including those with chronic diseases, to provide early intervention and treatment.

Fully integrated SBHCs have structured networks for referring students to health specialists for care that is beyond the scope of the services the SBHC offers. SBHCs have processes in place to ensure that students attend their appointments with health specialists and that information from appointments is communicated to the SBHC and becomes part of students' health records.

With written protocols in place, SBHCs may delegate preventive care (e.g., fluoride varnish application) and monitoring activities (e.g., body mass index calculations) to non-clinician staff. SBHCs also engage students in their own care through shared-decision making and specific

activation and engagement techniques such as teach-back, motivational interviewing, and self-management.

Action Steps

- Streamline service delivery, policies, and practices.
- Combine electronic medical and dental records.
- Deliver primary care, including oral health, services using an integrative approach.
- Integrate programs, services, and practices into the broader community fabric (e.g., via specialty networks and referrals).
- Train all health professionals to conduct comprehensive health screenings and risk assessments, as allowed under their respective scope of practice laws and regulations; provide anticipatory guidance; and make referrals.

Highlights from the SBCOHS Grant Program

- Bassett Healthcare Network (NY) incorporated an oral health component into its team meetings and community advisory meetings. The network also included an article on oral health in every SBHC newsletter.
- Integrated Health Services, Inc. (CT) established an electronic health record that supports its behavioral health professionals, primary care health professionals, and oral health professionals.
- Lemon Grove Elementary School District (CA) and Health Research, Inc./New York State Department of Health (NY) combined its medical and oral health enrollment forms and decreased the forms from six to two pages.
- Summit Community Care Clinic's (CO) enrollment form was digitized for the iPad. When the digitized form is completed, it makes an automatic referral for oral health care if the student's last dental visit was more than 12 months before enrollment into the SBHC.

Resources for this Element

Materials

[*Better Together: Co-Location of Dental and Primary Care Provides Opportunities to Improve Oral Health*](#)

This brief presents findings from a study to assess oral health care capacity in community health centers (CHCs) in California. Topics include the geographic distribution of CHCs with co-located oral and primary care; size, productivity, and revenues of co-located sites compared to

those without on-site oral health care capacity; and opportunities to improve access to oral health care in CHCs.

[Core Principles & Values of Effective Team-Based Health Care](#)

This paper identifies basic principles and expectations to guide coordinated collaboration among health professionals and families, ultimately to help accelerate interprofessional team-based health care. The paper contains descriptions of the principles of team-based care, which include shared goals, clear roles, mutual trust, effective communication, and measurable processes and outcomes. A discussion of the implications of team-based care's principles and values is also included.

[Evaluating Interprofessional Education and Collaborative Practice: What Should I Consider When Selecting a Management Tool?](#)

This primer provides basic information about good practices and processes in interprofessional-education- and collaborative-practice-measurement instruments and use. Topics include the importance of validity, five sources of validity evidence, how much validity an evaluation tool should have, and things to consider when selecting a tool. Appendices include a glossary of measurement tools, rules of thumb when appraising validity data, common threats to validity, and information on the [National Center Resource Exchange](#).

[Integrated Care: Elements of Integration for Oral Health and Primary Care—Summary Report for Oral Health 2020: A Vision for Integrated Care](#)

This report summarizes the proceedings and outcomes of a symposium held on November 6, 2014, in Long Beach, CA, to engage health professionals in discussions about integrating oral health care and primary care. Topics include integrating care through school-based comprehensive oral health care models and traditional health-care-delivery models, aligning health care financing with evidence, global perspectives on integrated care models, and opportunities and challenges for integrating oral health education and practices into primary care.

[Integration of Oral Health and Primary Care Practice](#)

This report describes the structured approach, processes, and outcomes of an initiative to improve early detection and prevention of oral health problems by enhancing primary care health professionals' competence in the area of oral health. The recommendations and implementation strategies provide guidance for designing a competency-based, interprofessional practice model to integrate oral health care and primary care. Appendices include oral health core clinical competency domains and their associated competencies and major systems essential for implementation of core clinical oral health competencies.

[*Journal of the California Dental Association*](#) interprofessional education and practice series. This dedicated journal series addresses challenges and opportunities in bringing health professionals out of their silos to improve the safety and quality of care delivered using a multidisciplinary team approach. The three journal issues in the series were released in January, September, and October 2014.

[*January's issue*](#) addresses the roles of federal legislation and evolving health care systems in promoting medical-dental collaboration, building a foundation for interprofessional education and practice, lessons learned from interprofessional practice in health centers, trends and emerging concepts in the dental benefits marketplace, and interprofessional education between dentistry and nursing.

[*September's issue*](#) provides a synopsis of panel proceedings from the Conference on Interprofessional Education and Practice: Creating a Vision for the Dentist of the Future, which was held on February 3–4, 2014, in San Francisco, CA. The issue also addresses building collaborative practice skills, lessons learned from the development and practice of craniofacial teams, and interprofessional practice in the era of accountability.

[*October's issue*](#) summarizes the major drivers bringing dentistry and medicine together and the consequences of keeping the two professions separate. It also discusses and provides an example of changes in dental education needed to enable dentists and physicians to work collaboratively in the evolving health care system, and it provides a commentary on the potential of oral physician–training models (i.e., training models for a new designation of oral health professional that provides services beyond traditional oral health services).

[*Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules*](#)

This final rule, published in the federal register, provides a list of proposed modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules; public commentary on each proposed modification; responses to the public commentary; and the final rule and its effective and compliance dates.

[*Oral Health: An Essential Component of Primary Care—White Paper*](#)

This paper presents an oral-health-care-delivery framework for primary care health professionals and oral health professionals to partner to expand preventive services and promote oral health. The framework describes the importance and aspects of a team approach to oral health, offers a sample workflow on how a primary care practice might incorporate oral health services,

approaches for how oral health services can be implemented into a practice incrementally, developing a referral network and key components of an effective referral process, leveraging health information technology for improved oral health, educating and training members of the primary care team, and using a quality-improvement process to monitor progress and effectiveness. The framework also addresses barriers to integration and suggests actions to spur implementation among partners.

[*Oral Health Integration in the Patient-Centered Medical Home \(PCMH\) Environment: Case Studies from Community Health Centers*](#)

This paper documents four case studies of community health centers that have taken steps to ensure that health-care-delivery systems and oral-health-care-delivery systems work closely together and to incorporate oral health into their quality-improvement processes. Topics include models for integrating oral services care into the primary care setting, findings on oral-health-care delivery in the safety net that can influence work toward the patient-centered medical home model, and changes in health policy and health care reimbursement that are needed to support integrated primary care and oral health care.

[*Quality Oral Health Care in Medicaid Through Health IT: Final Report*](#)

This report explores the potential of health information technology (health IT) to increase access to oral health care among vulnerable populations. The report addresses whether and how health IT and the Medicaid electronic health record incentive program can be used as tools to improve access to high-quality oral health care for children and adolescents enrolled in Medicaid and the Children's Health Insurance Program.

[*Returning the Mouth to the Body: Integrating Oral Health & Primary Care*](#)

This issue brief synthesizes key points from a meeting of funders, researchers, and practitioners convened on April 17, 2012, in Washington, DC, to discuss benefits of and challenges and approaches to integrating oral health care and primary care. Topics include the scope of the problem, the case for integration, practical challenges and considerations, practice models for integrating delivery and financing systems, areas for grantmaker investment, and conclusions.

[*A Standard Framework for Levels of Integrated Healthcare*](#)

This framework describes six levels of collaboration and integration in the delivery of primary care. The levels include minimal collaboration, basic collaboration at a distance, basic collaboration on site, close collaboration on site with some systems integration, close collaboration approaching an integrated practice, and full collaboration in a transformed or merged practice. Matrices providing descriptions of how health professionals work; key differences for clinical delivery, patient experiences, practice and organization, and business

models; and the advantages and disadvantages of each level of collaboration and integration are presented.

[*Triple Aim: Health, Care, and Cost*](#)

This journal article offers an overview of the Triple Aim approach, which provides a framework for integrating population-based health care. The article defines Triple Aim, identifies preconditions for achieving integration, describes the role of the “integrator” who focuses and coordinates services to help the population, and highlights examples of successful integration.

Tools

[*Collaborative Practice Assessment Tool*](#)

This tool includes 57 questions that are rated on a seven-point scale to assess strengths and weaknesses in collaborative practice. The purpose of the tool is to identify areas for educational and/or quality-improvement interventions. The tool addresses mission, meaningful purpose and goals, general relationships, team leadership, general responsibilities and autonomy, communication and information exchange, community linkages and coordination of care, decision-making and conflict management, and patient involvement. The tool also provides a form that respondents can use to identify what the team does well related to collaborative practice, identify collaboration challenges, and define areas where help is needed to improve collaborative practice.

[*Key Elements to Incorporate Oral Health in the Pediatric Electronic Health Record*](#)

This chart lists required oral-health-risk-assessment items as well as other elements for inclusion in pediatric electronic health records. Items include risk assessment for dental caries and information on referral, fluoride, and dental insurance status. Additional elements on environmental, biological, psychosocial, and pragmatic issues are suggested. Resources on oral health education, access to care, and preventive services are also provided.

[*Safety Net Dental Clinic Manual*](#)

This manual is designed to help dental clinic staff with all aspects of clinic development and ongoing operations. Topics include partnerships and planning, facility design and staffing, financing, clinic operations, quality improvement, and program sustainability. Links to sample policies, efficiency tips, professional standards, supply lists, floor plans, design tips, equipment photographs, customizable budget worksheets, funding strategies, quality-improvement plans, fact sheets, and websites are included.

A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project

This guide for health centers describes a set of interprofessional oral health core clinical competencies designed to foster integration of oral health care into primary health care. The guide also provides information about three pilot projects' experiences related to implementing the competencies. Contents include recommendations to inform planning, training systems, health information systems, clinical care systems, and evaluation systems. Challenges and resources are discussed.

Create Strategic Partnerships

By leveraging partnerships, SBHCs may be able to increase program services, deliver services more efficiently, and decrease the likelihood that efforts will be duplicated. Partners can also help SBHCs learn important lessons about community needs and readiness and about implementation, gain more exposure to target audiences, and secure additional resources.



Partnerships need to be strategic and should be built on a commitment to a shared purpose. It is important for SBHCs to identify their needs and opportunities for building lasting and effective partnerships within and outside the SBHC and to establish a clear goal for collaborative efforts. Doing so will help secure partners who are committed to improving the oral health of the students they serve and to promoting program sustainability.

Ongoing assessment of the strengths and challenges of existing and potential partners will deepen SBHCs' capacity for building a strong network. As such, SBHCs should regularly assess their purpose and ensure that every partnership is based on advancing toward a common goal. Engaging a wide range of individuals and organizations extends the SBHC's reach and capacity. Reaching out to nontraditional partners allows SBHCs to draw upon a variety of backgrounds, skill sets, and knowledge bases.

Action Steps

- Develop strategic partnerships.
- Continuously assess existing partnerships.

- Establish a shared vision and a commitment to program goals and sustainability.
- Engage partners to help market program successes.
- Leverage partner resources.
- Engage students in evidence-based and effective self-care practices.

Highlights from the SBCOHS Grant Program

- Summit Community Care Clinic (CO) established an Adopt-A-Student program whereby oral health professionals in private practice agreed to provide care to students who were not eligible to receive oral health care in the local FQHC and who could not afford to pay out of pocket.
- To eliminate any distrust of the oral health care provided in the SBHC, Children’s Dental Services (MN) reached out to leaders in the local Somali community to debunk misconceptions about the program. The project also employed staff from the Somali and other African refugee communities who provide care and translation services.

Resources for this Element

Materials

[*Population Health Improvement: A Community Health Business Model that Engages Partners in all Sectors*](#)

This article offers a multisectoral community health business partnership model to achieve improved health outcomes. The article discusses defining a community health business model, defining population health and the Triple Aim concept, reaching beyond the core mission to create the model, and the shift in care delivery beyond health care organizations. The article also examines who should lead the effort, identifies the need for better evidence to make cost-effective investments, and proposes next steps.

Tools

[*Improvement Map from Here to Excellent—Getting Started Kit: Multidisciplinary Rounds How to Guide*](#)

This guide share knowledge on key process-improvement plans that lead to exceptional patient care. The guide can be used to create an improvement plan, set and align priorities, and delve into the knowledge base in a particular focus area. The guide defines multidisciplinary rounds, discusses the importance of conducting multidisciplinary rounds, and describes key components of reliable multidisciplinary rounds and the potential impact of multidisciplinary rounds. The

guide also offers suggestions for forming a team and implementing and evaluating multidisciplinary rounds. Examples of successful multidisciplinary rounds and a list of resources are included.

[*SBAR Toolkit*](#)

This webpage describes SBAR (Situation, Background, Assessment, Recommendation), a technique for communicating important information in health care settings. SBAR is a method for standardizing communication that helps align parties' expectations of what is to be communicated and how communication is structured. The webpage includes links to a communication tool, scenarios, lesson plans, and tips for using SBAR.

[**Secure Diverse Financial Opportunities**](#)

Budget reductions can create sustainability challenges for SBHCs. It is important to set funding goals at the outset and to be aware of and act on ways that SBHCs can achieve financial stability. They can then incorporate sustainability activities into their overall funding strategies.



SBHCs can assess their current budget resources and align them with essential services to address students' health care needs of students enrolled. By gaining a better understanding of what is needed to provide essential services, SBHCs can seek additional funding to match revenue and expenses, including using strategies to maximize the return on scheduling students according to their needs.

Targeting a variety of funding sources helps SBHCs adapt to funding fluctuations. SBHCs should determine what funding sources or financing structures can best meet their needs and should consider how or whether their external key stakeholders and community champions can help. They should also seek opportunities to build capacity around fundraising, which may include training staff on grantwriting or event planning. SBHCs may also explore funding options through

- In-kind resources, such as donated equipment and supplies.
- Local and community foundations.

- Modified organizational financial structures, such as referring students to a community professional or moving to a sliding fee scale model.
- Existing federal, state, or local funding through the education system, to the extent that program services are offered through schools.
- Local partnerships with other organizations or programs, such as federally qualified health centers.
- Federal- and/or state-funded programs, such as Medicaid or the state Children’s Health Insurance Program.
- Other nontraditional funding sources, such as the business community, churches, or other entities.

Action Steps

- Review the program budget to identify core activities and services.
- Identify and seek funding opportunities.
- Develop a strategy for securing funding.
- Create a budgetary line item.
- Build fundraising and grantwriting capacity.
- Establish reimbursement status from all available public and private payers of oral health services.

Highlights from the SBCOHS Grant Program

- When their SBCOHS projects first launched, a number of the grantees were not maximizing available funding sources. Since then, Summit Community Care Clinic (CO), Share Our Selves (CA), and Lemon Grove Elementary School District (CA) have enrolled as health professionals in their respective state Medicaid and CHIP programs.

Resources for this Element

Materials

[*ACA and Dental Coverage—The Basics*](#)

This fact sheet provides information on dental coverage for small group and individual market exchanges under the Affordable Care Act (ACA). The fact sheet addresses eligibility, services covered, cost sharing, and policy types (e.g., stand-alone policies, policies with medical coverage).

[CMS Learning Lab: Improving Oral Health Through Access—State Medicaid and CHIP Program Support of Sustainable Oral Health Care Delivery Models in Schools and Community-Based Settings](#)

This webinar offers strategies oral health and health professionals working in school- and community-based settings have used to develop a business plan that supports the delivery of oral health care services and identifies billing practices to support and sustain oral health services for children from families with low incomes. Examples from two states that have successfully developed a sustainable school- and community-based oral health program are also provided.

Tools

[Buying Children’s Dental Coverage Through the Marketplace](#)

This guide for families uses frequently asked questions to explain or clarify the children’s dental benefit (a provision of ACA) and how it works. Contents include guidance on buying coverage through a state marketplace, eligibility, covered services, and the difference between dental coverage sold separately vs. as part of a health plan. Topics include premiums, deductibles, copayments, co-insurance, out-of-pocket limits, and consumer protections. Information on obtaining financial assistance, understanding coverage requirements, and buying coverage for adults is also included.

[Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children and Adolescents](#)

This guide provides examples of successful approaches to improving oral health care access and use for children and adolescents enrolled in Medicaid. Contents include facts on oral health and why it is important, strategies for promoting oral health, and resources. Strategies include improving state Medicaid program performance through policy changes; maximizing professional participation; directly addressing children, adolescents, and their families; and partnering with stakeholders.

Maximize Staff Skills and Knowledge

To deliver high-quality oral health services, SBHCs must have a competent staff working at the top of their professions. In SBHCs where skills and knowledge are maximized, no single individual possesses the skills and knowledge needed to provide all care. Rather, staff members work together to provide the best possible care for all students.



In SBHCs that operate effectively, all staff are considered equally important. Professional autonomy is maintained, and incentives are provided to meet performance and efficiency standards. Staff roles and responsibilities are clearly identified to ensure that students are transitioned smoothly from one type of care to another. Shared protocols based on evidence, such as best-practice guidelines, clinical care pathways, and decision-making tools, are essential to help standardize care across services.

Action Steps

- Promote a culture of teamwork between disciplines.
- Provide continuing education and training to all SBHC staff.
- Ensure that all SBHC staff perform their duties efficiently and cost-effectively.
- Ensure that all SBHC staff provide culturally competent and developmentally appropriate care.

Highlights from the SBCOHS Grant Program

- Health Research, Inc./New York State Department of Health (NY) incorporated "dental minutes" and "health minutes" into every staff meeting.
- Integrated Health Services, Inc. (CT) and University of Colorado Denver (CO) used more traditional educational strategies that included in-services and continuing education (CE) programs.
- Bassett Healthcare Network's (NY) interdisciplinary training proved so successful that SBHC staff met with two communities to convince them to reconsider removing fluoride from their water supplies.

Resources for this Element

Materials

[*Collaborative Practice in American Dentistry: Practice and Potential*](#)

This report addresses the potential of collaborative practice models in providing primary oral health care within the oral-health-care-delivery system in the United States. Topics include how collaborative practices are arranged and how they may affect client care, income, productivity, and the culture of oral health practice. The report concludes with a discussion of ways to facilitate the adoption of collaborative practice within the oral health care field.

[*Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*](#)

This report presents a common core set of competencies relevant across six health professions (dentistry, medicine, nursing, osteopathy, pharmacy, public health) to address essential preparation of clinicians for interprofessional collaborative practice. It also recommends learning experiences and educational strategies for achieving the competencies and related objectives. The report concludes with a discussion of key challenges to interprofessional competency development.

[*Effects of Physician-Based Preventive Oral Health Services on Dental Caries*](#)

This article describes the caries rates of approximately 30,000 kindergarten students who were enrolled in Medicaid and who received preventive oral health care delivered by primary care health professionals. The article discusses the study design and data collection and analysis and provides results. A discussion, areas for future research, and conclusions are also provided.

Tools

[*Best Practices Manual for Safety Net Dental Programs*](#)

This manual provides a review of best practices to help program staff develop and operate safety net dental programs. It describes the following best practices: tracking, monitoring, and understanding key practice data; understanding profit-and-loss statements; scheduling appointments; managing broken appointments and emergencies; operating billing and collections procedures; developing sliding-fee and eligibility schedules; determining optimum payer mixes; managing quality; tracking completed treatment plans; integrating oral health care into primary care; managing staffing; using leadership and team building; and monitoring and evaluating program productivity and outcomes.

[*A Practical Approach to Evidence-Based Dentistry: How to Search for Evidence to Inform Clinical Decisions*](#)

This article describes how to frame questions that support the search for evidence to inform clinical decision-making. The article also identifies evidence-based dentistry resources and how to search for relevant evidence by translating questions into effective search terms.

[*A Practical Approach to Evidence-Based Dentistry: III—How to Appraise and Use an Article About Therapy*](#)

This article describes how to use research reports to inform clinical decision-making. The article also introduces randomized controlled trials (RCTs), a study design considered to be the gold standard for determining the effectiveness of an intervention. In addition, the article offers guidelines for critically appraising RCTs.

[A Practical Approach to Evidence-Based Dentistry: IV, How to Use an Article About Harm](#)

This article describes how observational studies can be used to appraise harm resulting from preventive oral health care or oral health treatment. The article also identifies approaches for critically evaluating articles about harm, taking into account risk of bias, clinical results, and applicability.

[A Practical Approach to Evidence-Based Dentistry: V—How to Appraise and Use an Article About Diagnosis](#)

This article describes how to use studies to inform clinical decisions about questions of diagnosis. It discusses basic concepts needed to understand diagnostic test studies and explains how to use the concepts to appraise studies critically.

[A Practical Approach to Evidence-Based Dentistry: VI: How to Use a Systematic Approach](#) This article explains what a systematic review is and provides guidance to help health professionals critically appraise such reviews and apply findings in clinical practice. Topics include the difference between narrative and systematic reviews, why systematic reviews are considered to be a study design, and critically appraising systematic reviews to inform clinical decisions. A clinical scenario and specific examples are included. An accompanying [online education activity](#) is also available.

[Smiles for Life: A National Oral Health Curriculum](#)

This continuing education activity provides eight 45-minute modules that cover core oral health information relevant to non-oral-health professionals. In addition to discussing the relationship of oral health to systemic health and acute oral health problems, the modules address oral health for children, adults, and the elderly. Instructions for conducting an oral examination, assessing caries risk, providing anticipatory guidance, and applying fluoride varnish are also provided.

Evaluate Processes and Outcomes

To determine whether SBHC goals are being met requires a system for collecting, storing, and analyzing data. Such a system is also key for assessing the quality of services delivered and taking steps to continually improve the program. Evaluation results can be used to show the school, funders, policymakers, the community, and others that integrating comprehensive, sustainable oral health services into primary care in SBHCs is a wise investment and that doing so contributes to students' ability to succeed in school.



Process evaluation enables SBHCs to understand the strengths and weaknesses of program operations and dynamics and allows SBHCs to identify areas needing improvement. Outcome evaluation quantifies improvements in the oral health and overall health of students that the SBHC served. Outcome evaluation can be conducted in the short, intermediate, and long term to examine missed school days, student and parent satisfaction, and comparisons between the oral health status and overall health status of students enrolled in the SBHC and those not enrolled.

Action Steps

- Establish a quality-improvement process, and review it quarterly.
- Develop action plans to address barriers and challenges relevant to the delivery of oral health services and the integration of sustainable comprehensive oral health services into primary care in the SBHC.
- Standardize data-collection processes.
- Analyze and review outcome data on a short-term, intermediate term, and long-term basis.

Highlights from the SBCOHS Grant Program

- Center for Oral Health (CA) established a common quality dashboard that enables staff to obtain an overview of progress occurring in processes and outcomes and measure it against the program's quality expectations.
- Health Research, Inc./New York State Department of Health (NY) incorporated the Plan-Do-Study-Act quality-improvement process into its monitoring and evaluation protocol and incorporated many elements from the SBCOHS integration worksheet into its metrics.

Resources for this Element

Materials

[*2013 Conference Compendium: Improving Quality Through Measurement*](#)

These proceedings present highlights of presentations made at the Dental Quality Alliance Conference held on June 28–29, 2013, in Chicago, IL. The conference focused on improving the quality of oral health care throughout the country. Topics include (1) defining quality in oral health care, (2) patient-centered and effective care (evidence-based dentistry, prevention, and importance of patient-centered care), (3) equitable and effective care (transitions in care and patient safety), and (4) promoting quality (promoting change and activities of the Dental Quality Alliance).

[*Applying Quality Improvement Principles to Your Dental Program*](#)

This archived webinar provides a primer on quality improvement (QI). It addresses the fundamental principles of a model for improvement; discusses the relationship between the theory of improvement, measures, and change ideas; and offers an example of how QI principles can be incorporated into oral-health-care delivery.

[*Care Coordination Accountability Measures for Primary Care Practice*](#)

This report presents selected accountability measure sets from the [*Care Coordination Measures Atlas Update*](#) that are appropriate for use in primary care practice. The report also identifies measurement gaps and priority areas for further measures development. Appendices include a review of the perspectives on and domain definitions of care-coordination-accountability measure methods used to select primary-care-coordination-accountability measures, as well as results of the measure-selection process.

[*CHIPRA Quality Demonstration States Help School-Based Health Centers Strengthen Their Medical Home Features*](#)

This report discusses early accomplishments, challenges, and lessons learned from four states (Maine, Massachusetts, North Carolina, and Pennsylvania) that are pursuing practice-level quality measurements aimed at improving child health care under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration Grant Program. The report describes the states’ efforts to select meaningful measures, adapt health plan and state-level measures for practice-level reporting, and use technology to collect measurement data.

[*Developing and Testing Pediatric Oral Healthcare Measures*](#)

This article describes processes used to develop and test pediatric oral-health-care-quality measures and provides recommendations on how to use the measures. It describes how the quality measures were developed and tested for feasibility, reliability, and validity. Recommendations for implementing the measures and a discussion of their limitations are also provided.

[*The Impact of Oral Health on the Academic Performance of Disadvantaged Children*](#)

This study presents the oral health status of 1,495 elementary school students and high school students from families with low incomes; the students attended public schools in Los Angeles, CA. Students' academic achievement and attendance records were matched with the results of their oral examinations. Findings indicate that oral health problems impact the academic performance of student from families with low incomes.

[*Improving Oral Health Measurement Systems: Stakeholder Feedback Project Summary Report*](#)

This report summarizes two follow-up activities from the 2012 U.S. National Oral Health Alliance Leadership Colloquium that examined metrics for improving oral health. Results from surveys of the policy, advocacy, and provider communities are provided. The report also provides an overview of a meeting with chief federal agencies and other interested parties that generate and use oral health data during which survey findings were reviewed and steps for improving oral-health-measurement systems were developed.

[*Oral Health Performance Measurement: Environmental Scan, Gap Analysis and Measure Topics Prioritization—Technical Report*](#)

This report describes the state of oral-health-performance measurement. Topics include the degree to which existing measures are developed and implemented and how well they relate to established oral health priority areas. The report addresses the need for oral health performance measures that are applicable to oral-health-safety-net programs. Recommendations for oral-health-measure development and standardization are included.

[*Oral Health Quality Improvement in the Era of Accountability*](#)

This report explores using a quality-improvement (QI) framework for ensuring that everyone in the United States has access to high-quality oral health care. The report discusses quality in health care, drivers of quality improvement in the health care system, and efforts to improve health through measurement and QI systems. Drivers of oral-health-quality improvement and a hierarchy of activities are addressed, along with future trends in measurement and improvement.

[*Prospects for Care Coordination Measurement Using Electronic Data Sources*](#)

This report assesses the potential for measuring health-care-coordination using health information technology (e.g., electronic health records, health information exchanges, payer databases). The report describes advantages and challenges of using electronic data to measure care coordination and offers recommendations to address challenges. The report also discusses short- and long-term opportunities for measuring care coordination using electronic data.

[*Quality Improvement & Risk Management Training: Quality Improvement Planning Learning Series*](#)

This series of three training sessions provides information on how to design and implement a successful quality-improvement (QI) program. The sessions address maximizing the effectiveness of QI plans, designing a successful QI plan through teambuilding, and tips for implementing a QI program.

[*Quality Measurement in Children's Oral Health: Moving from Volume to Value*](#)

This newsletter provides information about quality-improvement efforts in oral health. Topics include key factors impacting oral-health-quality efforts, a framework for improving quality, the status of quality activities in oral health care, opportunities and initiatives to advance quality of care for children, implications for policy and practice, and examples of federal measures for children's oral health.

[*Resource Highlights: Focus on Quality Measurement and Improvement*](#)

This resource provides a list of high-quality materials and websites on quality measurement and quality improvement in oral health.

[*Summary of the Fourth Leadership Colloquium: Metrics for Improving Oral Health*](#)

This report summarizes the fourth leadership colloquium of the U.S. National Oral Health Alliance to develop and draw attention to critical metrics for improving oral health. The summary provides an overview of key areas of focus, shared ideas, and next steps envisioned by colloquium participants. Topics include creating a standardized approach to gather oral health data; developing a national oral health plan; examining oral health cost, financing, and outcomes; using data to build a nationwide dialogue about oral health; and providing information that helps people take action.

[*Tutorials on Quality Measures*](#)

These tutorials provide an introduction to the field of quality measurement and inform users about how best to use resources available from the National Quality Measures Clearinghouse. Topics include quality care measures related to health care delivery and to population health;

desired attributes, uses, selection, and validity of clinical quality measures; and finding care-coordination measures.

Tools

[*Documenting the Link Between School-Based Health Centers & Academic Success: A Guide for the Field*](#)

This guide is designed to help school-based health center (SBHC) partners document the link between SBHC services and academic indicators. The guide begins with a review of the peer-reviewed literature on the connection between health and academic achievement. It describes several strategies for demonstrating this link, ranging from simple, low-cost strategies to more in-depth methodologies. The advantages and disadvantages of each approach are discussed.

[*Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide*](#)

This document helps public health program managers and staff plan, design, implement, and use evaluation. The guide addresses engaging stakeholders, describing the program's activities and intended outcomes, focusing the evaluation questions and design, gathering evidence, justifying conclusions, and ensuring the use of evaluation findings and lesson learned. A list of program evaluation resources is also included.

[*Institute for Healthcare Improvement: How to Improve*](#)

This model provides a framework for improving program and health outcomes using the plan, do, study, act cycle. Components of the framework include forming a team, setting aims, establishing measures, selecting changes needed for improvement, testing changes, implementing changes, and spreading changes. A [template](#) for planning a quality-improvement project and a [worksheet](#) for testing changes are also available.

Operations Manual for Health Center Oral Health Programs. Chapter 6, [Quality](#)

This chapter in the *Operations Manual for Health Center Oral Health Programs* identifies and describes the use of quality assurance and quality improvement to develop a data-driven approach for improving oral health. Use of the chronic care model and the model for improvement is discussed. Other issues that influence the definition of quality and improvement efforts are also highlighted, such as electronic dental records, patient-centered health homes, population-based care, and care integration and collaboration.

[*Quality Measurement in Dentistry: A Guidebook*](#)

This guidebook provides background information on the Dental Quality Alliance and its members, discusses national interest in quality measures, and highlights challenges for

measurement in dentistry. Topics include the science behind measurement, measurement levels, measure domains, hallmarks of a good measure, and measuring for improvement. The manual can serve as the basis for developing standardized messages on performance and on quality measures in dentistry.

[Sustaining Improved Outcomes: A Toolkit](#)

This toolkit provides a framework to help grantees continue to maintain improved outcomes once grant funding ends. The framework addresses 12 factors that contribute to sustaining and spreading quality improvements in health care settings. A definition is provided for each factor, along with a description of how to use the factor to influence sustainability and examples of how each factor is implemented. Guidelines and worksheets to help guide and design sustainability plans are also included.

Conclusion

This framework demonstrates that several elements influence how successful SBHCs may be in their efforts to integrate sustainable comprehensive oral health services into primary care. The elements discussed are supported by existing research on the sustainability of public health programs as well as by the experiences of SBCOHS and by federal sustainability frameworks, including those from the Assistant Secretary for Planning and Evaluation, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration. This framework is meant to be a foundation upon which SBHCs can build their integration and sustainability activities, with the ultimate goal being long-lasting improvements in the oral health and overall health and well-being of school-age children and adolescents.

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Resources

Helpful Organizations and Websites

Federal Agencies

[U.S. Department of Health and Human Services](#)

The U.S. Department of Health & Human Services (DHHS) works to enhance and protect the health and well-being of all Americans by providing for effective health and human services and fostering advances in medicine, public health, and social services.

- [Agency for Healthcare Research and Quality](#)

The Agency for Healthcare Research and Quality strives to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable and to work within DHHS and with other partners to ensure that the evidence is understood and used.

- [Centers for Disease Control and Prevention](#)

The Centers for Disease Control and Prevention (CDC) works to combat disease and supports communities and citizens to do the same.

- [Division of Oral Health](#)

CDC's Division of Oral Health works to improve oral health and reduce oral health disparities by helping states improve their oral health programs, extending the use of proven strategies to prevent oral disease, enhancing efforts to monitor oral disease, contributing to the scientific knowledge base related to oral health and oral disease, and guiding infection control in dentistry.

- [Gateway to Health Communication and Social Marketing](#)

CDC's Gateway to Communication and Social Marketing Practice provides resources to help build health communication or social marketing campaigns and programs. The gateway offers tips for analyzing and segmenting an audience, choosing appropriate channels and tools, and evaluating the success of messages or campaigns.

- [Centers for Medicare & Medicaid Services](#)

The Centers for Medicare & Medicaid Services (CMS) administers Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS services are tasked with modernizing the nation's health care system while providing high-quality care at a low cost. CMS strives to ensure a high-quality health care system, improve access to coverage, and contribute to good health for all Americans.

- [Health Resources and Services Administration](#)
 - [Bureau of Primary Health Care](#)
The Bureau of Primary Health Care funds health centers in underserved communities with the goal of providing access to high-quality, family-oriented, comprehensive primary and preventive health care for people who have low incomes, are uninsured, or face other obstacles to obtaining health care.
 - [Maternal and Child Health Bureau](#)
The Maternal and Child Health Bureau provides leadership, in partnership with stakeholders, to improve the physical, mental, and oral health; safety; and well-being of the MCH population.

- [Office of Adolescent Health](#)
The Office of Adolescent Health (OAH) is dedicated to improving the health and well-being of adolescents to enable them to become healthy, productive adults. OAH supports and evaluates evidence-based adolescent pregnancy prevention programs and implements the Pregnancy Assistance Fund; coordinates DHHS efforts related to adolescent health promotion and disease prevention; and communicates adolescent health information to health professionals and groups, those who serve adolescents, parents, grantees, and the general public.

- [Office of Minority Health](#)
The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. The office supports the development and implementation of the provisions of the Affordable Care Act that address disparities and equity, leads the implementation of the DHHS Action Plan to Reduce Racial and Ethnic Health Disparities, and coordinates the National Partnership for Action to End Health Disparities and the National Stakeholder Strategy for Achieving Health Equity.

Interprofessional Education Organizations

[Interprofessional Education Collaborative](#)

The Interprofessional Education Collaborative promotes and encourages constituent efforts that advance substantive interprofessional learning experiences to help prepare future health professionals for enhanced team-based care and improved population health outcomes.

[National Center for Interprofessional Practice and Education](#)

The National Center for Interprofessional Practice and Education provides leadership, evidence, and resources related to the use of interprofessional education and collaborative practice as a way to enhance the experience of health care, improve population health, and reduce the overall cost of care. The center gathers, synthesizes, aggregates, and disseminates information, knowledge, and evidence about the effectiveness of interprofessional practice and education on health outcomes and its potential to transform health care and health professions education in the United States and beyond.

[National Interprofessional Initiative on Oral Health](#)

The National Interprofessional Initiative on Oral Health (NIIOH) is a consortium of funders and health professionals whose vision is that dental disease can be eradicated. NIIOH's mission is to engage primary care health professionals to be alert to their patients' oral health needs, ready and willing to deliver preventive oral health services to individuals of all ages, effective at partnering with dental specialists, and able to learn from, with, and about each other.

Policy and Resource Centers

[National Academy of Medicine](#) (formerly the Institute of Medicine)

Through its domestic and global initiatives, the National Academy of Medicine (NAM) works to address critical issues in health, medicine, and related policy and to inspire positive action. The NAM collaborates closely with its peer academies and other divisions within the [National Academies of Sciences, Engineering, and Medicine](#).

[National Maternal and Child Oral Health Resource Center](#)

The National Maternal and Child Oral Health Resource Center responds to the needs of professionals working in states and communities with the goal of improving oral health services for pregnant women, infants, children, and adolescents, including those with special health care needs, and their families (MCH population). The resource center collaborates with government agencies, professional associations, foundations, policy and research centers, and voluntary organizations to gather, develop, and share information and materials to promote sustainable oral health services for the MCH population.

[SAMSHA-HRSA Center for Integrated Health Solutions](#)

SAMSHA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to address the needs of individuals with mental health and substance use conditions, whether they are seen in behavioral health or primary care settings. CIHS provides training and technical assistance to community behavioral health

organizations, community health centers, and other primary care and behavioral health organizations.

Practice Management Organizations

[DentaQuest Institute](#)

The DentaQuest Institute promotes optimal oral health through efficient and effective care and prevention. The institute provides clinical care and practice-management solutions that help oral health professionals improve oral health.

[Qualis Health](#)

Qualis Health works with public and private sector clients to advance the quality, efficiency, and value of health care.

Professional Membership Organizations—Oral Health

[American Dental Association](#)

The American Dental Association provides oral health information to dentists and consumers and works to advance the dental profession at the national, state, and local levels.

[American Dental Hygienists' Association](#)

The American Dental Hygienists' Association (ADHA) works to ensure access to high-quality oral health care; promote dental hygiene education, licensure, practice, and research; and represent the legislative interests of dental hygienists at the local, state, and federal levels. ADHA serves dental hygienists with the goal of helping them achieve their full potential as they seek to improve the public's oral health.

[National Network for Oral Health Access](#)

The National Network for Oral Health Access provides oral health professionals working in safety net programs with resources, learning opportunities, and advocacy with the goal of improving the oral health and overall health of populations that are underserved.

Professional Membership Organizations—Non-Oral Health

[American Academy of Pediatrics](#)

The American Academy of Pediatrics (AAP) works to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. To accomplish this, AAP supports the professional needs of its members.

[American Hospital Association](#)

The American Hospital Association (AHA) promotes high-quality health care provision by hospitals and health care networks through public policy and by providing information about health care and health administration to health professionals and the public.

[American Nurses Association](#)

The American Nurses Association strives to advance the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering nurses' health and wellness, and advocating on health care issues that affect nurses and the public.

[National Association of Pediatric Nurse Practitioners](#)

The National Association of Pediatric Nurse Practitioners (NAPNAP) is dedicated to improving the quality of health care for infants, children and adolescents and to advancing pediatric-focused advanced practice registered nurses' role in providing that care. NAPNAP provides its members with education, leadership, networking, and research opportunities; advocates for members to be able to practice to the fullest extent of their education, license, and certification and for comprehensive, high-quality health care for children; and develops and distributes information and educational materials to parents and families relevant to promoting, maintaining, and/or restoring optimal health for children.

Quality Improvement Organizations and Initiatives

[National Quality Forum](#)

The National Quality Forum (NQF) seeks to lead national collaboration to improve health and health care quality through measurement. NQF convenes public- and private-sector leaders to establish national priorities and goals to achieve health care that is safe, effective, patient-centered, timely, efficient, and equitable and works to ensure that NQF-endorsed standards are the primary standards used to measure and report on the quality and efficiency of health care in the United States.

[Institute for Healthcare Improvement](#)

The Institute for Healthcare Improvement (IHI) aims to improve health and health care throughout the world for all people. IHI created Triple Aim, a framework for optimizing health system performance by simultaneously focusing on the health of a population, the experience of care for individuals within that population, and the per capita cost of providing that care.

School-Based Health Organizations

[Center for Health and Health Care in Schools](#)

The Center for Health and Health Care in Schools works with institutional leaders, state officials, and health professionals to strengthen children's and adolescents' well-being through health programs and health care services in schools.

[National Association of School Nurses](#)

The National Association of School Nurses (NASN) serves school nurses by developing educational programs, resources, and research and by working to influence stakeholders' support for school nursing through advocacy. NASN supports school nurse objectives by publishing issue briefs and position statements on subjects affecting student health and school nursing to keep members updated on issues affecting their school communities.

[School-Based Health Alliance](#)

The School-Based Health Alliance (SBHA) works to improve the health status of children and adolescents by advocating for school-based health care. SBHA supports the field of school-based health care with common standards, measures, data, and research to effectively demonstrate the value of school-based health care. SBHA engages members in experiential and collaborative learning to lead, test, and spread innovations in the field; help children and adolescents take ownership of their health; and advocate at the federal, state, and local levels for the concept of health and education partnerships—and the school-based health center model in particular—to help students succeed.

Integrating Sustainable Oral Health Services Into Primary Care in School-Based Health Centers—Worksheet

Category, Variables, and Attributes		Notes
Delivery-System Design		
1.	SBHC advisory committee has diverse representation, and its meetings address the planning, implementation, and oversight of the integration process.	
	a. A parent or student/patient is a member of the committee.	
	b. A school official (e.g., teacher, administrator) is a member of the committee.	
	c. An SBHC medical professional is a member of the committee.	
	d. An SBHC oral health professional is a member of the committee.	
	e. Other members:	
	f. Members identify and discuss issues related to the integration of comprehensive oral health services into SBHC.	
	g. Members provide input into the development of standardized policies, plans, and operating procedures.	
2.	Policies, plans, and operating procedures for all health professionals involved in the integration of health services delivered in SBHC are standardized.	
	a. Administrative services (e.g., reception, appointments, billing) are shared.	
	b. Support service staff (e.g., case managers, benefit counselors) are shared.	
	c. Standard operating procedures are in place to ensure that students enrolled in SBHC receive oral health exams and needed treatment (e.g., referral and care coordination protocols).	
	d. One enrollment form covers consent for all health services (e.g., behavioral, medical, oral health) offered by SBHC.	
	e. Standard operating procedures are in place to ensure the coordination of all health services (e.g., continuity of care, case-management protocols) offered by SBHC.	
	f. Plan exists for recruiting and retaining all health professionals (e.g., behavioral, medical, oral health) and other key staff.	

Category, Variables, and Attributes		Notes
3.	All health records (behavioral, medical, and oral health) are electronic, in compliance with privacy regulations, and are shared with all SBHC staff.	
	a.	All health records and access to health records are in compliance with HIPAA and FERPA rules, if applicable.
	b.	SBHC participates in the Center for Medicare & Medicaid Services' Meaningful Use program.
	c.	SBHC participates in the American Academy of Pediatrics' Chapter Alliance for Quality Improvement Electronic Health Record program.
4.	Delivery of primary health care by SBHC is provided using an integrative approach.	
	a.	A multidisciplinary team develops patient-care plans.
	b.	Care coordination is used to ensure that oral health treatment plans are completed.
	c.	All health professionals participate in case/chart reviews on a regular basis.
	d.	All treatment and/or referrals are monitored as part of patients' follow-up care.
Interdisciplinary Care		
1.	All health professionals in SBHC understand and appreciate the value of oral health and oral health care.	
	a.	There is shared language related to oral health and understanding of the importance of oral health to overall health and well-being
	b.	Oral health care is viewed as having the same level of importance as behavioral and medical care (e.g., interdisciplinary referrals are made within SBHC, time spent on care coordination to measure changes in the number of patients seen and the types of care coordinated).
2.	All health professionals conduct comprehensive health screenings and risk assessments, as allowed under their respective scope of practice laws and regulations; provide anticipatory guidance; and make referrals.	
	a.	Non-oral-health professionals (e.g., physicians, nurse practitioners) conduct oral health screenings and risk assessments during patient visits, provide anticipatory guidance, and make referrals to oral health professionals.
	b.	An oral health professional is available during SBHC visits to provide oral health consultation, education, and, when necessary, treatment.
	c.	Oral health professionals perform health screenings (e.g., blood pressure checks) and risk assessments during patient oral health visits, provide anticipatory guidance, and make referrals to non-oral-health professionals.

Category, Variables, and Attributes		Notes
Patient/Community Education And Self-Management		
1.	Oral health education and self-management are key components of patient health care plans.	
	a.	Patients receive education about oral health being an integral part of overall health from all health professionals in SBHC.
	b.	Patients visiting SBHC can easily access culturally competent and developmentally sensitive health-education materials on oral health and overall health.
	c.	Patient self-management strategies related to oral health and oral disease are evidence based.
	d.	Patients participate in the development of self-management goals and treatment options.
	e.	Full documentation of patient’s progress in achieving self-management goals is available to health professionals in SBHC.
2.	The community where the SBHC is located is aware that oral health is integral to overall health and well-being.	
	a.	School administrators support the primary care services provided in their schools.
	b.	Oral health education is offered to teachers, administrative staff, and other support staff (e.g., food service workers, instructional aides, janitors, librarians).
	c.	Mechanisms are in place to engage parents and other family members in their child’s health care (e.g., parents are welcome to be present during their child’s SBHC visits).
	d.	Evidence-based health messages emphasizing prevention, early detection, and intervention are promoted in the community using media and social media outlets (e.g., school newsletters, flyers, community newspapers, Facebook, Twitter).
Sustainability		
1.	Standard operating procedures are in place for seeking reimbursement from public and private insurers and other payers for oral health care rendered.	
	a.	Seek reimbursement for the delivery of oral health services to patients enrolled in Medicaid (e.g., claims submitted, reimbursed, rejected).
	b.	Seek reimbursement for the delivery of oral health services to patients enrolled in Children’s Health Insurance Program (CHIP) (e.g., claims submitted, reimbursed, rejected).
	c.	Seek reimbursement for the delivery of oral health services to patients enrolled in private insurance plans (e.g., claims submitted, reimbursed, rejected)

Category, Variables, and Attributes		Notes
	d. Seek direct payment from parents or guardians, using a reduced or sliding fee scale, for the delivery of oral health services to patients not enrolled in Medicaid, CHIP, or private dental insurance plans (e.g., invoices paid).	
2.	The continuous quality improvement (CQI) plan addresses the integration of all health care offered by SBHC.	
	a. Program evaluation (including SBCOHS work plan and timeline) is included in CQI plan.	
	b. CQI plan is reviewed quarterly.	
	c. CQI findings are shared with advisory committee.	
	d. Action plans are developed and implemented to address barriers and challenges relevant to delivery of oral health services and integration of oral health and medical services delivery in SBHC.	
3.	Work force development and utilization is efficient and effective.	
	a. All SBHC staff know and trust each other (e.g., increased referral rate between SBHC providers representing different disciplines).	
	b. All SBHC staff understand and value a culture of teamwork (e.g., increased referral rate between SBHC providers representing different disciplines).	
	c. All SBHC staff have the knowledge and skills needed to perform duties and tasks (e.g., continuing education and training).	
	d. Continuing education and training is provided to all SBHC staff (e.g., oral health education for non-oral-health staff, team building).	
	e. All SBHC staff perform their duties in an efficient and cost-effective manner (e.g., time is not spent providing services that are outside scope of practice and position description).	
	f. All SBHC staff skills and responsibilities are maximized (e.g., expand billable services to new access points, including other SBHCs and WIC and Head Start programs).	
	g. SBHC staff are involved in personnel recruitment, candidate interviews, and selection process.	
	h. All SBHC staff participate in and contribute to peer review and performance evaluations.	
	i. Orientation for new employees provides training on the importance of oral health to overall health and well-being.	