Waiver Project Proposal – School Based Health Centers

Contact Information	*Stacy Torrance, 206.412.8977, storrance@deltadentalwa.com*
Project Title	*Expansion of School Based Health Centers(SBHCs) and SBHCs with Oral Health Care*

Rationale for the Project

As children age, decay rates rise.

- The 2010 Smile Survey found that 58 percent of third graders in Washington had experienced decay.
- In 2000, the Surgeon General reported that dental caries was the most common chronic disease of childhood, with greater than 80 percent of children affected by late adolescence.

After the age of 8, children's utilization of dental care declines.

- 2014 Medicaid data showed that utilization of dental services for the state reached a plateau between the ages of 4 and 8 with 67 percent of children accessing dental services at least once. At the age of 16 utilization drops to 50 percent and by the time kids reach the age of 20, only 17 percent accessed dental services.

Oral health disparities exist.

- Native American and Latino children experience higher rates of decay.
- Low income children experience higher rates of decay.

School age children may experience additional challenges to accessing care than other populations

- *Medical providers have the ability to play a critical role in delivering preventive oral health services to children, identifying oral health problems and referring children to dental care. In 2014, Medicaid data showed that only 7 percent of children age 6 received an oral screening, oral health education and/or fluoride varnish from a medical provider. Of children between the ages of 9 and 19, only 3 percent or less received oral health services from a medical provider.*
- *There are only 40 SBHCs in Washington, only half of these centers offer on-site oral health services.*

Supporting research (evidence-based and promising practices) for the value of the proposed project.[i]

There is evidence that SBHCs increase access to care, improve health outcomes, reduce health disparities and improve academic outcomes. Research exists on SBHCs' ability to effectively prevent illness, deliver immunizations, improve oral health, manage asthma, reduce obesity, reduce teen pregnancy and improve sexual health, address mental health care needs, increase access to care, educe disparities and improve academic outcomes among children and adolescents in school.

Relationship to federal objectives for Medicaid[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

- SBHCs increase access to, stabilize and strengthen provider networks available to serve Medicaid and low-income student.
- SBHCs improve health outcomes for Medicaid and low income students.
- SBHCs increase the efficiency and quality of care for Medicaid and other low-income students by providing care where children and adolescents spend most of their time – at school.

Project Description

Which Medicaid Transformation Goals[iii] *are supported by this project/intervention? Check box(es)*

- ✓ SBHCs reduce avoidable use of intensive services
- ✓ SBHCs improve population health, focused on prevention
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- ✓ Health Systems Capacity Building
- ✓ Care Delivery Redesign
- ✓ Population Health Improvement – prevention activities

Describe:
Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).

Target Population: School age children. Regions and sub populations to consider include:

- Schools with large numbers or high percentages of children enrolled in the Free and Reduced Lunch Program.
- Counties with lower Medicaid dental utilization for children under 20 such as Skamania (36%), Asotin (37%), Jefferson (38%), Clallam (39%), Wahkiakum (40%).
- Communities with large numbers of Native American, Latino and low income children.
- Communities without fluoridated water.
- Dental Provider Shortage Areas.

Relationship to Washington's Medicaid Transformation goals.

- **Health Systems Capacity Building**
  - Train all school based medical providers to address oral health with patients (oral screening, oral health education, fluoride application, referrals to dental care)
  - Expand SBHCs to more schools in Washington.
- **Care Delivery Redesign**
  - Reduce barriers to accessing care – bring care to children where they spend most of their time, at school.
  - Successful models exist in Washington and can be replicated by other health care systems.
  - Develop strong relationships between SBHCs and community providers.
  - Support bi-directional integrated delivery systems through medical and dental providers
- **Population Health Improvement – prevention activities**
  - SBHCs are a population health improvement strategy and can be placed in schools to reach the highest risk populations.

Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.

Goal: Reduce dental decay among school age children. Increase access to care for low income, Native American and Latino children.

Intervention: Expand services at existing SBHCs to address oral health. Expand SBHCs across Washington.

Outcomes:

- One hundred percent of SBHCs address oral health with patients.

- 5 new SBHCs developed or in development.

Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.

- Transformation projects focused on school based health care, whole person health/medical dental integration, obesity and nutrition would all be complementary to this work.

Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.

Washington Dental Service Foundation can support public/private partnerships in this work, and will explore funding needs with those partners as appropriate. Coordinated Care and Molina have both indicated their support for this project.

Potential Partners:

- Washington Alliance for School Based Health Care
- Managed Care Organizations: Molina has indicated support for this project
- Department of Health
- Washington Association of Community and Migrant Health Centers
- Federally Qualified Health Centers
- Private health care delivery systems such as Group Health and Providence
- Hygiene Association
- Public health departments
- Existing SBHCs
- Schools

Core Investment Components

Proposed activities and cost estimates ("order of magnitude") for the project.

Costs:

- (**In-kind**)For training school based health centers and making practice improvements so that medical providers regularly address oral health with children
- Building/Operating new SBHC – Between $50 - $100,000

- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
    - **500 students/SBHC/year**
  - How much you expect the program to cost per person served, on a monthly or annual basis.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
  1 – 2 years for all school based health centers to be addressing oral health. 2 years for new school base health centers to be built and functional.
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
  - *High – several examples of cost savings can be found here: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770486/*
  - *Study of New Mexico SBHCs found a return of $6.07 for every dollar expended.*

Priority measures specifically related to oral health in school based health centers:

- **Oral health in primary care**

Opportunities for complimentary measures to be addressed through SBHCs:

- **Child and Adolescent access to Primary care providers**
- **Well child visits**
- **Immunizations – childhood**
- **Immunizations – adolescents**
- **Immunizations – HPV**
- **Weight Assessment**
- **Tobacco use**
- **Behavioral Health**
- **Chronic disease management**
- **Appropriate care**

- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?

TBD based on how broad or specific we go, but ideas include:

- Number of medical providers address oral health
- Number of referrals made from school based medical providers to a dental provider
- Number of dental treatment plans completed as a result of a school based referral