

Children’s Dental Services

An Innovation Station Emerging Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Minnesota	Title V/MCH Block Grant Measures Addressed
Category:	Emerging	NPM #13: Oral Health NPM #13.1: Preventive Dental Visit-Pregnancy NPM #13.2: Preventive Dental Visit-Child/Adolescent NOM #1: Early Prenatal Care NOM #13: School Readiness NOM #14: Tooth Decay/Cavities NOM #19: Overall Health Status NOM #21: Uninsured
Date Submitted:	1/2020	

Practice Description

CDS is a nonprofit that has provided dental care to low-income youth since 1919, and over 100 years has emerged as a national leader and dental safety net provider for low-income patients. CDS provides a full range of culturally focused dental services, and is Minnesota's primary school-based and largest single provider of dental services to low-income children serving over 37,000 annually utilizing an array of modalities including culturally targeted and translated curricula, Dental Therapists, Collaborative Practice Dental Hygienists, telehealth, silver diamine fluoride, and portable dental delivery systems.

Purpose

Since its inception CDS is dedicated to serving the "poorest of the poor": CDS was created with the purpose of providing dental care to destitute Minneapolis orphans at a time when dental safety nets were nonexistent. Over the course of 100 years CDS has weathered two major recessions, major political and social change, and has emerged as a national leader and a major public dental health safety net provider for low-income children and pregnant women

throughout Minnesota. CDS has nonprofit status pursuant to Minnesota Statutes, chapter 317A and tax-exempt status as provided in Internal Revenue Code, section 501(c)(3) as amended through October 4, 1976. CDS has written clinical policies describing its clinic services, medical management and health records as provided in Minnesota Rules, part 9505.0255, subpart 4. A six-member board of directors, none of whom receives compensation, governs CDS. As a nonprofit corporation, CDS is governed by local residents and is not a governmental entity. An executive director manages CDS' daily operations.

Dental disease remains the most common, chronic childhood illness. CDS is the only Minnesota agency dedicated exclusively to providing culturally-tailored oral health outreach, education, preventive and restorative treatment to low-income children and pregnant women.

CDS accepts all forms of Medical Assistance and private insurance and CDS' sliding fee scale offers reduced-cost or free care to income-eligible families. While CDS currently has appointments scheduled into January of 2020, its appointment confirmation system results in several appointments becoming available daily. This enables families in need of immediate dental care to obtain next-day appointments. CDS makes every effort to serve emergencies within 24 hours and, regardless of cost, never declines emergencies due to inability to pay. Currently 95% of emergencies are treated within 24 hours. CDS has a team of MNSure (Medical Assistance) Navigators who assist CDS patients in applying for Medical Assistance in English, Spanish, Hmong, Somali and seventeen other languages. CDS is designated as a Critical Access provider by the State of Minnesota. CDS also offers an income-based sliding fee scale that is up to 100% free oral healthcare.

With comprehensive telehealth legislation taking effect July 1, 2016, CDS has embraced a robust telehealth initiative that is successfully expanding care to remote and previously unserved communities across Minnesota. CDS also implements care initiatives targeting care for underserved and at-risk communities including infants, toddlers and pregnant women at WIC clinics, pregnant and parenting teens, homeless youth, those with drug-addiction, LGBTQ youth, Native American children and pregnant women, and those who are wheel-chair bound, deaf, blind or have emotional disabilities.

Additionally, CDS hosts and trains high school and senior interns as part of the Step-Up and Tree Trust groups, and works with over 300 college and dental program interns and externs each school year. These interns and externs receive hands-on training and clinical experiences in addition to medical record keeping, chair side assisting techniques, customer service, phone and reception skills, computer training including Open Dental, QuickBooks and Microsoft Office, and public health outreach and dental screening skills.

CDS serves all children, from birth until age 26, regardless of the amount of their family income. Recognizing the relationship between the oral health of a mother and her unborn child CDS also treats pregnant women until two months post-partum. In 2019, CDS served 37,183 patients at more than 700 sites during over 94,500 procedures and more than 64,000 visits. CDS' 2019 demographics: Hispanic (22%), Somali (22%), African American (21%), Caucasian/East European (20%), Asian/Pacific Islander (8%), and American Indian (7%).

Practice Foundation

CDS promotes and participates in culturally-tailored oral health education with a focus on the cultural and socioeconomic barriers facing access to oral health care. Over the last 100 years, CDS has nimbly adjusted and adapted its practices, policies, and programs to meet the needs of new communities of care, including recent influxes of immigrant and refugees. CDS has been at the forefront of legislative advances in workforce innovations, telehealth, and payment reforms, and has emerged as a national leader in oral health care access and best practices for underserved populations. At its core, CDS works to empower underserved populations to actively engage in oral and overall health access and improvement.

Core Components

CDS' major goals include:

- 1) to provide culturally appropriate dental care to Minnesota communities;
- 2) to decrease barriers and increase access to dental services; and
- 3) to improve oral health education and knowledge of oral disease prevention strategies for low-income children and pregnant women.

Practice Activities

Core Component	Activities	Operational Details
Culturally Appropriate Dental Care to Minnesota Communities	<p>-Annual cultural humility training for all staff</p> <p>-Implementation of over 360 grant programs targeted funds for expansion of oral health care and education to primarily low-income, un- and underinsured, culturally diverse populations.</p>	<p>-CDS' target population is low-income children ages birth to 26 and pregnant women, with low-income defined as at or below 200% of the Federal Poverty Guideline (FPG). CDS also targets cultural and ethnic minorities, with over 80% of its current patient base comprised of communities speaking English as a second language. CDS' patient makeup as of year-end 2018 was: East African (22%), Hispanic (21%), African American (21%), Caucasian/East European (21%), Asian/Pacific Islander (8%), and American Indian (7%).</p> <p>-CDS has successfully implemented over 360 grant programs ranging from \$500 to \$1,200,000 during the past 32 years. CDS has significant expertise in managing grants and ensuring the continuity of programs, services, and relationships with other agencies. A hallmark of CDS services is that they are exceptionally cost effective. As such CDS is successful in making programs self-sustaining within approximately 12 to 18 months of operation.</p>

<p>Decrease barriers and increase access to dental services</p>	<p>All CDS activities are working to eliminate the three main barriers to care: transportation, cost, and language/culture.</p> <p>-CDS provides care to 37,000 patients annually across the state of Minnesota out of two bricks and mortar locations in Northeast Minneapolis and mobile-based services at over 700 sites across the state. The 700 consist of roughly 400 7-county metro area mobile-based sites and 300 mobile-based sites in Duluth, the Iron Range, International Falls, Moorhead and Saint Cloud.</p> <p>-Approximately 85% of CDS patients utilize medical assistance, 14% are uninsured and less than 1% have private insurance. CDS hires staff and trains them as MNSure navigators to help connect patients and their families to insurance, has a robust zero-based sliding scale program, and works individually with families to set up affordable payment plans if they are ineligible for medical assistance or CDS' sliding scale.</p> <p>- CDS strives to hire both administrative</p>	<p>- CDS was recognized for its mobile care program by the Minnesota Council of Non-profit's Mission Award for Innovation in 2006.</p> <p>- As of 2020 CDS also provides portable dental care at more than seven hundred other locations including across the Twin Cities Metropolitan area including North St. Paul, in Duluth, the Iron Range, International Falls, Bemidji, Moorhead, St. Cloud, Faribault and dozens of other locations where public health dental resources fail to meet the demands of a growing and increasingly diverse population. All sites have intraoral x-ray machines, and CDS' Headquarters is equipped with a panoramic x-ray machine. A full range of comprehensive dental treatment, including preventive and restorative work, is provided at each site.</p> <p>-CDS accepts all forms of Medical Assistance and private insurance and CDS' sliding fee scale offers reduced-cost or free care to income-eligible families. While CDS currently has appointments scheduled into May of 2020, its appointment confirmation system results in several appointments becoming available daily. This enables families in need of immediate dental care to obtain next-day appointments. CDS makes every effort to serve emergencies within 24 hours and, regardless of cost, never declines emergencies due to inability to pay. Currently 95% of emergencies are treated within 24 hours. As a Medical Assistance Regional Center CDS assists patients in applying for Medical Assistance in English, Spanish, Hmong, Somali and seventeen other languages. CDS is designated as a Critical Access provider by the State of Minnesota.</p> <p>- CDS' highly skilled staff is exceptionally well-equipped to serve families from culturally diverse backgrounds. Most CDS staff members are bi- or multilingual, together speaking at least twenty-one languages, including American Sign Language, Amharic, Arabic, Bosnian, Croatian, Farsi, French, Hindi, Hmong, Italian, Karen, Korean, Lakota, Persian, Portuguese, Russian, Somali, Spanish, Swahili, Tibeto/Burman, Ukrainian, Urdu, and Vietnamese.</p>
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	<p>and clinical staff that represent the communities being served.</p> <p>-CDS utilized telehealth and helped pass telehealth legislation</p> <p>-CDS utilizes innovative workforce solutions</p>	<ul style="list-style-type: none"> - Sixty percent of CDS' staff represents minority populations and 90% are female - With comprehensive telehealth legislation taking effect July 1, 2016, CDS has embraced a robust telehealth initiative that is successfully expanding care to remote and previously unserved communities across Minnesota. - From 2017 through 2019 CDS developed and has expanded a statewide Telehealth Network linking 44 sites and now providing access to care over 8,000 additional patients annually. - In 2017 CDS received a DOT.org Award from the Minnesota Council of Nonprofits for the implementation of a successful telehealth network serving rural Minnesota communities. - CDS is a leader in utilizing workforce solutions to improve access to dental care for low-income people - CDS is on the forefront of oral health workforce practices, utilizing Dental Therapists and Advance Dental Therapists to provide restorative care. CD has been a primary player in integrating ADT graduates into practice, pioneering several of the protocols required to satisfy the practice and testing requirements for ADT graduates to become licensed by the Minnesota Board of Dentistry. In fact, CDS currently employs the first ADT who completed 2,000 hours of clinical practice and became licensed to practice independently. CDS is also a leader in integrating teledentistry and laser technology into treatment, providing an innovative training ground for students. CDS helped work on legislation for dental therapists in Minnesota and helped pass legislation in 2008 and has continued to help states across the nation pass workforce legislation.
<p>Improve Oral Health Education and Knowledge or Oral Disease Prevention Strategies for Low-Income Children and Pregnant Women</p>	<ul style="list-style-type: none"> -Development of translated materials and multilingual care providers -Development of culturally-tailored oral health educational materials including oral health tooth kits 	<ul style="list-style-type: none"> -CDS multilingual Public Health Assistants work on CDS consent-to-care forms, brochures and oral health materials to develop and translate materials into over 21 languages -CDS upper management travel to the National Oral Health Coalition and dozens of other conferences annually to share and learn best practices for oral health education and knowledge of disease prevention

	and tooth fairy costumes	<p>-CDS works closely with schools, head starts and community sites to provide outreach and education to over 100,000 patient and their families annually</p> <p>-CDS staff provide oral health screenings and follow up to over 17,000 patients annually</p>
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Evidence of Effectiveness (e.g. Evaluation Data)

Beginning in 2002, CDS has evaluated all of its programs through a patient satisfaction survey, implemented with the assistance of professional program analyst, Laurie L. Meschke, Ph.D. In 2004, Dr. Meschke spearheaded a comprehensive evaluation of CDS programs. In 2004, CDS also received a grant from the United Way through which a comprehensive, ongoing program evaluation blueprint for all CDS programs is being established. The proposed project will be evaluated through these efforts, and will continue to be evaluated on an ongoing basis.

Evaluation results are used to compile a comprehensive program evaluation report. Utilizing this report, CDS is able to determine the need to implement any programmatic change. For example, the programs and enhancements proposed in the current application are largely a result of feedback gathered through the evaluation process. Immediate success and areas of improvement are shared with CDS’ partners and stakeholders across Minnesota. CDS’ long-term evaluation results are disseminated via CDS’ annual report, presentations, and other publications.

Replication

During its history CDS has pioneered four main concepts to make dental care accessible to children. It serves as a national model and has been nationally recognized for these four concepts: 1) CDS was the first dental program in the nation to provide on-site care in Head Starts, 2) CDS specializes in providing care via a “hub and spoke” portable delivery model within schools and community settings, thereby eliminating transportation barriers, 3) since its inception CDS has provided “culturally focused” care by tailoring services and hiring highly diverse staff to meet specific cultural, socio-economic, language and other needs of target communities, and 4) CDS is a leader in utilizing workforce solutions to improve access to dental care for low-income people.

CDS has received extensive award recognition for these initiatives, and these four concepts have been replicated in communities across the US. CDS’ telehealth initiative has been seamlessly implemented into over 300 new sites that CDS established since its legislative authorization. The programs and initiatives promoted by CDS are wide-reaching and standardized, enabling other clinics and communities to easily replicate and incorporate.

Section II: Practice Implementation

Internal Capacity

- A six-member board of directors, none of whom receives compensation, governs CDS. As a nonprofit corporation, CDS is governed by local residents and is not a governmental entity. An executive director manages CDS' daily operations.
- Executive Director: Over nearly 2 decades the CDS' ED has overseen the growth and development of the organization from 18 employees serving 3,000 patients at 9 sites to over 100 employees serving over 700 sites and 37,000 patients annually. Infrastructure developed includes bylaws, employee benefits, employee and operations handbooks, and economic growth from a budget of \$400,000 to one exceeding \$6 million.
- Dentist: provides clinical treatment including a full range of restorative services.
- Advanced Dental Therapist: provides a partial scope of restorative services.
- Registered Dental Hygienist: provides preventive dental services and education.
- (Licensed) Dental Assistant: aids in care provision, charting and outreach for patient visits and care coordination and education with health and educational partners.
- Public Health Assistant: provides administrative assistance for scheduling, as well as performing outreach activities.

Collaboration/Partners

CDS clinics are located within public schools, Head Start centers, and community centers across Minnesota, as well as its Headquarters location in Northeast Minneapolis. At these and other children's organizations in the Twin Cities, CDS works in concert with personnel to provide screening and treatment programs. CDS also provides targeted dental services to the ethnic groups it serves by collaborating with agencies such as Vietnamese Family Services and the Somali Federation of America. CDS provides on-site screening, a full spectrum of dental care, and education to families across the Twin Cities through partnerships with the Andersen Family Dental Program, the Suburban Ramsey County Family Services Collaborative, the Dakota, Hennepin and Washington County Public Health Departments, and the Carver, Scott, and Washington County Departments of Human Services. CDS also works to provide targeted services to the ethnic groups it serves by working in collaboration with a variety of entities that serve specific populations such as the American Indian Family Center, Ain Dah Yung children's shelter, La Clinica, MyHealth, Broadway Family Medicine and other service organizations.

Through collaborations with several educational institutions including Argosy University, Century College, Dakota County Technical College, Hennepin Technical College, Herzing College, Lake Superior College, Mankato State University, St. Cloud Technical College, St. Paul College, and the University of Minnesota, CDS provides clinical education opportunities to interns. These partnerships not only provide exposure to the field of public health dentistry for new professionals, but also directly increase access to care for low-income patients by expanding CDS' service capacity. CDS also partners with programs such as HIRED, the City of Minneapolis Summer Youth Employment Program, Northeast Neighborhood Services, and a

variety of public high schools, to provide job exploration internships in office and clinical settings for diverse youth. These youth internships offer another connection point between CDS and the diverse metro communities.

CDS works with public health officials in Hennepin, Ramsey, St. Louis and Washington Counties, the Minnesota Department of Health, and other agencies to collaborate on meeting the dental needs for recent influxes of immigrants. CDS recently partnered with Dakota, Isanti, McLeod, Meeker Counties to expand access to dental care for increasing populations of low-income children and pregnant women in these areas. CDS itself is listed in several medical and dental services resource directories, websites and is a part of United Way's 211 phone service. CDS works as a Critical Access provider by extending services to more publicly insured families. All CDS staff is trained on dental referral sources, and CDS regularly provides referrals to patients for needed follow up care not provided by CDS.

Practice Cost

Budget			
Activity/Item	Brief Description	Quantity	Total
Staffing	All personnel required to run non-profit and deliver dental care		\$3,500,000
Equipment and Supplies	Equipment includes dental instruments such as handpieces, dental equipment such as chairs, lights, and imaging tools, office equipment such as computers and electronic health record software and licensing, and sterilization equipment such as preparation tables and sterilizers/autoclaves. The mobile unit equipment includes vans and van maintenance, mobile dental units, portable lights, patient and provider chairs, instruments, and mobile imaging tools (Nomad)		\$800,000
Buildings and Operations	Maintenance, Cleaning, Insurance		\$200,000
Consultants and Fees	Accounting, bookkeeping, technology, policy, licensing, and evaluation		\$535,025
Total Amount:			\$5,035,025

Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/Timeframe	# of hours needed to complete/oversee activity	Person(s) Responsible
Planning/ Pre-implementation	Increase access to dental services	Yearlong	85 FTEs	Sarah Wovcha (Executive Director)
Implementation	Providing culturally appropriate dental care	Provided during every site visit and at all CDS locations. Also during multiple grant funded projects per year	85 FTEs	Sarah Wovcha (Executive Director) CDS Dental Care Provider Team
Sustainability	Fundraising and ongoing operations planning		15 FTEs	Executive Director

Resources Provided

Not applicable.

Lessons Learned

For many of the children served under CDS initiatives, the services provided to them comprise their first visit with a dental provider. The children served are therefore often anxious or fearful. CDS addresses this challenge by working closely with site partners, parents, siblings, teachers, nurses, and other health staff to assist in providing comfort to children. Often just having a sibling present to hold the patient's hand overcame this barrier. Ultimately CDS is able to successfully provide treatment to all children at portable satellite locations.

Next Steps

Three main factors that continue to challenge oral health in Minnesota are: 1) lack of dental providers, 2) lack of funding, and 3) increase in need. There continues to be a significant shortage of public health dental providers who will serve low-income and underinsured children and pregnant women across the Twin Cities. The majority of the Twin Cities Metropolitan Area and Greater Minnesota continue to be designated as Dental Health Provider Shortage Areas (DHPSAs). Minnesota's shortage of public health dental professionals is highlighted in recent, grim statistics. The most recent Minnesota Department of Human Services report provides that only 23.5% of Minnesota children ages 1 to 20 years on Medical Assistance received at least one past year preventive dental service. (2015 Minnesota Health Access Survey, Minnesota Department of Health, Health Economics Program.) A 2018 survey conducted by CDS found that only nine dentists in Minnesota accept patients covered by public insurance and have a waiting period of less than nine weeks. More than half of children insured by public programs are unable to receive dental services until there is an emergency, such as bleeding of the gums, pain in gums and/or teeth, infection, etc. (Minnesota Department of Human Services (2001). Dental Access for Minnesota Health Care Programs Beneficiaries: Report to the 2001 Minnesota Legislature.).

In fact, according to the American Dental Association Health Policy Institute, Minnesota has the third lowest Medical Assistance reimbursement rate for dental services in the nation (Health Policy Institute (2016). Medicaid Fee for Service Reimbursement Rates for Children and Adult Dental Care Services Across All States, 2016). Despite its ranking as having some of the healthiest children in the US, it also has some of the greatest health disparities, particularly among Native Americans and recent immigrants and refugees. These factors lead to a public dental health crisis in these regions, resulting in minimal access to dental services for uninsured patients and those covered by public insurance programs (Medicaid and MNCare).

Due to CDS' low operating costs and cost-effective approach to service provision the major part of this project proposal is already self-sustaining. Additional funding is used to expand services, not to sustain existing patients. During its 100-year history CDS has successfully maintained gains made under grant-funded initiatives by leveraging funding broadly from resources across the local and national community and by implementing a cost-effective and evidence-based practice model. CDS has never ceased grant activities due to lack of resources.

CDS has a proven track record of successfully sustaining the gains in patient care expansion by 1) leveraging funds and in-kind donations; 2) utilizing Expanded Functions and dental interns to reduce costs of care; and 3) reinvesting in Critical Access funds received for the expanded care it provides.

Practice Contact Information

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