



**Virginia Health Catalyst
School-Based Health Workgroup
Monday, December 2, 2019
10:00-11:30am | BlueJeans call**

Attending: Ronnie Coleman (Benevis), Eric Tolkin (Smile America), Dearsley Vernon (Communities in Schools), Sharon Logue (VDH), Tonya Adiches (VDH), Susan Pharr (Virginia Dental Hygienist Association), Casey Tupea (VDH DBHDS), Monalisa Mbaitisi (VDH), Nakeisha White (Richmond School District), Glory Gill (Hampton School District), Julie Duregger (Smart Beginnings Virginia Peninsula), Christina Byerson (CAHN)

Staff: Sarah Holland, Chloe Van Zandt, and Brita Bergland

Action Items:

- **Adult dental benefit in Medicaid:** Catalyst can help you contact your state legislator to support the addition of an adult dental benefit in Medicaid in 2020. We offer five types of [postcards](#) you can download, and we can send it for you! Order any amount by filling out [this short form](#), and contact Lauren Sawyer (lsawyer@vahealthcatalyst.org) for more information.
- **Catalyst will:**
 - List free/reduced lunch schools in priority counties by enrollment
 - Map out dental safety net clinics in these counties to understand available partners
 - Develop a report of basic recommendations for VDH to begin the grantee process

Next meeting: TBD, BlueJeans call

Proceedings

Policy updates (Sarah Holland)

- **Medical assistants providing fluoride varnish in medical settings:** Moving forward with support from provider associations across the state. Hoping to go through relatively easily in 2020!
- **EPSDT varnish:** Working through Medicaid policy group to get it fluoride varnish reimbursed up to age 5, per EPSDT recommendations.
- **Water bottle filling stations:** Virginia has 96% fluoridated public water. American Heart Association is the lead on legislation that would mandate new school construction to require at least 2 filling stations in the new building. Increase access and use of fluoridated water in schools!
- **Teledentistry legislation:** Virginia Dental Association writing legislation to define terms of teledentistry in the code. Catalyst is working with them to ensure the definition would remain true to continue store and forward teledentistry in the future.
- **Medicare legislation:** A package of health reforms focused on prescription drugs (HR 3) would reinvest savings into Medicare dental coverage and other health care improvements. It is out of the committee, and passed through the House of Representatives. This is a huge achievement in awareness of oral health on the federal level!

- **Adult dental Medicaid benefit:** Catalyst and our partners are hopeful we can get this passed in 2020! We are working with the Department of Budget and Planning to price the benefit to understand an appropriate budget - \$24 million general fund. The recent election results is a positive, but lots of other important issues are in line for state funds. We will know more after the governor's budget is released on December 17.
 - Join our policy webinar to discuss the budget and next steps on **December 20, 10-12:30pm**. Register [here](#).
 - Opportunity for support: Catalyst can help you contact your state legislator to support the addition of an adult dental benefit in Medicaid in 2020. We offer five types of [postcards](#) you can download, and we can send it for you! Order any amount by filling out [this short form](#), and contact Lauren Sawyer (<mailto:lsawyer@vahealthcatalyst.org>) for more information.

Assessment results and discussion

- [See PPT for assessment results, summary, and maps](#)
- The SBH workgroup can help and guide VDH to be the best possible stewards of school-based health services and increase sealant rates. We can help sort through the many competing factors to starting a new/expanding an existing school program
- **Tonya Adiches (VDH):** grant goal is to increase amount of school sealant programs in priority areas, understanding the players that are already there, using all of our funding and manpower in the right places. Guidance on location, who to reach out to, and support for 5 years.
 - VDH is developing remote supervision manual
 - Ready to provide technical assistance and financial support to other clinics that may want to participate
 - \$21,500 to 5 sites to develop infrastructure, supplies, support, equipment
 - New sites funded each year, TA for 5 years after
 - Up to 10 sites in year 2
 - Numbers goal for kids seen: overall 5% increase in # of eligible schools with school sealant programs in 5 years; at least 20% consent rate in program; increase by 5 the number of safety net programs; increase number of students receiving sealants at school programs
 - Programs widely varied in number of kids
 - Smile Virginia sees about 8-10% of enrollment/school
- It would be helpful to list schools with greatest enrollment in the counties of priority for biggest impact. *Catalyst will do this by next meeting.*
- Challenges: parental permission, getting dentists to participate
- Does Department of Education seek information from schools about where physical, behavioral, and dental care is provided?
 - Glory Gill will chat with DOE to see what process would be to have it added to annual report that schools fill out for DOE – probably difficult to have added

- How is it best to weigh in about what the VDH could do? What should be the guidelines or rubric to help ID where funds should go? What kinds of infrastructure needs to exist? What criteria to help VDH make these decisions?
- Grant money would go to provider (a safety net facility), not schools.
 - A model to consider: School system could hire hygienists and dental assistant team to serve their schools on their own and directly bill Medicaid. Good to have community health centers to partner with for referral source.
- Possible strategy: reach out to local dentists in priority areas to see if they would like to start a school-based program. Would they be able to serve kids without insurance? Good way to leverage new remote supervision protocol.
- *Casey Tupea from South Hampton County*: few dentists in rural county, and many don't take Medicaid. Families must pay up front and get reimbursed by Medicaid. SBH programs here would be great, but infrastructure (dentist oversight) would be barrier.
 - SBH workgroup must be flexible in design – Catalyst has previously issued RFPs to find locally grown solution to be locally staffed and run.
- *Susan Pharr*: Rural areas find more workforce through dental hygienists than dentists. Many working part-time right now – could be a good, underutilized workforce to tap into.
- With priority areas identified, is it possible to issue RFP? SBH workgroup can help decide what the terms would be. VDH offers experience in what they've done – if we stray far away with a program that's different then we can't provide as much support. May need to work with providers with some capacity to get going in year 2.
 - Reach out to providers already serving Medicaid
 - Do VDH help local providers when they go into schools? Definitely – it's difficult to get one of these programs off the ground.
- Template to use remote supervision model – most cost effective
 - Could use similar but hybrid model

Next steps

- Catalyst will overlay map of existing dental safety net clinics with our current maps to see where they exist to understand our partners
- Catalyst will put together a report including feedback, basic recommendations to the group to get started with a rubric.

Next meeting: BlueJeans call TBD – possible discussion points below

- How to use our partners as resources
- Programs are difficult to implement: it's a long process even if they really want it – working with school districts, educating nurses, getting principals to buy in, need lots of groundwork to get these going, get an appropriate provider, approaching schools months ahead of time (start with Super Intendant to give consent to approach principals, then go individually to principals who are mostly supportive)
- Catalyst can reach out to schools to help explain need for sealant programs – highlight models that exist and work and tie it back to our work