Executive Summary

Recognizing that not all children who reside in San Joaquin have equal access to health insurance and health care services, First 5 San Joaquin (F5SJ) has supported several initiatives that strive to close this gap. Two recent initiatives funded by the California Department of Health Care Services (DHCS) and led by F5SJ include:

- **Covered San Joaquin**, a collaborative to help enroll San Joaquin County residents newly eligible for Medi-Cal insurance coverage following passage of the federal Patient Protection and Affordable Care Act (ACA), and

- **San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH)**, an initiative funded to use innovative strategies to increase access to community-based dental care and improve oral health for children with Medi-Cal dental services who are ages 0-20 in the county.

This newsletter presents findings from an evaluation that sought to understand the trajectory of F5SJ’s health care initiatives, identify how the initiatives impacted children and families, and explore their effect on the systems that support health care access. Key findings and recommendations from this evaluation include:

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 2014 and 2018, Covered San Joaquin enrollment assistance helped nearly 9,000 people get Medi-Cal health insurance coverage.</td>
<td>F5SJ and its partner organizations should continue efforts to increase the number of health care providers that accept Medi-Cal to meet the demand for services.</td>
</tr>
<tr>
<td>In Calendar Year (CY) 2018, SJ TEETH reached 1,700 children ages 0-20 with dental services, and over 1,000 children ages 0-20 with dental care coordination.</td>
<td>F5SJ should continue to engage in health care efforts that include elements like care coordination and patient navigation to best meet families’ health care needs.</td>
</tr>
<tr>
<td>Covered San Joaquin and SJ TEETH strengthened partnerships, practices, and organizational capacity.</td>
<td>F5SJ should continue to be a leader, convener, and relationship builder when pursuing future health care efforts.</td>
</tr>
<tr>
<td>F5SJ and its partner organizations are well positioned to pursue future efforts to meet the needs of San Joaquin County residents.</td>
<td>F5SJ should continue to invest in efforts that respond to San Joaquin County’s needs by accessing available private, state and federal funding sources.</td>
</tr>
</tbody>
</table>
Background

First 5 San Joaquin (F5SJ) has had a longstanding commitment to improving child health, reflected in its goals, funding, and communications. Many of F5SJ’s funded programs include elements that address child health, such as home visitation programs that focus on family nutrition and preschools that integrate developmental screenings.

In addition, F5SJ has supported efforts to expand access to health care services within a changing landscape at both the state and federal level. Examples of these changes included the expansion of Medi-Cal coverage to families up to 138 percent of the Federal Poverty Level, and including single adults in the passage of the Affordable Care Act (ACA) in 2010. California legislation supported efforts to reach out to and enroll those residents newly eligible for health insurance coverage. At each turn, F5SJ has led or participated in initiatives focused on ensuring that San Joaquin County residents have increased access to critical health services. A timeline of key events in this trajectory is presented below (Exhibit 1).

Two recent health care initiatives led by F5SJ include:

- **Covered San Joaquin (2014-2018)**, an initiative funded by the California Department of Health Care Services (DHCS) to help enroll 35,000 San Joaquin County residents newly eligible for Medi-Cal insurance coverage following passage of ACA, and

- **San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH, 2017-2020)**, an initiative funded by DHCS to use innovative strategies to increase access to community-based dental care and improve oral health for children insured by Medi-Cal for dental services who are ages 0-20 in the county.

### Exhibit 1. Key health care legislation and F5SJ programs

<table>
<thead>
<tr>
<th>First 5 San Joaquin Commission is founded</th>
<th>Healthy Smiles San Joaquin Oral health program at San Joaquin General Hospital is funded by First 5 San Joaquin</th>
<th>Covered San Joaquin Collaborative convened to increase health insurance coverage in San Joaquin County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>2005</td>
<td>2014-2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy Families Medi-Cal coverage is expanded to families below 250 percent of the Federal Poverty Level</th>
<th>Affordable Care Act Federal legislation passed to expand Medicaid and makes health insurance more affordable</th>
<th>Affordable Care Act ACA takes effect January 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>March 2010</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denti-Cal adult benefits restored Full adult Denti-Cal benefits package is restored</th>
<th>CA Assembly Bill 82 State legislation provides funding for outreach and enrollment to newly eligible residents</th>
<th>CA Senate Bill 18 State legislation provides funding for Medi-Cal renewal assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2018</td>
<td>February 2014</td>
<td>September 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CA Senate Bill 75 State legislation expands Medi-Cal to all children, regardless of immigration status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2016</td>
<td></td>
</tr>
</tbody>
</table>
This newsletter presents findings from an evaluation that sought to understand the trajectory of F5SJ’s health care initiatives, identify how the programs described above have impacted local children and families, and explore the effect of the initiatives on the systems that support health care access. Findings are informed by program data, secondary data, interviews with key stakeholders, and a group storyboarding session conducted with F5SJ staff and partner organizations. For more details about the evaluation methods, refer to the Technical Appendix.

Covered San Joaquin had a direct impact on health insurance access in San Joaquin County

Covered San Joaquin was launched in January 2014 in response to passage of the ACA and California’s decision to expand Medi-Cal insurance coverage to Californians earning up to 138 percent of the Federal Poverty Level. F5SJ—with funding from the F5SJ Commission, San Joaquin County Human Services Agency, Health Plan of San Joaquin, and the California Department of Health Care Services—led a collaborative of community-based organizations and county departments to enroll newly eligible county residents in Medi-Cal.¹ With a focus on high-need and hard-to-reach populations, Covered San Joaquin used the following strategies:

- **Engaged a broad network of organizations.** F5SJ strategically engaged key organizations whose areas of expertise complemented each other. Organizations included county agencies, health care providers, faith-based organizations, and community-based nonprofits. This network included partners who had not previously worked with F5SJ, as well as those who were new to health care services.

- **Tailored outreach strategies.** Organizations tailored their outreach and marketing strategies to reach high-need and hard-to-reach county residents—including persons with mental health and substance abuse challenges, persons experiencing homelessness, young men of color, persons who are incarcerated or on probation, families of mixed immigration status, and persons with limited English proficiency.

- **Provided opportunities to collaborate and coordinate.** Health Plan of San Joaquin convened regular collaborative meetings that enabled organizations to stay informed about health care policies, learn from one another, and receive targeted training based on organizational need.

- **Offered training and technical assistance.** F5SJ convened partners to address Medi-Cal enrollment issues by reviewing Medi-Cal applications and regulations with enrollment assisters, attending community stakeholder meetings to share Medi-Cal-related updates, and troubleshooting issues that residents were experiencing with their applications.

As a result of its efforts, Covered San Joaquin completed over 591,000 outreach attempts to inform county residents about Medi-Cal’s expansion between 2014 and 2018. In addition to raising awareness among community members, funded organizations were also equipped to provide Medi-Cal enrollment and renewal assistance directly to eligible county residents. From 2015-2018, Covered San Joaquin completed over 345,000 outreach attempts that included personal assistance with the renewal process.

¹ This includes funding received through Assembly Bill 82/San Joaquin County Outreach and Enrollment, Senate Bill 18 for Medi-Cal Renewal Assistance, and Senate Bill 75 legislation to expand Med-Cal coverage to undocumented children.
Between 2014 and 2018, Covered San Joaquin partners assisted 12,685 people with Medi-Cal applications. Of these, 8,940 people (71 percent) were approved for Medi-Cal. These efforts contributed to a 29 percent increase in the total number of Medi-Cal cases in San Joaquin County between July 2014 (178,265) and June 2018 (230,542).

Similarly, the California Health Interview Survey found that the uninsured rate in San Joaquin County dropped from 13.9 percent in 2013 to 4.7 percent in 2017. This is larger than the decline for California as a whole, which went from 13.8 percent uninsured in 2013 to 7.3 percent in 2017 (Exhibit 2).

Exhibit 2. Covered San Joaquin contributed to a decline in uninsured rates in San Joaquin County

Partners strengthened their practices by working together to improve health care access and utilization

In addition to contributing to increased health insurance coverage for county residents, Covered San Joaquin also had indirect “ripple” effects on the ability of partners in the county who are supporting residents to access health care services. In particular, Covered San Joaquin was instrumental in strengthening practices, partnerships, and the capacity of organizations that play a role in supporting San Joaquin County residents.

Funded organizations identified new ways of doing business and integrated these practices into standard procedures. Partner organizations learned how to be more effective at outreach and referral to meet community needs, particularly to work with harder-to-reach populations. For example:

- Organizations received training on how to access and use data about uninsured residents to develop appropriate strategies to reach those groups.
- Partners like Catholic Charities began to staff “satellite” sites in the community to reach populations who reside in rural locations or who would not visit their main offices.
- Participants used existing resources to better serve their clients, such as using county mailboxes to reach people experiencing homelessness and increasing translation supports for those who do not speak English.

Organizations have now integrated these new practices into their standard procedures. For example, staff at many partner organizations now routinely ask clients about their insurance coverage, even after funding has ended. Others have retained the satellite sites they established for Covered San Joaquin to make themselves more available to hard-to-reach populations.

“If you have existing relationships, that can go a long way to getting people the help they need.”

– Covered San Joaquin Stakeholder
Funded organizations increased their capacity to participate in health care initiatives. Trainings and technical assistance offered through Covered San Joaquin helped staff become more familiar with Medi-Cal eligibility, enrollment, and services. As reported in the May 2016 report on Covered San Joaquin, one funded organization noted that “Medi-Cal is such a complicated program and for so many people it was confusing. Taking the time to explain the basics was helpful.” These trainings also helped participating organizations generate internal efficiencies. For example, San Joaquin County Behavioral Health Services enrolers reduced the agency’s non-billable clinic services from 30 percent to 8 percent.

Covered San Joaquin fostered new partnerships. Covered San Joaquin brought together partner organizations that had not previously collaborated, as well as organizations that were “nontraditional” health partners, such as faith-based organizations and school districts. Through cross-agency enrollment events and collaborative meetings, these organizations learned from each other and were better able to reach newly eligible populations.

As these partnerships grew stronger, each organization was better able to connect residents with the resources they needed. One Covered San Joaquin staff person shared that “Instead of having a client...call here and call there and get frustrated, we had somebody that could just pick up the phone...and then we could just troubleshoot it in one shot. If you have existing relationships, that can go a long way to getting people the help they need.” Another person shared that these opportunities also helped staff see “how they were working with people outside of our agency, and see more of a community effort than we sometimes see.” The Covered San Joaquin collaborative continues to meet even after funding has ended, demonstrating the strength of these relationships and partners’ commitment to the effort.

Covered San Joaquin laid a strong foundation for partners to pursue future health care initiatives

Through Covered San Joaquin, F5SJ and all partner organizations became more aware of the unmet need for oral health care in San Joaquin County, as well as the low utilization of Medi-Cal and Medi-Cal dental program benefits even among those with insurance coverage. For example, only 19 percent of low-income children ages 0-3 visited a dentist in 2016. Furthermore, partner organizations expressed a commitment to serving the high-need populations they started to serve under Covered San Joaquin.

When DHCS announced funding for its Dental Transformation Initiative in 2016, F5SJ applied to lead a Local Dental Pilot Program in the county. By leveraging the strengths they honed through Covered San Joaquin—including a broad network of partners, established outreach infrastructure, and knowledge of the health care landscape— F5SJ received $3.5 million for the SJ TEETH program.

SJ TEETH has increased families' access to high quality dental care

With funding from DHCS, SJ TEETH was launched in June 2017 as part of a statewide Medicaid waiver program called the Dental Transformation Initiative. SJ TEETH brings together partners from the health, education, and nonprofit sectors to use innovative strategies to improve oral health for children with Medi-Cal dental services who are ages 0-20 in San Joaquin County. It comprises three key components:

- **Community-based preventive dental care.** Community Medical Centers, Inc. (CMC), a Federally Qualified Health Center with multiple locations in San Joaquin County, uses the Virtual Dental Home (VDH) model to bring trained dental hygienists and dental assistants to locations such as schools and community sites. Aided by telehealth technology, the VDH model connects sites to dentists who can establish treatment plans and provide regular annual dental care for children at the site. Patient navigators at CMC follow up with families to help them arrange for any needed clinical dental care. Dental hygienists also visit preschools and Women, Infants, and Children (WIC) sites to provide dental screenings, cleanings, and fluoride varnish application.

- **Care coordination.** Care coordination agencies work with the families of children ages 0-20 who are eligible for Medi-Cal and who want help accessing dental care. Once enrolled, care coordinators help families find a dentist who will accept the insurance, schedule appointments, identify supports (such as transportation) to help families keep appointments, and follow up to ensure families received services and scheduled their next appointment. Care coordination agencies also hold community oral health promotion events, provide oral health screenings, and conduct outreach. The Oral Health Awareness Society supports these efforts by providing oral health screenings for children and adults at community events where care coordinators can meet families in need.

- **Training and collaboration.** F5SJ facilitates quarterly meetings for the SJ TEETH Collaborative, a venue for partners, stakeholders, and community providers to learn about oral health, exchange information, and integrate oral health into their work. SJ TEETH also offers stipends for medical providers to participate in oral health trainings, and partners with University of the Pacific to offer trainings about the VDH model and how to best serve children with special needs.

Combined, these strategies have had a direct impact on the ability of children in San Joaquin County to receive needed dental care. During 2018:

- 1,700 children ages 0-20 received dental services—including screenings, cleanings, and restorative care—from CMC at community-based locations.

- 1,072 children ages 0-20 received care coordination services, with over half of these receiving a preventive visit during that time.

According to a survey of 387 parents with children enrolled in care coordination, 98 percent made it to their scheduled dental appointment. Of these, 93 percent planned to take their child to the same dentist in the future, and 63 percent had already made their next appointment.

For more information, please see the SJ TEETH 2018 Dashboard in the Appendix.
Like Covered San Joaquin, SJ TEETH has contributed to improvements in partnerships and policies

Similar to Covered San Joaquin, SJ TEETH has had indirect effects on the health care services system, including improvements in partnerships and organizational practices.

Participating organizations are changing their practices to reach target communities with dental health services. The most notable example of this is CMC’s integration of VDH at schools and community sites. This model uses Registered Dental Hygienists in Alternative Practice to facilitate the provision of oral health care services in the community via VDH mobile teams. One partner commented that the VDH model is “much more robust than I thought it might be,” explaining, “you have the dental hygienist in the field and then they have the ability to connect with a dentist...[and patients] can actually get some consultation online or on computer. It’s just really been a nice gap filler.” This increased capacity will have a long lasting effect on CMC’s ability to provide new and continued services for the county’s children insured by Medi-Cal.

Partners are building their capacity to better meet community members’ oral health needs. SJ TEETH offers a variety of trainings for medical and dental providers and partner organizations including:

- Monthly meetings and oral health trainings for care coordinators and patient navigators, as well as oral health case consultation from the Oral Health Awareness Society
- Smiles for Life online training and stipends for medical professionals to integrate oral health into their practices
- Trainings offered by the University of the Pacific Arthur A. Dugoni School of Dentistry Pacific Center for Special Care on the VDH model and best practices for dental professionals serving people with special needs
- Quarterly meetings of the SJ TEETH Collaborative, a broad group of partners, stakeholders, and community partners who are invested in the oral health of community residents.

Collectively, these trainings are increasing community partners’ knowledge of oral health issues and common barriers to care, who are then better prepared to support community members to access oral health services.

The network of partners continues to expand to broaden the reach of SJ TEETH. In 2019, SJ TEETH received an additional $2 million from the California Department of Health Care Services, and expanded to add six care coordination agencies. These new partnerships broaden the initiative’s ability to reach high-priority populations, including families of children with special needs (Family Resource Network), African American families (Amelia Adams Whole Life Center), and LGBTQ youth (San Joaquin Pride Center). One partner commented on "the breadth and scope of the people who are interested in working on the issue with us." She added, "First 5 [San Joaquin] is doing a fabulous job of [bringing] real diversity [to] the group of people who are helping to steer the project...Folks we haven't seen before and haven't been close partners...[First 5 San Joaquin] has really brought them to the table.”

– SJ TEETH Stakeholder
Coordination between county and state oral health initiatives is leveraging everyone’s resources. SJ TEETH worked closely with San Joaquin County Public Health Services to develop the county’s Oral Health Strategic Plan in 2018. In 2019, SJ TEETH has been involved in implementation of the Oral Health Action Plan, which includes sharing data, aligning services, and identifying opportunities for collaboration. Both initiatives value this partnership as a way to minimize duplication, increase awareness of oral health needs in the county, and maximize resources. As one key stakeholder shared, “They have resources we don’t, and we have resources they don’t...Our oral health program is much more robust because of our partnership with SJ TEETH.” She added, “We are helping to have a shared vision and finding ways to make it work for all of us. [That is] keeping people excited and interested and staying the course.”

FSSJ has increased its capacity to pursue future health care efforts

As described in this report, Covered San Joaquin and SJ TEETH have strengthened the systems that support health care access and have laid a strong foundation for future health care services efforts in the county. By leading and participating in these two health care service initiatives, FSSJ has also increased its capacity and financial stability, making it well positioned to play a lead role in future initiatives.

In particular, FSSJ:

- **Gained greater insight into how to facilitate “communities of practice” that bring organizations together to learn from each other.** As one staff person explained, “A lot of the lessons [from Covered San Joaquin] were about bringing all the different people to the table, getting all the different perspectives during the planning phase, and keeping everybody together throughout implementation. We’ll continue to improve upon that process because it has worked really well.”

- **Increased knowledge of how to meet the needs of populations beyond children 0-5.** FSSJ expanded its funding and program focus to include the needs of the whole family, including children older than five, teens, and adults.

- **Increased financial stability.** Covered San Joaquin and SJ TEETH were two of FSSJ’s first large initiatives to significantly diversify its funding streams, increasing the Commission’s financial stability. Now, approximately 40 percent of FSSJ funding is not directly from San Joaquin County tobacco tax revenues. Furthermore, the SJ TEETH evaluation has been designed to assess whether care coordination as a model could increase dental care utilization to the extent that it becomes a future sustainable, reimbursable service.

---

3 San Joaquin County Public Health Services’ local oral health program and Oral Health Strategic Plan are funded by Proposition 56.
Conclusion and key considerations

Covered San Joaquin and SJ TEETH have had a positive effect on children, families, and the systems that support health care access. Covered San Joaquin and SJ TEETH increased access to health care and dental services; strengthened partnerships, practices, and organizational capacity; and laid the groundwork for F5SJ to pursue future efforts to meet the needs of San Joaquin County residents. Partner organizations identified the following considerations as F5SJ continues its work to improve access to and use of health care services:

• **Continue to address the issue of health care provider supply.** Partner organizations noted that the success of initiatives like Covered San Joaquin and SJ TEETH mean that more people are looking for health care, but this demand cannot be met by the current number of available providers in the county. Ongoing efforts to raise public awareness of available health services—including Smile California, a media campaign about Medi-Cal’s dental benefits—are also increasing the demand for care. As demand rises, the supply of health care providers must be addressed. SJ TEETH is already pursuing strategies to increase the number of providers who accept Medi-Cal for dental services. These include the use of telehealth technology to maximize health care resources, and identifying medical and dental provider champions to recruit more dental providers in San Joaquin County.

• **Use one-on-one connections to help people navigate health care services.** Partner organizations stressed that a “human connection” can help families—particularly those that are high need—to understand the complexities of health care access and utilization. One partner shared that “[accessing health care services] is much more complicated than it used to be and we’re all working together on figuring that out.” Future initiatives should continue to include elements like care coordination or patient navigation to best meet the needs of the families that F5SJ aims to reach.

• **Play a lead role in future initiatives.** According to partner organizations, F5SJ is a trusted leader and convener in the county that is able to support interagency relationships that continue even after funding has ceased. F5SJ should continue to play this role moving forward, and continue to pursue funding that positions them to fulfill this role.

• **Continue to invest in programs that respond to emerging community needs.** Covered San Joaquin and SJ TEETH were both established in response to emerging health care needs and funding opportunities in the state and nation. As health care policies and funding continue to fluctuate, partner organizations indicated that there is a continued need for F5SJ’s funding strategy to be responsive to these emerging needs and opportunities.
Technical Appendix

Methods

This evaluation report includes data from the following sources:

- **Ripple Effect Mapping focus group (n=8).** In February 2019, F5SJ staff and key partners in their health care services initiatives participated in a Ripple Effect Mapping focus group facilitated by Harder+Company. Ripple Effect Mapping is a participatory evaluation method used to “map” the direct and indirect effects of a program, policy, or project. Participants generated ideas about the impact that both Covered San Joaquin and San Joaquin TEETH have had on San Joaquin County residents, as well as the system that supports access to health care services. Connections between these impacts were mapped by participants. The research team then visualized these connections using Coggl software and shared the map with participants for additional input (see Appendix for Coggl map).

- **Key stakeholder interviews (n=3).** Semi-structured interviews were conducted with three key stakeholders who were involved with health care initiatives funded by F5SJ. These interviews provided additional insights into the direct and indirect effects of these initiatives.

- **Program reports from Covered San Joaquin and SJ TEETH.** Existing evaluations and program reports from Covered San Joaquin and SJ TEETH were used to document total numbers served, as well as previously documented successes and challenges reported by key stakeholders.

- **California Health Interview Survey.** The California Health Interview Survey is a statewide phone survey conducted by the UCLA Center for Health Policy Research. Surveys ask about a wide variety of health topics, including overall health insurance coverage and coverage by Medi-Cal. Due to the survey’s sample size in San Joaquin County, estimates for subpopulations within the county (including specific age groups) are statistically unstable and have been excluded from this report.

- **SJ TEETH database (CY 2018).** SJ TEETH care coordination agencies use the SJ TEETH database to track demographic and service data of children enrolled in care coordination. Data presented in this report reflect the number of children ages 0-20 served in 2018.

- **SJ TEETH parent phone survey (CY 2018).** Within 30 days of a care coordination visit, SJ TEETH care coordinators call parents of participating children to learn about satisfaction with dental care and barriers to accessing care. Data presented in this report reflect survey responses collected from parents in 2018.
San Joaquin TEETH Dashboard

2018

San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) uses innovative strategies to improve oral health for children with Medi-Cal dental coverage in San Joaquin County. Launched in July 2017 and funded by the California Department of Health Care Services (DHCS) Dental Transformation Initiative Local Dental Pilot Project, SJ TEETH is a partnership between local nonprofit organizations, health care providers, education institutions, and First 5 San Joaquin.

The purpose of the SJ TEETH dashboard is to track key oral health and dental health outcomes in San Joaquin County during the course of SJ TEETH’s implementation. In addition to county-wide indicators of dental health access and utilization, this dashboard provides details on SJ TEETH’s progress from 2018 to 2020 in four key domains: dental services for Medi-Cal dental children ages 1-20, innovative approaches to increasing dental services, care coordination for children with Medi-Cal, and collaboration to improve oral health. This dashboard includes highlights from 2018, along with comparison data from previous years.

Dental service availability and utilization in San Joaquin County

As part of the DHCS Dental Transformation Initiative, SJ TEETH seeks to increase the availability and utilization of Medi-Cal dental services in San Joaquin County. The following indicators provide a county-wide picture of the availability of dental providers in the county, as well as how Medi-Cal dental beneficiaries are using available dental services.

- As of March 2019, San Joaquin County has 75 Medi-Cal dental providers (compared to 69 in 2017). Of these 75 providers, 40 are accepting new patients.

- In San Joaquin County, utilization of preventive dental services among Medi-Cal dental beneficiaries ages 1-20 increased from 36 percent in 2014 to 38 percent in 2017.

- Among continuously enrolled Medi-Cal dental beneficiaries ages 1-20 in San Joaquin County, 68 percent received preventive care or evaluation for two consecutive years in 2017.

Number of Medi-Cal dental providers in San Joaquin County

<table>
<thead>
<tr>
<th>Year</th>
<th>Provider Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>69</td>
</tr>
<tr>
<td>2019</td>
<td>75</td>
</tr>
</tbody>
</table>

Utilization of preventive services: Percent of Medi-Cal dental beneficiaries ages 1-20 who receive preventive dental services

<table>
<thead>
<tr>
<th>Year</th>
<th>San Joaquin</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>2017</td>
<td>45%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Continuity of care: Percent of Medi-Cal dental beneficiaries ages 1-20 who received preventive care or evaluation in two consecutive years

<table>
<thead>
<tr>
<th>Year</th>
<th>San Joaquin</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>68%</td>
<td>73%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>68%</td>
<td>73%</td>
</tr>
</tbody>
</table>
Community-based dental care

SJ TEETH partners with Community Medical Centers, Inc. (CMC) to offer preventive dental services in schools and community locations such as Women, Infants, and Children (WIC) sites. In 2018, CMC partnered with Stockton Unified School District’s Walton Special Center to offer a Virtual Dental Home (portable dental office with technology that transmits pictures and x-rays to the dentist) for children enrolled at the school.

From January to December 2018:

- 1,700 children received dental screenings and cleanings from CMC at WIC locations and preschool sites.
- 171 children received dental services, including screenings and cleanings, at a Virtual Dental Home.
- 257 children received patient navigation services from CMC to connect them with needed dental services after their screening.

SJ TEETH also contributes to collaboration that helps to strengthen the availability of community-based dental care in the county. Key ways that SJ TEETH is strengthening collaboration include:

- Stipends for medical providers to complete oral health training.
- Partnering with the University of the Pacific Arthur A. Dugoni School of Dentistry Pacific Center for Special Care on the Virtual Dental Home model and best practices for dental providers serving people with special needs.
- Oral health screenings at community events, conducted by the Oral Health Awareness Society (OHAS) and funded by San Joaquin County Public Health Services.
- Coordinating with San Joaquin County’s Proposition 56 local oral health program to leverage resources on projects such as health education campaigns and strategic planning.

First 5 San Joaquin is doing a fabulous job of bringing real diversity to the group of people who are helping to steer SJ TEETH [including] folks we haven’t seen before and haven’t been close partners.”

– SJ TEETH Collaborative member
Care coordination

SJ TEETH’s care coordination agencies work with families to find a dentist to meet their children’s needs, schedule appointments, help families keep their appointments, and follow up with families to ensure they received services.


From January to December 2018:

- 1,072 children received care coordination from SJ TEETH.
- 77 percent of children served were identified as Hispanic/Latinx.
- 23 percent of children were Asian/Pacific Islander (9%), white (5%), African American/Black (5%), or multi-racial or another race/ethnicity (4%).
- Approximately half of children were ages 0-6 (46%), and the remaining half were ages 7-20 (54%).
- 13 percent of children served had an identified special need.
- 66 percent of children served spoke Spanish.
- 17 percent of children were referred to SJ TEETH by a First 5 San Joaquin funded program.

“Saying I love the dentist is an understatement. He treats us with so much kindness...The dentist knew my son had autism but that didn’t change his behavior towards us.”

- SJ TEETH Parent
SJ TEETH care coordinators support families to schedule preventive dental screenings and exams for their children, and help prepare families for a successful visit. In addition, care coordinators call parents within 30 days of a scheduled preventive dental visit to administer a phone survey about their experience.

From January to December 2018:

- Of the 1,072 children receiving care coordination, 546 had a preventive dental visit.
- Out of 292 families who completed a follow-up phone survey, 276 (95%) went to their scheduled dentist appointment.
- Parents were satisfied with their child’s visit. They reported that the dentist and staff treated them with respect (98%), answered their questions (96%), and explained treatment in an understandable way (95%).
- Fourteen percent of parents reported some barriers to care. Common challenges were the dentist’s location, lack of transportation, long wait times for appointments, and difficulty taking time off of work.
- 94 percent of parents plan to take their child to the same dentist in the future.
- When surveyed, 72 percent of parents had already scheduled their child’s next appointment.4

The dentist and staff...

- Treated me and my child with respect 98%
- Were gentle 98%
- Checked everything I expected 96%
- Answered questions to my satisfaction 96%
- Explained treatment in an understandable way 95%

Plan to take their child to the same dentist in the future 94%

Had already scheduled their child’s next appointment 72%

“I really liked the office. It was clean and kid friendly. I have a future appointment for both of my children next year.”

– SJ TEETH Parent

““The dentist and staff were really good. My son did not cry. He was engaged with the doctor and brushing his own teeth.”

– SJ TEETH Parent

2 California Department of Health Care Services Dental Transformation Initiative Final Annual Report, Program Year 2 (01/01/2017 – 12/31/2017).
4 Note that some dentists do not provide the option for patients to schedule their next preventive appointment at the time of their visit.
Appendix: Coggl of Ripple Effect Map

Enrollment of existing clients in Medi-Cal

Outreach and referral to enroll new clients in Medi-Cal

Covered SJ

Covered SJ Collaborative Meetings

Strategic Covered SJ assessment in SJ TEETH application

Expanded SJ

SJ TEETH

Increased oral health services available

Increased community engagement

Care Coordination

Looking Ahead

National consensus in oral health
Implementation of change management
Non-Medicaid clients outside of SJ TEETH network in need of access
Non-Medicaid clients outside of SJ TEETH network in need of access
Partnership among 8 CBs, including SJ TEETH
Partnership among 8 CBs, including SJ TEETH
Innovative business model for sustainability
Clinical success for years 1 and 2
Increased community engagement in years 1 and 2
Increased community engagement in years 1 and 2
Increased community engagement in years 1 and 2
Increased community engagement in years 1 and 2
Increased community engagement in years 1 and 2
Increased community engagement in years 1 and 2
Increased community engagement in years 1 and 2