



From Vision to Action: Implementing School-Based Oral Health

October 9, 2025

October 30, 2025

The School-Based Health Alliance of Arkansas



School-Based Health Alliance believes that:

- Children and adolescents need high-quality, accessible, culturally competent, comprehensive health care.
- The school setting is a sensible and appropriate place to deliver health care.
- Ideally, the full scope of services is provided directly in a SBHC; resources and the community's needs may dictate alternative models.
- SBHCs reduce health inequities and improve health outcomes for underserved youth.
- SBHCs should be fairly reimbursed for the high-quality health services they provide.

Project Team



Virginia
Health Catalyst
The Intersection of Overall
Health and Oral Health

Ericca Facetti, VP of Clinical and Community Care
Isabelle Stitt-Fredericks, PM of CCC
Sarah Holland, CEO



SCHOOL-BASED
HEALTH ALLIANCE
of ARKANSAS

Healthy Minds, Healthy Bodies, Stronger Classrooms

Tamara Baker, Executive Director, SBHAArkansas@gmail.com
Mary Otwell, SBHC Coordinator, Little Rock School District.
SBHAAR President.



Jerri Clark,
School Health Services
Director



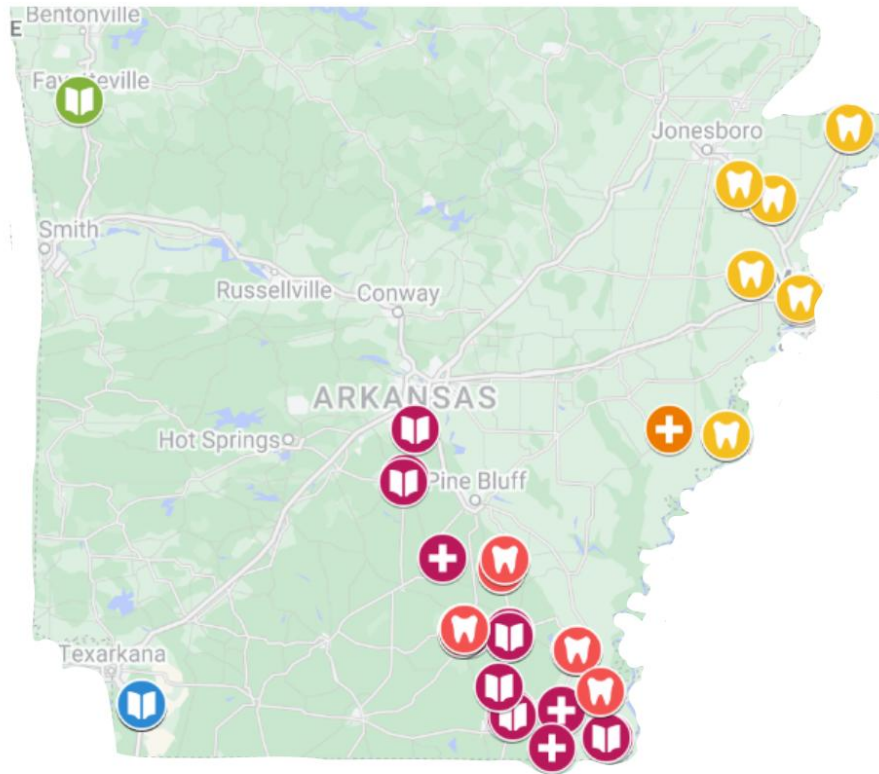
Rachel Sizemore, Director, Office of Oral Health
Kerry Krell, Office of Oral Health
Shannon Borchert, School Health Services Director
Amy Davidson, School-Based Health Center Advisor

 **DELTA DENTAL®**

Delta Dental of Arkansas

Sharon Lanier,
Executive Director

Learning Collaborative Participants



- East Arkansas Family Health Service Inc.
- Mainline Health Systems, Inc.
- Jerry "Pop" Williams Elementary
- Fouke Health and Wellness Center
- Healthy Connections

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Where are you starting?

Does your school currently have an oral health program?



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Full Series: See



Choose a slide



Expected Outcomes

Replicable strategy for dental clinics and local schools to implement SBOHPs



New, sustainable SBOHPs that operate with strong collaboration between clinics and school nurses



Enhanced partnerships



An increase of children that receive oral care in the school year

Learning Objectives

- **Build a Strong Foundation**

Learn the key terms, core concepts, and teamwork strategies that make school-based oral health programs successful.

- **Put Best Practices into Action**

Discover practical steps for designing and running a program; consents, scheduling, parent engagement, and smooth school-clinic collaboration.

SBOHP Models

Mobile Dental Facilities

"A self-contained, intact facility in which dentistry and dental hygiene are practiced and that may be moved, towed, or transported from one location to another."

Consent forms-dental visit in last year with info. on office

School-Linked Services

School staff partner with a nearby CHC or health department to assist with student health services . This is generally a formalized, well-coordinated collaboration.

School-Based Health Center

Comprehensive medical , oral health and/or behavioral health services administered within the school building. SBHCs provide services, including physical exams, screenings, immunizations, management of chronic health conditions, and medical care for injuries or illnesses.

SBOHP Care Models

- Dental Home: The ongoing relationship between a dentist and a patient, typically established at a specific location.
- Fixed Setting: A permanent location such as a private dental practice, dental clinic, or a public health facility.
- Hybrid Oral Health Programs: Programs that combine teledentistry with other oral health services.
- Mobile Oral Health Program: A program that utilizes self-contained motorized vehicles or non-motorized trailers to provide dental care.
- Portable Oral Health Program: A program that employs portable dental equipment to deliver care.
- School-Based Oral Health Program: A health initiative that takes place entirely on school premises.
- School-Linked Health Program: A health initiative that operates both at school locations and in fixed settings outside of the school.

DH Collaborative Care-AR Dental Practice Act

Collaborative agreement:
a written agreement
between a dentist and a
dental hygienist licensed
by the AR State Board of
Dental Examiners.

The DH may provide
prophylaxis, fluoride
treatments, sealants, dental
hygiene instruction,
assessment of a patient's
need for further treatment by
a dentist, and

Consulting dentist: a
dentist who holds a
Collaborative Dental
Care Permit from the AR
State Board of Dental
Examiners and:

Collaborative DH: a dental hygienist who
holds a Collaborative Care Permit I, a
Collaborative Care Permit II, or both, from
the AR State Board of Dental Examiners
and who has entered into a collaborative
agreement with no more than (1)
consulting dentist.

if delegated by the
consulting dentist, other
services provided by law
to kids, seniors, and
persons with ID/DD in a
public setting

without the supervision
and presence of the
dentist and a prior
examination of the
persons by the dentist.

If engaged in the private
practice of dentistry, has
entered into a
collaborative agreement
with no more than (3)
collaborative dental
hygienists

Is employed by the
Department of Health

Vision for Ideal School-Based Oral Health Program

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Mentimeter

What are the components of an ideal SBOHP?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting to let participants vote for their favorites

Menti

Full Series: Sessi

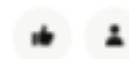


Choose a slide to present

Does your school currently have an oral health program?

0 No 0 Yes 0 Voting

What are the components of an ideal SBOHP?



Learning Objectives

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- **Put Best Practices into Action**

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Discussion Topics

Logistics

Languages

Timeline

Models

Consent forms

MOUs

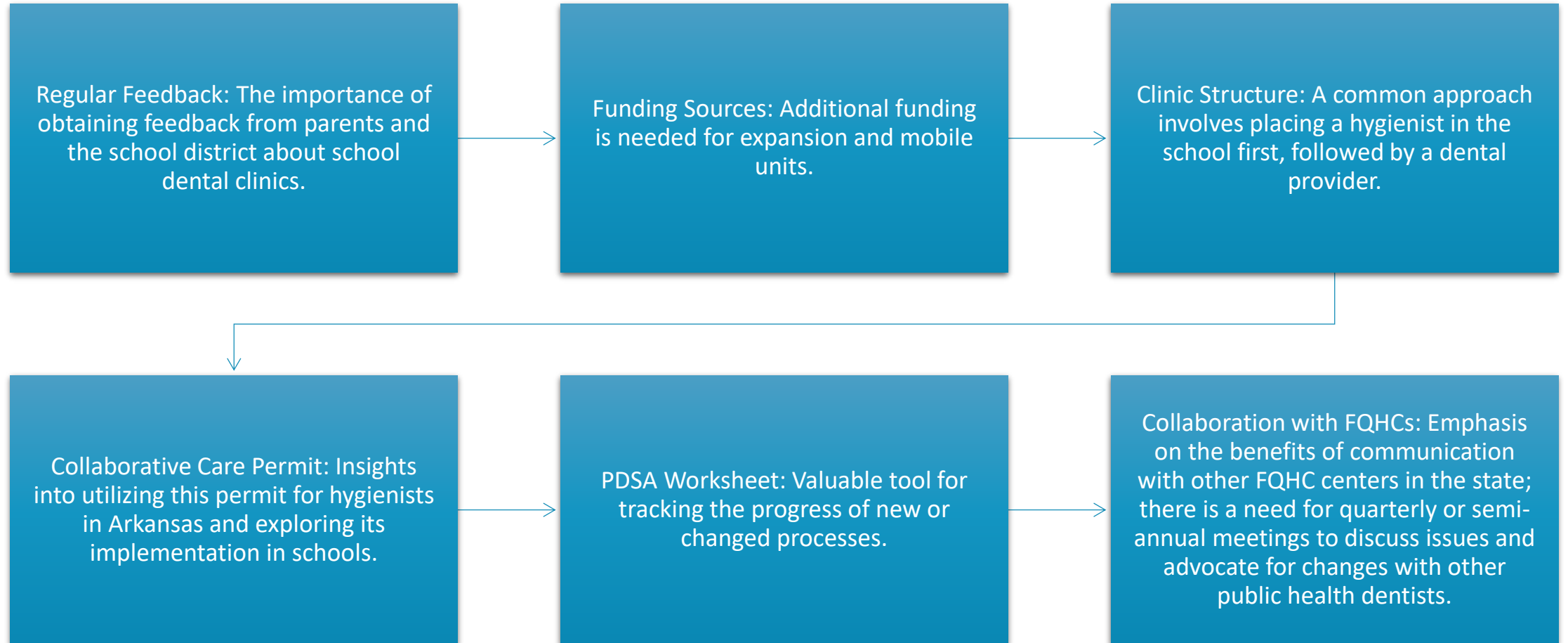
Equipment

Billing

Patient-Centered Care

- To achieve optimal oral health, the care system must prioritize individuals and their social well-being in decision-making processes.
- Recognize factors outside of the dental office that play a significant role in overall health.
- Improving overall health requires addressing additional factors, such as behaviors and students' environmental and social circumstances.

Best practices for implementing and structure



Barriers and Solutions



Patient Engagement and Quality Improvement Initiatives.



Send patient surveys via text message after each visit, with results reviewed monthly by the quality committee and shared with the school wellness committee each semester.



Actively recruiting a local dental student interested in returning to South Arkansas.



Implemented a PDSA (Plan-Do-Study-Act) worksheet to reduce no-shows for new patient limited exams, requiring new patients to visit the clinic before scheduling appointments. For same-day appointments, they must arrive one hour prior.



Updated and streamlined Dental Sealant patient forms and referral processes to ensure proper tracking for HRSA.



Hired and trained six new employees across two offices, including three with no prior dental experience, and created a training process for both front desk and dental assistant roles.

Barriers and Solutions

Obtaining student
consent forms

Awareness of the
dental clinic

Dentist recruitment

Medicaid concerns

Lower number of
children attending
screenings

Slide fee patient
base

Competing priorities

Questions

