

Performance Update

Oral Health Program

**The Oral Health Program is in
Compliance With All Six
Recommendations Made in
the December 2004 Preliminary
Performance Review**



September 2006
PE 06-16-389

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John Sylvia
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September 11, 2006

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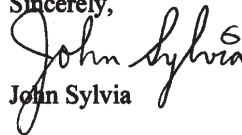
Dear Chairs:

Pursuant to the West Virginia Sunset Law, we are transmitting a Performance Update of the *Oral Health Program*, which will be presented to the Joint Committee on Government Operations on Monday, September 11, 2006. The issue covered herein is "*The Oral Health Program is in Compliance With All Six Recommendations Made in the December 2004 Preliminary Performance Review.*"

We transmitted a draft copy of the report to the Bureau for Public Health on August 23, 2006. The Bureau for Public Health opted not to have an exit conference. We received the agency response on August 31, 2006.

Let me know if you have any questions.

Sincerely,


John Sylvia

JS/tlc

Joint Committee on Government and Finance

Contents

| | |
|--|----|
| Executive Summary | 5 |
| Issue 1: The Three Projects That Comprise the Oral Health Program Are Limited Either in the Scope of Their Activities and the Areas of the State That Receive Services..... | 7 |
| List Of Tables | |
| Level of Compliance | 5 |
| List Of Appendices | |
| Appendix A: Transmittal Letter to Agency..... | 15 |
| Appendix B: Donated Dental Project Providers and the Number of Individuals Assisted..... | 17 |
| Appendix C: Agency Response..... | 21 |

Executive Summary

This report is an update of the Preliminary Performance Review of the Oral Health Program, issued in December 2004. The review is conducted in accordance with the West Virginia Sunset Law, *West Virginia Code*, Chapter 4, Article 10, Section 5a. The purpose of this update is to determine whether or not the agency has complied with recommendations made in the original evaluation.

The December 2004 review identified the following issue:

1. The Three Projects Comprising the Oral Health Program Are Limited Either in the Scope of Their Activities and the Areas of the State That Receive Services.

The objective of this update is to examine the status of the Oral Health Program's efforts toward compliance with the recommendations from issue one. This update uses the following designations for levels of compliance.

| Table 1 Levels of Compliance |
|---|
| <u>In Compliance</u> - The Program has corrected the problems identified in the 2004 audit report. |
| <u>Partial Compliance</u> - The Program has partially corrected the problems identified in the 2004 audit report. |
| <u>Planned Compliance</u> - The Program has not corrected the problem but has provided sufficient documentary evidence to find that the Program will do so in the future. |
| <u>In Dispute</u> - The Program does not agree with either the problem identified, or the proposed solution. |
| <u>Non-Compliance</u> - The Program has not corrected the problem identified in the 2004 audit report. |
| <u>Requires Legislative Action</u> - The recommendation was intended to call the attention of the Legislature to one or more statutory issues. |

The Legislative Auditor finds that the Oral Health program is in compliance with all six recommendations made in the December 2004 Preliminary Performance Review.

The Three Projects That Comprise the Oral Health Program Are Limited Either in the Scope of Their Activities and the Areas of the State That Receive Services.

Recommendation 1

The program did not maintain data for the number of children in each county receiving educational services, the number of schools visited or the number of visits to each school.

The Oral Health Program should begin collecting data on the numbers of students receiving oral health education for evaluation purposes.

Level of Compliance: In Compliance

The Performance Evaluation and Research Division completed a Preliminary Performance Review of the Oral Health Program in December 2004. The Legislative Auditor's staff requested data on the number of children who had received oral health education services through the Children's Dentistry Project since FY 1999. The program did not maintain data for the number of children in each county receiving educational services, the number of schools visited or the number of visits to each school. Data for some years were only available in an obsolete electronic format which had to be converted. The program was unable to provide information for FY 2000. The following passage from the December 2004 report illustrates the problem documented by the lack of usable data:

Some county health departments receive tens of thousands of dollars annually for oral health education, yet the BPH does not have a clear understanding of the quality and extent of services provided.

By failing to maintain easily-accessible data, the commissioner has essentially stated that the bureau does not use the data to evaluate the quality and extent of services provided by local health departments. The BPH does not know which schools receive educational services nor the frequency of educational visits to schools. The fact that the available data were allowed to lapse into an unusable format demonstrates that the BPH has not made use of them. The "evaluation of these programs in terms of preventive services" is a requirement of the Oral Health Improvement Act. The lack of comprehensive data collected by BPH on services offered by the CDP through county health departments makes the evaluation of programs difficult. While the BPH did eventually provide most of the requested data, the data were clearly not maintained with the intention of using them for evaluation purposes. Some county health departments receive tens of thousands of dollars annually for oral health education, yet the BPH does not have a clear understanding

of the quality and extent of services provided.

A representative of the program recently described improvements in data collection for the program since the 2004 Preliminary Performance Review:

The Oral Health Program has collected data on oral health education for several years. Data from the early years were not easily accessible due to software format. Current data is easily accessible and reflect the number of students serviced by county.

More than 43,000 children received oral health education from 29 counties during FY 2005. Most recently, more than 51,000 children had received oral health education from 39 counties during FY 2006. A dramatic increase in the number of children receiving oral health education occurred during the last two fiscal years.

**Table 2
Oral Health Education Contract and Sealant Expenditures by the Children’s Dentistry Project: FY 2000-2006**

| Fiscal Year | Contract Expenditures | Number Educated** | Sealant Expenditures* | Number of Sealants** |
|--------------------|------------------------------|--------------------------|------------------------------|-----------------------------|
| 2000 | \$419,687 | – | \$14,436 | – |
| 2001 | \$362,243 | 17,656 | \$14,518 | 686 |
| 2002 | \$326,800 | 22,085 | \$15,657 | 895 |
| 2003 | \$323,300 | 22,597 | \$8,631 | 332 |
| 2004 | \$330,270 | 25,438 | \$17,567 | – |
| 2005 | \$270,268 | 43,397 | \$17,576 | 807 |
| 2006 | \$265,163 | 51,993 | \$9,956*** | 520*** |

Source: DHHR Bureau for Public Health, Office of Child and Maternal Health

**Includes only sealants paid for by the Oral Health Program. Does not include sealants paid for by CHIP or Medicaid.*

***The Bureau for Public Health was unable to provide completed data for FY 2000 and FY 2004.*

****FY 2006 will not end until September 30, 2006. The money spent comes from a federal preventive block grant.*

Table 2 provides data on the number of children who have received educational services and oral sealants through the Oral Health Program. More than 43,000 children received oral health education from 29 counties during FY 2005. Most recently, more than 51,000 children had received oral health education from 39 counties during FY 2006. A dramatic increase in the number of children receiving oral health education occurred during the last two fiscal years.

The Oral Health Program has been able to educate more children and the number of counties receiving oral health education has increased. The Oral Health Program has also begun to collect more detailed data on the number of children educated since the 2004 report. The program has corrected the problems identified by Recommendation 1 and is therefore in compliance.

Recommendation 2

The Oral Health Program should begin to supervise the performance of entities with oral health education contracts, establishing performance goals and measures for evaluation purposes, such as specifying the schools to be visited and the number of visits annually, in order to allocate fund efficiently and coordinate educational efforts.

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Level of Compliance: In Compliance

According to a program representative, all community-based oral health grantees must submit an oral health education action plan for approval before they begin providing services. The action plan from each oral health educator must include the number of presentations to be given during the grant period, the estimated number of children educated and the percentage of K-12 students in the catchment area who will receive oral health education. The program's current grant agreements oversight process has three elements:

Each grantee now submits a monthly report specifying each school or facility visited, the number of programs provided, the number of children visited and the number of those children who were of pre-school or school age. The Oral Health Program is now compiling data from each grantee's monthly report and creating an annual report in order to supervise performance.

- A. *Each grantee must submit a monthly report depicting the number of children receiving oral health education and the setting in which the service occurred;*
- B. *Face-to-face meetings with grantees occur three times yearly; and*
- C. *Regular telephone conferences are initiated by the Oral Health Program.*

The action plan establishes performance goals for the upcoming year for each grantee. Each grantee now submits a monthly report specifying each school or facility visited, the number of programs provided, the number of children visited and the number of those children who were of pre-school or school age. The Oral Health Program is now compiling data from each grantee's monthly report and creating an annual report in order to supervise performance. The Oral Health Program has granted more responsibility to each grantee since the 2004 report. By establishing performance goals, requiring action plans and monitoring monthly reports, the Oral Health Program is in compliance with Recommendation 2 of the December 2004 Preliminary Performance Review.

Recommendation 3

The Oral Health Program should examine the possibility of expanding or reallocating resources for the Children's Dentistry Project, identifying counties with the greatest need for oral health education.

Level of Compliance: In Compliance

The availability of Oral Health education has substantially increased during the last two years. Over 25,000 children in 28 counties received educational services during FY 2004. This figure increased to over 43,000 children during FY 2005. Currently, there are 41 counties receiving oral health education. Another seven counties have newly-signed grant agreements with oral health providers who will offer educational services. The program is in the process of negotiating grant agreements with providers in two more counties. The program's management anticipates adding another two counties by July 1, 2006. There are only three counties without oral health education: Morgan, Berkeley, and Jefferson Counties.

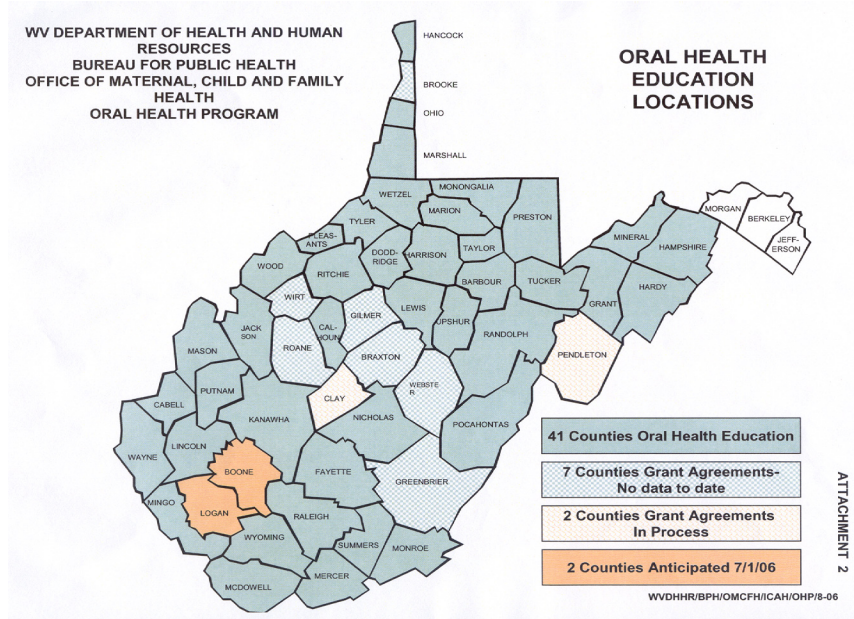
The availability of Oral Health education has substantially increased during the last two years. Over 25,000 children in 28 counties received educational services during FY2004. This figure increased to over 43,000 children during FY 2005. Currently, there are 41 counties receiving oral health education.

The program's management responded to Recommendation 3 of the 2004 report by stating:

The Oral Health Program has increased the number of counties receiving oral health education from 28 to 41. We will continue this effort over the next budget year and expect to be serving 52 counties by June 2007. A funding reallocation of grant resources has occurred to assure equitable distribution of resources. This has given the program the funding to expand covered counties without additional appropriations.

The Oral Health Program has expanded the Children's Dentistry Project to 41 counties. The program's management plans to provide educational services to 52 counties by June 2007.

The Oral Health Program has expanded the Children's Dentistry Project to 41 counties. The program's management plans to provide educational services to 52 counties by June 2007. Therefore, the Oral Health Program is in compliance with Recommendation 3 from the December 2004 Preliminary Performance Review.



Recommendation 4

The Oral Health Program should seek to expand the number of oral health care providers participating in the Donated Dental Project.

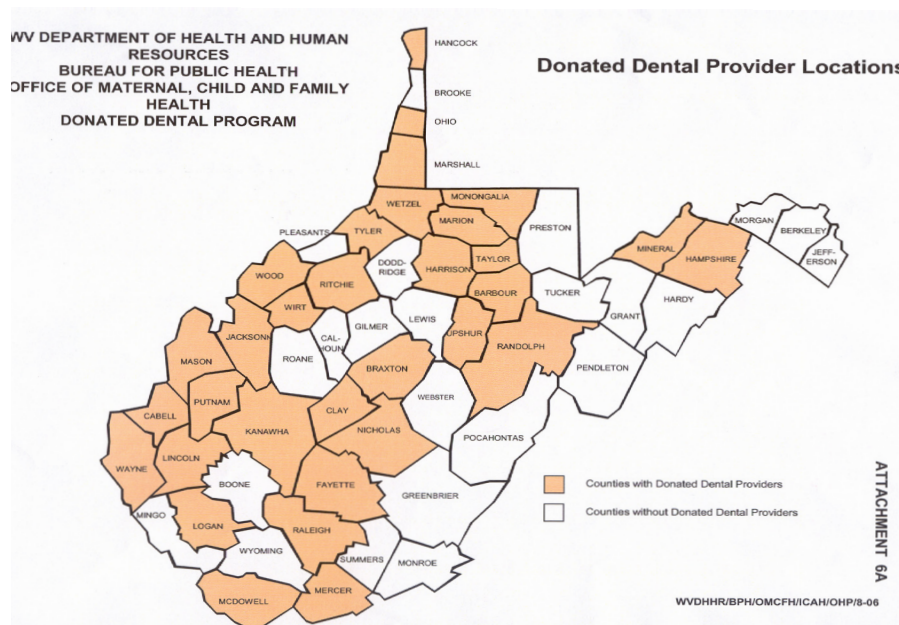
Level of Compliance: In Compliance

The Donated Dental Project utilizes dentists willing to donate their services to help medically-needy indigent patients. The Oral Health Program will pay for laboratory costs of up to \$500 that are associated with services provided. The goal of the project is to provide patients with full or partial dentures. There were 40 oral health providers in 18 counties participating in the project during FY 2004. Five (5) individuals received services from those providers during FY 2004.

The Oral Health Program now has 55 dentists in 32 counties participating in the Donated Dental Project. Fifty-two (52) individuals received services during FY 2005 and 148 individuals received services during FY 2006. The Oral Health Program has expanded the number of oral health providers in the Donated Dental Program by 15 since the last report. The Oral Health Program is in compliance with Recommendation 4 from the December 2004 Preliminary Performance Review, but should seek to eventually make services through the Donated Dental Project available in all of the state's 55 counties.

There were 40 oral health providers in 18 counties participating in the project during FY 2004. The Oral Health Program now has 55 dentists in 32 counties participating in the Donated Dental Project.

The Oral Health Program has expanded the number of oral health providers in the Donated Dental Program by 15 since the last report.



Recommendation 5

The Oral Health Program should make further attempts to obtain records from the Foundation for Dentistry for the Handicapped that document whether or not the Foundation actually provided the services for which it was contracted.

Level of Compliance: In Compliance

The Bureau for Public Health was unable to provide data to the Legislative Auditor's staff concerning the number of individuals assisted by the Donated Dental Project prior to FY 2004. This was due to difficulties related to the organization that was previously contracted to administer the project during previous years, the Foundation for Dentistry for the Handicapped. The Oral Health Program complied with Recommendation 5 by drafting three letters to the Vice President and CEO of the National Foundation of Dentistry for the Handicapped requesting records. The reply came five days later on February 7, 2005. The National Foundation of Dentistry for the Handicapped did not provide any information to the Oral Health Program because they did not have permission of the people they had helped to release their names, and the dentists, who volunteered, would not release their names. By drafting three letters to the National Foundation of Dentistry for the Handicapped requesting records the Oral Health Program is in compliance with recommendation five from the 2004 Preliminary Performance Review.

Recommendation 6

The Department of Health and Human Resources should determine if the Foundation for Dentistry for the Handicapped is currently receiving funds from the department itself or from any other state agency, for the purpose of discontinuing these funds as soon as possible.

Level of Compliance: In Compliance

The Oral Health Program does not provide funds to the Foundation for Dentistry for the Handicapped. A representative of the Oral Health Program addressed the recommendation:

The Oral Health Program provides no funds to the Foundation for Dentistry for the Handicapped. The Deputy Secretary for Administration, Department of Health and Human Resources, has been apprized of concerns about state involvement with the Foundation for Dentistry for the Handicapped. Grants management oversight is a function of this DHHR unit, so monitoring is now in place.

The DHHR is monitoring the situation, and the DHHR has not and will not provide funds to the Dentistry for the Handicapped. The Oral Health Program is in compliance with Recommendation 6 of the December 2004 report.

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John Sylvia
Director

August 23, 2006

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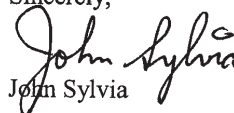
Dear Commissioner Curtis:

This is to transmit a draft copy of the Update Report of the Oral Health Program. This report is scheduled to be presented during the September 11-13, 2006 interim meeting of the Joint Committee on Government Operations. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your agency should be present at the meeting to orally respond to the report and answer any questions the committee may have.

If you would like to schedule an exit conference to discuss any concerns you may have with the report, please notify us between August 28, 2006 and September 1, 2006. We need your written response by noon on August 31, 2006, in order for it to be included in the final report. If your agency intends to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 340-3192 by Thursday, September 7, 2006 to make arrangements.

We request that your personnel not disclose the report to anyone not affiliated with your agency. Thank you for your cooperation.

Sincerely,


John Sylvia

c: Greg Black, D.D.S., Dental Director

JS/bb

Joint Committee on Government and Finance

Appendix B: Donated Dental Project Providers and the Number of Individuals Assisted

| Donated Dental Providers and the Number of Individuals Assisted | | | |
|--|---|---|---|
| Provider | Individuals Assisted FY 2005 | Individuals Assisted FY 2006 | Individuals Placed- Treatment Not Yet Complete |
| Almario, Alain | | 1 | |
| Angotti, Frank | | 1 | |
| Beckett, Charles | 2 | 2 | |
| Bernardo, Jack | 6 | 11 | 8 |
| Bird, Stephen | | | 1 |
| Byers, John | | | |
| Bonasso, David | 1 | | 1 |
| Bowen, Stacy | | 1 | 2 |
| Camille, Anthony | 1 | | |
| Canestraro, Victor | | 1 | 1 |
| Clark, Gerald | | 1 | |
| Clay, Jeffrey | 1 | | |
| Coffman, Jeffery | | | 1 |
| Conde, Kevin | | | 2 |
| Courrier, James | | 1 | 1 |
| Cunningham, Gary | | | 1 |
| Davis, John | 1 | | |
| Delp, Cheryl | | | 1 |
| Devito, Carolyn | 1 | | |
| Doctor, Abdullah | 2 | 9 | 4 |
| Doctor, Shabbir | | 1 | |
| Ghareeb, Sami | | 1 | |
| Gibson, Bill | | | 1 |

| Provider | Individuals Assisted FY 2005 | Individuals Assisted FY 2006 | Individuals Placed- Treatment Not Yet Complete |
|--------------------------|---|---|---|
| Graziani, Ronald | 1 | 1 | |
| Guest, Stephen | | 1 | |
| Harris, Robert | 4 | 7 | 6 |
| Heal, Kelly | | | 1 |
| Honaker, Thomas | 1 | 1 | |
| King, Samuel | 1 | 2 | |
| Klenk, William | | 2 | |
| Linger, Ed | 3 | | |
| Linkous, Harold | | 2 | |
| Lovern, Hon | 1 | 1 | |
| Lowman, Charles | 1 | | |
| Martin, Norman | 3 | 54 | 14 |
| Milhoan, Keith | | | 1 |
| Miller, Michael | | 1 | |
| Mills, Douglas | | 4 | |
| Moore, Bartley | | | 1 |
| Murray, William | 1 | | |
| Placek, Vincent | | | 1 |
| Pujala, Kirit | | 1 | 1 |
| Sinclair, Steve | 2 | | |
| Skoretz, Rob | | 1 | |
| Spiker, Mark | | 1 | |
| Stevens, Robert | | | 1 |
| Susan Dew Hoff Clinic | 11 | 33 | 27 |

| Provider | Individuals Assisted FY 2005 | Individuals Assisted FY 2006 | Individuals Placed- Treatment Not Yet Complete |
|---|---|---|---|
| Suter, Roger | 1 | | 1 |
| Valley Health Systems | | | 3 |
| Veltri, Gerard | 3 | 2 | 1 |
| Williams, Roger | | 1 | |
| Wilson, Allison | 1 | | |
| Women Care | 1 | | |
| WVU SOD | | 4 | 5 |
| Yacenda, Arthur | 1 | | 1 |
| Totals | 52 | 148 | 88 |
| <i>Source: The Bureau for Public Health</i> | | | |

Appendix C: Agency Response



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

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Governor

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R E C E I V E D
AUG 31 2006

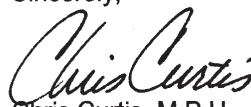
PERFORMANCE EVALUATION AND
RESEARCH DIVISION

Dear Mr. Burton:

We are in receipt of the PERD report prepared for the Oral Health Program administered by the Bureau for Public Health, Office of Maternal, Child and Family Health. We have reviewed the materials and have no clarifications or requests for further discussion. We do not believe that an exit conference is necessary before the report is presented before the Legislative Oversight Commission on Health and Human Resources Accountability. Thank you for extending us the opportunity to have further dialogue.

Please note, however, that we found your staff to be extremely attentive and courteous as we walked together through this process.

Sincerely,


Chris Curtis, M.P.H.
Acting Commissioner

CC/djc

cc: Greg Black, D.D.S.
Pat Moss

