

Project Report:

Fostering Systems Change:

Addressing Oral Health in Maine's Child Welfare System

September 2023 - March 2025



Children's Oral Health Network of Maine



Summary developed by MCD Global Health, Oral Health Initiatives

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Project Partners

Project partners included representatives from the following organizations:



Children's
Oral Health
Network
of Maine



SPURWINK



Maine Youth Transition Collaborative

Improving the successful transition of youth in foster care to adulthood

We would like to acknowledge CareQuest Institute for Oral Health for the grant funding to support this project/initiative. CareQuest Institute is a nonprofit championing a more accessible, equitable, and integrated system.



Fostering Systems Change:

Addressing Oral Health in Maine's Child Welfare System

Project Summary:

[The Children's Oral Health Network of Maine](#) (COHN) unites hundreds of organizations and individuals statewide in a shared vision: ensuring that all children in Maine can grow up free from preventable dental disease. Creating a Maine where no child experiences dental disease demands bold solutions, collaborative action, and systems change on many levels.

The Fostering Systems Change: *Addressing Oral Health in Maine's Child Welfare System* project focused on building a system to support children entering or already in foster, kinship, or adoptive care in Maine. The project aimed to establish a coordinated approach, built on the premise of collaboration across sectors (medical, dental, and social service), designed to address dental disease and establish a positive oral health trajectory. The multi-pronged approach included developing a system for addressing oral health needs of children entering the child welfare system, piloting dental clinic collaborations to address the needs of youth already in the system, and developing a plan to increase knowledge and oral health readiness for those supporting youth in care.

Initial Proposed Project Plan:

The goal of this project was to increase capacity for addressing oral health within Maine's Child Welfare System. To address the systemic and capacity challenges within the System regarding oral health, the proposed approach includes four elements:

- 1) Develop a system for integration of oral health support for children entering the child welfare system
- 2) Plan, pilot, and assess accessible dental health support for youth already in the child welfare system
- 3) Plan to increase knowledge of those supporting youth (medical, dental, and social service providers, and resource families)
- 4) Grow a culturally informed future oral health workforce

Background & History:

Each year 900+ children enter the child welfare system in Maine and there are typically between 2,500 and 3,500 youth in the system at any time. Given that neglect and abuse have often been hallmarks of their childhood, most of these children have missed out on preventive care and have significant oral health needs. As seen in this [data brief](#) based on [capstone research](#) by Urja Patel,

even with the amount of wrap around support for children in foster care, notably the strong advocacy by resource parents, children in care still struggle greatly to access oral healthcare services. It is particularly problematic for children in foster care not to be able to access care efficiently because the opportunity to intervene may be time limited. Through many conversations across the state and review of existing reports and needs assessments, it became apparent that all partners were struggling with significant gaps in the ability of the child welfare, dental, and medical care systems to identify and manage oral health issues among children in state custody.

A review of the current system resulted in identification of opportunities to intervene. Each child that enters the child welfare system in Maine is required to have a comprehensive medical evaluation within 30 days. Comprehensive medical evaluations occur at 3 primary care locations located regionally, in Portland, Augusta, and Bangor. The medical providers at these sites align their approaches through the [Foster Care Committee](#) (FCC) coordinated by the American [Academy of Pediatrics-Maine Chapter](#) (Maine AAP), in partnership with the Maine Department of Health and Human Services (DHHS) [Office of Child and Family Services](#) (OCFS). During this project, COHN partnered with the FCC to design protocols and tools for strengthening oral health assessments as part of the comprehensive examination and to develop a streamlined pathway to dental services utilizing teledentistry technology developed by [Dentistry.One](#) and [Mainely Teeth](#).

Once children have entered care, they have missed the opportunity for immediate intervention at the entry point, and with thousands of children already in care, a plan was needed for them, too. The second element of the project involved a collaboration between Mainely Teeth, [Adoptive Foster Families of Maine](#) (AFFM), the [Youth Leadership Advisory Team](#) (YLAT), [Maine Youth Transition Collaborative](#) (MYTC), the Department of Health and Human Services (DHHS), and the [Quality Housing Coalition](#) to provide access to care for youth who are already in the child welfare system. Four on-site and mobile dental clinics were piloted regionally around the state in collaboration with partners.

In addition to the partners involved in this project, there are numerous organizations and individuals who support the health of youth in the child welfare system including medical, dental, and social service providers, and resource families. Oral health knowledge is typically not included in training programs for many of these roles, and likewise information on supporting resource families is not a common inclusion in dental education. Throughout the project, gaps in literacy were identified and a plan was created to improve the knowledge of the many people tasked with supporting youth. Moreover, it was recognized that the oral health workforce often lacks those best adept at supporting youth in care, those with lived experience, so connections were made to oral health career pathway information for aging youth who may have an interest in oral health career pathways with the hope of increasing the number of culturally informed future oral health workforce members.

Project Work Plan & Outcomes:

Goal 1: Develop a system for integration of oral health support for children entering the child welfare system

Objectives:

- Develop a strategy for integration of oral health assessment, preventive, and early caries intervention services into protocols for children entering the child welfare system
- Develop a strategy for virtual connection between medical and dental providers, and referral process for treatment needs
- Plan to field test strategy

Anticipated Activities:

Convene a cross-sector workgroup	✓
Connect providers to existing resources to support oral health	✓
Develop a written protocol for best practices in integration of oral health into comprehensive examinations for the foster care intake process	✓
Train medical providers in the use of image data collection; and recruit and train dental providers to provide virtual consults	✓
Build E-consult network to support primary care providers in addressing oral health and develop a written protocol for best practices	✓
Develop written protocol for integration of oral health care management into existing care management system	✓
Planning for field test of integration of system	✓

Notes:

The cross-sector workgroup explored many avenues to achieve the goal of developing a system for integration of oral health support for children entering the child welfare system. Ideas explored included integrating early intervention services such as silver diamine fluoride (SDF) application into the comprehensive examination visit, increasing the medical provider's capacity to complete oral health assessment and oral health triage components of the comprehensive examination, and increasing care coordination capacity of the of the caseworkers. Due to time constraints prohibiting integration of things like expanded oral health assessment/triage or SDF application in the comprehensive examination and the need for a deep understanding of the complexity of the oral health delivery system in Maine to support care coordination, efforts in these directions hit numerous roadblocks. Yet, with the expressed commitment from the Maine Oral Health Center's Alliance (MOHCA) to make room in their otherwise over-extended schedules for children entering foster care

who were identified to have either moderate or high urgency needs, combined with the need for time sensitive intervention, the group persisted to find a solution. Over many months, the numerous partners involved in this portion of the project designed, vetoed, and went back to the drawing board on multiple options. It was due to sheer perseverance of the partners that a viable pathway was finally identified.

Ultimately, the group determined that teledentistry technology could support a pathway to connect children entering the child welfare system to dental care. Mainely Teeth & Dentistry. One collaborated to modify an existing teledentistry platform. The modified version, known as Mainely Connection, was successfully field tested in March 2025. The pathway can be seen in [APPENDIX A](#) and involves data collected at the comprehensive examination transferred via the Mainely Connection platform to the Mainely Teeth care team who reviews the information and provides a triage report and performs care coordination services to connect the child to care within the network of Maine Oral Health Centers Alliance (MOHCA) dental providers. The development of this platform overcame the challenges identified by the planning group including time concerns within the comprehensive examination, challenges within the existing care coordination model to successfully connect children to care, and provided a connection to care in a timely way to support intervention as early as reasonably possible. During the field test, a child entering care was successfully connected to an existing dental home already serving the child's school.

While not explicitly produced as the final outcome of this goal, numerous drafts of resources were created throughout this process which informed the modification of the teledentistry platform including a [draft oral health assessment guide](#) originally meant for use in the comprehensive examination to guide providers in the assessment and triage process which included a [draft pocket guide](#) for the medical team; and a [draft triage form](#) which included the information identified by dental partners as necessary to help them most efficiently coordinate care.

Next steps for Mainely Connection are to expand to the other comprehensive examination sites as well as explore utility beyond this specific population. Additionally, expansion of the referral network beyond MOHCA partners is underway as well as ongoing utilization of the Mainely Connection platform by Spurwink.

Goal 2: Plan, pilot, and assess accessible dental health support for youth already in the child welfare system

Objectives:

- Plan series of regional dental clinics for youth already in the child welfare system
- Host regional dental clinics
- Evaluate pilot clinics and plan for the future

Anticipated Activities:

Collaborate with partners to co-design four regional dental clinics	✓
Partners promote and support patient scheduling within their constituents	✓
Provide triage, assessment, preventive, minimally invasive caries arrest, early intervention, and care coordination services for youth seen at the clinics.	✓
Evaluate success of clinics in breaking down social driver of health barriers and fiscal sustainability of clinics.	✓
Determine next phase of collaborative clinics including continuation and/or expansion of clinics in future years	✓

Notes:

Four variations of dental clinic collaborations were piloted with various partners to serve youth in Maine's child welfare system. The same planning group took on the design and planning of all four and included Adoptive and Foster Families of Maine (AFFM) and the Youth Leadership Advisory Team (YLAT)/Maine Youth Transition Coalition (MYTC) staff who were invaluable partners in ensuring youth- and family-centered design, promotion, implementation, and evaluation of the dental clinics.

- The first clinic was held in collaboration with AFFM at their Family Fun Day in Bucksport, Maine.
- The second clinic was held in collaboration with YLAT as part of their annual Teen Conference held at St. Joseph's College in Standish, Maine.
- The third clinic collaboration occurred with the Quality Housing Coalition which operates the Portland Foster Youth to Independence Program that supports aging youth with transition to adulthood. Due to the proximity of the youth served by this program to Mainely Teeth's Portland location, it was determined that a mobile clinic was not needed, but rather a customized connection to the Portland clinic with a focus on the additional support needed for youth to breakdown any barriers to accessing care. Leadership of this program worked closely to identify youth in need of care as well as identify what additional support and resources they needed to be able to attend dental appointments (i.e. transportation or childcare).

- The fourth clinic was held in collaboration with the Rockland DHHS office. Mainly Teeth’s mobile clinic was set up in the parking lot for 3 days and DHHS staff supported identification of youth needing care and helped in scheduling efforts.

Throughout the pilot period key lessons and takeaways were learned at each event. It was determined that rather than adding oral health services to an existing event, it was best to schedule purposeful dental events with scheduled appointment times. This required additional planning up front but yielded more targeted and productive experiences for the youth served. Additionally, the extra time devoted to care coordination helped identify additional wraparound supports needed to overcome other barriers like those associated with transportation and childcare.

With the collective effort, 47 patient experiences occurred with youth receiving a wide variety of services including screenings and assessments, preventive and minimally invasive care, as well as extractions and advanced restorative care and care coordination from a care team that included dental hygienists, a dentist, and support persons. Of note is that via this collaboration nearly 70 teeth received treatment for decay, with much of the treatment being immediate on-site care with minimally invasive caries therapies, effectively stopping the progression of what could have ended up in 70 emergency infections if a system had not been in place to connect these youth with treatment.

The clinical collaborations were shown to be successful in overcoming access to care barriers as expressed by many involved parties including partners and resource families. One quote from a resource parent who attended one of the events said, “We had been struggling to find a provider that would take MaineCare in our area...[the team] was very patient and nurturing with him...let him sit for a while to get comfortable and then took a quick look...Just the interaction was good for him...They handled a hard situation with grace and knowledge.” Likewise, a partner involved in coordinating one of the events stated, “Though initially nervous, each young person left their appointment with a smile. While the primary goal of this partnership was to provide essential dental care, it has also reshaped how young people experience dental visits—removing shame and offering support with follow-up coordination.” Images from clinical events can be seen in [APPENDIX B](#).

Next steps include subsequent conversations about continuing these collaborative clinics, an interest expressed by all parties. Data collected near the close of the project showed that as many as 30% of AFFM-involved resource families may still need consistent access to care with a preference towards connecting with a mobile clinic as opposed to travelling long distances to a stationary clinic. Once the mobile collaboration model was refined through this pilot and a solid system in place for patient scheduling, the mobile clinic operations were deemed to be fiscally sustainable based on revenue generated by dental claims.

Goal 3: Plan to increase knowledge of those supporting youth (medical, dental, and social service providers, and resource families)

Objective:

- Increase oral health knowledge of individuals and organizations supporting youth in care

Anticipated Activities:

Assess cultural awareness and knowledge gaps of individuals and organizations supporting oral health of youth in care	✓
Develop outlines for a series of educational sessions tailored to the custom needs of partners	✓
Develop a plan for module creation	✓

Notes:

Outlines for education sessions for various audiences can be seen in [APPENDIX C](#). This content includes both topics with existing resources that can be utilized and resources that may not yet exist and need to be created. Many of these resources are expected to be beneficial to this effort and beyond. In addition to the creation of these outlines, the Oral Health Navigation Learning series has been piloted with staff of Adoptive and Foster Families of Maine with conversations underway about using it with their Kinship Navigator and Resource Support Specialist team.

Next steps include securing funding for the following:

- Develop and pilot training sessions for various audiences
- Module creation:
 - Minimally invasive care module for non-dental persons module (i.e. what it is, why it is preferred, and where it can be accessed)
 - Understanding the lived experience of youth in the child welfare system as well as navigating working with resource families and case workers for dental providers
 - Dental signs of abuse and neglect for medical professionals
 - Understanding dental care delivery models including Maine Dental Connection, school-based care delivery, dental hygiene practice model, oral health support in primary care, and defining a dental home, etc.
- Exploration of opportunities for sustainable integration of modules via existing training means such as the Resource Family Introductory Training and new caseworker training
- Collaboration with Dentistry.One and Mainely Connection/Mainely Teeth to create a Mainely Connection user training module

Goal 4: Grow a culturally informed oral health workforce.

Objective:

- Support youth who are transitioning to adulthood from the child welfare system in exploring dental career pathways

Anticipated Activities:

Connect interested youth to Oral Health Navigator Training and Maine Oral Health Workforce Center	✓
Support employment opportunities for interested youth	✓

Notes:

A collaboration between the Oral Health Industry Partnership (OHIP) and the Youth Leadership Advisory Team (YLAT) supported the involvement of interested youth in beta-testing the Oral Health Navigation Learning Series. The online self-paced modules expose learners to oral health careers, in general, but also share oral health information they can integrate into whatever career path they select. Youth who completed the Learning Series earned Level 1 and Level 2 micro badges from the University of Maine System. Additionally, both youth and adults at the Maine Youth Transition Collaborative (MYTC) learning exchange learned more about dental career options through a presentation from the Oral Health Industry Partnership.

Next steps are that OHIP is exploring offering more dental careers pathway informational sessions with partners such as YLAT.

Project Conclusion:

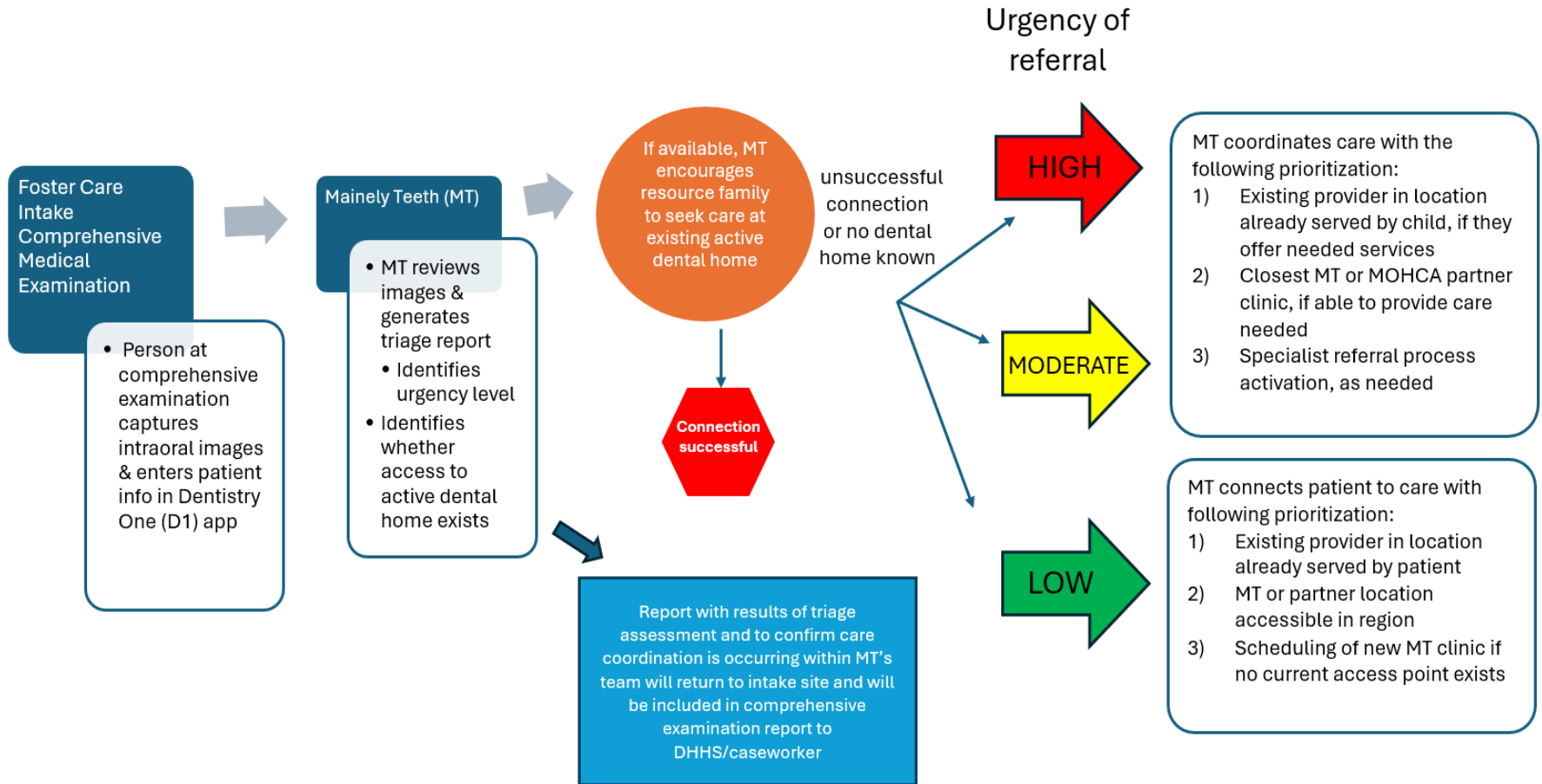
This strategic and ambitious effort to address oral health within the child welfare care system launched significant and sustainable change that will help all Youth served by Maine's Child Welfare system, now and in the future.

Previously, children entered the system with significant dental disease that continued to go untreated due to a fragmented system that lacked the procedures, connections, and capacity to manage these needs. At the end of this first phase of the project, all three systems - medical, dental, and child welfare - are better prepared to support the oral health needs of Youth in the child welfare system and to do so in a coordinated way. Moreover, this project has connected Youth with a high-wage high-demand career pathway, while helping to grow a dental workforce with lived experience and increased insight into the challenges faced by historically marginalized and underserved communities.

We are deeply grateful to CareQuest for the opportunity to help Maine successfully demonstrate this first-of-its-kind effort to build a coordinated systemic approach to address these needs among Maine children which can be shared to assist others beyond our state.

Appendices

Appendix A: Dental Referral Pathway



Appendix B: Images from Mainely Teeth clinic events

Clinic	Description
<p>AFFM Family Fun Day</p>	  
<p>Rockland DHHS Collaboration</p>	 

Appendix C: Oral Health Educational Sessions

Audience	Outline
Resource families	<p>Dental Steps video library</p> <p>Oral Foundations modules from Oral Health Navigation Learning Series</p> <p>Minimally invasive care information for non-dental persons</p> <p>Mainly Connections information</p> <p>Understanding dental care delivery models</p>
DHHS Staff	<p>Dental Steps video library</p> <p>Oral Foundations, Oral Health Equity, and Care Coordination modules from the Oral Health Navigation Learning Series</p> <p>Minimally invasive care information for non-dental persons</p> <p>Mainly Connections information</p> <p>Understanding dental care delivery models</p>
PCPs	<p>Connection to From the First Tooth including SDF training/guidance</p> <p>Dental Steps video library</p> <p>Dental signs of abuse/neglect for medical providers</p> <p>Minimally invasive care information for non-dental persons</p> <p>Mainly Connections information, if relevant</p>
Comprehensive examination medical team	<p>Dental Steps video library</p> <p>Oral Foundations, Oral Health Equity, and Care Coordination modules from Oral Health Navigation Learning Series</p> <p>Minimally invasive care information for non-dental persons</p> <p>Dental signs of abuse/neglect for medical providers</p> <p>Mainly Connection information/training</p>
Dental partners	<p>Cultural awareness of the experience of youth in the child welfare system</p> <p>Oral Health Equity module from the Oral Health Navigation Learning Series</p> <p>How to navigate working with resource families and case workers</p> <p>Dental signs of abuse and neglect for dental providers & trauma informed care</p> <p>Mainly Connections information</p>

Topic	Resource families	DHHS Staff	PCPs	Comp. exam medical team	Dental partners
Dental Steps video library	★	★	★	★	
Oral Foundations modules from Oral Health Navigation Learning Series	★	★		★	
Oral Health Equity module from Oral Health Navigation Learning Series		★		★	★
Care Coordination module from Oral Health Navigation Learning Series		★		★	
Minimally invasive care information for non-dental persons	★	★	★	★	
Mainly Connections information	★	★	★	★	★
Understanding dental care delivery models	★	★			
Connection to From the First Tooth including SDF training/guidance			★		
Cultural awareness of experience of youth in the child welfare system; how to navigate working with a case worker					★
Dental signs of abuse and neglect for medical providers			★	★	
Dental signs of abuse and neglect for dental providers, and trauma informed care					★