



DHHS
MONTGOMERY COUNTY

COMMUNITY REVIEW OF THE DENTAL SERVICES PROGRAM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PLANNING, ACCOUNTABILITY AND CUSTOMER SERVICE

NOVEMBER 2017





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This document is part of ongoing series of reports to inform management, frontline staff, community partners and the public about the Department of Health and Human Services' efforts to make data informed decisions.

The aim of this work is to identify needs and provide practical responses for frontline practitioners in support of that mission and to support long term strategic solutions which improve individual, family and community health and social outcomes, to deliver more equitable services which reduce disparities, and to be a responsible steward of the public resources.

ACKNOWLEDGEMENTS

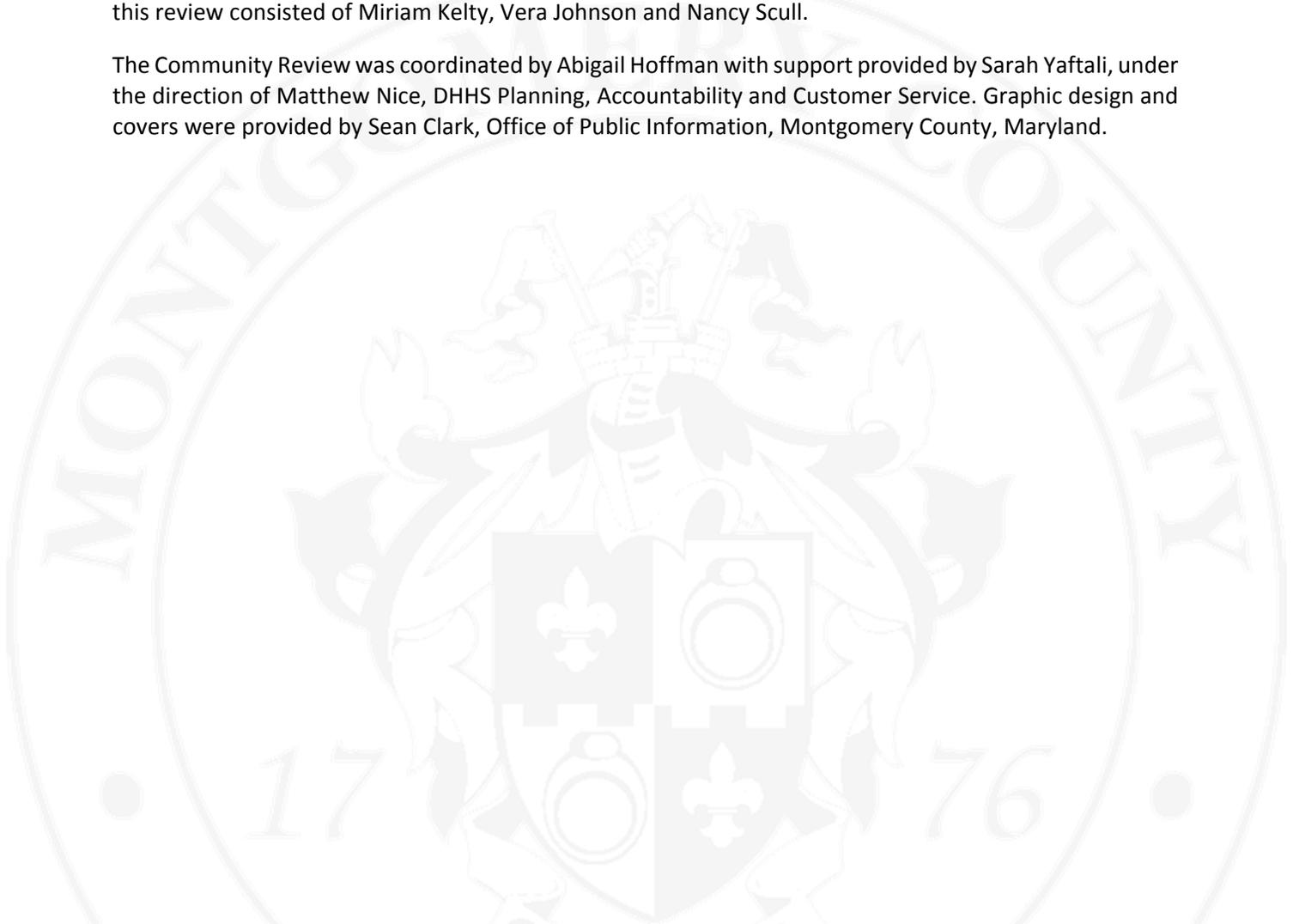
The Department of Health and Human Services (DHHS) is among the largest agency in Montgomery County government and is responsible for public health and human services that help address the needs of the community's most vulnerable children, adults and seniors. DHHS has a staff of 1600 professionals, provides more than 130 programs and delivers services at more than 20 locations throughout Montgomery County.

DHHS provides services through several service areas: Aging and Disability Services (ADS); Behavioral Health and Crisis Services (BHCS); Children, Youth and Family Services (CYFS); Public Health Services (PHS) and Special Needs Housing (SNH). The Office of Community Affairs (OCA) provides direct services through several programs. In addition, DHHS administrative functions include budget administration, fiscal administration, contract management, facilities, grant acquisition, human resources, information systems and performance management.

The Department's core services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs. Planning, Accountability and Customer Service (PACS) operated under the Office of the Director, to ensure efficient, effective and high quality delivery of services and to measure the goals of the organization and focus on results in line with the organization's values.

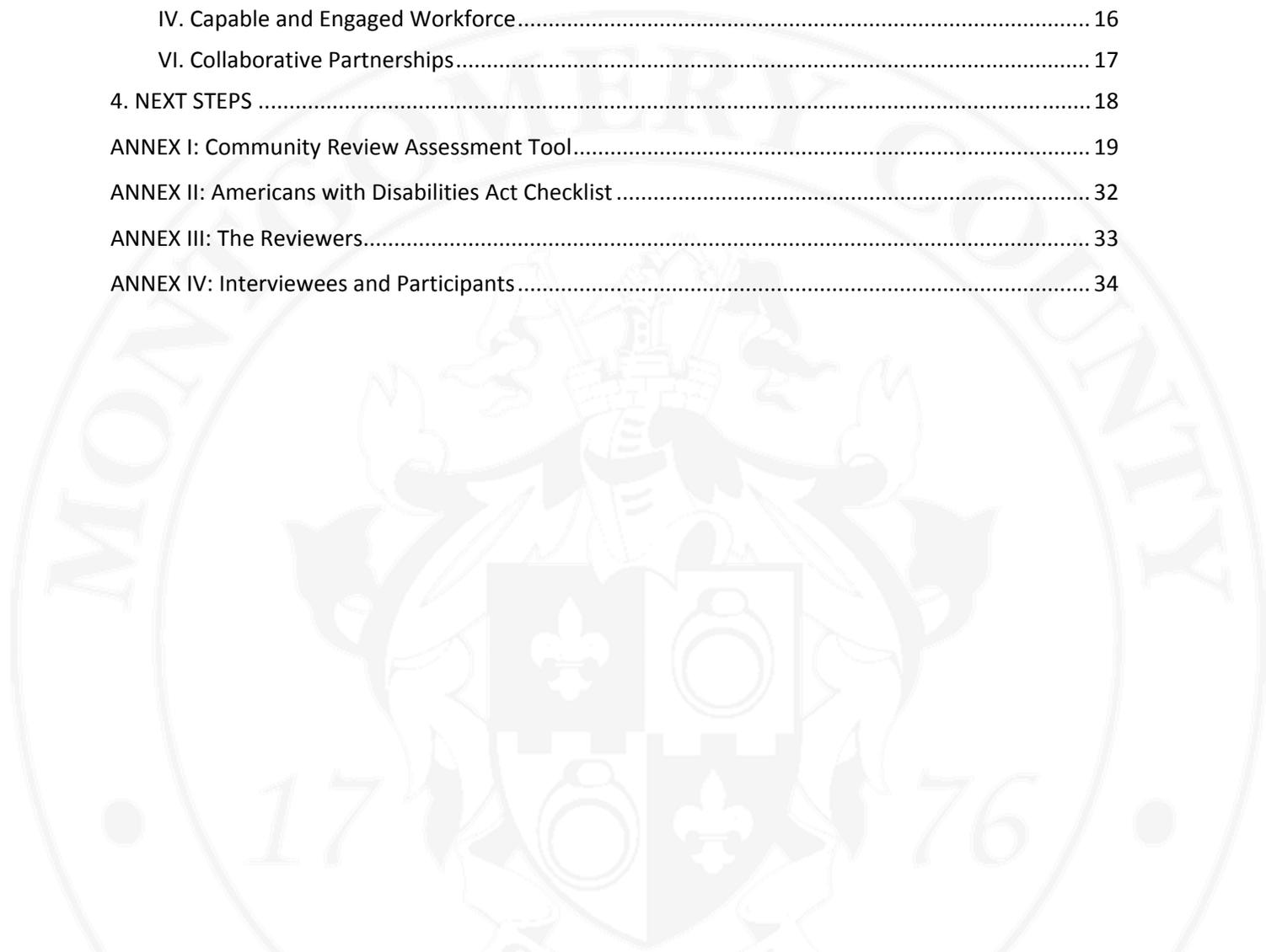
The review is not a performance or financial audit, nor is it a program evaluation or in depth assessment of a client case management like the Quality Service Review (QSR). Instead, the review provides an independent perspective of service delivery from the community experience. The independent panel for this review consisted of Miriam Kelty, Vera Johnson and Nancy Scull.

The Community Review was coordinated by Abigail Hoffman with support provided by Sarah Yaftali, under the direction of Matthew Nice, DHHS Planning, Accountability and Customer Service. Graphic design and covers were provided by Sean Clark, Office of Public Information, Montgomery County, Maryland.



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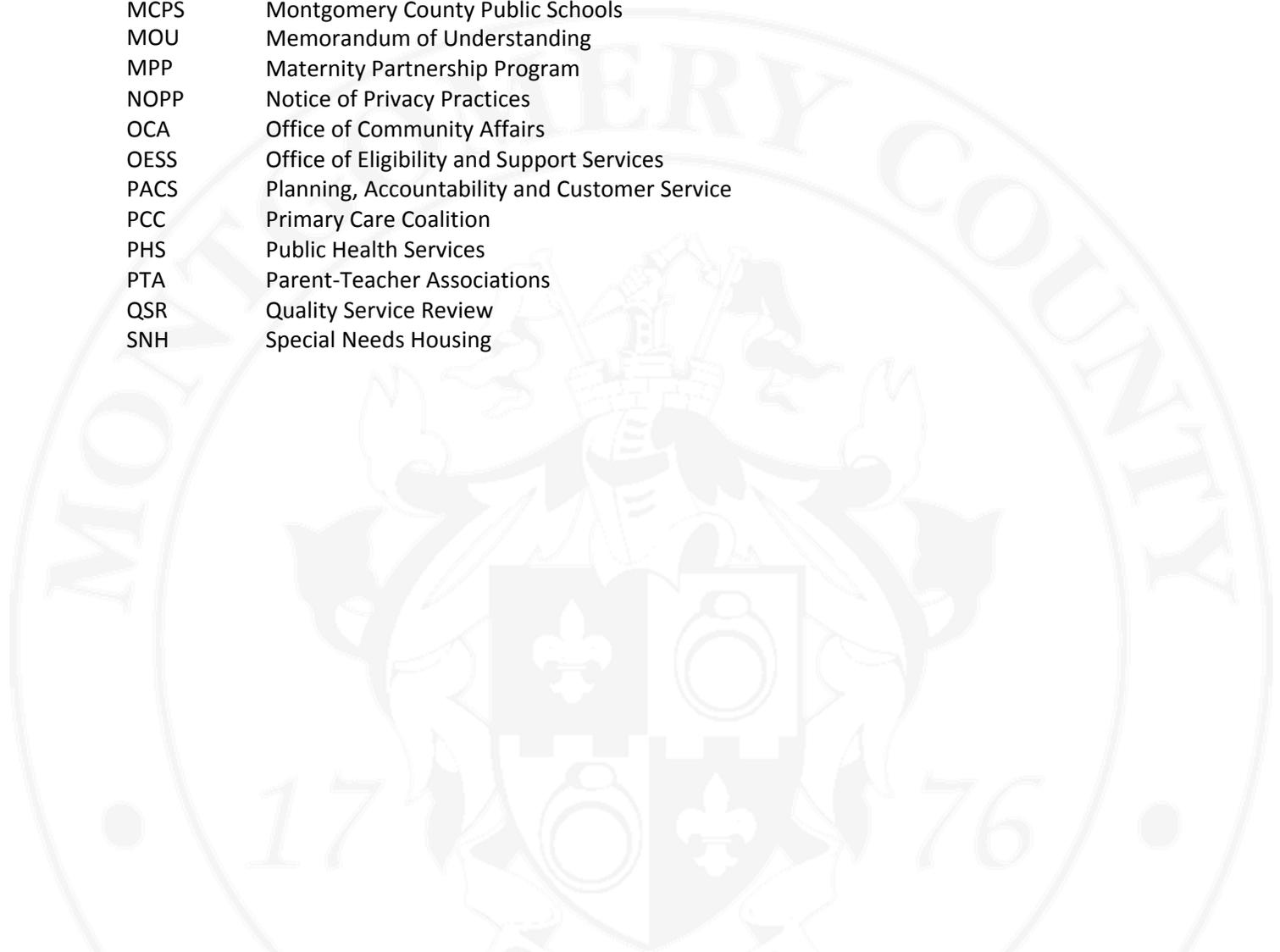
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EXPLANATORY NOTES

This report relies upon the acronyms listed below.

ADA	Americans with Disabilities Act
ADS	Aging and Disability Services
BHCS	Behavioral Health and Crisis Services
CFK	Care for Kids
CRAT	Community Review Assessment Tool
DHHS	Department of Health and Human Services
DHMH	Maryland Department of Health and Mental Hygiene
DSP	Dental Services Program
eHR	Electronic Health Records system
EDR	Electronic Dental Record (EDR)
eICM	electronic Integrated Case Management System
FCM	Family Centered Model
FWS	Federal Work Study
HIPAA	Health Insurance Portability and Accountability Act
HU	Howard University
IT	Information Technology
ITM	Intensive Team Meeting
MCAB	Montgomery Cares Advisory Board
MCPS	Montgomery County Public Schools
MOU	Memorandum of Understanding
MPP	Maternity Partnership Program
NOPP	Notice of Privacy Practices
OCA	Office of Community Affairs
OESS	Office of Eligibility and Support Services
PACS	Planning, Accountability and Customer Service
PCC	Primary Care Coalition
PHS	Public Health Services
PTA	Parent-Teacher Associations
QSR	Quality Service Review
SNH	Special Needs Housing



EXECUTIVE SUMMARY

The Department of Health and Human Services (DHHS), one of the largest government agencies in the County, is responsible for public health and human services that help address the needs of our community's most vulnerable children, adults and seniors. DHHS regularly evaluates service delivery and outcomes to identify gaps and equitable service solutions, which reduce disparities and improve individual, family and community health and social outcomes. Since 1999, the Community Review process has been a valuable means through which the Department receives feedback regarding the effectiveness of its programs from an independent community-member perspective.

The Dental Services Program (DSP) was established in 1997 and provides affordable dental health care services to low-income residents who otherwise could not obtain dental care because they are uninsured, under-insured, at risk or have special dental needs. The program has five locations and demand has doubled over the past five years from FY12 with 3,732 clients and 7,852 visits to FY17 6,340 clients and 13,140 visits.

The DSP Community Review field work took place 7-9 August 2017, and was conducted by Vera Johnson, Miriam Kelty and Nancy Scull. The review panel visited the headquarters office located in Rockville and three of its five dental clinics located in Rockville, Germantown and Gaithersburg.

The DSP exceeds the reviewers' expectations in several areas. The reviewers found program staff to be highly motivated and dedicated to providing excellent equitable and respectful services to the target populations they serve.

The following areas exceeded expectations by the review panel:

1. Dental Services Program' mission statement clearly relates to and aligns with the DHHS mission. Since 1997, the DSP has provided public health dental services to the uninsured and underinsured in Montgomery County. This program continually rises to seek solutions to improve oral health and practices to their targeted populations of children via Care for Kids (CFK), pregnant women enrolled in the Maternity Partnership Program (MPP), adults in the Adult Dental Program and seniors with dental care. New initiatives, partnerships, and collaborations are in sync with, and are an integral component of, interagency efforts of DHHS Public Health Services.
2. All staff are aware of the program's mission, goals, services and target population. The structured training program for all new staff ensures that everyone including staff and providers is accountable for best practices throughout the entire program. Program management utilizes techniques to ensure that staff is working effectively to meet goals. Staff have the information, tools, knowledge, skills, awareness and training required to provide the highest level of customer service.
3. DSP staff are trained regularly in cultural competency and provide services with the awareness that clients represent 125 countries. Forty percent of the staff are bilingual in English and Spanish; this improves services to the 72% of clients who are from Spanish-speaking countries. The Language Line and interpreters are used as needed to ensure understanding of the procedures and services provided both in the clinics and by private providers and partners. The program's Senior Dental consultant's leadership and extensive experience with a variety of dental issues and cultural understandings of dental treatment all over the world, including in developing countries with severe dental needs.
4. Staff practice discretion and follow safeguards when discussing sensitive client information. Staff and providers adhere to Health Insurance Portability and Accountability Act (HIPAA), Notice of Privacy Practices (NOPP) and other client safeguarding policies. For example, voice messages are not played via speaker phone, confidential interviews with patients are held in private offices with

doors closed, and all staff complete the mandatory online training called Security Awareness Training. HIPAA standards are reviewed with all staff and providers, and staff are required to update this training every two years.

5. With multiple information management systems, the program excels in successfully identifying and addressing inefficiencies, needed improvements and staff performance. Management routinely monitors outputs and meaningful outcomes data. The DSP makes use of DHHS information technology (IT) modernizations investments, such as EDR (Electronic Dental Record) and eICM (electronic Integrated Case Management) systems, to produce various service utilization reports. Visit compliance rates and target performance goals are available to clinic managers, providers and department leadership to monitor the productivity of the dental clinics.
6. DSP works on innovative methods to reduce the waiting time such as continuous recruitment of private providers including the use of agencies and referring patients to partners. DSP exceeds in managing this area because wait time, which is 11 weeks for an appointment with a dentist and 8 weeks for a hygienist is of concern that DSP is constantly addressing. Patients who would like a sooner appointment may be put on a cancellation list. If a patient cancels an appointment, staff call patients from the cancellation list to bring them in sooner.
7. The program has close internal and external communications. The frequency of program staff meetings with providers is outstanding, as well as the program's constant efforts to develop new partnerships. Montgomery Cares Advisory Board (MCAB) and other entities collaborate closely on the program's needs. A new Memorandum of Understanding (MOU) is being developed for an externship program for Howard University's (HU) dental students to help at the clinics and gain more practice in pediatric dentistry, not currently available at their school.
8. The program applies evidence-based practices obtained from articles in dental journals that support public dental health programs' design and delivery of services. It seeks to provide the highest quality dental services, education and prevention to its target populations. These protocols are incorporated in the Standards of Care Guidelines developed by DSP' senior dental consultant and the provider dentists and hygienists. The guidelines are reviewed annually by the providers (dentists and dental hygienists) and staff. All dentists and dental hygienists must earn Continuing Educational credits to maintain their licenses and permits. Additionally, there are other training sessions that staff and providers must attend.
9. The program has been able to obtain additional funding during the fiscal year due to DHHS leadership and MCAB support. DSP program administrator attends MCAB meetings and the board meets monthly. MCAB and its oral health committee are helpful to the program's advocacy and funding needs.
10. The program values quality assurance and has participated in the Quality Service Review (QSR) process and excels in this regard. Not only did the program review the findings from the last QSR but it also implemented new procedures or protocols to address each finding. Of the four recommendations from that QSR, each was implemented within two fiscal years. The program administrator is also a QSR reviewer.

The reviewers identified the following areas that could be transferrable to other programs:

1. Because the program's total staff, providers and management excel in supporting the mission, goals and services to their target populations, program outcome measures are readily achieved. Clinic services are heavily utilized at all of their clinics, except for Colesville, which is hampered by limited public transportation services access. Frequent communication between staff and

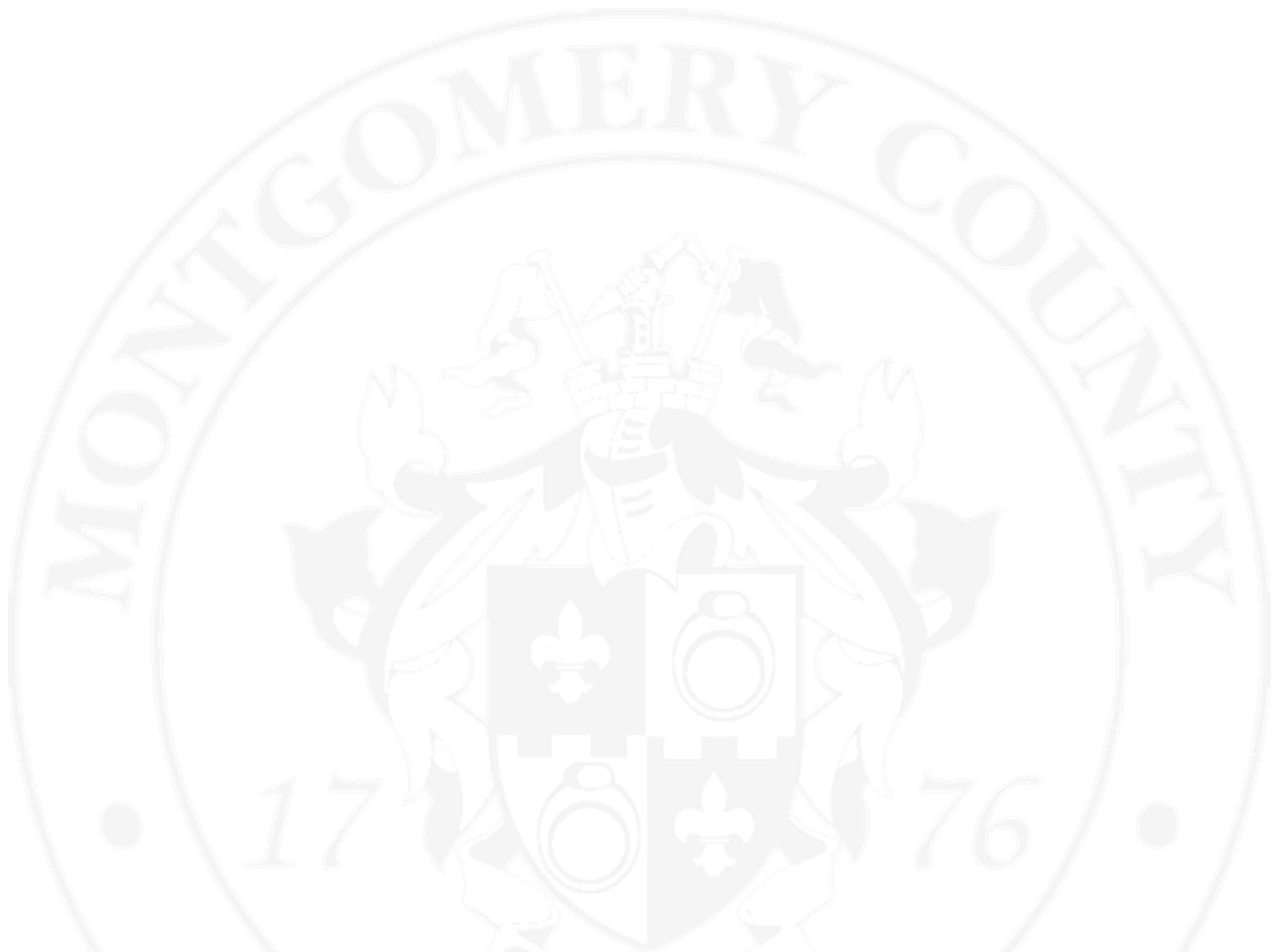
- providers with managers also ensures consistent implementation of office operations and protocols from clinic to clinic.
2. DSP staff are knowledgeable, skilled, well trained and have clear outcome measures on the NextGen system and the tools to assist them with their work. Adherence to the Standards of Care Manual and strict training protocols are transferable to other programs as all staff and providers are fully informed of the expectations and procedures of their service delivery system.
 3. Staff and providers actively participate in monthly and quarterly meetings. They utilize tools, such as brainstorming and discussions, to update their protocols and to improve services to their patients. The review panel felt that all staff were highly motivated and dedicated, to providing a higher level of customer service. This method for developing a strong committed staff is transferable to other programs. Providers and other staff may lose professional licenses, permits or employment if protocols are not fully followed; hence, these practices are strictly enforced. Staff and providers always practice discretion to safeguard sensitive client information.
 4. Management and staff use an integrated seamless services delivery approach for problem-solving and case reviews. This “No Wrong Door” policy is helpful to families and their other target populations. Their dental education program that includes healthy behaviors for patients to implement between dental appointments may contribute to prevention of tooth loss and more invasive dental procedures. This Family-Centered Model (FCM), including centralized scheduling of appointments, is transferable to other programs. An added personal service was follow up by staff with patients who had complicated procedures to ensure that they were doing and understood the post-surgical procedures.
 5. The program’s partnerships and collaborations with academic institutions and with private providers, particularly for specialty care services, are very effective and provide timely intervention to address urgent patient dental needs; this model is transferable to other programs.

The review panel also identified the following opportunities for improvement:

1. The program’s webpage on the County’s website should be updated to provide information about the hours of all clinics: 8:00 a.m. to 4:30 p.m. Monday through Friday.
2. The Colesville clinic is need of more public transportation options for patient access. Reviewers recommend that PHS and DSP management discuss with the County Council and Montgomery Cares the need for additional public transportation in that area. If possible, staff could consider partnering with other local organizations to address the transportation issue to the clinic.
3. Presentations on Seniors Today and to Leadership Montgomery’s members about the DSP would increase community awareness about the program.
4. More staff, providers, materials and equipment (software, operatories, transportation options, etc.) are needed for DSP to fully meet growing demands. The program could apply to participate in the Federal Work Study (FWS) program at local colleges, especially Montgomery College, to recruit students to assist with needs.
5. Consider adding dentists to meet the increasing demand for services and obtain additional funding to reduce wait times.
6. Increase the use of social media to disseminate information about specific dental services to the wider community such as the mouth guard program. Pictures or videos of student athletes being fitted for mouth guards at PTA or faculty presentations will assist in expanding use of this free program and as well as listing the information about the program on school web sites. A dental hygienist educates the schools’ faculty, sport coaches and students about the mouth guards. She

also takes dental impressions of the students to fabricate mouth guards at the Rockville office. The mouth guards are free and paid for via a grant provided by the Maryland Office of Oral Health.

7. It was noted that some information technology (IT) systems may not be fully compliant with Americans with Disabilities (ADA). Upper Management should explore solutions to ensure reasonable accommodations for all staff who may need to access these systems.
8. Partnerships and collaborations are continually needed to increase the pool of dentists, hygienists and health administration specialists. It would be helpful if the program develops partnerships or collaborate with dentists who can perform more complex procedures and provide dentures when needed.



1. BACKGROUND

The Community Review Program is a valuable means through which the Montgomery County DHHS receives feedback and input regarding the effectiveness of department programs from a community member perspective. Trained panels independently assess how the programs are serving residents, examine the impact of programs on the community, and recommend possible improvements to services.

Guided by the Community Review Assessment Tool (CRAT) self-assessment, reviewers examine program delivery based on:

- Alignment with Mission and Guiding Principles of the Department;
- Effective and Equitable Service Delivery;
- Accountability;
- Capable and Engaged Workforce;
- Service Delivery Transformation; and
- Collaborative Partnerships (Annex I).

The programs are also reviewed for Americans with Disabilities Act (ADA) compliance (Annex II) and how they meet objectives in line with the goals in the Department's two-year Strategic Plan Roadmap.¹

Selected Review

The Dental Services Program (DSP) was selected for a Community Review by Public Health Services (PHS) management, and added to the FY18 PACS work plan. This review focuses on the Dental Services Program, which serves clients from Care for Kids (CFK), the Maternity Partnership Program and the community. The DSP last had a Community Review in 2007.

The DSP began in 1997 to treat uninsured and under-insured individuals and families' dental health needs. Dental problems affect one's

general physical health and appearance and impair bodily functions; prolonged tooth decay readily contributes to failure in other organs and systems throughout the body. Newborn infants are at risk when women fail to receive timely dental services and treatment during pregnancy.



Figure 1. The DSP Program Manager at the Community Review Preliminary Meeting Describing Services

Many of the clients served by the program have never had dental services or have not had such services for several years. Clients may be immigrants, refugees, American born, pregnant women, children or seniors with Medicare but no additional dental services insurance and who cannot otherwise afford dental services.

DSP has five clinics in Montgomery County located in Germantown, Gaithersburg, Rockville and two different locations in Silver Spring.

Independent Review Panelists and Process

The Community Review is a structured process of program self-assessment, desk and subsequent field reviews performed by three knowledgeable, trained independent reviewers from the local community. The

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[www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20\(4\)%202016_2018.pdf](http://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20(4)%202016_2018.pdf)

Community Review of Dental Services was performed by reviewers Vera Johnson, Miriam Kelty, and Nancy Scull (Annex III).



Figure 2. DSP Community Reviewers with the PHS administrator for Healthcare for the Uninsured at the Preliminary Meeting

The DSP Community Review planning and training session commenced on August 3, 2017. The following persons were in attendance: Doreen Kelly, Senior Administrator of DHHS' Public Health Services; Paola Fernan-Zegarra, the DSP Program Administrator; Vanessa Lopez-Cuevas, the Administrative Specialist III; Matthew Nice, manager of Planning, Accountability and Customer Services (PACS); Abigail Hoffman, Community Review Coordinator with PACS; Sarah Yaftali, also PACS staff; and reviewers Vera Johnson, Miriam Kelty and Nancy Scull.

The panel met with Paola Fernan-Zegarra and Vanessa Lopez-Cuevas on August 7th at the Dental Services Program headquarters at 1401 Rockville Pike in Rockville for the orientation, a technical presentation, a review of the program's self-assessment and in-depth discussion of services and outcomes. The reviewers toured the new Rockville dental clinic (in the headquarters building). Reviewers also spoke with two staff, Beth McKinney, hygienist and coordinator for the Maternity and Children's Dental Program, and Verna Richardson, hygienist and coordinator for the Adult/Senior Dental services.

On August 8th, reviewers met with Dr. Wenzell Carter, the Senior Dental consultant and Paola Fernan-Zegarra for discussion of clinical services and learn about the budget, contracts and staff. This was followed by an interview with Sharon Holquin, a recipient of the program's services and the consumer representative on the MCAB and with Dr. Langston Smith, Chairman of the Endodontic section of Howard University's (HU) Dental School and a member of the Montgomery Cares Advisory Board (MCAB). These meetings were followed by an interview with Dr. Jahanmir Goldnar, a private pediatric dentist serving children who need sedation and other specialty care. Reviewers toured the Germantown and Metro Court clinics, where they talked with clients and observed operatories (clinical dental workspaces) in action.



Figure 3. Building where the Rockville Dental Clinic is located

The last day of the reviewers' meetings was August 9th, when they prepared their review sections and asked staff additional questions about the program and services.



Figure 4. Meeting with a MCAB member and a consumer of the Senior Dental Program

2. WHAT WAS REVIEWED

Program Mission and Services

The mission of the Dental Services Program is to prevent oral disease and trauma, to promote healthy behavior and to improve access to related treatment resources in Montgomery County. Dental services and education about nutrition and dental issues are provided by the program. Clients must meet income guidelines.

Pediatric Referrals

- In FY17 we sent 124 children aged 1-17 to specialists at a cost of about \$300K at MA rates.
- The median age is 5.
- Our specialists use only nitrous and valium.
- We cannot provide hospital based care at this time.
- We have 5 special needs children who cannot be treated in the office.



Figure 5. A pediatric DSP client and information about pediatric services

The demand for DSP care has doubled over the past five years from FY12 with 3,732 clients

and 7,852 visits to FY17 6,340 clients and 13,140 visits.

Services

Five clinics in the County provide dental and hygienist services to eligible children, adults, seniors and pregnant women, including:

1. Preventive: Exams, cleanings, fluoride treatments, patient education, x-rays, sealants, mouth guards and night guards
2. Restorative: Fillings (caries)
3. Endodontic: Root canal therapy for anterior teeth only
4. Oral surgery: Extractions, biopsies and other limited procedures
5. Prosthetic: Limited dentures for seniors
6. Educational information for clients and their family members about dental health care and the importance of good nutrition as well as of regular dental check-ups and cleanings.
7. Referrals are made to partner providers and other community dental programs for dental treatment.
8. Translation and interpreter services are offered in many languages.

Target Populations

The DSP targets populations identified as uninsured, underserved, at-risk or who have special needs. They are uninsured or underinsured residents of Montgomery County whose income level is below 250% of the federal poverty level and are not eligible for Medicaid or other state and federal healthcare programs. Alternatively, clients are

seniors receiving Medicare, which does not cover dental services.

The target populations are as follows:

- Children in the Care for Kids (CFK) program (36% of the clients)
- Adults served by Montgomery Cares or by self-referral (25%)
- Pregnant women in the Maternity Partnership Program (24%)
- Seniors age 60+ referred from Aging and Disability, nursing homes, senior centers or by self-referral (15%).

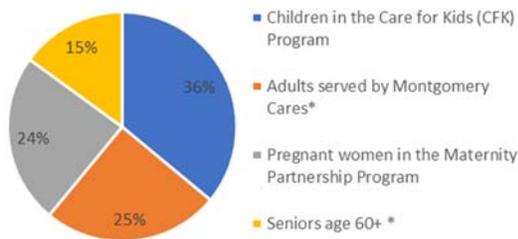


Figure 6. Referral source of DSP clients

DSP gender, race and ethnicity demographics include:

- Female = 65%; male = 35%
- White = 42%; Black/ African American = 13%; Asian = 7%; Other = 38%
- Hispanic/ Latino = 72%.

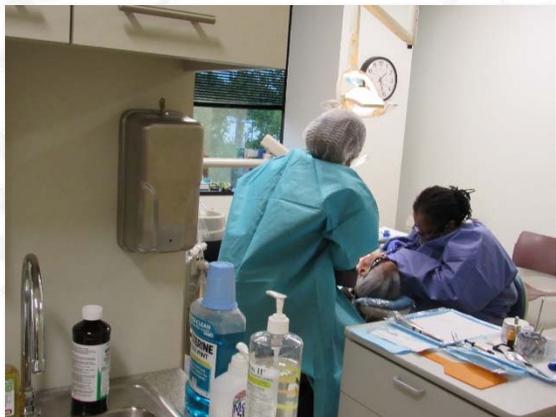


Figure 7. Clinical Dental Staff with patient at the Rockville Dental Clinic

Cultural background of client from FY17: clients were from 125 other countries. The most common were from El Salvador (2,315) followed by 767 Hondurans, and 572 Guatemalans. Staff are trained in working with multiple cultures and languages.

Organizational Overview

The program has 37 staff members which includes the following: a program Administrator; five Office Service Coordinators, two Registered Dental Hygienists, nine dental assistants, an administrative specialist III and five administrative aides.

Locations

The DSP has five clinics in Montgomery County open Monday through Friday from 8:00 a.m. to 4:30 p.m. and are located as follows:

- Rockville Pike, 1401 Rockville Pike, 3rd floor, Rockville (this clinic is co-located with the program’s headquarters offices)
- Germantown, 12900 Middlebrook Rd., 2nd floor, Germantown
- Fenton Street, 8630 Fenton St., 10th floor, Silver Spring
- Colesville, 14015 New Hampshire Ave., Suite 115, Silver Spring
- Metro Court, 7-1 Metropolitan Court, Gaithersburg

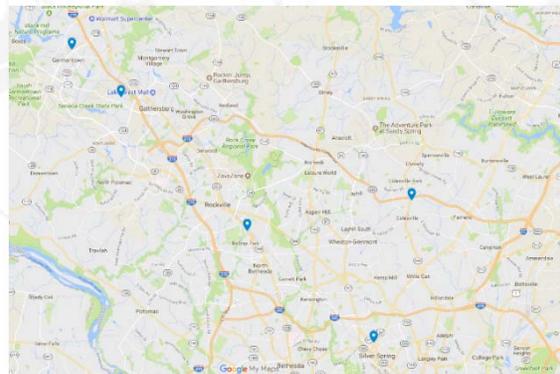


Figure 8. Locations of the five dental clinics in Montgomery County

Partnerships

The program has several partners and collaborators: The State Department of Oral Health Service supports some services and funds a grant to provide mouth guards for children, the Maryland Department of Aging helps with dentures for seniors and Howard University (HU) School of Dentistry providing complex endodontic care and other treatments. The University of Maryland dental hygienist students work in clinics; private practice dentists provide services with sedation and the Maryland Dental Action Coalition and Maryland Oral Health Association also collaborate with the program. The Tooth Fairy of America foundation provides supplies and educational materials. Other collaborating agencies are the community clinics.

Dental services are also provided by dentist and dental hygienist contractors and by private partnerships for children's specialty treatment and/or sedation. Additional community partners are the Spanish Catholic Center, Community Dental Clinics, Mary's Center, Muslim Medical Clinic, African-American and Minority Health Initiatives.

Budget

The DSP is funded primarily by Montgomery County Government and by Montgomery Cares, Maryland's DHMH Office of Oral Health, and the Maryland Department of Aging. The following is the FY18 budget:

- Montgomery County Government \$2,880,055
- Montgomery Cares \$119,124
- DHMH Office of Oral Health \$54,000
- Maryland Department of Aging \$60,000
- Total Budget: \$3,113,179

Clients are also charged a flat fee for each visit: \$10 for children and pregnant women; \$20 for

adults/ seniors and \$30 for emergencies for adults/seniors.



Figure 9. Community Reviewer interviewing dental patient at the Rockville Dental Clinic waiting room

Technology Modernization

The program has been successful in its adoption of the County's new eICM (Enterprise Integrated Case Management system) to verify patients' eligibility in DSP. They have utilized NextGen for the past three fiscal years for their Electronic Dental Record (EDR) system for patients and to track patient appointments, wait time and patient outcomes. DSP is fully digital, including all x-rays.

3. RESULTS

The program self-assessment and subsequent review by the review panel are guided by the Community Review Assessment Tool (CRAT) and a checklist of Americans with Disabilities Act (ADA), provided in Annex I and II, respectively.

Results are organized by findings, which exceed the panel's expectations and can be transferred to other programs. Findings, that warrant attention and recommendations are also listed. Recommendations may cover more

than one section or tool may be merged into a single recommendation, where appropriate.

Additionally, recommendations may stem from reviewer's notes and/ or observations and may not be directly reflected in the instruments. Panel recommendations are listed in order in the short-term (within 60 days), mid-term (within a year) and long term (over a year).

I. Mission and Guiding Principles

The goal is to promote and ensure the health and safety of the residents of Montgomery County to build individual and family strength and self-sufficiency.

Findings Exceeding Expectations

- The goal of the DSP is to prevent oral disease and trauma, to promote healthy oral behaviors, and to improve access to related treatment resources for uninsured and underinsured in Montgomery County and aligns with the DHHS mission. The program targets populations of children via Care for Kids; pregnant women enrolled in the Maternity Partnership Program (MPP); adults in the Adult Dental Program and seniors. Staff are aware of the mission statement, which is reviewed annually in meetings with staff and quarterly meetings with providers via group discussion and their input. The mission statement was revised in 2016 and the scope of services for the program is now more specific and clearly defined. The implementation of the Family Centered Model (FCM) in the past 2.5 years has enabled clients to have all household members served at one site instead of traveling to multiple sites for different household members. The NextGen system supports the EDR database so that each patient's dental records can be viewed at any site. Innovations like this are clearly client/family-centered and excel in supporting the Department's mission for health, safety and self-sufficiency.

- In the area of quality, DSP excels. All staff are aware of the mission, goals, services and its target population. The structured training program for all new staff ensures that everyone, staff and providers, is accountable for best practices throughout the entire program. The list of dental procedures that can be performed are identified and defined in its Standards of Practice and Guidelines. Peer reviews are conducted every two years and following a recent Quality Service Review (QSR), all the recommendations were successfully put in place within two fiscal years (see below).
- DSP leadership have a system in place that has the commitment, engagement and determination at all levels of management, staff and providers to support the mission, goals and services to their target populations.
- DSP has IT systems in place to successfully identify inefficiencies and needed improvements. DSP makes use of the various data and reports such as utilization reports for visit compliance rates and target performance available to clinic managers, providers and department leadership to monitor the productivity of the clinics.

Findings Transferable to Other Programs

- Because staff, providers and management support the mission, goals, services and the target population; program outcome measures and customer satisfaction excel. Frequent communication between staff and providers with the managers also ensures consistent implementation of office operations and protocols from clinic to clinic. This communication method is transferable to other programs; utilization at three of the clinics (Rockville, Germantown, Metro Court and downtown Silver Spring) is very high.



Figure 10. DSP dental hygienist at an outreach event

II. Effective and Equitable Service Delivery

The goal is to align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.

Findings Exceeding Expectations

- During the Peer Review Audit of April 2015, it was noted that the care given to the patients and the quality of record keeping were excellent. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.
- The program delivers services respectful of its diverse communities. Because DSP serves clients from as many as 125 countries, the staff's ability to be flexible to address innumerable multi-cultural issues and languages and arrange for language interpreters is laudable. DSP regularly reviews changing client outcomes and population needs data and incorporates findings into their practice. For example, one client service recommendation was to revise the post op instructions, which the program applied.
- Since implementation of FCM and the centralized appointment scheduling, the entire family can be served at four of the

clinics and canceled appointments can be filled with patients from the wait list. This system has been very effective and improved customer satisfaction.

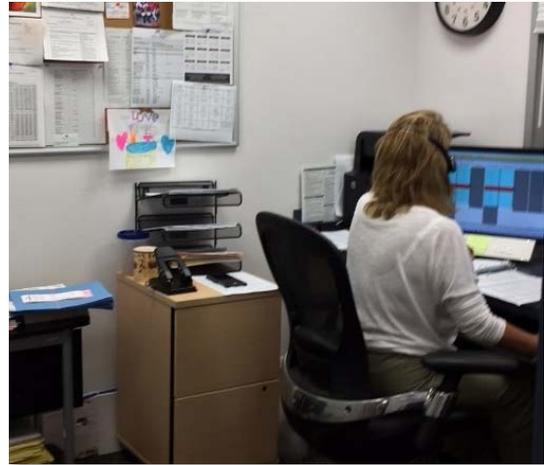


Figure 11. Staff scheduler working to reduce wait time

Findings Transferable to Other Programs

- Since DSP staff are knowledgeable, skilled, well trained and have effective tracking and other tools to assist them; they are included in brainstorming and monthly meetings. By being involved with program development and empowered by DSP leadership; staff have become even more dedicated to providing high levels of customer service. This method for developing strong committed staff is transferable to other programs
- FCM implemented by the DSP includes a "No Wrong Door" approach and centralized scheduling of appointments. This is also transferable to other programs.

Findings Needing Attention and Recommendations

Short-Term

- Update the program's website to provide the hours of all clinics: 8:00 a.m. to 4:30 p.m. Monday through Friday.

Mid-Term

- The average wait time for setting an appointment at the five clinics is 11 weeks

for a dentist and 8 weeks for a hygienist. Realigning services and/ or hiring additional dentists and hygienists would improve this issue.

Long-Term

- The program should seek to expand funding to expand the denture program for seniors.
- It would be helpful for PHS and DSP management to discuss the need for additional public transportation options to the Colesville Clinic with the County Council, Montgomery Cares and other local organizations.

III. Accountability

The goal is maintenance of reliable, accurate records and data for analysis so program effectiveness can be quantified through performance measures.

Findings Exceeding Expectations

- DSP applies evidence-based practice to the design and delivery of services. It seeks to provide the highest quality dental services to its target populations, which include CFK clients; the MPP for pregnant women and eligible adults and seniors who are uninsured or underinsured. Evidence-based practice protocols are obtained from articles in dental journals that support public dental health programs. This research approach to seek best practices is outstanding.
- The reporting system of DSP exceeds expectations. DSP administrator prepares monthly reports for the senior staff. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results. Staff can enter data into NextGen and its Electronic Dental Records (EDR) system for all staff to review. The program's strong use of data systems has led to some more efficient changes in customer service delivery. See Annex I, III section 3 for details. Data supported the following service delivery

changes:

- Implementation of a centralized scheduling model
- Statistics over the past 9 years demonstrated higher utilization by patients from the Maternity Partnership Program
- Collaboration with the HU School of Dentistry where patients requiring endodontic services are seen at that school's clinic.
- The program reviewed findings from the QSR in 2014, and implemented the recommendations. See Annex I, Section III, Number 8 for details. DSP embraced the QSR recommendations and worked toward an implementation plan to fully address each finding. Of the four QSR recommendations, each was implemented within two fiscal years. The recommendations were as follows:
 - Cross-program service integration for ease of paperwork and client referrals. This also includes communication across the department. With eICM, client information/referrals are available across DHHS.
 - A formalized partnership with a local school such as HU would assist DSP with serving additional patients. In July of 2015, the DSP created a collaboration with HU School of Dentistry. This collaboration enabled adult dental clients to receive root canal therapy. (In addition, the program is in the process of creating an externship for senior dental students).
 - A user-friendly EHR is needed for DHHS so that services are not duplicated and will ensure that paperwork for needed services is not delayed. In June of 2014, the DSP implemented the EDR system via NextGen. This electronic system enabled staff to scan all

- documents so clinics could access patient records in case the patient wanted to be seen at another office.
- Consider having a Service Eligibility Unit (SEU) staff person and/ or an Aging and Disabilities Services (ADS) staff person at the DSP once or twice a week to track other possible needs clients may have. In FY 2016, OESS (formerly SEU) appointed a liaison to work directly with the program. The person is co-located with program headquarters (at the Rockville office).
 - Staff practices discretion always and has safeguards in place when discussing sensitive client information. Staff and providers strictly adhere to HIPAA, NOPP and safeguarding policies.



Figure 12. Dentist and clinical staff prepping a patient at the Rockville Dental Clinic

Findings Transferable to Other Programs

- The DSP standard and practices for HIPAA, NOPP and other safeguarding practices may be transferable to other programs in a medical setting. Staff compliance with these practices is consistent and engrained with all their personnel. This approach should be utilized by more programs.

IV. Capable and Engaged Workforce

The goal is to recruit, develop, and maintain a workforce that is engaged, accountable, responsible, respected, recognized, and prepared for changing roles within the department and representative of the community.

Findings Exceeding Expectations

- To ensure appropriate planning and sustainability, DSP follows a process to communicate budget needs and alternate funding strategies, engaging the department and other entities throughout the fiscal year. This approach is outstanding. The budget is reviewed monthly during the fiscal year and weekly as the fiscal year approaches the end. Also, staff work with the DHHS grant writer to solicit more funds.
- Staff have the knowledge, skills, awareness and training required to formulate, implement, execute and manage services to customers. The DSP leadership has implemented a system that has the commitment, engagement and determination at all levels of management. Staff and providers support the mission, goals and services to their target populations. They continually track both outcome measures and customer satisfaction, which is noteworthy.
- Program managers continually seek input and feedback from staff. This supports and empowers staff to become more engaged with the program's policies and procedures. The DSP staff feel highly valued and respected by management and exhibit high levels of customer service. Reviewers could sense a strong commitment among staff to the DSP and their patients.
- The FCM including the centralized scheduling of appointments, is very effective. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and

manage services to customers.

Findings Needing Attention and Recommendations

Short-Term

Mid-Term

- Because the numbers of staff and partners are not sufficient to meet the ever-increasing demand for services, DSP could address this by applying to participate in the Federal Work Study (FWS) program at local colleges, including Montgomery College, to recruit students to assist with various needs.
- DSP needs to find ways to achieve the following needs of the program:
 - More funding for dentures for seniors (root decay, gingivitis and dry mouth often cause more cavities and infections among seniors);
 - Additional providers to serve adults and seniors and specialty care for children and others;
 - Infrastructure improvements for additional administrator/clinic directors to monitor clinic operations, the numerous contracts, building and administrative costs at each site.

V. Service Delivery Transformation

The goal is for an integrated service delivery system supported by technology, which enables staff to share information and work effectively.

Findings Exceeding Expectations

- Management and staff use an integrated seamless services delivery approach for problem-solving and case reviews. The “No Wrong Door” policy is helpful to families and individuals who had little or no prior dental treatment as well as obtaining

dental education materials to implement healthy dental behaviors and prevention. DSP program administrator and administrative specialist routinely make extra efforts to contact patients following complicated surgical procedures, to ensure that they were managing their recovery appropriately. Such outreach by staff goes beyond the job expectations of staff.

Findings Needing Attention and Recommendations

Mid-Term

- Increase the use social media to disseminate information about DSP throughout the County and to recruit more dental service providers.
- DHHS management is encouraged to explore solutions to ensure software accessibility by all staff and providers, as needed.

VI. Collaborative Partnerships

The goal is to strengthen internal and external partnerships with other programs and agencies to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.

Findings Exceeding Expectations

- The program administrator’s attendance at the Montgomery Cares Advisory Board (MCAB) monthly meetings is an achievement because it allows continual communication with board members about its efforts, accomplishments and needs. The program administrator has also recently become the Chair of the Maryland Oral Health Association for a two-year term. Regular staff meetings with providers are also helpful to the program’s advocacy, funding efforts and development of new partnerships.
- The program continually expands its partnerships and collaborations with

academic institutions as well as with private providers, particularly for specialty care services. The collaboration with HU School of Dentistry is expanding from a referral program to the school's dental clinic to creating an externship for dental students to gain additional practice skills in pediatric dentistry. Once the MOU is in place with HU, the DSP Senior Dental consultant will facilitate this clinical rotation for qualified dental students.

- The program's partnerships and collaborations with academic institutions and private providers, particularly for specialty care services, are very effective.

Findings Transferable to Other Programs

- The program's extensive partnerships and collaborations with academic institutions and with private providers, particularly for specialty care services, are effective and transferable to other programs.

Findings Needing Attention and Recommendations Mid-Term

- Although outside the scope of DSP, the provision of specialty services by dental partners would be facilitated with public transportation assistance with additional funds or partnerships with organizations that have vans. This would help clients who lack funds or transportation.
- Continuing to expand partnerships and collaborations would increase the pool of dentists, hygienists administration specialists, decrease wait time and expand services.

4. NEXT STEPS

The Community Review panel met with DHHS and DSP leadership and staff to review the report and its findings on October 5, 2017. A plan of action and timeline was discussed for findings or recommendations which may require a response.

DHHS commits itself to review progress at regular intervals with a one-year update of the recommendations. PACS will monitor progress on the recommendations and report results to the DHHS Director and the Senior Leadership Team at regular intervals with the one-year update of the outcomes of the recommendations.

The final report will be made available to the public on the internet site for DHHS.



Figure 13. Community Review panel presenting the Dental Services Program leadership and staff with their certificate of completion

ANNEX I: Community Review Assessment Tool

I. Mission and Guiding Principles

Standards/ Strategies	Supporting Evidence
1. Program's mission statement clearly relates to the DHHS mission.	<p>Montgomery County's Dental Services Program, which began in 1997, is dedicated to help achieve improvements in oral health and quality of life for individuals and communities through new initiatives, partnerships, and collaborations in sync with, and as an integral component of, interagency efforts of DHHS Public Health Services. The goal of the Dental Services Program is to prevent oral disease and trauma, to promote healthy behavior, and to improve access to related treatment resources in our community. This mission statement aligns with the DHHS mission. Staff are aware of the mission statement, and it is reviewed quarterly with meetings of staff and providers via group discussion and their input.</p>
2. Program has clear goals, objectives and strategies to accomplish its mission.	<p>As indicated in the Dental Services Program practice guidelines, revised January 2016, the primary objectives of the program are to increase access to and the availability of dental services to new and existing patients; raise awareness of the need for care to a patient population that has had limited exposure to dental services; provide dental services at a cost within the reach of all Montgomery County residents; provide at least limited dental care for restorative dentistry and routine dental hygiene care. Provider staff (dentists and dental hygienists) and regular staff meet regularly to review performance measures and provide feedback on program implementation. Performance measures for each program segment--children, maternity, adults and seniors--are identified at the beginning of the fiscal year. Progress is verified in the monthly reports to the DHHS Senior Administrator for Health Care for the Uninsured and quarterly reports to DHHS, Montgomery Cares, and the Maryland Office of Oral Health.</p> <p>Their scope of services specifically includes:</p> <ul style="list-style-type: none"> ● Preventive: Exams, cleanings, fluoride treatments, patient education, x-rays, sealants, mouth guards and night guards ● Restorative: Fillings (caries) ● Endodontic: Root canal therapy (anterior teeth only) ● Oral surgery: Extractions, biopsies and other limited procedures ● Emergency: Seen by a dentist within 24 hours for oral pain and swelling or injury ● Prosthetic: Limited dentures for seniors <p>There is ongoing communication with staff in monthly meetings and quarterly meetings with providers. NextGen also displays targeted service delivery for the program's target populations.</p>
3. Staff can articulate the program's mission, goals, services and target populations	<p>Staff are thoroughly knowledgeable of the program's mission, goals, services and the target population of children from Care for Kids, maternity healthcare, adults and seniors. All members of their target populations are either uninsured or underinsured. It was noted that some of the Community Review (CR) panel members were not familiar with some of the dental terminology; staff readily defined the terms. Staff are informed of program goals through monthly staff meetings for each category of services. Program goals are also tracked on NextGen via their Electronic Dental Record (EDR) software. It was noted that the dental Services Program is utilized largely by Latino residents (72% of the clientele).</p> <p>The program staff are working with the Minority Health Initiatives-Asian American, African American—to increased access to these populations. They are trying to collaborate with the Health Promoters in each of these programs to provide information about dental services to their clients/patients. The Dental Services Program staff (37 spread over five clinics) is too small for them to do outreach on their own. However, brochures are taken to /health Fairs throughout the County and to the annual Montgomery County Agricultural Fair. In addition, one dental hygienist arranges for half day sessions where she goes to County schools to take impressions for student athletes to obtain a free mouth guard through an injury prevention grant from the Maryland Office of Oral Health.</p>

<p>4. Program mission, goals, service, and contact information are accessible, accurate and consistent across sources such as, printed materials, information referral lines, website, and social media.</p>	<p>Each Dental Services clinic has a display of brochures describing their services, usually in English and Spanish. Language capacity in written format is limited, but staff have access to the County Language Line, and interpreters are scheduled for patients in need of this service at their appointments.</p> <p>The Dental Services Program can be found online at https://www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=PHS/PHSgenDentp268.html, which is part of the Montgomery County Government website under the Montgomery County Department of Health and Human Services/Public Health Services. The website can be translated into multiple languages. InfoMontgomery also includes the Dental Services Program as among several other dental programs located in the County. The program also can be contacted through MC 311. The various sites of the five dental clinics are correctly identified in the program brochure. Although the County website links to Facebook, Twitter, YouTube and Flickr, the Dental Services Program is not specifically identified on these social media sites.</p>
<p>5. Program incorporates DHHS principles into policies, procedures, professional interactions and information technology (IT) systems.</p>	<p>As a provider of a health services program, the Dental Services Program has sites in five areas of the County. Two are in different Silver Spring areas, one in Rockville, and one each in Gaithersburg and Germantown. Care for Kids, Maternity Partnership and Senior Dental recipients of the Dental Services Program must first be registered by the Office of Eligibility and Social Services (OESS) and verify that enrollment is approved; then the eligible applicants may contact the Dental Services Program for their first appointment at a dental clinic. All eligible adults ages 19-59 apply directly with the Dental Program for eligibility. This information is logged into the County eICM database and their database, NextGen. All designated staff and providers with access to this system can log into this system to access a patient's Electronic Dental Record (EDR). This ensures that emergency appointments and patients desiring to see a provider earlier than their scheduled appointment from the Cancellation List can be directed to another site with an open appointment due to canceled or broken appointments. This option ensures greater use of each clinic and more clinics being fully scheduled for patients. The NextGen system has performance targets online which are tracked monthly, quarterly and annually.</p>
<p>6. Program has a system in place to identify efficiencies and improvements.</p>	<p>NextGen provides reports on practice management, fee payments and appointments kept or broken, as well as tracking target and outcome measures. In addition, statistical reports are sent to the DHHS Senior Manager for Healthcare for the Uninsured and the quarterly reports to Montgomery Cares. Additional feedback is obtained from customer satisfaction surveys, which are completed at the end of treatment. The transitioning from analog to digital X-rays has occurred.</p> <p>Of special note are the follow-up calls made by administrative staff to remind senior patients who have not been in within a 2-year timeframe to re-enroll with OESS so their dental services can continue. This supports the program's goal to keep residents engaged in good dental health practices.</p> <p>Peer reviews also have resulted in service delivery improvements and efficiencies. During the Peer Review Audit of April 2015, it was noted that the care given to the patients and the quality of record keeping were excellent. Additional recommendations for improvements were made in the Electronic Dental Record with appointments and other periodontal charting.</p>

II. Effective and Equitable Service Delivery

Standards/ Strategies	Supporting Evidence
<p>1. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.</p>	<p>The Dental Services Program staff are well informed and updated on services within the program, specialty care and other outside dental resources (a written list is given to clients when appropriate). This information is shared with clients to ensure that they are fully informed to meet their needs.</p> <p>Here is the program's Scope of Services: 1) Preventive--exams, cleanings, fluoride treatments, patient education, x-rays, sealants, mouth guards, night guards; 2) Restorative--fillings (caries); 3) Endodontic--root canal therapy on anterior teeth only; oral surgery--extractions, biopsies,</p>

	<p>other limited procedures; emergency (seen by a dentist within 24 -48 hours for oral pain, swelling or injury); prosthetic--limited dentures for seniors.</p> <p>Staff have peer review, and there's annual HHS recognition of all staff. In 2017, the program received a NACO award for service coordination with the Maternity Partnership Program, and in 2016 two awards, one was given to a dental hygienist for providing mouth guards to all children who needed them and the second award was given to the program for the implementation of the program's Family-Centered Model.</p> <p>Staff receive multiple trainings (about 25 hours/year of continuing education including CPR, LEP, HIPAA, Cultural Competency, and infectious diseases) and meet monthly to review client needs. Providers also meet quarterly with lead staff to ensure that program protocols are followed.</p> <p>Relevant educational information is given to clients, according to their dental and nutritional needs. It should be noted that some new clients have never before visited a dentist or hygienist or haven't done so in the prior 5 years, so educating the clients and their families is very important.</p> <p>A satisfaction survey is given to all clients when they complete their treatment plan, and the feedback is reviewed to explore ways to improve program services.</p> <p>All 5 clinics use SMART Dentistry technology (no shots, no drilling techniques to treat cavities/caries and decayed teeth, a new fluoride that kills the bacteria before filling caries for children with much tooth decay). Reviewers learned that about 50% of teenagers being served have lost some teeth, have tooth decay and/or need braces.</p>
<p>2. Clients are screened for other needs and referrals are made for eligible services available outside the program.</p>	<p>Most of the clients' eligibility (annual re-application is required) for the Dental Services Program is determined by one of the 3 Offices of Eligibility and Support Services (OESS) at intake. OESS sends clients an eligibility letter, informing the new or renewing client to contact the Dental Services Program.</p> <p>OESS staff input client data into the County's eICM database, which also notes other client needs and referrals to various social services.</p> <p>Dental Services Program staff are trained to use eICM as well and to identify a client's other needs, and they may make referrals to other services as appropriate.</p> <p>As noted in #1 above, program staff give resource handouts to clients who need other dental services and make referrals for specialty dental care services when needed. Dental Assistant staff also take x-rays and use the scanner. County dental hygienists serve as case managers who follow up on the services to ensure protocol compliance and quality of care.</p> <p>Clients served by the Dental Services Program are uninsured/underinsured Montgomery County residents who meet income guidelines and are 1) served by the Care for Kids Program, 2) adults served by the Adult Dental Program and by self-referral, 3) seniors ages 60 and higher referred by Aging and Disability, nursing homes, senior centers and by self-referral, and 4) pregnant women in the Maternity Partnership program.</p>
<p>3. The program informs and refers customers to appropriate resources in the community or other DHHS programs, as appropriate.</p>	<p>As noted in #2, staff is familiar with DHHS resources for clients. If other dental services are needed, a written list is given to clients. DHHS resource information and educational materials are also given to clients if appropriate.</p>
<p>4. Program regularly solicits customer satisfaction information across all clients and uses information to improve program delivery.</p>	<p>When each client completes treatment, a satisfaction survey is given in English and Spanish (other language interpreters are also available if needed), and illiterate clients are assisted one on-one by staff. Feedback is reviewed for suggestions of program improvement. One feedback was for the program to revise some of its forms, which it did.</p>

<p>5. Program delivers services respectful of diverse communities.</p>	<p>Staff are trained in cultural competency and Limited English Proficiency (LEP), and clients are from many countries. In FY17, clients from 125 countries: 2,315 from El Salvador, 878 Americans, 767 Hondurans, and 572 Guatemalans. Staff are well trained in working with multiple cultures and languages. 72% of all Dental Services Programs clients speak Spanish, and 40% of program staff Spanish. Interpreters from the County's Language Line/Language Bank are used as needed. In FY17, the program provided dental services to a total of 6,340 clients. 36% of clients served are in the Care for Kids program, 25% are adults, 24% are in the Maternity program, and 15% are seniors.</p>
<p>6. Print and multimedia communication materials and forms are developed in easy to understand language, taking into consideration literacy level, cultural, and linguistic appropriateness and people with other forms of communication needs.</p>	<p>Forms, informational and educational materials, posters and brochures are in both English and Spanish and written clearly and succinctly.</p> <p>As noted in #5, interpreters are available and illiterate clients are assisted in private one-on-one. The Dental Services Program does not have a separate website; it's on the County's website www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=PHS/PHSgenDentp268.html and can be viewed in English as well as in multiple other languages.</p> <p>MCPS School Health Services' hygienists often call the program's dental hygienist to refer students to her for various services, including specialty services (the average age for these is 5).</p>
<p>7. Program is aware of and uses translation services to serve non-English speaking customers.</p>	<p>As noted in #5 and #6, all staff are knowledgeable about how to schedule language interpreters for clients when needed. The County covers that cost. Providers are also trained to utilize interpreters.</p>
<p>8. Program staff are knowledgeable about and provides reasonable accommodations and accessible facilities for customers with disabilities.</p>	<p>All 5 dental clinics are ADA accessible; they are located in the diverse communities of Silver Spring, Colesville, Germantown, Gaithersburg and Rockville.</p> <p>All Dental Services staff are trained on ADA compliance.</p> <p>The County's ADA compliance office is currently working to ensure the program's full compliance, as it also reviews all County programs' ADA compliance.</p>
<p>9. Staff are knowledgeable about and provides reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.).</p>	<p>For some clients, transportation to dental services is challenging. The program does not provide transportation and does not have funds for clients' transportation. However, when there is an extreme transportation need, staff may be able to facilitate transportation arrangements. Seniors often are transported to appointments their senior centers or assisted living/nursing home facility. Sometimes school nurses help with children's transportation to dental services. Clients have co-pays as follows: 1) children \$10 per visit, 2) maternity \$10/visit, 3) adults/seniors \$20/visit; 4) \$30 for an emergency appointment for adults/seniors.</p>
<p>10. Services are delivered in facilities that are accessible to clients.</p>	<p>Four of the clinics (Silver Spring, UpCounty Regional Services Center, Rockville and Metro Court) are easily accessible by public transportation, but the Colesville Clinic does not have nearby public transportation (it is therefore under-used).</p> <p>Since the program uses the Family Centered Model, in order to convenience clients, they may go to any of the five clinics. The clinics are all ADA accessible.</p> <p>The clinics' hours are Monday through Friday 8:00 a.m. to 4:30 p.m.</p>

<p>11. Services are delivered in facilities that are safe, comfortable and welcoming to clients.</p>	<p>The 5 clinics are safe, comfortable and welcoming to clients. Staff are friendly and welcoming. Waiting rooms and lobbies have chairs and literature for clients to read, and some have an ongoing video and child play areas. Restrooms and water fountains are also at each facility. Security guards and panic buttons exist at all but the Colesville Clinic, which is unfortunately in a relatively isolated location.</p>
<p>12. Information on how to access or apply for services is available online for clients</p>	<p>The Dental Services Program’s information is on the County Government website. It provides eligibility, application (and lists documents to bring), information on services provided, centralized scheduling of appointments at any of the 5 clinics (240-777-1875), locations of the 5 clinics, as well as fees for services. In addition, all of the County schools and 3 OESS offices have information and brochures about the Dental Services Program; school nurses often refer children to the program.</p>
<p>13. Program services are received in a timely manner.</p>	<p>Expediting dental services appointments is a challenge, because there aren’t sufficient staff, dentists and hygienist providers, or specialty care providers. Average wait time for an appointment with a dentist is 11 weeks and 8 weeks for a hygienist. Understandably, clients complain about the wait time for appointments; staff share their concern. Clients may ask to be placed on a Cancellation List to be called if an appointment time becomes available. Emergencies are treated within 48 hours; walk-in emergencies are seen the same day. When clients arrive for an appointment at a clinic, the wait is less than an hour on average.</p>
<p>14. If the program has a waiting list for services, staff are working to eliminate the waiting list.</p>	<p>The Dental Services Program does not keep a waiting list. See #13 about the Cancellation List. The program has sought additional funding to improve infrastructure so it can serve more clients and expedite appointments. Also, new partnerships have been developed to address the wait time for appointments. Alternatives are always offered to clients in need. The most in-demand clinics are the Rockville, Silver Spring and the two UpCounty ones. Sometimes there aren’t enough dentists to cover all 5 clinics.</p>
<p>15. Program regularly reviews changing client outcomes and population needs data and incorporates findings into their practice.</p>	<p>The program regularly reviews client outcomes via staff’s monthly reports to ensure that program goals are being met. Staff and providers (in real time) input client service information into the NextGen database daily. Monthly and annual reports are detailed and provide information about each clinic and each target population (seniors, children, adults and Maternity Program clients). Every 6 months a report is reviewed to identify any health disparities. The program follows evidence-based procedures and services as well as the Family Centered Model, with one centralized scheduling phone number (240-777-1875) for clients to call to set up appointments at any of the 5 clinics. Clients may go to any of the 5 clinics, and all family members may receive services if they meet eligibility income and other requirements.</p>

III. Accountability

Standards/ Strategies	Supporting Evidence
<p>1. Program applies evidence-based practice to the design and delivery of services.</p>	<p>Evidence-based practice is obtained from articles in dental journals that support public dental health programs. These journals support current oral health practices and treatment, methodology of treatment for dental disease and education of the patient or parent in preventive oral disease and trauma and to promote healthy dental behaviors. Protocols are incorporated in the Standards of Care guidelines developed by the Dental Services Program’s Senior Dental Consultant and the program’s dentist and hygienist providers. The guidelines are reviewed annually by providers (dentists and dental hygienists) and staff. All the dentists and dental hygienists have to earn Continuing Educational credits to maintain their professional licenses and permits.</p>
<p>2. Program sets monthly/annual targets for outcome measures</p>	<p>The Dental Services Program sets targets for each of the groups they serve: Pregnant women (Maternity Partnership Program), Care for Kids, adult (Adult Dental Program) and seniors (60+ years, self-referred, from Aging and Disability Services, nursing homes and senior centers). Services provided to each group are tracked on the NextGen Electronic Dental Report (EDR) database monthly, quarterly and annually. Performance measures appear to match the targets for each population served, identifying all eligible patients in each</p>

	<p>population served and increasing the number of patients who accessed dental services in each population.</p> <p>There are monthly reports that track the next available appointment and broken appointments. These statistical reports are submitted monthly, quarterly and annually. Monthly reports are prepared for the DHHS Senior Administrator for Health Care for the Uninsured and the Montgomery Cares Advisory Board. Quarterly reports are submitted for the Maryland DHMH's Office of Oral Health. The reports track these measures for children and adults by each population served to monitor patients seen, clinical visits, and clients receiving emergency treatment, completing their dental treatment plan and receiving dental health education.</p>
3. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results.	<p>Data are obtained from the NextGen's Electronic Dental Record (EDR), into which all staff enter data (Statistical data is also on the shared drive for all staff to review. Data supports these service delivery changes: Implementation of the Family Centered Model at four of the five clinics; implementation of a centralized scheduling model; statistics over the past 9 years demonstrating higher utilization by patients from the Maternity Partnership Program and collaboration with the Howard University School of Dentistry where patients requiring endodontic services and are seen in that clinic. In addition, another MOU is being developed for dental students to come to the Dental Service program's clinics to gain more practice in pediatric dental skills, which are not currently available at the school. Although the program would like to see the wait time reduced for new patient appointments, current funding levels do not support this being achieved. Also, a lack of public transportation continually results in under-utilization of the Colesville Clinic.</p>
4. Program managers regularly disseminates the program's performance data with staff.	<p>Managers meet separately with staff on a monthly basis. Providers meet quarterly to review data and progress in meeting performance measures. Staff can view data on the shared drive and in written format. As stated in Question 3 above, several improvements have been achieved in service delivery.</p> <p>It was continually observed and noted that all staff--employees and providers as well as the Program Administrator and Administrative Specialist III demonstrated their commitment to the program and strived to serve all of their patient groups with top quality dental treatment and promote good oral health care.</p> <p>In addition, all patients complete a customer satisfaction survey when dental treatment is completed.</p>
5. Program compares results/ trends with similar programs in other jurisdictions or appropriate benchmarks.	<p>The Program Administrator is the new Chair of the Maryland Oral Health Association for a 2-year term. This organization is comprised of all counties in the State of Maryland. Quarterly meetings are conducted. All jurisdictions in Maryland operate dental program. Some staff members/consultants are members of the Maryland Dental Action Coalition which focuses on State legislation, works on dental policy regulations and advocates for policy updates/changes through the Maryland State Delegates and Senators. Finally, there are quarterly meetings with all community dental programs in Montgomery County. The program has many partnerships and collaborations with these clinics and is discussed in further detail in Section VI of this Community Review (CR).</p>
6. Are managers utilizing reporting tools and data?	<p>Managers utilize electronic and written reports to monitor outcome measures that are aligned with the service needs of their targeted populations. These measures include demographics, patient age range and procedures completed. All staff can view the monthly statistical reports on the shared drive. Managers, providers and staff meet quarterly to review findings and have the opportunity to recommend program improvements. One such innovation was implemented when staff recommended that the post op instruction form that had incorporated English and Spanish be separated into two separate forms as a program efficiency.</p>
7. Program holds staff accountable to demonstrate respect, professionalism, timelines and fairness.	<p>As the CR panel members interviewed patients at three of the dental clinics, it was evident that staff and providers were engaging, respectful and professional with their patients, although several job descriptions lacked clear expectations for customer service. Their office procedures clearly focus on ensuring that staff attend required trainings on HIPAA (to protect clients' personal health information), PANDA (Prevent Abuse and Neglect through Dental Awareness), LEP (Limited English Proficiency) and cultural diversity. Each of these trainings addresses sensitivity in providing services to all patients.</p>

	<p>Since most of the complaints received concern the lengthy delay in getting an appointment, the program made accommodation by placing those who requested onto a Cancellation List. It would be a program improvement if the program added a customer service section under the Knowledge, Skills and Abilities section on each job description and on the contracts for dentists and dental hygienists. The program uses Montgomery County class specifications for program staff.</p>
8. Program has participated in the Quality Service Review (QSR) process.	<p>The Dental Services Program has participated in QSR, and several cases have been reviewed. All staff are aware of this process. The current Program Administrator is a QSR Reviewer.</p> <p>The last QSR was in April of 2014. The following recommendations were made and solutions added by the program:</p> <ol style="list-style-type: none"> 1) Cross-program service integration for ease of paperwork and client referrals. This also includes communication across the department. Solution: With eICM, client information/referrals are available across DHHS. 2) A formalized partnership with a local dental school such as Howard University would assist the Dental Program with serving additional patients. Solution: In July of 2015, the Dental Services Program created a collaboration with Howard University Dental School. This collaboration enabled adult dental clients to receive root canal therapy. (In addition, the program is in the process of creating an externship for Senior Dental Students.) 3) A user-friendly Electronic Health Record is needed for DHHS so that services are not duplicated and will ensure that paperwork for needed services is not delayed. Solution: In June of 2014, the Dental Services Program implemented the Electronic Dental Records (EDR) system via NextGen. This electronic system enabled staff to scan all client documents so all clinics could access patient records in case the patient wanted to go to another clinic. 4) Consider having an SEU staff person and/or an Aging and Disabilities staff person at the Dental Services Program once or twice a week to track other possible needs clients may have. 5) Solution: In FY 2016, the Office of Eligibility and Support Services, (formerly SEU) appointed a liaison to work directly with the program. The person is co-located with program headquarters (at the Rockville office).
9. Program has a clearly written policy for handling complaints/disputes about the delivery of services that is available to clients.	<p>The Program Administrator provided a copy of the complaint/grievance policy. All staff are aware of this policy. This policy was posted in the dental clinics' patient waiting rooms. In addition, a complaint policy is referenced on the posted NOPP and given in writing to all patients. Note that the online access to the NOPP is via the DHHS Intranet for employees and contractor staff of the department. When a client has any complaint or grievance, he/she is given the Program Director or Administrative Specialist III's email and/or direct phone numbers.</p> <p>The goal is to resolve complaints the same day or the next business day.</p>
10. A notice of privacy practices (NOPP) is visibly posted in public areas and is provided to clients.	<p>Each office that the CR panel visited displayed the NOPP in the lobby/waiting room areas. Patients also received their signed copy. The one-pager, which all clients/patients receive, is located on the DHHS Intranet and is available in multiple languages for print. The online link also has a copy of the 6-page booklet in English and Spanish if clients request more information. There is also a staff guide for how to use the NOPP. If additional information is requested, each clinic has a binder with the full NOPP policy for review, or it can be printed pursuant to current DHHS policy. English, Amharic, Chinese, Korean, Vietnamese and Spanish forms are in the binder. These all languages that are present on DHHS' web site and also are available in the HIPAA binder at all clinics.</p>
11. Staff always adhere to appropriate information security safeguards when sharing confidential documents.	<p>HIPAA policies are vigorously enforced, as violations may result in a provider's loss of licensure as well as legal recourse by the patient/client to seek legal compensation. Training on HIPAA, NOPP, use of the County Intranet and online services are mandated trainings for all staff every 2 years. Emails are encrypted when necessary to send confidential documents via email.</p>

<p>12. Client files are stored in a secure area and confidential information is not in plain view.</p>	<p>Most of the patient’s confidential information contain in EDR records on NextGen. All managers, providers and administrative staff have access to NextGen. However, administrative staff cannot view the clinical notes completed by the providers. All staff make use of the Authorization to Release Information form if there is a need to share information with another provider. At intake, each patient received the HIPPA form and NOPP one-pager. If a patient requests more detailed information, a full copy of the NOPP, FAQs and the HIPPA can be printed for them.</p>
<p>13. Staff practices discretion and has safeguards in place when discussing sensitive client information.</p>	<p>The dental records are maintained in an area not accessible to patients in file cabinets that can be locked. In the near future, all dental records will be maintained in NextGen as an EDR for each patient. Patient records are maintained by the program for 3 years. Then they are forwarded to the County’s designated site for record storage and ultimate destruction. There is also a HIPAA compliant locked security bag with which confidential patient records and forms can be transported from office to office. Staff do not leave confidential information in plain view or in unattended areas. Computers have screensavers and are password protected. Since a year ago, emails can be encrypted, which eliminated the need to send confidential information via fax. However, per department policy, all fax cover sheets and outgoing emails contain a confidentiality statement.</p>

IV. Capable and Engaged Workforce

Standards/ Strategies	Supporting Evidence
<p>14. Program has sufficient staff and appropriate resources to support goals.</p>	<p>The Dental Program’s overall goal is to promote healthy behavior and to improve access to dental and other related resources in Montgomery County.</p> <p>All 37 staff are skilled and knowledgeable about resources and diverse. Vacancies are filled in a timely manner, and dental hygienist positions were upgraded to encourage staff retention. Staff are full-time as follows: The Program Administrator (with the program for 6 years), 2 Registered dental hygienists provide direct services and serve as dental case managers who handle client follow-up (one with the program for 15 years is Coordinator of the Children’s and Maternity programs; the other is Coordinator of the Adult/Senior Dental programs), 9 Dental Assistants (1 works only 4 days/week), 1 Administrative Specialist III, 5 Office Service Coordinators, 4 Principal Administrative Aides, 1 Administrative Aide, and 14 contractors (providers paid from DHHS funds and are paid an hourly rate)--8 Dentists, 5 Dental Hygienists, and 1 volunteer Oral Surgeon.</p> <p>Because the client demand has increased significantly each year (from 3,732 clients in FY12 to 6,340 in FY17), the program has had a heavier workload. It should be noted that the Maternity program serves about 2,000 women/year who have babies, so the goal is to prevent infection in the infants since many moms-to-be have gingivitis and other dental issues.</p> <p>Fortunately, the Administrative Specialist III position was created, and by October the new Clinical Director position is expected to be filled. It’s very difficult to hire dentists and/or to recruit providers because Dental School is the most expensive college education in the U.S. (\$300,000, and students must buy their own equipment and take further courses for pediatric dentistry). Therefore, dentists focus on earning as much as they can in their practice, to be able to pay off educational loans. A current program goal is to continue to improve infrastructure and increase the number of management positions.</p> <p>The program needs the following: more funding of dentures for seniors (root decay, gingivitis, dry mouth causing more cavities and infections), more providers to serve adults and seniors and specialty care for children and others, 3-4 more dentists, 2-3 more hygienists and more clinic managers.</p>
<p>15. The program budget reflects and supports the program’s mission and significant needs.</p>	<p>The program’s budget supports the mission and significant needs, uses expenditure tracking sheets and is monitored monthly (weekly throughout the last quarter of the FY) to ensure that adequate funds have been allocated for staff, providers and supplies. However, due to continually increasing client needs and demands, each year the program has to request additional funding, especially for specialty care. The FY18 budget sources are as follows: County funding \$2,880,055 and an additional \$119,124 from Montgomery Cares; State funds</p>

	<p>of \$54,000 from DHMH Office of Oral Health and \$60,000 from the Department of Aging, bringing a total of \$3,113,179. the need to recruit providers is constant, and recruitment is an ongoing challenging task.</p> <p>As stated by Dr. Steven Geiermann, DDS Captain of the U.S. Public Health Services and regional dental consultant at HRSA, "Public health is doing the most good, for the most people, for the least amount of money. Finding that balance is the challenge of dental public health." To conserve funds, the program is developing a new partnership with Howard University's Dental Program for students to be externs who will come to provide dental services at the program's clinics under the supervision of the program's Senior Dental Consultant (6 years with the program) who will become an adjunct professor at Howard. The program also has an MOU for some University of Maryland Dental Hygiene students to provide hygienist services at the program's clinics (this partnership is on hold due to a re-organization at UMD); this is also under staff supervision by an adjunct professor at UMD.</p>
16. To ensure appropriate planning and sustainability, the program follows a process to communicate budget needs and alternate funding strategies, engaging the department and other entities as required.	<p>As noted under #2 above, the Dental Services Program's County grant funding is solicited annually and more often as needed. Staff also seek and develop grant proposals with the help of DHHS's grant liaison staff.</p> <p>Funding needs are presented to its Board, the Montgomery Cares Advisory Board (MCAB has 4 oral health representatives on its oral health committee). MCAB serves the Dental Services Program and several other programs). The reviewer panel met with 2 Board members (one is their consumer representative who has received multiple dental services from the program; the other is the Chairman of the Endodontic section of Howard University's Dental School with 80 students in the program; he's expecting to begin the program's new externships this fall for students who will come to the clinics to provide care. He's a strong advocate for making dental care a part of overall health care, including mental health issues.</p> <p>The program posts an ongoing open solicitation to recruit more providers. Providers commit to the program for 2 years and are paid at an hourly rate.</p> <p>Advocacy efforts continue to support MD state legislation for a new mid-level certification (Dental Therapists) in the dentistry field; it would require a less expensive training, which would make it easier to recruit those mid-level certified dental professionals as providers.</p>
17. Job descriptions are in place for position and reflect the individual's role in achieving the program's goals.	<p>All staff have job descriptions. The reviewers saw several of the program's job descriptions and found them to clearly describe each position's role and responsibilities to achieve program goals.</p> <p>Goals are reviewed at the beginning of each FY and again at the end.</p>
18. Staff responsibilities and activities are appropriately aligned with their position description.	<p>All job expectations and responsibilities are in line with each staff's position description. Staff are also involved in the creation of his/her individual goals and objectives, which both empowers staff to do their best work and increases staff commitment to their position and to clients.</p>
19. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and manage services to customers.	<p>Staff are required to take multiple trainings on HIPAA, OSHA, CPR, PANDA (Prevent Abuse and Neglect through Dental Awareness.), etc., and may take additional relevant trainings during their work day. Also, the program closes its 5 clinics once a year to provide training for all staff, provider contractors and most partners.</p> <p>There are monthly staff meetings, quarterly provider meetings and also, trainings.</p> <p>All staff are trained and use the County's new eICM training and NextGen (for maintaining Electronic Dental Records/EDR). All providers input service notes in real time and client data into NextGen.</p> <p>IT training and help are available through the County's technology office.</p> <p>The staff are not only knowledgeable and skilled in using evidence-based services so that they provide the best services, but they are also very hard-working and committed to assisting clients at their highest capability.</p>
20. Performance plans and evaluations are conducted on a regular basis for	<p>Performance plans and evaluations are completed annually and on time between each staff and supervisor, according to the DHHS Performance Management Cycle. Each task is reviewed and evaluated, as it relates to the individual job description. Staff can give feedback verbally and in writing. Supervisors express their appreciation of staff, and</p>

staff (as per Performance Management Cycle).	integrated service initiatives are also offered to staff beyond the specific job descriptions. These encourage staff growth and empowerment. Additionally, monthly activity reports are reviewed and reveal staff's success rates. Quarterly reports, annual reports and meetings are also held with providers, to ensure that they give effective and skilled services to all clients.
21. Program management utilizes techniques to ensure staff are effectively working to meet goals.	As stated in #6 above, staff take multiple trainings and attend all-staff monthly meetings to ensure strong staff skills and effective work to meet the program's service goals.
22. Program provides opportunities for volunteers, interns and/or students.	Volunteers and interns are invited to assist the Dental Services Program. They are required to take HIPAA and Security Awareness (confidentiality) trainings. Currently there are 2 volunteers (one is a monthly volunteer oral surgeon; the other does administrative work--reviewing current patient charts, creating new patient charts and information packets--and does not have a written job description) and 2 interns (paid for by Worksource Montgomery for 2 years at 30 hours/week) who confirm client appointments for 3 of the clinics. All interns have a written job description. See #2 above citing the use of students from UMD's and Howard University's Dental programs.
23. Program ensures that volunteers, interns and/or students understand their role by providing job descriptions, training, and supervision.	Because the students from UMD and Howard U. are supervised by the Dental Services Program's staff who are adjunct professors at the 2 universities, they are able to use county patients towards meeting graduation requirements. Students are given clear instructions, job descriptions and training by the Dental Services Program's lead dentist or lead hygienist who supervise them.
24. Program staff have received emergency preparedness guidance, training and have a plan in the event of an emergency.	All staff have received mandatory Emergency Preparedness and Violence in the Workplace training. In the event of an emergency, all clinics follow the program's operational procedures. Fire drills are held periodically in each clinic, and an emergency contact is given to all staff.

V. Service Delivery Transformation

Standards/ Strategies	Supporting Evidence
1. Manager promotes and staff are working towards an integrated seamless services delivery approach for problem solving and case reviews.	The appointment and record systems have been centralized so that information is accessible at any site. The NextGen system, which includes the Electronic Dental Record (EDR), allows patient dental records to be accessed so that treatment can be provided at any site. This innovation made it possible for the Dental Services Program to pursue a Family Centered Model in all clinics--i.e. all family members may be seen in the same facility (except for the Metro Court site which sees only adults and seniors). Reviewers observed staff checking with a mom who brought in her child for a dental appointment and was informed that she was eligible to apply for the dental program as well. This was a good example of "No Door Closed" and family centered care. Another example is that seniors who often bring children for services are informed that they too may be eligible for services including a dental evaluation. Services also include education in preventive care and good dental hygiene habits.
2. Program is aware of, and participated in, the Intensive Team Meeting	

<p>(ITM) process to support service integration and collaboration across service areas, County departments and community providers.</p>	<p>The ITM program generally is not relevant to Dental Services. Program staff reported that they have not participated in ITM thus far. However, if requested to participate in a meeting, they would do so, but the dental program has not initiated ITMs.</p>
<p>3. Staff effectively uses appropriate technology to support work and achieve program goals.</p>	<p>All staff have computers and are trained in how to use them, on the software systems, and on security measure e.g., for security reasons laptops do not leave the County site, and information is accessed through the system server if needed at another location. Next-Gen and eICM are used routinely to achieve program goals including access across county agencies, as appropriate. Software is updated in a timely manner, and staff are trained in these changes. The EDR database for patients is maintained in the NextGen system. Clinics are now completely digital. Currently there is no need for staff to have portable tablets, because all staff work is conducted on site at one of the five dental clinics.</p>
<p>4. Program has an ongoing training curriculum and accountability structure to ensure full utilization of the electronic Integrated Case Management (eICM), Electronic Health Records (eHR) and/or Electronic Content Management (eCM) systems.</p>	<p>Staff uses eICM to check program eligibility from OESS's notes. Training is provided to staff as they are brought on board. NextGen training is also provided. There is an IT person on site who serves all the County programs in that building. Service requests are responded to in a timely fashion, often on the same day. Staff are trained in HIPAA requirements and in privacy and security maintenance procedures and policies.</p>
<p>5. Program staff effectively use eICM, eHR and/or eCM systems for service delivery and to monitor client and program outcomes.</p>	<p>The Dental Program administrative staff use eICM and NextGen's Practice Management daily to review patient information and eligibility. Providers enter patient notes into NextGen's EDR in real time. NextGen reports are generated as a quality assurance procedure. Managers review data on services delivered and on outcomes with staff on a regular basis and may use such data for case discussions or to review processes.</p> <p>The program also uses eHR, which is tied to the EDR data program in NextGen.</p>
<p>6. Program staff are accessible by telephone and email, and voicemails are responded within one business day.</p>	<p>Administrative staff respond to phone calls and keep phone logs. Phone logs include information on responses to inquiries. The website provides contact information. If staff is on leave, a message so indicates. Phone calls and voice messages are returned within 24 to 48 hours. If a client has had a complicated dental procedure, program staff, including the Program Administrator and Administrative Specialist, will take the initiative to contact the patient to see how he/she is feeling, even in evenings and on weekends.</p>
<p>7. Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers.</p>	<p>https://www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=PHS/PHSgenDentp268.html The program webpage, which is on the County website, includes contact information and lists services provided by the program. Adults may apply for eligibility in person, via fax or by mail. The Dental Services Program does not use social media at this time. With a full staff of only 37, it is difficult for the program to conduct extensive outreach in the County. However, brochures of the program are distributed at OESS offices, schools, Health Fairs throughout the County and at the annual Montgomery County Agricultural Fair. The program heavily relies on other community partners and collaborators--i.e., the Asian, African American and Latino Health Initiatives,</p>

	<p>etc.-to do outreach through their program patients/clients and word-of-mouth. In addition, one of the dental hygienists frequently goes to Montgomery County Public Schools to take student athletes dental impressions and fabricate mouth guards. These mouth guards are free for the students and are paid via the Maryland Office of Oral Health.</p>
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VI. Collaborative Partnerships

Standards/ Strategies	Supporting Evidence
<p>1. Program is continually developing and building community partnerships to promote innovative solutions to current and emergent challenges.</p>	<p>The Dental Services Program is under the umbrella of an advisory board whose membership includes providers and consumers of dental and other health services. The Montgomery Care Advisory Board (MCAB) has a Dental Services Committee. The Board meets monthly, as does the Committee. Performance evaluation metrics are shared with community partners. The Dental Services Program also uses a consumer satisfaction survey after completion of treatment, and it participates in Health Fairs and related activities that facilitate interactions and collaborations with the community.</p> <p>There is an active partnership with the Muslim Community Center, which makes referrals to the program, and referrals are also made from the program to the Center. Other partners are the Spanish Catholic Center in Silver Spring, three Community Dental Clinics (Gaithersburg, Greenbelt and Kemp Mill) for adults, seniors and children who are Medicaid or Medicare clients. Mary’s Center in D.C. serves children, adults and seniors.</p> <p>Additionally, DSP works with the schools for mouth guards. A program hygienist goes to schools and takes impression of school athletes mouths for custom mouth guards, as recommended as a safety device by the ADA. The mouth guards are made in a program clinic with funding from a State DHHS grant program. In FY17, 181 mouth guards were delivered.</p> <p>Another partnership with the State of Maryland Department of Aging supports dentures for seniors. Other partners are the Minority Health Initiatives.</p>
<p>2. Staff regularly collaborate with the provider community in identifying potential solutions for efficiencies and improvements.</p>	<p>The Dental Program has a collaboration with the Maryland State Office of Oral Health under DHMH, which also provides a grant for the mouth guards for student athletes and funding for a part-time dentist and hygienist. Some providers are part of The Maryland Dental Action Coalition, that advocates for dental legislation in the State and DSP is a member of the MD Oral Health Association. The MD Department of Aging provided funding through a grant to provide 60 dentures for seniors in FY17.</p> <p>Other programs include a collaboration and MOU with Howard University’s (HU) School of Dentistry for endodontic treatment of molar teeth for a very low fee. A pending MOU with HU College of Dentistry will appoint one of the program’s dentists as an Adjunct Professor. This will result in externships for the School’s dental students being assigned to the Dental Services Program clinics to gain “real world” experience in pediatric dentistry. Tooth extraction in young children is not available in their curriculum.</p> <p>Other collaborative partnerships include: Pediatric specialists who provide services through a partnership funded by Care for Kids, the Primary Care Coalition for funding complex specialty procedures, dental services for pregnant woman through the County’s Maternity Partnership Program and Dr. Mantoní’s mobile van, which provides dental services to seniors in assisted living facilities and to homeless adults living in shelters. These partnerships provide additional funding or services. Care for Kids, funded by the County, also pays for some medical dental serves--e.g., cleft palate repair.</p> <p>A collaboration and MOU with Tooth Fairy of America supports oral health educational kits distributed by volunteer educators and others, as well as supplies to dental clinics. An additional collaboration with an MOU exists with University of Maryland Dental School for dental hygienists’ services. The Dental Services Program solicits service providers by open contract solicitations to recruit dentists and hygienists. They work with clients whose care may be monitored by case managers. Contract providers are trained and invited to participate in continuing education offerings to maintain their professional licenses and permits.</p>

	<p>The program is active in the MD Dental Action Coalition (which advocates for legislation) and the MD Oral Health Association. The program uses these collaborations to share information, address client needs, track accomplishments and to meet with practitioners and advocates in community. One possible change in dental training may be approved in the upcoming legislative session: The implementation of services provided by a Dental Therapist, which would lower the costs associated with training and increase the Dental Services Program’s patient capacity.</p>
<p>3. Program regularly solicits the broad input of clients and the community to support proactive planning and improve services.</p>	<p>See 1 above. The program has quarterly meetings with partners/collaborating providers to reinforce its mission, review and monitor procedures and strengthen communication and working relationships. The program requests input from user satisfaction surveys.</p>



ANNEX II: Americans with Disabilities Act Checklist

This review notes general impressions and observations about ADA compliance. It is not a formal assessment for ADA compliance.

Accessible Parking/ Route of Travel	Yes/ No*/ NA
Is there clearly marked accessible parking? ADA parking regulations require 1 accessible space per 25 spaces. The first space should be a van accessible space-8ft. parking space plus an 8ft. access aisle.	Yes
Is there an accessible path of travel between the parking space and the main entrance of the building? Look for curb cuts, ramps, etc. Follow the travel path and see if you think someone using a walker or wheelchair would encounter any problems.	Yes
If the main entrance is not accessible, is there a clearly marked alternative route to the building that is accessible? Again, follow this route and see if you encounter any problems.	N/A
Does the route appear to be wide enough for a wheelchair user (at least 36 inches)?	Yes
Is the front door wide enough (at least 32 inches wide) for a wheelchair to get through?	Yes
Can you open the door without too much trouble? If not is there an automatic door or doorbell to ring for assistance?	Yes
Accessible Interior Space	Yes/ No*/ NA
Can you reach the main office by an accessible route?	Yes
Is the aisle at least 36 inches wide and clear of boxes and protruding items?	Yes
Are interior doors wide enough for wheelchair access (32 inches wide)?	Yes
Is there an accessible bathroom?	Yes
Does the door open easily or is there an automatic door?	Yes
Is there a water fountain that can be used by those using wheelchairs?	Yes
Are interviewing or counseling rooms accessible for someone in a wheelchair?	Yes
Program Accessibility	Yes/ No*/ NA
Do staff know how to request a sign language interpreter?	Yes
Is your program walk-in or first-come-first-serve?	No
If yes, are staff aware they should make appointments for people with disabilities upon request?	Yes
Will staff members assist people with disabilities in completing applications if necessary?	Yes
Do staff know how to provide information in alternate formats such as Braille or large print?	Yes
Does the program permit service dogs to accompany clients? There are no licensing requirements or identifying equipment needed to prove that the dog is a service dog. The client may be asked if the dog is a service dog and what the dog is trained to do. Those are the only questions that can be asked.	Yes
If the program has a website, is it accessible to users who are blind or have visual impairments?	Yes
Has your program received any complaints within the last year from people with disabilities? If so, explain:	No
Are meetings held in accessible locations?	Yes
Do meeting notices include a statement explaining how to request a sign language interpreter or other accommodation?	N/A
Does the program have a lot of telephone contact with clients?	Yes
If yes, are program staff trained to use Maryland Relay?	No
If yes, are program staff trained on Video Relay?	No
Are program staff trained on the use of the TTY? *Note, crisis programs or 911 systems only	No
Does the program brochure and website inform people of how to request the information in an alternative format or request other accommodations?	No

Reviewer comments:

- 1- All five clinics are accessible. At the Rockville Clinic, there's a bus stop right outside, many parking spots with persons with disabilities in front and in lot below the building. There's a ramp to get into the building and also curb cuts; an entrance to the building in the rear has an elevator. OESS is co-located in the building along with other DHHS services.
- 2- Staff need to be trained to use the Maryland Relay service and/or TTY.
- 3- The County's General Services office is in the process of reviewing ADA compliance across County programs.

ANNEX III: The Reviewers

The Department of Health and Human Services extends appreciation to the following independent reviewers who volunteered their time for the community.

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Vera Johnson



Vera Johnson, LCSW-C, is a Licensed Certified Clinical Social Worker with over 32 years of experience with DHHS in the areas of Child Welfare Services and Special Needs Housing. She held several positions as a social work case manager and Lead Worker; homeless family services and grants contract monitor and Program Manager in the Upcounty and Rockville regional offices. Mrs. Johnson participated on various workgroups that developed and implemented integrated customer service assessment models in two of the regional centers; created a government, non-profit and community partner managed service delivery program known as the Neighborhood Opportunity Network Centers for individuals to have easier access to department services for food and preventing homelessness to gain service access in a less formal setting located in their neighborhood. Mrs. Johnson also served on the department's cadre for Quality Service Review until she retired in 2015. Mrs. Johnson is a graduate of Syracuse University and the School of Social Work at Howard University.

Miriam Kelty



Dr. Miriam Friedman Kelty is retired from the National Institute on Aging NIH where she served for 20 years as Associate Director and was responsible for the Institute's grants and contracts management, peer review, extramural programs and policies, training and career development programs, and its advisory committees including the National Advisory Council on Aging. Before joining NIA, Dr. Kelty served as chief of the Behavioral and Neurosciences study sections in the NIH Division of Research Grants. She was also involved in program planning and standards development for community mental health centers. Since she retired, she consults on research ethics, scientific integrity and research strategy, and on aging.

Her doctoral training at Rutgers University was interdisciplinary in psychology, psychobiology and animal behavior. Dr. Kelty also is a licensed clinical and psychologist. Her research has been on brain-behavior and other normal psychobiological interactions in animals and humans in such areas as sleep, eating behavior and menstrual cycles, and reproductive behavior. She has helped to conceptualize and stimulate several new research areas: population psychology, environment and behavior, behavioral medicine and health psychology.

Nancy Scull



Nancy Scull, with a Master's in Education in Counseling and Guidance, has forty years of experience in family and child welfare as: Program director and policy analyst; provider (foster care for children and youth); and successful advocate for policy and practice reform in the multiple issues of low-income families, child welfare, foster care and adoption. She has extensive knowledge of the complex issues involved in family and child welfare, especially through her lengthy employment in Montgomery County. Additionally, Nancy has extensive quality assurance/case review experience with an ability to understand perspectives of the range of players in family and child welfare including: Birth, foster and adoptive parents; children and youth; and social workers and administrators.

ANNEX IV: Interviewees and Participants

The independent review panel met with and interviewed the following staff, participants and community partners, and wishes to extend appreciation for their participation in this Community Review. The list is not exhaustive; additional program staff may have been unintentionally omitted from this list.

Name	Title	Organization
Paola Fernan-Zegarra	Program Administrator	Dental Program-Rockville
Vanessa Lopez-Cuevas	Administrative Specialist III	Dental Program-Rockville
Beth McKinney	Registered Dental Hygienist	Dental Program-Rockville
Verna Richardson	Registered Dental Hygienist	Dental Program-Rockville
Emma Boyce	Office Services Coordinator	Dental Program-Rockville
Paola Chavez	Office Services Coordinator	Dental Program-Rockville
Jessica Rivera	Office Services Coordinator	Dental Program-
Charlie Short	Principal Administrative Aide	Dental Program-Rockville
Dr. Wenzell Carter	Senior Dental Consultant	Dental Program-Rockville
Ms. Sharon Holquin	Senior Dental Services Consumer	Consumer
Dr. Jahanmir Goldnar	Pediatric dentist; private partner	Private Dental Practice
Dr. Langston Smith	Howard University School of Dentistry & member of Montgomery Cares Advisory Board	Howard University School of Dentistry
Carol Zuniga	Office Services Coordinator	Dental Program-Germantown



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