

FINAL REPORT

Project Identifier Information

- Grant Number: H47M23161
- Project Title: Children’s Oral Healthcare Access Program
- Organization Name: Children’s Dental Services
- Primary Contact Information:
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A. Table of Contents

A table of contents should include all parts of the Final Report including Appendix A and B (see sections II and III below).

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- B.** The Progress section includes narrative that will clearly describe progress made throughout the four-year project period, including lessons learned as well as accomplishments. The Progress section SHALL be organized using the **following headings** to format your report.

1. Planning and Implementation:

a. Delivery System Design:

Over the past four years, Children’s Dental Services (CD) has worked extensively to provide comprehensive dental care integrated into a School-Based Health Center (SBHC). CDS, in collaboration with Edison High School, has established a very successful SBHC within Edison High School in Minneapolis, MN.

CDS has accomplished this by engaging and actively working with oral health providers who are staff of CDS, stakeholders across Minnesota, nurses and administrative staff at Edison High School and a task-force team comprised of CDS management and administrative staff as well as students and their families from Edison High School. Additionally, CDS has worked with the Minneapolis Public Schools and the Minneapolis Department of Health and Family Support, which oversees Minneapolis School Based Clinics, on this project.

CDS was able to acquire a permanent location for dental services co-located with medical and mental health services within Edison High School. The room where CDS provides care is adjacent to Edison’s medical and mental health facilities. The room is secure and lockable, ensuring appropriate storage of protected health information and CDS’ dental equipment. CDS worked with Edison High School administration and its project Advisory Committee to identify and retain appropriate accommodation.

Project:

CDS proposed to expand its portable dental care program into the existing SBHC located in Edison High School in Northeast Minneapolis. A full range of comprehensive dental treatment was provided, including diagnostic (exams, x-rays), preventive (cleanings, fluoride treatments, sealants), and restorative (fillings, stainless steel crowns, extractions, pulpotomies, space maintainer placement and removals, root canals). Culturally targeted and translated oral health education accompanied every appointment. To maintain and ensure adequate services were provided, a collaborative practice hygienist first provided preventive care and an oral health assessment to successfully triage dental care and allowed for a more effective use of the dentist time. A dentist then provided an examination with radiographs and craft treatment plans. This model of care helped to better determine how many future dates of service were needed. CDS successfully managed the proposed project, utilizing its expertise within the following SBHCs in Minnesota: Brooklyn Center Health Resource Center in Brooklyn Center, MN; Diamondhead Clinic in Burnsville, MN; Roosevelt High School Clinic in Minneapolis, MN; and Fairview Pond Center Clinic in Bloomington, MN. CDS also provides care in three community clinics that provide primary, mental, and dental health services in one location. (All of these community clinic locations do serve school children from the surrounding community, but are not located directly within a school building so are not considered SBHCs).

In addition to CDS' capability and expertise, CDS continues to maintain exceptionally cost-effective services by triaging care through a public dental health model, implementing Collaborative Agreements between dentists and hygienists, and utilizing Restorative Expanded Functions performed by hygienists and dental assistants. As proposed in the original project narrative, CDS has employed six dental therapists over the course of this 4 year initiative. CDS' advisory committee determined the most effective way to coordinate with other providers of care within the SBHC, by maintaining two key components. The first component entailed the logistical coordination of how best to divide the shared space of the SBHC between the primary, mental, and dental health providers. This determined the days of the week each provider occupied the space, where and how equipment and supplies was stored and maintained, and how to best provide collocated services. The second component was the coordination of treatment specific to each client served. This included crafting a common referral form that all providers used within the SBHC- easily referring patients with health needs to the appropriate provider, and sharing medical information between providers utilizing a uniform consent process. This enabled the SBHC to adequately address the holistic health needs of all enrolled students.

b. Interdisciplinary Care

CDS was able to successfully establish and provide comprehensive oral health care and facilitate interdisciplinary care in a SBHC. The following information discusses overarching project goals and activities for this grant.

OVERRIDING PROJECT GOALS:

- 1. To improve the oral and overall health of Minneapolis children by expanding dental care in Edison High School's School Based Health Center (SBHC).*
- 2. To increase access to dental care for low-income children in Minneapolis through the expansion of care to Edison High School's SBHC.*

PHASE ONE: LOGISTICS

Objective 1: Formalize relationship between CDS and Edison High School.

Each year CDS reported on the three main accomplishments of the year which included hosting integrated task force meetings, disseminating consents to all Edison High School families and successfully providing dental care within Edison High School's School Based Health Center.

Over the 4 years of this grant program, CDS hosted 11 total advisory meetings, sent a total of 9,490 consents home to Edison High School Families and provided 85 dates of service to Edison High School's SBHC.

Objective 2: Finalize CDS SBCOHS advisory committee.

CDS successfully formed the CDS SBCOHS advisory committee over the 4 years of this grant. The following were part of this committee over the 4 years:

Edison High School's Principal: Carla Steinbach

Edison High School's Assistant Principal: Jon Peterson

Director of the Edison High School's School Based Health Center: Sharron Berkley

Nurse for the School Based Health Center: Lori Carlson

Edison High School's School Nurse: Susan Sivanich

Two interested parents of Edison High School teenagers: Latasha Williams and Sharie Pearson

CDS Executive Director, Chief Administrator, and Project Director: Sarah Wovcha

CDS Project Manager and Evaluator: Eilidh Pederson

CDS School Based Dental Coordinator: Eman Abdullahi

CDS School Based Dental Coordinator: Jo Koski

CDS School Based Dental Coordinator: Kelly Bunker

CDS Senior Manager: Jeff Bartleson

CDS Senior Manager: Erianna Reyelts

CDS Senior Manager: Natalie Kaweckyj

Objective 3: Define and plan CDS SBCOHS logistical elements to prepare for provision of dental care within Edison High School SBHC.

Over the last 4 years CDS has conducted planning meetings to prepare for the provision of dental care within Edison High School's SBHC, outlined and planned applicable procedures, planned strategies for provision and maintenance of planned comprehensive oral health services during the advisory meetings, determined appropriate staffing levels, and implemented, maintained and updated outreach plans, created, updated and translated SBHC consents form in English, Hmong, Somali and Spanish and retained shared clinic space with Edison High School.

PHASE TWO: OUTREACH

Objective 1: Successfully promote the integration of CDS SBCOHS program within Edison High School SBHC.

Over the 4 years of this grant program, CDS promoted the SBCOHS program through numerous outreach and marketing activities. As part of this outreach objective, CDS reached approximately 40,000 patients and their families. This outreach effort consisted of Oral Health Presentations, calls to families, back to school events, conferences and health fairs. CDS attended approximately 75 outreach events over the 4 year grant period.

Objective 2: Identify oral health and insurance status baseline data of community. CDS screened over 3,000 Edison High School students over the 4 years of this grant. On average, 30% of the population screened had urgent needs and 45% had needs that needed to be addressed “as soon as possible” and the remaining 25%, were not in need of dental care.

On average, 51% of the returned consent forms from Edison High School students indicated that they were uninsured demonstrating a significant need for families to obtain insurance coverage in this community. The designated School Based Dental Coordinator worked with families to apply for insurance or CDS Sliding Scale discount.

PHASE THREE: IMPLEMENTATION.

Objective 1: Provide comprehensive dental care to 1,000 new patients the first year, 1,200 patients the second year, 1,400 patients the third year, and 1,600 patients the fourth year at Edison High School SBHC.

CDS has met this goal by providing care for at least 5,200 patients over the past 4 years at Edison High School.

PHASE FOUR: EVALUATION

Objective 1: Evaluate SBCOHS program on a quarterly basis.

Over the four years of this grant program, CDS did quarterly evaluations of Cultural Sensitivity, Oral Health, Access to dental care, and Academic Factors. Evaluating these four aspects of the program helped CDS to provide the best and most effective care to the patients at Edison High School.

C. Patient/Community Education

Over the past 4 years of this grant program, CDS integrated a number of efforts to engage students/patients and community members in ongoing education and self-management. These include dental health mentorship between high school and elementary students, offering service learning opportunities related to oral health, providing classroom instruction, and participating in local health fairs and all back to school events and conferences. CDS has established goals for health outreach and knowledge; outcomes are measured by data and schedule review, and pre- and post- assessment.

2. **Continuous Quality Improvement (CQI)** planning, progress, and results; including: the action plan and steps taken to implement findings to improve services and correct deficiencies found.

Under this project Children’s Dental Services (CDS) has integrated comprehensive dental services into the existing school-based health clinic at Edison High School in Minneapolis. The purpose was to establish a seamless system of patient-centered, community-based, culturally competent services and support for this School-Based Comprehensive Oral Health Services Grant Program at Edison School in Minneapolis. CDS has partnered with the Minneapolis Public School (MPPS) District, the Minneapolis Department of Health and Family Support (MDHFS), Edison High School (EHS) leaders, families, advocates and other community-based stakeholders to identify system strengths and weaknesses and address barriers to the development of a system of community-based dental services that are patient-centered and culturally competent. A full range of preventive and restorative dental treatment and education is being provided. The following Quality Improvement Plan serves as the foundation of the commitment of the clinic to continuously improve the quality of the treatment and services it provides.

Quality. CDS School Based Dental Clinics committed to the ongoing improvement of the quality of care its consumers receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- # The treatment provided incorporates evidence based, effective practices;
- # The treatment and services are appropriate to each patient’s needs, and available when needed;
- # Risk to consumers, providers and others is minimized, and errors in the delivery of services are prevented;
- # Consumers’ individual needs and expectations are respected; consumers – or those whom they designate – have the opportunity to participate in decisions regarding their treatment; and services are provided with sensitivity and caring;
- # Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.

Quality Improvement Principles. Quality improvement is a systematic approach to assessing services and improving them on a priority basis. CDS’ quality improvement is based on the following principles:

- # **Customer Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- # **Wellness-oriented.** Services are characterized by a commitment to promoting and preserving health wellness.
- # **Leadership Involvement.** Strong leadership and support of quality improvement activities by the governing body are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with

provider mission and strategic plan.

- # **Data Informed Practice.** Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- # **Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. CQI organizations use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.
- # **Continuous Improvement.** Processes must be continually reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

Continuous Quality Improvement Activities. Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by leadership, is understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels in performance improvement. Quality Improvement involves two primary activities:

- # Measuring and assessing the performance of clinic services through the collection and analysis of data.
- Conducting quality improvement initiatives and taking action where indicated, including the
 - design of new services, and/or improvement of existing services.

2. Leadership. The following describes how the leaders of the CDS clinic provide support to quality improvement activities. The **Quality Improvement Committee** provides ongoing operational leadership of continuous quality improvement activities at the clinic. It meets at least monthly or not less than ten (10) times per year and consists of the following individuals:

Sarah Wovcha J.D., M.P.H.	Project Director	Providing direction and guidance
Laurie Meshcke Ph.D.	Evaluation Director	Guiding project evaluation
Eilidh Pederson, M.P.H.	Evaluation and CQI Specialist	Ensuring effectiveness of project implementation and evaluation
Mary Heimen, R.N.	Health Services Manager	Ensuring effectiveness of project services and medical/dental integration evaluation
Carmen Teskey, R.N.,M.P.A.	Clinical Programs Manager	Ensuring effectiveness of project services and

		medical/dental integration evaluation
Jon Peterson, B.A., M.P.P.	Assistant Principal	Providing Project Activity Data
Sonia Rodriguez	Patient Family Representative	Providing Project Activity Data
Haseem Abaebe	Student Representative	Providing Project Activity Data and feedback

The responsibilities of the Committee include:

- # Developing and approving the Quality Improvement Plan.
- # As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of clinic services.
- # Developing indicators of quality on a priority basis.
- # Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- # Establishing and supporting specific quality improvement initiatives.
- # Reporting to the Board of Directors on quality improvement activities of the clinic on a regular basis.
- # Formally adopting a specific approach to Continuous Quality Improvement (*Plan-Do-Check-Act*)

The **Board of Directors** also provides leadership for the Quality Improvement process as follows:

- # Supporting and guiding implementation of quality improvement activities at the clinic.
- # Reviewing, evaluating and approving the Quality Improvement Plan annually

CDS Leaders and its Board of Directors support the QI program by engaging in a quarterly feedback sessions through which the Board is apprised of QI activities and invited to provided comments and suggestions to enhance QI. CDS Leaders and its Board of Directors review, evaluate and approve the QI Plan annually in conjunction with its review of strategic planning.

The Leaders support QI activities through planned coordination and communication of the results of measurement activities and overall efforts to continually improve the quality of care provided. This planned communication to recipients, staff and leadership takes place through the following methods:

- Story boards and/or posters displayed in common areas
- Recipients participating in QI Committee reporting back to recipient groups

- Sharing of the clinic's annual QI Plan evaluation
- Newsletters and/or handouts

3. Goals and Objectives: The Quality Improvement Committee identifies and defines goals and specific objectives to be accomplished each year. These goals include training of clinical and administrative staff regarding both continuous quality improvement principles and specific quality improvement initiative(s). Progress in meeting these goals and objectives is an important part of the annual evaluation of quality improvement activities. The following were the ongoing long term goals for the CDS QI Program.

- # To implement quantitative measurement to assess key processes or outcomes;
- # To bring managers, clinicians, and staff together to review quantitative data and major clinical adverse occurrences to identify problems;
- # To carefully prioritize identified problems and set goals for their resolution;
- # To achieve measurable improvement in the highest priority areas;
- # To meet internal and external reporting requirements;
- # To provide education and training to managers, clinicians, and staff;
- # To develop or adopt necessary tools, such as practice guidelines, consumer surveys and quality indicators.

4. Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. Continuous Quality Improvement involves taking action as needed based on the results of the data analysis and the opportunities for performance they identify.

The ***purpose*** of measurement and assessment is to:

- # Assess the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level.
- # Identify problems and opportunities to improve the performance of processes.
- # Assess the outcome of the care provided.
- # Assess whether a new or improved process meets performance expectations.

Measurement and assessment ***involves***:

- # Selection of a process or outcome to be measured, on a priority basis.
- # Identification and/or development of performance indicators for the selected process or outcome to be measured.

- # Aggregating data so that it is summarized and quantified to measure a process or outcome.
- # Assessment of performance with regard to these indicators at planned and regular intervals.
- # Taking action to address performance discrepancies when indicators indicate that a process is not stable, is not performing at an expected level or represents an opportunity for quality improvement.
- # Reporting within the organization on findings, conclusions and actions taken as a result of assessment.

CDS engages in a continuous quality improvement plan as a standard for the care that CDS it provides within the Edison High School Based Clinic. Over the course of the last 4 years, CDS has met or exceeded the goals and objectives outlined in the measure of service quality table below.

<i>Measure of Service Quality</i>	
Name	CDS/EHS SBHC dental services
Definition	In year one 1,000 children will receive a full range of dental services at the CDS/EHS SBHC. CDS has met the overall goal of providing care to 5,200 patients.
Data Collection	Data is and will continue to be collected from patient charts, Dentrix, Quickbooks, patient satisfaction surveys and partner and stakeholder feedback. This feedback is obtained through written and oral communication, patient and partner satisfaction surveys and through the School Based Dental Care advisory committee.
Assessment Frequency	The Quality Improvement Committee will assess information associated with each indicator on a monthly basis. This was assessed on a monthly basis over the past 4 years.

Assessment. Assessment was accomplished by comparing actual performance on an indicator with:

- # Self over time.
- # Pre-established standards, goals or expected levels of performance.
- # Information concerning evidence based practices.
- # Other clinics or similar service providers.

5. Quality Improvement Initiative: Once the performance of *a* selected process was measured, assessed and analyzed, the information gathered by the above performance indicator(s) was used to identify a continuous quality improvement initiative to be undertaken. The decision to undertake the initiative was based upon clinic priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The model utilized at CDS is called Plan-Do-Check-Act (PDCA).

- # **Plan** - Identifying preliminary opportunities for improvement. The focus is to analyze data to identify concerns and determine anticipated outcomes. Ideas for improving processes are identified. Affected staff or people served are identified, data compiled, and solutions proposed.
- # **Do** - Using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.
- # **Check** - At this stage, data is again collected to compare results of new process with previous.
- # **Act** - This stage involves making the changes a routine part of the targeted activity. It also means “Acting” to involve others (other staff, program components or consumers) - those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow up.

6. Evaluation: An evaluation was completed at the end of each calendar year. The annual evaluation was conducted by the clinic and kept on file in the clinic, along with the Quality Improvement Plan. The evaluation summarized the goals and objectives of the clinic’s Quality Improvement Plan, the quality improvement activities conducted during the past year, including the targeted process, systems and outcomes, the performance indicators utilized, the findings of the measurement, data aggregation, assessment and analysis processes, and the quality improvement initiatives taken in response to the findings.

- # Summarize the progress towards meeting the Annual Goals/Objectives.
- # For each goal, a brief summary of progress will be included in relation to training goal(s).
- # A brief summary of findings for each indicator used during the year will be provided. These summaries will include both the outcomes of the measurement process and the conclusions and actions taken in response to these outcomes. Progress will be summarized in relation to your Quality Initiative(s). For each initiative, brief description of what activities took place will be provided including the results on the indicator, outline of the next steps, and how to “hold the gains.” Any implications of the quality improvement process for actions to be taken regarding outcomes, systems or outcomes at your program in the coming year will be described.
- # Recommendations: Based upon the evaluation, the actions necessary to improve the effectiveness of the QI Plan will be stated.

3. **Sustainability** of integrating comprehensive oral health services into the SBHC(s) as indicative of sustainable efforts that allow retention of progress and impact following the availability of these Federal funds.

HRSA SBCOHS Sustainability Plan- Children's Dental Services

I. Financial Sustainability:

Notably, in its 97 year history no Children's Dental Services (CDS) initiative has been terminated due to lack of funding. In fact, CDS has an exceptional track record of creating lean, cost-effective programs that are typically self-sustaining within 3 to 5 years. This is accomplished via the following mechanisms:

1. As a Critical Access Provider for the State of Minnesota, CDS is eligible for increased medical assistance payment reimbursements. However it requires on average two to five years of service to see these gains, due to inefficiencies during the first years of providing care in new locations, startup costs, etc.
2. CDS projects (based on past fee increases and its coming schedule of increases) its Critical Access in the coming year due to be as follows:

\$22.45 increase per patient visit after program establishment (based on current average reimbursement per patient; not per visit)
1,000 patient visits (estimated minimum) = \$22,450

TOTAL PROJECTED SURPLUS AFTER YEARS TWO TO FIVE: \$22,450

Under this project proposal, CDS utilized the above budget surplus to continue support of integrated services within the Edison SBCOHS.

Additionally, CDS has a proven track record of successfully sustaining the gains in patient care expansion it makes under grant programs by 1) leveraging funds and in-kind donations for the program; 2) utilizing Expanded Functions and dental interns to reduce costs of care; and 3) engaging in an annual fundraiser and silent auction each year, the proceeds of which are used to sustain gains made under grant programs.

II. Program Substance Sustainability:

CDS has strong, collaborative relationship with the Minneapolis Public Schools (MPS), spanning more than five decades. To establish an integrated service delivery model at Edison High School under this project CDS worked in concert with MPS and Edison administration to ensure alignment of goals, including an emphasis on program retention and ongoing support. To that end CDS has accomplished during the project:

1. Establishment of a Community Partner Agreement that allowed CDS to utilize clinic space at Edison High School in concert with medical services located there.

2. Development of an ongoing Advisory Committee, which met bi-monthly over the last 4 years to address service provision, outreach and access to care, and project integrations sustainability.
3. Development of a protocol to populate all aspects of the project including the Advisory Committee, clinical, administrative and outreach staff.
4. Participation in site visits of other SBOHS to share and learn best practices around integration and sustainability of a medical/dental/mental health care delivery model.
5. Ongoing training and in services related to the utilization and maintenance of a school-based portable treatment delivery system.

CDS has continued to provide oral health services in an integrated SBHC within Edison High School after the grant end date and will continue to do so ongoing.

C. Evaluation

The Evaluation narrative should demonstrate potential linkages between the planned activities and progress made. The Evaluation narrative should clearly respond to the SBCOHS *Data Collection and Analysis* instructions found in the *Evaluation and Technical Support Capacity* section (IV.2.ix) of the original funding opportunity announcement (HRSA-11-112). At a minimum, the Evaluation narrative should clearly align with the Process, Outcome, and Impact Indicators as listed in the funding opportunity announcement and included below, see section III, Process, Outcome, and Impact Indicators.

Data Collection: Methods: Various methods used to collect data included reporting instruments, such as surveys, databases and spreadsheets, meeting sign-in sheets, minutes, agendas, contracts, other agreements, project documents, brochures, educational materials, call logs, photography, Web sites and other evidence that activities were carried out according to the implementation plan. Pre- and post-testing of educational activity participants, session evaluations, and feedback from participants was used. CDS SBHC staff administered the instruments as appropriate and collected data from participants. Procedures for data collection ensured that the cultural conditions of each setting of the project and privacy and confidentiality of the sources aligned. The data was managed and stored by the team members and submitted to the evaluation specialist. A mixed method was used including qualitative and quantitative methodologies. This method allowed the evaluation team to modify or expand the evaluation design and/or the data collection methods as recommendations from the stakeholders and families occurred. The CQI (attached) was an integral component of the quarterly data collection and evaluation that occurred and guided modifications in provision of services as dictated by findings.

CDS SBCHS will collect the following Process and Outcome/Impact on an annual basis:

Process Evaluation	Measurement of Planned Program
Informed Consent	<ul style="list-style-type: none"> • Number of forms distributed • % returned
Enrollment	<ul style="list-style-type: none"> • Number of children enrolled in the program by age, grade level, and insurance coverage (Medicaid, CHIP and third party insurance) • Wait time for 1st appointment from time of enrollment
Reimbursements	<ul style="list-style-type: none"> • Number of claims eligible for Medicaid and CHIP; % claims billed, % claims paid • Number of claims eligible for other 3rd party

	reimbursement; % claims billed, % of claims paid
Preventive Dental Services <ul style="list-style-type: none"> • Comprehensive Oral Exam • X-rays • Oral Prophylaxis • Fluoride • Sealant • Education 	<ul style="list-style-type: none"> • % of enrolled children who received preventive services • For each type of preventive service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP and third party insurance)
Treatment Services <ul style="list-style-type: none"> • Restoration • Extractions • Other (specify) 	<ul style="list-style-type: none"> • % of enrolled children who received treatment services • For each type of treatment service, the distribution of children by age, grade level, and insurance coverage (Medicaid, CHIP and third party insurance)
Outcome/Impact Evaluation	Measurement of Program Success
Dental Caries	<ul style="list-style-type: none"> • Prevalence of dental caries among students who were recruited into the program.
Utilization of Dental Services	<p>For students enrolled in the program:</p> <ul style="list-style-type: none"> • % children having annual diagnostic dental examination • % children having teeth cleaned in past year • % of all children having completion of treatment plan in one year

Data sources: Included stakeholders: EHS Family Advisory Council, EHS, CDS, MDHFS and MPPS Project staff, local community partners, parents/caregivers and physicians clinics/offices. Obtaining data from multiple groups and using multiple approaches and techniques allowed for data triangulation to improve overall accuracy and credibility of the data.

Use: CDS SBHC Project staff and other local community partners including EHS, MPPS, and MDHFS used the evaluation findings for monitoring completion of project goals, for project improvement, to incorporate findings to set future direction for improved integrated community systems, and to provide information for use by funder and state/national policy makers.

Plan Timeline The timeline for completing activities over the four years of the CDS SBHC Project is outlined below in section III, Process, Outcome and Impact Indicators. Most of the activities were ongoing throughout the life of the project. Evaluation of activities was conducted on multiple occurrences, with most dependent upon the survey schedules determined by CDS SBHC Project staff members. Periodic monitoring by the project manager, evaluator and staff members ensured the completion of the evaluation requirements. The assessment of completed activities was presented to stakeholders for any adjustments to the project that are needed for successful completion.

D. Resources and Capabilities

The Resources and Capabilities section will include narrative that clearly describes the organizational readiness throughout the four year project period, specifically the ability to adapt the organization’s resources and capabilities to fulfill the needs and requirements of the proposed project. The grantee will clearly describe the adequacy of the proposed resources

and capabilities, including key staff, in meeting the needs of the project and/or the necessary adaptations required to achieve desired outcomes and impact. Specifically, this section will reflect on the relevance of and/or need for:

- Past work experience with the target population(s), addressing the target population's identified health care needs, and developing and implementing appropriate systems and services, including but not limited to:
 - Leadership roles necessary to carry out the activities undertaken in the project
 - Final composition of Advisory Board, including how and why it changed throughout the project
 - Skills and knowledge of the evaluation staff, including amount of time and effort proposed for such staff to perform the project evaluation activities.

Children's Dental Services Mission Statement: *Since 1919, Children's Dental Services (CDS) is dedicated to improving the oral health of children from families with low incomes by providing accessible treatment and education in our diverse community.*

CDS is an independent, non-profit agency that has provided dental services to low-income youth since 1919. Since its inception CDS is dedicated to serving the "poorest of the poor": CDS was created with the purpose of providing dental care to destitute Minneapolis orphans at a time when health safety nets were non-existent. CDS has non-profit status pursuant to Minnesota Statutes, chapter 317A and tax-exempt status as provided in Internal Revenue Code, section 501(c)(3) as amended through October 4, 1976. CDS has written clinical policies describing its clinic services, medical management and health records as provided in Minnesota Rules, part 9505.0255, subpart 4. A six-member board of directors, none of whom receives compensation, governs CDS. As a non-profit corporation CDS is governed by local residents, and is not a governmental entity. An executive director manages CDS' daily operations. CDS has pioneered three major concepts for making affordable dental care accessible to children: 1) CDS was the first dental program in the nation to provide onsite dental care to Head Start children, 2) CDS provides on-site and portable dental care to children and pregnant women in schools and community settings, thereby eliminating transportation barriers, and 3) CDS is a leader in utilizing workforce solutions to improve access to dental care for low-income people. Today CDS provides a full range of culturally focused dental services, and is Minnesota's primary school-based and largest single provider of dental services to children from families with its lowest-incomes.

CDS' major goals include to 1) provide culturally appropriate dental care to Minnesota communities through the establishment of ongoing dental home relationships; 2) decrease barriers and increase access to dental services; 3) improve oral health education and knowledge of oral disease prevention strategies for low-income children and pregnant women; and 4) engage with a variety of community groups, governmental agencies, private and non-profit organizations to further the importance of oral health and availability of dental care for low-income individuals and families.

CDS is currently the largest single provider of dental care to low-income children in Minnesota. Despite funding cuts and political changes over the decades CDS has steadfastly adhered to its mission and succeeded in providing critical care to the underserved. CDS currently operates out of over 500 clinics across Minnesota, including in St. Paul, Minneapolis, Duluth, St. Cloud, Shakopee, Stillwater, International Falls, the Iron Range,

Moorhead, and dozens of other locations where public health dental resources fail to meet the demands of an increasingly diverse population.

CDS follows an evidence-based, public health model in its provision of care, utilizing its resources efficiently by adhering to strict controls, and by providing high quality, necessary care (i.e. non cosmetic) to as many patients as possible. CDS provides a full range of preventive and restorative dental services, and currently serves as a clinical training facility for over 100 dental hygiene, dental therapy and dental assisting interns annually. CDS serves all children, from birth to age 26, regardless of the amount of their family income. Recognizing the relationship between the oral health of a mother and her unborn child CDS also provides care to pregnant women. Care is extended to pregnant women until two months post-partum. CDS offers a sliding fee scale under which reduced-cost care is provided to eligible families. Dental emergencies are never turned away at CDS, and every effort is made to see patients on the same day as the request for emergency service is made. CDS is particularly well equipped to serve bilingual or multilingual families from culturally diverse backgrounds, as demonstrated by its exceptionally diverse staff who speak 21 different languages. CDS improves the health of children in our community by making affordable, appropriate and culturally sensitive dental care and dental health education available to high risk, low-income children, pregnant mothers, and families.

CDS accepts all forms of medical assistance and insurance, and CDS' current sliding fee scale serves any patient who has been denied insurance coverage and in contrast to over 99% of other metro area providers, there is no limit on the number of public program patients CDS serves. While CDS currently has appointments scheduled into June, its appointment confirmation system results in several appointments becoming available each day. This enables families in need of immediate dental care to obtain next-day appointments. CDS makes every effort to serve emergencies within 24 hours and, regardless of the cost, never denies emergency care due to inability to pay. Currently 95% of patients with emergencies are seen within 24 hours. CDS provides free and reduced-cost care to children enrolled in Parents in Community Action (PICA) Head Start programs, Community Action Partnership (CAP) Head Start programs and children and pregnant women whose incomes fall below the Federal Poverty Guideline.

As a Minnesota Community Application Regional Center CDS works to assist eligible patients in applying for Medicaid or Minnesota Care in English, Spanish, Hmong, Somali, and sixteen other lesser-known languages. Finally, CDS is designated as a Critical Access provider by the State of Minnesota.

CDS' highly skilled staff is exceptionally well equipped to serve families from culturally diverse backgrounds. Most CDS staff members themselves are bi- or multilingual, together speaking seventeen languages. Sixty percent (60%) of CDS' staff represents minority populations and 90% are female. In the year 2015, over 32,000 patients were provided approximately 94,000 procedures at CDS clinics over the course of more than 64,000 visits. The patient population to whom these services were targeted is exceedingly diverse, with over 85% representing communities of color. CDS provides dental health outreach and education within Minnesota public schools and Head Start centers. CDS also implements a dental screening and follow up program to school age children with the support of Delta Dental Plan of Minnesota. Over 16,000 children were screened under this program during 2015. Community members are also involved in CDS via family presentations, focus groups, health fairs and other outreach events.

CDS targets low-income families through the following services: 1) CDS' sliding fee and free care scale serves any uninsured Minnesota resident whose annual income falls below \$24,250 for a family of four; 2) CDS provides reduced-cost care to any child or pregnant woman with an emergency need who is unable to pay, and over the past year saw over 95% of emergency patients within 24 hours; 3) At each of

its clinical locations CDS assists patients in applying for public insurances programs; 4) CDS arranges flexible payment plans for patient families; 5) Recognizing the severe shortage of dental care available for low-income families CDS utilizes an appointment confirmation system that results in several appointments becoming available each day; and 6) To collect debt respectfully CDS provides independent billing of patients and does not utilize collection agencies.

CDS maintains exceptionally cost-effective services by triaging care through a public dental health model, implementing Collaborative Agreements between dentists and hygienists, and Restorative Expanded Functions performed by hygienists and dental assistants. CDS was recognized for its mobile care program by the Minnesota Council of Non-profit's Mission Award for Innovation in 2006. Other recent major CDS accomplishments include expansion across Minnesota, CDS Executive Director's receipt of the 2007 Betty Hubbard Maternal and Child Health Leadership Award and CDS' 2008 receipt of the Governor's Green Award for its environmentally sustainable practices. As a result of its strong partnership with the St. Paul Public Schools through which CDS offers dental care at every elementary school in the district, St. Paul Mayor Chris Coleman named August 1, 2009 Children's Dental Services Day in St. Paul. In December 2009, the LEAD Organization chose CDS as the beneficiary of its charity gala due to CDS' demonstrated commitment to offering public health employment and volunteer opportunities to young people. And in 2010, 2011, 2012, 2013 and 2014 CDS was recognized as a national leader in the provision of school-based services and its Executive Director was invited to present on CDS' program and services at the National Oral Health Conference. In 2013 its Executive Director received the Macalester College Distinguished Citizen Award. CDS received a 2014 Eide Bailly Resourcefulness for its cost-effective, quality services model. In 2015 five CDS staff members received the City of Minneapolis Public Health Heroes Award.

CDS has a proven expertise in collaborating with partners which has been fundamental in the development of this project. Specific collaborative efforts include each of CDS' satellite clinic sites, which are co-located within Duluth, Minneapolis, N. St. Paul, St. Cloud and St. Paul Public Schools or Head Start centers in Benton, Carver, Dakota, Hennepin, Ramsey, Sherburne, Scott, Stearns, St. Louis and Washington Counties. At these and other public school, Head Start sites, community centers and children's organizations in the Twin Cities, Duluth, and St. Cloud, CDS works in concert with school and Head Start personnel to provide screening, education and treatment programs dedicated to identifying children with immediate dental needs and providing referrals for dental care. To reach high-risk, low-income children at an early stage in their dental development, CDS works closely with Head Start programs to provide reduced-cost care and education to Head Start children.

CDS provides on-site screening, a full spectrum of dental care, and education to families across the Twin Cities through partnerships with the Andersen Family Dental Program, Health and Human Services of Carver, Dakota, Ramsey, Washington and Scott Counties, the Meadowbrook Family Collaborative, the Suburban Ramsey County Family Services Collaborative and the Northwest Hennepin Family Services Collaborative. CDS also has collaborative agreements with a vast array of contributing entities including the American Indian Family Center, Century College, Child and Teen Checkup, Hennepin County Community Health Department (HCCHD), Herzing College, the Minneapolis Department of Health and Family Support, the University of Minnesota School of Dental Hygiene, HIREd, the City of Minneapolis Healthy Youth Program, the Greater Twin Cities United Way, the Minneapolis Public Schools, Normandale Community College, the Minneapolis Mayor's Office, Sabathani Community Center, PICA Head Start program of Minneapolis and Hennepin County nurses. Additionally CDS works with public health officials and community organizations in Hennepin County to collaborate on meeting the dental needs for the continuing influx of KaRen, Latino, Hmong, and East African immigrants and refugees.

Through collaborations with several educational institutions including Century College, Hennepin Technical College, Herzing College, the University of Minnesota and others, CDS provides clinical education opportunities to interns. This partnership not only provides exposure to the field of public health dentistry for new professionals, but also directly increases access to care for low-income patients by expanding CDS' service capacity. Additionally CDS works closely with public health officials to address dental needs for recent immigrants. Over the past couple years CDS has increased partnerships with the Oromo and Native American Communities, Dakota County Public Health, Dakota, Ramsey and Washington County Head Starts, and the Sabathani and Shakopee Community Centers to expand access to dental care for increasing populations of low-income children and pregnant women in inner and suburban Hennepin, Dakota, Ramsey, Scott and Washington Counties. CDS itself is listed in several medical and dental services resource directories, websites and is a part of United Way's 211 phone service. CDS is a Medical Assistance Outstation (assisting families in obtaining insurance coverage) and a Critical Access provider (extending services to more publicly insured families). All CDS staff are trained regularly provides referrals to patients for needed follow up care not provided by CDS.

Collaboration with the above entities under this project has resulted in at least twice as much value as that provided by the actual grant dollars supporting it; in other words the in-kind and other contributed sources represent a more than 100% match. These efficiencies include shared use of space, shared use of reception, billing, interpreters, research, technology support and outreach staff, as well as shared knowledge and expertise. There are further, less-quantifiable efficiencies gained from collaboration under this project, such as strengthening of the project due to networking and cross-referrals.

Project Leadership:

Sarah Wovcha J.D., M.P.H.	Project Director	Providing direction and guidance
Laurie Meshcke Ph.D.	Evaluation Director	Guiding project evaluation
Eilidh Pederson, M.P.H.	Evaluation and CQI Specialist	Ensuring effectiveness of project implementation and evaluation
Mary Heimen, R.N.	Health Services Manager	Ensuring effectiveness of project services and medical/dental integration evaluation
Carmen Teskey, R.N.,M.P.A.	Clinical Programs Manager	Ensuring effectiveness of project services and medical/dental integration evaluation
Jon Peterson, B.A., M.P.P.	Assistant Principal	Providing Project Activity

		Data
Sonia Rodriguez	Patient Family Representative	Providing Project Activity Data
Haseem Abaebe	Student Representative	Providing Project Activity Data and feedback

Final Advisory Board:

Edison High School’s Principal: Carla Steinbach

Director of the Edison High School’s School Based Health Center: Sharron Berkley

Nurse for the School Based Health Center: Lori Carlson

Edison High School’s School Nurse: Susan Sivanich

Two interested parents of Edison High School teenagers: Latasha Williams and Sharie Pearson

CDS Executive Director, Chief Administrator, and Project Director: Sarah Wovcha

CDS Project Manager and Evaluator: Eilidh Pederson

CDS School Based Dental Coordinator: Jo Koski

CDS Senior Manager: Erianna Reyelts

The advisory board grew and change over the 4 years of this project based on the need for additional guidance, a growing patient base, and some staffing transitions within CDS and Edison High School.

Skills and Knowledge of Evaluation Staff:

CDS Executive Director, Sarah Wovcha- responsible for overseeing all grant activities, including retaining staff and supervising project development. Ms. Wovcha was involved throughout the duration of the 4 year grant and this was a .10 FTE task annually.

CDS Project Manager, Eilidh Pederson and Jeff Bartleson- responsible for overall program management and administration, grant and financial reporting. Ms. Pederson and Mr. Bartleson each spent .25 FTE annually, managing this project

Evaluation and CQI Specialist, Eilidh Pederson-responsible for continuous program evaluation, including statistical analysis and reporting, and quality improvement. Ms. Pederson spent .25 FTE

annually gathering, evaluating and reporting the results over the past 4 years of this grant program.

- Policies and procedures necessary to initiate the SBCOHS project (i.e., clinical standards of care; provider credentials and privileges; risk management procedures; patient grievance procedures; incident management; and confidentiality of patient records).

Scope of Services

I Preventive

A. Services that protect individuals and communities against disease agents by placing barriers between an agent and host and/or limiting the impact of a disease once an agent and host have interacted so that a patient/community can be restored to health.

B. Services offered:

- professional oral health assessment
- dental sealants
- professional applied topical fluorides
- supplement prescriptions
- oral prophylaxis
- school dental screenings

II. Restorative

A. Basic dental services that maintain and restore oral health function:

B. Services offered

- amalgam fillings
- stainless steel crowns
- periodontal scaling
- pulpotomies
- simple extraction
- composites, anterior and select posterior

III. Emergency Dental Services

A. Services which eliminate acute infection, control bleeding, relieve pain, and treat injuries to the maxillofacial and intraoral regions.

B. Services Offered:

- pulp therapy

- palliative or temporary restoration
- fillings
- periodontal therapy
- prescription of medications
- tooth extraction

VI. Oral Surgery

- Simple extractions

V. Adjunctive Services

- Nitrous oxide
- Behavior management

VI. x-ray

4 bwxs

2 bwxs

PAX

Panoramic

VII. Prescription drugs

A. Samples and prescription drugs are not dispensed by the dental staff and are not located in the clinic.

B. Prescriptions are written as needed by DDS. Prescription pads are secured.

VIII. Oral Health Outreach and Education

A. CDS recognizes the importance of patient/ community education on self- maintenance and disease prevention.

B. During an exam patients are provided education about appropriate oral health practices, and in specific topic areas listed below.

C. Oral health education materials and resources are also available to the patient and community in the clinic and waiting room area.

D. Topic Areas

1. oral hygiene instruction including tooth brushing and flossing instruction
2. prenatal education including baby bottle syndrome, and early childhood caries.
3. nutrition counseling and diet education
4. oral trauma prevention programs (mouth guards, child safety seats.)
5. tobacco/alcohol hazard education

Oral Health Records

I. Accessibility

- A. Records are centrally located in the office area
- B. CDS utilizes the Open Dental computer program

II. Record Keeping

- A. records are legible
- B. records are purged if inactive
- C. radiographs and records are released to patient if the appropriate request form is completed and approved by the HIPAA privacy officer
- D. Any release of oral health records for purposes other than Treatment, Payment and health care Operations is documented in the patient's record
- E. All dental records contain the following:
 - 1. signed consent form allowing treatment, and use of protected health care information for treatment, payment and healthcare operations
 - 2. Appropriate documents to comply with the HIPAA privacy act
 - 3. appropriate diagnostic radiographs
 - 4. updated medical history
 - 5. comprehensive oral examination, including soft and hard tissues and examination of the oral structures
 - 6. patient notes as documented by the provider

Patient Interaction

I. Behavior Management of Child Patients: The child's behavior and the restraint techniques utilized (verbal, physical, and/or chemical), if used for patients less than six years of age, are documented in the chart. The decision to utilize any or all of these methods is the individual decision of the attending dentist. If chemical agents are utilized, the attending dentist must be state certified in the sedation method selected. Restraint techniques and sedation require parental approval. If behavior management techniques are used for a patient, use must be noted in the progress notes.

II. Informed Consent

- A. Informed Consent must be obtained for all necessary procedures.
- B. Appropriate efforts must be made to ensure understanding in case of language or cultural barriers.

Clinic Protocol

Infection Control: Incident Management

Infection control is an important aspect of the overall care during clinic. Equally important is the handling of an emergency should one occur. Please review the following to become familiar with the policies and procedure to be followed when in clinic.

A. Universal Precautions

Specific program guidelines have been developed utilizing the precautions as recommended by the Centers for Disease Control (2003).

1. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other bodily fluids of any patient is anticipated.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood and/or other body fluids
3. All health care workers should take precaution to prevent injuries when handling needles, scalpels, and other sharp instruments or devices.

B. Sterile Technique

1. All instruments and materials used in the treatment process must be sterile and/or disinfected.
2. Preparation of instruments for sterilization.
3. Use of unit dose items. – No item designated for single use will be used a second time.

C. Barrier techniques

1. All persons involved in the direct treatment of a patient will wear gowns, gloves, protective eyewear and masks.
2. New gloves shall be worn for each patient or replaced when punctured or torn. Gloves are not to be re-used.
3. The operator and assistants will wash their hands prior to and after gloving.
4. Protective eyewear will minimize contaminants from reaching the eyes of the operator and will be disinfected after each use.
5. Use of face masks will minimize aerosol contaminants from entering the respiratory tract. The face mask will be changed after each patient or if it becomes wet during a procedure.
6. Plastic barriers will be placed on light handles, switches and headrest covers.
7. Disposable items will be used whenever available, and not reused.

D. Injuries and Sharp Items

1. Safety precautions are to be taken to protect hands from injuries and disease causing pathogens. Wash hands (antimicrobial hand wash) before gloving and after de-gloving. Change gloves between each patient. Discard gloves that are torn, cut, or punctured. Avoid injury with sharp instruments and needles. Report all injuries, no matter how small, to your supervisor.
2. Handle sharp items carefully. Hemostats or pliers may be used to handle sharp items.
3. When it is necessary to recap needles, recap with a needle shield using a one-handed recapping technique to avoid accidental needle sticks. Place sharp items in appropriate containers labeled and designated for that purpose.
4. A container for disposal of sharp items is located either in each operatory or in that area of the sterilization room which is designated for the disassembling of trays after patient treatment.

Post-Exposure Protocol

For skin exposure, follow-up is indicated only if it involves exposure to a body fluid previously listed and evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, or open wound). In the clinical evaluation for human bites, possible exposure of both the person bitten and the person who inflicted the bite must be considered. If a bite results in blood exposure to either person involved, post-exposure follow-up should be provided.

Radiation Use and Policy

Ionizing radiation can be instrumental in the improvement of the health and welfare of the public if properly used and may impair the health of the people if improperly used.

I. Radiation Safety Officers: Natalie Kaweckyj, LDA

II. Storage of Film: X-ray film is stored in the file cabinet in the hallway. Film for immediate use is kept in the main clinic area in the cabinet above the sink. Imaging plates are stored in the clinic for immediate use and in the file cabinet in the hallway.

III. Film Used

X-ray film used is Eastman/Kodak ultra-speed. The film speed is F/E (insight).
Standing Orders for x-ray Exams (by the end of the grant period all film use was replaced digital imagery pursuant to CDS' Electronic Health Records transition)

A. Routine exams must be ordered by the dentist. Only doctors and staff qualified by training under direct supervision of the doctor may take radiographs. Bite-wing x-rays (bwx) are to be taken at one year intervals for recall patients. Two bwx are taken on patients beginning at age four if possible. Four bwx will be taken on patients with second permanent molars and all maternity patients after delivery. X-rays will not be taken on pregnant women before delivery unless necessary for diagnostic purposes.

B. Non-routine exams are recorded on the patient's treatment plan and a note is made in the area designated explaining the clinical indications.

Emergency Plan

It is important to remain calm, assist the patient in remaining calm, and to make an effort to determine what is occurring.

I. A CDS provider will assess the situation.

II. The provider should calmly inform the patient's family of the emergency. Another CDS provider must remain with the patient.

III. Portable oxygen is available in the clinic near the main hygiene chair.

IV. If 911 is needed, measures should be taken to ensure the patient is never left alone. The following procedure will be followed:

- A. Call 911 and state type of emergency and location
- B. Designate someone to meet emergency team
- C. Escort emergency team to the patients

HIPAA Compliance: Patient Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a federal program that was enacted in order to protect a patient's Protected Health Information (PHI). PHI is information that may identify a patient and relates to their past, present, and future physical and

mental health. HIPAA requires that all PHI disclosed by CDS in any form, whether electronically, on paper, or orally be kept properly confidential. CDS became HIPAA compliant on Oct 16, 2003.

I. All health care personnel are required by federal law to be HIPAA literate. CDS employees are required to be familiar with HIPAA standards and be aware of any changes to the current HIPAA law.

II. In an effort to accomplish HIPAA literacy, all CDS employees are required to attend a HIPAA training session and sign an “Employee Responsibility Understanding” agreement.

III. Generally HIPAA affects office procedures and provides a framework for interaction between the patient and office staff. There are however, a few provisions that relate directly to clinic protocol:

A. Conversations between providers regarding a patient should be discreet. In the open setting of a dental clinic, this can be difficult. The written HIPAA act suggests speaking quietly, using first names only, and writing notes on patient charts to communicate with the office staff the nature of health services for scheduling purposes.

B. A patient’s PHI can be disclosed without documentation for treatment, payment or health care operations. Disclosure that lies outside these three categories, must be documented, even if the patient has given expressed written consent for disclosure. A logbook is kept in the patient’s chart for the purpose of documentation.

C. Disclosure of PHI to a patient’s parent or legal guardian, is allowed if the patient is a minor.
Patient Grievance Protocol

Undergoing dental procedures can be very stressful for some people. We have found that families with complaints often only need a listening ear and someone to show understanding for their problem. However, should a serious conflict occur where the patient or parent cannot be reassured, courteously tell them you are sure your supervisor would like to speak with them about the situation and relay that information to the on-site Manager, Executive Director or Dental Director.

How To File a Grievance or Make a Complaint with Children’s Dental Services:

- Ask to speak to a supervisor.
- Call Erianna Reyelts, Senior Manager, at 612-746-1530, ext. 207.
- Write to: Sarah Wovcha, Executive Director

Children’s Dental Services (CDS)
636 Broadway St, NE
Minneapolis, MN 55413

You may mark the envelope CONFIDENTIAL.

- If the complaint involves the Senior Manager, then it should be referred directly to the Executive Director.
- If it involves the Executive Director and is legal in nature it is referred to the Board of Directors. If not legal it is referred to the Human Resources Manager.

Next Steps:

Your grievance will be addressed as soon as possible by CDS management.

See below for the complaint/grievance form.

Complaint / Grievance Form

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Today's Date: _____

Address: _____

Phone: _____

Please describe what caused you to file this grievance.

Date of incident: _____

Was there a particular staff member involved?

If so and you know the name of the person, please provide it: _____

Signature _____

- Readiness to initiate the proposed project plan within six months of a grant award, including but not limited to:
 - Operational facility (i.e., ready to provide services to the proposed population and/or community), and
 - Necessary clinical and support staff available to serve at the proposed project site.

Edison High School's health clinic is fully operational and has been able to give ample space in which CDS has established a fully equipped dental operatory. Additionally CDS' 15 operatory headquarters, located less than five miles from the Edison site, have served as a training ground and administrative hub for Edison staff.

Over the past 4 year CDS has employed over 100 professional and highly skilled staff. Over 50% of its dentists, dental hygienists, dental therapists and dental assistants have served as adjunct faculty for the University of Minnesota, Hennepin Technical College, Normandale Community and Technical College, and Herzing College. CDS clinical staff are credentialed at Children's Hospitals of Minneapolis and Saint Paul, Regions and Unity Hospitals, providing extensive dental care under general anesthesia. CDS dentists provide comprehensive, culturally appropriate instruction, training and supervision for several training programs. For the past 16 years, CDS dentists have supervised the clinical portion of the Minneapolis Community and Technical College Dental Assisting program, and for the past 9 years its dentists have supervised students from the University of Minnesota, Century College, Hennepin Technical College, Normandale Community and Technical College and Herzing College. CDS staff are scheduled to allow ample time to train new staff, answer questions, and assist in patient management and administration.