COMMUNITY REVIEW OF THE CARE FOR KIDS PROGRAM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PLANNING, ACCOUNTABILITY AND CUSTOMER SERVICE

JULY 2017




Planning, Accountability and Customer Service

Department of Health and Human Services
Planning, Accountability and Customer Service
Telephone: (240) 777 1098
Website: www.montgomerycountymd.gov/HHS/PACS/PACS.html
Email: DHHS.PACS@MontgomeryCountyMD.gov

Suggested citation: Montgomery County, Maryland, Department of Health and Human Services, Planning, Accountability and Customer Service. *Community Review of the Care for Kids Program*. Rockville, MD, 2017.

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 120 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 Quality Service Review (QSR). Instead, the review provides an independent perspective of service delivery from the community or client's experience. The independent review panel consisted of Sue Guenther, Susan Kitun 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.

CONTENTS

EXPLANATORY NOTES

This report relies upon several acronyms listed below.

ADA	Americans with Disabilities Act
ADS	Aging and Disability Services
BHCS	Behavioral Health and Crisis Services
CFK	Care for Kids
CMS	Centers for Medicare and Medicaid Services
CRAT	Community Review Assessment Tool
CRT	Community Review Team
CYFS	Children, Youth and Family Services
DHHS	Department of Health and Human Services
eHR	Electronic Health Records system
eICM	Electronic Integrated Case Management System
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
IT	Information Technology
ITM	Intensive Team Meeting
MCAB	Montgomery Cares Advisory Board
MCHIP	Maryland Children's Health Insurance Program
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
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, to 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.

Care for Kids (CFK) was established in 1992 and provides affordable primary healthcare services to the children of low-income families who are not eligible for Medicaid or other state and federal healthcare programs. Montgomery County contracts with the Primary Care Coalition of Montgomery County, Maryland, Inc. (PCC) to manage the CFK program that includes 18 health providers, prescription drug coverage for enrollees, coordination with specialty care providers, and Montgomery County dental clinics. PCC also provides outreach, health education and awareness of child health issues to the target CFK population in the county. Over the past several years the number of children enrolled in services has double with than 5,760 children currently—the highest level of record—with enrollment increasing by about 150 children a month. The CFK Community Review was requested by DHHS Public Health Services in 2016 and was included in the PACS 2017 workplan.

Review fieldwork took place 5-7 June 2017, and was conducted by Sue Guenther, Susan Kitun, and Nancy Scull. The review panel visited two CFK primary care sites located at Holy Cross Health Center, in Germantown, and Summit Hall Elementary School Based Health Center (SBHC), in Gaithersburg. Reviewers spent time with the CFK contract monitor's office in Rockville and the Primary Care Coalition (PCC) staff in Silver Spring. The panel attended a Montgomery Cares Advisory Board (MCAB) meeting. MCAB is a commission, appointed by the County Council to guide the development of the Montgomery Cares Program to ensure steady and measurable growth in the number of uninsured County residents accessing high quality and efficient healthcare services including primary, specialty, dental and behavioral healthcare services. CFK is a program that addresses the needs of uninsured county residents.

CFK exceeds reviewers' expectations in several areas of the review. The review found CFK staff to be highly motivated and dedicated to providing excellent equitable and respectful services to the children and their families whom they serve. They provide services in the context of the patient's culture and language in 18 accessible locations across the county. The following areas were specifically highlighted by the review panel:

1. CFK is exceptionally well-integrated into the fabric of County health programs. The use of PCC a prime contractor with 24 years of experience in the County, CFK's linkages throughout the healthcare community and the target population community makes success more likely. For example, the connection with SBHC and Montgomery County Dental Services helps ensure that the CFK population is not lost between programs.
2. Staff are trained in cultural competency; they provide services in the context of the client's culture, language, values and beliefs. All of CFK's staff are all bilingual in English and Spanish, reflecting the 83% of CFK children who were from Latin American Countries and 89% identified Spanish their primary language.
3. Through the support of the County Council and DHHS, CFK has been able to fund services for an increasing number of children with increasingly complex medical, dental, and behavioral health issues. In addition, innovative ways to utilize community/ DHHS resources and partnerships to

cover costs are being used. For example, Kaiser Permanente and SBHC clinics provide services in-kind to the CFK program.

4. CFK program information on the PCC website is very clear, complete and the format is inviting for potential users making this a very effective outreach tool.

The review panel also identified some opportunities for improvement with the following recommendations:

1. The enrollment process for CFK had initially experienced some delays from the newly launched DHHS integrated computer system (eICM). Some new clients also experience confusion related to their eligibility letter and would benefit from a more clearly worded instruction letter in the appropriate language. Relevant DHHS programs are aware of the situation and are revising the letter to better reflect the process.
2. DHHS should examine the possibility of providing limited access provider portal to eICM for PCC staff responsible for coordinating the program in the future. This could improve service delivery by decreasingly delays in information sharing currently encountered.
3. The availability of specialty care for children is a challenge for CFK; there are fewer providers for specialist available and such referrals go through a separate State program. This results in clients having often to wait for services and/ or having to travel far to receive care. The program would benefit from expanding their roster of specialty providers.
4. The monitoring and notification of age appropriate services delivery could be improved. Developing a reporting tool to add to the billing or other appropriate process, which measures encounters to determine if recommended physicals, screenings, vaccines are done at age appropriate times, would be useful.
5. Including a service codes for improved tracking, monitoring and reporting encounters, particularly behavioral health related events, from all providers, including those who provide in-kind services, could alert CFK to emerging trends in their client population. This could also allow the program to identify resources or proactively adjust as needs change.

The Community Review panel met with DHHS and CFK leadership and staff to review the report and its findings on 6 July 2017. A number of actions were discussed and recommendations agreed upon. An additional point raised, was the need for more frequent, regular meetings which included PCC/ CFK, the DHHS contract monitor and program managers from relevant DHHS services areas.

DHHS commits itself to review progress at regular intervals with a one year update to 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 a one year update of the recommendation outcomes.

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 panelists 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).

Programs are also reviewed on ADA compliance (Annex II) and how they meet objectives in line with the goals in the Department's two-year Strategic Plan Roadmap.[1]

Independent Review Panelists and Process

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

The Community Review of the Care For Kids (CFK) program was part of the FY2017 review schedule and was performed Sue Guenther, Susan Kitun and Nancy Scull (Annex III). A Community Review for CFK was last conducted in FY01.

Figure 1. Preliminary Meeting for CFK Review

The review panel convened for training and the initial meeting on 22 May 2017; fieldwork took place between 5-7 June and the final discussion meeting was held on 6 July 2017.

The review panel visited two CFK primary care sites located at Holy Cross Health Center, in Germantown, and Summit Hall Elementary School Based Health Center (SBHC), in Gaithersburg. Reviewers also visited and interviewed staff at the DHHS contract monitor's office in Rockville and the Primary Care Coalition (PCC) office in Silver Spring.

Figure 2. Summit Hall Elementary in Gaithersburg where a School Based Health Center is located

Reviewers observed client services, interviewed the provider and program staff

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

and managers about mission and general operations (Annex IV). Numerous program documents were provided to the panel, including the mission and vision statement, annual reports and program brochures.

Figure 3. Waiting Area of the School Based Health Center at Summit Hall Elementary.

The panel attended a Montgomery Cares Advisory Board (MCAB) meeting to learn more about Montgomery Cares, a public-private partnership composed of 12 independent safety-net primary care clinics, five hospitals, DHHS, PCC, as well as volunteer health practitioners and other community-based organizations that provide medical care to the uninsured of Montgomery County (Annex IV).

2. WHAT WAS REVIEWED

Program, Mission and Services

CFK was established in 1992 and provides affordable primary healthcare services to the children of low-income families who are not eligible for Medicaid or other State and Federal healthcare programs. Montgomery County contracts with the Primary Care Coalition of Montgomery County, Maryland, Inc. (PCC) to manage the CFK program, that includes 18 health providers, including SBHC, prescription drug coverage for enrollees, coordination with specialty care providers, and Montgomery County dental clinics (Annex V).

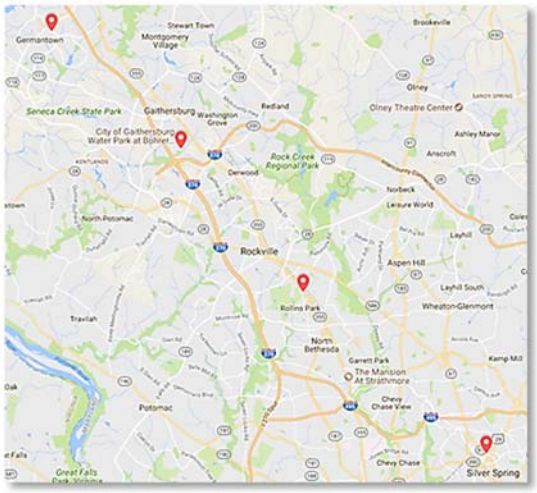

Figure 4. Locations the panel examined during the review

PCC also provides outreach, health education and awareness of child health issues to the target CFK population in the county. PCC indicated that at the end of FY17, 5,670 children had participated in CFK services—the highest ever recorded.

Figure 5. Holy Cross Health Center in Germantown in one site where CFK Services are Available.

Mission

The vision of the PCC is a community in which all residents have an opportunity to live healthy lives. Their mission is to develop and coordinate a community-based healthcare system that strives for universal access and equity for low-income, uninsured and ethnically diverse community members.

Contracting with PCC to administer CFK, DHHS strives to provide comprehensive, affordable healthcare for all low-income children residing in the county, through age 19 years, who have no other source of care and coverage. Through the partnership between DHHS, PCC, non-profit health clinics, school based health centers, Kaiser Permanente and private physicians located in the county.

Services

The CFK enrollment process begins at the DHHS at one of three Office of Eligibility and Support Services (OESS) locations. Following the assessment, eligible parents are informed via a CFK letter instructing them how to access services.

CFK provides primary care (well and sick), check-ups, annual physical exams, immunizations, prescriptions, connections to specialists, dental clinics/ specialists and vision services (schools/ optometrists). Some mental health services are provided by a few schools and DHHS' Behavioral Health and Access Services. However, provider staff indicated that there are not sufficient resources available to meet current mental health needs for this population.

Appointments require co-pays or a discounted cost from the family receiving the service. The co-payment could be up to $20 per visit with a healthcare provider. There is a $5 co-pay for all prescription medications. Other fees and co-pays may be charged for lab work, radiology and some specialty care visits. Patients are informed of any fee before they go to their appointment. CFK does not cover the costs for emergency visits or hospitalizations.

Service Target Population

CFK provides medical services to Montgomery County's uninsured resident children (0-19 years old) who are under 250% of the Federal Poverty Level and ineligible for MCHIP or other public or private health insurance.

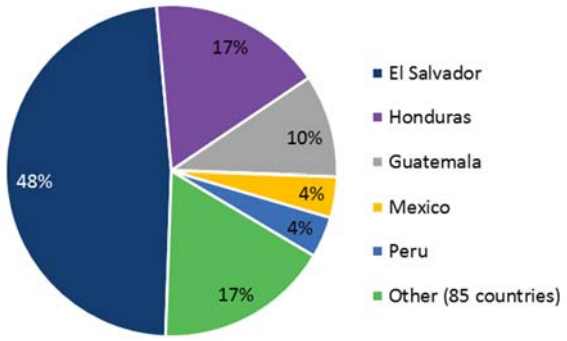

Figure 6. Country of origin Information from PCC's CFK 2016 Annual Report.

In FY16, 97% of CFK children came from families at a Federal Poverty Level of 185% or below. Seventy percent (70%) of CFK target population are between 0 - 99% of the Federal Poverty Level of 185% or below and 27% are in 100-184%.

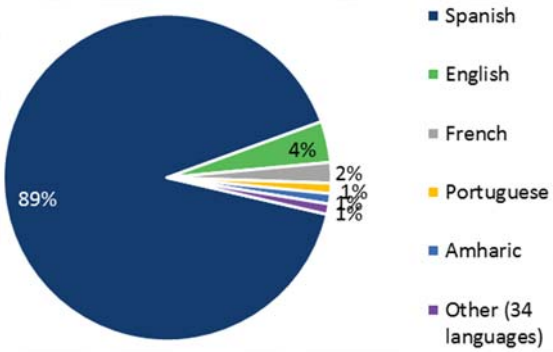

Figure 7. Languages spoken by CFK's population from PCC's CFK 2016 Annual Report.

In FY16, 90% of CFK children were 6 to 19 years old with 61% of CFK's children were 13-19 years old; 29% were ages 6-12.

The CFK population serves children from 90 different countries of origin. In FY16, 83% of CFK children came from Latin American countries, predominantly from Central America.

The CFK population reports a total of 39 primary languages. In FY16, 89% of CFK children had identified their primary language as Spanish.

Figure 8. Meeting during field work at PCC's Office in Silver Spring

Organizational Overview

Budget

The annual operating budget has increased from $774k in FY15 to $907 in FY17, funded through a combination of sources, but the principal funding source are public funds through DHHS. CFK has received grants from Health Resources and Services Administration (HRSA), the Health Initiative Foundation and the Daniel Lynch Community Foundation. Despite close planning and coordination between DHHS and PCC, additional funds must be allocated to address annual shortfalls due to the ever-increasing demand for services, and thus a total of $1.2m was needed for FY16.

Record enrollment numbers were seen in FY17. The enrollment has doubled since FY13, in part due to the influx of unaccompanied minors. Currently, 150 new children are being enrolled each month in addition to existing families requiring yearly recertification.

Figure 9. CFK enrollment, unique children. Preliminary figures reported for FY17

CFK is continually looking for funding opportunities and ways to manage the increased demand by streamlining systems, increasing productivity and efficiency. A client service specialist position was added to the recent budget but there is still demand for another client service specialist and a nurse case manager.

In-kind health services make up a significant amount of coverage delivered and are provided by several different organizations and agencies. Kaiser Permanente, the School Based Health Centers (SBHC) and Public Health Dental Services provide a significant proportion of service. The faith community and the Lions Clubs has contributed funds for vision care. Families can receive reduced fee services at Shady Grove Radiology, Bradley Pharmacy, with other specialty services provided through the Centers for Medicaid and Medicare Services (CMS) and MedBank.

3. RESULTS

The program self-assessment and subsequent review by the independent review panel are guided by the Community Review Assessment Tool (CRAT) and consists of six areas (standards) covering a program's: Mission and Guiding Principles; Effective and Equitable Service Delivery; Accountability; Capable and Engaged Workforce; Service Delivery Transformation and Collaborative Partnerships (Annex I).

The program was also reviewed using a checklist of Americans with Disabilities Act (ADA) compliance, the results of which are presented in Annex II.

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.

In some places recommendations across more than one section or tool may be merged into a single recommendation, where appropriate. Additionally, some recommendations may stem from reviewer's notes and/ or interviewees observations but which may not be directly reflected in the CRAT.

Panel recommendations are listed in ordered in the short-term (generally 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 and to build individual and family strength and self-sufficiency.

Findings Exceeding Expectations

- Staff exceeds in articulating the program's mission, goals, services, alternative resources, eligibility, and target population. Many of the staff have been involved with the program for over ten years.
- Providers are well-informed in pediatric and adolescent screening standards and healthcare requirements.
- Culturally appropriate and sensitive materials are provided by CFK that include mission and guiding principle references and material is available in Spanish.
- CFK subcontracts with numerous health providers, through a contract with the PCC who provide medically sound, culturally appropriate healthcare to a low-income, diverse pediatric population.

Findings Transferable to Other Programs

- Development of sustainable, strong relationships within the community.
- Dissemination of program information throughout the community.

Findings Needing Attention and Recommendations

Mid-Term

- The new DHHS integrated information system (eICM) launched (March 2017) is used by the Office of Eligibility and Support Services (OESS) to input client data when applying for services. As with all new systems, implementation issues resulted in some client information not being transferred to PCC automatically and thus clinic staff being unable to determine if a client has had services previously (for clients with the same name), if there are other family members receiving services (so the same provider can be assigned) and no way to contact the family. Although improving, the change in systems had caused some delays in client's receiving healthcare, as client identification clarification was needed. CKF and OESS met regarding the need for timely information and have implemented processes to provide all client data

necessary until a permanent system upgrade has been completed.

Long-Term

- DHHS should consider developing a monitoring and reporting tool, possibly as part of the billing process, to determine if recommended physicals, screenings and vaccines are done at age appropriate times. Currently, just the encounters are measured. A process to substantiate the content of the encounters would show the percentage of children receiving recommended well-child services and of these the number needing further follow up. This measurement could also be an assessment of the success of the CFK program or an area that might need improvement-depending upon the reported numbers/percentages.

Figure 10. PCC's office located in downtown Silver Spring office has wheelchair accessible curb cuts located in front of the building

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

- CFK exceeds in delivering services respectful of diverse communities. Staff are knowledgeable and committed to providing excellent equitable and respectful services to the children and their families whom they serve. Staff are trained in cultural competency and in all other relevant areas; they provide services in the context of the client's culture, language, values and beliefs. All CFK staff are bilingual in English and Spanish (client population is around 83% Hispanic/ Latino) and seek interpreters for other languages, as needed.

Figure 11. Two hour metered parking is located by PCC's office located in Downtown Silver Spring. The office is also accessible by bus and Metro.

Findings Needing Attention and Recommendations

Short-term

- The wording of the CFK eligibility approval letter is confusing for some, particularly parents of new clients, who incorrectly proceed directly to clinics for services. It states on the back of the letter that, *"Members must carry this letter with you at all times and present to providers before receiving services."* Instead, the parents must first get contacted by PCC/CFK via telephone or mail to receive an enrollment package before obtaining services, which is noted on the front of the letter. PCC will work with DHHS to revise the wording of the eligibility letter in English and Spanish,

however, the revision process has been more complicated than anticipated requiring higher level management approval from various service areas. OESS will provide the corrected letter to clients.

- A lack of information transferred to PCC from the new DHHS system had caused some delays, particularly as the new system was being launched.[2] Currently, and until the system is adjusted, PCC/CFK is receiving the following information through manual provision:
    - Individual date of birth,
    - Contact phone numbers, and
    - Other family demographic information that CFK needs.

  An automated solution may improve processing time.
- CFK would benefit from limited access provider portal to eICM or for DHHS to provide CFK with all needed demographics to expedite input into its FileMaker Pro data program.

Mid and Long-term

- Finding affordable or discounted specialty health services is very challenging and expensive for both parents and CFK. As CFK reaches out to more hospitals and provider clinics and private doctors, it needs to also develop partnerships to nonprofits, such as *Projecto Salud*, African American Health Center, Asian Health Center, and the Ethiopian Community Center. More partnerships specifically with dentists, are also needed. This effort would increase community awareness of CFK's services, recruit more provider services and reduce client wait times for specialty services.

III. Accountability

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

Findings Exceeding Expectations

- CFK produces regular, timely, informative reports monthly, quarterly and annually. Their annual report provides detailed and extensive data and is exceptional.
- CFK's targets for outcome measures and staff commitment to provide the best services to all its clients and their families are outstanding.

Findings Transferable to Other Programs

- PCC/ CFK annual report is a good model for other programs.

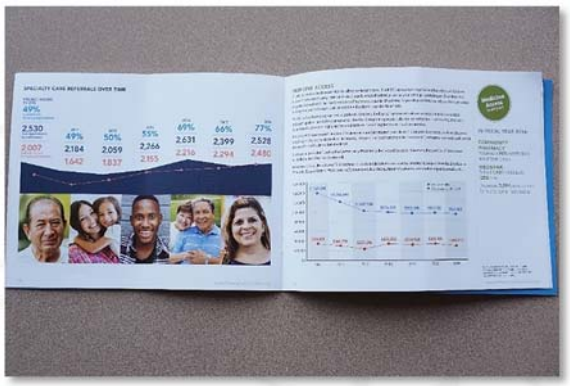

Figure 12. PCC/ CFK annual reports are good models for other programs

Findings Needing Attention and Recommendations

Short-Term

- Staff are encouraged to take advantage of Montgomery County's free trainings, as appropriate through the Center for Continuous Learning.

Long-term

- The timeliness of connecting clients to services is a challenge for CFK, as it cannot control the timeliness of the other programs that CFK relies on for eligibility,

[2] Note, the issue was identified and a solution was implemented in mid-May, as the review was beginning.

enrollment, access to services and reports. CFK has made improvements by reducing paperwork, and works to further improve timeliness issues by seeking better coordination and communication with the other programs. The monitoring of timeliness of the processes list above should be evaluated.

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

- CFK has been able, with the support of the County Council and the Director of DHHS, to continue to fund services for increasing number of children with increasingly complex medical, dental, and behavioral issues. In addition, innovative ways to utilize community/ DHHS resources to cover costs are being used by Kaiser and school based health services providing services in-kind to the CFK program.

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

- Program information on the PCC website is very clear and complete. The format is inviting and a potential user is welcomed.

Findings Transferable to Other Programs

- Other program websites would do well to consider adopting a more inviting format.

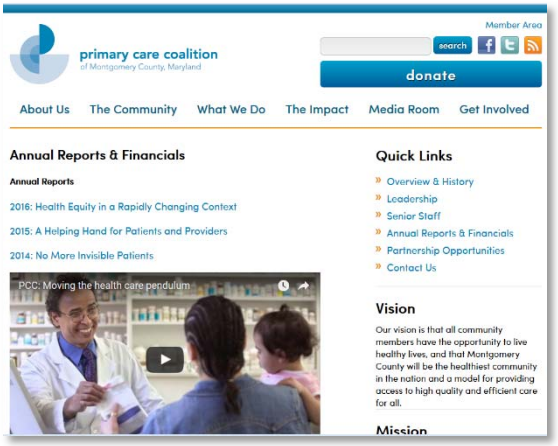

Figure 13. PCC website is easy to access and complete

Findings Needing Attention and Recommendations

Mid-Term

- The eICM application to CFK has resulted in some delays of service because access to the eICM system is not yet available to outside contractors, such as PCC. The prime contractor who coordinates the program does have access to the eICM, however, it would improve service delivery if there were a way to provide PCC direct partitioned access to the needed information.

Figure 14. MCAB meeting attended by reviewers

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

- CFK is exceptionally well-integrated in the fabric of county health programs. The use of a primary contractor with long standing in the county and linkages throughout the healthcare community and the target population makes success more likely. The connection with SBHC and Montgomery County Dental Clinics helps ensure that the CFK population received seamless services between programs.

Figure 15. Report dissemination, discussions and actions with the Review Team, PCC and DHHS

Findings Needing Attention and Recommendations

Long-Term

- Behavioral health issues could be better documented for the CFK population. Although a project was started with four of the CFK partners to assess additional behavioral health needs, including a service codes for improved tracking, monitoring and reporting behavioral health related encounters from all providers, there remains a need to include tracking of in-kind services. This could alert CFK earlier to emerging trends in their client population.

4. NEXT STEPS

The Community Review panel met with DHHS and PCC management and staff to review the report content and its findings on 6 July 2017. Several actions were discussed and recommendations agreed upon.

An additional point raised during the meeting was the need for more frequent meetings which include the PCC/ CFK provider, the DHHS contract monitor and program managers from each of the relevant DHHS services areas. Quarterly group meetings would help to address any concerns more quickly.

DHHS commits itself to review progress at regular intervals with a one year update to 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 a one year update of the recommendation outcomes.

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

Figure 16. Presentation of the Care For Kids Community Review Certificate during the closing meeting with the Primary Care Coalition, DHHS Management, the Review Panel and PACS Community Review Coordinator

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.	DHHS contracts with the Primary Care Coalition to provide comprehensive health services to children (birth-19 years) who live in Montgomery County, are financially eligible and do not have health insurance. (private/Medical Assistance). The mission of the Primary Care Coalition is to develop and coordinate a community based healthcare system that strives for universal access and equity for low-income, uninsured and ethnically diverse community members. This directly correlates to the DHHS mission of promoting and ensuring the health and safety of the residents of Montgomery County ad to build individual and family strength and self-sufficiency. The Mission Statement of the Primary Care Coalition is posted in their offices and on their website.
2. Staff can articulate the program's mission, goals, services and target population.	Interviews and meetings with DHHS Public Health Staff involved with the CFK Program, Primary Care Coalition Staff and CFK provider/vendor staff during site visits reinforced that staff is well-versed about the program, services, clientele. Many of the staff have been involved with the program for over ten years.
3. 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.	Information re the CFK Program is widely available throughout the county in language appropriate materials including -the 311 system, the Montgomery County Government, DHHS and Primary Care Coalition websites; A Google search for children's healthcare in the county yields CFK information. Printed information is widely available at schools, hospitals, community centers, correctional institutions, health fairs. It is a longstanding, credible, sustainable program that the private medical community is aware of as well as community gatekeepers. In addition, word of mouth referrals are a source of enrollees.
4. Program incorporates DHHS principles into policies, procedures, professional interactions and information technology (IT) systems.	The Primary Care Coalition and the health professionals/providers follow established protocols, including health screenings, immunization schedules, specialty care referrals and case management, Health Insurance Portability and Accountability Act (HIPAA) requirements, professional licensure, insurance/liability coverage. Billing invoices are submitted via secure links. DHHS, the Primary Care Coalition and the health providers maintain separate data systems.
5. Program has a system in place to identify efficiencies and improvements.	There is a database of recipients and all health encounters. A monthly utilization report is submitted. The contract clearly states the services that must be delivered and the information that needs to be collected. The contract is closely monitored to assure that these .and outcomes are met

II. Effective and Equitable Service Delivery

Standards/ Strategies	Supporting Evidence
1. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.	Care for Kids (CFK), which began in 1992 and provides medical services to Montgomery County's uninsured children (0-19 years old) who are under 250% of the federal poverty level and ineligible for MCHIP or other public or private health insurance, is County-funded and administered by the Primary Care Coalition (PCC). 61% of CFK's children are 13-19 years old; 29% are 6-12. Children come from 90 countries: 48% from El Salvador, 17% from Honduras, a7% from 85 other countries. 70% are in 0 to 99% of the Federal Poverty Level of 185% or below; 27% are in 100-184%. 99% of CFK applicants referred to CFK by OESS as eligible are enrolled. The services that CFK provides are primary care (well and sick), check-ups, annual physical exams, immunizations, prescriptions, connections to specialists, dental clinics/specialists and vision services (schools/optometrists). Dental (5 clinics), vision and mental health (provided by some schools and by DHHS' Behavioral Healthcare program; services are not sufficient to meet mental health needs) appointments require co-pays from the family receiving the service. Also, CFK doesn't pay for emergency visits or hospitalization. The medical service providers (under subcontracts with PCC) in the County for CFK children are Community Clinic (CCI, with 3 locations), School Based Health Centers (in 13 schools), Kaiser Permanente (Kensington & Germantown), Holy Cross Health Center (Germantown), Spanish Catholic Center, and private practice physicians (Milestone Pediatric Group, Prime Pediatrics, All Day Medical Care). Families of new clients are screened by one of the 3 Offices of Eligibility and Social Services (OESS) in Rockville, Germantown or Silver Spring, based on the zip code of the family's residence. OESS reviews all the family's documentation and determines if the family meets the above eligibility requirements, sends a CFK form letter of approval/denial to the family and a copy, if approved, to CFK. Unfortunately, the eligibility approval letter can be misinterpreted by parents to go to the clinic, so they go but are informed they must first get their ID card from CFK. The eligibility letter wording that informs the family that they must contact CFK before obtaining services should be revised. OESS should begin using the corrected letter as soon as they are made available. Also, the family information sent to CFK isn't adequate; it lacks the family's phone numbers. This causes a delay which CFK is working with OESS to correct. CFK completes its Intake Form by phone and asks which location the family wants for their child's primary care services. CFK then assigns a provider clinic, completes the child's ID Card, and sends an enrollment letter with an ID card for each child and CFK's informational brochure. This entire process for eligibility and enrollment takes 2 weeks for renewal clients or 3-4 weeks for new clients. This was because the approval letter was missing the family's phone number, and demographic information is also essential to CFK's ability to enroll a family. CFK must check if the child is already in its data system, is currently enrolled or new, and must obtain all the family's demographic information and input it into CFK's data system FileMaker Pro. The parent can then take the child to his/her provider with the card. The ID card gives its expiration date (12 months), as a reminder to the family that they must renew eligibility each year; it gives the provider clinic's name and phone number, fee per visit ($0 for the School Based Health Centers; $5 for Kaiser; up to $15 for others, depending on family income), advises the family that they are responsible for emergency room or hospitalization costs; and it gives CFK's phone numbers for customer service. Next, CFK enrolls the child in Optum Pharmacy, which sends CFK 2 prescription cards per child (in case one gets lost). CFK mails the cards to the family with a letter explaining the process. Prescription cards may be used at any pharmacy ($5/prescription). This process takes about 2 weeks. Through coordination with PCC, CFK also provides specialty healthcare services (physical therapy, allergies, asthma, orthopedics, dermatology, obesity, nutrition), dental (5 clinics),

	vision and behavioral healthcare services through partnerships. Finding affordable or discounted specialty health services is very challenging and expensive for both parents and CFK. CFK helps clients to complete forms and documentation for specialty care, as it does for CFK eligibility documentation and application forms. CFK is negotiating for access to the CRISP data system, which hospitals use, to obtain reports on CFK children being served and to be able to better follow-up on children's medical treatment and needs. If the client needs specialty care from Maryland's Children's Medical Services (CMS) program, eligibility takes 2-3 months.
2. Clients are screened for other needs and referrals are made for eligible services available outside the program.	Many of CFK's clients are undocumented children and unaccompanied minors fleeing violence, including teens who are challenged by trauma/gangs/criminals and sexual activity. Therefore, OESS, PCC and CFK screen them also for other needs and provide resource information and referrals outside their services: Health, social services, food and housing. An essential part of CFK's services to its clients and their families is referrals to multiple services that are available outside CFK's program. The provider clinics are good at informing CFK when they have a concern the child or family needs other services. Then CFK's nurse case manager talks to the family and sends relevant educational material to the family with resource information. Behavioral health care/mental health needs are also addressed (provided by the County's Behavioral Health program and a couple of nonprofits), although services are insufficient to meet the needs.
3. The program informs and refers customers to appropriate resources in the community or other DHHS programs, as appropriate.	As stated above in #2, an essential part of CFK's services to its clients and their families is referral to appropriate resources in the community or to other DHHS programs. CFK's nurse case manager talks to the family and sends relevant educational material to the family with resource information.
4. Program regularly solicits customer satisfaction information across all clients and uses information to improve program delivery.	CFK uses a survey form for each family to complete both when they leave CFK or are renewing their eligibility (annually). The survey form asks about their satisfaction with CFK: Did CFK staff answer all questions? Treat the family with respect? How was the overall enrollment process with CFK. It also asks the family to circle their healthcare provider and about their satisfaction with the clinic they used: Were facilities clean and pleasant? Was it a convenient location? Did the client get an appointment when needed? Treated with respect? Did the doctor/nurse answer all questions? Tell you what to do to be healthy? The child's care overall? The length of time they had to wait for the child's scheduled appointment? The survey also gives space for any additional comments. 100% of clients have said that they would recommend this program to others. Staff review the client surveys and take action to improve services.
5. Program delivers services respectful of diverse communities.	CFK staff are knowledgeable and committed to providing excellent equitable and respectful services to the children and their families whom they serve. Staff are trained in cultural competency and in all other relevant areas; they provide services in the context of the client's culture, language, values and beliefs. All of CFK's staff are bilingual in English and Spanish (their client population is 83% Latino) and seek interpreters as needed for other languages.
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.	CFK's website, brochure and educational and materials are easy to understand and bilingual in English and Spanish and reflect cultural diversity. All electronic material is also geared toward clients who have limited English language proficiency. Clients who are not proficient in English or unable to read in their native language, they can call 311 for other language assistance or PCC to better understand the program, policies and other service referrals. CFK staff assist clients one-on-one as needed in completing various forms, documentation, procedures and educational materials.
7. Program is aware of and uses translation	89% of CFK's clients are Spanish speaking. While all CFK staff are bilingual in English and Spanish, translation and Language Line/Language Bank services are used for native speakers of

services to serve non-English speaking customers.	other 38 languages as needed. As stated in #6, clients can call the County's 311 information line for other language assistance or PCC to better understand the program, forms, policies and other service referrals.
8. Program staff are knowledgeable about and provides reasonable accommodations and accessible facilities for customers with disabilities.	CFK staff are trained and knowledgeable about reasonable accommodations and accessible facilities for customers with disabilities. All CFK locations are ADA compatible as required through clinic providers' subcontracts. PCC is contractually in compliance with ADA requirements per DHHS annual monitoring of the contract.
9. Staff are knowledgeable about and provides reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.).	CFK staff assign children to providers who are in a location requested by their family: Near home, work or other location desired by the family.
10. Services are delivered in facilities that are accessible to clients.	As described above in #9, all provider clinics are located near a preferred method of public transportation--bus or metro. CFK staff work with the families to assign them as requested for convenience and accessibility.
11. Services are delivered in facilities that are safe, comfortable and welcoming to clients.	Provider clinics and administrative offices that clients may visit are welcoming, safe and comfortable for clients. As an example, the main office has a welcoming waiting area with toys and books that children can use while waiting for their appointments with staff.
12. Information on how to access or apply for services is available online for clients.	Information about CFK's services and how to apply for services is on CFK's and PCC's website, the County website, InfoMontgomery.org and through the County's 311 information line.
13. Program services are received in a timely manner.	CFK's health services are available once the family becomes eligible, is approved and enrolled with a provider clinic. That process usually takes 3-4 weeks for new children or 2 weeks for renewals. The challenge is for specialty care visits, for which there may be a wait of 2-3 months (for CMS) for appointments: The need for specialists is greater than the availability of physician partners with CFK. Dental care specialists may have a 7- to 9-week waiting list, because the need is so great. To address this issue, CFK is working on developing partnerships with more hospitals and, with the help of PCC, on developing new partnerships with more providers. The County's new eICM data program has caused delays in CFK's eligibility and enrollment process.
14. If the program has a waiting list for services, staff are working to eliminate the waiting list.	As mentioned in #13, staff is working to eliminate the waiting list for dental care. there's also a delay in obtaining specialty care in general (more providers are needed, and CFK is doing outreach to recruit more), but especially in being approved for Children's Medical Services (CMS) with federal funds allotted to Maryland state. About 150 children (10% of CFK's clients) are active with CMS. For enrollment in CFK, there is no waiting list, unless it is agreed to by DHHS.
15. Program regularly reviews changing client outcomes and population needs data and	CFK staff monitor utilization of services and the needs of the clients and their families, in order to determine where there is a need to increase services. Provider clinics' doctors, who follow CFK's policy manual from CFK, are paid by CFK for their appointments with clients according to the services' codes.

incorporates findings into their practice.	To improve services and meet the demand (5,244 children are enrolled currently in CFK; the demand has nearly doubled from 3,024 children served in 2014), CFK needs more funds to hire the following staff: Full-time Client Services Specialist, a full-time nurse case manager, a and a full-time staff to educate the parents one-on-one about their children's and family's medical needs, and to email and text parents reminders of doctors' appointments, immunizations needed, and when they didn't keep appointments. CFK does have an MSW student intern from UMD each year, but that's not sufficient help to the program. CFK needs more County funds to meet the needs of its clientele. CFK also needs more funds to make referrals to CMS by gathering all the family's documentation and to get timely medical reports from CMS on their clients. CFK is trying to partner for services from more hospitals than Kaiser and Holy Cross, to increase its ability to treat clients in a timely manner. For help in raising funds, CFK utilizes PCC's grant writer for grant proposal writing.

III. Accountability

Standards/ Strategies	Supporting Evidence
1. Program applies evidence-based practice to the design and delivery of services.	CFK staff monitor utilization of services and the needs of the clients and their families, to determine where there is a need to increase services. Provider clinics' doctors, who follow CFK's policy manual from CFK, are paid by CFK for their appointments with clients according to the services' codes. To improve services and meet the demand (5,244 children are enrolled currently in CFK; the demand has nearly doubled from 3,024 children served in 2014), CFK needs more funds to hire the following staff: Full-time Client Services Specialist, a full-time nurse case manager, a and a full-time staff to educate the parents one-on-one about their children's and family's medical needs, and to email and text parents reminders of doctors' appointments, immunizations needed, and when they didn't keep appointments. CFK does have an MSW student intern from UMD each year, but that's not sufficient help to the program. CFK needs more County funds to meet the needs of its clientele. CFK also needs more funds to make referrals to CMS by gathering all the family's documentation and to get timely medical reports from CMS on their clients. CFK is trying to partner for services from more hospitals than Kaiser and Holy Cross, to increase its ability to treat clients in a timely manner. For help in raising funds, CFK utilizes PCC's grant writer for grant proposal writing.
2. Program sets monthly/annual targets for outcome measures.	CFK produces monthly reports showing 1) new and active enrollment statistics with the provider clinics' CFK patient statistics and 2) dental services statistics. Quarterly reports are also prepared and address: 1) Number of children newly enrolled in Care for Kids; 2) Percent of children referred to CFK from DHHS Office of Eligibility and Support Services linked to medical care; 3) Number of children served by CFK; 4) Number of CFK children screened for case management Annual reports provide detailed and extensive data; it's exceptional. All of these reports are sent to DHHS for program monitoring.

	CFK staff is aware and committed to CFK's target outcome measures: Enroll new children within 30 days of OESS's eligibility notification; prioritize enrollment of CFK children in School Based Health Centers as their capacity permits; recertify 100% of CFK children who continue to be eligible; provide case management for families/children requiring assistance with special medical and social needs; all clients enrolled have a well visit each year; provide access to prescribed medications as appropriate for clients; provide information on DHHS dental services for all CFK clients and manage specialty dental care referrals; manage referrals to specialty care when requested by the primary provider or the family; enroll clients needing specialty services in DHMH's CMS program; outreach through partnerships and health fairs, school meetings and other. CFK does not set targets for specialty care visits or for medications utilized, but access to these services is monitored to ensure that services are available when clients need them.
3. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results.	Program managers at CFK (and PCC and DHHS) monitor outputs monthly to look for new trends or issues/challenges to address in a timely manner. They also review the number of clients in CFK, the services used and their timeliness. Timeliness of connecting clients to services is the greatest challenge for CFK, because it cannot control the timeliness of the other programs that CFK relies on for eligibility, enrollment and access to services. However, CFK has made improvements by cutting back on paperwork and CFK continually works to further improve timeliness issues by seeking better coordination and communication with the other programs.
4. Program managers regularly disseminates the program's performance data with staff.	CFK's data reports are shared with CFK staff monthly and with DHHS' Chief of Public Health and with Montgomery Cares' Advisory Board (MCAB). MCAB consists of 17 Board members; they are external monitors for CFK. CFK also often gives a presentation to the MCAB at its monthly Board meetings. CFK also communicates with the County Executive's Advisory Board for the Uninsured, and CFK's program director attends monthly meetings of the County's new Community Engagement Office to share information and resources.
5. Program compares results/ trends with similar programs in other jurisdictions or appropriate benchmarks.	CFK uses prior year data to look for trends and changes within the program. There are very few programs in the U.S. that are similar to CFK, but currently comparisons are being explored between CFK and a low-income children's health program in San Diego, California. CFK's program manager participates in the National Children's Health Leaders Network, which is sponsored by the Annie E. Casey Foundation; she consults with other advocates for children's health and explores potential improvements for the CFK program.
6. Are managers utilizing reporting tools and data?	CFK managers utilize reporting tools, data and budget reviews monthly to monitor the status and needs of the program. Staff track client access to services and timeliness and look at equitable distribution of resources and service delivery. CFK 's data program is FileMaker Pro, where CFK inputs all its records on family and children enrolled in CFK. CFK also has an annual quality assurance review conducted by the Grant Group; it is sent to PCC.
7. Program holds staff accountable to demonstrate respect, professionalism, timelines and fairness.	All staff are expected to treat clients with respect and professionalism, in accordance with the DHHS and PCC policies. New staff are given a handbook which includes DHHS' and CFK's written policy on these issues, as well as the policy for safeguarding confidential client information (a copy of the Notice of Privacy Practices, NOPP). Staff whom the Community Reviewers met expressed a strong commitment to serving all clients respectfully, professionally, fairly and in a timely manner. They work hard to meet the family's and children's needs and to expedite healthcare providers' services to their clients. Their greatest challenge is to provide timely access to direct services for all CFK clients. CFK's program manager meets monthly with staff both to provide staff support and to discuss program outcomes and performance expectations. As needed, CFK's manager meets one-on-one with staff, discusses professional development plans and maintains an open-door policy. The Position Description which the Community Reviewers saw did not include a written expectation of these standards, but new hires are given a copy of the written expectations. The CFK program manager was encouraged by reviewers to take advantage of Montgomery County's free trainings, as appropriate.

8. Program has participated in the Quality Service Review (QSR) process.	CFK's Quality Assurance review is done by the Grant Group, if the budget is provided to them. Staff are made aware of DHHS's Quality Service Review (QSR) process and recommendations. CFK staff are well trained when hired, so now the program manager provides quarterly training through PCC and other resources. PCC meets annually with CFK to monitor that their direct service providers have an active M.D. license and updated liability coverage.
9. Program has a clearly written policy for handling complaints/disputes about the delivery of services that is available to clients.	CFK clients are informed formally (a written PCC Grievance and Incident Policy) and informally about how to make a complaint and/or dispute CFK's delivery of services. Such complaints/disputes are likely to begin with PCC or DHHS. If a CFK client has a complaint about OESS offices, she/he is to contact Montgomery County 311 and/or fill out a service request online. Once the complaint is made, the information is sent to the head of DHHS; a response is required within 72 hours. Information is available.
10. A notice of privacy practices (NOPP) is visibly posted in public areas and is provided to clients.	At enrollment, CFK provides each new client with the Notice of Privacy Practices (NOPP), which they explain to the family. They may also receive it through the 3 OESS offices, where their eligibility is determined. It is not posted in CFK's main office, but clients certainly receive NOPP from their provider clinics as well.
11. Staff always adhere to appropriate information security safeguards when sharing confidential documents.	See #7 above. CFK's confidential information and documents on its enrolled families and clients are securely safeguarded through encrypted emails and/or a secured fax going into the office of the recipient. As needed case-by-case, a specific Release of Information is signed by each enrolled family for protection of confidential documents.
12. Client files are stored in a secure area and confidential information is not in plain view.	All CFK's client files are securely kept in locked cabinets and electronically where only CFK program-related staff have access to client information. Staff are trained not to leave confidential information in plain view, and each staff's computer is password protected.
13. Staff practices discretion and has safeguards in place when discussing sensitive client information.	CFK has private rooms where staff and client can confidentially discuss client information, and the speaker phone mode is not used when staff and client are discussing confidential information on the phone. All staff are HIPAA trained.

IV. Capable and Engaged Workforce

Standards/ Strategies	Supporting Evidence
1. Program has sufficient staff and appropriate resources to support goals.	The 18 contracted health providers/sites maintain their own staff. Satisfaction survey results re accessing care, obtaining an appointment, providing required services, sick care/follow up appointments and timely invoicing seem to indicate that the providers can meet the needs of the clients and the program with their current staff. Addressed in Section 2, #15: To improve services, CFK needs more funds to hire the following staff: Full-time Client Services Specialist, a full-time nurse case manager and a full-time staff to educate the parents one-on-one about their children's and family's medical needs, and to email and text parents reminders of doctors' appointments, immunizations needed, and when they didn't keep appointments. CFK does have an MSW student intern from UMD each year, but that's not sufficient help to the program. Demand for children's healthcare services has doubled in the past 3 years from 3,024 children served in 2014 to 5,244 children to date in 2017. Therefore, CFK needs more County funds to meet the needs of its clientele.

	CFK also needs more funds to make referrals to CMS by gathering all the family's documentation and to get timely medical reports from CMS on their clients.
2. The program budget reflects and supports the program's mission and significant needs.	The budget provides for staff, supplies to administer program, cover direct medical costs and some dental care, case management for children needing further health/specialty services and follow up-identifying and addressing the needs of the clients, referring to appropriate resources assuring the health of the recipients and the community. As the demand for services is increasing, and children are automatically enrolled if eligible, it has been difficult to allocate adequate funding for direct services at the beginning of the fiscal year; consequently, budget and contract amendments are done throughout the year as needed. There is close scrutiny of spending by both DHHS and the PCC
3. 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.	Due to the increased numbers of children enrolled, increased demand for specialty services, more complex dental issues, each year DHHS has had to reallocate funds during the fiscal year to cover costs. This is the result of close oversight of funds and ongoing communication between DHHS and the Primary Care Coalition who meet monthly but often have more frequent interactions via phone, e-mail, fax. To supplement the budget: The DHHS Director has reached out to Kaiser, which provides comprehensive care at no cost to the county, to accept 800 children. 1500 CFK children receive care in the school based health centers covered by the School Health budget. To address the behavioral health needs of the children, CFK applied for and received $50,000 for five years from both the Health Initiative Foundation and HRSA-Healthy Tomorrows. The Primary Care Coalition has a designated staff person assigned to search for and apply for funding opportunities.
4. Job descriptions are in place for position and reflect the individual's role in achieving the program's goals.	DHHS has specific job descriptions with educational/professional experience requirements and complexity rating system in which staff are assigned a grade level based upon the specific job requirements. The Primary Care Coalition has well written job descriptions, educational, professional experience requirements for each position assigned to the CFK program. The health providers maintain their own staff, they are licensed and trained according to the needs of each office.
5. Staff responsibilities and activities are appropriately aligned with their position description.	Both DHHS and the Primary Care Coalition have job descriptions for each position assigned to the program. Responsibilities are aligned with position descriptions
6. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and manage services to customers.	Montgomery County has a strong training program for all county staff-topics include IT, stress reduction, increasing communication skills, workplace organization skills to name a few. In addition, DHHS offers training including providing services to a diverse clientele and offering culturally appropriate services, ADA, preventing sexual harassment, HIPAA. As contractors, the Primary Care Coalition can use this professional development tool. The Primary Care Coalition has allocated funds for educational/professional development which CFK staff can use. There are monthly team meetings that can be used for updates, trainings. Staff in the providers' office maintain their own certifications and licensure training requirements.
7. Performance plans and evaluations are conducted on a regular basis for staff (as per Performance Management Cycle).	Performance Plans are in effect. DHHS plans and evaluations are done according to the Montgomery County's performance plan schedule/mandate. The Primary Care Coalition follows a similar schedule with a yearly plan and quarterly review with the supervisor. Supportive meetings are held as needed if deficiencies are noted.
8. Program management utilizes techniques to ensure staff is effectively working to meet goals.	Both DHHS and PCC have Program Managers assigned to the program. They monitor assigned staff's work performance, program inputs and outputs, outcome measures, goals. They have an "open door" policy allowing staff the opportunity to communicate suggestions, issues, needs. They encourage staff to utilize training and professional development opportunities

9. Program provides opportunities for volunteers, interns and/or students.	DHHS has opportunities for volunteers, interns, students. Much depends upon the interest and/or educational/professional requirements that might be required by the institution. PCC uses student interns on a regular basis to assist in program development, evaluation.
10. Program ensures that volunteers, interns and/or students understand their role by providing job descriptions, training, and supervision.	Both DHHS and PCC monitor/closely supervise students, volunteers. They have specific assignments supervised by the program. ADA, HIPAA, Prevention of Sexual Harassment, Confidentiality reviewed at the onset of the assignment
11. Program staff have received emergency preparedness guidance, training and have a plan in the event of an emergency.	As part of DHHS, the assigned CFK staff are part of the county's emergency plan and response team using a chain of command system. Assignment would depend upon the skill level of the staff member and type of response. The Primary Care Coalition has an emergency plan in place. There is a defibrillator, first aid kit on site. Fire drills are conducted by the Fire Marshall on a regular basis at both sites.

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.	All providers in CFK are connected through the PCC, which coordinates the program. Clients get referrals and are connected to services within the program as well as to other services they according to their eligibility which is determined on their OESS intake.
2. Program is aware of, and participated in, the Intensive Team Meeting (ITM) process to support service integration and collaboration across service areas, County departments and community providers.	At this point CFK has not participated in an ITM. If a CFK client is involved in an ITM the County CFK staff would be the link to the process.
3. Staff effectively uses appropriate technology to support work and achieve program goals.	All medical providers use electronic patient records according to their practices. PCC receives information required by the program contract and integrates it in a spreadsheet program and sends (hard copy?) to the County CFK staff.
4. Program has an on-going training curriculum and accountability structure to ensure full utilization of the Enterprise Integrated Case Management (eICM), Electronic Health Records (eHR) and/or Electronic	NA. The County contract manager is trained in eICM use.

Content Management (eICM) systems.	
5. Program staff effectively use eICM, eHR and/or eCM systems for service delivery and to monitor client and program outcomes.	As noted in Sections I.5 and II.1 there have been issues with eICM that have added steps to processing clients and delayed some CFK services. The County staff who has access does input program data to the system
6. Program staff are accessible by telephone and e-mail, and voicemails are responded within one business day.	Program staff is available 24/7 by voicemail or pager when not on site. Medical issues are expected to have a 30-minute response time.
7. Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers.	Program information is available on the DHHS website, PCC website and Facebook. Most clients find the program by word of mouth.

VI. Collaborative Partnerships

Standards/ Strategies	Supporting Evidence
1. Program is continually developing and building community partnerships to promote innovative solutions to current and emergent challenges.	The primary partnership in this program is the contracted one between DHHS and the Primary Care Coalition (PCC), which acts as the is the link between DHHS and all the other participants PCC/CFK partners with two other county funded health programs to provide services. The School Based Health initiative with multiple sites in schools provides primary care during the school year. Montgomery County Dental clinics provide basic dental care. These partnerships operate on an in-kind basis Kaiser Permanente also partners with CFK on an in-kind basis. In FY 16 approximately 10% of the CFK children. Additional partnerships include the contracted private and nonprofit providers of basic care and grants and donations from the private and nonprofit sector to assist in the cost of specialty care needs. The PCC works through its major county funded program Montgomery Cares to identify additional partners especially for specialty services as needs arise.
2. Staff regularly collaborate with the provider community in identifying potential solutions for efficiencies and improvements.	The program is agile and proactive when searching for solutions to problems. Behavioral health issues are not well documented for the CFK population. A project was started with four of the CFK partners to assess additional behavioral health needs. A HRSA grant was obtained for matching funds on for the project. Additional support was obtained to assess mental health needs of the CFK population and for some referrals to specialized clinics.
3. Program regularly solicits the broad input of clients and the community to support proactive planning and improve services.	The program falls under the Montgomery Cares umbrella. As such it is part of the regular planning and consideration of the Montgomery Cares Advisory Board, which considers issues that arise and plans for ongoing improvement in services

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
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 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.	Yes*
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**
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**
Does the agency brochure inform people of how to request the information in an alternative format?	Yes
If the agency has a website, is it accessible to users who are blind or have visual impairments?	No*
Do meeting notices include a statement about requesting sign language interpretation or other accommodations?	N/A
Are meetings held in accessible locations?	Yes
Does the agency 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.	No
Does the agency have a lot of telephone contact with clients?	Yes
If so, does the agency have a TTY telephone? *Crisis Center only	N/A
Is staff trained on the use of the TTY? *Crisis only	Yes
Is agency staff trained to use Maryland Relay?	Yes
Will staff members assist people with disabilities in completing applications if necessary?	Yes

Reviewer comments:

The OESS offices and all hospitals, provider clinics and School Based Health Centers are ADA compliant.

*Care for Kids' administrative office, 1401 Rockville Pike, 2nd floor, Rockville, does not receive clients.

*Primary Care Coalition's office, 8757 Georgia Avenue, Silver Spring, does receive clients. It does not have ADA approved parking, but meter parking is available on the street, and people with disabilities park for free in metered parking spaces if they have handicapped display on/in their cars. If deaf clients call PCC or CFK, staff will get a TTY phone to communicate with them; staff are trained to use Maryland Relay services.

*Montgomery County Government's website is accessible to blind and other people with visual impairments.

ANNEX III: Reviewers

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

Sue Guenther

Sue Guenther is currently a member of the Montgomery County Commission on Aging and has been performing Community Reviews for 12 years. She served for five years on the community action board of Montgomery County, working on Head Start and anti-poverty programs, three of which were as the chair. She received her education in psychology, education and public administration and holds degrees in these areas.

Previously she worked with state and local governments and with associations such as the National Association of Counties, the National Governors Association and the National Criminal Justice Association mental health and family caregiver's associations.

Nancy Scull

Nancy Scull with a Masters 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, she 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.

Susan Kitun

Susan Kitun has over 45 years of experience as a Registered Professional Nurse. She retired from the Montgomery County Department of Health and Human Services, after over 30 years of service, as the Nurse Administrator at the Germantown Health Center.

Ms. Kitun has a BSN from SUNY, Plattsburgh, NY and an MPH from the Johns Hopkins University Bloomberg School of Public Health. Susan also serves as a facilitator for the DHHS Intensive Team Meetings and is a volunteer in the community.

ANNEX IV: Interviewees and Participants

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

Name	Title	Organization
Tara Clemmons	Contract Monitor	DHHS, PHS
Doreen Kelly	Senior Administrator	DHHS, PHS
Marisol Ortiz	Program Manager	CFK, PCC
Brenda Russo	Nurse Administrator	DHHS, SBHC
Blanca Saucedo	Financial Counselor	Holy Cross Health Center
Mayur Mody	Division Administrative Assistant	Holy Cross Health Center
Judith Rios	Director	Holy Cross Health Center
Elizabeth Giese	Family Medicine Lead Physician	Holy Cross Health Center
Lori Scheinberg	Nurse Manger	Summit Hall School Based Health Center
Wendy Enriquez	Children Medical Services	Specialty Care Coordinator
Joanna E. Rivera	Nurse Case Manager	CFK, PCC
Alma Aviles	Client Services Coordinator	CFK, PCC

ANNEX V: Primary Care Coalition Providers

- All Day Medical Care
- Broad Acres ES School Based Health Center
- Catholic Charities Clinic at McCarrick Center
- CCI Health and Wellness
- Gaithersburg HS Wellness Center
- Harmony Hills ES School Based Health Center
- Highland ES School Based Health Center
- Holy Cross Health Center - Germantown
- Kaiser Permanente
- Mary's Center for Maternal and Child Care
- Milestone Pediatrics
- New Hampshire Estates ES School Based Health Center
- Northwood HS Wellness Center
- Rolling Terrace ES School Based Health Center
- Summit Hall ES School Based Health Center
- Weller Road ES School Based Health Center
- Viers Mill ES School Based Health Center
- Watkins Mill HS Wellness Center

Source: www.primarycarecoalition.org/what-we-do/care-for-kids#sthash.xsjLosdo.dpbs

Montgomery County Department of Health and Human Services
Planning, Accountability and Customer Service (PACS)
401 Hungerford Drive, 7th Floor
Tel. (240) 777 1098
www.montgomerycountymd.gov/hhs/