Welcome!

During this webinar we will hear from two health center leaders who have been innovative in their approaches to integrating oral health and behavioral health. Each presenter will share their step-by-step process, what worked well, what didn’t work well, and their future plans for integration efforts.

Session Objectives:
By the end of this webinar participants will be able to:
1. Identify potential strategies that can be implemented in a health center to achieve integration between oral health and behavioral health.
2. Recognize some of the challenges and pitfalls that can occur both internally and externally when attempting to achieve integration.
3. Identify the data needed to evaluate success with integration efforts.
Agenda

• **Henry J. Austin Health Center (New Jersey)**
  - Kimberly Skinner, Dental Manager
  - Lee Ruszczyk, Director of Behavioral Health

• **Santa Barbara Neighborhood Clinics (California)**
  - Dr. Domenic M. Caluori, Chief Dental Officer

• **Q&A**
  - 2 options:
    - Type question(s) to the host in the chat box
    - Use the raise hand feature and we will unmute your phone
Housekeeping

• All lines will remain muted to avoid background noise.

• A copy of the slides & a link to the recording will be shared after the webinar concludes.

• In order to receive CE credit you must fill out the post-webinar evaluation, which will be shared at the end of the presentation.

The DentaQuest Institute is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request
More about our presenters

Kimberly Skinner, Dental Manager

Kimberly earned her bachelor’s degree from Nyack College in Organization Management. She has over 19 years of experience in the Healthcare Industry. She completed an Emergency Medical Technician certificate program with an emphasis on defibrillation. Kimberly has also worked as a Research Coordinator on the Boston Scientific Rapid AF Study and Medtronic Connect Study for the Arrhythmia Institute. In her free time, Kimberly enjoys cooking for her family and friends.
More about our presenters

Lee Ruszczyk,
Director of Behavioral Health

Lee has been in the position of Director of Behavioral Health at Henry J. Austin Health Center since December 2014. He has been employed as a director for 15+ years and prior to that as a supervisor and clinician. Lee has extensive experience with a variety of populations ranging in ages from 5-75 years old. He has worked directly with both mental health and substance use clients in non-profit settings as well as private practice. He has experience as an adjunct professor teaching undergraduate addiction courses. Lee has been a Licensed Clinical Social Worker for the past 30 years with twenty years of supervisory experience. He obtained his undergraduate and master’s degrees from Rutgers, The State University of New Jersey. He has been working with an underserved population in different capacities throughout his career. He has also served as a mentor to social work student interns imparting his experience to the next generation of social workers. In his spare time he enjoys reading, riding his motorcycle and photography.
More about our presenters

Dr. Domenic M. Caluori, Chief Dental Officer

Dr. Domenic M. Caluori is a dentist with over 30 years of experience in the dental field. He was trained as a certified Dental Laboratory Technician in Switzerland. He graduated Magna Cum Laude from Temple University School of Dentistry in Philadelphia. Then he received 3 years of specialty training in Prosthodontics from New York University College of Dentistry receiving one of two national grants in Prosthodontics from the American College of Prosthodontics. He also received the first Harold Litvak Block Drug Fellowship from New York University. He has been a faculty both at New York University and University of Kentucky in Lexington, Kentucky. He is a Fellow of the International Congress of Oral Implantologists and trained under Dr. Dennis Tarnow and Dr. Carl Misch. He practiced for 12 years as a prosthodontic specialist in Kentucky. Dr. Caluori has conducted and published peer reviewed dental research during his career and lectured both nationally and internationally on Prosthodontics and Implant dentistry. He is currently the Chief Dental Officer of the Santa Barbara Neighborhood Clinics and the Director of the NYU-Lutheran AEGD residency program in Santa Barbara.
Henry J. Austin Health Center
and

Integrated Health Care

Lee Ruszczyk, LCSW, CCS, ACS
Director Behavioral Health

lee.ruszczyk@henryjaustin.org

Funded by The Nicholson Foundation and The Health Resources and Services Administration
HJAHC has 24,000 active patients,
13,000 patients generated close to 50,000 visits in 2015
HJAHC offers services at four stand alone sites and five sites within mental health institutions

<table>
<thead>
<tr>
<th>Site</th>
<th>HJAHC Warren</th>
<th>HJAHC Ewing</th>
<th>HJAHC Chambers</th>
<th>HJAHC Bellevue</th>
<th>HJAHC@ Catholic Charities</th>
<th>HJAHC@ All Access Mental Health</th>
<th>HJAHC@ Family Guidance Center Corporation</th>
<th>HJAHC@ Rescue Mission of Trenton HJAHC</th>
<th>HJAHC@ Oaks Integrated Care Inc.</th>
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<tbody>
<tr>
<td>Address</td>
<td>321 North Warren Street</td>
<td>112 Ewing Street</td>
<td>317 Chambers Street</td>
<td>433 Bellevue Avenue</td>
<td>10 Southard Street</td>
<td>819 Alexander Avenue</td>
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<td>Hours of Operation</td>
<td>Mon - Fri 8AM – 5PM, Sat 9AM – 1PM</td>
<td>Mon - Fri 8AM – 5PM</td>
<td>Mon - Fri 8AM – 5PM</td>
<td>Mon &amp; Fri 9AM–12PM</td>
<td>Mon &amp; Fri 9AM–12PM</td>
<td>Wed 9AM-12PM</td>
<td>3rd Fri of Month 1PM-4:30PM</td>
<td>Thurs 1:30pm5pm</td>
<td>Thurs 9am-12pm</td>
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</table>
Population Served:

• In 2016 HJAHC provided services to over 12,700 unique patients generating over 46,000 visits
• Approximately 98% of those patients received at least one behavioral health screening
• Goal is for at minimum 90% of all patients visits to receive a behavioral health screen
• On average 15%-20% of patients will have a positive screen
• BHC’s provided approximately 7000 visits in 2016
• Expectation for BHC is to complete an average of 8 encounters per day
How did we get here?

• Initial grant from the State of New Jersey to provide SBIRT services at all primary care sites
• Grant was slated to be available for 5 years beginning July 1, 2013
• Funding for SBIRT at all primary care sites was discontinued on August 31, 2014
• Grant shifted to providing SBIRT services at Emergency Departments of local medical centers
• Grant funding was discontinued September 11, 2015
How did we get here continued:

- Nicholson Foundation provided funding for integration of behavioral health into primary care through an association between the Trenton Health Team and HJAHC
- Initial grant period March 1, 2014 until May 31, 2015
- Second grant available from April 1, 2016 until June 30, 2017 with shift to HJAHC as solo
- Expansion of Medication Assisted Treatment Services available through HRSA grant funding March 1, 2016 until March 31, 2018
Behavioral Health Staff and Services

- 5 BHC’s: One for each site and the Access Department
- 1 Substance Use Counselor
- 1 Community Health Worker
- 1 Clinical Therapist

- Behavioral Health Screening for all patients
- Brief Intervention for all identified patients
- Mental Health Treatment
- Substance Use Treatment focused on Medication Assisted Treatment
- COBALT: Computerized CBT with Modules and Screener
- Computerized Recovery Support
- Assessment of Level of Patient Activation for Chronic Disease Patients
### Levels of Integration: What is the goal?

<table>
<thead>
<tr>
<th>Level One</th>
<th>Level Two</th>
<th>Level Three</th>
<th>Level Four</th>
<th>Level Five</th>
<th>Level Six</th>
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<tbody>
<tr>
<td>Minimal Collaboration</td>
<td>Basic Collaboration at a Distance</td>
<td>Basic Collaboration Onsite</td>
<td>Close Collaboration Onsite Some Integration</td>
<td>Close Collaboration Approaching Integrated Practice</td>
<td>Full Collaboration in a Merged Integrated Practice</td>
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<tr>
<td>Separate facilities</td>
<td>Separate facilities</td>
<td>Co-located, may or may not share same practice site</td>
<td>Co-located and beginning of integration</td>
<td>High level of integration and providers start to function as a team</td>
<td>Single transformed practice with no lines of delineation</td>
</tr>
<tr>
<td>separate system</td>
<td>separate systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infrequent communication about patients</td>
<td>View each other as resources</td>
<td>Referrals flow through two different practices</td>
<td>Complex patients with mental health/substance use drive need for consultation</td>
<td>Providers beginning to change structure of their practice</td>
<td>Single health system that treats the entire person</td>
</tr>
<tr>
<td>Communication driven by provider need</td>
<td>Shared patient around a specific issue</td>
<td>Decisions about patient made by individual not team</td>
<td>Basic understanding of each others role</td>
<td>Providers start to seek solutions as a team</td>
<td>Treating all patients not just targeted groups</td>
</tr>
</tbody>
</table>
Who is on the team?

- **Behavioral Health Consultant (BHC)/PH.D./LCSW**
  - Communicates with the PCP to clarify diagnosis and unify treatment plan
  - Manages psychosocial aspects of acute or chronic medical conditions
  - Applies behavioral principles to address lifestyle and health risk issues
  - Monitors symptoms and functioning, and communicates concerns/progress to PCP
  - 1 BHC::4 PCPs (1::3 in pediatrics)

- **PCP/ Specialty Medical Provider (Dentist/OB/GYN, Cardiologist, Nephrologist)**
  - Assesses and treats patients with acute and chronic health problems with the assistance of a BHC or specialty behavioral health provider, as clinically indicated

- **Psychiatry**
  - Communicates with the PCP regarding medication concerns
  - Provides diagnostic clarification to the PCP
  - Offers psychotropic medication recommendations to PCP
  - May see the patient in person or tele-medicine
  - Training of PCPs (lunches, stump the chump sessions, etc.)
Who is on the team?

• **Patient Services Representatives/Office Managers**
  - Greets patients, obtains paperwork, including consent, etc.
  - Coordinates the scheduling of appointments
  - Obtains medical/behavioral releases for outside agencies

• **Nurses/Medical Assistant/Community Health Worker**
  - Identifying presenting problems during visit
  - Administering behavioral health screening tools
  - Coordinating with multidisciplinary staff to manage clinic flow and delivery of multiple services on single date of service
  - Coordinates care, engages patient in the community

• **Pharmacists**
  - Medication management with complex patients
  - Medication groups
Integrated Care

Dental and Behavioral Health at Henry J Austin Health Center
Presented By Kimberly Skinner, Dental Manager
VISION STATEMENT
Henry J. Austin Health Center, Inc. will improve the quality of life through superior health care outcomes for the greater Trenton community as their medical home of choice.

MISSION STATEMENT
The Henry J. Austin Health Center, Inc. provides patient-centered, comprehensive, accessible, efficient, quality primary care, mental health and substance abuse treatment services to the culturally diverse greater Trenton community. Our exceptional, dedicated, well-trained team delivers best practice healthcare, working with community partners to provide an extraordinary customer service and quality outcomes.
Why Screen Mental Health During a Dental Visit?

- Screening for mental health issues in all departments creates access to behavioral health services for all patients.

- Meet UDS measure to screen for depression.

- Help patients feel as if they are being treated as a whole person not just for a condition or issue.
Our wellness screen was created by our director with our specific population in mind.

We screen for depression, drug use, alcohol abuse, and anxiety.

Our behavioral health staff were specifically trained to do integrated care with brief interventions.
Positive Wellness

- Each wellness screen question has a numerical value that when calculated will produce a score.

Positive Scores

- Alcohol:
  - Male: Score of 4 or more
  - Female: Score of 3 or more
- Depression: Score of 3 or more
- Insomnia: Score of 3 or more
- Anxiety: Score of 3 or more
- Drug use: Score of 3 or more
The dental assistant conducts the wellness screen and enters the information in the EMR.

The dental assistant calculates the score for each section and notifies the dentist of a positive screen.
Internal Referral

- A positive screen will require the dental assistant to enter an order to a behavioral health counselor (BHC).
- Once the order is received, the BHC will come to the department (if available) to see the patient.
If the BHC is not available, they will contact the patient and schedule an appointment.

If the dentist feels that the patient needs an immediate visit, a call is placed to the BHC assigned to the department.

An order is also created for the BHC to track and document seeing the patient.
# Behavioral Health Referral

In **SUBMITTED** to nobody (created 01-06-2017 11:00 AM by kskinne15) #546507

Print barcode labels for order results:

## Details

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<td>03-16-2017</td>
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<tr>
<td>03-16-2017</td>
<td>microalbumin, random urine</td>
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<tr>
<td>03-16-2017</td>
<td>lipid panel-303756-P</td>
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<td>09-16-2016</td>
<td>urinalysis, complete w/reflex to culture</td>
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</table>

**Department**: Henry J Austin at All Access Mental Health

**Description**: Behavioral health referral

**Diagnosis**: Screening finding

**ICD-10**: Z13.9 Encounter for screening, unspecified

**Clinical Provider**: Search

**Ordering Provider**: LEE RUSZCZYK, LC5W NPI 1780747451

**Approved/Denied**: Approved by Iruszczyk 11/14/17

**From Encounter**: CINDY SUSSMAN, MD, ESTABLISHED PATIENT 30 06/20/2016

**Perform Date**: 06/20/2016

**Summary of Care Record**: Send with order

**Attachments**

**Note to Provider**
Staff Training

- In-service about Trauma Informed Care
- In-service on Patient Activation Scores (PAM)
- Wellness screen completion
- Patient interviewing
Lessons learned

- We had to reach out to our EMR to create a wellness screen tool that could be accessible to all staff.
- Having a non-integrated EMR and EDR produces double the work for staff.
- EMRs can be challenging in capturing data for behavioral health. EDRs lack the capability to capture behavioral information as well.
Lesson Learned

- New patients may not answer the question truthfully at the first visit. You may need to gain their trust before they respond honestly.
- Patients need to be screened every visit.
Dental Visit Outcomes

- Total Dental visits 1/2017–12/31/2017: 10,560
- Total number of patients screened: 97.7% or 10,317
- Total number of unique patients seen for that timeframe: 3,498
- Total number of patients screened: 96.1% or 3,362
Dental Screening Outcomes

- 296 positive for insomnia
- 191 positive for depression
- 135 positive for drug use
- 180 positive for anxiety
- 64 positive for alcohol
Wellness Screenings for behavioral health issues assist the dentist with identifying possible barriers to self care.

BHC involvement with dental patients who have positive wellness screen allows the dental team to continue to provide focused care.

Screening in the dental department provides access to behavioral health services for all patients at our Health Center.
Santa Barbara Neighborhood Clinics

Integrated Care Clinic
Integrated Care Clinic

Dental-Medical-Behavioral Integration Between Two Separate Organizations
The mission of Sanctuary Centers of Santa Barbara is to provide a continuum of treatment to adults living with mental illness (seriously disabled) and co-occurring disorders in order to prevent further hospitalization, create opportunities for community reintegration, and extend an on-going safety net to ensure long term remission, while maintaining the highest treatment and professional standards.
The mission of the Santa Barbara Neighborhood Clinics is to provide high quality, comprehensive and affordable healthcare to all people, regardless of ability to pay, in an environment that fosters respect, compassion and dignity.
The Integrated Care Clinic is the first collaborative clinic in Santa Barbara to co-locate medical, dental and mental health services with the goal of reducing barriers to care for those with mental illness and substance use disorders.
• This population is dying 25 years earlier than other groups, but not directly from mental illness.
  • Diabetes
  • Hypertension
  • Obesity
  • Cardiovascular disease
  • Complications resulting from years of dental neglect
Concept and Funding

- Concept talks and funding took approximately 1 year.
- This is a pilot project for 3 years until a planned multi-story building is built with 3 medical and 3 dental chairs on the first floor and new housing units above.
- Funding was the hardest because the funders had to fund something that did not exist; no track record and no metrics. They basically trusted both organizations (CEOs) were doing the right thing. Both organizations wrote grants and multiple organizations helped with the funding.
Licensing +MOU

- HRSA change in scope was needed to add an intermittent clinic. We operate 5 days per week and see patients 6 hours per day for a total of 30 hours per week. This arrangement created some difficulties in staffing considering dentists working full time.
- OSHPD certification not needed due to the intermittent clinic status.
- Licensing through the State of California, Department of Health Care Services.
- The MOU discussions involved many people and it took a while to come to an agreement. The more people that are involved the more difficult these agreements become.
Realization

• Sanctuary Centers owns the building and did the build out of the facility according to the plans of the Neighborhood Clinic. The Neighborhood Clinics moved in their medical equipment and established their IT infrastructure.

• A used dental chair was donated by local dentists, the sterilizer and other medical equipment was donated by Direct Relief. We started dental operations not having all the smaller equipment on our wish-list but added them little by little as they became necessary during the first few months of operations.

• The opening ceremony was July 12, 2017 and we started seeing patients the next day.
Our Dental Office
Our Medical Office
Staffing

ICC Clinic

Clinic Manager
+PAN

1 Intern LMFT

1 PA + 1 MA

1 Dentist + 1 DA
Partnership Concerns

- We had to figure out who runs the clinic and who is responsible for the daily organization: Sanctuary or Neighborhood Clinics?
- Cultural difference between medical/dental personnel and behavioral health/drug addiction personnel and clinics.
  - This requires in house staff training to understand each other’s culture so we can speak the same language. This needs to be repeated over and over. Behavioral health organizations tend to have a very strong internal culture and identity; even more so than FQHCs.
- How do we integrate the LMFT into the clinical flow? Before each visit or during each visit as needed? It depends.
Medical-Dental Concerns

• Historically different workflows between medical and dental clinics was our main concern.
• How can the front desk understand the very different medical and dental scheduling and billing concepts?
• What kind of personnel should be staffing this clinic?
• How many patients can we see per day?
• What should our expectations be?
• How do we handle patients with mental health problems?
Lessons Learned Staff

• DA and dentist need to be very familiar with dental operations such as scheduling, billing, Medicaid rules, etc.
• Personnel needs to be motivated and willing to learn new things. Your A team needs to be there. The B team won’t do.
• Medical does not understand dental billing and workflows and vice versa. Lots of training needed. You can’t take your normal medical PAN and then train them a day or two and expect they understand dental scheduling and procedures. They need to work for 2-3 months in dental to understand dental appointment scheduling and billing.
Lessons Learned Staff

• Sliding Fee Scale and Bundled Fees are different in Dental.
• Appointment types and lengths vary greatly compared to medical.
• Dental has a lot of consent forms needing signatures; medical does not have as many.
• Front desk needs to know that the medical side has rigid appointment times. This cannot always happen in dental since it is a surgical skill, often surgeries take longer than planned. This normally doesn’t happen in medical primary care.
• Quite frequently dental treatment plans change during the treatment. PANs need to be comfortable going into EDR and reading the progress notes otherwise they schedule the wrong appointments. Again, training is so crucial for this to happen.
Lessons Learned Patients

• Patients with co-occurring disorders require experienced and very understanding and emphatic providers and staff. Not everyone is able to do this. It requires very good social skills.
• If patients cancel they don’t call back. We need to call them and get them back or they go somewhere else.
• This patient population requires very personal attention. Everyone needs a different approach depending on their illness or recovery status or drug of choice.
• We started with 1 hour appointments per patient and ended up scheduling 30 minutes only for the first 1-2 appointments to allow the patient to get comfortable with staff and environment. Then after that we schedule longer appointments. Cuts down on high initial no shows.
Lessons Learned Schedule

- New patient exams can be before lunch or at the end of the day. If they take longer it won’t delay the next patient.
- Sometimes it is easier if we know the mental state of a new patient beforehand so we can call them and prepare them for the visit and discuss fears, concerns, answer questions and see if they may qualify for Medicaid.
- Some patients may take 1.5 hours to fill out demographic and medical history forms. Plan for this if you know the patient’s mental health status. LCSW or LMFT needs to help the patient fill out the forms and address concerns. Blend cultures!!
- EDR appointment times are set up with multiple chairs in mind like the other clinics. This will not work with a single chair and 1 DA. Not an ideal set up as expected.
Lessons Learned Schedule

• Patients with a history of drug use should be identified so we can reserve more time for the local anesthesia to work.

• If patients have a scheduled appointment for their behavioral component they often no-show dental or medical appointments. We need to know who are residential patients so we can coordinate their appointments. Behavioral needs to know that their patients have dental or medical appointments. Again, training is needed. Communication is crucial. Sharing schedules across the specialties is important for clinic flow.

• Many patients don’t have cell phones so we can’t confirm appointments. In person confirmation the day before.
Lessons Learned x-Referring

• Even though we are 10 feet apart from each other, medical and dental cross referral is not being done well. Co-location is not solving this. Training is needed over and over to create a cultural change. More patients come to medical than dental because dental has only 20% capacity compared to medical in a CHC. Medical to dental referral is of primary importance.

• Medical, Dental and Behavioral should do huddles together.

• Providers need individual training to realize the benefits patients get when we cross refer. Some realize it and some don’t.
Blending Cultures

• TRAINING is the most important activity for improvement. OVER AND OVER AND OVER. Plan it bi-weekly for 1 hour. Improvement is in the details, especially in this environment because we deal with 3 different types of cultures: medical-dental-behavioral.

• Have frequent meetings together and be ready to change to what works better for all.

• Do not solve problems within the medical or dental or behavioral sub-department. Solve problems involving all three – medical, dental and behavioral. Communication is important. Everybody needs to know what the others do and why.
Crucial Points

• The top (CEO) leadership needs to be approachable and have complete buy in. They need to help solve issues. Set example.

• Do not solve problems within the medical or dental or behavioral department. Solve problems involving all three – medical, dental and behavioral. Communication is important. Everybody needs to know what the others do and why. Blend cultures.

• If front desk personnel comes from either medical or dental, they need to spend 2 months in the other clinic to understand the other specialty. One or two training sessions won’t suffice.
Metrics

July 13, 2017 to February 28, 2018

• Unique Patients: 929
• Medical encounters: 1,320
• Dental Encounters: 657

DentaQuest Benchmark Analysis Dental

• 1 FT Dentist /1 DA / 1 Dental Chair = 1.2 patients per hour.
• 120 hours per month = 144 patients.
• Minus 15% broken appointment rate benchmark = 122 patients per month not counting holidays or considering the unique patient population. We had 116 in January 2018.
ICC Kept Appointments

Month

Dental
Medical
Combined

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<td>34</td>
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Initial experiences

• Very positive reactions from local partners, the community at large and the healthcare community: “It was about time somebody did this...”
• Staff enjoys the working environment.
• Patients have a lot of good things to say about the partnership. Instead of calling 911 or transporting patients to local ED, Sanctuary patients now have the ICC. Patients have increased comfort level seeing a medical or dental provider they know.
• Neighboring organizations profit from our presence with reduced ambulance calls/medical emergencies.
Outlook

• We can’t wait to be in the new clinic with 3 chairs each.

• We plan to be open all 7 days due to the inability for patients to find care on weekends.

• Many patients from our other clinics prefer to be in this clinic due to the behavioral support and unique environment.
Q&A
Post-Webinar Evaluation

https://www.surveymonkey.com/r/86ZD525

*required for CE credit
Next Lunch & Learn Webinar

Implementing Silver Diamine Fluoride

Wednesday, April 25th 12-1 PT

Presenter: Dr. Mark Koday

*1 CE credit available
Partnering to Strengthen and Preserve the Oral Health Safety Net