

**DENTAL SERVICES AT THE YOUTH SERVICES CENTER AND NEW BEGINNINGS  
YOUTH DEVELOPMENT CENTER**

Report 2022 – 2

MAY 13, 2022



OFFICE OF INDEPENDENT JUVENILE JUSTICE FACILITIES OVERSIGHT

MARK JORDAN  
EXECUTIVE DIRECTOR

MIA CARAS  
SENIOR ANALYST

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## **I. INTRODUCTION**

This report of the Office of Independent Juvenile Justice Facilities Oversight (OIJJFO) is produced pursuant to Mayor’s Order 2020-115, November 13, 2020. The Office was established to “regularly monitor and publicly report on ....[t]he durability of the reforms the Department of Youth Rehabilitation Services (“DYRS”) previously achieved under the Jerry M. Work Plan and Consent Decree; and DYRS’s progress in achieving Jerry M. Work Plan Goals, including critical Work Plan indicators, that DYRS did not achieve prior to the Superior Court’s termination of the Jerry M. lawsuit.”<sup>1</sup>

This report focuses on dental services at DYRS’ two secure facilities, the Youth Services Center (YSC) and the New Beginnings Youth Development Center (New Beginning). The OIJFO relied on an assessment conducted by its medical expert, Michael D. Cohen, M.D.,<sup>2</sup> which is attached to and described in this report.<sup>3</sup> A draft version of this report was provided to DYRS for review and comment on April 8, 2022. DYRS representatives submitted their comments on May 6, 2022, and a copy of those comments are attached to this report.<sup>4</sup>

## **II. BACKGROUND**

Incarcerated populations of juveniles have different health needs than adult populations and, as a whole, have fewer medical problems than adults. According to Dr. Cohen, based on his experience, “dental cavities are the most common physical health problem among delinquent

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<sup>1</sup> Mayor’s Order 2020-115, November 13, 2020, §I.A.1.-2.

<sup>2</sup> Dr. Cohen served as the Medical Director for 20 years at the New York State Office of Children and Family Services, which operates the state’s juvenile justice system. He is extremely knowledgeable about DYRS’s dental services program, having served as an expert to the Office of the Special Arbiter from 2005 to 2020 and, most recently, evaluated aspects of DYRS’s dental program in 2019.

<sup>3</sup> Attachment 1, Initial Dental Care at the Youth Services Center (YSC) and New Beginnings (NB) Secure Residential Programs, Michael D. Cohen M.D., March 29, 2022.

<sup>4</sup> Attachment 2, May 6, 2022, Memorandum from Hilary Cairns, DYRS Director, and Dr. Khandra Tyler-Beynum, DYRS Medical Director, to Mark Jordan, Executive Director, OIJFO.

youth.”<sup>5</sup> He stated that, “[j]uvenile rehabilitation goals are advanced by a comprehensive dental program to restore and maintain the teeth and mouth. Youth must have healthy teeth and gums with an intact smile to obtain employment and engage in affirming social relations with self, peers and adults.”<sup>6</sup> From a public health perspective, assessing and treating the dental needs of youth admitted to the YSC and New Beginnings is an opportunity to provide youth with needed services that they may not be receiving in the community.

Due to the importance of dental care to youth confined at the YSC and New Beginnings, the Jerry M. Work Plan included explicit requirements related to dental services. Specifically, the Work Plan required that youth receive a comprehensive dental assessment within 14 days of admission to either facility, the development of a treatment plan to address identified oral pathologies, routine dental cleanings, and prophylaxis services.<sup>7</sup> It also required the implementation of the dental treatment plan, including necessary restorative dental care, insofar as possible based on youths’ lengths of stay.<sup>8</sup>

In 2019, the Special Arbiter filed a report that included findings regarding dental services at DYRS’s two secure facilities. The report found that, for the most part, comprehensive dental assessments were completed timely at both facilities.<sup>9</sup> There were, however, several identified weaknesses in the dental program: (1) Documentation of initial assessments was incomplete, omitting documentation pertinent to negative findings as well as positive findings; (2) A list of findings by tooth only was completed during the initial assessment, but not subsequent

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<sup>5</sup> Attachment 1 at 1.

<sup>6</sup> *Id.*

<sup>7</sup> November 21, 2019 Revised Final Approved Amended Comprehensive Work Plan (Work Plan) at Goal VIII.A.9.a.ii.

<sup>8</sup> Work Plan Goal VIII.A.9.b.ii.

<sup>9</sup> The Special Arbiter’s Report to the Court Regarding Defendants’ Progress Toward Meeting Work Plan Requirements Related to Medical and Dental Services at the Youth Services Center and the New Beginnings Youth Development Center, filed December 20, 2019 (December 2019 Report), at 58.

assessments; and (3) There was no dental problem list that could be updated or reviewed by non-dental staff.<sup>10</sup> Regarding the absence of a dental problem list accessible to non-dental staff, the Special Arbiter noted that, “[i]t is critical for health care staff to have access to all health care information that might be relevant to care and treatment, so that they have accurate and complete information to inform their treatment-related decisions.”<sup>11</sup>

With respect to timely implementation of the dental plan of care, based on Dr. Cohen’s 2019 assessment, the Special Arbiter found that the applicable requirement was met at the YSC, but only partially at New Beginnings. At the YSC, all of the youth in the sample Dr. Cohen reviewed either received all necessary dental care identified in their treatment plan or repeatedly refused timely appointments.<sup>12</sup> In contrast, at New Beginnings Dr. Cohen found that not all youth received all necessary care timely. He stated “[t]he timing of follow-up appointments is sometimes delayed for months”<sup>13</sup> and that care “appears to have been incomplete primarily due to long gaps between appointments (as well as the occasional refusal).”<sup>14</sup>

Since Dr. Cohen’s 2019 assessment of dental services, the composition of the population of the YSC in particular has changed significantly. A large percentage of youth housed at the facility have long lengths of stay. For example, as of April 5, 2022, 35 percent of youth housed at the YSC have been detained at the facility for six months or more. The longer youth remain at a facility, the greater the expectation that all of the needs in their dental treatment plan will be completed. Dr. Cohen thus assessed dental services at the YSC and New Beginnings in light of the current populations housed at each facility.

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<sup>10</sup> December 2019 Report at 60-61.

<sup>11</sup> *Id.*

<sup>12</sup> December 2019 Report at 62-63.

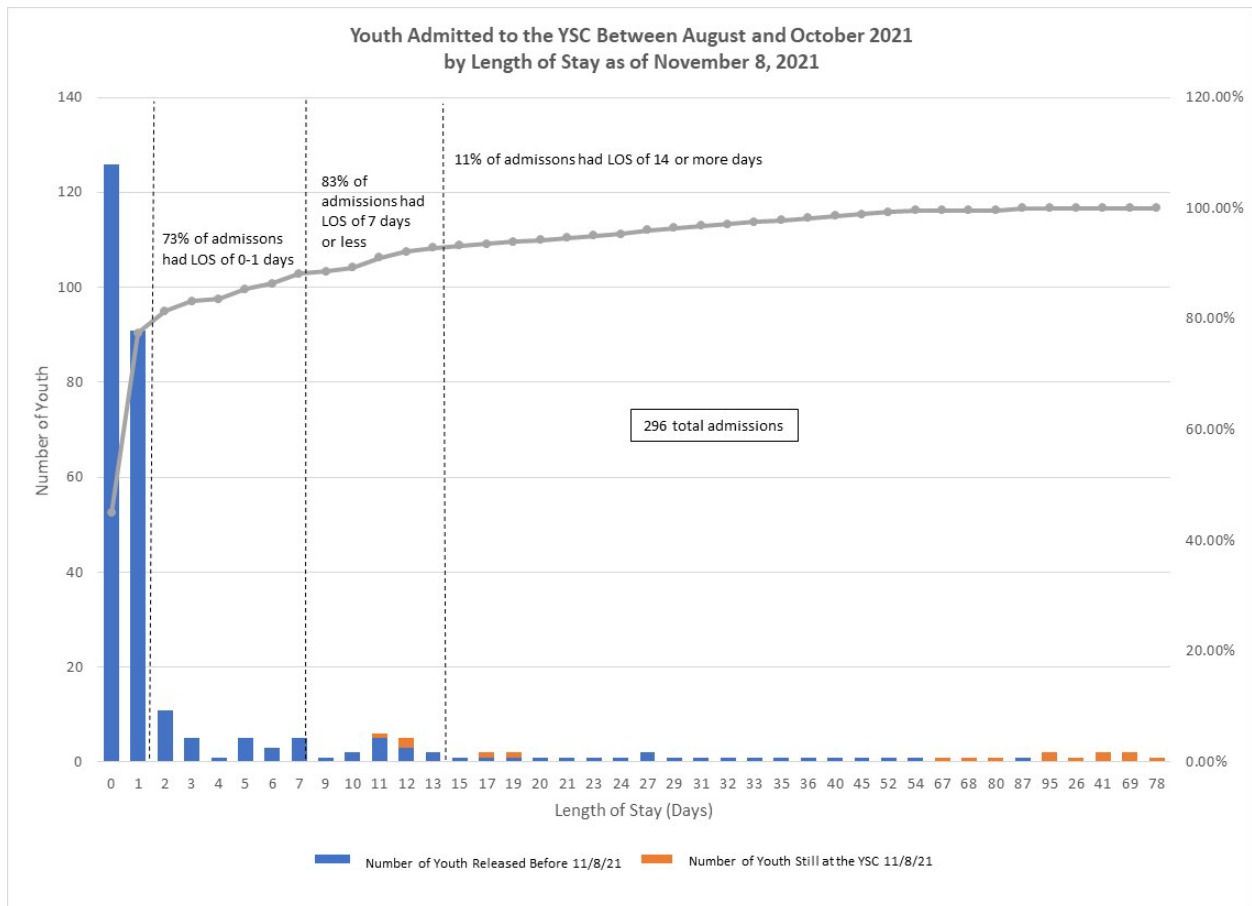
<sup>13</sup> December 2019 Report, Ex. 1, at 64.

<sup>14</sup> *Id.*

### III. METHODOLOGY

To assess dental services at the YSC and New Beginnings, OIJFO staff selected samples of youth admitted to each facility during the period August 1 to October 31, 2021. Initially, OIJFO staff downloaded admission data for both facilities from DYRS’s management information system, FAMCare, and analyzed the total number of youth admitted to each facility over the period, including every youth’s length of stay as of the date of the data download (*i.e.*, November 8, 2021).

The chart below reflects the total number of youth admitted to the YSC over the review period and the cumulative distribution of youth lengths of stay among those admitted youth as of November 8, 2021.



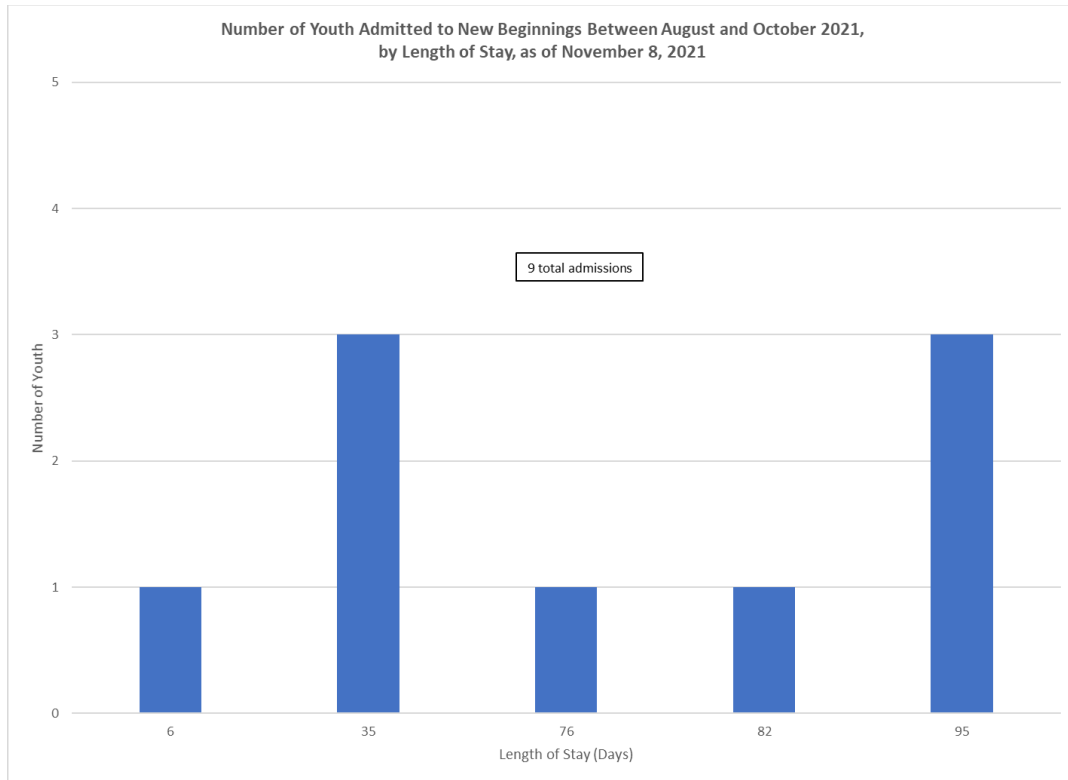
Of the 296 admissions over the period, 60 percent of admitted youth were overnighters, 23 percent were detained youth, 10 percent were committed youth, one percent were Title 16 youth, and six percent had other statuses (*e.g.*, PINS youth, youth held under an interstate compact, or youth with multiple legal statuses).

As the chart reflects, at the YSC, 75 percent of youth admissions were associated with a length of stay of less than two days and 83 percent of admissions were associated with a length of stay of one week or less. Only 11 percent of admissions (33 admissions), resulted in a length of stay of 14 or more days. OIJFO staff selected an initial sample of 15 youth from among these 33 admissions. Upon closer review of youth records, five of the admissions were not admission events that required a new dental assessment and were excluded from the final sample.<sup>15</sup> Two additional admissions were selected and included in the final sample of 12 youth admissions.

Unlike the YSC, which processes many youth admissions daily, New Beginnings houses only committed youth who DYRS elects to place in the facility. Over the three-month review period, only nine youth were admitted to New Beginnings. The chart below reflects the total number of youth admitted to New Beginnings over the review period and the cumulative distribution of youth lengths of stay among those admitted youth as of November 8, 2021.

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<sup>15</sup> For example, a youth detained at the facility may have been rebooked on a new charge, which administratively appeared in FAMCare to be a release and readmission on the same day, but the readmission did not require a new dental assessment.



Eight of the nine youth had been housed at the facility for at least 14 days as of November 8, 2021, and thus were included in the sample.

Dr. Cohen assessed dental services utilizing two methods. First, to assess the timeliness and quality of initial comprehensive dental assessments and the development of treatment plans, Dr. Cohen reviewed the electronic health record (EHR) of each youth in the two samples. Second, in order to assess implementation of treatment plans, Dr. Cohen supplemented the findings from his two samples of youth using a report-generating function that is part of the EHR that DYRS uses at the two facilities. Specifically, Dr. Cohen generated reports of all open orders for dental care on a specific date and used that report to assess how long each dental order had been open and whether the ordered dental services were completed timely or were overdue. In this way, he was able to review dental care provided not only to youth in the samples who were

admitted during the three-month period of his review, but also the dental care provided to youth with much longer lengths of stay who were admitted prior to the three-month review period.

OIJFO staff and Dr. Cohen interviewed the dentist who provides services at both facilities and reviewed relevant dental care policies. OIJFO staff additionally interviewed nurses and nurse practitioners (NP) at the YSC and New Beginnings.

#### **IV. FINDINGS**

DYRS employs one dentist and one dental assistant<sup>16</sup> who provide dental services to all youth at the YSC and New Beginnings. These dental staff are scheduled to work on-site for eight hours per day, three days per week at the YSC and at New Beginnings the remaining two days of the week.<sup>17</sup>

DYRS has two identical policies related to dental care, one for each facility.<sup>18</sup> These policies require that youth receive a dental screening within seven days of admission by the dentist or a qualified health care professional (QHCP)<sup>19</sup> trained by the dentist; that youth receive an examination within 14 days of admission by the dentist with instruction in oral hygiene and oral health education; and that youth receive timely treatment of dental needs.

Based on Dr. Cohen's findings, the sections below describe dental performance at both facilities in light of current DYRS policy requirements.

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<sup>16</sup> The dental assistant was hired on November 8, 2021.

<sup>17</sup> They provide services at the YSC on Tuesdays, Thursdays, and Fridays, and at New Beginnings on Mondays and Wednesdays.

<sup>18</sup> Attachment 3, Oral Care, policy no. V.e.4.(YSC), eff. April 19, 2016 (YSC Oral Care Policy) and Attachment 4, Oral Care, policy no. V.e.4.(NB), eff. April 19, 2016 (New Beginnings Oral Care Policy).

<sup>19</sup> The policies define QHCPs as “[i]ndividuals whose training and licensure permits them to prescribe or administer medication and/or provide other medical services.” Attachments 3 and 4 at V.

## **A. Dental Services at the Youth Services Center**

The YSC is the intake processing facility for youth who are ordered to be securely confined in DYRS custody. When the facility opened in December 2004, the intent was to house mainly detained youth and overnighters. Over time the population of youth at the YSC has changed: In addition to detained and overnighter youth, youth with various other legal statuses are currently held at the facility for various lengths of time, including committed youth, youth awaiting placement at a different facility, and Title 16 youth.<sup>20</sup>

### **1. Dental Screening Within Seven Days of Admission**

The YSC Oral Care Policy requires that each youth receives an oral health screening by the dentist or a QHCP trained by the dentist within seven days of admission. OIJFO staff reviewed a copy of the written training materials regarding oral health screenings that medical staff receive. Additionally, OIJFO staff interviewed NPs at both the YSC and New Beginnings, as well as the dentist, and confirmed that nursing staff are trained annually by the DYRS dentist on oral health screenings.

Dr. Cohen reviewed the dental records for the 12 youth in the YSC sample and found that upon admission an NP performs a medical history, which includes dental history, and a physical examination that includes an examination of the youth's mouth and teeth. All 12 youth in the sample received a dental screening by an NP within seven days of admission; in fact, all 12 of the youth received the screening on the day of their admission.

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<sup>20</sup> Title 16 youth are individuals between 16 and 18 years old who are charged pursuant to D.C. Code §16-2301(3)(A).

## **2. Dental Examination Within 14 Days of Admission**

The YSC Oral Care Policy requires that within 14 days of admission to the YSC, each youth receives an examination by the dentist, as well as instruction in oral hygiene and preventative oral education.

Dr. Cohen found that the requisite 14-day examination is ordered routinely by the NP at the time of a youth's initial medical assessment at intake. Based on his review of the health records of youth in the sample, Dr. Cohen found that nine of the 12 youth (75 percent) received an examination within 14 days of admission, as required. The remaining three youth received their examinations within 22 days.<sup>21</sup> Dr. Cohen found that DYRS is "largely compliant" with this policy requirement at the YSC and that the system is "largely effective."<sup>22</sup> However, during his review of youth health records, Dr. Cohen identified two additional youth, who were not part of the YSC sample, who were not examined by the dentist timely while housed at the YSC, one of whom was not examined at all while housed at the YSC.<sup>23</sup> In his report, Dr. Cohen attempted to identify the causes for the gaps in care for these two youth and made recommendations concerning how these gaps could be addressed, which are discussed in Section V, below.

## **3. Initial Dental Treatment Plans and Ordering Dental Follow-Up**

As confirmed during the interview with the dentist, every youth should have an open order for follow-up dental services. For youth with identified dental problems (*e.g.*, cavities requiring fillings), an order should be created for those follow-up services. For youth with no

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<sup>21</sup> Two of the three youth received the examination within 16 days and one youth received the examination within 22 days of admission. In its comments on the draft report, DYRS noted that two of these youth, one who was seen after 16 days and the second after 22 days, had a delay in their 14-day examination because they were in quarantine due to a COVID-19 exposure. Both youth were promptly seen by the dentist for their initial examination after the quarantine periods ended. Thus, the delay was reasonable in these two cases. Attachment 2 at 3.

<sup>22</sup> Attachment 1 at 20.

<sup>23</sup> One of the youth was in the New Beginnings sample and did not receive a timely dental exam when he was previously housed at the YSC. The other youth was initially part of the YSC sample, but subsequently was excluded for reasons described. See Attachment 1 at 8 and footnote 14.

identified treatment needs, an order should be opened to recall the youth for the next routine preventive service (*e.g.*, the next six-month periodic exam and cleaning). Dr. Cohen found that for all 12 youth in the YSC sample, the dentist documented a treatment plan for the next dental visit in the youth's EHR.<sup>24</sup> He also found that the 12 youth in the sample had an order for follow-up care after their initial dental examination.

#### **4. First Follow-Up Visit**

Dr. Cohen reviewed the records of the youth in the sample to determine if they received a follow-up visit after the 14-day examination to address any outstanding dental needs. He indicated that, absent an urgent dental treatment need, up to 30 days between visits is a reasonable length of time.

Dr. Cohen found that three of the 12 youth in the sample were released from the YSC between five and 21 days after their initial examination. Because none of the three youth had urgent problems needing to be addressed within 30 days, the absence of dental services prior to their discharge was not inconsistent with policy or the standard of care. Eight of the remaining nine youth (89 percent) had treatment needs and a follow-up visit within 21 days of their initial dental examination. One youth in the sample did not have a follow-up dental visit for his outstanding needs, notwithstanding an open order for follow-up dental care and his remaining at the YSC for 52 days after his initial dental examination.<sup>25</sup>

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<sup>24</sup> Attachment 1 at 8.

<sup>25</sup> Dr. Cohen reported that the delay in care may have been a result of a large number of youth on the workflow at the YSC. He also stated that this youth may not have received his care because the comment on the Workflow regarding his needed care was "sealants," which was not entirely consistent with the youth's symptoms (pain when eating sweets) and dentist's diagnosis documented in the record as "pit and fissure caries". He hypothesized that perhaps the dentist prioritized other youth on the workflow over this youth. Attachment 1 at 9. This is discussed in more detail in Section V, below.

## **5. Care Needed at Most Recent Dental Visit**

Dr. Cohen also reviewed the EHRs of the youth in the sample to determine which youth needed ongoing dental care after their first follow-up visit post the 14-day examination. Three youth were released before the scheduled initial follow-up visit, thus would not have had additional follow-up. Three additional youth completed their care during their initial or follow-up examination. The remaining six youth from the sample had outstanding dental needs requiring a second follow-up visit.

Of these six youth, four were released within 30 days of their first follow-up visit and before additional dental services were provided. This was within the standard of care. The final two youth from the YSC sample had additional dental needs and remained at the YSC long enough to have received the necessary follow-up care. Neither of these youth received the needed restorative care within 30 days of their prior dental visit.

## **6. Supplemental Assessment of Timely Treatment - Analysis of YSC Dental Workflow**

In order to supplement his assessment of timely treatment of dental needs, Dr. Cohen also reviewed the YSC dental workflow on a specific date. The dentist's workload is generated using a system of dental orders in the EHR system. When youth are admitted to the facility, nursing staff enter a dental order, alerting the dentist that a youth requires an examination. Similarly, after the dentist sees a youth, she enters a dental order, which includes future services to be provided and a timeline for the youth's next visit. Dental orders remain open and youth remain on the workflow until they are seen by the dentist, at which point a new dental order is entered.

Each workday, open dental orders are compiled into a list, referred to as the "dental workflow," which provides a list of patients who are at the facility with active dental orders. The dentist then chooses which youth from the workflow to assess and/or treat. She explained to

OIJFO staff and Dr. Cohen that in making these decisions, she prioritizes newly admitted youth who need their initial 14-day examination, dental sick-call requests, and youth who missed prior appointments.

In conducting his assessment, Dr. Cohen reviewed open orders for dental services at the YSC as of December 23, 2021 to determine the total volume of work on that day, and if needed dental care was being completed timely at the facility. The workflow included a large number of youth in need of dental care, and more than half of the youth with ongoing dental treatment needs had been on the workflow for more than 30 days. Specifically, a total of 37 youth were on the workflow on that date, 12 of whom had orders for their 14-day examinations and 25 of whom needed “dental routine/continuation treatment (DRCT),” which include restorative and preventive treatments. Of the 25 youth in need of DRCT, 13 (52 percent) had been on the workflow for 30 days or more.<sup>26</sup> The vast majority of these 13 youth were either committed or Title 16 youth with long lengths of stay.<sup>27</sup>

Based on his review of both the sample of 12 youth and the workflow data, Dr. Cohen surmised that the reason some youth with ongoing treatment needs (*i.e.*, treatment needs requiring multiple follow-up visits) may not have been seen timely is because of the large number of youth in need of care on the workflow.<sup>28</sup> The constant flow of new admissions to the YSC generates a steady volume of youth requiring an initial 14-day examination, which are prioritized. This may, in effect, repeatedly push youth with longer-term treatment needs to the “back of the line.”

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<sup>26</sup> Of these 13 youth, one youth had been on the workflow for between 60 and 90 days, and a second youth remained on for more than 90 days.

<sup>27</sup> The lengths of stay for these 12 youth varied between 112 to 553 days.

<sup>28</sup> Attachment 1 at 10.

DYRS must ensure that youth with treatment needs with longer lengths of stay are provided with timely access to dental care.<sup>29</sup> Recommendations to address this issue are described in Section V, below.

### **B. Dental Services at New Beginnings**

Unlike the YSC, New Beginnings has few admissions and youth housed at the facility have longer lengths of stay than detained youth housed at the YSC. Importantly, while the YSC is an intake processing facility that admits youth directly from the community, youth who are admitted to New Beginnings are transferred from the YSC. Because of this, youth admitted to New Beginnings have already received dental care, including a dental screening within seven days of admission and 14-day examination, from the dental team that serves both facilities.

The Oral Care Policy for New Beginnings is identical in content to that of the YSC, requiring both a screening within seven days and an examination within 14 days.<sup>30</sup> In practice, however, dental staff do not implement the policy as written. Because youth admitted to New Beginnings have been under the care of the same dentist at the YSC, a new screening and examination is not conducted as prescribed by policy.<sup>31</sup>

Dr. Cohen concurs that for youth transferred from the YSC to New Beginnings, a new screening and assessment are not necessary. The policies of the two facilities should be tailored to their specific populations and intended services. Given its current mission, at New Beginnings the policy should focus on *continuity* of dental care. He notes that the “[t]ransfer of youth from the YSC to NB provides an opportunity to review the status of each youth’s dental treatment plan and attempt to keep their care on track to be completed timely.”<sup>32</sup>

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<sup>29</sup> As noted above, as of April 5, 2022, 35 percent of youth at the YSC had a length of stay of six months or more.

<sup>30</sup> Attachment 4 at VI.A. and B.

<sup>31</sup> See pages 26-27, below, for a discussion of the Oral Care Policy.

<sup>32</sup> Attachment 1 at 12.

In his report, Dr. Cohen assessed whether the New Beginnings dental program met the policy requirements that are currently in place and whether they receive appropriate continuity of care upon their transfer from the YSC to New Beginnings. Dr. Cohen asserted that unless there is a serious dental care need or a youth is overdue for an examination, a dental visit within 30 days of transfer from the YSC to New Beginnings is a reasonable standard of care. As detailed in Section V, below, Dr. Cohen recommends that DYRS revise the New Beginnings Oral Care Policy to focus on a routine review of each youth's dental health record at the time of transfer to ensure continuity of dental care.

### **1. Dental Screening Within Seven Days of Admission**

As at the YSC, the New Beginnings Oral Care Policy requires that each youth receives an oral health screening by the dentist or a QHCP trained by the dentist within seven days of admission. When youth are transferred from the YSC to New Beginnings, as all eight youth who are in the New Beginnings sample were, NPs summarize the youth's health information both when they are released from the YSC and also once they are received by medical staff at New Beginnings. There is no indication in the EHR for any of the eight youth that they were screened by the NP within seven days of their transfer to New Beginnings as required by the New Beginnings Oral Care Policy.<sup>33</sup>

### **2. Dental Examination Within 14 Days of Admission**

Like the YSC, the New Beginnings Oral Care Policy requires that youth receive an examination, and instruction in oral hygiene and preventive oral education, by the dentist within

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<sup>33</sup> As noted above, it is Dr. Cohen's expert opinion that a new screening is not necessary as a routine matter if the youth already has been seen by the dentist at New Beginnings and he recommends the Oral Care Policy be revised. Furthermore, in its comments on the draft version of this report, DYRS states that the Oral Care Policy applies only to youth newly admitted to a facility from a non-DYRS facility, and not to youth transferred between DYRS secure facilities. Attachment 2 at 3. See pages 26-27, below, for a discussion of this matter.

14 days of admission. As with the dental screening, the actual practice at the facility does not match the policy.

One of the eight youth in the New Beginnings sample did have a dental visit within 14 days of his transfer. The seven remaining youth (88 percent) did not. Of these seven youth, four had received a dental examination at the YSC within the last six months prior to transfer, thus no new examination was needed, but the other three youth were in need of a new dental examination.<sup>34</sup> Upon transfer to New Beginnings, these three youth should have received a new examination but did not.

### **3. Dental Needs at the Time of Transfer**

Dr. Cohen reviewed the records of the eight youth in the New Beginnings sample at the time of their transfer to determine if they had received the following: (1) a dental examination within the last six months; (2) a dental cleaning within the last six months; and, (3) if there were any outstanding dental treatment needs. He found that three of the eight youth (37 percent) were in need of a new dental examination. He also found that four of the eight youth (50 percent) needed a new dental cleaning at the time of transfer because their most recent cleaning was more than six months prior to transfer, or they had not received a recent cleaning while at the YSC.<sup>35</sup>

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<sup>34</sup> In comments on the draft report, DYRS notes that Dr. Cohen identified two cases in which youth did not “receiv[e] a dental examination within six (6) months of their transfer” and states that its records suggested otherwise. Attachment 2 at 4. It should be noted that the standard cited by Dr. Cohen was not that youth required a comprehensive dental examination within six months of their transfer, but rather within six months of their prior comprehensive examination, regardless of in which DYRS facility the prior examination occurred. In neither case identified by DYRS did the youth receive a comprehensive dental examination within six months of the previous examination. In one case (KY), the youth’s prior comprehensive examination was on April 9, 2021, and the next examination was not until October 20, 2021; in the other case (TJ), the youth received a comprehensive examination on June 29, 2021, and as of January 2022, had not had a subsequent comprehensive examination.

<sup>35</sup> Dr. Cohen notes that the standard of care provides that youth should have a dental cleaning every six months, regardless of location of placement. DYRS’ comments to the draft report suggest a misunderstanding of the standard, by stating that “the Report states that four out of eight youth did not receive a dental cleaning at the time of their transfer because their most recent cleaning was more than six months prior to transfer” and then concludes that the records “indicate that three of these youth were not at YSC long enough for this statement to be accurate.” Attachment 2 at 4. However, each of the three youths cited in DYRS’ comments did not receive a dental cleaning

Lastly, Dr. Cohen found that seven of the eight youth (87 percent) needed dental services at the time of their transfer to New Beginnings: Five of the youth were in need of preventive services and two needed restorative services. The dental needs of the one remaining youth were unknown because the youth did not have any dental visits during his most recent admission at the YSC, where he had been for 38 days prior to his transfer to New Beginnings.

#### **4. Dental Follow-Up After Transfer**

In order to assess continuity of care among youth transferred from the YSC to New Beginnings, Dr. Cohen reviewed the dental records of each youth for the following: (1) whether there were any open dental orders at the time youth were transferred from the YSC; (2) whether the youth's dental treatment was complete at the last dental visit; and (3) whether a dental order was created for each youth after their most recent dental services.

##### **a. Open Dental Orders**

Every youth should have an open dental order in the EHR, either for an initial examination, follow-up treatment, or a routine examination and cleaning. Among the eight youth in the sample, seven youth (87 percent) had an open dental order at the time of transfer. The eighth youth in the sample had neither an existing dental order at the time of transfer nor a new dental order entered upon transfer.

##### **b. Completion of Dental Care**

For the eight youth in the sample, Dr. Cohen reviewed whether dental treatment had been completed by their most recent dental visit, as of the end of February 2022. Seven of the eight

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within six months of his previous cleaning. One youth (DB) received a cleaning on August 23, 2021 and then not again until March 9, 2022, the second youth (IC) was examined on April 1, 2021 and a cleaning was noted for the next visit, but despite numerous visits to the dentist for other issues, no cleaning was completed until October 13, 2021. Finally, the third youth (DV) had no evidence of a cleaning until February 6, 2021, more than six months after any cleaning evidenced in the record.

youth (87 percent) had completed all dental care and had been scheduled for a routine examination and cleaning; however, one of those scheduled visits was in December 2021 and was nearly two-months overdue at the time of Dr. Cohen’s review.<sup>36</sup> For the last youth in the sample, dental treatment had not been completed for more than a ten-month period between early-April 2021 and the end of February 2022.<sup>37</sup>

### **c. Scheduled Follow-Up**

Dr. Cohen reviewed each youth’s EHR to determine whether an order was created to schedule each youth for future dental services after their most recent visit. All eight youth in the sample had an open order for dental services in their EHR. Seven of the eight youth had an open order for future dental care while one youth’s dental care was overdue.

## **5. Supplemental Assessment of Timely Treatment - Analysis of New Beginnings Dental Workflow**

As described above, seven of the eight youth in the New Beginnings sample completed their preventive and restorative care and had their six-month recall scheduled for a dental examination and cleaning; one youth had not completed her care after ten months of remaining on the dental workflow.<sup>38</sup>

As he did at the YSC, Dr. Cohen supplemented his analysis of the New Beginnings sample with an analysis of the dental workflow at New Beginnings as of December 23, 2021. This allowed for a broader assessment of timely delivery of dental services to youth housed at New Beginnings (*i.e.*, not limited to the eight youth in the sample admitted during the three-

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<sup>36</sup> For a portion of December 2021 and January 2022, access to dental services was limited due to an outbreak of COVID-19 at New Beginnings.

<sup>37</sup> Dr. Cohen presents a chronology of this case in his report. See Attachment 1 at 16-17.

<sup>38</sup> *Id.*

month review period) and also provided a sense of the magnitude of the dental workload at New Beginnings.

Dr. Cohen generated the dental workflow list for December 23, 2021. There were eight youth on the workflow for that day in need of dental services. All eight youth had orders for DRCT. Four of the eight youth (50 percent) had been waiting more than 30 days for a dental visit.<sup>39</sup> Three of these youth were in need of fillings. Dr. Cohen concluded that, “[w]hile most youth at NB appear to be receiving timely dental follow-up care, some resident youth are not. This appears to be largely the result of youth on the workflow being skipped over repeatedly for weeks or months.”<sup>40</sup>

## V. RECOMMENDATIONS

The OIJFO adopts the following recommendations made by Dr. Cohen in his report.

### A. Changes to Business Practices to Enhance Productivity

**Recommendation 1: Modify the dental program schedule to include one additional treatment day at the YSC and one fewer at New Beginnings (i.e., four days per week at the YSC and one day at New Beginnings).**

Currently, the dentist’s schedule consists of three eight-hour days per week at the YSC (60 percent of the workweek) and two eight-hours days at New Beginnings (40 percent of the workweek). Because of the volume of new admissions to the YSC, and the current population of youth with long lengths of stay, the YSC population generates a much greater share of the dental workload than New Beginnings. This is evidenced by the relative number of youth awaiting services reflected on the workflows at the two facilities. By reallocating one day per week from

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<sup>39</sup> One of the four youth had been on the workflow between 30 and 60 days and the remaining three youth had been on for 60 or more days.

<sup>40</sup> Attachment 1 at 19.

New Beginnings to the YSC, the dentist should be able to better balance resources with dental service needs.

In response to the draft version of this report, DYRS asserts that “[t]here are limitations to using the open dental orders as a proxy for daily clinic workload. For example, by default, all open 14-day examination orders written before the current date will be displayed on the dental workflow. The date on the order reflects the date that the order was written, not the date by which the examination is due. Therefore, using the list of open orders alone may overestimate the service volume for a particular day.”<sup>41</sup>

In his assessment, Dr. Cohen did not rely on a report of all open dental orders to assess clinic workload. Dr. Cohen and OIJFO staff reviewed dental workflows generated for the date December 23, 2021 from both the YSC and New Beginnings. On the YSC workflow, three categories of dental orders appeared: (1) “14 Day Dental” (*i.e.*, an order for a youth’s initial dental examination); (2) “Dental Routine/Continuation Treatment” (*i.e.*, dental treatment determined by the dentist based on a dental examination); and (3) “Sick Call – Dental” (*i.e.*, a request for dental services initiated by a youth). At New Beginnings, only Dental Routine / Continuation Treatment orders appeared on the workflow.

It appears that the 14 Day Dental orders and Sick Call – Dental orders are created by medical staff.<sup>42</sup> The “Order Date” associated with these two categories of orders is the date the order was created. In contrast, Dental Routine / Continuation Treatment orders are created by the dentist. The Order Date associated with these orders are not the date the order was created,

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<sup>41</sup> Attachment 2 at 2.

<sup>42</sup> The 14 Day Dental orders are generated during a youths’ intake comprehensive medical examination in order to add the youth to the dentist’s workflow. Sick Call orders are created by medical staff after they have collected and reviewed Request for Care forms from youth.

but rather a future date selected on which the dentist intends to recall the youth for additional services (often one, two, or three weeks in the future).

On the workflow reports Dr. Cohen and OIJFO staff reviewed, for Dental Routine / Continuation Treatment orders, only orders that were due on the day the report was generated (*i.e.*, December 23, 2021), and orders that were overdue appeared. Future, scheduled appointments did not appear on the workflow as described in DYRS’s comments. Thus, at least for Dental Routine / Continuation Treatment orders and Sick Call – Dental orders (which, for non-urgent issues, should be evaluated within 24 hours of the request being received), the workflow reports Dr. Cohen and OIJFO staff reviewed is an accurate indicator of daily clinic workload on the date reviewed and, by extension, of daily workload in late-2021 in general.

Comparing the list of Dental Routine / Continuation Treatment orders and Sick Call – Dental orders at the YSC with the same universe as New Beginnings reveals that as of December 23, 2021, there were more than three times as many due or overdue orders at the YSC as there were at New Beginnings (*i.e.*, 25 orders at the YSC<sup>43</sup> compared to only eight at New Beginnings<sup>44</sup>).

**Recommendation 2: Adopt procedures to minimize time that the dentist is waiting for patients.**

According to Dr. Cohen, based on his experience, “dental ‘down time’ during the treatment day (waiting for the current youth who is done for the day to be moved out of the clinic and the next youth to be brought down) can reduce productivity by 50% or more.”<sup>45</sup> The dentist described a system whereby only one youth is permitted in the medical area, which includes the dental examination room, at a time. This practice could greatly reduce the number of available

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<sup>43</sup> Attachment 1 at 10-11.

<sup>44</sup> Attachment 1, Table 2.

<sup>45</sup> Attachment 1, Table 4.

hours to provide dental services during a workday. DYRS should consider whether there are security procedures that could be implemented to enable one supervised youth to wait outside the dental office to limit non-productive time between youth appointments.

In its comments on the draft version of this report, DYRS indicated that they agree with this recommendation, and they would look to “[a]dopt procedures to minimize time that the dentist is waiting for patients.”<sup>46</sup>

**Recommendation 3: Implement digital x-ray technology at both facilities.**

DYRS uses traditional, film-based x-ray machines at the YSC and New Beginnings. According to Dr. Cohen, digital x-ray technology is more efficient: “Digital x-ray provides images more quickly than film and the images are generally of better quality than film with current technology. Also, continuity of dental care is improved with digital x-ray. Properly managed on a central server, the images would be available at both sites and could be copied to send to an outside consultant or the youth's family dentist after release.”<sup>47</sup>

In its comments on the draft version of this report DYRS indicated that they will “explore the feasibility of incorporating digital x-ray technology to enhance current services.”<sup>48</sup>

**B. Dental Recordkeeping**

**Recommendation 4: Include all active dental problems on the youth’s master medical problem list visible to all medical staff members.**

As previously noted, in his 2019 assessment Dr. Cohen documented the absence of a dental problem list that was accessible to non-dental staff. In his current report, Dr. Cohen states that the problem list should include all problems, including the date the problem was entered and

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<sup>46</sup> Attachment 2 at 1.

<sup>47</sup> Attachment 1 at 24.

<sup>48</sup> Attachment 2 at 2.

date resolved, and all needed dental treatment.<sup>49</sup> Dr. Cohen notes that this practice “supports more comprehensive nursing case management and discharge planning,”<sup>50</sup> as treatment teams can monitor whether outstanding dental needs are being addressed in a timely fashion.

DYRS indicated in its comments on the draft version of this report that they agreed with the recommendation to “[i]nclude all active dental problems on the youth’s master medical problem list visible to all medical staff members.”<sup>51</sup>

**Recommendation 5: When entering dental orders, include the youth’s most significant dental treatment needs to facilitate prioritization of patient selection each day.**

The dentist selects patients to see each day using the dental workflow, informed by comments describing each youth’s treatment needs. Dr. Cohen states that “[t]o be useful for prioritizing care the information should be complete and accurate.”<sup>52</sup>

In its comments on the draft version of this report, DYRS stated that the dentist currently uses the comments field when entering orders to document care for the subsequent visit and will continue to ensure that entered comments are appropriately detailed to assist with proper prioritization when selecting patients to be seen for dental treatment each day.<sup>53</sup> However, during his review Dr. Cohen identified at least one instance in which comments on the dental workflow did not include a youth’s most significant problem (*i.e.*, fillings, a restorative care need) and instead listed only a preventive care need (*i.e.*, sealants), which may have delayed treatment for documented pain associated with the youth’s eating sweets.<sup>54</sup> Implementation of

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<sup>49</sup> Attachment 1 at 25.

<sup>50</sup> *Id.*

<sup>51</sup> Attachment 2 at 1.

<sup>52</sup> Attachment 1 at 24. Dr. Cohen reviewed one workflow record that reflected a youth’s treatment needs as “sealants,” when in fact the youth had been diagnosed as needing fillings for molar cavities, a more urgent treatment need than sealants. *Id.*

<sup>53</sup> Attachment 2 at 2.

<sup>54</sup> Attachment 1 at 24.

Recommendation 4, above, may also help ensure that active dental problems receive timely treatment.

**Recommendation 6: Use language in the dental record to clearly distinguish needed treatments from treatments that were delivered.**

Dental records in the EHR list diagnosed needs under the label “treatment,” which could be misinterpreted as “treatment provided” rather than “treatment required.” The word “procedure” is used in the dental records to reflect dental services that were provided. While this convention may work for DYRS medical staff familiar with the practice, it may be unclear to other medical providers who review youth health records (as it was to Dr. Cohen) and may contribute to the delays in addressing treatment needs.

In its comments on the draft version of this report, DYRS agreed with the recommendation to “[u]se language in the dental record to clearly distinguish needed treatments from treatments that were delivered.”<sup>55</sup>

**C. Administrative Reviews and Audits**

Dr. Cohen recommended several routine administrative reviews and audits designed to identify youth who did not receive timely dental services so that their treatment course can be continued. As importantly, routine audits serve as a continuous quality improvement process, enabling DYRS to identify any recurring or systemic reasons why youth may have delayed dental treatment or become disconnected from the dental program and to implement new strategies to reduce the incidence of those problems.

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<sup>55</sup> Attachment 2 at 1.

**Recommendation 7: At the YSC, conduct routine audits of all admitted youth with lengths of stay of at least 45 days to ensure that they received an initial comprehensive dental examination and initial follow-up and provide any needed services, as indicated.**

Dr. Cohen found that generally newly admitted youth to the YSC received an initial dental examination within 14 days of admission; however, he identified a small number of youth who did not receive a timely initial 14-day examination, as well as one youth who was not examined by the dentist at all while housed at the YSC. As Dr. Cohen reported, “[d]ental services provided at the time of admission to the YSC are the first step in enrolling youth in the dental program and establishing an individual dental care plan.”<sup>56</sup> In addition to ensuring that youth whose treatment was interrupted are reengaged in the dental program, routine audits also provide an opportunity to identify any recurring or systemic factors that cause delays in youth dental treatment.

In its comments on the draft report, DYRS stated that the agency “will incorporate monitoring of compliance with the 14-day oral examination and routine audits to assess the timeliness of follow-up care in our CQI program,” noting that “[w]hile this standard’s timeframe is 14 days, it would be within the realm of standard clinical scheduling practice to expect that some visits may fall a few days outside of the 14-day mark.”<sup>57</sup> Certainly there will be instances in which youth are not seen within 14 days of admission for any number of reasons. Routine audits will help assess the frequency of these events and whether there are systemic barriers to timely initial examinations that should be addressed. Furthermore, these audits should not focus exclusively on whether the initial 14-day exam was conducted, but also on whether an initial follow-up visit occurred timely, so that any indicated treatment is timely initiated and completed.

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<sup>56</sup> Attachment 1 at 27.

<sup>57</sup> Attachment 2 at 2-3.

**Recommendation 8: At both facilities, conduct routine audits of the daily workflow to identify all dental orders that were opened more than 30 days prior to the day of the review and ensure that necessary follow-up treatment is timely provided to those youth.**

Youth should receive timely treatment of dental needs within 30 days of identification of the need. At both facilities Dr. Cohen found youth with long lengths of stay with dental needs who remained on the dental workflow for more than 30 days, some for significantly longer. These youth should be identified and reengaged in dental treatment. Routine audits would allow for care to be prioritized for youth with outstanding dental needs, as well as to help determine the causes for delays in care and plan and implement systemic improvements.

In its comments on the draft version of this report, DYRS stated that during the period reviewed for the report, dental staffing was at 50 percent (*i.e.*, there was a dentist, but the dental assistant position was vacant, which impacted the dentist's ability to timely treat all youth), but that both positions are now filled.<sup>58</sup>

**Recommendation 9: At both facilities, conduct routine audits to ensure that every youth on the facility roster has an open dental order to ensure they will be recalled for future dental services.**

Every youth at the YSC and New Beginnings should have a future dental order in their EHR, either for current treatment needs or for six-month cleanings and examinations. Youth without an open dental order in their record may not be recalled for dental services unless they request care. Routine audits of the future dental workflow would reduce the risk that youth become disconnected from the dental program and not recalled for dental services. An audit to identify youth without dental orders would easily identify youth at risk of not receiving services.

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<sup>58</sup> Attachment 2 at 3.

In its comments on the draft version of this report, DYRS agreed that at the YSC and New Beginnings they would “conduct routine audits to ensure that every youth on the facility roster has an open dental order to ensure they will be recalled for future dental services.”<sup>59</sup>

#### **D. Policy Revisions**

##### **Recommendation 10: Revise the New Beginnings Oral Care Policy to focus on continuity of dental care for youth transferred from the YSC.**

The New Beginnings Oral Care Policy is identical to the YSC policy, requiring an initial screening within seven days and a 14-day dental examination. In practice, the policy is not implemented at New Beginnings. Because youth admitted to New Beginnings are transferred from the YSC, where they should have already received a screening, initial examination, and have a dental treatment plan developed by the same DYRS dental team, the dental policy at New Beginnings should focus on ensuring continuity of dental care.

Dr. Cohen recommends that the New Beginnings Oral Care Policy focus on : (1) a “thorough and thoughtful review of each youth’s dental needs” at the time of transfer; (2) orders for follow-up for any outstanding dental needs; (3) a new dental exam if the most recent exam was more than six months prior to the review; (4) a new cleaning if the most recent cleaning was more than six months prior to the review; and, (5) a timely visit to address any outstanding needs at the time of transfer.<sup>60</sup> He suggests that a structured form in the EHR designed specifically to document the dental transfer review (*i.e.*, analogous to the form used to document medical needs at the time of transfer) could help ensure consistent implementation of the process.

In its comments on the draft version of this report, DYRS states the following:

The Oral Care policy describes the standard of care for youth who are admitted into DYRS’s secure facilities. Youth who move between YSC and New Beginnings are considered intra-system transfers, and the Transfer Screening policy addresses the goal of

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<sup>59</sup> Attachment 2 at 1-2.

<sup>60</sup> Attachment 1 at 22.

ensuring continuity of care in this scenario. While currently, New Beginnings does not receive direct admissions, conceivably in the future, this could change. Therefore, it is important that the oral care policy broadly establishes the standards of dental care delivery in our secured facilities. The Agency’s recommendation is to have a single oral care policy for YSC and New Beginnings and to enhance the current Transfer Screening policy and procedures to include additional steps to ensure continuity of dental care during intra-facility transfers.<sup>61</sup>

DYRS’s proposal could accomplish the goals of Recommendation 10. A single Oral Care Policy establishing standards applicable to all youth admitted to either the YSC or New Beginnings from a non-DYRS facility rather than facility-specific policies would be reasonable. Neither of the two existing Oral Care Policies nor the Transfer Screening Policy<sup>62</sup> establish standards for dental care for youth who are transferred between facilities. If issued, the new policy should establish clear standards for dental care for youth who are transferred between the YSC and New Beginnings and those standards should be incorporated into the Transfer Screening Policy to ensure consistency of dental care for youth who are transferred between DYRS secure facilities. DYRS should consider whether to modify the medical transfer forms (*i.e.*, the “TSEND” and “TREC” forms in the EHR) to explicitly reference dental care.

**Recommendation 11: Revise the Oral Care Policies to include procedures staff are expected to follow to implement the policies, including procedures to implement the routine administrative reviews and audits described above.**

Dr. Cohen observed that “[a]lthough some routines have been established by DYRS health staff that support implementation of the policy requirements, the DYRS Oral Care Policies do not describe the procedures needed to implement the policy.”<sup>63</sup> Procedures should be incorporated into the Oral Care Policies to establish clear expectations regarding how the

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<sup>61</sup> Attachment 2 at 3

<sup>62</sup> Attachment 5, Transfer Screening, policy no. V.e.3., eff. September 14, 2018 (Transfer Screening Policy).

<sup>63</sup> Attachment 1 at 25.

policies are to be implemented. Procedures to implement routine audits described in recommendations 7, 8, and 9, above, could be incorporated into the policies.

In its comments on the draft version of this report, DYRS reported that they will “review the Oral Care policy, and consideration will be given to amending the policy with any standard auditing steps that ...[they] implement.”<sup>64</sup>

## **VI. CONCLUSION**

The DYRS dental program serves an essential health function for youth confined at the YSC and New Beginnings. Dental health problems are among the most common health problems among young people, and a comprehensive dental program that includes preventive treatments, palliative care, restorative care, operative care, and education can benefit youth long after they are released from DYRS custody.

Over the past two years, the COVID-19 pandemic has impacted virtually every aspect of operations at the YSC and New Beginnings, including the dental program. At times, youth have been isolated or quarantined due to COVID-19 infections or exposures, limiting or postponing access to certain non-urgent or emergent dental services. Nevertheless, dental staff have continued to provide services to youth confined at the YSC and New Beginnings subject to unpredictable COVID-19 outbreaks.

Because the populations at both the YSC and New Beginnings are substantially below each facility’s capacity, there is an opportunity to evaluate and enhance dental program operations. This report describes opportunities to change business practices to promote productivity; enhance dental recordkeeping; conduct certain administrative reviews and audits on

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<sup>64</sup> Attachment 2 at 3.

a routine basis; and, make policy revisions which individually and collectively can improve the quality and consistency of dental services at the YSC and New Beginnings.

# Attachment 1

# Initial Dental Care at the Youth Services Center (YSC) and New Beginnings (NB) Secure Residential Programs

Michael D. Cohen MD  
3/29/22

## Introduction

At the request of the District of Columbia (DC) Office of Independent Juvenile Justice Facilities Oversight (OIJJFO) I reviewed admission dental care at the YSC and NB operated by the DC Department of Youth Rehabilitation Services (DYRS). YSC is the DC secure juvenile detention center. NB is the DC secure residential treatment program for delinquent youth. DYRS provides dental services to youth placed in its secure facilities. Services are available at both the YSC and NB, provided by a dentist and a dental assistant.<sup>1</sup>

I supervised dental care for the New York state juvenile justice program. In my experience in New York, dental cavities are the most common physical health problem among delinquent youth. Juvenile rehabilitation goals are advanced by a comprehensive dental program to restore and maintain the teeth and mouth. Youth must have healthy teeth and gums with an intact smile to obtain employment and engage in affirming social relations with self, peers and adults. I have found that dental care is an essential component of juvenile rehabilitation.

This review is largely based on health record reviews for a sample of newly admitted youth from each facility. Sampling here is intended only to provide a window into the dental programs, to obtain information about strengths and possible weaknesses in dental care.

I observed many strengths in the dental programs at the facilities. This is reflected in the data discussed below and in Tables 1 and 2, which are attached to this report and summarize information from the health records of the sampled youth. I also identified gaps that are opportunities for improvement in the systems of care. These opportunities are discussed and recommendations are made to improve dental care for youth. Finally, I propose that DYRS adopt certain periodic dental audits to monitor care and improve the timeliness and completeness of dental treatment for all youth.

In this report I may refer to different types of dental services that are provided by a comprehensive dental program:

- Preventive care, including dental cleaning, sealants, oral hygiene instruction and oral health education;
- Palliative care to address temporary pain or discomfort such as erupting wisdom teeth or an uncomfortable bite;
- Restorative care, including fillings; and
- Operative care such as extractions and root canal treatment.

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<sup>1</sup> The dental assistant position was vacant during the period I reviewed; however, OIJJFO staff have reported that a dental assistant was hired in November 2021.

## **Measures of Quality and Completeness**

To establish measures of quality and completeness for this review I used the DYRS Oral Care policies, the usual practices of the agency dentist Dr. Greene, and my experience supervising and reviewing dental services in residential juvenile justice facilities.

### **Agency Oral Care Policies:**

NB and YSC have identical oral care policies. Policies V.e.4. require that youth receive:

- dental screening within 7 days by a dentist or a qualified health care professional (QHCP) trained by the dentist;<sup>2</sup>
- examination within 14 days by the dentist with instruction in oral hygiene and oral health education; and,
- timely treatment of dental needs.

I reviewed dental care in relation to these three policy requirements.

### **Exam and cleaning every 6 months:**

Based on my experience supervising and reviewing juvenile justice dental programs, the usual standard of care is routine exam and cleaning every six months. Based upon record reviews, I observed that Dr. Greene's usual practice is also to schedule exam and cleaning every six months.

### **Timeliness of dental treatment:**

Timeliness of dental treatment depends on the urgency of the dental problem. I did not review timeliness of urgent dental care for this report. In the absence of urgent treatment needs, I think follow-up care within 30 days is a reasonable standard for a secure juvenile residential program. Particularly now, when populations at the YSC and NB are substantially below the facilities' capacities much of the time, I would not expect access to care to be a problem.

## **Methods**

Health record review: To conduct my assessment, I reviewed health records of samples of newly admitted youth from each facility. I determined whether required examinations were done timely and whether dental follow-up visits to provide needed treatment occurred timely. I developed audit tools to document services provided and to measure performance and I attempted to understand how gaps in care occurred and recommend ways to improve dental care.

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<sup>2</sup> QHCPs are defined as “[i]ndividuals whose training and license permits them to prescribe or administer medication and/or provide other medical services.” Oral Care Policies at V.

Facility open orders review: In addition to reviewing the dental records of a sample of youth admitted to each facility, I also reviewed a list of all open dental orders at each facility on a single date. This was a list of all youth currently placed at each site who were in need of a dental visit on that day. This enabled me to sample how long dental orders remained open, and whether ordered dental treatment is being provided timely.

Interviews: OIJFO staff obtained some information about facility operations to support this review, and together we also interviewed the DYRS dentist, Dr. Anita Greene, on 3/3/22.

### **Sample Selection:**

Samples of newly admitted youth were selected from each facility using data obtained from the DYRS youth data management system (FAMCare). OIJFO staff obtained information about all admissions to each facility between 8/1/2021 and 10/31/2021. During this period there were 296 youth admissions at the YSC and nine at NB.<sup>3</sup> OIJFO staff then isolated only the admitted youth who were confined for at least 14 days. Per the Oral Care Policy, the initial dental exam must occur within 14 days.

At the YSC, 33 youth were admitted between 8/1 and 10/31/21 and remained in care for 14 days or more. OIJFO staff selected a sample of 15 youth. Upon initial review of the health records of this sample, I found that five were not actually new admissions that generated a new intake medical assessment or a 14-day dental exam. Since these youth were not new admissions during the sampling time frame, they were excluded from the YSC sample. OIJFO staff then provided two additional names. With these, a total of 12 were included in the YSC sample.

At NB, eight of the nine youth who were admitted between 8/1 and 10/31/21 remained in care for 14 days or more. All eight youth were included in the NB sample.

### **Sources of Information:**

DYRS has implemented an electronic health record system (EHR) that includes medical records, dental records, and behavioral health records. Staff from different health disciplines may have different privileges to access health records within the EHR. The EHR also has various modules within it, including a dental module for use only by the dentist and dental assistant and an order management system (the Fusion Order Manager) through which health staff with appropriate privileges order, schedule, and monitor orders for medical, dental, and behavioral health services.

Each youth health record in the EHR has a problem list accessible from the opening screen. The problem list provides a readily available summary of the health needs of each youth. While medical and mental health issues are routinely listed on the problem list, dental problems

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<sup>3</sup> The nine youth were transferred from the YSC to New Beginnings and thus were in DYRS custody prior to their arrival at New Beginnings.

appear not to be included on the problem list as a routine practice.<sup>4</sup> I think information about current dental needs should be readily available to all health care professionals taking care of the youth. The problem list is a tool for this purpose. Listing dental problems on the problem list also supports more comprehensive nursing case management and discharge planning. This is discussed further in the System Conclusions section below.

Information about dental services for youth was obtained from the EHR, from the separate dental module accessible only by the dental staff, and from the Fusion Order Manager module.

In the EHR, I reviewed the intake medical assessment, dental records, and dental orders to determine the timeliness of screenings and examinations, dental needs identified, and dental care provided to the sample youth. I used relevant records found in the following locations.

Type of information	Location of records	Sample
Dental screening	EHR>Documents>Medical Intake	YSC
Dental exam	EHR>Documents>Dental	YSC/NB
Condition of teeth	Dental module>colored diagram of teeth	YSC/NB
Dental Orders	EHR> Documents>Chart Maintenance	YSC/NB
Dental cleaning	EHR>Documents>Dental	YSC/NB
Dental treatment and procedures	EHR> Documents>Dental	YSC/NB
Dental treatment and procedures	Dental module>procedure list	YSC/NB
Dental information at transfer	EHR>Documents>Transfer Sending EHR>Documents>Transfer Receiving	NB

In the Dental module, I reviewed the color-coded diagram of the teeth and log of procedures that lists fillings already present, procedures needed, and procedures completed.

I used the Fusion Order Manager module to generate a list of current open orders for dental care at the time of this review.

### **Dental screening:**

For youth in the YSC admission sample, I reviewed the Medical Intake to determine if a dental screening was completed on admission. Youth admitted to NB do not receive a Medical Intake because they are already enrolled in care at the YSC before their transfer to NB. For youth in the NB admission sample I reviewed the medical and dental records associated with the transfer of the youth to determine if there was any dental screening.

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<sup>4</sup> Medical staff reported that if youth present to medical with urgent palliative care issues (e.g., dental pain), medical staff would include the problem on the youth’s problem list. Dental staff, however, do not appear to update the problem list with dental problems.

### **Initial dental exam:**

From the dental records I identified each youth's most recent initial dental examination ("14-day dental exam"). For the YSC sample, I determined if the initial exam occurred within 14 days of the sample youth's admission date. For the NB sample, I concluded that the most recent exam was "up to date" if it occurred less than 6 months prior to transfer from the YSC. If the most recent exam occurred more than 6 months prior to transfer I concluded that a new exam was needed at NB.

### **Dental cleaning:**

From the dental records I identified each youth's most recent dental cleaning, also called "prophy." I determined that the dental cleaning was up to date if the most recent cleaning was within 6 months of admission or transfer. If there was no dental cleaning recorded in the youth's EHR or the most recent cleaning was more than 6 months old, I determined that a new cleaning was needed.

### **Documentation of dental needs:**

The needs identified at the initial 14-day dental exam are documented in both EHR>documents>dental (which is accessible to all medical staff) and in the separate dental module (which is accessible only to dental staff). Both sources were reviewed and compared.

By comparing the two dental records I was able to better understand the dentist's notes regarding treatment needs in the EHR. When a new patient is examined for the first time the dentist lists the diagnosed needs in the EHR under the title "Treatment." Services actually performed are listed under the title "Procedures" and also described in the dentist's note. The distinction between "Treatment," meaning "needed care," and "Procedure," meaning "care performed," was not obvious or intuitive to me and I was confused by this. The meaning only became clear when I was able to review the access-restricted dental module. In the dental module, needs and treatment performed are more clearly distinguished on the color-coded diagram of the teeth and lists of procedures needed and performed. I discussed this with the dentist. She confirmed that in those notes the needs identified are listed under the "Treatment" title.

### **Dental workflow:**

The dentist writes orders in the EHR that are documented in a "Chart Maintenance" note. The EHR has a module called Fusion Order Manager that helps organize the orders for health staff. The Order Manager is used to create a list of patients with active dental orders on each dental treatment day. This list has been referred to as the dental workflow (workflow). The workflow includes the youth's name, the date the dental visit was ordered, the type of order (initial exam, sick call-dental, follow-up etc.) and a comment that describes the dental needs to be addressed at the visit. When a youth is not seen by the dentist on an appointed day, the dental

order remains open and their name remains on the facility dental workflow until they have a dental visit. The workflow only lists youth currently in custody at each facility.

It is up to the dentist to choose who will be seen on any particular treatment day from among the youth listed on the workflow. In our interview, the dentist said she prioritizes new admissions to do the exam within 14 days, sick-call dental orders that usually are for management of pain, and tries to see youth who have missed prior appointments.

Using the Fusion Order Manager I created the dental workflow for each facility on 12/23/21. This provided a measure of the dentist's workload for each site on that date.

### **Analysis of Timeliness of Treatment:**

Dental needs identified at the initial examination were compared with treatment provided to determine timeliness and completeness of follow-up care for youth at both facilities.

To understand dental follow-up care in the YSC sample I divided follow-up into three parts:

- I looked at the initial dental exam to identify needs and the dentist's treatment plan;
- I looked for the first follow-up visit after admission to assess whether a follow-up appointment was ordered and whether the first follow-up visit occurred; and
- I looked for the most recent visit to determine whether care was complete or there were still outstanding treatment needs.

Regarding follow-up care at NB, I looked at services needed at the time of transfer compared to outstanding needs at the most recent visit. I determined whether care was complete or there were still outstanding treatment needs.

For both facilities I also looked at the lists of all resident youth with open dental orders on a specific date (the dental workflow) to assess of timeliness of treatment. Using the date of the original order I was able to assess whether open dental orders had been pending for more than 30 days.

## **Initial Dental Care at the YSC**

### **Sample:**

I reviewed the records of 12 youth admitted to the YSC between 8/1 and 10/31/21 who remained in care for more than 14 days. Table 1, attached to this report, lists my observations for youth in this YSC sample. Please refer to the data in Table 1 while reading this YSC section of the report.

### **Dental screening within 7 days:**

The Oral Care Policy requires that youth receive a dental screening by the dentist or a QHCP trained by the dentist within seven days of admission.

I observed in the health records that the Nurse Practitioner (NP) who performs the history and physical examination on admission does obtain a dental history and examines the youth's mouth and teeth. They may comment in the exam note on the status of the youth's teeth (for example, "fair dentition"). In our interview the dentist stated that she provides annual training for health professional staff on oral screening. I think the program as observed and described meets the policy requirement for oral screening.

12/12 youth (100%) in the sample received oral screening by a trained NP within seven days. All dental screenings occurred on day one, the day of admission.

### **Examination by the dentist within 14 days of admission:**

The Oral Care Policy requires that youth receive an exam by the dentist within 14 days of admission, as well as instruction in oral hygiene and preventative oral education.

The NP who conducts the initial medical assessment routinely orders a "14-day dental exam" at the time of admission. The dentist reported that she prioritizes the new admissions to provide the initial exam within 14 days.

9/12 youth (75%) received an exam within 14 days of admission.

- One of the nine youth refused an initial exam offered within the 14-day window; this was credited as compliant as there was a documented refusal.

3/12 youth (25%) did not have an initial dental exam within 14 days.

- Two youth had the exam 16 days after admission and the third after 22 days. I looked more closely at the record of the third youth to try to understand why his exam was delayed.

Case study: JH had his initial dental examination 22 days after admission. Review of the intake medical records (the "overnighter medical screening" note in this case) showed

that the NP intended for the youth to have a 14-day dental examination, but did not order it.

Comment: Two other youth (who were not part of the YSC sample) also did not have a timely 14-day exam or never had a 14-day exam for their most recent YSC admissions. These examples are discussed in the YSC Conclusions section below.<sup>5</sup>

### **Initial dental treatment plan:**

The dentist routinely documents a plan for the next visit in the note documenting the initial exam, often after the abbreviation "N/V."

12/12 youth (100%) in the YSC sample had a plan for the next dental visit.

### **Ordering dental follow-up:**

The dentist's orders are recorded in a separate note in the EHR under "Documents-Chart maintenance."

12/12 youth (100%) in the YSC sample had an order for follow-up care after the initial dental examination. The dentist always orders "Dental routine/ Continuation treatment" (DRCT) and often provides a comment that describes treatment needed at the next visit.

### **First follow-up visit:**

For 8/12 youth (67%) a follow-up visit occurred. These visits occurred 3 to 21 days after the initial dental examination. Absent urgent dental needs, up to 30 days between visits is a reasonable standard for timeliness. All eight met that standard.

For 3/12 youth (25%) a follow-up dental visit did not occur; however, these youth were released from the YSC at 5, 9, and 21 days after the initial dental examination; for these youth dental care was interrupted by release from the facility within the 30-day standard for follow-up treatment.

1/12 youth (8%) in the sample did not have a follow-up dental visit even though he remained at the YSC for 52 days after his initial dental examination and the dentist had ordered follow-up after his initial examination. I looked more closely at his records to try to understand why a follow-up visit did not occur.

Case study: AM2 had several prior short admissions to YSC in 2021. During the 2/24/21 admission his dental problem was diagnosed, but no treatment was provided during his

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<sup>5</sup> One of the two youth (DB) is included in the NB sample. The second youth (JW) was part of the initial YSC sample but was then excluded because he did not actually have a new admission to the YSC during the sample timeframe.

brief stays. For the current admission which was included in the sample, he had his initial dental examination on 10/15/21. At that time, the dentist recorded his complaint that "sweets hurt my teeth, especially on the right side." The dentist took x-rays and diagnosed "Pit and fissure caries" (cavities on the chewing surfaces of certain molar teeth). It appears the dentist ordered follow-up in one week on 10/22/21. He was not seen that day and remained on the dental workflow thereafter for several months without being seen. His next dental visit occurred four months later, on 2/7/22 while at NB, when sealants were applied to four molar teeth.

This youth had appeared on the dentist's workflow since 10/22/21, yet was not seen for almost four months, either at the YSC (where he resided through 12/6/21) or at NB (where he has resided since 12/6/21). Delayed care at the YSC was likely the result of the large number of youth waiting for dental care at the YSC (see Workflow section below). It is not clear why he waited an additional two months for a dental visit at NB after transfer.

Another possible contributing factor for this youth was the dentist's comment in the workflow: "Sealants." This comment is not completely consistent with the youth's symptoms at the initial dental exam (pain with sweets) and the dentist's diagnosis (pit and fissure caries). The comment suggested that the care needed was preventive only and it is possible that the dentist may have prioritized other youth at the YSC and NB for this reason during those four months.

#### **Care needed at most recent dental visit:**

Some YSC youth required ongoing dental care after the first follow-up visit post admission. I reviewed the dental records of each sampled youth to determine what their outstanding needs were at the time of the most recent dental visit. Outstanding needs were identified from the dentist's next visit (N/V) plan recorded during the most recent visit. Additional untreated needs documented at a prior exam were also considered.

3/12 youth (25%) were released within 30 days of their 14-day exam and were not at the YSC long enough for their first follow-up visit or an additional follow-up visit.

3/12 youth (25%) completed their care during their initial or first follow-up exam and only needed a follow-up visit for an exam and cleaning in 6 months ("6-month recall"). The dentist specifies this when ordering follow-up dental treatment and appointment dates appear on the (future) dental workflow for youth still in care, consistent with the orders.

6/12 youth (50%) had outstanding dental needs to be addressed after their first follow-up exam.

- One youth had outstanding preventive needs (cleaning, sealants).
- Five youth had outstanding restorative needs (filling) or operative needs (root canal, extraction).

These six youth are discussed in the section below.

### **Six youth who did not have all dental needs addressed as of 12/29/21:**

I reviewed the dental needs, follow-up plans, release dates, and ongoing care for youth in the YSC sample to assess the management of youth with outstanding needs.

4/6 youth (67%) with outstanding needs were released from the YSC to the community within 30 days of their first follow-up dental visit so ongoing care was interrupted by release.

2/6 youth (33%) with outstanding needs could have received follow-up dental care but did not receive care within 30 days of their prior dental visit. I reviewed the dental records and orders for the two youth with ongoing restorative needs to try to understand how they were lost to follow-up:

Case study: AM2 was discussed above. As of 12/29/21, he was still in care at NB, and remained on the dentist's workflow. (He was eventually provided with a dental visit 2/7/22.)

Case study: DH remained at the YSC for 43 days after his most recent dental visit on 10/5/21. At that time, he had a cleaning and the dentist planned to re-examine tooth #19 at the next visit for needed treatment. Dental routine/continuation treatment was ordered but he was not seen again prior to his release on 11/17/21.

In both cases I think these gaps in care may have resulted from the large number of youth waiting for dental care at the YSC, discussed in the Workflow section below.

### **Timely treatment of dental needs at the YSC**

My record review of a sample of 12 youth occurred two to four months after each youth in the sample was admitted to the YSC. As described in the section above, a number of youth in care longer than 14 days did not receive timely care for outstanding dental needs at the YSC. This is most likely a result of the large number of youth waiting for dental care there.

To supplement the sample of youth admissions, I reviewed all open orders for dental services at the YSC as of 12/23/21 to determine the total volume of work and whether needed dental care was being completed timely.

#### **A. Review of open orders in YSC dental workflow as of 12/23/21:**

The YSC dental workflow for 12/23/21 is summarized in Table 2, attached to this report. In this table, each youth's legal status and length of stay has been included with the appointment type, date ordered, and comments.

On 12/23/21 there were 37 youth listed on the YSC dental workflow.

- 12 youth for initial exams ("14-day dental").
- 25 youth for dental routine/continuation treatment ("DRCT").

For the 25 youth who had orders for dental follow-up (DRCT), I calculated the days that had elapsed since each youth's most recent DRCT order was issued and the needs listed in the comments:

- 12/25 youth, fewer than 30 days had elapsed.
  - 8 restorative (fillings)
  - 4 preventive (cleanings or sealants)
- 11/25 youth, between 30 and 60 days had elapsed.
  - 5 restorative
  - 6 preventive
- 1/25 youth, between 60 and 90 days had elapsed.
  - 1 restorative
- 1/25 youth, more than 90 days had elapsed.
  - 1 restorative

I also found that 12 of the 13 youth waiting more than 30 days for a DRCT visit were either Title 16 or committed youth with lengths of stay of 112 to 553 days. Six of those 12 youth had restorative needs. For example, GB had been waiting at the YSC more than 90 days for a needed filling. His dental order for the filling on the workflow was dated 9/16/21. His last visit was 12/9/21 when x-rays were taken and the plan was to fill his tooth in one week. He was released 1/13/22 and had not received the needed filling.

## **Initial Dental Care at NB**

The current NB Oral Care policy (Policy V.e.4.) includes the exact same requirements as the YSC policy. However, youth admitted to NB are all transferred from the YSC. The dental program and associated policy requirements at NB should be different. Youth transferred into NB already received dental care with DYRS while at the YSC and there is no need to start over again. I think the goal at the time of transfer into NB should be seamless continuity of dental care without interruption. Transfer of youth from the YSC to NB provides an opportunity to review the status of each youth's dental treatment plan and attempt to keep their care on track to be completed timely (a form of quality assurance).

Nevertheless, for the purposes of this NB review, I assessed whether the dental program at NB meets the current policy requirements. I also assessed whether youth received appropriate continuity of dental care upon transfer from the YSC to NB, and whether they were on-track to complete needed dental care timely.

### **Sample:**

At NB, a total of eight youth were admitted to the facility between August 1 and October 31, 2021 and remained in care for more than 14 days. All eight of the youth were included in the sample. Table 3, attached to this report, lists my observations for youth in the NB sample. This is a two-page table. Please refer to the data in Table 3 while reading this section of the report.

### **Timing of the first dental visit at NB after transfer:**

For each youth, I identified the first dental visit after transfer to NB. Based on the transfer date and the date of the first visit at NB I calculated whether the first visit occurred within seven days of transfer (which would comply with the policy's 7-day screening requirement), 14 days (which would comply with the policy's 14-day exam requirement if the visit included an exam) or 30 days (standard for dental follow-up care applied in this review). Unless a new exam is due or a serious need is present, I think a first visit within 30 days of transfer is a reasonable standard of care.

0/8 youth (0%) had a dental visit within 7 days.

1/8 youth (13%) had a visit within 14 days.

5/8 youth (62%) had a visit between 7 and 30 days.

2/8 youth (25%) had no dental visits as of 12/21/21. Both youth had completed their care and were scheduled for 6-month recall in early 2022. Therefore, no earlier visit was needed.

### **Dental screening within 7 days:**

The NB Oral Care Policy requires a dental screening within seven days of admission by the dentist or QHCP trained by the dentist.

All eight youth in the analysis were transferred from the YSC to NB. In addition to the dental records and chart maintenance orders, medical records specifically related to transfer to NB were also reviewed for each youth.<sup>6</sup>

For all of the youth, the transfer-sending summary contained no information about the youth's dental care or specific dental needs. In 4/8 cases, the transfer summary did say that there was an "open order" for dental care.<sup>7</sup>

Similarly, for all eight youth in the sample, the transfer-receiving summary reflected that the NP who assessed the youth upon arrival at NB obtained the youth's height, weight, and vital signs on admission. However, no other clinical assessment was done. The transfer-receiving note documented no specific inquiry about dental problems and no inspection of the mouth. Moreover, no new orders for dental care or screening within one week were entered at the time of transfer. Thus, there is no evidence that the transferred youth were screened as required by the NB oral care policy.

0/8 youth had a dental visit within seven days of transfer to NB. None received dental screening at the time of transfer.

Comment: Current practices at NB do not comply with DYRS's policy requirement for dental screening within seven days of admission. There is no established procedure to implement dental screenings within seven days at NB. However, I do not think routine dental screening within seven days for every youth is needed at NB. Instead I have recommended a change in the policy in the NB Conclusions section below.

#### **Examination by the dentist within 14 days:**

The NB Oral Care Policy requires that youth receive an exam by the dentist within 14 days of admission to NB, as well as instruction in oral hygiene and preventive oral education. My review of eight cases over three months found the following:

1/8 youth (13%) had a dental visit within 14 days of transfer to NB. His most recent YSC exam was within 6 months. The visit was for flossing.

7/8 youth (87%) did not have a dental visit within 14 days of transfer to NB.

3/7 youth needed a new dental exam. Their most recent exam was 6 months or more prior to transfer. None of them were seen by the dentist within 14 days of transfer.

4/7 youth had their most recent exam at the YSC within the last 6 months. No new exam was needed.

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<sup>6</sup> For each youth transferred from the YSC to NB, YSC medical staff complete a Transfer-sending note that includes certain medical information for medical staff at NB and, subsequently, medical staff at NB complete a Transfer-receiving note upon the youth's arrival at the facility.

<sup>7</sup> This refers to a dental order that appeared on the orders tab in the youth's EHR, reviewed and noted by the YSC nurse at the time of transfer.

Comment: Current practices do not meet the agency's policy requirement for dental examination within 14 days of transfer. There is no established procedure to implement a routine dental exam within 14 days. However, I do not think routine dental exam for every youth within 14 days is needed at NB. Instead, I have recommended a change in policy in the NB Conclusions section below.

Certainly, the three youth who had not had a dental exam for more than six months should have been scheduled for a new exam promptly. This suggests the need for routine dental review at the time of transfer.

**Dental needs at the time of transfer:**

I reviewed each youth's dental needs at the time of transfer to assess whether the youth had a dental exam within the past 6 months, and whether they had a dental cleaning within the past 6 months, and/or whether there were services that are needed such as fillings and sealants.

**Most recent dental exam:** For each youth in the NB sample, I reviewed the dental records from the YSC to identify the date of the youth's most recent "14-day exam" prior to transfer. If the most recent exam was 6 months or more prior to transfer I determined that a new exam was needed.

5/8 youth (63%) had a recent exam less than 6 months prior to transfer. Those youth did not need a new exam at the time of transfer.

3/8 youth (37%) had a recent exam 6 months or more prior to transfer. They needed new dental exams.

**Most recent dental cleaning:** I also reviewed dental records at the YSC prior to transfer to identify the date of each youth's most recent dental cleaning. If the most recent cleaning was more than 6 months prior to transfer, I determined that a new cleaning was needed.

4/8 youth (50%) had a recent dental cleaning less than 6 months prior to transfer. Those did not need a cleaning at the time of transfer.

4/8 youth (50%) did not have a recent dental cleaning at the YSC; OR, the most recent cleaning was more than six months prior to transfer to NB. These four youth needed a new dental cleaning at the time of transfer.

**Preventive and restorative needs:** I identified the preventive and restorative needs of the youth at the time of transfer based on the dentist's treatment plan at the youth's most recent YSC dental visit prior to transfer. The most recent visits occurred between two days and two months prior to transfer and, as discussed below, in one case the youth did not receive a dental exam during his most recent YSC admission. Additional needs documented by the dentist at a prior exam were also considered.

7/8 youth (87%) needed dental services at the time of transfer to NB.

5/7 youth needed preventive services (cleaning or sealants), including 3 who were due or overdue for a cleaning.

2/7 youth needed restorative services (fillings; follow-up on pain).

1/8 youth (13%) had no dental visits during his most recent admission at the YSC prior to his transfer to NB. He had been housed at the YSC for 38 days prior to transfer. His dental needs at the time of transfer were unknown.

Case Study: This youth's most recent dental visit at the YSC was on 11/5/20, during a previous admission. He did not have the required 14-day dental exam after his most recent admission to the YSC on 6/28/21. He was transferred to NB five weeks later, on 8/5/21, without ever having seen the dentist at the YSC. His dental needs were therefore unknown at the time of transfer. A dental exam was indicated for this youth at the time of transfer to NB. Cleaning and exam were provided 8/23/21, 18 days after transfer to NB. (DB).

### **Dental follow-up after transfer to NB:**

Follow-up after transfer to NB was assessed with respect to: dental orders at the time of transfer; follow-up dental visits; completion of care; and scheduled follow-up after the most recent NB dental visit.

**Follow-up orders at transfer:** I reviewed the transfer-sending note from the YSC medical staff, the transfer-receiving note by NB medical staff, chart maintenance orders, and the dental workflow (obtained from the Fusion Order Manager) to determine if a follow-up dental order was on the workflow at the time of the youth's transfer or newly ordered at that time at NB.

7/8 youth (87%) had an open order for dental follow-up in place from the YSC at the time of transfer.

1/8 youth (13%) had neither open order nor a new order for a follow-up visit on admission to NB.

Case Study: DB was transferred to NB on 8/5/21. He had no follow-up dental order for visits at NB. He requested care on 8/17/21 for dental floss and cleaning. The nurse ordered sick call-dental. He requested care again on 8/21/21 for dental floss. The nurse ordered dental floss to be available to him nightly. He was seen by the dentist for dental sick call on 8/23/21. At that time, he received his needed exam and cleaning.

Comment: Based upon the review of the EHR, it appears to be routine for the NP assessing a youth at the time of transfer to NB to ascertain the status of dental follow-up and to write a DRCT order if there is no open order. DB was an exception to this routine. The NP who admitted him to NB either overlooked this need or was not aware of the expected routine approach to continuity of dental care.

**Completion of dental care:** From the dental records I identified each youth's most recent dental visit at NB. I used the dentist's plan at the most recent NB visit to determine if the youth's care was complete (for example "N/V 6-month recall") or if there were outstanding restorative or preventive needs (for example, "N/V fillings" or "N/V sealants").

7/8 youth (87%) had completed their dental care as of their most recent visit at the time of this review. For those youth, the plan for their next visit was 6-month recall. One of those 6-month recalls was due in December 2021, but no cleaning had been provided as of 2/25/22.

1/8 youth (13%) had not yet completed her dental care at the time of this review. I reviewed her records in detail.

<u>Date</u>	<u>Event</u>	<u>Diagnosis and Treatment</u>	<u>Follow-up Plan</u>	<u>Comment</u>
3/24/21	KY admitted to YSC	Medical Intake	14 day dental exam ordered by admitting NP	
4/1/21	<b>Refused</b> 14 day dental exam	Refusal documented		
4/9/21	Dental visit for 14 day dental exam	Decay teeth # 18, 20, 29; also needs sealants, cleaning and bitewing x-rays	N/V Bitewings and sealants or fillings	
5/28/21	<b>Refused</b> appointment for fillings	Refusal documented		
6/11/21	<b>Refused</b> appointment for x-rays	Refusal documented		
8/6/21	Dental visit for bitewing x-rays	Bitewing x-rays show no cavities in rear molar teeth	N/V sealants in quadrants I and IV.	<b>Two months passed</b> between prior refusal and this visit. Four months since initial dental exam
10/4/21	Transfer to NB	Open order for dental care (DRCT) at the time of transfer		
10/20/21	Dental visit for pits and fissure	Sealants applied in quadrant II	N/V Continue sealants or fillings quadrants III and IV	<b>Two more months passed</b> between bitewing x-rays and initiating treatment at this visit. Six months since initial dental exam.
11/17/21	Dental visit for pits and fissures	Sealants applied upper and lower left quadrants	N/V fillings	
12/25/21	Positive COVID test result			38 days elapsed prior to this test result.

1/24/22	Refused appointment for fillings	Refusal documented	<b>Another two months passed</b> before this appointment was offered. Now 10 months since initial dental exam. Cavities diagnosed 4/9/21 have not yet been filled.
2/7/22	Dentist ordered follow-up appointment (DRCT)		Youth is on the NB dental workflow waiting for a visit.

The dental care experience of KY demonstrates both positive and negative aspects of the dental program at the YSC and NB.

From a positive point of view, in spite of several refusals of care, over time, the dentist has established rapport with this youth and succeeded in systematically working her way around all four quadrants of the mouth applying sealants to pits and fissures of the molar teeth.

From a negative point of view, it has taken 10 months to get to this point in her treatment plan, and the cavities diagnosed on 4/9/21 have still not been treated as of 2/28/22. The dental care program may be improved by determining what caused 10 months delay in this case:

- Some of the delays have occurred due to the youth's refusing care three times since the initial dental exam on 4/9/21.
- Also, there were three pauses in dental care during that time each lasting about two months. The first two month pause occurred at the YSC between the refusal on 6/11/21 and the x-rays on 8/6/21. A second two month pause occurred at YSC between 8/6/21 and her transfer to NB on 10/4/21. The unmanageable number of youth waiting for care at the YSC likely contributed to these delays.
- After transfer to NB she was re-engaged in care. She had two dental treatment visits over the first 6 weeks at NB, on 10/20/21 and 11/17/21. Care is more readily available at NB as the number of youth waiting for care is much smaller there and follow-up can be regularly achieved.
- However, thereafter another two-month delay in care at NB occurred before another dental visit for fillings was scheduled on 1/24/22. During this time, the youth tested positive for COVID-19 while the facility was experiencing an Omicron surge that likely interfered with facility program operations. Perhaps the dentist simply did not choose her for a visit from the NB dental workflow during that time.
- Unfortunately, the 1/24/22 appointment was refused and treatment for the cavities diagnosed on 4/9/21 was still outstanding as of mid-March 2022.

This case highlights two aspects of dental care that need improvement: unmanageable number of youth waiting for care at the YSC; and leaving youth on the NB workflow for more than 30 days without a visit. Recommendations to improve these aspects of care are provided in the YSC, NB, and System Conclusions sections below.

**Scheduled follow-up after most recent NB dental visit:** From the Chart maintenance orders by the dentist and the dental workflow from the Fusion order manager for each youth, I determined if there was a follow-up order in place after the most recent dental visit. I projected the workflow date range forward 7 months to include the 6-month recall orders.

8/8 youth (100%) are on the dental workflow.

6/8 youth have future appointments for 6-month recall.

1/8 youth needed 6-month recall in December 2021. It has not been done yet. She remains on the dental workflow with an appointment on 3/7/22.

1/8 youth has not completed her dental care. She too remains on the workflow.

### **Timely treatment of dental needs at NB:**

#### **A. Review of sample of 8 new admissions**

My record review occurred 2 to 4 months after the youth in the sample were transferred to NB, which provided an opportunity to assess the timeliness of dental treatment after admission.

7/8 youth (87%) had completed their preventive and restorative care and were scheduled for 6-month recall for examination and cleaning.

One youth in the NB sample (KY) has not completed her care. She needs cleaning and fillings. She remained on the NB dental workflow as of mid-March 2022.

Comment: The majority of youth had timely completion of their dental care. However, the experience of one youth whose care is incomplete is troubling. I found that in practice at NB the dentist seems to repeatedly skip over some youth on the dental workflow and they become effectively lost to follow-up (KY from the NB sample; AM2 from the YSC sample, now a resident at NB). This is a system problem. Under the current system some youth on the dental workflow don't get chosen timely for a dental visit.

#### **B. Review of open orders in NB dental workflow as of 12/23/21**

On 12/23/21 there were 8 youth from the entire NB population listed on the 12/23/21 dental workflow who needed dental services on that date. All had orders for DRCT. Table 4 lists youth on the NB dental workflow. In this table the youth's legal status and length of stay has been combined with the appointment type, date, and comments from the facility dental workflow printed on 12/23/21.

I calculated the days that elapsed since their DRCT orders:

4/8 youth (50%), 30 days or fewer elapsed since their DRCT order.

1/8 youth (13%), between 30 and 60 days elapsed.

3/8 youth (37%), 60 or more days elapsed.

Half the youth on the 12/23/21 dental workflow had been waiting more than 30 days for a dental visit. Three had been waiting more than 60 days. Three youth on the workflow were waiting for fillings; all three had been waiting more than 30 days for their visit.

Comment: While most youth at NB appear to be receiving timely dental follow-up care, some resident youth are not. This appears to be largely the result of youth on the workflow being skipped over repeatedly for weeks or months.

## **Conclusions and Recommendations**

### **YSC Conclusions**

#### **Dental Screening within 7 days:**

YSC complies with the Oral Care Policy requirement for screening within seven days of admission. I found that all youth in the sample had a dental history and oral examination by the NP as part of the initial medical assessment on the day of admission. The dentist stated that she provides annual training on oral screening for the NPs and other health staff.

#### **Dental examination within 14 days:**

YSC is largely compliant with the Oral Care Policy requirement for examination by the dentist within 14 days of admission. The 14-day dental exam is routinely ordered at the time of the initial medical assessment. I found that 9/12 youth (75%) had their initial dental examination within the 14-day timeframe. 11/12 youth (92%) were examined within 16 days of admission.

However, I also observed youth who were not examined timely, or not examined at all. I reviewed some of these exceptions to try to identify the causes of the gaps in care for those youth:

- A youth (JH) in the YSC sample had a late initial dental exam (22 days). In this case I found that the 14-day exam was not ordered by the admitting NP. This was contrary to the usual facility admission routines. The error may partly be due to their using the "overnighter medical screening" note in place of the Intake Medical note.
- A youth (DB) in the NB sample never had his 14-day exam after his most recent admission to the YSC. His 14-day exam was ordered per YSC routine at the time of admission, but he was never seen by the dentist there. He was at the YSC five weeks prior to transfer to NB.
- Another youth (JW) refused his 14-day exam scheduled for 6/8/21 but was never seen thereafter by the dentist until he requested sick call for dental pain on 8/31/21.<sup>8</sup>

During our interview, the dentist said that the dental CQI reports have been auditing the timeliness of the initial dental exam within 14 days, but she did not describe any improvements that had been made as a result. Although the system for timely initial dental examination at YSC is largely effective, I observed that there are still youth who are not examined timely (or at all).

**Recommendation:** Staff should perform a routine record review at 30 days length of stay to see if each youth had their initial dental exam. This protocol would catch the exceptions and they could be re-engaged in care early in their stay.

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<sup>8</sup> This youth was included in the initial YSC sample but was removed from the sample because he did not have an actual new admission to the YSC.

### **Timely treatment of dental needs:**

At the YSC the dental program is not meeting the policy requirement for timely dental treatment. Two youth in the sample had been waiting more than 30 days for needed follow-up care. On the 12/23/21 dental workflow, 13/25 youth who were waiting for follow-up treatment had waited more than 30 days to be seen.

I think treatment is not timely at YSC due to the large number of youth in need of care on the dental workflow. With a substantial backlog of patients waiting for a dental follow-up visit, it is not surprising that some youth are not seen at scheduled appointments and may remain on the workflow for months without being seen.

Some youth on the dental workflow have been at the YSC for more than a year. During this time their dental needs should be identified and treated. Long term youth must be provided with timely access to needed dental care. The patient backlog at the YSC must be addressed. See **System Conclusions** section below.

## **NB Conclusions**

### **Dental Screening within 7 days:**

Dental care at NB is not compliant with the Oral Care Policy requirement for oral screening within seven days of admission. If DYRS maintains the current policy requiring a 7-day screening for youth admitted to NB, a procedure should be developed to implement the screening. For example, it could be routine for an NP trained by the dentist to examine the mouth as part of the transfer-receiving encounter.

However, I do not think that routine screening on admission to NB is necessary, see below.

### **Dental examination within 14 days:**

Dental care at NB does not meet the Oral Care Policy requirement for examination by the dentist within 14 days of admission.

However, I do not think that routine examination of all youth within 14 days of transfer into NB is necessary, see below.

### **Routine screening and examination at the time of transfer into NB is not necessary:**

In the DYRS secure residential programs, the same dentist provides care at both facilities. With this in mind, in my opinion it is possible to achieve seamless continuity of care without routine screening at transfer or routine examination within 14 days as currently required in the NB Oral Care Policy.<sup>9</sup> What is needed is the following:

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<sup>9</sup> National Commission for Correctional Health Care (NCCHC) requires dental screening upon admission (see section E-02) and an exam by a dentist within 60 days of admission. NCCHC guidelines published on-line provide that an exam can be waived if the individual is a transfer within the system and had an exam that was timely at the prior facility.

- a thorough and thoughtful review of each youth's dental needs by the dentist at the time of transfer;
- orders for follow-up to address all outstanding dental needs;
- a new exam if the last exam occurred more than 6 months ago;
- a new cleaning if the last cleaning occurred more than 6 months ago; and,
- timely dental visits to provide needed preventive, restorative, palliative or operative care. Absent urgent needs, a timely visit is within 30 days.
- Perhaps a structured "transfer-dental" note could be added to the EHR for the dentist to document the findings of the dental review at the time of transfer.

If there were different dentists at each site, I would recommend a routine examination of each youth by the NB dentist within 14 days of transfer to establish needs and a treatment plan with the new dental provider. However, DYRS has the advantage of a single dentist treating youth at both facilities. This permits effective continuity of care without requiring routine screening and exam for every youth at the time of transfer.

#### **Timely treatment of dental needs:**

Dental care at NB is largely compliant with the Oral Care Policy requirement for timely treatment. Sampled youth who needed exams and cleanings largely received the needed services within 30 days of transfer. Most youth completed their care.

However, the system for dental follow-up at NB is failing some youth who are not seen timely by the dentist. The dental workflow at NB is not large: only 8 youth were included on the dental workflow for 12/23/21. However, 3/8 youth (38%) had been waiting more than 60 days for their next visit. This shows that some youth are effectively lost to follow-up even though they are on the dental workflow. It appears that this results from the dentist's approach to choosing who to see from the workflow on each NB dental day. See System Conclusions below.

### **System Conclusions**

There is an established dental program at both the YSC and NB. Several opportunities for improvement in dental care were identified in this review.

#### **Youth on YSC dental workflow not seen for more than 30 days:**

The system of dental care at the YSC is not providing timely access to care for many youth. I observed that the dental workflow volume at YSC is unmanageable. Long stay YSC youth in particular do not have adequate access to follow-up dental care.

Improvements in follow-up dental care for youth at the YSC is particularly important now that youth facing adult felony charges (under Title 16) and committed youth pending placement are being detained for months or years at the YSC. These are long-stay populations that must have timely access to dental treatment. On the YSC dental workflow on 12/23/21, 12 of 13 youth who were waiting more than 30 days for care were youth with long lengths of stay. Some had

been at YSC for more than a year and one had been waiting more than 100 days for a needed dental visit. In our interview the dentist said she has not made any changes in YSC priorities to accommodate the needs of the long stay population there.

Solutions to this problem include providing more dental treatment days at the YSC and increasing the number of youth the dentist is able to treat during each dental day.

- The dentist's schedule could be changed to add a treatment day at the YSC and remove a day from NB (i.e., four days each week at the YSC and one day at NB).
- The number of youth seen by the dentist each day may be increased by careful review of "down time" during the treatment days at each site. (See Improving Productivity of Dental Program section below)

### **Improving Productivity of Dental Program:**

In secure facilities, the productivity of dentists (and other medical care providers) can be affected by factors outside of their control, including delays in escorting youth to and from the dental clinic for scheduled services. Delays in treatment and youth lost to dental follow-up can be addressed by improving dentist productivity.

DYRS should identify barriers to dentist productivity and attempt to modify or remove them. An assessment of productivity would begin with a review of the dentist's weekly schedule for each facility, hours on-site treating patients on a dental day, the number of patients seen, and the types of services provided. Some potential barriers to productivity include:

- The daily functioning of the dental clinic is an important factor in productivity. In my experience, dentist "down time" during the treatment day (waiting for the current youth who is done for the day to be moved out of the clinic and the next youth to be brought down) can reduce productivity by 50% or more. If the next patient is already waiting in the clinic when the current youth finishes treatment, productivity will improve. Ideally, the assignment of one YDR to supervise youth waiting in the clinic and a second YDR to move youth to and from the clinic will reduce down time and allow more youth to be treated each dental day.
- In our interview the dentist pointed out that only one youth is allowed into the clinic at a time for medical or dental care. I presume that this practice is imposed by facility administration to limit youth contact and prevent fights. Such a restrictive practice also severely limits the productivity of both health services. With medical and dental care provided in separate rooms there surely are ways to limit youth contact by controlling movement within the clinic. Bringing two youth from the same unit is another approach that has been used.
- A dental team usually includes a dentist, a dental assistant, and a dental hygienist. The DYRS dental staff include a dentist and a dental assistant, but no hygienist. At both DYRS sites there was an extended period during which the assistant position was vacant.

During that time the dentist provided all the dental care alone. During our interview the dentist said that some operative procedures were postponed because they could not be done without a dental assistant. OIJFO determined that as of 11/8/21, a dental assistant was hired by DYRS. A dental assistant is necessary to operate a dental program for incarcerated youth and it is likely that the addition of a dental assistant will improve productivity.

- Digital x-ray imaging is ubiquitous in dental care in the community because it is more efficient clinically than x-ray film technology. DYRS has not implemented a digital dental x-ray program. Digital x-ray provides images more quickly than film and the images are generally of better quality than film with current technology. Also, continuity of dental care is improved with digital x-ray. Properly managed on a central server, the images would be available at both sites and could be copied to send to an outside consultant or the youth's family dentist after release.

### **Youth on NB dental workflow not seen for more than 30 days:**

I observed that some youth at NB were on the dental workflow but were not seen timely. Four of eight youth on the NB dental workflow on 12/23/21 had been waiting more than 30 days for their next visit. At NB, delayed treatment is not the result of unmanageable numbers of youth waiting for a dental visit. On 12/23/21 there were 26 youth housed at NB and the dental workflow on that date listed only 8 youth.

At NB I think delayed treatment for some youth results from the selection of youth to be seen on each dental treatment day. Some youth are skipped over again and again, sometimes for months.

Some orders on the dental workflow include a comment, such as "sealants," "fillings" or "cleaning." These comments provide information needed to prioritize which youth to see on any particular day. To be useful for prioritizing care the information should be complete and accurate. The youth discussed above with pain with sweets and molar cavities had the comment "sealants" (a preventive care treatment) on his follow-up order yet he was symptomatic and had been diagnosed to need fillings (a restorative care treatment). "Sealants" in the comment did not provide the information needed to properly prioritize his care.

### **Recommendations:**

- The comment entered when follow-up is ordered should always reflect the youth's most significant treatment needs. This will help the dentist to effectively prioritize patients from the dental workflow.
- A complementary approach would be for the dentist to make it a practice never to leave anyone on the workflow for more than 30 days.

### **Dental needs not listed on the problem list:**

Each youth health record in the EHR has a problem list displayed on the first screen. The list provides an immediately accessible orientation to the health needs of each youth. While medical and mental health issues are routinely listed on the problem list, unfortunately dental needs are not listed.

Information about current dental needs should be accessible to all health care professionals taking care of the youth. The problem list is a tool for this purpose. Listing dental problems on the problem list also supports more comprehensive nursing case management and discharge planning.

Recommendations:

- The dentist should list needed dental treatment on the problem list in the EHR. Including the date entered and date resolved would be particularly useful information.
- Each dental service that is needed is worthy of a problem:
  - exam and cleaning every 6 months;
  - each tooth with a cavity in need of filling, crown, root canal or extraction;
  - each tooth with a surface in need of sealants, etc.

### **A policy should include needed procedures:**

In juvenile justice agencies I have worked with or reviewed, the health policy document also generally includes descriptions of the procedures needed to implement the stated policy. Although some routines have been established by DYRS health staff that support implementation of the policy requirements, the DYRS Oral Care Policies do not describe the procedures needed to implement the policy.

Recommendation:

- The DYRS policies should be revised to include needed procedures. Sample policies were shared with Dr. Bellard a few years ago and may be used as models for such combined policy and procedure statements.

### **Unclear documentation of needs on some 14-day dental exam notes:**

When a patient is admitted to DYRS custody for the first time, in the EHR note the dentist lists the diagnosed needs under the title "Treatment" using phrases that imply that the needed services have already been provided. However, services actually provided are listed as "Procedures" and described in the dentist's narrative note. The distinction between "Treatment" meaning "needed care" and "Procedure" meaning "care provided" is not obvious or intuitive. I was confused by this. The meaning only became clear when I was able to review the restricted dental module. In the dental module needs and treatment are more clearly distinguished on the color-coded diagram of the teeth and lists of procedures.

Recommendation:

- The dentist should document needed care more clearly on the initial dental examination note (and on the problem list in the EHR).

### **Youth lost to dental care follow-up:**

Some youth may have no open order for dental care and are "lost" to follow-up by the dental program. Also, some youth with open orders on the dental workflow are not seen for months. They are effectively "lost" to follow-up too, even though they have orders for dental care in place.

Some systems implement periodic review of care to try to ensure that no one is lost to follow-up. There is no routine periodic review of the dental care at the YSC or NB to determine if any have been lost to follow-up. This has become particularly important now that the YSC no longer houses only short-term detainees. Now there are long-stay youth at both facilities who have long-term dental needs.

Recommendations:

- Quarterly review of the facility dental workflow can identify youth who have not been seen for 30 days or more in order to re-engage them in care. Using the EHR and the Fusion Order Manager it appears to be fairly easy to identify two populations of youth who are "lost" to dental follow-up care:
  - Youth with no open dental order at all; and
  - Youth waiting more than 30, 60, or 90 days for ordered care.
- If a nurse were to perform quarterly dental care review, an order for "Sick call-dental" could be entered to flag youth lost to follow-up. That order type already exists on the EHR, is used by nurses, and the dentist already prioritizes those youth to be seen promptly.

In the Quality Improvement Audit Recommendations below I describe two audits to review care of youth "lost" to dental follow-up, re-engage them in care, and improve organized dental services.

### **Quality improvement audit recommendations**

Methods for reviewing dental records and documenting observations were developed for this dental care review. Sources for dental care information are described in this report. Tables 1 and 2 provide a format for presenting and analyzing the information collected. Similar methods can be used to support DYRS dental quality improvement. Based on what I learned from this review, I recommend the following audits to routinely monitor dental care to improve systems and re-engage youth in care:

## **Recommended Audit 1: Initial dental services on admission (YSC only)**

Dental services provided at the time of admission to the YSC are the first step in enrolling youth in the dental program and establishing an individual dental care plan. I recommend that DYRS routinely audit the timeliness of the initial exam and the first follow-up dental visit to determine if the dental program is successfully engaging each youth in an individual dental care program.

Based on my interview with Dr. Greene I learned that the current YSC dental CQI report already reviews whether the initial dental examination is provided within 14 days of admission. The audit described below would expand the scope to include establishment of a treatment plan, and status of the first follow-up dental visit.

### Review universe

- Retrospective review of dental care around admission to the YSC.
- Population-based look back at 45 to 60 days for admitted youth with lengths of stay of at least 30 days to allow time for care to be given or ordered.

### Data elements to review

- Admission date
- Date of initial dental exam
- Date of first dental visit after the exam
- Release date

### Evaluation criteria

- Timely exam - Is the exam 14 days or less after admission? More than 14 days or no exam at all should be considered gaps in care.
- Engaged in care - Did the first follow-up visit occur within 30 days of the exam (if follow-up is needed)? Initial follow up occurring more than 30 days after the exam or no follow-up visit may be gaps in care. Release of a youth within 30 days of the exam provides an exception for no follow-up visit.

### Analyze reasons for gaps by gathering additional information

- Was the 14-day dental exam ordered by the NP on day 1?
- What was the dentist's plan for next visit after the initial exam?
- Was a follow-up dental visit ordered after initial exam?
- Did the youth appear on the facility dental workflow?
- Were there any refusals of treatment?

### Plan and implement improvements

- Re-engage youth in care to provide needed initial exam or follow-up visits.
- Based on identified reasons for gaps in initial dental care, plan program changes to improve performance; implement changes; re-audit.

## **Audit 2: Youth waiting more than 30 days for ordered follow-up dental care (YSC and NB)**

Youth should have dental follow-up visits within 30 days of a dental order. Once the treatment plan is complete, a follow-up exam and cleaning every 6 months is standard. Waiting more than 30 days for an ordered follow-up dental visit is a gap in care.

### Review universe

- Retrospective review using the facility dental workflow on a specific date (the audit date). The workflow lists youth name, order type, order date, and a comment on treatment needs.
- Population based using dental orders.
- Identify youth whose order date is more than 30, 60, or 90 days prior to the audit date.
- Order date more than 30 days prior to audit date indicates a delay in care.

### Data elements to review

- Initial exam date
- Dental needs identified at the exam
- Initial follow-up visit
- Subsequent dental visits
- Current needs
- Time since last visit.

### Evaluation criteria and analysis

- Try to determine the causes of delays in care: Unmanageable facility workload? youth skipped over repeatedly? Repeated refusals? Dentist not available? Pandemic precautions? Parental consent issues? Visit occurred but order remained on workflow? etc.
- Calculate percent of all follow-up orders (DRCT) that are overdue (over 30 days); more than one month overdue (over 60 days); or, more than two months overdue (over 90 days). Upon re-audit, are these numbers improving?

### Plan and implement improvements

- Determine needs of youth waiting longest and re-engage them into care with the dentist.
- Plan and implement improvements to reduce delays; re-audit.

## **Audit 3: Youth lost to dental follow-up (YSC and NB)**

Dental staff initiate follow-up orders to complete each youth's care and maintain dental health. Every youth should have an open dental follow-up order of some sort: 14-day exam, dental routine/ continuation treatment, sick call-dental, recall 6 months, fillings, sealants, cleaning, etc. Therefore, the dental workflow for the facility, projected forward to include the next six to eight months, should show an order for every youth in the facility. Call it the "future workflow." Resident youth without an order on the future workflow are "lost" to dental care. "Lost" youth may not get a dental visit unless they ask for needed care using a sick call request.

### Review universe:

- Prospective review: Compares the facility population on a specific date to the dental workflow projected forward eight months to identify youth without any open dental order.

### Data elements to review:

- Identify youth in population who have no open dental order (i.e., youth who are "lost" to dental follow-up).
- Initial data elements for "lost" youth:
  - Date of last dental visit;
  - Dentist plan at last dental visit;
  - Dentist follow-up order at last dental visit.
  - Does the information clarify how the youth's care lapsed? (Y/N) If Y- what reasons are present?
- Additional data elements for "lost" youth: More detailed review could include all dental care during current admission: date initial exam; dental needs at initial exam; follow-up plan; follow-up visit ordered; etc. up to the last visit. Something may have occurred that explains no open dental order. Determine need for new exam or new cleaning.

### Plan and implement improvements

- Use initial data elements to determine the needs (including diagnostic; preventive; restorative; palliative) of any identified lost youth and re-engage them in care using an effective and workable system. (Notify dentist? Order sick call-dental? Meet youth and discuss? etc.)
- Analyze reasons and/or patterns regarding why youth are "lost" to dental care (no follow-up ordered; frequent refusals; waiting for outside treatment; youth behavior; completed care; interrupted by palliative visits; etc.).
- Plan and implement improvements. Re-audit.

**TABLE 1: Sample of YSC Admissions, August - October 2021**

Youth with LOS of 14 Days or More as of November 8, 2021\*

Youth	Admission date	Release date	Length of stay as of 11/8/21 (days)	7 day screening	14-day exam date	14-day exam timely (Y/N)	14-day exam late	N/V Plan	F/U visit scheduled	Scheduled F/U visit occurred (days from exam to visit/release)	Care needed at most recent dental visit	Lost to F/U	Days from most recent visit to release or transfer
DS1	10/8/2021	11/4/2021	27	Day 1 NP exam	10/15/2021	Y	N	Cleaning	Y	10/28 (13d)	6 month recall	released	7d
JN	8/23/2021	9/23/2021	31	Day 1 NP exam	9/2/21	Y	N	Continue tx 19	Y	9/6 (4d); 9/9; 9/14	Fillings	released	9d
DJ	8/18/2021	9/23/2021	36	Day 1 NP exam	9/2/2021	Y (refused 8/27; 15d)	N	Cleaning and x-rays	Y	N (21d to release)	Cleaning and x-ray	released	21d
SE	8/25/2021	10/4/21 transfer NB	40	Day 1 NP exam	9/7/2021	Y	N	Cleaning	Y	9/16 (9d)	6 month recall	transferred to NB; on dental workflow 3/16/22	18d
AM2	9/29/2021	12/6/21 transfer NB	68	Day 1 NP exam	10/15/2021	N	Y (16d)	Symptoms with sweets: Fill or seal pits and fissures	Y (10/22)	N (53d to transfer)	Fill or seal pits and fissures	Lost at YSC (10/15-12/6)	53d
LL	9/11/2021	9/30/2021	19	Day 1 NP exam	9/21/2021	Y	N	x-rays and fillings	Y	N (9d to release)	Fillings	released	9d
CR	9/28/2021	10/21/2021	23	Day 1 NP exam	10/14/2021	N	Y (16d)	Fill or Ext 14	Y	10/19 (5d)	RCT or Ext 14	released	2d
DD1	10/8/2021	11/1/2021	24	Day 1 NP exam	10/15/2021	Y	N	Cleaning	Y	10/28 (13d)	sealants	released	3d
BE	10/14/2021	11/12/2021	29	Day 1 NP exam	10/26/2021	Y	N	Continue care #19	Y	11/9 (14d); 11/12	Fill 14	released	0d
DG	8/23/2021	Still at YSC as of 11/8/21	77	Day 1 NP exam	8/31/2021	Y	N	Cleaning	Y	9/2(3d)	6 month recall	still at YSC; on dental workflow 4/2022	NA
JH	9/22/2021	10/19/2021	27	Day 1 NP exam	10/14/2021	N	Y (22d)	Cleaning; plan f/u orthodontia	Y	N (5d to release)	cleaning	released	5d
DH	9/1/2021	11/17/2021	77	Day 1 NP exam	9/9/2021	Y	N	Cleaning	Y	Y (refused 9/30 x2) 10/5 (26d)	re-evaluate 19	Lost at YSC (10/5-11/17)	43d
				12/12 had 7 day screening	12/12 had an initial dental exam	9/12 occurred within 14d	3/12 were late (16d; 16d; 22d)	12/12 had next visit <u>PLANNED</u>	12/12 had next visit <u>SCHEDULED</u>	8/12 follow-up visit(s) <u>OCCURRED</u> ; 8/12 visits less than 30d after exam	9/12 had outstanding needs: 3/9 preventive; 6/9 restorative	2/12 lost to follow-up at the YSC	

\*November 8, 2021 was the date that the admissions data were extracted.

**TABLE 2: YSC DENTAL WORKFLOW 12/23/21 WITH YOUTH STATUS**

Youth	DOB	Gender	Age	Admission Date	Status	LOS	Dental Order	Order Date	Clinical Comments	Restorative	Days Since Order
JG	2/21/08	M	13	12/7/21	Secure Detention	16	14 day dental	12/6/2021			
PD	11/29/05	M	16	12/13/21	Secure Detention	10	14 day dental	12/12/2021			
MP1	9/30/08	M	13	12/13/21	Secure Detention	10	14 day dental	12/13/2021			
ER	12/16/05	M	16	12/14/21	Secure Detention	9	14 day dental	12/14/2021			
MS1	8/20/05	M	16	12/17/21	Secure Detention	6	14 day dental	12/17/2021			
MM1	11/3/04	M	17	12/18/21	Interstate Compact	5	14 day dental	12/18/2021			
IR	2/2/06	F	15	12/21/21	Secure Detention	2	14 day dental	12/20/2021			
RB2	11/2/06	M	15	12/22/21	Interstate Compact	1	14 day dental	12/21/2021			
AH	12/29/06	M	14	12/21/21	Secure Detention	2	14 day dental	12/21/2021			
RB1	5/28/04	M	17	12/22/21	Overnight	1	14 day dental	12/22/2021			
KW	5/8/04	M	17	12/22/21	Overnight	1	14 day dental	12/22/2021			
TG	4/8/06	M	15	12/23/21	Overnight	0	14 day dental	12/23/2021			
GB	11/30/06	M	15	9/1/21	Commitment	113	DRCT	9/16/2021	Fill #18-OL	Y	99
AA	7/18/03	M	18	9/2/21	Title 16 - Pretrial	112	DRCT	10/22/2021	Extraction #30 mol	Y	63
JB	8/5/03	M	18	7/20/21	Commitment	156	DRCT	10/26/2021	Fillings	Y	59
NH	9/14/03	Male	18	4/1/21	Title 16 - Pretrial	266	DRCT	10/26/2021	Follow-up #32 gingival		59
JP	7/17/03	Male	18	9/18/20	Title 16 - Pretrial	461	DRCT	10/26/2021	Evaluate for night guard		59
MM2	3/10/04	Male	17	6/18/20	Title 16 - Pretrial / Committed	553	DRCT	11/2/2021	X-ray review and tx plan for #32		52
JJ	11/6/03	Male	18	2/8/21	Title 16 - Pretrial / Committed	318	DRCT	11/5/2021	6 months recall- Nov. 2021		49
CS	8/27/03	Male	18	9/28/20	Title 16 - Pretrial	451	DRCT	11/5/2021	6 months recall Nov 2021		49
FQ	5/28/05	M	16	9/1/21	Secure Detention	113	DRCT	11/9/2021	Sealants or fillings QIII or QIV	Y	45
MH	2/3/02	Male	19	8/18/20	Title 16 - Pretrial	492	DRCT	11/11/2021	6 months Recall- Nov. 2021		43
JW	9/2/03	M	18	8/5/21	Title 16 - Pretrial	140	DRCT	11/12/2021	Filling #2	Y	42
DW1	9/14/03	Male	18	12/19/20	Title 16 - Pretrial / Committed	369	DRCT	11/16/2021	Sealant #31-B; #12-O filling	Y	38
RH	4/10/04	Male	17	11/17/20	Title 16 - Pretrial	401	DRCT	11/16/2021	Filling /check #15-O and #3-O	Y	38
SW	9/1/01	Male	20	8/18/20	Title 16 - Pretrial	492	DRCT	12/2/2021	Follow-up/reevaluate #4-D	Y	21
ST	11/19/04	M	17	11/10/21	Secure Detention	43	DRCT	12/3/2021	Fillings or cleaning	Y	20
MS2	9/21/05	M	16	11/9/21	Secure Detention	44	DRCT	12/3/2021	Cleaning and sealants #3 and #14		20
MD	12/16/04	M	17	11/6/21	Secure Detention	47	DRCT	12/7/2021	Filling #19 or #30	Y	16
DS3	11/6/02	Male	19	7/25/20	Title 16 - Pretrial	516	DRCT	12/7/2021	Q-I and Q-IV		16
KA2	7/9/04	F	17	10/29/21	Secure Detention	55	DRCT	12/10/2021	Bonding lower anterior teeth	Y	13
VB	12/14/06	M	15	12/3/21	Secure Detention	20	DRCT	12/16/2021	x-rays; fillings; ext #3 and #14	Y	7

Youth	DOB	Gender	Age	Admission Date	Status	LOS	Dental Order	Order Date	Clinical Comments	Restorative	Days Since Order
MO	6/11/05	M	16	11/30/21	Secure Detention	23	DRCT	12/16/2021	Cleaning or fillings/ pits	Y	7
NW	8/10/04	M	17	11/17/21	Secure Detention/ Commitment	36	DRCT	12/16/2021	Cleaning		7
MP2	5/23/05	M	16	9/29/21	Commitment	85	DRCT	12/21/2021	Continue care and x-rays	Y	2
KA1	2/22/02	M	19	8/18/20	Secure Detention	492	DRCT	12/21/2021	Reevaluate QII and QIII/#12-#14-#12 fillings	Y	2
KE	6/21/07	M	14	12/7/21	Secure Detention	16	DRCT	12/23/2021	Cleaning-refresher		1

**TABLE 3: Sample of NB Admissions, August - October 2021**

Youth with LOS of 14 Days or More as of November 8, 2021\*

NB Page 1

Youth	Gender	LOS at YSC prior to transfer to NB (days)	NB Transfer date	Release Date	Length of stay as of 11/8/21 (days)	Last 14-day exam date (1)	Last exam timely (within 6 mos of transfer) (2)	New exam needed (more than 6 months)	Last dental cleaning (prophy) prior to transfer	Dental cleaning needed at time of transfer (>6mos)	Last dental visit prior to transfer (days before transfer)	Dental needs at time of transfer (3)	Dental follow-up ordered at transfer (4)
DB	M	38	8/5/2021	Still at NB	95	11/5/2020	N	Y	Never	Y	Never this YSC admit	Unknown: no YSC exam	N
IC	M	134	8/5/2021	Still at NB	95	4/1/2021	Y	N	Never	Y	7/22/21 (14d)	cleaning, sealants	Y (open order)
DS2	M	38	8/5/2021	Still at NB	95	6/10/2021	Y	N	7/8/2021	N	8/3/21 (2d)	6 mos recall 12/2021	Y (open order)
DV	M	23	8/18/2021	Still at NB	108	8/10/2021	Y	N	2/6/2021	Y	8/10/21 (8d)	Fill 18, 19; cleaning	Y (open order)
CW	M	13	8/24/2021	12/11/2021	114	7/13/2021	Y	N	8/20/2021	N	8/20/21 (4d)	6 mos recall 2/2022	Y (open order)
SE	F	40	10/4/2021	Still at NB	35	9/7/2021	Y	N	9/16/2021	N	9/16 (3wk)	6 mos recall 3/2022	Y (open order)
TJ	F	163	10/4/2021	Still at NB	35	3/30/2021	N	Y	6/29/2021	N	9/16 (3wk)	follow-up pain	Y (open order)
KY	F	194	10/4/2021	Still at NB	35	4/9/2021	N	Y	Never	Y	8/6 (2mos)	Sealants; cleaning	Y (open order)

(1) Last 14 day exam is the most recent dentist assessment and treatment plan.

(2) The dentist's usual plan is exam and cleaning every 6 months.

(3) Based on Next Visit (N/V) plan at most recent dental visit prior to transfer.

(4) From Transfer receiving note (TREC); Transfer sending note (TSEND) and/or on Dental Orders list.

\*November 8, 2021 was the date that the admissions data were extracted.

TABLE 3: NB Page 2

	Youth	Date <u>first</u> NB dental visit	<u>First</u> NB visit < 7d (5)	<u>First</u> NB visit < 14d (6)	<u>First</u> NB visit within 30d (7)	Care needed at <u>most recent</u> NB visit (8)	Follow-up ordered at <u>most recent</u> NB visit	Follow-up status (9)	Comments
	DB	8/23/2021	N	N 6 mos exam needed	Y	6 month recall	N	On workflow: appt 2/23/22	No 14 day exam associated with 6/28/21 YSC admission. Prophy and exam due at transfer provided 8/23/21 (18d after admission).
	IC	8/23/2021	N	N	Y	6 month recall	Y	On workflow: appt 4/13/22	Prophy due at transfer was provided 2 months later
	DS2	8/18/2021	N	Y	Y	6 month recall	Y	On workflow: appt 1/12/22	
	DV	9/20/2021	N	N	Y	6 month recall	N	On workflow: appt 4/6/22	
	CW	None	N	N	N	6 month recall	No NB visits	On workflow: appt 2/22/22	Released 12/11/21.
	SE	None	N	N	N	6 month recall	No NB visits	On workflow: appt 3/16/22	No NB visits yet. Most recent visit 9/16/21 at YSC.
	TJ	10/20/2021	N	N 6 mos exam needed	Y	6 month recall 12/2021	N	On workflow: missed appt 10/27/21	Palliative visits 11/17/21, 1/24/22 and 2/28/22. Recall scheduled 3/7/22 but not seen that date.
	KY	10/20/2021	N	N 6 mos exam needed	Y	Fillings; exam; cleaning	N	On workflow: missed appt 10/27/21	Fillings, exam and cleaning needed at transfer not done yet. Sealants 11/17/21; refused fillings 1/24/22.

(5) Complies with 7 day screening requirement of the policy.

(6) Complies with 14 day exam requirement of the policy.

(7) I believe first visit after transfer within 30 days would be a reasonable goal for this long term facility with a small population.

(8) Based on dentist plan for next visit at most recent NB dentist visit.

(9) Based on Fusion order manager for dental orders, projected 8 months into the future to include all 6 month recalls.

**TABLE 4: NB DENTAL WORKFLOW 12/23/21 WITH YOUTH STATUS**

Youth	DOB	Gender	Age	Admission Date	Status	LOS	Dental Order	Order Date	Clinical Comment	Restorative	Days Since Order
KY	6/10/07	F	14	10/4/21	Commitment	80	DRCT	9/29/21	Continue fillings and sealants QIII and IV	Y	86
DW2	1/17/05	M	16	5/26/21	Commitment	211	DRCT	9/29/21	Fillings and PE check	Y	86
AM2	9/22/06	M	15	12/6/21	Commitment	17	DRCT	10/22/21	Sealants	Y	63
TJ	5/4/05	F	16	10/4/21	Commitment	80	DRCT	10/27/21	Check QIV (seen 11/17)		58
II	9/12/01	M	20	6/16/21	Commitment	190	DRCT	11/29/21	Oral hygiene check		25
DD2	9/11/04	M	17	12/2/20	Commitment	386	DRCT	12/14/21	Recall December 2021		9
EM	4/2/04	M	17	12/1/21	Commitment	22	DRCT	12/20/21	Recall November 2021		3
AM1	8/3/04	M	17	7/8/21	Commitment	168	DRCT	12/20/21	Erupting dental pain		3

NOTE: TJ is on the workflow for a missed visit on 10/27/21. However, she was seen on 11/17/21 to evaluate QIV occlusion. Needs order for recall December 2021.

# Attachment 2



## MEMORANDUM

**TO:** Mark Jordan  
Executive Director, Office of Independent Juvenile Justice Facilities Oversight (OIJJFO)

**FROM:** Hilary Cairns, DYRS Director  
Dr. Khandra Tyler-Beynum, DYRS Medical Director

**DATE:** May 6, 2022

**RE:** Response to the OIJJFO's Report Regarding Dental Services at DYRS's Secure Facilities

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### Background

In response to the vacature of the Jerry M. litigation, the Office of Independent Juvenile Justice Facilities Oversight (OIJJFO) was established in 2021 to regularly monitor and publicly report on DYRS's management of the District of Columbia's two secure juvenile facilities – New Beginnings Youth Development Center (NBYDC) and the Youth Services Center (YSC).

This memorandum reflects the Department of Youth Rehabilitation Services' (Agency) response to the OIJJFO's report titled, "Dental Services at the Youth Services Center and New Beginnings Youth Development Center" (Report).

### Agency Response

The Agency would like to thank the OIJJFO and Dr. Cohen for the thorough analysis in developing this Report. The Agency agrees to some of the recommendations outlined in the Report, specifically:

- **Recommendation 2:** *Adopt procedures to minimize time that the dentist is waiting for patients.*
- **Recommendation 4:** *Include all active dental problems on the youth's master medical problem list visible to all medical staff members.*
- **Recommendation 6:** *Use language in the dental record to clearly distinguish needed treatments from treatments that were delivered.*
- **Recommendation 9:** *At both facilities, conduct routine audits to ensure that every youth on the facility roster has an open dental order to ensure they will be*

*recalled for future dental services.*

However, the Agency would like to respond to 1) provide feedback for the other recommendations in the Report, 2) clarify some of the case notes used to reach these conclusions in the Report, and 3) discuss additional factors affecting the administration of the dental program during the COVID-19 pandemic.

Regarding the Recommendations:

- **Recommendation 1:** *Modify the dental program schedule to include one additional treatment day at the YSC and one fewer at New Beginnings (i.e., four days per week at the YSC and one day at New Beginnings).*

**Agency Response:** There are limitations to using the open dental orders as a proxy for daily clinic workload. For example, by default, all open 14-day examination orders written before the current date will be displayed on the dental workflow. The date on the order reflects the date that the order was written, not the date by which the examination is due. Therefore, using the list of open orders alone may overestimate the service volume for a particular day. Given the preliminary data presented pointing to challenges with the timeliness of follow-up care, it would be helpful to further explore clinic volume and, more specifically, identify strategies to enhance productivity, including expansion of service days at YSC.

- **Recommendation 3:** *Implement digital x-ray technology at both facilities.*

**Agency Response:** The Agency will explore the feasibility of incorporating digital x-ray technology to enhance current services.

- **Recommendation 5:** *When entering dental orders, include the youth's most significant dental treatment needs to facilitate prioritization of patient selection each day.*

**Agency Response:** The dentist currently uses the clinical comments to document the care planned for the subsequent visit. The dentist will continue to ensure that comments entered have the detail needed to assist with proper prioritization of visits listed on the dental workflow.

- **Recommendation 7:** *At the YSC, conduct routine audits of all admitted youth with lengths of stay of at least 45 days to ensure that they received an initial comprehensive dental examination and initial follow-up and provide any needed services, as indicated.*

**Agency Response:** It should be noted that the spirit of the 14-day oral examination standard is born in ensuring that youth receive timely access to an initial oral evaluation by a dentist as a critical starting point to further treatment. While this standard's timeframe is 14 days, it would be within the realm of standard clinical scheduling practice to expect that some visits may fall a few days outside of the 14-day mark. The Agency will incorporate monitoring of

compliance with the 14-day oral examination and routine audits to assess the timeliness of follow-up care in our CQI program.

- **Recommendation 8:** *At both facilities, conduct routine audits of the daily workflow to identify all dental orders that were opened more than 30 days prior to the day of the review and ensure that necessary follow-up treatment is timely provided to those youth.*

**Agency Response:** During the review period for the Report, the Dental Team was staffed at a 50% level. The department is now fully staffed, making it feasible to see youth for follow-up care within 30 days. Additionally, steps are put in place to ensure all attempts to see youth are properly documented in their charts.

- **Recommendation 10:** *Revise the New Beginnings Oral Care Policy to focus on continuity of dental care for youth transferred from the YSC.*

**Agency Response:** The Oral Care policy describes the standard of care for youth who are admitted into DYRS's secure facilities. Youth who move between YSC and New Beginnings are considered intra-system transfers, and the Transfer Screening policy addresses the goal of ensuring continuity of care in this scenario. While currently, New Beginnings does not receive direct admissions, conceivably in the future, this could change. Therefore, it is important that the oral care policy broadly establishes the standards of dental care delivery in our secured facilities. The Agency's recommendation is to have a single oral care policy for YSC and New Beginnings and to enhance the current Transfer Screening policy and procedures to include additional steps to ensure continuity of dental care during intra-facility transfers.

- **Recommendation 11:** *Revise the Oral Care Policies to include procedures staff are expected to follow to implement the policies, including procedures to implement the routine administrative reviews and audits described above.*

**Agency Response:** The Agency will review the Oral Care policy, and consideration will be given to amending the policy with any standard auditing steps that we implement.

#### Case Notes Clarification:

In the Report, two youth were referenced for not receiving dental examinations within 14 days of admission. The Agency would like to clarify the circumstances for the delay.

- Youth AM2: This youth was in quarantine due to COVID exposure. The quarantine period ended on 10/14/21, and AM2 received a dental examination on 10/15/21.
- Youth JH: This youth was in quarantine due to COVID exposure. The quarantine period ended on 10/14/21, and JH received a dental examination the same day, 10/14/21.

Two youth were cited for not receiving a dental examination within six (6) months of their transfer, which does not align with our dental records.

- Youth KY: This youth had a dental exam within six months of transfer to New Beginnings. Youth KY was placed at NB on 10/4/2021 and received a dental exam on 4/9/2021, which is within six (6)months.
- Youth TJ: This youth had several dental visits within the 6-month period leading up to their transfer.<sup>1</sup>

Additionally, the Report states that four out of eight youth did not receive a dental cleaning at the time of their transfer because their most recent cleaning was more than six months prior to transfer. Our records, and the Report, indicate that three of these youth were not at YSC long enough for this statement to be accurate. Specifically, prior to transfer:

- Youth DB was at YSC for 38 days;
- Youth IC was at YSC for 134 days; and
- Youth DC was at YSC for 23 days.

#### COVID-19 Impact:

Furthermore, the Agency would like to acknowledge our Medical and Dental team for managing the dental needs of the youth we serve while navigating the complexities of providing dental care during the COVID-19 pandemic. Appropriately staffing secure juvenile facilities during a pandemic is a complex task, resulting in the Agency's one dentist working without a dental assistant for approximately six months (5/21-11/21). The Dental team is now fully staffed, resulting in more efficient service delivery.

Additionally, COVID-19 often resulted in prolonged quarantines for the youth we serve. The varying duration of these quarantines also complicates scheduling dental care timely and consistently.

#### Conclusion:

Thank you again to OIJFO for your thorough analysis and for allowing the Agency the opportunity to provide feedback on the Report. We look forward to our continued work together.

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<sup>1</sup> Youth TJ received dental care on the following dates during 2021 – 3/9, 4/9, 4/20, 5/18, 6/3, 6/11, 6/29 – dental cleaning on this day, 7/13, 7/29, and 9/26

# Attachment 3



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES  
POLICY AND PROCEDURES MANUAL**

<b>POLICY NUMBER:</b>	V.e.4.(YSC)
<b>RESPONSIBLE OFFICES:</b>	Health Services Administration
<b>EFFECTIVE DATE OF POLICY:</b>	April 19, 2016
<b>SUPERSEDES POLICY:</b>	Y-32 (1998)
<b>SUBJECT:</b>	Oral Care

### **I. PURPOSE**

The purpose of this policy is to ensure that youth residents at the Youth Services Center (“YSC”) receive high quality oral care.

### **II. POLICY**

This policy requires YSC staff to ensure that youth placed in the YSC receive comprehensive oral care under the direction and supervision of a licensed dentist. Oral care provided shall be timely and include instruction in oral hygiene, screening, examination, and treatment. At all times residents shall have access to immediate treatment for urgent or painful conditions.

### **III. AUTHORITY**

This policy is governed by all applicable District of Columbia and Federal law including: DYRS Establishment Act (2004), D.C. Official Code §§ 2-1515.01 through 2-1515.10 (2001), Mental Health Consumers' Rights Protection, D.C. Official Code §7-1231 et seq. (2008), D.C, Mun. Regs. Public Health and Medicine 22, § 600 (2008), Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto; District of Columbia District Personnel Manual §16.

### **IV. SCOPE**

This policy shall apply to all YSC employees who have direct contact with youth in YSC care and custody.

### **V. DEFINITIONS**

**Infection Control:** Infection control practices are defined by the American Dental Association and Centers for Disease Control and Prevention as including



sterilizing instruments, disinfecting equipment, and properly disposing of hazardous waste.

**Oral Care:** Includes instruction in oral hygiene, screening, examination, and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

**Oral Examination:** Includes taking or reviewing the patient's oral history, an extraoral head and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination.

**Oral Screening:** Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

**Oral Treatment:** Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and maintaining the youth's health status.

**Qualified Health Care Professional ("QHCP"):** Individuals whose training and licensure permits them to prescribe or administer medication and/or provide other medical services.

## **VI. PROCEDURES**


- A. Within seven days of admission to the YSC, each youth shall receive an oral screening by the dentist or QHCP trained by the dentist.
- B. Within 14 days of admission to the YSC, each youth shall receive an oral examination performed by a dentist, as well as instruction in oral hygiene and preventive oral education.
- C. Oral treatment, not limited to extractions, shall be provided to youth residents according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, the youth's health would otherwise be adversely affected. Radiographs shall be appropriately used in the development of the treatment plan. Each youth shall have access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the patient's needs.
- D. Where oral care is provided at the YSC, staff shall comply with contemporary infection control procedures. Extractions shall be performed in a manner consistent with community standards of care and adhering to the American Dental Association's clinical guidelines.



**VII. REFERENCES**

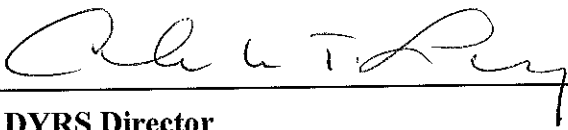
NCCHC 2015 Juvenile Health Standards: Y-E-06 Oral Care

**Approval of the Health Services Medical Officer:**

  
Responsible Health Authority

4.19.16  
Date

**Approval of the Agency Director:**

  
DYRS Director

4.19.16  
Date

# Attachment 4



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES  
POLICY AND PROCEDURES MANUAL**

<b>POLICY NUMBER:</b>	V.e.4.(NB)
<b>RESPONSIBLE OFFICES:</b>	Health Services Administration
<b>EFFECTIVE DATE OF POLICY:</b>	April 19, 2016
<b>SUPERSEDES POLICY:</b>	Y-32 (1998)
<b>SUBJECT:</b>	Oral Care

**I. PURPOSE**

The purpose of this policy is to ensure that youth residents at the New Beginnings Youth Development Center (“NBYDC”) receive high quality oral care.

**II. POLICY**

This policy requires NBYDC staff to ensure that youth placed in NBYDC receive comprehensive oral care under the direction and supervision of a licensed dentist. Oral care provided shall be timely and include instruction in oral hygiene, screening, examination, and treatment. At all times residents shall have access to immediate treatment for urgent or painful conditions.

**III. AUTHORITY**

This policy is governed by all applicable District of Columbia and Federal law including: DYRS Establishment Act (2004), D.C. Official Code §§ 2-1515.01 through 2-1515.10 (2001), Mental Health Consumers' Rights Protection, D.C. Official Code §7-1231 et seq. (2008), D.C. Mun. Regs. Public Health and Medicine 22, § 600 (2008), Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto; District of Columbia District Personnel Manual §16.

**IV. SCOPE**

This policy shall apply to all NBYDC employees who have direct contact with youth in NBYDC care and custody.

**V. DEFINITIONS**

**Infection Control:** Infection control practices are defined by the American Dental Association and Centers for Disease Control and Prevention as including



sterilizing instruments, disinfecting equipment, and properly disposing of hazardous waste.

**Oral Care:** Includes instruction in oral hygiene, screening, examination, and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

**Oral Examination:** Includes taking or reviewing the patient's oral history, an extraoral head and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination.

**Oral Screening:** Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

**Oral Treatment:** Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and maintaining the youth's health status.

**Qualified Health Care Professional ("QHCP"):** Individuals whose training and licensure permits them to prescribe or administer medication and/or provide other medical services.

## **VI. PROCEDURES**

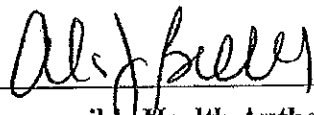
- A. Within seven days of admission to NBYDC, each youth shall receive an oral screening by the dentist or QHCP trained by the dentist.
- B. Within 14 days of admission to NBYDC, each youth shall receive an oral examination performed by a dentist, as well as instruction in oral hygiene and preventive oral education.
- C. Oral treatment, not limited to extractions, shall be provided to youth residents according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, the youth's health would otherwise be adversely affected. Radiographs shall be appropriately used in the development of the treatment plan. Each youth shall have access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the patient's needs.
- D. Where oral care is provided at NBYDC, staff shall comply with contemporary infection control procedures. Extractions shall be performed in a manner consistent with community standards of care and adhering to the American Dental Association's clinical guidelines.



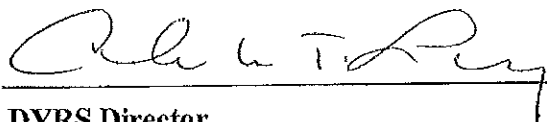
**VII. REFERENCES**

NCCHC 2015 Juvenile Health Standards: Y-E-06 Oral Care

**Approval of the Health Services Medical Officer:**

  
\_\_\_\_\_  
Responsible Health Authority 4.19.16  
Date

**Approval of the Agency Director:**

  
\_\_\_\_\_  
DYRS Director 4.19.16  
Date

# Attachment 5



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES  
POLICY AND PROCEDURES MANUAL**

<b>POLICY NUMBER:</b>	<b>V.e.3.</b>
<b>RESPONSIBLE OFFICES:</b>	<b>Health Services Administration</b>
<b>EFFECTIVE DATE OF POLICY:</b>	<b>September 14, 2018</b>
<b>SUPERSEDES POLICY:</b>	<b>V.e.3.(NB &amp; YSC)</b>
<b>SUBJECT:</b>	<b>Transfer Screening</b>

**I. PURPOSE**

The purpose of this policy is to ensure continuity of care during youth intra-system transfers.

**II. POLICY**

It is the policy of the Department of Youth Rehabilitation Services (“DYRS”) to consistently provide quality health care to youth in its facilities. In order to maintain consistency, all youth transferred from one facility to another will receive a transfer screening to ensure they continue to receive the appropriate services for their health needs that have already been identified by health services personnel.

**III. AUTHORITY**

This policy is governed by all applicable District of Columbia and Federal law including: DYRS Establishment Act (2004), D.C. Official Code §§ 2-1515.01 through 2-1515.10 (2001); Mental Health Consumers’ Rights Protection Act of 2001, D.C. Official Code §7-1231 et seq. (2008); D.C., Mun. Regs. Public Health and Medicine 22-B, § 600 (2008); and Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto.



#### **IV. SCOPE**

This policy shall apply to all DYRS staff responsible for coordinating and delivering health care services to DYRS youth.

#### **V. DEFINITIONS**

**Continuity of Care:** A standard by which youth in DYRS custody receive continuous care and treatment, from admission to discharge, in all areas of health care (medical, mental health and dental).

**Intra-system Transfer:** A system in which youth are transferred from one secure facility to another. An example of intra-system transfer is when a resident is transferred from Youth Services Center (“YSC”) to New Beginnings Youth Development Center (“NBYDC”) or vice versa.

**Qualified Health Care Professional (“QHCP”):** Individuals whose training and licensure permits them to prescribe or administer medication and/or provide other medical services.

#### **VI. PROCEDURES**

- a. Upon notification that a youth is being transferred, the sending facility shall complete the “Transfer-Sending” form. (Attachment A) Transfers occurring in less than 12 (twelve) hours from the completion of the medical intake will not require a “Transfer-Sending” form unless clinically indicated.
- b. Intake screening for youth transfers shall take place upon the youth’s arrival at the facility using the “Transfer-Receiving” form. (Attachment B)
- c. QHCPs shall review each incoming youth’s health record/summary within 12 hours of arrival to the new facility.
- d. Upon review of the health record, QHCPs shall: (1) identify any missed initial assessments; (2) schedule any required assessments; and (3) ensure records from the sending facility are scanned in the youth’s current health record.



- e. If the youth's health record is immediately available upon arrival, the intake screening should focus on observation of the youth's appearance and behavior, as well as any issues that arose during transfer.
  
- f. If the youth's health record is not immediately available, intake should include:
  - 1. Identification of acute and chronic health conditions
  - 2. Evaluation of suicidal risk
  - 3. Review of any allergies
  - 4. Observation of appearance and behavior
  - 5. Problems that arose during transfer
  
- g. Both Transfer-Sending and Transfer-Receiving forms for youth transfers shall be dated and timed immediately upon completion and must include the signature and title of the person completing the form.
  
- h. Youth transferred from one facility to another will not need a repeat MAYSI-2 screen unless two weeks have elapsed since the youth's last MAYSI-2 or otherwise clinically indicated.

## **VII. REFERENCES**

NCCHC 2015 Juvenile Health Standards: Y-E-03 Transfer Screening

## **VIII. Attachments**

- A. Transfer-Sending Form
- B. Transfer-Receiving Form



Approval of the Health Services Medical Officer:

Ab J. Bellaf. MD 9/14/18  
Responsible Health Authority Date

Approval of the Agency Director:

Ch. H. T. [Signature] 9/14/18  
DYRS Director Date