



AGENDA ITEM NO.
C15

COUNTY OF HUMBOLDT

For the meeting of: March 20, 2018

Date: February 14, 2018

To: Board of Supervisors

From: Connie Beck, Director *M&P for Connie Beck*
Department of Health and Human Services

Subject: State Standard Agreement for the Humboldt County Local Oral Health Program and Supplemental Budget for Fiscal Year 2017-18 (4/5 Vote Required)

RECOMMENDATION(S):

That the Board of Supervisors:

1. Approve and authorize the Director of Department of Health and Human Services (DHHS) – Public Health to sign three (3) original signature pages of State Standard Agreement number 17-10692 for the period of January 1, 2018 through June 30, 2022, one (1) original Contractor Certification Clause, and one (1) California Civil Rights Laws Attachment;
2. Direct the Auditor-Controller to supplement Fund 1175, Budget Unit 413 – Dental Health in the amount of \$141,283 for Fiscal Year 2017-18 per Attachment 4 (4/5 vote required);
3. Authorize the Director of DHHS - Public Health, or their designee, to sign all subsequent amendments and documents directly related to this agreement upon County Counsel and Risk Management review and approval; and
4. Direct the Clerk of the Board to return one (1) copy of the executed Board Agenda Item to the DHHS – Contract Unit for transmittal to DHHS – Public Health.

SOURCE OF FUNDING:

Public Health Funds

Prepared by Lara Zintsmaster, AA I

CAO Approval *[Signature]*

REVIEW:

Auditor *[Signature]*

County Counsel _____

Human Resources *[Signature]*

Other _____

TYPE OF ITEM:

- Consent
- Departmental
- Public Hearing
- Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. C-13

Meeting of: 6/13/17

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Wilson* Seconded by Supervisor *Bass*

Ayes *Bass, Fennell, Sundberg, John, Wilson*
 Nays _____
 Abstain _____
 Absent _____

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: 3/20/18

By: *[Signature]*
Kathy Hayes, Clerk of the Board

DISCUSSION:

Humboldt County DHHS – Public Health has been granted an award of \$917,090 through a State Standard Agreement from the California Department of Public Health (CDPH) for the period of Jan. 1, 2018 through June 30, 2022 to plan and implement a Local Oral Health Program. DHHS-Public Health has maintained an oral health program on a smaller scale since the early 2000's with limited funding. On June 13, 2017, your Board approved a Local Dental Pilot Project (LDPP) through the Dental Transformation Initiative via the Department of Health Care Services, which provides over \$3.8 million to DHHS-Public Health to implement a pilot program over four years to improve oral health for Medi-Cal children by focusing on high-value care and improved access to care. The LDPP focuses on collaboration with local Denti-Cal providers, placing Community Dental Health Workers in clinics and funding Community Dental Health Educators within the community. Because the LDPP is a pilot project, it is unknown if funding will be available beyond the four years.

The intent of the agreement before your Board today is to fund a Local Oral Health Program through CDPH to build capacity at the local level for the facilitation and implementation of oral health education, prevention, linkages to treatment, surveillance, and case management services within the community, for children and adults alike. Through this agreement with CDPH, DHHS – Public Health will facilitate a current oral health-focused needs assessment of our community. DHHS – Public Health will evaluate the results, then develop and implement an oral health Community Health Improvement Plan to address the oral health needs of underserved areas and vulnerable population groups identified via the assessment. This agreement aligns with the LDPP and funding is anticipated to be available to local health departments on an ongoing basis beyond the duration of this agreement.

This agreement comes to the Board after the start date due to late receipt from the state.

FINANCIAL IMPACT:

Approval of State Standard Agreement #17-10692 will allow DHHS – Public Health to be reimbursed up to \$917,090 for services performed in accordance with the Scope of Work for the period of Jan. 1, 2018 through June 30, 2022. The receipt of this agreement was not anticipated during the budget process for fiscal year (FY) 2017-18 in Fund 1175, Budget Unit 413 – Dental Health. The supplemental budget request (Attachment 4) will increase the overall FY 2017-18 budget by \$141,283 bringing the total budget from \$989,599 to \$1,130,882. The remainder of the allocation will be included in the county budget processes for FYs 2018-19, 2019-20, 2020-21 and 2021-22. There is no impact to the General Fund.

This agreement supports the Board's Strategic Framework by protecting vulnerable populations and providing community-appropriate levels of service.

OTHER AGENCY INVOLVEMENT:

N/A

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board may decide not to approve the agreement from CDPH. However, it is not recommended as non-approval of the agreement will cause a loss of revenue for Public Health and limit needed services to the community.

ATTACHMENTS:

1. One (1) copy of Standard Agreement #17-10692
2. One (1) copy of Contractor Certification Clause
3. One (1) copy of California Civil Rights Laws Attachment
4. Supplemental Budget

CALIFORNIA Oral Health Program

Local Oral Health Plan

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

Humboldt County Department of Health and Human Services, hereinafter “Grantee”

**Implementing the project, Humboldt County Local Oral Health Program,” hereinafter
“Project”**

GRANT AGREEMENT NUMBER 17-10692

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 104750, and 131085(a).

PURPOSE: The Department shall provide a grant to and for the benefit of the Grantee; the purpose of the Grant is to provide activities that support the state oral health plan build capacity at the local level for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services in the community. The Grantee will assess the oral health needs of the California communities, develop a strategic action plan to address the oral health needs of the population groups within the communities, and implement evidence based or evidence informed programs.

GRANT AMOUNT: The maximum amount payable under this Grant shall not exceed Nine Hundred Seventeen Thousand Ninety dollars \$917,090.

TERM OF GRANT: The term of the Grant shall begin on January 1, 2018; or upon approval of this grant, and terminates on June 30, 2022. No funds may be requested or invoiced for work performed or costs incurred after June 30, 2022.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

| | |
|---|--|
| California Department of Public Health | Grantee: Humboldt County Department of Health and Human Services |
| Name: Angela Wright, Grant Manager | Name: Laura McEwen, Health and Human Services Coordinator |
| Address: MS 7208, 1616 Capitol Avenue, Suite 74.420 | Address: 529 I Street |
| City, Zip: Sacramento, CA 95814 | City, Zip: Eureka, CA 95501 |

| | |
|-----------------------------------|-----------------------------------|
| Phone: (916) 552-9898 | Phone: 707-268-2172 |
| Fax: (916) 552-9729 | Fax: 707-445-6097 |
| E-mail: Angela.Wright@cdph.ca.gov | E-mail: lmcewen@co.humboldt.ca.us |

Direct all inquiries to:

| | |
|---|---|
| California Department of Public Health, California Oral Health Program | Grantee: Humboldt County Department of Health and Human Services |
| Attention: Angela Wright, Grant Manager | Attention: Laura McEwen, Health and Human Services Coordinator |
| Address: MS 7208, 1616 Capitol Avenue, Suite 74.420 | Address: 529 I Street |
| City, Zip: Sacramento, CA 95814 | City, Zip: Eureka, CA 95501 |
| Phone: (916) 552-9898 | Phone: 707-268-2172 |
| Fax: (916) 552-9729 | Fax: 707-445-6097 |
| E-mail: Angela.Wright@cdph.ca.gov | E-mail: lmcewen@co.humboldt.ca.us |

Either party may change its Project Representative upon written notice to the other party.

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant by this reference:

- Exhibit A GRANT APPLICATION – Application Checklist, Grantee Information Form, Narrative Summary Form, Scope of Work and Deliverables.
The Grant Application provides the description of the project and associated cost.
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit C STANDARD GRANT CONDITIONS
- Exhibit D LETTER OF INTENT
Including all the requirements and attachments contained therein
- Exhibit E ADDITIONAL PROVISIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its contractors and subcontractors to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

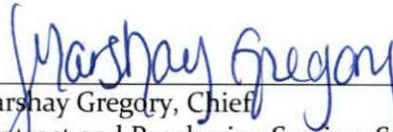
Executed By:

Date: 3/23/2018



Michele Stephens, LCSW, Director
Humboldt County Department of Health
and Human Services-Public Health Branch
529 I Street
Eureka, CA 95501

Date: 4/11/18



Marshay Gregdry, Chief
Contract and Purchasing Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.317
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377

**Exhibit A
Application Checklist**

| | |
|--|--|
| DUE: Wednesday, September 20, 2017 | |
| DATE OF SUBMISSION | September 15, 2017 |
| ORGANIZATION NAME | Humboldt County _____ Public Health Department |
| Application Contact Name: Lara Weiss, Deputy Director | Phone Number: 707-268-2122 |
| E-mail Address: lweiss@co.humboldt.ca.us | |

The following documents must be completed and submitted with this Application Checklist by September 20, 2017, in hard copy and by E-mail.

APPLICATION CONTENTS:

Please Check

- | | |
|---|-------------------------------------|
| Application Checklist (This Form) | <input checked="" type="checkbox"/> |
| Grantee Information Form (Document B) | <input checked="" type="checkbox"/> |
| Narrative Summary Form (Document C) | <input checked="" type="checkbox"/> |
| Scope of Work and Deliverables (Document D) | <input checked="" type="checkbox"/> |
| Documentation Checklist for Established LOHPs only (Document E) | <input type="checkbox"/> |



One copy must be mailed to:

| | |
|---|---|
| <p><i>Regular Mail</i></p> <p>Oral Health Program California Department of Public Health P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377</p> | <p><i>Express Delivery</i></p> <p>Oral Health Program California Department of Public Health 1616 Capitol Avenue, Suite 74.420 MS-7208 Sacramento, CA 95814</p> <p>(916) 552-9900</p> |
|---|---|



Also e-mail the documents to: DentalDirector@cdph.ca.gov.

Grantee Information Form

| | | |
|-------------------------|---|--|
| Organization | This is the information that will appear in your grant agreement. | |
| | Federal Tax ID # | <u>94-6000513</u> |
| | Name | <u>Humboldt County Department of Health & Human Services</u> |
| | Mailing Address | <u>529 I Street Eureka, CA 95501</u> |
| | Street Address (If Different) | _____ |
| | County | <u>Humboldt</u> |
| | Phone | <u>707-445-6200</u> Fax <u>707-445-6097</u> |
| Website | <u>www.humboldtgov.org</u> | |
| Grant Signatory | The Grant Signatory has authority to sign the grant agreement cover. | |
| | Name | <u>Michele Stephens, LCSW</u> |
| | Title | <u>Director, Public Health Branch</u> |
| | <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input checked="" type="checkbox"/> | |
| | Mailing Address | _____ |
| | Street Address (If Different) | _____ |
| | Phone | <u>707-268-2121</u> Fax <u>707-445-6097</u> |
| Email | <u>mstephens@co.humboldt.ca.us</u> | |
| Project Director | The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information. | |
| | Name | <u>Lara Weiss, MPH</u> |
| | Title | <u>Deputy Director, Public Health Branch</u> |
| | <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input checked="" type="checkbox"/> | |
| | Mailing Address | _____ |
| | Street Address (If Different) | _____ |
| | Phone | <u>707-268-2122</u> Fax <u>707-445-6097</u> |
| Email | <u>lweiss@co.humboldt.ca.us</u> | |
| Funding | These are the annual Funding amounts your LHJ will accept for grant purposes. | |
| | Year 1 (FY 17/18) | \$183,418 |
| | Year 2 (FY 18/19) | \$183,418 |
| | Year 3 (FY 19/20) | \$183,418 |
| | Year 4 (FY 20/21) | \$183,418 |
| | Year 5 (FY 21/22) | \$183,418 |

Narrative Summary Form

Humboldt County Department of Health & Human Services-Public Health Branch

Since early 2000, Humboldt County Public Health has worked to integrate and collaborate around children's oral health issues. Beginning with the inception of the *Dental Advisory Group (DAG)* and the *Circle of Smiles*, a significant dental initiative from The California Endowment, Humboldt County has sought to address children's oral health needs even sometimes without a formal entity to guide the work. The on-going steadfastness of the DAG, comprised of front line providers in our community representing government, schools, nonprofit agencies, funders and clinics, has continued over the years to assess and transform how we go about meeting the oral health needs of children in our community.

In 2012, fearing that earlier efforts were beginning to wane, local Foundations including First 5 Humboldt, funded the California Center for Rural Policy (CCRP) at Humboldt State University to complete a *Children's Dental Strategic Plan (CDSP)* for Humboldt County, which surfaced the need for a comprehensive look at county-level children's oral health data in order to inform future efforts to reduce dental decay. The *CDSP* was a result of a Children's Oral Health Summit for stakeholders representing government, clinics and nonprofits alike who cared about the issue. Their input helped to reinvigorate the work and provide strategic direction for our joint efforts as a community.

In May 2013, in partnership with Humboldt County Public Health and First 5 Humboldt, funding was secured to continue to move children's oral health work forward. Humboldt County Public Health then retained the services of an *Oral Health Consultant* to further formalize the role of Public Health as the lead entity in the county-wide dental health leadership. The decision was made to continue the existing work of the Dental Advisory Group (DAG) as a network for front line providers but also to assemble a *Pediatric Oral Health Initiative Leadership Team (POHILT)* comprised of key stakeholders and decision makers representing clinics, nonprofits, schools, dentists, funders and government to assist in the successful implementation of goals outlined in a new *Pediatric Oral Health Initiative* led by Public Health.

This *Initiative* over the last 4+ years has sought to put more emphasis on those most at risk of decay. Specifically, there were five important focus areas that created the *Initiative* 1) data, 2) oversight, coordination, and advocacy, 3) improving access to dental services for those at highest risk of dental decay, 4) creating a culture shift about the importance of preventive care through education and social marketing, and 5) increasing the amount and quality of networking between new and current partners in the county as well as other organizations at the state and national level.

In response to focus area #1, the lack of comprehensive oral health data, Public Health and CCRP completed a collaborative project to gather and analyze population-based data on children's oral health in Humboldt County. The findings for this project were articulated in a report titled *Healthy Teeth for Life*. A high response rate (60.3%) to the optional Kindergarten Oral Health Assessment allowed a deep dive into the data to better understand trends around children's oral health status when they enter kindergarten.

The average percentage of kindergarten students with untreated decay was 27.2% over a five-year period (2009-2014). Seven school districts in the county had more than 30% of students with untreated decay, and two districts had more than 50% of students with untreated decay. Our data clearly demonstrated that there was a significant percentage of our children entering

Narrative Summary Form

Humboldt County Department of Health & Human Services-Public Health Branch

kindergarten with preventable yet untreated decay. We also found geographic clusters of high decay, particularly in areas where there was a high percentages of students enrolled in free and/or reduced lunch through their school district.

The following recommendations were made to the POHILT based on the *Healthy Teeth for Life* report: 1) prioritize future oral health-related outreach, education, and service delivery based on geographic regions of need highlighted by the KOHA data, 2) increase the focus on 0-5/pre-K oral health, 3) focus on filling data gaps related to children's oral health, and 4) continue to explore innovations in cross-sector collaboration amongst providers and organizations working on children's oral health. Based on this more refined course of action, Public Health developed and submitted a successful application for the Dental Transformation Initiative's Local Dental Pilot Project (DTI LDPP) grant resulting in \$3.8 million of funding over the next 4 years.

In terms of local context, Humboldt County has had similar experiences to other rural counties in California. We have no private providers who are willing to accept children or any patient enrolled in Denti-Cal. According to Partnership HealthPlan of California (Humboldt County's Medi-Cal Managed Care Plan), we have 16,878 children 0-17 enrolled in Medi-Cal. **The entire population of our county is 134,493, which means approximately 12.5% of our total population is comprised of children 0-17 on Medi-Cal.** We also know that **close to 40% of our county's population is enrolled in Medi-Cal**, according to DHCS' Research and Analytic Studies Division. This number translates to 51,185 individuals enrolled in Medi-Cal. Humboldt has five dental clinics that accept children with Denti-Cal, two are tribal and the other 3 serve a vast and widely distributed population in a large, rural area. It is very difficult to meet the high demands of this population.

With the infusion of Proposition 56 funds we envision building an integrated LOHP within our Public Health Branch that continues to build on our strong, existing partnerships in the community, bolstered by our recent receipt of the DTI LDPP to support intensive care coordination efforts of children at high risk of oral health decay and expand education and prevention related outreach.

Public Health will perform a much needed community needs assessment of the current landscape of our oral health needs including the inclusion of Denti-Cal eligible adults, a population that has been continually overlooked but which suffers from vast oral health disparities in our community. We want to reinvigorate our Well Child Dental Visit program through WIC using other successful models; align oral health education with our Healthy Communities program through nutrition education and outreach including the Rethink Your Drink program; work closely with our tobacco cessation program; align the oral health case management work done on behalf of CHDP and their staff; work closely with Social Services to provide oral health support and case management for those families and children who are part of the system. We will continue to engage our county-wide Dental Advisory Group and diversify the membership of our Oral Health Leadership Team as well as work with this Team to incorporate their input and advisement on the creation of a new county wide dental strategic/action plan.

**Scope of Work and Deliverables
FY 2017-2022**

GOAL: The California Department of Public Health, Oral Health Program (CDPH/OHP) shall grant funds to Local Health Jurisdictions (LHJ) from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) for the purpose and goal of educating about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan and shall establish or expand upon existing Local Oral Health Programs (LOHP) to include the following program activities related to oral health in their communities: education, dental disease prevention, linkage to treatment, surveillance, and case management. These activities will improve the oral health of Californians.

Objectives 1-5 below represent public health best practices for planning and establishing new LOHPs. LHJs are required to complete these preliminary Objectives before implementing Objectives 6-11 outlined below. LHJs that have completed these planning activities may submit documentation in support of their accomplishments. Please review the LOHP Guidelines for information regarding the required documentation that must be submitted to CDPH OHP for approval.

Objective 1: Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.

Create a staffing pattern and engage community stakeholders to increase the capacity to achieve large-scale improvements in strategies that support evidence-based interventions, health system interventions, community-clinical linkages, and disease surveillance and evaluation. At a minimum an Oral Health Program Coordinator position should be developed to coordinate the LOHP efforts. Recruit and engage key stakeholders to form an Advisory Committee or task force. Convene and schedule meetings, identify goals and objectives, and establish communication methods. This group can leverage individual members' expertise and connections to achieve measurable improvements in oral health.

Objective 2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus on underserved areas and vulnerable population groups.

Identify partners and form a workgroup to conduct an environmental scan to gather data, create an inventory of resources, and plan a needs assessment. Conduct a needs assessment to determine the need for primary data, identify resources and methods, and develop a work plan to collect missing data. Collect, organize, and analyze data. Prioritize needs assessment issues and findings, and use for program planning, advocacy, and education. Prepare a report and publish.

Scope of Work and Deliverables FY 2017-2022

Objective 3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.

Take an inventory of the jurisdiction's communities to identify associations, organizations, institutions and non-traditional partners to provide a comprehensive picture of the LHJ. Conduct key informant interviews, focus groups, and/or surveys, create a map, and publish the assets identified on your website or newsletter.

Objective 4: Develop a Community Health Improvement Plan (CHIP) and an action plan to address oral health needs of underserved areas and vulnerable population groups for the implementation phase to achieve local and state oral health objectives.

Identify a key staff person or consultant to guide the community oral health improvement plan process, including a timeline, objectives, and strategies to achieve the California Oral Health Plan. Recruit stakeholders, community gatekeepers, and non-traditional partners identified in the asset mapping process and members of the AC to participate in a workgroup to develop the CHIP and the Action Plan. The Action Plan will a timeline to address and implement priority objectives and strategies identified in the CHIP. The workgroup will identify the "who, what, where, when, how long, resources, and communication" aspects of the Action Plan.

Objective 5: Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

Participate with the CDPH OHP to engage stakeholders in the Evaluation Plan process, including those involved, those affected, and the primary intended users. Describe the program using a Logic Model, and document the purpose, intended users, evaluation questions and methodology, and timeline for the evaluation. Gather and analyze credible evidence to document the indicators, sources, quality, quantity, and logistics. Justify the conclusions by documenting the standards, analyses, interpretation, and recommendations. Ensure that the Evaluation Plan is used and shared.

Objective 6: Implement evidence-based programs to achieve California Oral Health Plan objectives.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to increase the number of low-income schools with a school-based or school-linked dental program; increase the number of children in grades K-6 receiving fluoride supplements, such as fluoride rinse, fluoride varnish, or fluoride tablets; increase the number of children in grades K-6 receiving dental sealants and increase or maintain the percent of the population receiving community fluoridated water.

Scope of Work and Deliverables FY 2017-2022

Objective 7: Work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: convene partners (e.g., First 5, Early Head Start/Head Start, Maternal Child and Adolescent Health (MCAH), Child Health and Disability Prevention (CHDP), Black Infant Health (BIH), Denti-Cal, Women, Infant and Children (WIC), Home Visiting, schools, community-based organizations, etc.) to improve the oral health of 0-6 year old children by identifying facilitators for care, barriers to care, and gaps to be addressed; and/or increase the number of schools implementing the kindergarten oral health assessment by assessing the number of schools currently not reporting the assessments to the System for California Oral Health Reporting (SCOHR), identifying target schools for intervention, providing guidance to schools, and assessing progress.

Objective 8: Address common risk factors for preventable oral and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices providing tobacco cessation counseling; and/or increase the number of dental office utilizing Rethink Your Drink materials and resources to guide clients toward drinking water, especially tap water, instead of sugar-sweetened beverages.

Objective 9: Coordinate outreach programs, implement education and health literacy campaigns, and promote integration of oral health and primary care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices, primary care offices, and community-based organizations (CBO) (e.g., Early Head Start/Head Start, WIC, Home Visiting, BIH, CHDP, Community Health Worker/Promotora programs, etc.) using the American Academy of Pediatrics' Brush, Book, Bed (BBB) implementation guide; and/or increase the number of dental offices, primary care clinics, and CBOs using the Oral Health Literacy implementation guide to enhance communication in dental/medical offices; and/or increase the number CBOs that incorporate oral health education and referrals into routine business activities.

Scope of Work and Deliverables FY 2017-2022

Objective 10: Assess, support, and assure establishment and improvement of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve vulnerable and underserved populations by integrating oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: regularly convene and lead a jurisdiction-wide Community of Practice comprised of Managed Care Plans, Federally Qualified Health Centers, CBOs, and/or Dental Offices focused on implementing the Agency for Health Care Research and Quality's Design Guide for Implementing Warm Handoffs in Primary Care Settings or the ; and/or identifying a staff person or consultant to facilitate quality improvement coaching to jurisdiction-wide Community of Practice members focused on increasing the number of at-risk persons who are seen in both a medical and dental office; and/or improve the operationalization of an existing policy or guideline, such as the increasing the number of infants who are seen by a dentist by age 1; and/or promote effectiveness of best practices at statewide and national quality improvement conferences.

Objective 11: Create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: create a new (or expand an existing) Oral Health Network, Coalition, or Partnership by identifying key groups and organizations; planning and holding meetings; defining issues and problems; creating a common vision and shared values; and developing and implementing an Action Plan that will result in oral health improvements. LHJs are also encouraged, where possible, to collaborate with local Dental Transformation Initiative (DTI) Local Dental Pilot Projects to convene stakeholders and partners in innovative ways to leverage and expand upon the existing momentum towards improving oral health. LHJs that are currently implementing local DTI projects should develop complementary, supportive, but not duplicative activities.

Scope of Work and Deliverables FY 2017-2022

DELIVERABLES/OUTCOME MEASURES: LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan. Funds are made available through Prop 56 to achieve these deliverables. The activities may include convening, coordination, and collaboration to support planning, disease prevention, education, surveillance, and linkage to treatment programs. To ensure that CDPH fulfills the Prop 56 requirements, LHJs are responsible for meeting the assurances and the following checked deliverables. Deliverables not met will result in a corrective action plan and/or denial or reduction in future Prop 56 funding.

Local Health Jurisdiction Deliverables

| Deliverable | Activities | Selected deliverable |
|--|---|-------------------------------------|
| Deliverable 1 <i>Objective 1</i> | Develop Advisory Committee/Coalition/Partnership/Task Force (AC) and recruit key organizations/members representing diverse stakeholders and non-traditional partners. A. List of diverse stakeholders engaged to develop and mentor the Community Health Improvement/Action Plan. B. List number of meetings/conference calls held to develop a consensus of AC to determine best practice to address priorities and identify evidence-based programs to implement. C. Develop communication plan/methods to share consistent messaging to increase collaboration. D. Develop a consensus on how to improve access to evidence based programs and clinical services. | <input checked="" type="checkbox"/> |
| Deliverable 2 <i>Objective 1</i> | Document staff participation in required training webinars, workshops and meetings. | <input checked="" type="checkbox"/> |
| Deliverable 3 <i>Objective 2 & 3</i> | Conduct needs assessment of available data to determine LHJs health status, oral health status, needs, and available dental and health care services to resources to support underserved communities and vulnerable population groups. | <input checked="" type="checkbox"/> |
| Deliverable 4 <i>Objective 4</i> | Five-year oral health improvement plan (the "Plan") and an action plan (also called the "work plan"), updated annually, describing disease prevention, surveillance, education, linkage to treatment programs, and evaluation strategies to improve the oral health of the target population based on an assessment of needs, assets and resources. | <input checked="" type="checkbox"/> |
| Deliverable 5 <i>Objective 5</i> | Create a program logic model describing the local oral health program and update annually | <input checked="" type="checkbox"/> |
| Deliverable 6 <i>Objective 5</i> | Coordinate with CDPH to develop a surveillance report to determine the status of children's oral health and develop an evaluation work plan for implementation objectives. | <input checked="" type="checkbox"/> |

**Scope of Work and Deliverables
FY 2017-2022**

| Deliverable | Activities | Selected deliverable |
|--|---|-------------------------------------|
| Deliverable 7 <i>Objective 6</i> School-Based/ School Linked | Compile data for and report annually on educational activities, completing all relevant components on the Data Form: A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a fluoride program. B. Schools, teachers, parents and students receiving educational materials and/or educational sessions. C. Children provided preventive services. | <input checked="" type="checkbox"/> |
| Deliverable 8 <i>Objective 6</i> School-Based/ School-Linked | Compile data for and report annually on School-based/linked program activities, completing all relevant components on the Data Form: A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a School-based/linked program. B. Schools, teachers, parents and students receiving dental sealant educational materials and/or educational sessions. C. Children screened, linked or provided preventive services including dental sealants. | <input checked="" type="checkbox"/> |
| Deliverable 9 <i>Objective 6</i> Fluoridation | Compile data for and report annually on Community Water Fluoridation program activities, completing all relevant components on the Data Form: A. Regional Water District engineer/operator training on the benefits of fluoridation. B. Training for community members who desire to educate others on the benefits of fluoridation at Board of Supervisor, City Council, or Water Board meetings. C. Community-specific fluoridation Education Materials D. Community public awareness campaign such as PSAs, Radio Advertisements | <input checked="" type="checkbox"/> |
| Deliverable 10 <i>Objective 7</i> Kinder-Assessment | Compile data for and report annually on kindergarten oral health assessment activities, completing all relevant components on the Data Form: A. Schools currently not reporting the assessments to SCHOR B. Champions trained to promote kindergarten oral health assessment activities C. Community public relations events and community messages promoting oral health. | <input checked="" type="checkbox"/> |

**Scope of Work and Deliverables
FY 2017-2022**

| Deliverable | Activities | Selected deliverable |
|--|--|-------------------------------------|
| | <ul style="list-style-type: none"> D. New schools participating in the kindergarten oral health assessment activities. E. Screening linked to essential services. F. Coordination efforts of programs such as kindergarten oral health assessment, WIC/Head Start, pre-school/school based/linked programs, Denti-Cal, Children's Health and Disability Prevention Program, Home Visiting and other programs. G. Identify prevention and healthcare policies and guidelines implemented. | |
| <p>Deliverable 11 <i>Objective 8</i></p> | <p>Compile data for and report annually on tobacco cessation activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Assessment of readiness of dental offices to provide tobacco cessation counseling. B. Training to dental offices for providing tobacco cessation counseling. C. Dental offices connected to resources | <input checked="" type="checkbox"/> |
| <p>Deliverable 12 <i>Objective 8</i></p> | <p>Compile data for and report annually on Rethink Your Drink activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Assessment of readiness of dental offices to implement Rethink Your Drink materials and resources for guiding patients toward drinking water. B. Training to dental offices for implementing Rethink Your Drink materials. C. Dental offices connected to resources | <input checked="" type="checkbox"/> |
| <p>Deliverable 13 <i>Objective 9</i></p> | <p>Compile data for and report annually on health literacy and communication activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Partners and champions recruited to launch health literacy campaigns B. Assessments conducted to assess opportunities for implementation C. Training and guidance provided D. Sites/organizations implementing health literacy activities | <input checked="" type="checkbox"/> |
| <p>Deliverable 14 <i>Objective 10</i></p> | <p>Compile data for and report annually on health care delivery and care coordination systems and resources, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Assessments conducted to assess opportunities for implementation of community-clinical linkages and care coordination | <input checked="" type="checkbox"/> |

**Scope of Work and Deliverables
FY 2017-2022**

| Deliverable | Activities | Selected deliverable |
|--|--|-------------------------------------|
| | B. Resources such as outreach, Community of Practice, and training developed C. Providers and systems engaged | |
| Deliverable 15 <i>Objective 11</i> | Compile data for and report annually on community engagement activities, completing all relevant components on the Data Form: A. Develop a core workgroup to identify strategies to achieve local oral health improvement. B. Provide a list of community engagement strategies to address policy, financing, education, and dental care. | <input checked="" type="checkbox"/> |
| Deliverable 16 <i>Objective 1-11</i> | Progress reporting: submit bi-annual progress reports describing in detail progress of program and evaluation activities and progress towards completing deliverables. Provide documentation in sufficient detail to support the reported activities on planning and intervention activities for required and selected objectives. | <input checked="" type="checkbox"/> |
| Deliverable 17 <i>Objective 1-11</i> | Expense documenting: submit all expenses incurred during each state fiscal year with the ability to provide back-up documentation for expenses in sufficient detail to allow CDPH-OHP to ascertain compliance with Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Likewise, provide biannual Progress Reports describing in detail the program activities conducted, and the ability to provide source documentation in sufficient detail to support the reported activities. | <input checked="" type="checkbox"/> |

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.
- B. Invoices shall include the Grant Number and shall be submitted not more frequently than monthly in arrears to:

Angela Wright
California Department of Public Health
Oral Health Program
MS 7208
1616 Capitol Avenue, Suite 74.420
P.O. Box 997377, Sacramento, CA 95899-7377

- C. Invoices shall:
 - 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
 - 2) Bear the Grantee's name as shown on the Grant.
 - 3) Identify the billing and/or performance period covered by the invoice.
 - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

Exhibit B
Budget Detail and Payment Provisions

4. Amounts Payable

A. The amounts payable under this Grant shall not exceed:

- 1) \$183,418 for the budget period of 01/01/2018 through 06/30/2018.
- 2) \$183,418 for the budget period of 07/01/2018 through 06/30/2019.
- 3) \$183,418 for the budget period of 07/01/2019 through 06/30/2020.
- 4) \$183,418 for the budget period of 07/01/2020 through 06/30/2021.
- 5) \$183,418 for the budget period of 07/01/2021 through 06/30/2022.

B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

5. Timely Submission of Final Invoice

A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.

B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained
2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.
3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.
4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.
5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.
6. **INDEMNIFICATION:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.
7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.
8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

- 9. INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.
- 10. INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.
- 11. MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.
- 12. NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third-party as a beneficiary of this Grant or the project.
- 13. NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.
- 14. PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.
- 15. RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

 - A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
 - B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
 - C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
 - D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
 - E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.
- 16. RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

- A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).
- B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):
 - 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
 - 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
 - 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

- 4) For publications other than those described in paragraph B.3 above, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.
- 5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

Exhibit D
Request for Application



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

September 27, 2017

Dear California Local Health Officer:

NOTIFICATION OF INTENT TO SUPPORT LOCAL ORAL HEALTH PROGRAMS

This letter provides notification of the intent to award funds to local health departments or jurisdictions (LHJs) through Proposition 56, The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56), pending approval of the State Budget for Fiscal Year 2017/18. The California Department of Public Health (CDPH), Oral Health Program (OHP) has a unique opportunity to build capacity at the local level to address oral health which is essential for overall health. Tooth decay is the number one chronic disease of childhood.

The purpose of this award is to support the proposed California Oral Health Plan activities. We are confident that the LHJs, in collaboration with the CDPH/OHP, will strive to achieve improvements in oral health and accomplish the state oral health objectives within their jurisdictions. The activities should address problems identified by LHJ needs assessments and reflect the California Oral Health Plan priorities.

The activities in Year 1 may be focused on planning for implementation of interventions in subsequent years. The planning exercise should lead to a three year action plan. Smaller counties may choose to form a consortium with other LHJs and pool resources to implement local oral health programs. LHJs that prefer a resource pool approach should notify CDPH. Based on the interest expressed by local First 5 Commissions and local Child Health and Disability Prevention Programs, LHJs are strongly encouraged to collaborate with them in developing a local oral health program.

We anticipate that approximately \$18 million will be available for distribution. Award amounts to LHJs will vary and be determined by the estimated low income population based on the United States Department of Agriculture Economic Research Service estimate of county poverty rate (<https://data.ers.usda.gov/reports.aspx?ID=17826>).

It is anticipated that awards will be for a term of three years with an option to extend for two additional years. CDPH will provide program guidance regarding requirements,

Oral Health Program, MS 7210 • P.O. Box 997377 • Sacramento, CA 95899-7377
(916) 324-1715 • (916) 552-9729 FAX
[Department Website \(www.cdph.ca.gov\)](http://www.cdph.ca.gov)



California Local Health Officer
Page 2
June 2, 2017

Scope of Work, and Budget once that information becomes final. Funds from Prop 56 will become available on July 1, 2017.

Please complete the attached Letter of Intent form and submit by June 30, 2017, to indicate whether you intend to participate or not.

Additional information about the Local Oral Health Programs will be forthcoming. If you have questions in the meantime, please contact Rosanna Jackson, Oral Health Program Manager, at Rosanna.Jackson@cdph.ca.gov, or at (916) 552-9896.

The next few years will provide California with a unique opportunity to work together to improve oral health for all Californians, while also furthering the California Oral Health Plan objectives. We look forward to working with you.

Sincerely,

Jayanth V. Kumar, DDS, MPH
State Dental Director

Enclosure

Exhibit E
Additional Provisions

1. Additional Incorporated Documents

A. The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. CDPH will maintain on file, all documents referenced herein and any subsequent updates, as required by program directives. CDPH shall provide the Contractor with copies of said documents and any periodic updates thereto, under separate cover.

1. *Local Health Jurisdiction Local Oral Health Program Guidelines for Grant Application*
https://www.cdph.ca.gov/Programs/CCDC/DCDC/DCDCB/CDPH%20Document%20Library/Oral%20Health%20Program/2017-2022PHASEILHJLOHPGuidelines_8-23-17_ADA.pdf

2. Cancellation / Termination

- A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.
- B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term "for cause" shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:
- 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
 - 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
 - 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.
- D. Grant termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.
- F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related

Exhibit E
Additional Provisions

to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.

- G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.
- H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:
 - 1) Place no further order or subgrants for materials, services, or facilities.
 - 2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.
 - 3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly chargeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.
 - 4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.
- I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

3. Avoidance of Conflicts of Interest by Grantee

- A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.
- B. Conflicts of interest include, but are not limited to:
 - 1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.
 - 2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a

Exhibit E
Additional Provisions

desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

- C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

4. Dispute Resolution Process

- A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.
 - 1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.
 - 2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.
- B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).
- C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or

Exhibit E
Additional Provisions

the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.

- D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.
- E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

| | | |
|---|----------------------------------|--------------------------|
| <i>Contractor/Bidder Firm Name (Printed)</i> | | <i>Federal ID Number</i> |
| County of Humboldt – Department of Health and Human Services - Public Health | | 94-6000513 |
| <i>By (Authorized Signature)</i> | | |
| <i>Printed Name and Title of Person Signing</i> | | |
| Michele Stephens, LSCW, Director of Public Health | | |
| <i>Date Executed</i> | <i>Executed in the County of</i> | |
| | Humboldt | |

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the

following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations,

or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

STATE OF CALIFORNIA
CALIFORNIA CIVIL RIGHTS LAWS ATTACHMENT
 DGS OLS 04 (Rev. 01/17)

DEPARTMENT OF GENERAL SERVICES
 OFFICE OF LEGAL SERVICES

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES:** For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

| | | |
|---|---|--------------------------|
| I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | <i>Federal ID Number</i> |
| <i>Proposer/Bidder Firm Name (Printed)</i> County of Humboldt - DHHS - Public Health | | 94-6000513 |
| <i>By (Authorized Signature)</i> | | |
| <i>Printed Name and Title of Person Signing</i> Michele Stephens, LSCW, Director of Public Health | | |
| <i>Date Executed</i> | <i>Executed in the County and State of</i> Humboldt California | |

**Supplemental Budget Request
County of Humboldt
1175413 - Dental Health
Revenues and Expenditures with Encumbrances**

| | Adopted Budget | Adjusted Budget | Supplemental Budget | New Budget | Percentage Used |
|--|---------------------------|----------------------------|--------------------------------|-----------------------|----------------------------|
| Revenues | | | | | |
| 50 Other Governmental Agencies | | | | | |
| 514029 Oral Health Promotion Project | 989,599.00 | 989,599.00 | - | 989,599.00 | 0.0% |
| 529109 Other Grants State | | | 141,283.00 | 141,283.00 | |
| Total Other Governmental Agenc | 989,599.00 | 989,599.00 | 141,283.00 | 1,130,882.00 | 0.0% |
| Total Revenues | 989,599.00 | 989,599.00 | 141,283.00 | 1,130,882.00 | 0.0% |
| Expenditures | | | | | |
| 02 Services and Supplies | | | | | |
| 2106 Communications | 3,008.00 | 3,008.00 | | 3,008.00 | 4.3% |
| 2107 Duplicating | 2,000.00 | 2,000.00 | | 2,000.00 | 1.4% |
| 2109 Household Expense | 48.00 | 48.00 | | 48.00 | 283.7% |
| 2110 Insurance | 6,874.00 | 6,874.00 | | 6,874.00 | 0.0% |
| 2113 Maintenance-Structures | 100.00 | 100.00 | | 100.00 | 43.5% |
| 2116 Postage | 500.00 | 500.00 | | 500.00 | 0.0% |
| 2117 Office Supplies | 6,130.00 | 3,910.00 | | 3,910.00 | 20.7% |
| 2118 Professional & Special Service | 43,200.00 | 43,200.00 | | 43,200.00 | 46.2% |
| 2120 Rents & Leases - Equipment | 86.00 | 86.00 | | 86.00 | 90.5% |
| 2125 Transportation & Travel | 16,692.00 | 16,692.00 | | 16,692.00 | 0.7% |
| 2126 Utilities | 6,582.00 | 6,582.00 | | 6,582.00 | 0.0% |
| 2148 Computer Software | 22,300.00 | 22,300.00 | | 22,300.00 | 2.2% |
| 2194 Recruiting and Employment Cost | 500.00 | 500.00 | | 500.00 | 0.0% |
| 2317 Office Expense - Equipment | - | 2,220.00 | | 2,220.00 | 99.9% |
| 2455 Redwoods Rural Health Center | 52,351.00 | 52,351.00 | | 52,351.00 | 0.0% |
| 2459 Open Door Clinic | 174,515.00 | 174,515.00 | | 174,515.00 | 0.0% |
| 2473 Oral Health Program | 109,812.00 | 109,812.00 | | 109,812.00 | 0.0% |
| 2554 Incentives | 15,000.00 | 15,000.00 | | 15,000.00 | 30.5% |
| 2560 Special Projects | 26,065.00 | 26,065.00 | | 26,065.00 | 0.0% |
| 2590 Local Implementation Contracts | 126,077.00 | 126,077.00 | | 126,077.00 | 0.0% |
| Total Services and Supplies | 611,840.00 | 611,840.00 | - | 611,840.00 | 4.7% |
| 03 Other Charges | | | | | |
| 3125 Information Services Charges | 5,225.00 | 5,225.00 | - | 5,225.00 | 0.0% |
| 3137 A-87 Overhead Charges | 900.00 | 900.00 | - | 900.00 | 0.0% |
| 3216 Health Department Program | | | 141,283.00 | 141,283.00 | |
| 3554 09-STBG-6414 MM | - | - | - | - | |
| 3928 Expense Transfers | 371,634.00 | 371,634.00 | - | 371,634.00 | 7.8% |
| Total Other Charges | 377,759.00 | 377,759.00 | 141,283.00 | 519,042.00 | 7.9% |
| Total Expenditures | 989,599.00 | 989,599.00 | 141,283.00 | 1,130,882.00 | 5.9% |
| Net Revenues Over (Under) Expenditures) | - | - | - | - | |