

**2017-2022
LOCAL HEALTH JURISDICTION
LOCAL ORAL HEALTH PROGRAM
GUIDELINES FOR GRANT APPLICATION**



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
ORAL HEALTH PROGRAM**

August 23, 2017

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ATTACHMENTS

i. **REQUIRED DOCUMENTS**

DOCUMENT A: *APPLICATION CHECKLIST*

DOCUMENT B: *GRANTEE INFORMATION FORM*

DOCUMENT C: *NARRATIVE SUMMARY FORM*

DOCUMENT D: *SCOPE OF WORK AND DELIVERABLES*

DOCUMENT E: *DOCUMENTATION CHECKLIST FOR ESTABLISHED LOHPs ONLY*

DOCUMENT F: *SUPPLEMENTAL DOCUMENTATION CHECKLIST (DUE 10/4/17)*

DOCUMENT G: *WORK PLAN (TEMPLATE) (DUE 10/4/17)*

DOCUMENT H: *DETAILED BUDGET AND BUDGET JUSTIFICATION (TEMPLATE)
(DUE 10/4/17)*

ii. **SUPPORTING APPENDICES**

APPENDIX 1. *LOCAL HEALTH JURISDICTION FUNDING TABLE*

APPENDIX 2. *STATUS OF ORAL HEALTH IN CALIFORNIA: ORAL DISEASE BURDEN AND PREVENTION 2017*

[HTTPS://WWW.CDPH.CA.GOV/PROGRAMS/CCDC/DCDC/DCDCB/CDPH%20DOCUMENT%20LIBRARY/ORAL%20HEALTH%20PROGRAM/STATUS%20OF%20ORAL%20HEALTH%20IN%20CALIFORNIA_FINAL_04.20.2017_ADA.PDF](https://www.cdph.ca.gov/Programs/CCDC/DCDC/DCDCB/CDPH%20DOCUMENT%20LIBRARY/ORAL%20HEALTH%20PROGRAM/STATUS%20OF%20ORAL%20HEALTH%20IN%20CALIFORNIA_FINAL_04.20.2017_ADA.PDF)

APPENDIX 3: *RESOURCES LIST AND LINKS*

APPENDIX 4: *LOCAL ORAL HEALTH PROGRAM LOGIC MODEL*

APPENDIX 5: *WORK PLAN INSTRUCTIONS*

APPENDIX 6: *DETAILED BUDGET AND BUDGET JUSTIFICATION INSTRUCTIONS*

APPENDIX 7: *CDPH COUNTY INDIRECT RATES FY 17/18*

APPENDIX 8: *CALIFORNIA ORAL HEALTH PLAN SUMMARY*

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
ORAL HEALTH PROGRAM
2017-2022 LOCAL HEALTH JURISDICTIONS
LOCAL ORAL HEALTH PROGRAM GUIDELINES**

I. INTRODUCTION

A. BACKGROUND

The California Oral Health Program (OHP) was established in July 2014. Prior to 2014, the OHP was known as the Oral Health Unit and the Office of Oral Health. The program's mission is to improve the oral health of all Californians through prevention, education, and organized community efforts. To achieve these goals, the OHP is providing strategic advice and leadership to oral health stakeholders throughout the state, building oral health workforce capacity and infrastructure, and implementing and evaluating evidence-based best practices in oral disease prevention. Initial steps to build capacity and address the burden of oral disease are to develop a state burden report, a state oral health plan, and an oral health surveillance plan. The state oral health plan is currently under development. The California Oral Health Plan Summary will serve to identify priorities, goals, and objectives to address the burden of disease, increase access to oral health services for high risk populations, and to increase the oral health status of all Californians.

In November 2016, California voters approved the passage of Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56). This initiative increased the state cigarette tax by \$2 per pack and added an equivalent amount on other tobacco products.

The annual State Budget, California Health and Safety Code (HSC) Sections 104750-104765, 104770-104825, 104865 & 131085, and the Revenue and Taxation Code Section 30130.50-30130.58 (California Healthcare, Research and Prevention Tobacco Tax Act of 2016) provide OHP with the legislative authority to build capacity and infrastructure for the development, implementation, and evaluation of best practices and evidence-based programs in oral disease prevention. Under the leadership of the State Dental Director, OHP works to address the burden of oral disease, increase access to oral health services for high-risk populations, and improve the oral health status of all Californians.

B. PURPOSE AND GOAL

PURPOSE

The purpose of these Guidelines is to assist each of the 61 designated Local Health Jurisdictions (LHJ)¹ in the development or expansion of their Local Oral

¹ LHJs include: 58 county health departments, and 3 city health departments (Berkeley, Long Beach, and Pasadena).

Health Program (LOHP) as designated by HSC, using Prop 56 funds that will be awarded through the grant process. The 2017-2022 grant term consists of two phases: Planning and Implementation.

GOAL

The goal of the LOHP is to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products. LHJs shall establish or expand upon existing LOHPs by including the following program activities related to oral health in their communities: education, disease prevention, linkage to treatment, case management and surveillance. These activities will improve the oral health of Californians. This goal shall be achieved by providing funding for activities that support demonstrated oral health needs, and prioritize underserved areas and populations. Development, submission, and implementation of the grant are required to comply with the HSC, and these OHP LHJ Guidelines.

C. KEY ACTION DATES

SCHEDULE

Key activities and times are presented in **Table 1**. Any updates to this schedule will appear as an addendum.

TABLE 1. SCHEDULE OF 2017-22 LHJ GRANTS

Activity	Action Date
Release Plan Guidelines	August 23, 2017
Informational Webinars	August 30 & 31, 2017
Grant Applications Due	September 20, 2017
Supplemental Documentation Due	October 4, 2017
CDPH Grant Application Review	October 5-20, 2017
Anticipated Grant Term Start Date	January 1, 2018* or upon execution of grant agreement.
Grant Term End Date	June 30, 2022

D. LOCAL ORAL HEALTH PROGRAM TERM

The term for the grant is January 1, 2018, to June 30, 2022.

E. AVAILABLE FUNDING

Each LHJ will receive an annual funding amount to plan, implement, and evaluate a LOHP that serves its LHJ. The LHJs are grouped into three funding tiers to describe differences in work performance requirements based on the anticipated annual funding; **Table 2** lists each LHJ by tier.

Funding amounts have been determined using the estimated low-income population based on the 2015 American Community Survey Five-Year Estimates, which can be found at:

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1701&prodType=table

The maximum annual funding amount for each LHJ is provided in the Funding Table provided in these Guidelines (see *Appendix 1, Local Health Department Funding Table*). Unexpended funds cannot be rolled-over or carried forward from year-to-year. Please note: The Indirect Cost Rate is subject to change pending the determination of the California State Auditor on the definition and limits of “administrative costs” for Prop 56 funds.

These funds may not be used to supplant existing oral health efforts funded by other local, state, federal, private, or other funding sources. Objectives and activities included in the SOW must clearly be distinguishable from other oral health efforts funded in the jurisdiction with accountability measures.

F. FUNDING TIERS AND SCOPE OF WORK REQUIREMENTS

LHJ application must conform to the Scope of Work (SOW) minimum requirements described below in Table 2 LHJ 2017-22 Minimum SOW Requirement Summary by Funding Tier. All Planning Objectives 1-5 are required (unless completed previously with supporting documentation), and Implementation Objectives 6-7 and selected Objectives 8-11 are required to be included in the SOW for the entire grant term. (*Please refer to Document D*)

TABLE 2. LHJ 2017-22 MINIMUM SOW REQUIREMENTS BY FUNDING TIER

Requirement	Tier 1 LHJs projected to receive funds less than \$200,000 per year.	Tier 2 LHJs projected to receive funds of \$200,000 or more and less than \$700,000 per year.	Tier 3 LHJs projected to receive funds of \$700,000 or more and less than \$900,000 per year.	Tier 4 LHJs projected to receive funds of \$900,000 or more per year.
	Tier 1	Tier 2	Tier 3	Tier 4
Required Objectives: Planning: Objectives 1-5.	5	5	5	5
Required Objectives: Implementation: Objectives: 6-7 for the entire grant term.	2	2	2	2
Additional Implementation Objectives: Required additional objectives to be selected by the LHJ from Objectives 8-11, for the entire grant term.	1	2	3	4
Applicable LHJs	Alpine, Amador, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Placer, Plumas, San Benito, San Luis Obispo, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba, City of Berkeley, City of Pasadena	Alameda, Butte, Contra Costa, Fresno, Imperial, Kern, Merced, Monterey, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo, City of Long Beach.	Orange, Riverside, San Bernardino, San Diego	Los Angeles

II. GRANT REQUIREMENTS

A. INSTRUCTIONS FOR COMPLETING THE GRANT APPLICATION

1) APPLICATION CHECKLIST

The Application Checklist will serve as the cover sheet for your grant application. Use the Checklist to ensure all required components are submitted. Must be completed in its entirety. (*Document A*)

2) GRANTEE INFORMATION FORM

The Grantee Information Form will provide CDPH OHP with the LHJ organization, grant signatory, project director, and annual funding information. Must be completed in its entirety. This will be the second document to include in your grant application package. (*Document B*)

3) NARRATIVE SUMMARY

Include a Narrative Summary about your LOHP to provide an overview of your county or jurisdiction's current status of oral health, your vulnerable and/or underserved population(s), demographics, and geography. Include whether your LHJ has an Oral Health Program currently in place, and if so, please describe. Please provide a general description of how you envision the LOHP evolving over the five-year grant term, and how you shall accomplish these activities.

The Narrative Summary cannot exceed 2 pages, using 12 pt. font, with one-inch margins on all sides. Please use the Narrative Summary Form to prepare this application component. This will be the third document to include in your grant application. (*Document C*)

4) SCOPE OF WORK AND DELIVERABLES

The CDPH OHP shall grant funds to LHJ from Prop 56 for the purpose and goal of educating about oral health, preventing dental disease, and providing linkages to treating dental disease including dental disease caused by the use of cigarettes and other tobacco products. LHJs shall establish or expand upon existing LOHP to include the following program activities related to oral health in their communities: education, disease prevention, developing linkages to disease treatment, case management and surveillance. These activities will improve the oral health of Californians.

Many LHJs will be in the beginning phase of establishing a new LOHP. The Scope of Work Objectives 1-5 represent public health best practices for planning and establishing new LOHPs. LHJs are required to complete these

preliminary Objectives before moving into the implementation Objectives 6-11.

Once LHJs have completed the planning phase for their new LOHP, LHJs may move forward in implementing the SOW Objectives they selected from the menu of options presented in Objectives 6-11. Objectives 6-7 are required for the implementation phase of the LOHPs. See **Table 2, LHJ 2017-22 Minimum SOW Requirements by Funding Tier**, for clarification.

LHJs that have already completed the planning activities reflected in *Document D, Scope of Work and Deliverables* must submit supporting documentation to CDPH OHP for review and approval, before moving into the implementation phase of the LOHP. In this case, please see *Item 5, Documentation Supporting Completion of Planning for Established LOHPs* below for instructions.

To complete this portion of the grant application, LHJs will use *Document D, Scope of Work and Deliverables*, to select the SOW Objectives for their LOHP. As stated previously, the planning Objectives 1-5 and Implementation Objectives 6-7 must be completed by all LHJs, so these boxes on *Document D* must be selected for all of these Objectives. For the SOW implementation Objectives 8-11, please see Table 2 for the minimum number of additional Objectives you must select, and then mark the boxes of those Objectives which your LHJ selects to accomplish during the grant term. If the LHJ's LOHP Advisory Committee later agrees that it would like to change direction, CDPH OHP will negotiate changes on a case-by-case basis.

5) DOCUMENTATION SUPPORTING COMPLETION OF PLANNING FOR ESTABLISHED LOHPs ONLY

As stated above, LHJs may begin the implementation activities (Objectives 6-11) in Year 1 of the grant agreement if the LHJ has already completed the activities for the planning stage for the jurisdiction (Objectives 1-5). In this case, the documentation identified below is required and must be submitted to CDPH OHP as supporting evidence of the completion of Objectives 1-5. These materials must be submitted with your initial grant application (Documentation Checklist for Established LOHPs only – *Document E*). Please be sure to check this box on your Application Checklist, *Document A*. However, if an LHJ is not able to submit all required documentation or has completed most of the planning objectives; CDPH OHP will negotiate moving to implementation on a case by case basis.

Objective 1 documentation:

- Organizational chart showing where the LOHP resides within the County structure
- Detailed staffing pattern of the LOHP

- Member list of the LOHP advisory group/task force

Objective 2 documentation:

- Member list of workgroup that performed needs assessment
- Copy of published needs assessment results document, including data gaps identified, data gaps filled, and prioritized issues and findings
- Logic model
- Evaluation questions and justified conclusions

Objective 3 documentation:

- Inventory of assets and resources
- Survey instruments used
- Mapping

Objective 4 documentation:

- Key staff member identified for guiding the community health improvement plan process
- The Action Plan document, including a timeframe, objectives, strategies, resources needed, and communication
- Member list of workgroup that engaged to design the Action Plan.

Objective 5 documentation:

- Evaluation Plan

B. INSTRUCTIONS FOR COMPLETING THE SUPPLEMENTAL DOCUMENTATION

The Supplemental Documentation that must be submitted by each LHJ is not due with your application package. Instead, LHJ applicants will separately complete and submit their supplemental documentation via trackable mail to CDPH OHP by **October 4, 2017**, as follows:

- Document F, Supplemental Documentation Checklist
- Document G, Work Plan
- Document H, Detailed Budget and Budget Justification

1) SUPPLEMENTAL DOCUMENTATION CHECKLIST

The Supplemental Documentation Checklist will serve as the cover sheet for your Supplemental Documentation to ensure all required components are submitted. Please fill this out completely. (*Document F*)

2) WORK PLAN

The Work Plan will serve as the Action Plan to complete the Objectives for the LOHP. The Work Plan reflects the Objectives that your LHJ intends to accomplish during the term of this grant, and provides the details about how you will accomplish these objectives. Please follow the instructions provided for the Work Plan (*Appendix 5, Work Plan Instructions*), and use the template to prepare your Work Plan for submission. This document is due October 4, 2017. (*Document G*)

3) DETAILED BUDGET AND BUDGET JUSTIFICATION

The Detailed Budget and Budget Justification will serve as the LHJ's funding expenditure plan for their LOHP. The Detailed Budget documents reflect the funds needed in different budget categories to complete the SOW Objectives that your LHJ intends to accomplish during the term of this grant. The Budget Justification provides the narrative description and justifies why you need funds in this budget category, and how funds will be used to accomplish the SOW objectives in your Work Plan.

Please follow the instructions provided for the Detailed Budget and Budget Justification (*Appendix 6, Detailed Budget and Budget Justification Instructions*), and use the template to prepare your Detailed Budget and Budget Justification for submission. This document is due October 4, 2017. (*Document H*)