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MOVING CALIFORNIA ORAL HEALTH FORWARD 2022-2027

LOCAL ORAL HEALTH PROGRAM

APPENDIX 1 - GUIDELINES FOR GRANT APPLICATION

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

OFFICE OF ORAL HEALTH

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ATTACHMENTS

i. **REQUIRED DOCUMENTS**

Exhibit A: *Grant Activities and Reporting/Tracking Measures*

Document A: *Application Checklist*

Document B: *Grantee Information Form*

Document C: *Narrative Summary Form*

Document D: *CDPH 9083 Governmental Payee Form*

Document E: *Supplemental Submission Checklist*

Document F: *Detailed Budget and Budget Justification (Template)*

ii. **SUPPORTING APPENDICES**

Appendix 1 – LOHP Guidelines (this document)

Appendix 2 – LOHP Work Plan

Appendix 3 – Jurisdiction Funding Table

Appendix 4 – California Oral Health Plan

Appendix 5 – California Oral Health Plan At-A-Glance

Appendix 6 – Oral Health Disease Burden Report

Appendix 7 – 3rd Grade Survey

Appendix 8 – Resources List and Links

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MOVING CALIFORNIA ORAL HEALTH FORWARD 2022-2027

LOCAL ORAL HEALTH PROGRAM GUIDELINES

I. INTRODUCTION

A. BACKGROUND

The Office of Oral Health (OOH), formerly the California Oral Health Program (OHP), was established in July 2014. 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 OOH 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 were to develop a state burden report, a state oral health plan, and an oral health surveillance plan. The [Oral Disease Burden and Prevention 2017](#) report provides an overview of California's oral health status and capacity to address disease burden in the state. This report summarizes the most recent data that describe oral health status, disparities, risk and protective factors, and dental services in California. The [California Oral Health Plan 2018–2028](#) serves as a roadmap to identify priorities, short-term, intermediate, and long-term goals and objectives along with recommendations 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. The [California Oral Health Surveillance Plan 2019-2023](#) describes the development and implementation of California's first oral health surveillance system. It is responsive to the California Oral Health Plan 2018-2028 and Healthy People 2030 Oral Health objective, which is to [Increase the number of states and DC that have an oral and craniofacial health surveillance system — OH-D01](#).

The OOH also successfully developed the [California Partnerships for Oral Health Plan](#) (2021) and established the California Partnership for Oral Health (Partnership). The Partnership fosters a dynamic group of individuals and organizations that collectively work together through a public health approach to achieve the mutual goals of promoting oral health and reducing the burden of oral and dental diseases throughout California. The Partnership ensures the implementation and evaluation of the California Oral Health Plan 2018-2028. The Partnership serves as a communication conduit for stakeholder groups to ensure that strategies are realistic and relevant to the needs and priorities of diverse groups and reflect actions that will achieve high-impact results to bring about oral health equity for all.

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 Sections 30130.50-30130.58 (California Healthcare, Research and Prevention Tobacco Tax Act of 2016) provide OOH 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, OOH 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. ORGANIZATIONS ELIGIBLE FOR FUNDING

1. A local program sponsor may be a city or county health department, county office of education, superintendent of schools office, school district or other public or private nonprofit agency approved by the OOH.

a. The local health officer of each local health department, or designee, in cooperation with the appropriate educational personnel and the local dental advisory board, shall submit a program proposal to the OOH.

b. If the local health officer elects not to submit a program proposal, the OOH may solicit program proposals from other public or private nonprofit agencies, such as county office of education, superintendent of schools, school district or other public or private nonprofit agency approved by the Department and contract directly with those agencies.

C. CONSORTIUM AGREEMENTS

1. Local Oral Health Programs may form consortiums under consortium agreements in which the recipient collaborates with one or more approved organizations in carrying out the grant-supported objective and activities.

- If one or more LHJ's or agencies have agreed to establish a consortium, please notify the Office of Oral Health (OOH) via email for approval prior to submitting the RFA application on December 15, 2021.
- Submit a plan to the OOH along with the notification of intent to form a consortium that includes:
 - the agencies involved,
 - the lead LHJ or agency,

- jurisdictions covered, and
 - an explanation of how the work plan objectives and activities will be carried out in the jurisdictions identified.
- A single, prime LHJ/agency will apply and receive the funding even though one or more organizations other than the prime LHJ/agency may carry out portions of the planned programmatic activities. The prime LHJ/agency may agree to be responsible for providing services outside their jurisdiction.
 - The prime LHJ/agency must perform a substantive role in the conduct of the work plan and not merely serve as a conduit of funds to another party or parties. This includes providing appropriate oversight of all programmatic, financial, and administrative matters related to the grant.
 - A copy of the signed, executed consortium agreement or MOU between the LHJs or agencies must be submitted to the OOH before the grant is executed.
 - If a consortium is approved, applicant will be allowed an additional two weeks (Due December 29, 2021) to submit the application package to include a detailed plan.

D. PURPOSE, GOAL, AND OUTCOMES

Purpose

The purpose of these guidelines is to assist each of the 61 designated Local Health Jurisdictions (LHJ)¹ or designee, hereby referred to as Agency, in the development or expansion of their Local Oral Health Program (LOHP) as designated by HSC, using Prop 56 funds that will be awarded through the grant process. The 2022-2027 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. Grantees shall establish or expand upon existing LOHPs by including the following program activities related to oral health in their communities: education, disease

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

prevention, community-clinical linkages, 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. The target for community-clinical linkages will be that a minimum of 50% of eligible schools will have a dental program by 2027. Development, submission, and implementation of the grant are required to comply with the HSC and these OOH LOHP grant guidelines.

Outcomes

All grantees will implement activities intended to support the desired outcome of a 50% reduction in oral health disparities among school-aged children in California by 2030. The strategies and activities should decrease tooth decay and untreated tooth decay and increase sealant prevalence by ten percentage points. At a minimum, grantees will promote, coordinate, facilitate, and evaluate school dental programs in urban elementary schools with greater than 50% of students on the free/reduced-price lunch program and all rural elementary schools, and link children to a source of dental care.

Performance Measure: Number of eligible schools with dental programs within each county.

Target: A minimum of a 50% increase in the number of eligible schools with a dental program.

E. KEY ACTION DATES

Schedule

Table 1

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

TABLE 1. SCHEDULE OF 2022-2027 LOHP GRANTS	
Activity	Action Date
Release Grant Guidelines	October 13, 2021

TABLE 1. SCHEDULE OF 2022-2027 LOHP GRANTS	
Informational Webinars	October 13 & 27, 2021, Jan. 12, 2022
Letter of Intent	November 5, 2021
Grant Applications Due	December 15, 2021
Grant Application for Consortiums Due	December 29, 2021
CDPH Grant Application Review	January & February 2022
Supplemental Applications Due	Jan. 31, 2022
Grants Approved for Agency Signature	March 30, 2022
Anticipated Grant Term Start Date	July 1, 2022 or upon execution of grant agreement.
Grant Term End Date	June 30, 2027

F. LOCAL ORAL HEALTH PROGRAM TERM

The term for the grant is July 1, 2022 to June 30, 2027.

G. AVAILABLE FUNDING

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

Funding amounts have been determined using the estimated low-income population based on the U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates, which can be found at: [2015-2019 ACS 5-year Estimates \(census.gov\)](https://www.census.gov/data/tables/2015/acs5yr/2015-2019-ACS-5-year-estimates.html).

The maximum annual funding amount for each Agency is shown in the Funding Table provided in these guidelines (see *Appendix 3, Local Health Jurisdiction/Designee Funding Table*).

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 Grant Activities and Reporting/Tracking Measures of Objectives must clearly be distinguishable from other oral health efforts funded in the jurisdiction with accountability measures.

H. FUNDING TIERS, GRANT ACTIVITIES, AND REPORTING/TRACKING MEASURES Requirements:

The Agency application must align with the Grant Activities and Reporting/Tracking Measures of Objectives minimum requirements described below in Table 2.

LHJs or designees **must** select Grant Activities and Reporting/Tracking Measures for objectives 1, 2, and 3 and will be responsible for selecting, at least one (1) additional objective (from objectives 4 – 7) of their choice for the entire grant term.

LHJs or designees can choose one (1) or all objectives from 4-7, depending on community needs and resources. (Please refer to Exhibit A, Grant Activities). Legacy LOHPs are encouraged to select additional objectives that were initiated during the 2017-2022 cycle to build upon in the 2022-2027 grant cycle.

Table 2

TABLE 2. 2022-27 MINIMUM Grant Activities and Reporting/Tracking Measures of Objectives REQUIREMENT SUMMARY BY FUNDING TIER				
	Tier 1	Tier 2	Tier 3	Tier 4
	Agencies projected to receive funds less than \$200,000 per year.	Agencies projected to receive funds of more than \$200,000 but less than \$700,000 per year.	Agencies projected to receive funds of more than \$700,000 but less than \$900,000 per year.	Agencies projected to receive funds of \$900,000 or more per year.
Requirement	2022-2027 Work Plan Required Objectives: 1, 2, & 3. Plus at least one objective from objectives 4-7.	2022-2027 Work Plan Required Objectives: 1, 2, & 3. Plus at least one objective from objectives 4-7.	2022-2027 Work Plan Required Objectives: 1, 2, & 3. Plus at least one objective from objectives 4-7.	2022-2027 Work Plan Required Objectives: 1, 2, & 3. Plus at least one objective from objectives 4-7.
Applicable Jurisdictions	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 OOH with the LHJ organization or designee, 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) GRANT ACTIVITIES AND REPORTING / TRACKING MEASURES

The CDPH OOH shall grant funds to the Agency 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 in coordination with the local tobacco programs. Agencies shall establish or expand upon existing LOHPs to include the following program activities related to oral health in their communities: education, disease prevention, developing community-clinical linkages for disease treatment including referral management and engaging community partners, and surveillance. These activities will improve the oral health of Californians.

To complete the **Grant Activities and Reporting/Tracking Measures** portion of the grant application, Agencies will use *Document D, Grant Activities and Reporting/Tracking Measures*. Select *all* Reporting/Tracking Measures from Objectives 1-3, plus *one* objective from objectives 4-7 for their LOHP. As stated previously, Objectives 1-3 must be checked and completed for all LHJs. Objectives 1-3 and one Objective from 4-7 must be checked and completed. Select the corresponding boxes accordingly in *Exhibit A*.

4) Narrative Summary

Include a Narrative Summary about your LOHP.

A. For Legacy LOHPs, please describe the following elements:

- An overview of your county or jurisdiction's current status of oral health, your vulnerable and/or underserved population(s), demographics, and geography.
- LOHP accomplishments during the 2017-2022 grant cycle.
- A general description of how the LOHP has evolved over the five-year grant term. Include resources developed by your LOHP, sustainability of your program, and areas where technical assistance (TA) may be needed.
- Describe how you envision the LOHP evolving in the next five-year grant term (2022-2027). What do you hope to accomplish in the next grant cycle?
- Implementation barriers and strategies to address them for the next five years.

B. For newly established programs 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 Agency 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.

C. 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. (*Document C*)

To help new LOHPs understand the relationship of the legacy work plan (2017-2022) to the work plan for established LOHPs (2022-2027), OOH has created a crosswalk between legacy objectives and new objectives.

Table 3

Table 3 WORK PLAN CROSSWALK		
2017-2022 Work Plan Objective Number	2022-2027 Work Plan Objective Number	Activity Topic Areas
1-5	1	Needs Assessment, CHIP, Evaluation Plan
6	2	Community-clinical Linkages, School-based, School-linked, Fluoride
7	3	KOHA, Key Partnerships
8	4	Tobacco Cessation and Sugar-Sweetened Beverage Reduction
9	5	Oral Health Literacy and Medical/Dental Integration
10	6	Oral Health Care Delivery System Quality Improvement
11	7	Create and Expand Oral Health Networks

B. INSTRUCTIONS FOR COMPLETING THE SUPPLEMENTAL SUBMISSION

The Supplemental Submission that must be submitted by each Agency is not due with your application package. Instead, Agency applicants will separately complete and submit their supplemental submission to CDPH OOH by **Jan. 31, 2022**, as follows:

- Document E, Supplemental Submission Checklist
- Document F, Detailed Budget and Budget Justification

1) SUPPLEMENTAL SUBMISSION CHECKLIST

The Supplemental Submission Checklist will serve as the cover sheet for your Supplemental Submission to ensure all required components are submitted.

Please fill this out completely. (*Document E*)

2) DETAILED BUDGET AND BUDGET JUSTIFICATION

The Detailed Budget and Budget Justification will serve as the LOHP's funding expenditure plan. The Detailed Budget will reflect the funds needed in different budget categories to complete the Grant Activities and Reporting/Tracking Measures of Objectives that your LOHP will 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 Grant Activities and Reporting/Tracking Measures of Objectives in your Work Plan.

Please follow the instructions provided for the Detailed Budget and Budget Justification (*Document F, Detailed Budget and Budget Justification Instructions*), and use the template to prepare your Detailed Budget and Budget Justification for submission. This document is due by **Jan. 31, 2022**. (*Document F*)