A picture containing text, clipart

Description automatically generated**Local Oral Health Program (LOHP)**

**Program Plan**

All invoices for referral management and care coordination software and equipment support purchases must include this completed form submission to document operational and programmatic plans. This Program Plan shall be considered non-binding and may be revised during implementation. Program Plan submissions must be limited to 10 pages or less.

Please contact your Office of Oral Health Program Consultant and copy the [DentalDirector@cdph.ca.gov](mailto:DentalDirector@cdph.ca.gov) if you have questions about your submission.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Submitter** | *<Insert submitter’s name and email address>* | **Date** | *<Insert date>* |
| **Project Name** | *<Insert project name>* | | |
| **LOHP** | *<Insert name of county or city >* | | |

Please use the check boxes below to indicate which funding components your LOHP has applied for. You may select “Yes” for Component 1, Component 2, or both. Select “No” if you have not applied for funding for either Component 1 or Component 2.

|  |  |  |
| --- | --- | --- |
| **Funding Component** | **Yes** | **No** |
| Component 1: Referral Management and Care Coordination |  |  |
| Component 2: Equipment Support |  |  |

1. **Background / Overview – Narrative**

*<Provide 1-2 paragraphs of context for the problem being addressed including demographics of prioritized and underserved populations.>*

1. **Staffing Plans – Narrative**

*<Provide a narrative of 1 page or less for plans for management and oversite of projects and activities. Include a description of the program’s organizational structure.>*

1. **Community Partners – Narrative**

*<Provide 1-2 paragraphs to describe plans to identify and coordinate with providers, as well as new and existing community partners. Include a narrative describing the anticipated level of support needed to establish collaborations.>*

1. **Sustainability Plans (A) – Narrative**

*<Provide a narrative of 1 page or less to describe how the new project will align with existing funding streams, how it builds on past work, and supports new goals. Describe how new capacity and partnerships will be supported beyond the funding period.>*

1. **Sustainability Plans (B) – Evaluation**

Please outline the evaluation methodology you will use to assess the project’s success. Please use the Results-Based Accountability framework for developing Performance Measures. For each funding Component you have applied for, please include one submission for each type of Performance Measure (how much, how well, and is anyone better off?). If you have not applied for a specific Component, you may leave that section blank.

|  |
| --- |
| **Component 1** |
| **Performance Measure 1:** *<Insert “how much?” Performance Measure the LOHP will use to track number of dental providers accepting referrals from case management software>* |
| **Performance Measure 2:** *<Insert “how well?” Performance Measure the LOHP will use to track the number of successful referrals using case management software>* |
| **Performance Measure 3:** *<Insert “is anyone better off?” Performance Measure the LOHP will use to track long-term outcomes>* |
| **Component 2** |
| **Performance Measure 1:** *<Insert “how much?” Performance Measure the LOHP will use to track school participation in school-linked sealant program>* |
| **Performance Measure 2:** *<Insert “how well?” Performance Measure the LOHP will use to track participation rates of children in school-linked sealant program>* |
| **Performance Measure 3:** *<Insert “is anyone better off?” Performance Measures the LOHP will use to track long-term outcomes>* |

1. **Long-term Coverage Plans**

*<Provide a narrative of 1 page or less for plans for long-term coverage plans to reach all of priority population. Include plans to increase the number of children served every year and selection criteria for schools based on demonstrated community need.>*

1. **Consent for Screening and Referral**

*<Provide 1-2 paragraphs to describe consent process for screening and referral.>*

1. **Consent for Screening and Referral**

*<Provide 1-2 paragraphs to describe criteria for dental referrals and the protocol for linking children to a source of dental care.>*