Moving California Oral Health Forward 2022 – 2027 Application Checklist

DUE: 12/15/21			
DATE OF			
SUBMISSION:			
ORGANIZATION NAME:	San Bernardino County		
	DALTACT NAME, Dennis Flinnin	DUONE NUMBER:000 207 0500	
APPLICATION CO	ONTACT NAME: Bonnie Flippin	PHONE NUMBER:909-387-6586	
EMAIL ADDRESS	: BFlippin@dph.sbcounty.gov		

Complete this Application Checklist and email it along with the following documents to: DentalDirector@cdph.ca.gov by 12/15/21*

*Note: A supplemental submission containing Document E (Supplemental Submission Checklist) and Document F (Detailed Budget and Justification) is due on 01/31/22. This is to accommodate additional program and fiscal planning as part of an interactive process with OOH.

APPLICATION CONTENTS: Application Checklist (Document A) Grantee Information Form (Document B) Narrative Summary Form (Document C) Governmental Payee Form CDPH 9083 (Document D) Grant Activities and Reporting/Tracking Measures (Exhibit A)

Grantee Information Form

	This is the information	on that will appear in your grant agreement.
	Federal Tax ID #	95-6002748
on	Name	San Bernardino County Department of Public Health
Organization	Mailing Address	351 N Mountain View Ave. , Rm 303, San Bernardino, CA 92415-0010
gan	Street Address (If Di	
ō	County	San Bernardino
		909-387-6218 Fax <u>909-387-6228</u>
	Website	https://wp.sbcounty.gov/dph/
	The Grant Signator	y has authority to sign the grant agreement cover.
	Name	Curt Hagman
ton	Title	Chairman - Board of Supervisors
gnaf	If address(es) are to	he same as the organization above, just check this box and go to Phone 🛚 🗓
ıt Si	Mailing Address	
Grant Signatory	Street Address (If Dit	fferent)
	Phone	909-387-4866
	Email	Curt.Hagman@bos.sbcounty.gov
	seeing that all grant in receive all programm	r is responsible for all of the day-to-day activities of project implementation and for requirements are met. This person will be in contact with Oral Health Program staff, will natic, budgetary, and accounting mail for the project and will be responsible for the nof program information.
	Name	Bonnie Flippin
ctor	Title	Public Health Program Coordinator
Direc	Supervisor Name an	d Title Scott Rigsby - Public Health Program Manager
ect I	Supervisor Email and	d Phone SRigsby@dph.sbcounty.gov - 909-387-6408
Project Director	If address(es) are ti	he same as the organization above, just check this box and go to Phone
	Mailing Address	172 W 3rd Street, 1st Floor, San Bernardino, CA 92415
	Street Address (If Dit	fferent)
		909-387-6586 Fax <u>909-387-6580</u>
	Email	BFlippin@dph.sbcounty.gov
	These are the annua	I Funding amounts your LHJ will accept for grant purposes.
מ	Year 1 (FY 22/23)	\$753,330
Funding	Year 2 (FY 23/24)	\$753,330
Fun	Year 3 (FY 24/25)	\$753,330
	Year 4 (FY 25/26)	\$753,330
	Year 5 (FY 26/27)	\$753,330

Narrative Summary Form

San Bernardino County, Department of Public Health

NARRATIVE SUMMARY

Include a Narrative Summary about your Local Oral Health Program (LOHP). Please describe the following elements:

Legacy Programs (current grantees 2018-2022 grant cycle)

- 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.
- 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?
- Barriers and potential strategies for the next 5 years.

New Programs (new programs in 2022-2027 grant cycle)

- 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, single-spaced, 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*)

Status of Oral Health in San Bernardino County (SB County): The Health Resources and Services Administration identified eight (8) geographical Dental Health Professional Shortage Areas in the County, meaning there are too few health professionals to meet the needs of the population. According to data gathered for the most recent SB County oral health needs assessment, completed in 2019, the ratio of dental providers to patients is about 90 per 100,000 residents which is higher than the state's ratio of 77 per 100,000. However, according to the American Dental Association (2017), only 1 in 10 (9.5%) of all dentists in SB County accept Medi-Cal Dental. Further, only 3% of dentists in SB County provide pediatric dentistry. Similar shortages exist among dentists who are willing/able to provide care to pregnant women, individuals with intellectual and developmental disabilities, and other specific pockets of the population.

The shortage of available dental professionals, along with lack of dental insurance and lack of awareness about the importance of dental care contribute to poor oral health, making dental disease the number one chronic disease for children and youth in SB County. Only 30% of Medi-Cal eligible children (0-5 years old) in SB County receive preventive dental services, leading to 3 out of 4 third graders and over half of kindergarten students experiencing tooth decay in the county. Often, caregivers are utilizing emergency

Narrative Summary Form San Bernardino County, Department of Public Health

departments for preventable dental conditions. This rate is higher, especially among 1-2 year olds, in SB County (540 visits per 100,000 people) than it is for this same age group across the state (467 per 100,000).

The Community Health Needs Assessment (CHNA) identified several populations in the County that are vulnerable and disproportionately impacted by poor oral health. These include children in the foster system, seniors, homeless individuals, pregnant women on Medi-Cal, low-income individuals and families, HIV positive individuals, undocumented immigrants, those living in geographic isolation, and re-entry populations.

At more than 20,000 square miles, San Bernardino County is the largest county in the contiguous United States. The county's 2,180,085 residents live in rural mountain and desert communities as well as large urban centers. Between 2010 and 2019, SB County's population grew by 7% (n=137,664); making it the 5th most populous county in the State. According to the most recent population estimates from the US Census Bureau, 73% of the County's general population is comprised of racial/ ethnic communities of color. Latinos comprise 54% of all residents, African Americans comprise 8%, and Asians comprise 7%.

The population's geographic distribution poses challenges for planning, location, and coordination of resources to meet the urban and rural oral health needs of residents. These challenges are further exacerbated by poverty, unemployment, language barriers, and lack of insurance, which can create pockets of resource deficiency. Language barriers and citizenship fears also exist in SB County.

• 13% of the population in the County lives in poverty	36% report Spanish as primary language
30% have not graduated from high school	6% are unemployed
13% of persons aged 19-64 years are uninsured	10% are not U.S. citizens

LOHP Accomplishments and Evolution (2017-2022): During the first 5-year grant cycle, despite setbacks due to the COVID-19 pandemic, the Local Oral Health Program (called Smile SBC in SB County) was established. An advisory committee of a diverse group of partners was convened, a comprehensive oral health needs assessment was completed informing the first ever oral health strategic plan for SB County, and the oral health evaluation plan was developed. In these early years, collaborative partnerships were formed between Smile SBC and community organizations as well as between the community organizations themselves, resulting in a stronger web of connections that will facilitate future success.

As Smile SBC evolved from the planning stage to implementation of local oral health efforts, several accomplishments have laid and continue to strengthen the foundation for the next 5-year grant period. Key Partners (examples): Community Vital Signs - to ensure oral health elements are factored into the county's comprehensive Community Health Improvement Plan; Nutrition Program – to coordinate aligned efforts and connect with their already-established partners including school districts, clinicians, and community based organizations; Maternal Health Network - to ensure oral health is a prominent component of regional efforts to improve maternal health in the county, including the inclusion of a specific educational bundle that will focus on the importance of nutrition and oral health during pregnancy.

Integration (examples): Brush Book Bed – to provide a care giver-friendly method of introducing oral health concepts in multiple settings including community resource centers, pediatric offices, and maternal health agencies; Kaiser Wellness – to incorporate oral health assessment and education as well as fluoride varnish applications during well-child visits; Child Health Disability Prevention (CHDP) – to expand fluoride varnish training for pediatricians and other medical providers to enable more to integrate oral health assessment, education, and fluoride varnish application activities in their practices.

Narrative Summary Form

San Bernardino County, Department of Public Health

<u>Smile SBC Branding and Website:</u> The program name and logo are community-friendly and recognizable, enabling the program and its partners to better communicate memorable oral health messages to SB County residents. The Smile SBC website is the oral health "home" that residents can go to for help finding a dentist or for oral health resources for all stages of life and a place where partners can go for useful tools and collaboration, especially as in-person options are limited.

<u>School Programs</u>: Ten oral health programs currently in county schools submitted updated service information to Smile SBC. This was used to develop a map that will then be used to plan expansion.

Plans and Expectations for 2022-2027: The next 5-year grant will enable the continuation and expansion of the efforts indicated above as well as oral health education, disease prevention, community-clinic linkages, and oral health surveillance in general. The primary focus will be to improve the county's Kindergarten Oral Health Assessment compliance rate as well as expand school-based/linked oral health programs, both within schools with limited programs and to schools that do not currently have an oral health program of any kind. Currently, nearly 60% of schools with 50% or greater eligibility for Free and Reduced Price Meals and/or in rural areas of the county have an active agreement with a dental professional to provide some kind of oral health program in the schools. Most of these conduct assessments, perform services such as cleanings, fluoride varnish, and sealants, and also provide referrals. A small percentage provide only assessments; others provide only services (no assessments).

Additionally, Smile SBC will continue to facilitate integration in the expansion of oral health concepts and disease prevention in non-dental settings that serve the vulnerable and disproportionately impacted populations listed on the first page as well as in the incorporation of whole-health concepts in dental offices, such as tobacco cessation and sugar consumption reduction messages. Campaigns will continue to be shared in the community, via social media and on the Smile SBC website to spread knowledge and awareness about the benefits of healthy habits, such as Brush, Book, Bed, and the benefits of water fluoridation, sugar-sweetened beverage reduction and tobacco cessation. To ensure ongoing success and sustainability, Smile SBC will continue to recruit new partners and further develop current partnerships with entities such as First 5, CHDP, Black Infant Health, Nutrition, Preschool Services, home visiting programs, and the Women, Infants, and Children program.

Potential Barriers and Related Strategies for 2022-2027: Aside from an almost complete turnover in Smile SBC staff due to reassignments and promotions, the COVID-19 pandemic will continue to impact the program in terms of partner willingness and ability to implement activities necessary to achieve desired outcomes. As the biggest example, schools and school districts were already hesitant to incorporate oral health programs; the additional concerns and shifts in priorities will only make gaining support more challenging. Smile SBC will work to redirect this by acting as the public health champion for school dental programs and work to educate school leaders about the direct benefits of oral health programs to their students and their budgets. Data collection and tracking of progress will also continue to be a challenge. However, if Smile SBC is able to contract with dental professionals to provide equipment and assessment support, data reporting requirements will be included to ensure progress can be better tracked.

California Department of Public Health 1616 Capitol Ave., Suite 74.262 P.O. Box 997377, MS 1800 Sacramento, CA 95899-7377 www.cdph.ca.gov

Submit

CDPH 9083 (1/18)

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name	County of San Bernardino	
Remit-To Address (Street or PO Box)	351 N Mountain View Ave., Rm 303	
City:	San Bernardino	State: CA Zip Code+4: 92415-001
Government Type:	City County Special District Federal Other (Specify)	Federal 95-6002748 Employer Identification Number (FEIN)
List other subsidia FEIN and receives	ry Departments, Divisions or Units under yo payment from the State of California.	our principal agency's jurisdiction who share the same
FI\$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address
FI\$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address
FI\$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address
FI\$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address
-		
Contact Person	Bonnie Flippin	Title Public Health Program Coordinator
Phone number	(909) 387-6586 E-mail add	ress BFlippin@dph.sbcounty.gov
Signature		Date 10/14/21

Grant Activities 2022 – 2027 REVISED 11/5/2021

Local Health Jurisdictions (LHJs) shall implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. LHJs will maintain regular reporting to demonstrate progress towards implementing grant activities.

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

A more comprehensive summary of expectations for grant objectives, activities, and reporting/tracking measures is included in a separate LOHP Work Plan in Appendix 2.

Based on the guidance above, please indicate which of the objectives and activities your local health jurisdiction will implement by placing an "X" in the appropriate check box below. Maintain records of reporting/tracking measures for all selected objectives and submit documentation annually, bi-annually, or as necessary, including all relevant documentation in progress report and data form submissions:

Activities	Reporting/ Tracking Measures	Timeline
☑ Objective 1: By June 30, 2027, establish or sustain implementation and evaluation of the Work Plan.	program infrastructure, partnerships, and proce	esses to ensure
☑ 1.1: Build or maintain capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.	1.1.a(A): LOHP staff trainings list 1.1.b(A): Advisory Committee (AC) members list 1.1.c(A): AC meeting agendas 1.1.c(B): Number of AC meetings convened 1.1.c(C): AC meeting participation list 1.1.d(A): Community engagement summary 1.1.e(A): List of partner communications 1.1.f(A): AC meeting minutes 1.1.g(A): AC satisfaction survey evaluation	07/1/22- 06/30/27
☑ 1.2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to local communities, with	1.2(A): List of prominent social determinants of health in LHJ 1.2(B): 2020 census data on vulnerable/ underserved demographics in LHJ	07/1/22- 12/31/25

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a special focus on underserved areas and vulnerable population groups.	1.2.a(A): Needs Assessment (NA) work group roster 1.2.b(A): Summary resources and service gaps 1.2.c(A): NA instrument 1.2.d(A): Data gathered and inventoried 1.2.d(B): Summary of analysis and data gaps 1.2.d(C): Identified resources to fill data gaps 1.2.d(D): Description of methods selected 1.2.e(A): Action plan to collect missing NA data 1.2.e(B): Summary of data collected 1.2.f(A): Data summary report	
☑ 1.3: 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.	1.3.a(A): Inventory of community assets and resources 1.3.b(A): Published inventory of community assets/resources and service gaps	07/1/22- 12/31/25
☑ 1.4: Develop a new or update an existing community health improvement plan (CHIP) and create an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.	1.4.a(A): CHIP timeframe 1.4.a(B): Summary of objectives and strategies 1.4.a(C): List of participants in CHIP planning 1.4.b(A): List of planning meetings and meeting minutes 1.4.c(A): Action plan 1.4.d(A): Summary report	07/1/22 – 08/31/26
☑ 1.5: Develop a new, or continue implementing an existing Evaluation Plan, to monitor and assess the progress and success of the Local Oral Health Program (LOHP) Work Plan objectives. Update objectives, evaluation questions, and plan as needed.	1.5.a(A): List of stakeholders in evaluation process 1.5.b(A): Program logic model 1.5.c(A): Evaluation Plan grid 1.5.d(A): Evaluation Plan progress summary	07/1/22- 12/31/25
☑ 1.6: Complete progress reports (PR) bi-annually using the progress report template provided. Detailed instructions will be provided.	 1.6(A): PR 1 July 1st – December 31, 2022 DUE January 31, 2023 1.6(B): PR 2 January 1st – June 30, 2023 DUE July 31, 2023 1.6(C): PR 3 July 1st – December 31, 2023 DUE January 31, 2024 	07/1/22- 06/30/27

Grant Activities 2022 – 2027 REVISED 11/5/2021

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	1.6(D): PR 4 January 1st – June 30, 2024 o DUE July 31, 2024 1.6(E): PR 5 July 1st – December 31, 2024 o DUE January 31, 2025 1.6(F): PR 6 January 1st – June 30, 2025 o DUE July 30, 2025 1.6(G): PR 7 July 1st – December 31, 2025 o DUE January 31, 2026 1.6(H): PR 8 January 1st – June 30, 2026 o DUE July 30, 2026 1.6(I): PR 9 July 1st – December 31, 2026 o DUE January 31, 2027 1.6(J): PR 10 January 1st – June 30, 2027 o DUE July 30, 2027	
⊠ Objective 2: By June 30, 2027, implement evidence	<u> </u>	Ith Plan objectives.
☑ 2.1: Conduct planning to support the development of community-clinical linkages and school-based/ school-linked programs.	2.1.a(A): Strengths Weaknesses Opportunities Threats (SWOT) analysis summary report 2.1.b(A): List of participating and identified schools and grades 2.1.b(B): Program model selected and tracking system 2.1.b(C): List of partners and roles 2.1.b(D): List of services 2.1.b(E): Early prevention intervention selected 2.1.b(F): Implementation plan 2.1.b(G): List of equipment purchased 2.1.b(H): Invoices for billing	07/01/22-06/30/23
☑ 2.2: Identify, maintain, and expand partnerships with dental providers and schools to implement, administer, and sustain school dental programs in targeted sites.	2.2(A): Memorandums of Understanding (MOUs) and other partnership agreements 2.2.a(A): List of participating and identified schools and grades 2.2.b(A): List of dental providers with partnership agreements 2.2.c(A): Activity log	07/01/22-06/30/27

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	2.2.d(A): Sealant education materials 2.2.d(B): Fluoride education materials 2.2.d(C): Preventive dental services education materials 2.2.e(A): Distribution list and format 2.2.e(B): Number of stakeholders reached 2.2.e(C): List of educational materials provided 2.2.e(D): Consent forms on file 2.2.f(A): Implementation schedule 2.2.g(A): Number of education sessions delivered 2.2.g(B): List of trainings provided and site 2.2.h(A): Number of schools with a dental program 2.2.h(B): Number of children screened	
☑ 2.3: Implement a dental screening program with a robust community-clinical linkage system using a referral management electronic platform for connecting with parents/caregivers and linking children to a source of dental care, tracking the progress of care from referral to completion of treatment plan.	2.3(A): Number and proportion of eligible schools participating 2.3(B): Number and proportion of eligible children screened 2.3(C): Referral acceptance 2.3(D): Patient contact 2.3(E): Receipt of services 2.3(F): Need resolution 2.3.a(A): Number of dental providers accepting referrals 2.3.a(B): List of participating providers 2.3.b(A): Written care coordination protocol 2.3.c(A): Estimated number and proportion of high-risk children needing sealants and referrals 2.3.c(B): Referral criteria 2.3.c(B): Referral criteria 2.3.d(A): Oheck-list for school-based program readiness 2.3.e(A): Narrative summary of preventive services implemented	07/01/22-06/30/27

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	2.3.e(B): Number of sealants 2.3.e(C): Number of fluoride varnish applications received 2.3.e(D): Number of toothbrush prophylaxis treatments received 2.3.e(E): Total number of students receiving preventive services 2.3.f(A): Communications 2.3.f(B): Success of referrals 2.3.f(C): Data findings 2.3.f(C): Number of successful referrals 2.3.f(E): Quality improvement (QI) strategies 2.3.f(F): Increase in children served 2.3.f(G): Timelines for data review	
■ 2.4: Conduct training for community members/partners/stakeholders who desire to learn about the safety, benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease.	2.4(A): Training agenda 2.4(B): Training materials 2.4(C): Number of community trainees for community water fluoridation trainings 2.4.a(A): Number of engineers/ operators trained 2.a(B): List of trainees and trainings 2.4.b(A): Marketing materials 2.4.b(B): Number of public awareness campaigns 2.4.c(A): Webpage URL 2.4.d(A): Evaluation report 2.4.d(B): Assurances for successful referral 2.4.e(A): School dental program success stories 2.4.e(B): Dissemination plan	07/01/22-06/30/27

☑ **Objective 3:** By June 30, 2027, work with partners to promote oral health by developing and implementing prevention and health care policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.

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3.1: Assess the number of schools currently not	3.1(A): List and number of KOHA non-	07/01/22-06/30/27
porting Kindergarten assessments to the System for	participating schools identified	(f) rus kipi (f)
alifornia Oral Health Reporting (SCOHR).	3.1.a(A): List of KOHA best practices	Little of Age Total
	3.1.b(A): List of KOHA target schools	
	3.1.c(A): List and number of KOHA champions	
	3.1.c(B): KOHA champion onboarding and	
	training materials	
	3.1.c(C) : Number of school districts participating	
	in KOHA intervention	
	3.1.c(D): Number of children served by KOHA	
	intervention	
	3.1.d(A): KOHA toolkit	
	3.1.d(B): List of KOHA presentations made	p r
	3.1.d(C): Copy of KOHA letters written	
	3.1.d(D): Number of schools adopting policies or	
	participating in KOHA because of efforts	
	3.1.f(A): KOHA guidance documents for schools	
	3.1.f(B): KOHA fact sheets	Land home a second
	3.1.g(A): List of KOHA key partners	an vicinity in a visit of
	3.1.g(B): Schedule of KOHA key partners	
	meetings held	
	3.1.g(C): KOHA targets identified	
	3.1.h(A): KOHA summary in progress reports	
	3.1.h(B): KOHA policies revised and developed	
	3.1.h(C): Number of school districts reporting	
	KOHA data	
	3.1.h(D): Number of children receiving KOHA	
	screening	
	3.1.h(E): Number of oral health assessment	
	activities, number of assessment events,	
	number of assessment messages, and number	
	of new schools participating in assessments	
	3.1.i(A): KOHA success stories	
	3.1.i(B): KOHA success stories dissemination	

Grant Activities 2022 – 2027 REVISED 11/5/2021

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■ 3.2: Develop and implement a plan to identify and recruit key partners that work with underserved populations: First 5 commission, County Office of Education, local Child Health and Disability Prevention (CHDP), Women, Infants, and Children (WIC), Early Head Start/Head Start, Maternal, Child, and Adolescent Health (MCAH), Black Infant Health (BIH), schools, Community-based organizations (CBOs), and Home Visiting (HV) Programs.	3.2(A): Key partner recruitment plan 3.2(B): Key partner recruitment letters 3.2(C): List of key partners recruited 3.2(D): List of Home Visiting programs 3.2.a(A): Role of key partners summary 3.2.b(A): Schedule of key partners meetings 3.2.c(A): Facilitators and barriers to care identified 3.2.d(A): Activities to address barriers to care identified 3.2.e(A): Key partner training and implementation plan 3.2.e(B): List of key partner trainings 3.2.e(C): Evaluation of key partner trainings 3.2.e(D): Evaluation of key partner implementation plan 3.2.f(A): Key partner oral health guidance document 3.2.g(A): List of key partners with oral health component 3.2.h(A): Home Visiting survey results in progress reports 3.2.i(A): Key partners sustainability plan 3.2.j(A): Key partners sustainability plan 3.2.j(A): Key partners success stories 3.2.j(B): Key partners success stories dissemination plan	07/01/22-06/30/27
☐ Objective 4: By June 30, 2027, address common risk to consumption, and promote protective factors that will reduce the consumption of the con	factors for oral diseases and chronic diseases, inclu	ding tobacco and sugar
☐ 4.1: Conduct a survey of dental offices to gauge interest in CEU credits for tobacco cessation training. Use survey findings to support tobacco cessation activities.	4.1(A): Summary of tobacco cessation survey findings and plans for using survey information 4.1(B): Number of dental offices assessed 4.1.a(A): Risk assessment training materials 4.1.a(B): Risk assessment toolkit 4.1.a(C): Referral resources for identified risk	07/01/22-06/30/27

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	factors 4.1.a(D): Number of dental offices connected to resources 4.1.b(A): List and dates of tobacco cessation trainings 4.1.b(B): Number of dental offices trained for tobacco cessation 4.1.c(A): Number of dental offices receiving tobacco cessation toolkits 4.1.d(A): Tobacco cessation marketing materials 4.1.d(B): Tobacco cessation social media views and interaction data 4.1.d(C): Tobacco cessation radio messaging impressions data	
□ 4.2: Collaborate with local partners to participate in sugar-sweetened beverage (SSB) reduction activities. Participate in an event (ex: Rethink Your Drink statewide day of action) in a dental setting, school, health fair, or community setting; provide dental-specific material in addition to the Rethink Your Drink event in a box; use social media messaging (ex: hashtags) to promote event.	 4.1.e(A): Tobacco cessation summary analysis in progress reports 4.2(A): SSB reduction event narrative 4.2(B): Number of SSB reduction event activities 4.2.a(A): SSB reduction training materials 4.2.a(B): SSB reduction training summary 4.2.b(A): Number of SSB reduction trainings and webinars 4.2.c(A): Narrative description of oral health guidelines integrated into partner chronic disease prevention and control activities 4.2.d(A): SSB reduction webpage URL 4.2.e(A): SSB reduction summary analysis in progress reports 4.2.f(A): SSB reduction success stories 4.2.f(B): SSB reduction success stories dissemination plan 	07/01/22-06/30/27

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☑ Objective 5: By June 30, 2027, coordinate outreach printegration of oral health and primary care.	rograms; implement education, health literacy camp	paigns and promote
■ 5.1: Collaborate with primary care providers or school administrators to implement an evidence-based oral health literacy campaign for parents and caregivers such as the American Academy of Pediatrics Brush, Book, Bed (BBB) Campaign. Identify a BBB champion who will coordinate the program and inspire partners: e.g., the county's oral health program manager.	5.1(A): Evidence-based health literacy campaign identified 5.1(B): Health literacy campaign plan 5.1(C): List of health literacy champions for providers and schools 5.1.a.(A): Health literacy campaign summary analysis in progress report submissions	07/01/22-06/30/27
■ 5.2: Identify a champion and coordinate oral health literacy activities with partners: e.g., key partner, stakeholder, health educator, provider, or others.	5.2(A): List and number health literacy champions for partner outreach 5.2.a(A): Oral health literacy workforce action plan 5.2.b(A): Number of dental offices with added oral health literacy component 5.3(A): Oral health literacy training plan 5.3(B): List of oral health literacy trainings 5.3(C): Number of oral health literacy trainees 5.3(D): Evaluation of oral health literacy trainings 5.3(E): Number of oral health literacy trainings 5.3.a(A): List of oral health literacy materials provided 5.3.a(B): List of partner organizations receiving oral health literacy materials	07/01/22-06/30/27
☐ Objective 6: By June 30, 2027, assess, support, and ecoordination systems and resources, including workforce support continuous quality improvement to serve underse	development, language services, collaborations, ar	
☐ 6.1: Identify and recruit key partners such as the local dental society, local dental association, local primary care association, etc. to support effective oral healthcare delivery and care coordination systems.	6.1(A): List of key partners recruited6.1.a(A): Summary analysis of dental office inventory6.1.a(B): Number of dental office assessments conducted.	07/01/22-06/30/27

Grant Activities 2022 – 2027 REVISED 11/5/2021

R	EVISED 11/5/2021	
	6.1.b(A): Summary of service gaps and underserved areas 6.1.c(A): Dental office outreach materials 6.1.c(B): Number of outreach resources developed 6.1.d(A): Summary of pilot test proposal 6.1.d(B): List of primary care offices and CBOs identified 6.1.e(A): List of providers and CBOs trained and onboarded 6.1.e(B): Number of providers and systems engaged 6.1.f(A): List of partnerships and roles developed to support warm hand-off referrals	
☐ 6.2: Launch and sustain a Community of Practice for representatives from the primary care offices, CBOs, and dental offices to meet in-person or virtually on a regular and re-occurring basis to foster performance management, process redesign, and quality improvement.	6.2(A): List of community of practice members 6.2(B): Community of practice meeting schedule	07/01/22-06/30/27
☐ 6.3: Develop a sustainability plan to maintain efforts.	6.3(A): Sustainability plan 6.3.a(A): Fluoride varnish guidance document	07/01/22-06/30/27
☐ 6.4: Recruit providers for preventive dentistry mentorship program.	6.4(A): List of providers recruited for preventive dentistry program 6.4.a(A): Summary of Quality Improvement (QI) trainings or coaching provided 6.4.b(A): QI Plan 6.4.c(A): Oral healthcare delivery and care coordination systems success stories 6.4.c(B): Oral healthcare delivery and care coordination systems success stories dissemination plan 6.4.d(A): Performance management trainees 6.4.d(B): Performance management software	07/01/22-06/30/27

REVISED 11/5/2021

735	VISED 11/5/2021					
	used					
	6.4.d(C): List of performance measures					
	6.4.e(A): QI project qualitative case study					
	6.4.e(B): QI project storyboard					
Objective 7: By June 30, 2027, create or expand existing	local oral health networks to achieve oral health in	nprovements through				
	policy, financing, education, dental care, and community engagement strategies.					
☑ 7.1: Convene a core group or identify a workgroup	7.1(A): List of oral health networks workgroup	07/01/22-06/30/27				
from existing AC to support the creation or expansion of	members					
existing local oral health networks identify policy	7.1.a(A): List of organizations recruited for					
solutions, address workforce issues, and develop plans	expanded oral health network					
for sustainability and community engagement.	7.1.a(B): Number of organizations, partners,					
,	and champions recruited for expanded oral					
	health networks					
	7.1.b(A): Oral health network meeting schedule					
	7.1.b(B): Oral health network meeting agenda					
	7.1.b(C): Oral health network meeting minutes					
	7.1.c(A): List of oral health network action plan					
	priorities					
	7.1.d(A): Oral health network Communication					
	Plan					
	7.1.e(A): List of organizations in oral health					
	network workgroup					
	7.1.f(A): Oral health network mission and core					
	values					
	7.1.g(A): Oral health network action plan					
	7.1.h(A): Opportunities identified to share					
	resources and leverage additional funding					
	7.1.i(A): Key insights from community					
	engagement					
	7.1.j(A): Oral health network summary in					
	progress report submissions					

Meza, Maria

Garcia, Paul (HS) From:

Wednesday, December 1, 2021 5:40 PM Sent:

To: Flowers, Alicia

Cc: DPH-FAS-RFA; Tobin, Kelly; Ebright, Adam

RE: CEO review-DPH Local Oral Health Program APP_2022-27 Subject:

Yes I'm fine with moving forward.

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Very respectfully,





Department Management Analyst II DEPARTMENT OF PUBLIC HEALTH

Mobile: (909) 665-0726

Email: alicia.flowers@dph.sbcounty.gov www.SBCounty.gov/publichealth







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Cc: Navarro, Stephanie <Stephanie.Navarro@hss.sbcounty.gov>; DPH-FAS-RFA <FAS.DPH@dph.sbcounty.gov>

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I have forwarded your inquiry and will have a response shortly ©



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Importance: High

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Thank-you,

Kelly Tobin Human Services, Special Projects Unit Staff Analyst II (909) 387-3312



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From: Tobin, Kelly

Sent: Wednesday, November 17, 2021 6:13 PM

To: Garcia, Paul (HS) < Paul.Garcia@hss.sbcounty.gov >; Ebright, Adam < AEbright@cc.sbcounty.gov >

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Thank-you,

Kelly Tobin Human Services, Special Projects Unit Staff Analyst II (909) 387-3312

Meza, Maria

From:

Ebright, Adam

Sent:

Wednesday, December 1, 2021 5:47 PM

To:

Flowers, Alicia; Garcia, Paul (HS) DPH-FAS-RFA; Tobin, Kelly

Cc: Subject:

RE: CEO review-DPH Local Oral Health Program APP_2022-27

Thanks, I was just waiting for those items to get resolved – approved.

Adam Ebright Deputy County Counsel Office of County Counsel San Bernardino County 385 North Arrowhead Avenue San Bernardino, CA 92415-0140 (909) 387-4229

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Sent: Wednesday, December 1, 2021 5:44 PM

To: Garcia, Paul (HS) <Paul.Garcia@hss.sbcounty.gov>

Cc: DPH-FAS-RFA <FAS.DPH@dph.sbcounty.gov>; Tobin, Kelly <ktobin@hss.sbcounty.gov>; Ebright, Adam

<AEbright@cc.sbcounty.gov>

Subject: RE: CEO review-DPH Local Oral Health Program APP_2022-27

Great, thank you!

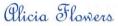
Adam – You are up sir! Please let me know your thoughts on this item.

Thank you both for your time! 😃



Very respectfully,





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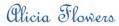
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Meza, Maria

From:

Starr, Steven@CDPH <Steven.Starr@cdph.ca.gov>

Sent:

Monday, November 1, 2021 10:51 AM

To:

Flippin, Bonnie

Subject:

RE: App Narrative

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.

No problem Bonnie, 3 pages works for us.

Thanks,

Steven Starr CDPH Office of Oral Health

From: Flippin, Bonnie <BFlippin@dph.sbcounty.gov>

Sent: Friday, October 29, 2021 2:59 PM

To: Starr, Steven@CDPH <Steven.Starr@cdph.ca.gov>

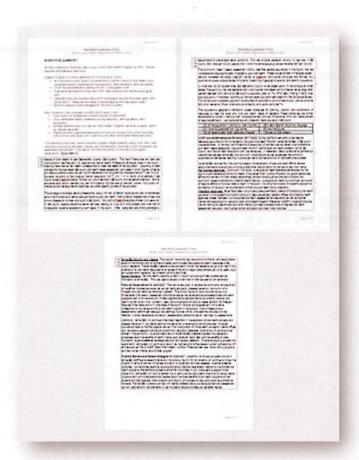
Subject: App Narrative

EXTERNAL EMAIL. Links/attachments may not be safe. To report suspicious emails, click "Report Phish" button.

Hello Steven,

I'm getting ready to send my application package up to my manager so that, next week, it can begin its journey through our approval process (takes forever!). One question thus far:

It looks like we need to drop our narrative language into the form that Keiko sent out Wednesday, right?. When I do this, my current draft covers about 2 and 2/3rds pages.....which includes the Narrative instructions at the top (see snapshot below). Is this OK? Or do I need to trim it down? On the Word doc I used to first write up the language, it fits perfectly on 2 pages, no more, no less......but seems to go over that on this form.



Thanks, Bonnie

Bonnie Flippin, MBA

Program Coordinator Department of Public Health Smile SBC - Local Oral Health Program 909-387-6586





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