Advancing Oral Health Equity in California 2027-2030 Application Checklist

Due by 5:00 p.m. PST on Monday, July 1, 2026

Date of Submission	
Lead Organization Name	Tehama County Health Services Agency
Local Health Jurisdiction(s)	Tehama County
Application Contact Name	Hannah Bergen Ziyadinova
Phone Number	530-855-0429
E-mail Address	hannahbergen.ziyadinova@tchsa.net

Complete this Application Checklist and e-mail it along with the following documents to: OfficeofOralHealth@cdph.ca.gov

Check box if included	Number	Required Document/Application Section
☒	1	Application Checklist (Document A)
☒	2	Grantee Information Form (Document B)
☒	3	Narrative Summary Form (Document C)
☒	4	Governmental Payee Form CDPH 9083 **OR** Payee Data Record STD 204 (Document D)
☒	5	Budget and Budget Justification (Document E)
☒	6	Exhibit A – Scope of Work with selected objectives and activities

PLEASE NOTE: Applications that do not include the required documents will be considered non-responsive and will not be reviewed.

Advancing Oral Health Equity in California 2027-2030
Grantee Information Form

Organization

This is the information that will appear in your grant agreement.

Federal Tax ID # 94-6000-543

Lead Organization Tehama County Health Services Agency – Public Health

Mailing Address P.O. Box 400, Red Bluff CA 96080

Street Address (If Different) 1860 Walnut St., Building C, Red Bluff CA 96080

Local Health Jurisdiction(s) Tehama County

Phone 530-527-6824 Fax 530-527-0362

Website https://tehamacountyhealthservices.net/publichealth

Grant Signatory

The ***Grant Signatory*** has the authority to sign the grant agreement cover.

Name Michelle Schmidt

Title Executive Director (Interim)

If address(es) are the same as the organization above, just check this box and go to Phone ☐

Mailing Address P.O. Box 400, Red Bluff, CA 96080

Street Address (If Different) 818 S. Main St., Red Bluff CA 96080

Phone 530-527-8491 x3166 Fax 530-527-0240

Email Michelle.Schmidt@TCHSA.net

Project Lead

The ***Project Lead*** is responsible for all of the day-to-day activities of project implementation and for ensuring 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 Hannah Bergen Ziyadinova

Title Community Health Education Supervisor

Supervisor Name and Title Laura Burlison – Tehama County Public Health Program Manager

Supervisor Email and Phone Laura.Burlison@tchsa.net

If address(es) are the same as the organization above, just check this box and go to Phone ☒

Mailing Address

Street Address (If Different)

Phone Fax

Email

Funding

These are the annual **Funding** amounts your organization will accept for grant purposes.

Year 1 (FY 27/28)	$80,247
Year 2 (FY 28/29)	$80,247
Year 3 (FY 29/30)	$80,247

Advancing Oral Health Equity in California 2027-2030
Narrative Summary Form

Narrative Summary Guidelines

Prepare a Narrative Summary for your Local Oral Health Program (LOHP) that addresses the following elements:

1. **Current Status**
   Provide an overview of your county or jurisdiction, including:
   a. Updated Oral Health Needs Assessment summary
   b. Identified priority populations
   c. Demographics
   d. Geographic characteristics
2. **Program Accomplishments**
   Summarize LOHP achievements during the 2022–2027 grant cycle.
3. **Future Vision**
   Share your vision for the LOHP during the next grant cycle (2027–2030):
   a. What objectives and activities do you plan to focus on from Exhibit A?
   b. How do the objectives and activities align with the information provided in Section 1 – Current Status? Share the reasons behind your selection.
   c. How will you measure impact for the selected objectives and activities?
4. **Challenges and Strategies**
   Identify anticipated challenges and potential strategies for the next three years.

Formatting Guidelines:

- Up to 3 pages, single-spaced
- Arial Font: 12 pt
- Margins: 1 inch on all sides
- Use the Narrative Summary Form below to complete this requirement
- Save your document using the following format:
  County/OrganizationName_Doc C Narrative Summary

Advancing Oral Health Equity in California 2027-2030
Narrative Summary Form

Tehama County Health Services Agency Public Health

Current Status

Tehama is a rural county in northern California which spans 2,951 square miles. The 2025 U.S. Census for Tehama County's population is 64,665. Population by Ethnicity is approximately Hispanic/Latino 30.8%, Non- Hispanic/Latino 62.8%. The percentage of persons < 18 years of age is 23.9% with children < 5 years of age about 5.9%. The three main cities along the valley floor are: Red Bluff, population 14,286, Corning, population 8,131, and Tehama, population 436.

According to the 2025 U.S. Census QuickFacts, 18.2% live in poverty, and the median income was $63,784. Children 0-17 living in poverty is 31.9% and the percentage increases to 33.6% for children of 0-5 years of age. During the 2025-26 school year, 72.7% of children were eligible for free/reduced school lunches. In September 2021, Medi-Cal Enrollees were an estimated 45.1% of the population and 7% of the population under 65 years was uninsured. The highest rates of poverty according to World Population Review are in Corning (17.9%), Gerber (27.8%), and Rancho Tehama Reserve (27.2%).

The Federal Health Resources and Services Administration (HRSA) Office of Shortage Designation has designated Dairyville (MSSA 220) as a "Geographic with High Needs Dental Health Professional Shortage Area (HPSA)" and Paskenta (MSSA 219) as a "Low Income Population HPSA". Both of Tehama's top two population centers, Red Bluff and Corning (MSSA 221/222) are designated as a Medicaid Eligible Population HPSA. Red Bluff has also been designated as a Low-Income Migrant Farmworker Population HPSA.

In 2023 www.countyhealthrankings.org listed Tehama County as having 1 dentist for every 1,440 people registered in the county. The California Department of Health Care Services' online Dental Provider Directory lists 3 offices that serve Medi-Cal Beneficiaries. Access to oral health services remains a significant recognized need in Tehama County.

The 2023 Tehama County Public Health Community Health Assessment highlighted the lack of transportation resources in the community as a major barrier to accessing health care for older adults, persons with disabilities, and low-income individuals. Mass transportation is very limited in outlying areas, while most areas have no mass transit resources to link residents to services.

There is no community water fluoridation in Tehama County. The 2023 Medi-Cal Utilization rates for preventive dental visits for children 1-2 years of age is only 42.83% and for children 3-5 years of age is 47.87%. Opportunity exists for Managed Care Providers to apply fluoride varnish to our children under 6 years of age, currently Tehama County is in the lowest quintile (Below 5.07%). No hospital dentistry services are provided in the Tehama, requiring long-distance travel to access treatment.

Advancing Oral Health Equity in California 2027-2030
Narrative Summary Form

Tehama County Health Services Agency Public Health

According to www.kidsdata.org in 2019 only 59.4 % of children in foster care had a timely dental exam in Tehama County. The California Department of Healthcare Services reported that in 2023 the utilization of sealants in Tehama County children aged 6-9 was 7.94% and children aged 10-14 dropped to 4.34%.

Program Accomplishments

The Tehama County Oral Health Program has successfully maintained and grown our program over the course of the last grant cycle. We conducted two community member/provider Needs Assessments in 2023 and 2026. We have worked hard with our school nurses and Home Advocates to train on fluoride varnish applications and education. We facilitated multiple educational and preventive interventions at Head Starts/Early Head Starts (FV applications, staff training, *Toothy Tuesday's* curriculum, parent events/education). Collaborated with the Tehama County Libraries to host Oral Health Storytime and the Brush, Book, Bed Literacy Campaign. We built and updated a webpage that provides community/provider resources relevant to our local community. Participated with First5 Tehama on a Book Club project to get Oral Health themed reading materials into Little Free Libraries. Coordinated with our local Tobacco Education Program on several media campaigns and smokeless tobacco webinars for youth/adults.

In the 2022-27 grant cycle we have worked to collaborate with a wide spectrum of new partners, as well as strengthen existing partnerships. Some of the newer partners we have collaborated with are, Tehama County Libraries, Latino Outreach, local unhoused outreach programs, SERRF after school programs, Community Action Partnership (CAP), Tobacco Education Program, Healthy Families and Help Me Grow Tehama, and First5 Tehama.

We were excited to get two of our most in-need schools started on pilot Brush in the Box program, providing nearly 50 T-k through 5th grade students with education and resources. We are working to onboard several more of our most rural school campuses into the program Fall 2026.

Future Vision

School-based linkages, focusing on bringing much needed education and dental hygiene resources and services to elementary aged students. Continue to grow and maintain our collaborative relationships with our school nurses. Grow our School Sealant Program to reach more of our districts with our partnering RDHAP. Maintain and grow our Brush in the Box education outreach and facilitation. Continue work to mitigate limited access to dental care providers in our jurisdiction via promotion of care coordination and referral management. Leverage staff outreach availability to provide oral health education to school aged children and families. Provide support/trainings to school district staff on conducting Kindergarten Oral Health Assessments, System for California Oral Health Reporting (SCOHR) system.

Advancing Oral Health Equity in California 2027-2030
Narrative Summary Form

Tehama County Health Services Agency Public Health

Improve access to dental providers in Tehama County by participating in local career technical education programs and healthcare-access initiatives to highlight and address community dental-care needs. Advocating for improved dental-care access through existing local coalitions and collaborative groups.

As illustrated in Section 1: Current Status, Tehama County faces some substantial obstacles with access to healthcare in general and specialties like dental specifically. As stated, we have 3 Medi-Cal dental providers in a county that relies heavily on Medi-Cal insurance. This has meant that many families forego dental care altogether. The LOHP's school-based programs are often the only dental care children receive and we often diagnosis serious dental conditions that would have otherwise gone unaddressed.

We will continue to measure impact on areas that have been identified by the Local Oral Health Needs Assessment. According to the 2025 Tehama County Oral Health Needs Assessment, there are still large gaps in access to dental care, such as number of Dentists per population, even though many locals recognize the value of oral health. Oral cancer rates and children's rates of dental caries and toothaches are also an issue we will continue to work on. We will measure objectives and activities by utilizing existing data sources for activities like the KOHAs, school databases, LOHP created feedback forms and internal metrics.

Challenges and Strategies

The Tehama County Oral Health Program has worked hard to overcome many barriers to providing dental education and care to the rural, underserved populations of Tehama County. Endemic problems such as access to healthcare providers, including specialists, high levels of uninsured families, and lack of dental hygiene education have challenged our program. The LOHP has prioritized educational outreach programs to continue to promote science-based oral hygiene techniques for our at-risk populations.

Tehama County LOHP has experienced a high rate of staff turn over in our program, which has hindered activity progress. Our current team will continue to work hard to assist in personnel recruitment and is working closely with schools to leverage creative collaborations during the 2027-30 grant cycle.

State of California-Health and Human Services Agency

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

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: Tehama County Health Services Agency

Remit-To Address (Street or PO Box): P.O. Box 400

City: Red Bluff State: CA Zip Code+4: 96080

Government Type:
- ☐ City
- ☐ Special District
- ☐ Other (Specify)
- ■ County
- ☐ Federal

Federal Employer Identification Number (FEIN): 90 6000543

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address

---

Contact Person: Rosa Cumpston Title: Assistant Executive Director, Administration

Phone number: 530 528 3207 E-mail address: rosa.cumpston@tchsa.net

Signature: Rosa M Cumpston Date: 6/17/24

General Information

Grant Number	TBD
Grantee Name	Tehama County Health Services Agency
Approved Three-Year Budget	$240,741.00
LOHP Fiscal Contact Name	Glenda Shoemaker
LOHP Fiscal Contact Email	Glenda.Shoemaker@tchsa.net

Date budget last approved	TBD

Detailed budget overview - pulled from the detailed budget tab

Year 1 – FY 27/28	$76,365.12
Year 2 – FY 28/29	$80,183.38
Year 3 – FY 29/30	$84,192.50
TOTAL*	**$240,741.00**

*This total should match the three-year budget amount in cell C5 above. If it does not, it will turn red.

Budget Revision Instructions

These instructions will describe when budget revision requests should be submitted, how to prepare them correctly, and how to submit them. It will also answer frequently asked questions.

I. When do I submit budget revision requests?

There are two (2) types of budget revision requests:

1. Mid-year budget revision requests	• Mid-year budget revision requests are **optional** and are **due by April 30**. • Includes shifting funds between budget line items within the same budget category, as well as shifting funds between different budget categories. • All changes must be justified and must be made to the current budget year only. • No changes to other budget years besides the current year will be accepted. • After showing all changes, the current budget year total must be the same as the last approved budget.
2. Annual budget revision requests	•Annual budget revision requests are **optional** and are **due by September 30**. •Includes shifting funds between budget line items within the same budget category, as well as shifting funds between different budget categories. •All changes must be justified and must be made to the current budget year only. •No changes to other budget years besides the current year will be accepted. •After showing all changes, the current budget year total must be the same as the last approved budget.

II. How do I prepare a budget revision request?

Prior to preparing a budget revision request, read the Detailed Budget and Budget Justification Instructions (Appendix 11).

There are two (2) steps for every change in a budget revision request:

1. Show requested changes to budget amounts, percentages, and/or names/descriptions/other information
   a. The cell containing any amount that needs to be reduced or increased for an existing budget line item or added for a new budget line item must be yellow-filled and the new amount must be entered.
   b. The same applies if there are any changes to the percentages in the budget. This includes the indirect costs rate, the FTE %, or the fringe benefits %.
   c. If a budget line item/description or some other information needs to change (e.g., the name of an employee or event), or if a new budget line needs to be added, yellow-fill the cells containing all other information that has been changed or added.
2. Justify the requested changes to budget amounts, percentages, and/or names/descriptions/other information
   a. Any change to the budget must have a justification, which also must be yellow-filled. When making a change to any budget category besides Personnel and Travel, the justification must be included in Column I of the Detailed Budget sheet.
   b. To modify an existing justification, double click on the cell you would like to edit and adapt the justification to correspond with the requested budget changes. If you need additional space for the justification and/or want to insert a line break, press the **Alt and Enter** keys at the same time.
   c. If the calculation in the justification no longer corresponds with the budgeted amount, correct the cost breakdown and/or adjust the budget years to which it applies. The calculations must match the exact amount budgeted. For example, if $375 are budgeted for four units of a particular line item, the calculation should be 4 units * $93.75/unit = $375. A rounded calculation, such as 4 units * $100/unit = $400, would not be acceptable unless $400 is the exact amount budgeted. Actual expenses may vary, but the budgeted amount and justification should always match.
   d. For changes to Personnel (except Fringe Benefits %, which should also be shown in Column I of the Detailed Budget tab), the justification must be provided in Column X of the Personnel tab.
   e. For changes to Travel, the justification must be provided in Column Y of the Travel tab, including amounts that exceed CalHR rates.

III. How do I submit a budget revision request?

Send the budget revision as an attachment by email to your grant manager (GM), program consultant (PC), and the Office of Oral Health mailbox (OfficeofOralHealth@cdph.ca.gov). If you are unsure who your GM and/or PC are, refer to the OOH Grant Managers and Program Consultants list on the COHTAC website.

Note: Other mechanisms for submitting budget revisions and other materials may become available in the future (e.g., SharePoint).

IV. Frequently Asked Questions

Q: What if there are not enough rows in a budget category for a new budget line item that needs to be added?
A: Additional rows have already been included, but they may be hidden. To unhide rows, highlight the rows at the bottom of the budget category and right click the row numbers along the left of the spreadsheet. Click "Unhide" from the menu.

Q: How do I start a new line of text inside a cell?
A: Double-click the cell in which you want to insert a line break. Click the location inside the selected cell where you want the line break and press **Alt+Enter**.

Q: How can I access the most up-to-date CalHR travel reimbursement rates?
A: CalHR rates are posted and updated at the following link: https://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx

Q: Will carryforward of unspent funds from one year to the next be permitted?
A: Unfortunately unspent funds cannot be carried forward from one year to the next.

Note: If you have any other questions, please reach out to your GM and/or PC. The frequently asked questions section will be updated as necessary.

Detailed Budget

Budget Category	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total
Total Personnel	$58,921.76	$61,867.85	$64,961.21	$185,750.82
Total Fringe Benefits	$17,443.36	$18,315.53	$19,231.29	$54,990.18
Total Operating Expenses	$0.00	$0.00	$0.00	$0.00
Total Equipment	$0.00	$0.00	$0.00	$0.00
Total Travel	$0.00	$0.00	$0.00	$0.00
Total Subgrants/Consultants	$0.00	$0.00	$0.00	$0.00
Total Other Costs	$0.00	$0.00	$0.00	$0.00
Total Indirect Costs	$0.00	$0.00	$0.00	$0.00
Total Project Costs	**$76,365.12**	**$80,183.38**	**$84,192.50**	**$240,741.00**

Personnel

Personnel costs paid to grant recipient employees for work directly related to the Work Plan. A Project Lead must be designated for oversight and evaluation activities. No personnel should be budgeted at less than 10% FTE; this would be an indirect cost unless approved by OOH.

This table will populate automatically from Personnel tab.

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
Total Personnel Costs	$58,921.76	$61,867.85	$64,961.21	$185,750.82	**Refer to Personnel tab for more detail.**
Total Personnel	**$58,921.76**	**$61,867.85**	**$64,961.21**	**$185,750.82**	

Fringe Benefits

Fringe benefits may not include employee leave, employee vacation or sick leave accruals earned outside the allocation term, and worker's compensation claims. All fringe benefits included in the proposed percentages must be listed in the justification below.

This table will populate automatically from Personnel tab. Complete justification for fringe benefits.

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
Fringe Benefits (%)	29.60%	29.60%	29.60%	n/a	
Total Fringe Benefits	**$17,443.36**	**$18,315.53**	**$19,231.29**	**$54,990.18**	

Operating Expenses

Operating expenses include costs associated with completing the activities in the Work Plan such as office expenses/supplies, communications, postage, printing, equipment lease/rental, etc.

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required

Total Operating Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Equipment

Equipment purchases under $5,000 are considered minor equipment and should be listed under Operating expenses. Equipment $5,000 or more should be listed under Equipment expenses. All equipment requires prior approval through submission of form OOH 1001 or OOH 1002.

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
Total Equipment	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Travel

Travel expenses are to be consistent with the needs of the project and connect directly to Work Plan activities. Travel expenses will be reimbursed at the current rate identified by the California Department of Human Resources (CalHR).

This table will populate automatically from Travel tab.

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
Lodging	$0.00	$0.00	$0.00	$0.00	**Refer to Travel tab for more detail.**
Per Diem	$0.00	$0.00	$0.00	$0.00	**Refer to Travel tab for more detail.**
Mileage	$0.00	$0.00	$0.00	$0.00	**Refer to Travel tab for more detail.**
Airfare	$0.00	$0.00	$0.00	$0.00	**Refer to Travel tab for more detail.**
Registration Fees	$0.00	$0.00	$0.00	$0.00	**Refer to Travel tab for more detail.**
Other	$0.00	$0.00	$0.00	$0.00	**Refer to Travel tab for more detail.**
Total Travel	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Subgrants/Consultants

Each subgrantee and/or consultant must be listed separately and must provide a specialized effort directly related to activities in the Work Plan. The justification should include a description of activities/services to be performed, the amount of service in increments of hours, days, weeks, and/or months, salary or hourly rate, and a formula that substantiates how the costs were determined.

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required **(including Work Plan Objectives)**

Total Subgrants/Consultants	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Other Costs

Other Costs include costs associated with completing the activities in the Work Plan not listed in Operating Expenses. Examples of standard cost line items that may fall under Other Costs include Educational Materials, Behavior Modification Materials, Paid Media, and Booth Rental/Facility Fees.

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required (including Work Plan Objectives)
Total Other Costs	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Indirect Costs

Indirect cost rates (ICR) cannot exceed the specified maximum percentage rate stated in the approved CDPH ICR. In no case will the indirect cost rate exceed 25% as a percentage of Personnel Costs and Fringe Benefits. In addition, per Revenue and Taxation Code Section 30130.57(f): "Not more than 5 percent of the funds received pursuant to this article shall be used by any local agency or department receiving such funds for administrative costs."

Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
Total Personnel + Fringe Benefits	$76,365.12	$80,183.38	$84,192.50	$240,741.00	
Indirect Costs Rate (%)				n/a	
Total Indirect Costs	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Personnel

Name	Title	Job Description	Year 1 – FY 27/28				Year 2 – FY 28/29				Year 3 – FY 29/30				Total	Justification (for revisions)
			Monthly Salary	FTE %	Months	Total	Monthly Salary	FTE %	Months	Total	Monthly Salary	FTE %	Months	Total		
Roof, Jena	Health Educator I	Promotes community awareness of health and wellness issues; plans, organizes, and conducts health education programs; prepares and presents health education materials, provides outreach services for at risk populations, conducts education forums on priority health issues; provides case management services to clients and assists clients in accessing community services.	$9,617.60	45.00%	12	$51,935.04	$10,098.48	45.00%	12	$54,531.79	$10,603.40	45.00%	12	$57,258.36	$163,725.19	
Hannah Bergen Ziyadinova	Community Health Education Supervisor	Maintain both programmatic and primary supervisory responsibilities. She will plan, organize, lead and supervise the work of staff in community health programs, including preparing grant applications, defining scope of work, and developing and monitoring budgets.	$11,644.53	5.00%	12	$6,986.72	$12,226.76	5.00%	12	$7,336.06	$12,838.09	5.00%	12	$7,702.85	$22,025.63	

Total Personnel	$58,921.76	$61,867.85	$64,961.21	$185,750.82
Fringe Benefits (%)	29.60%	29.60%	29.60%	
Total Fringe Benefits	$17,443.36	$18,315.53	$19,231.29	$54,990.18
Total Personnel and Fringe	$76,365.12	$80,183.38	$84,192.50	$240,741.00

Travel

Event name	Event description (including location and dates, if known)	Year of Travel (select from dropdown)	Lodging				Per Diem				Mileage			Airfare			Registration Fees			Other		Total	Justification (for revision or if exceeds CalHR rates)
			Rate ($/night)	Nights (#)	Staff (#)	Total	Rate ($/day)	Days (#)	Staff (#)	Total	Distance (miles)	Rate ($/mile)	Total	Ticket cost	Staff (#)	Total	Cost	Staff (#)	Total	Description	Cost		
TOTAL						$0.00				$0.00			$0.00			$0.00			$0.00		$0.00	$0.00	

Exhibit A - Scope of Work

Advancing Oral Health Equity in California 2027-2030
Local Oral Health Programs

Per Appendix 1 "Guidelines for Grant Applications," please indicate which of the objectives and activities your LOHP will implement by placing an "X" in the appropriate check boxes. Grantees have flexibility to select any number of objectives and activities and are not bound to select every option provided. **At least one objective and associated task must be selected.** LOHPs may also propose additional tasks/activities by inserting them in the Scope of Work and marking them accordingly. LOHPs are encouraged to select objectives and activities that are appropriately aligned and realistically achievable given the amount of resources provided.

Objectives	Tasks/Activities
☒ 1. **School-based linkages** Strengthen oral health promotion and preventive services in early education and school settings.	☒ 1.1 Promote the Kindergarten Oral Health Assessment (KOHA) ☒ 1.1.A Assist and/or coordinate school-based screenings ☒ 1.1.B Collaborate with school districts/County Offices of Education to comply with KOHA requirements ☐ 1.1.C *Insert other proposed activity*
	☒ 1.2 Promote fluoride varnish and/or sealant programs in schools ☐ 1.2.A *Insert other proposed activity*
	☒ 1.3 Engage early childcare and/or HeadStart centers (as applicable) to promote: ☒ 1.3.A Daily classroom toothbrushing (Brush in a Box Toolkit) ☒ 1.3.B Rethink Your Drink ☐ 1.3.C *Insert other proposed activity*
	☒ 1.4 Promote care coordination and referral management in educational settings, including referrals for urgent dental needs, follow-up visits, and connecting children to dental homes - taking care to do so in coordination with the dental delivery system where similar efforts may be occurring (i.e., Medi-Cal Dental, Medi-Cal Managed Care Plans, Dental Managed Care Plans, etc.)
	☒ 1.5 Implement additional activities to strengthen school-based programs

Exhibit A - Scope of Work

Objectives	Tasks/Activities
	☒ 1.5.A Provide oral health education in early education and school settings ☐ 1.5.B *Insert other proposed activity*
	☒ 1.6 Maintain collaborative partnerships with relevant organizations and/or entities; potential options may include but are not limited to: • Oral Health Advisory Committees (OHAC) • Home Visiting Programs • Community Health Workers (CHWs) • Women, Infants, and Children (WIC) • First 5 • County Office of Education • Federally Qualified Health Centers • California School Based Health Alliance • California School Nurse Organization • California Dental Hygienists' Association • Medi-Cal Managed Care Plans • Medi-Cal Dental Managed Care Plans • *Insert other proposed partner(s)*
☐ 2. **Medical-Dental Integration** Elevate the connection between oral health and overall health to improve oral health	☐ 2.1 In partnership with medical and dental health systems and providers, support oral health interventions geared toward priority populations *(select all that apply)* ☐ Pregnant and postpartum individuals ☐ Older adults ☐ People living with disabilities ☐ Black, Indigenous, and People of Color (BIPOC) ☐ Migrant and/or immigrant populations ☐ Tribal communities

Exhibit A - Scope of Work

Objectives	Tasks/Activities
outcomes for priority populations.	☐ *Insert other proposed priority population(s)*
	☐ 2.2 Engage multidisciplinary providers (e.g., pediatricians, primary care providers, obstetrician-gynecologist (OB/GYNs), geriatric specialists, social workers, nurses, etc.) to promote oral health ☐ 2.2.A Educate about the importance of oral health across the lifespan ☐ 2.2.B Promote the importance and safety of regular dental visits during pregnancy and postpartum ☐ 2.2.C Promote and educate about fluoride (e.g., fluoride varnish, community water fluoridation) ☐ 2.2.D Conduct or coordinate fluoride varnish training(s) for pediatricians, primary care providers, OB/GYNs, school nurses, etc.
	☐ 2.3 Promote oral health literacy (OHL) across communities ☐ 2.3.A Build awareness of OHL Toolkit, resources, and training(s) among dental teams ☐ 2.3.B Partner with local providers, dental societies, and/or dental hygiene societies (or similar organizations) on OHL initiatives ☐ 2.3.C Work with families to promote OHL literacy, such as Potter the Otter and Brush, Book, Bed from American Academy of Pediatrics ☐ 2.3.D *Insert other proposed activity*
	☐ 2.4 Promote tobacco cessation (e.g., Tobacco Cessation Toolkit for California Dental Providers) and reduced consumption of sugar-sweetened beverages
	☐ 2.5 Promote care coordination and referral management between providers *(select all that apply)* ☐ 2.5.A Pediatricians ☐ 2.5.B Primary care providers ☐2.5.C Emergency/urgent care providers ☐2.5.D Dental providers ☐ 2.5.E *Insert other proposed provider group*
	☐ 2.6 Leverage partners to reduce emergency department visits for non-traumatic dental issues

Exhibit A - Scope of Work

Objectives	Tasks/Activities
	☐ 2.7 Identify resources, partners, and strategies to strengthen the dental health workforce ensuring alignment with and consideration of workforce development initiatives led by other sectors and organizations. ☐ 2.7.A Collaborate with OHAC on identifying dental health workforce gaps and improving partnerships with dental teams ☐ 2.7.B Partner with Smile, CA's Outreach team to support increased access to dental providers and/or deliver resources that support current providers
☐ **3. Concentric Circles of Care** Promote and expand innovative community-based prevention and minimally invasive dental procedures.	☐ 3.1 Promote alternative access to dental services for underserved areas and populations, such as rural communities, people living with disabilities, and residents of long-term care facilities and identify training resources if applicable. These alternatives may include but are not limited to: ☐ 3.1.A Mobile Dental Programs ☐ 3.1.B Virtual Dental Homes ☐ 3.1.C Artificial Intelligence-based methods ☐ 3.1.D *Insert other proposed alternative(s)*
	☐ 3.2 Promote alternative treatment methods that encourage minimally invasive procedures to decrease dependency on sedation dentistry. These alternatives may include but are not limited to: ☐ 3.2.A Silver Diamine Fluoride ☐ 3.2.B Interim Therapeutic Restorations ☐ 3.2.C *Insert other proposed alternative(s)*
	☐ 3.3 Promote care coordination and referral management by leveraging clinical and community partners *(select all that apply)*: ☐ 3.3.A CHWs ☐ 3.3.B Home Visiting Programs ☐ 3.3.C Registered Dental Hygienists ☐ 3.3.D *Insert other proposed partner(s)*
	☐ 3.4 Promote resources that help train CHWs, such as the CHW oral health curriculum developed by UCLA in partnership with the CDPH Office of Oral Health

Exhibit A - Scope of Work

Objectives	Tasks/Activities
☐ 4. **Community Water Fluoridation (CWF)** Sustain and promote water fluoridation efforts to improve community oral health.	☐ 4.1 Promote and maintain community water fluoridation through education and training ☐ 4.1.A Develop and share educational materials tailored to community needs ☐ 4.1.B Maintain a webpage on fluoride safety and benefits with downloadable resources in threshold languages ☐ 4.1.C Leverage existing resources (Fluoridation Brief, Fact Sheet, FAQ) and Smile, CA materials, including social media ☐ 4.1.D Partner with and recruit trusted leaders, healthcare professionals, and CHWs/Promotores as CWF Champions ☐ 4.1.E Promote CWF through events, meetings, and widespread flyer distribution in clinics, schools, healthcare settings, WIC programs, public spaces, and cultural/faith-based centers
	☐ 4.2 Collaborate with key partners to promote and maintain water fluoridation *(select all that apply)*: ☐ 4.2.A Local decision-makers, health professionals, community leaders, school leaders, and parents, as well as priority populations ☐ 4.2.B Professional associations (Medical, Nursing, Dental, Dental Hygiene) ☐ 4.2.C OHAC ☐ 4.2.D *Insert other proposed partner(s)*
	☐ 4.3 Participate in statewide and local efforts such as: ☐ 4.3.A Attend California Partnership for Oral Health Fluoride Workgroup meetings ☐ 4.3.B Build relationships with local water districts through activities including but not limited to: ▪ Tour of local water treatment plant(s) ▪ Develop partnerships with water engineers and operators ▪ Offer Fluoridation Online Training (FLO) with continuing education credits for operators/engineers ▪ Attend water district board meetings
	☐ 4.4 Protect and maintain CWF ☐ 4.4.A Monitor community perceptions and identify rollback attempts

Exhibit A - Scope of Work

Objectives	Tasks/Activities
	☐ 4.4.B Develop strategies and safeguards using the California Fluoridation Manual ☐ 4.4.C Promote and educate on other fluoride treatments such as: ▪ Fluoride varnish programs in schools and safety-net clinics ▪ Safety and benefits of fluoride varnish, toothpaste, and mouth rinses
	☐ 4.5 Provide educational resources and materials on fluoride supplements and alternative fluoride options for communities without fluoridated water.
☒ 5. **Other Oral Health Priorities** Other intervention(s) based on community Needs Assessment and/or Community Health Improvement Plan (CHIP).	☒ 5.1 Access to healthcare and dental providers. Activities: Participate in local career technical education programs and healthcare-access initiatives to highlight and address community dental-care needs. Advocating for improved dental-care access through existing local coalitions and collaborative groups.
	☐ 5.2 *Insert other proposed activity*
	☐ 5.3 *Insert other proposed activity*

Advancing Oral Health Equity in California 2027-2030
Local Oral Health Program Funding Table

Local Health Jurisdiction	Population*	Population in Poverty*	Base Award	Additional Amount Based on Poverty**	Total
Alameda	1,515,799	131,566	$ 70,000	$ 134,973	$ 204,973
Alpine	1,695	209	$ 70,000	$ 214	$ 70,214
Amador	37,799	2,931	$ 70,000	$ 3,007	$ 73,007
Berkeley	108,297	18,186	$ 70,000	$ 18,657	$ 88,657
Butte	204,601	37,531	$ 70,000	$ 38,503	$ 108,503
Calaveras	45,528	6,083	$ 70,000	$ 6,241	$ 76,241
Colusa	21,588	2,332	$ 70,000	$ 2,392	$ 72,392
Contra Costa	1,151,878	95,048	$ 70,000	$ 97,509	$ 167,509
Del Norte	24,952	2,900	$ 70,000	$ 2,975	$ 72,975
El Dorado	190,642	15,754	$ 70,000	$ 16,162	$ 86,162
Fresno	994,567	185,717	$ 70,000	$ 190,526	$ 260,526
Glenn	28,414	3,511	$ 70,000	$ 3,602	$ 73,602
Humboldt	132,564	25,064	$ 70,000	$ 25,713	$ 95,713
Imperial	171,599	33,705	$ 70,000	$ 34,578	$ 104,578
Inyo	18,392	1,928	$ 70,000	$ 1,978	$ 71,978
Kern	886,335	168,825	$ 70,000	$ 173,197	$ 243,197
Kings	139,672	23,427	$ 70,000	$ 24,034	$ 94,034
Lake	66,900	11,156	$ 70,000	$ 11,445	$ 81,445
Lassen	23,977	3,279	$ 70,000	$ 3,364	$ 73,364
Long Beach	451,102	67,504	$ 70,000	$ 69,252	$ 139,252
Los Angeles	9,108,574	1,237,302	$ 70,000	$ 1,269,344	$ 1,339,344
Madera	151,968	30,187	$ 70,000	$ 30,969	$ 100,969
Marin	254,311	19,907	$ 70,000	$ 20,423	$ 90,423
Mariposa	16,893	2,347	$ 70,000	$ 2,408	$ 72,408
Mendocino	89,200	13,524	$ 70,000	$ 13,874	$ 83,874
Merced	280,675	51,655	$ 70,000	$ 52,993	$ 122,993
Modoc	8,468	1,717	$ 70,000	$ 1,761	$ 71,761
Mono	13,056	1,441	$ 70,000	$ 1,478	$ 71,478
Monterey	419,124	52,732	$ 70,000	$ 54,098	$ 124,098
Napa	133,332	11,238	$ 70,000	$ 11,529	$ 81,529
Nevada	101,450	10,745	$ 70,000	$ 11,023	$ 81,023
Orange	3,125,637	296,493	$ 70,000	$ 304,171	$ 374,171
Pasadena	133,751	17,670	$ 70,000	$ 18,128	$ 88,128
Placer	408,930	27,419	$ 70,000	$ 28,129	$ 98,129
Plumas	19,338	2,075	$ 70,000	$ 2,129	$ 72,129
Riverside	2,413,439	266,955	$ 70,000	$ 273,868	$ 343,868
Sacramento	1,565,333	197,472	$ 70,000	$ 202,586	$ 272,586
San Benito	65,660	5,118	$ 70,000	$ 5,251	$ 75,251
San Bernardino	2,145,516	291,226	$ 70,000	$ 298,768	$ 368,768
San Diego	3,193,390	330,602	$ 70,000	$ 339,164	$ 409,164
San Francisco	823,358	87,135	$ 70,000	$ 89,392	$ 159,392

Local Oral Health Program Funding Table

Appendix 2

Local Health Jurisdiction	Population*	Population in Poverty*	Base Award	Additional Amount Based on Poverty**	Total
San Joaquin	773,079	97,063	$ 70,000	$ 99,577	$ 169,577
San Luis Obispo	267,954	34,424	$ 70,000	$ 35,315	$ 105,315
San Mateo	738,600	47,945	$ 70,000	$ 49,187	$ 119,187
Santa Barbara	423,928	58,387	$ 70,000	$ 59,899	$ 129,899
Santa Clara	1,871,483	128,470	$ 70,000	$ 131,797	$ 201,797
Santa Cruz	255,068	28,613	$ 70,000	$ 29,354	$ 99,354
Shasta	178,633	23,179	$ 70,000	$ 23,779	$ 93,779
Sierra	2,633	325	$ 70,000	$ 333	$ 70,333
Siskiyou	43,419	7,196	$ 70,000	$ 7,382	$ 77,382
Solano	441,245	42,767	$ 70,000	$ 43,875	$ 113,875
Sonoma	478,869	41,044	$ 70,000	$ 42,107	$ 112,107
Stanislaus	547,160	71,943	$ 70,000	$ 73,806	$ 143,806
Sutter	98,110	14,494	$ 70,000	$ 14,869	$ 84,869
Tehama	64,776	9,988	$ 70,000	$ 10,247	$ 80,247
Trinity	15,721	2,830	$ 70,000	$ 2,903	$ 72,903
Tulare	470,078	83,473	$ 70,000	$ 85,635	$ 155,635
Tuolumne	51,746	5,547	$ 70,000	$ 5,691	$ 75,691
Ventura	827,580	74,630	$ 70,000	$ 76,563	$ 146,563
Yolo	210,055	34,165	$ 70,000	$ 35,050	$ 105,050
Yuba	81,611	12,501	$ 70,000	$ 12,825	$ 82,825
Total	**38,529,452**	**4,610,600**	**$ 4,270,000**	**$ 4,730,000**	**$ 9,000,000**

*Source: American Community Survey 2023 Five-Year Estimates
https://www.census.gov/data/developers/data-sets/acs-5year.html

**Additional funding is based on the number of people in poverty (Proportion of the state population living in poverty in the LHJ x 4,730,000)