

CALIFORNIA Oral Health Program

Local Oral Health Plan

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

San Mateo County Family Health Services, hereinafter “Grantee”

**Implementing the project, San Mateo County Local Oral Health Program,” hereinafter
“Project”**

GRANT AGREEMENT NUMBER 17-10722

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 104750, and 131085(a).

PURPOSE: The Department shall provide a grant to and for the benefit of the Grantee; the purpose of the Grant is to provide activities that support the state oral health plan build capacity at the local level for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services in the community. The Grantee will assess the oral health needs of the California communities, develop a strategic action plan to address the oral health needs of the population groups within the communities, and implement evidence based or evidence informed programs.

GRANT AMOUNT: The maximum amount payable under this Grant shall not exceed One Million One Hundred Fifty Six Thousand Six Hundred Sixty dollars (\$1,156,660).

TERM OF GRANT: The term of the Grant shall begin on January 1, 2018, or upon approval of this grant, and terminates on June 30, 2022. No funds may be requested or invoiced for work performed or costs incurred after June 30, 2022.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: San Mateo County Family Health Services
Name: Angela Wright, Grant Manager	Name: Anand Chabra, MD, MPH, Medical Director, Family Health Services
Address: MS 7208, 1616 Capitol Avenue, Suite 74.420	Address: 2000 Alameda De Las Pulgas, Ste. 200
City, Zip: Sacramento, CA 95814	City, Zip: San Mateo, CA 94403

Phone: (916) 552-9898	Phone: 650-573-3469
Fax: (916) 552-9729	Fax: 650-573-2042
E-mail: Angela.Wright@cdph.ca.gov	E-mail: achabra@smcgov.org

Direct all inquiries to:

California Department of Public Health, California Oral Health Program	Grantee: San Mateo County Family Health Services
Attention: Angela Wright, Grant Manager	Attention: Anand Chabra, MD, MPH, Medical Director
Address: MS 7208, 1616 Capitol Avenue, Suite 74.420	Address: 2000 Alameda De Las Pulgas, Ste. 200
City, Zip: Sacramento, CA 95814	City, Zip: San Mateo, CA 94403
Phone: (916) 552-9898	Phone: 650-573-3469
Fax: (916) 552-9729	Fax: 650-573-2042
E-mail: Angela.Wright@cdph.ca.gov	E-mail: achabra@smcgov.org

Either party may change its Project Representative upon written notice to the other party.

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant by this reference:

- Exhibit A GRANT APPLICATION – Application Checklist, Grantee Information Form, Narrative Summary Form, Scope of Work and Deliverables.
The Grant Application provides the description of the project and associated cost.
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit C STANDARD GRANT CONDITIONS
- Exhibit D LETTER OF INTENT
Including all the requirements and attachments contained therein
- Exhibit E ADDITIONAL PROVISIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its contractors and subcontractors to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: _____

Don Horsley, President
San Mateo County Board of Supervisors
Hall of Justice, 400 County Center
Redwood City, CA 94063

Date: _____

Marshay Gregory, Chief
Contract and Purchasing Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.317
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377

**Exhibit A
Application Checklist**

DUE: Wednesday, September 20, 2017	
DATE OF SUBMISSION	September 19, 2017
ORGANIZATION NAME	<u>San Mateo County</u> Public Health Department
Application Contact Name: Anand Chabra, MD	Phone Number: 650-573-3469
E-mail Address: achabra@smcgov.org	

The following documents must be completed and submitted with this Application Checklist by September 20, 2017, in hard copy and by E-mail.

APPLICATION CONTENTS:

Please Check

- | | |
|---|-------------------------------------|
| Application Checklist (This Form) | <input checked="" type="checkbox"/> |
| Grantee Information Form (Document B) | <input checked="" type="checkbox"/> |
| Narrative Summary Form (Document C) | <input checked="" type="checkbox"/> |
| Scope of Work and Deliverables (Document D) | <input checked="" type="checkbox"/> |
| Documentation Checklist for Established LOHPs only (Document E) | <input checked="" type="checkbox"/> |



One copy must be mailed to:

<p><i>Regular Mail</i></p> <p>Oral Health Program California Department of Public Health P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377</p>	<p><i>Express Delivery</i></p> <p>Oral Health Program California Department of Public Health 1616 Capitol Avenue, Suite 74.420 MS-7208 Sacramento, CA 95814</p> <p>(916) 552-9900</p>
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Also e-mail the documents to: DentalDirector@cdph.ca.gov.

Grantee Information Form

Organization	This is the information that will appear in your grant agreement.	
	Federal Tax ID #	<u>94-6000532</u>
	Name	<u>San Mateo County Family Health Services</u>
	Mailing Address	<u>2000 Alameda de las Pulgas, Suite 230, San Mateo, 94403</u>
	Street Address (If Different)	_____
	County	<u>San Mateo County</u>
	Phone	<u>(650) 372-3234</u> Fax <u>(650) 578-8939</u>
Website	<u>http://www.smchealth.org/division-family-health-services</u>	
Grant Signatory	The Grant Signatory has authority to sign the grant agreement cover.	
	Name	<u>Don Horsley</u>
	Title	<u>President, San Mateo County Board of Supervisors</u>
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>	
	Mailing Address	<u>Hall of Justice, 400 County Center, Redwood City, CA 94063</u>
	Street Address (If Different)	_____
	Phone	<u>(650) 363-4569</u> Fax <u>(650) 363-1916</u>
Email	<u>DHorsley@smcgov.org</u>	
Project Director	The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing 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	<u>Anand Chabra, MD, MPH</u>
	Title	<u>Medical Director, Family Health Services</u>
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>	
	Mailing Address	<u>San Mateo County Health System</u>
	Street Address (If Different)	<u>2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403</u>
	Phone	<u>(650) 573-3469</u> Fax <u>(650) 573-2042</u>
Email	<u>achabra@smcgov.org</u>	
Funding	These are the annual Funding amounts your LHJ will accept for grant purposes.	
	Year 1 (FY 17/18)	\$ 231,332
	Year 2 (FY 18/19)	\$ 231,332
	Year 3 (FY 19/20)	\$ 231,332
	Year 4 (FY 20/21)	\$ 231,332
	Year 5 (FY 21/22)	\$ 231,332

Narrative Summary Form
(San Mateo County Health System, Family Health Services)

Current Oral Health Status:

Forty percent of 3-years olds in SMC Head Start had untreated dental decay (2013-2015). Children of color have higher levels of decay than white children. Dental problems are the second most common reason for referrals to the SMC Child Health & Disability Prevention program (2014-2015). Many pregnant women and elderly lack dental resources and services. Among Pacific Islander pregnant women, 37.1% received less than adequate prenatal care as compared to Asian and white women, 12.3% and 12.7%, respectively. (CHNA 2013)

The high need regions in San Mateo County are: North County (Daly City, Brisbane); Central City of San Mateo; South County (East Palo Alto, Redwood City, east Menlo Park); and Coastside (Half Moon Bay, El Granada, Miramar). Only 31 private provider sites out of 885 licensed dentists in the county have actively billed Denti-Cal and currently only 24 of 35 private providers accept new patients. Each dental office would need to serve 3918 enrollees to meet the needs of low-income residents. Community clinics through San Mateo Medical Center, Ravenswood Family Health Center, Sonrisas Dental Center, and Samaritan House address some of the need among low-income populations. North County and South County, in particular, need more providers who will see low-income patients. Dental care is often delayed due to long wait lists, transportation issues, and language challenges.

Vulnerable and/or Underserved Populations:

The prevalence of community members without dental coverage has increased significantly — from 26.6% in 1998 to 32.4% in 2013. Among those without dental insurance, 34.3% report that they or a family member have dental problems which they cannot take care of because of a lack of insurance. 62.2% of those living below the 200% poverty threshold are without dental insurance coverage. 57.4% of seniors and over 40% of Hispanics are without full or partial dental insurance (CHNA 2013). Overall, 26% expressed “fair/poor” access to dental care access in 2013 as compared to 15.2% in 1998. (CHNA 2013)

Demographics:

Over 700,000 people live in San Mateo County. (LHJFT 2017, Amer. Comm Survey 2015). Based on the 2010 census 6.5% were under 5 years old, 17.9% were 5-19 years old and 11.2% were 65-84 in 2013 (CHNA 2013). 8%, or over 59,000, live in poverty. 18.9% of San Mateo County adults live below the 200% FPL threshold according to reported household incomes and sizes. (CHNA 2013). Of those 65 and over, 9.9% or over 10,200 live at less than 125% of the poverty level. (Amer Community Survey 5 year Estimates, 2015).

Smoking rates have declined steadily since 1998 (16.6%) reaching 10.1% in 2013. (CHNA 2013). However, smoking prevalence remains comparatively higher in certain populations, including men (12.8%), adults under 65years (>10%), blacks (17.2%), and respondents living in the North County area (13.7%).

Geography:

San Mateo County is about 740 square miles making up most of the Bay Area peninsula. It is bordered on the north by San Francisco County, on the south by Santa Clara County, on the west

Narrative Summary Form (San Mateo County Health System, Family Health Services)

by the Pacific Ocean and on the east by the San Francisco Bay. The county is home to several high tech companies, including Facebook, Oracle, Genentech, VISA, Sony Interactive Entertainment, Electronic Arts, and YouTube. The major industries include professional, scientific, and tech services (14.1%), health and social services (11.7%), retail (10.2%), accommodation and food services (8.4%), and educational services (8.3%). (Data USA, 2017)

San Mateo Oral Health Strategic Plan—Please see attached Plan for details

The San Mateo County (SMC) Oral Health Strategic Plan (OHSP) was developed to address the oral health disparities observed in children of low income families and the elderly who have decreased access to dental care primarily through the development and expansion of programs that are co-located with other health and social services. In addition the OHSP attempts to address the shortage of providers in SMC, focuses on developing unified messaging of the importance of oral health, and develops a much needed infrastructure for surveillance and monitoring.

How we plan to accomplish the activities of the OHSP and evolve over the 5 year grant term:

Initially, the focus of activities will be in establishing a surveillance program for kindergarteners followed by establishing a screening program for third graders (Year 3). Messaging activities will initially center on developing a slogan and increase public recognition of the OHSP, with future activities aimed at engaging diverse community groups (Years 2-5). Helping dental providers develop new skill sets, working with local dental/dental hygiene organizations and supporting dental continuing education will help to prepare practitioners to treat diverse populations and expand their patient bases (Years 1-5). Co-locating assessment, prevention, education, and referral services at elderly activity centers and congregate living sites will improve access to care for these individuals (Years 2-5). Expansion of current fluoride varnish programs and Virtual Dental Home projects will enable greater access to care for children and special needs populations (Years 1-5). A longer range goal will be to develop San Mateo Medical Center as a site for conscious sedation/general anesthesia/operating room dentistry. This would enable comprehensive dentistry for special needs populations. Over all, the goal is to establish dental homes for our targeted populations that will help ensure continued access to regular and timely dental care. so that less time will be spent on treating existing disease and more time can be directed to promoting and maintaining healthy mouths.

References

1. American Community Survey 5 Year Estimates. Selected Characteristics of People at Specified levels of Poverty in the Past 12 Months. (Accessed 9/13/2017). <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
2. Community Health Needs Assessment 2013. Health and Quality of Life in San Mateo County. Sponsored by The Healthy Community Collaborative of San Mateo County. (Accessed 9/14/2017) http://www.plsinfo.org/healthysmc/pdf/Community_Assessment_2013_Full.pdf
3. Data USA: San Mateo County. Accessed (9/14/2017). <https://datausa.io/profile/geo/san-mateo-county-ca/#intro>
4. Local Health Jurisdiction Funding Table. From 2017-2022 Local Health Jurisdiction Local Oral Health Program Guidelines for Grant Application.
5. San Mateo County Oral Health Strategic Plan 2017-2020. (Accessed 9/14/2017). http://www.smchealth.org/sites/main/files/file-attachments/oral_health_book_web_version.pdf

Scope of Work and Deliverables FY 2017-2022

GOAL: The California Department of Public Health, Oral Health Program (CDPH/OHP) shall grant funds to Local Health Jurisdictions (LHJ) from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) for the purpose and goal of educating about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan and shall establish or expand upon existing Local Oral Health Programs (LOHP) to include the following program activities related to oral health in their communities: education, dental disease prevention, linkage to treatment, surveillance, and case management. These activities will improve the oral health of Californians.

Objectives 1-5 below represent public health best practices for planning and establishing new LOHPs. LHJs are required to complete these preliminary Objectives before implementing Objectives 6-11 outlined below. LHJs that have completed these planning activities may submit documentation in support of their accomplishments. Please review the LOHP Guidelines for information regarding the required documentation that must be submitted to CDPH OHP for approval.

Objective 1: Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.

Create a staffing pattern and engage community stakeholders to increase the capacity to achieve large-scale improvements in strategies that support evidence-based interventions, health system interventions, community-clinical linkages, and disease surveillance and evaluation. At a minimum an Oral Health Program Coordinator position should be developed to coordinate the LOHP efforts. Recruit and engage key stakeholders to form an Advisory Committee or task force. Convene and schedule meetings, identify goals and objectives, and establish communication methods. This group can leverage individual members' expertise and connections to achieve measurable improvements in oral health.

Objective 2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus on underserved areas and vulnerable population groups.

Identify partners and form a workgroup to conduct an environmental scan to gather data, create an inventory of resources, and plan a needs assessment. Conduct a needs assessment to determine the need for primary data, identify resources and methods, and develop a work plan to collect missing data. Collect, organize, and analyze data. Prioritize needs assessment issues and findings, and use for program planning, advocacy, and education. Prepare a report and publish.

Scope of Work and Deliverables FY 2017-2022

Objective 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.

Take an inventory of the jurisdiction's communities to identify associations, organizations, institutions and non-traditional partners to provide a comprehensive picture of the LHJ. Conduct key informant interviews, focus groups, and/or surveys, create a map, and publish the assets identified on your website or newsletter.

Objective 4: Develop a Community Health Improvement Plan (CHIP) and an action plan to address oral health needs of underserved areas and vulnerable population groups for the implementation phase to achieve local and state oral health objectives.

Identify a key staff person or consultant to guide the community oral health improvement plan process, including a timeline, objectives, and strategies to achieve the California Oral Health Plan. Recruit stakeholders, community gatekeepers, and non-traditional partners identified in the asset mapping process and members of the AC to participate in a workgroup to develop the CHIP and the Action Plan. The Action Plan will a timeline to address and implement priority objectives and strategies identified in the CHIP. The workgroup will identify the "who, what, where, when, how long, resources, and communication" aspects of the Action Plan.

Objective 5: Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

Participate with the CDPH OHP to engage stakeholders in the Evaluation Plan process, including those involved, those affected, and the primary intended users. Describe the program using a Logic Model, and document the purpose, intended users, evaluation questions and methodology, and timeline for the evaluation. Gather and analyze credible evidence to document the indicators, sources, quality, quantity, and logistics. Justify the conclusions by documenting the standards, analyses, interpretation, and recommendations. Ensure that the Evaluation Plan is used and shared.

Objective 6: Implement evidence-based programs to achieve California Oral Health Plan objectives.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to increase the number of low-income schools with a school-based or school-linked dental program; increase the number of children in grades K-6 receiving fluoride supplements, such as fluoride rinse, fluoride varnish, or fluoride tablets; increase the number of children in grades K-6 receiving dental sealants and increase or maintain the percent of the population receiving community fluoridated water.

Scope of Work and Deliverables FY 2017-2022

Objective 7: Work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: convene partners (e.g., First 5, Early Head Start/Head Start, Maternal Child and Adolescent Health (MCAH), Child Health and Disability Prevention (CHDP), Black Infant Health (BIH), Denti-Cal, Women, Infant and Children (WIC), Home Visiting, schools, community-based organizations, etc.) to improve the oral health of 0-6 year old children by identifying facilitators for care, barriers to care, and gaps to be addressed; and/or increase the number of schools implementing the kindergarten oral health assessment by assessing the number of schools currently not reporting the assessments to the System for California Oral Health Reporting (SCOHR), identifying target schools for intervention, providing guidance to schools, and assessing progress.

Objective 8: Address common risk factors for preventable oral and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices providing tobacco cessation counseling; and/or increase the number of dental office utilizing Rethink Your Drink materials and resources to guide clients toward drinking water, especially tap water, instead of sugar-sweetened beverages.

Objective 9: Coordinate outreach programs, implement education and health literacy campaigns, and promote integration of oral health and primary care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices, primary care offices, and community-based organizations (CBO) (e.g., Early Head Start/Head Start, WIC, Home Visiting, BIH, CHDP, Community Health Worker/Promotora programs, etc.) using the American Academy of Pediatrics' Brush, Book, Bed (BBB) implementation guide; and/or increase the number of dental offices, primary care clinics, and CBOs using the Oral Health Literacy implementation guide to enhance communication in dental/medical offices; and/or increase the number CBOs that incorporate oral health education and referrals into routine business activities.

Scope of Work and Deliverables FY 2017-2022

Objective 10: Assess, support, and assure establishment and improvement of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve vulnerable and underserved populations by integrating oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: regularly convene and lead a jurisdiction-wide Community of Practice comprised of Managed Care Plans, Federally Qualified Health Centers, CBOs, and/or Dental Offices focused on implementing the Agency for Health Care Research and Quality's Design Guide for Implementing Warm Handoffs in Primary Care Settings or the ; and/or identifying a staff person or consultant to facilitate quality improvement coaching to jurisdiction-wide Community of Practice members focused on increasing the number of at-risk persons who are seen in both a medical and dental office; and/or improve the operationalization of an existing policy or guideline, such as the increasing the number of infants who are seen by a dentist by age 1; and/or promote effectiveness of best practices at statewide and national quality improvement conferences.

Objective 11: Create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: create a new (or expand an existing) Oral Health Network, Coalition, or Partnership by identifying key groups and organizations; planning and holding meetings; defining issues and problems; creating a common vision and shared values; and developing and implementing an Action Plan that will result in oral health improvements. LHJs are also encouraged, where possible, to collaborate with local Dental Transformation Initiative (DTI) Local Dental Pilot Projects to convene stakeholders and partners in innovative ways to leverage and expand upon the existing momentum towards improving oral health. LHJs that are currently implementing local DTI projects should develop complementary, supportive, but not duplicative activities.

Scope of Work and Deliverables FY 2017-2022

DELIVERABLES/OUTCOME MEASURES: LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan. Funds are made available through Prop 56 to achieve these deliverables. The activities may include convening, coordination, and collaboration to support planning, disease prevention, education, surveillance, and linkage to treatment programs. To ensure that CDPH fulfills the Prop 56 requirements, LHJs are responsible for meeting the assurances and the following checked deliverables. Deliverables not met will result in a corrective action plan and/or denial or reduction in future Prop 56 funding.

Local Health Jurisdiction Deliverables

Deliverable	Activities	Selected deliverable
Deliverable 1 <i>Objective 1</i>	Develop Advisory Committee/Coalition/Partnership/Task Force (AC) and recruit key organizations/members representing diverse stakeholders and non-traditional partners. A. List of diverse stakeholders engaged to develop and mentor the Community Health Improvement/Action Plan. B. List number of meetings/conference calls held to develop a consensus of AC to determine best practice to address priorities and identify evidence-based programs to implement. C. Develop communication plan/methods to share consistent messaging to increase collaboration. D. Develop a consensus on how to improve access to evidence based programs and clinical services.	<input checked="" type="checkbox"/>
Deliverable 2 <i>Objective 1</i>	Document staff participation in required training webinars, workshops and meetings.	<input checked="" type="checkbox"/>
Deliverable 3 <i>Objective 2 & 3</i>	Conduct needs assessment of available data to determine LHJs health status, oral health status, needs, and available dental and health care services to resources to support underserved communities and vulnerable population groups.	<input checked="" type="checkbox"/>
Deliverable 4 <i>Objective 4</i>	Five-year oral health improvement plan (the "Plan") and an action plan (also called the "work plan"), updated annually, describing disease prevention, surveillance, education, linkage to treatment programs, and evaluation strategies to improve the oral health of the target population based on an assessment of needs, assets and resources.	<input checked="" type="checkbox"/>
Deliverable 5 <i>Objective 5</i>	Create a program logic model describing the local oral health program and update annually	<input checked="" type="checkbox"/>
Deliverable 6 <i>Objective 5</i>	Coordinate with CDPH to develop a surveillance report to determine the status of children's oral health and develop an evaluation work plan for Implementation objectives.	<input checked="" type="checkbox"/>

**Scope of Work and Deliverables
FY 2017-2022**

Deliverable	Activities	Selected deliverable
Deliverable 7 <i>Objective 6</i> School- Based/ School Linked	Compile data for and report annually on educational activities, completing all relevant components on the Data Form: A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a fluoride program. B. Schools, teachers, parents and students receiving educational materials and/or educational sessions. C. Children provided preventive services.	<input checked="" type="checkbox"/>
Deliverable 8 <i>Objective 6</i> School-Based/ School-Linked	Compile data for and report annually on School-based/linked program activities, completing all relevant components on the Data Form: A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a School-based/linked program. B. Schools, teachers, parents and students receiving dental sealant educational materials and/or educational sessions. C. Children screened, linked or provided preventive services including dental sealants.	<input checked="" type="checkbox"/>
Deliverable 9 <i>Objective 6</i> Fluoridation	Compile data for and report annually on Community Water Fluoridation program activities, completing all relevant components on the Data Form: A. Regional Water District engineer/operator training on the benefits of fluoridation. B. Training for community members who desire to educate others on the benefits of fluoridation at Board of Supervisor, City Council, or Water Board meetings. C. Community-specific fluoridation Education Materials D. Community public awareness campaign such as PSAs, Radio Advertisements	<input checked="" type="checkbox"/>
Deliverable 10 <i>Objective 7</i> Kinder-Assessment	Compile data for and report annually on kindergarten oral health assessment activities, completing all relevant components on the Data Form: A. Schools currently not reporting the assessments to SCHOR B. Champions trained to promote kindergarten oral health assessment activities C. Community public relations events and community messages promoting oral health.	<input checked="" type="checkbox"/>

**Scope of Work and Deliverables
FY 2017-2022**

Deliverable	Activities	Selected deliverable
	<ul style="list-style-type: none"> D. New schools participating in the kindergarten oral health assessment activities. E. Screening linked to essential services. F. Coordination efforts of programs such as kindergarten oral health assessment, WIC/Head Start, pre-school/school based/linked programs, Denti-Cal, Children's Health and Disability Prevention Program, Home Visiting and other programs. G. Identify prevention and healthcare policies and guidelines implemented. 	
Deliverable 11 <i>Objective 8</i>	Compile data for and report annually on tobacco cessation activities, completing all relevant components on the Data Form: <ul style="list-style-type: none"> A. Assessment of readiness of dental offices to provide tobacco cessation counseling. B. Training to dental offices for providing tobacco cessation counseling. C. Dental offices connected to resources 	<input type="checkbox"/>
Deliverable 12 <i>Objective 8</i>	Compile data for and report annually on Rethink Your Drink activities, completing all relevant components on the Data Form: <ul style="list-style-type: none"> A. Assessment of readiness of dental offices to implement Rethink Your Drink materials and resources for guiding patients toward drinking water. B. Training to dental offices for implementing Rethink Your Drink materials. C. Dental offices connected to resources 	<input type="checkbox"/>
Deliverable 13 <i>Objective 9</i>	Compile data for and report annually on health literacy and communication activities, completing all relevant components on the Data Form: <ul style="list-style-type: none"> A. Partners and champions recruited to launch health literacy campaigns B. Assessments conducted to assess opportunities for implementation C. Training and guidance provided D. Sites/organizations implementing health literacy activities 	<input type="checkbox"/>
Deliverable 14 <i>Objective 10</i>	Compile data for and report annually on health care delivery and care coordination systems and resources, completing all relevant components on the Data Form: <ul style="list-style-type: none"> A. Assessments conducted to assess opportunities for implementation of community-clinical linkages and care coordination 	<input checked="" type="checkbox"/>

**Scope of Work and Deliverables
FY 2017-2022**

Deliverable	Activities	Selected deliverable
	<ul style="list-style-type: none"> B. Resources such as outreach, Community of Practice, and training developed C. Providers and systems engaged 	
Deliverable 15 <i>Objective 11</i>	<p>Compile data for and report annually on community engagement activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Develop a core workgroup to identify strategies to achieve local oral health improvement. B. Provide a list of community engagement strategies to address policy, financing, education, and dental care. 	<input checked="" type="checkbox"/>
Deliverable 16 <i>Objective 1-11</i>	<p>Progress reporting: submit bi-annual progress reports describing in detail progress of program and evaluation activities and progress towards completing deliverables. Provide documentation in sufficient detail to support the reported activities on planning and intervention activities for required and selected objectives.</p>	<input checked="" type="checkbox"/>
Deliverable 17 <i>Objective 1-11</i>	<p>Expense documenting: submit all expenses incurred during each state fiscal year with the ability to provide back-up documentation for expenses in sufficient detail to allow CDPH-OHP to ascertain compliance with Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Likewise, provide biannual Progress Reports describing in detail the program activities conducted, and the ability to provide source documentation in sufficient detail to support the reported activities.</p>	<input checked="" type="checkbox"/>

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.
- B. Invoices shall include the Grant Number and shall be submitted not more frequently than monthly in arrears to:

Angela Wright
California Department of Public Health
Oral Health Program
MS 7208
1616 Capitol Avenue, Suite 74.420
P.O. Box 997377, Sacramento, CA 95899-7377

- C. Invoices shall:
 - 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
 - 2) Bear the Grantee's name as shown on the Grant.
 - 3) Identify the billing and/or performance period covered by the invoice.
 - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

Exhibit B
Budget Detail and Payment Provisions

4. Amounts Payable

A. The amounts payable under this Grant shall not exceed:

- 1) \$231,332 for the budget period of 01/01/2018 through 06/30/2018.
- 2) \$231,332 for the budget period of 07/01/2018 through 06/30/2019.
- 3) \$231,332 for the budget period of 07/01/2019 through 06/30/2020.
- 4) \$231,332 for the budget period of 07/01/2020 through 06/30/2021.
- 5) \$231,332 for the budget period of 07/01/2021 through 06/30/2022.

B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

5. Timely Submission of Final Invoice

A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.

B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained
2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.
3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.
4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.
5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.
6. **INDEMNIFICATION:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.
7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.
8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

- 9. INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.
- 10. INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.
- 11. MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.
- 12. NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third- party as a beneficiary of this Grant or the project.
- 13. NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.
- 14. PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.
- 15. RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

 - A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
 - B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
 - C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
 - D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
 - E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.
- 16. RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

- A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).
- B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):
 - 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
 - 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
 - 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

- 4) For publications other than those described in paragraph B.3 above, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.
- 5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

Exhibit D
Request for Application



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

September 27, 2017

Dear California Local Health Officer:

NOTIFICATION OF INTENT TO SUPPORT LOCAL ORAL HEALTH PROGRAMS

This letter provides notification of the intent to award funds to local health departments or jurisdictions (LHJs) through Proposition 56, The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56), pending approval of the State Budget for Fiscal Year 2017/18. The California Department of Public Health (CDPH), Oral Health Program (OHP) has a unique opportunity to build capacity at the local level to address oral health which is essential for overall health. Tooth decay is the number one chronic disease of childhood.

The purpose of this award is to support the proposed California Oral Health Plan activities. We are confident that the LHJs, in collaboration with the CDPH/OHP, will strive to achieve improvements in oral health and accomplish the state oral health objectives within their jurisdictions. The activities should address problems identified by LHJ needs assessments and reflect the California Oral Health Plan priorities.

The activities in Year 1 may be focused on planning for implementation of interventions in subsequent years. The planning exercise should lead to a three year action plan. Smaller counties may choose to form a consortium with other LHJs and pool resources to implement local oral health programs. LHJs that prefer a resource pool approach should notify CDPH. Based on the interest expressed by local First 5 Commissions and local Child Health and Disability Prevention Programs, LHJs are strongly encouraged to collaborate with them in developing a local oral health program.

We anticipate that approximately \$18 million will be available for distribution. Award amounts to LHJs will vary and be determined by the estimated low income population based on the United States Department of Agriculture Economic Research Service estimate of county poverty rate (<https://data.ers.usda.gov/reports.aspx?ID=17826>).

It is anticipated that awards will be for a term of three years with an option to extend for two additional years. CDPH will provide program guidance regarding requirements,



California Local Health Officer

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June 2, 2017

Scope of Work, and Budget once that information becomes final. Funds from Prop 56 will become available on July 1, 2017.

Please complete the attached Letter of Intent form and submit by June 30, 2017, to indicate whether you intend to participate or not.

Additional information about the Local Oral Health Programs will be forthcoming. If you have questions in the meantime, please contact Rosanna Jackson, Oral Health Program Manager, at Rosanna.Jackson@cdph.ca.gov, or at (916) 552-9896.

The next few years will provide California with a unique opportunity to work together to improve oral health for all Californians, while also furthering the California Oral Health Plan objectives. We look forward to working with you.

Sincerely,

Jayanth V. Kumar, DDS, MPH
State Dental Director

Enclosure

Exhibit E
Additional Provisions

1. Additional Incorporated Documents

A. The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. CDPH will maintain on file, all documents referenced herein and any subsequent updates, as required by program directives. CDPH shall provide the Contractor with copies of said documents and any periodic updates thereto, under separate cover.

1. *Local Health Jurisdiction Local Oral Health Program Guidelines for Grant Application*
https://www.cdph.ca.gov/Programs/CCDC/DCDC/DCDCB/CDPH%20Document%20Library/Oral%20Health%20Program/2017-2022PHASEILHJLOHPGuidelines_8-23-17_ADA.pdf

2. Cancellation / Termination

- A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.
- B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term “for cause” shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:
- 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
 - 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
 - 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.
- D. Grant termination or cancellation shall be effective as of the date indicated in CDPH’s notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.
- F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related

Exhibit E
Additional Provisions

to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.

- G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.
- H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:
 - 1) Place no further order or subgrants for materials, services, or facilities.
 - 2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.
 - 3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly changeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.
 - 4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.
- I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

3. Avoidance of Conflicts of Interest by Grantee

- A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.
- B. Conflicts of interest include, but are not limited to:
 - 1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.
 - 2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a

Exhibit E
Additional Provisions

desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

- C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

4. Dispute Resolution Process

- A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.
- 1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.
 - 2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.
- B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).
- C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or

Exhibit E
Additional Provisions

the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.

- D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.
- E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.