



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, April 20, 2022
TIME: 10:30 a.m.

THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY TO ENSURE THE SAFETY OF MEMBERS OF THE PUBLIC AND EMPLOYEES AS PERMITTED UNDER STATE LAW.

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

DIAL-IN NUMBER: 1 (323) 776-6996

CONFERENCE ID: 322130288#

[MS Teams link](#) (Ctrl+Click to Follow Link)

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

9:30 A.M. NOTICE OF CLOSED SESSION

CS- CONFERENCE WITH LEGAL COUNSEL-PENDING LITIGATION

(Government Code Section 54956.9, subdivision (a))

Non-Litigated Claim of Rosanna H. Su

Department of Health Services

- I. Call to order
- II. **Discussion Item(s):**
 - a. **DHS:** Language Access Services
- III. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. **DPH:** Authorization to Accept and Sign a Forthcoming Allocation Agreement and Future Agreements and Related Amendments from the California

Department of Public Health Office of Oral Health; Execute a Master Agreement Work Order for Temporary Personnel Services (#06266)

- b. **DPH:** Approval to Extend the Term of Sole Source Contract Number PH-003983 with Nurse-Family Partnership to Support Nurse-Family Partnership-LA Program Services (#06209)

IV. **Presentation Item(s):**

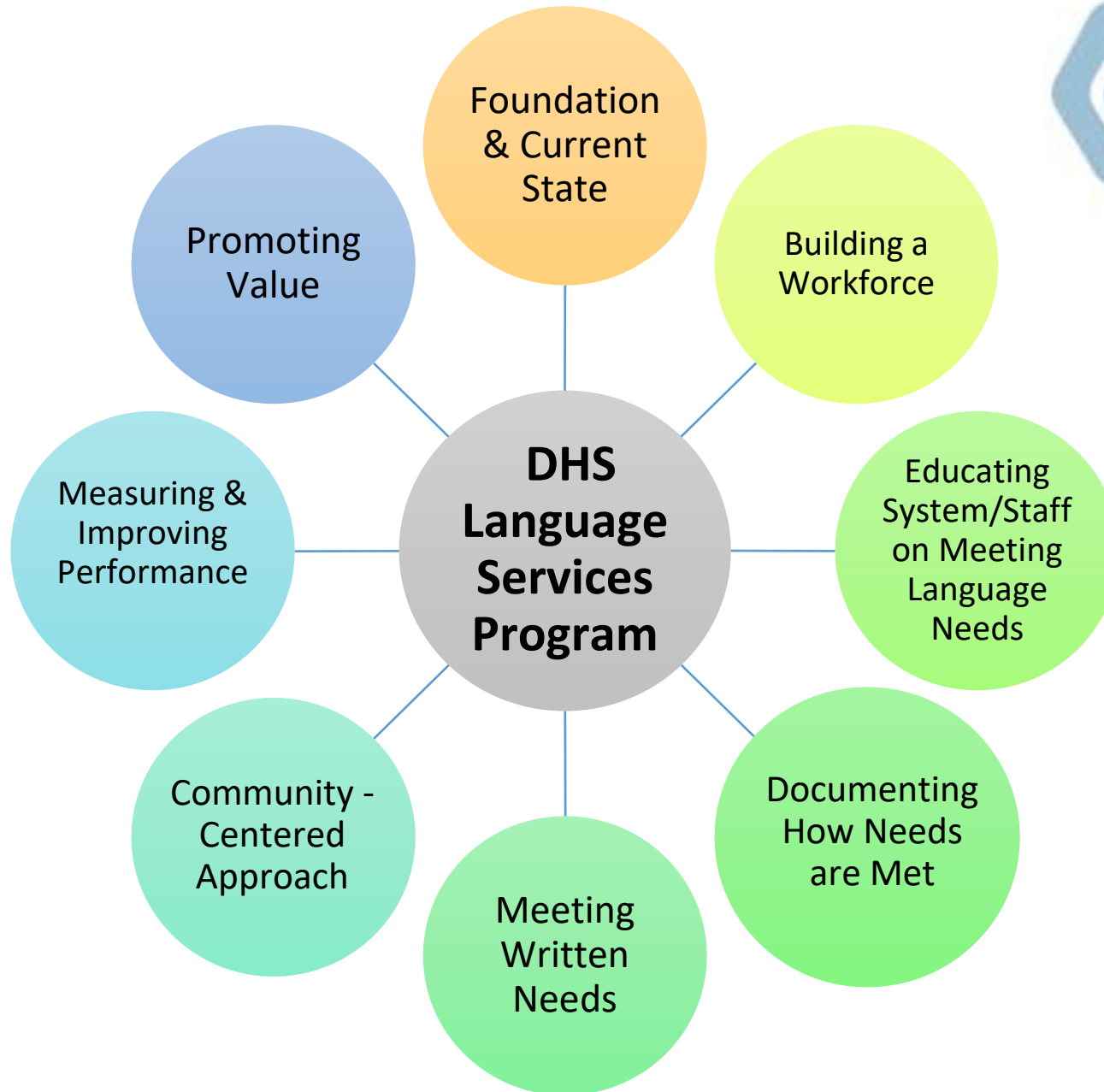
- a. **DPH:** Approval of Various Contractual Actions to Utilize American Rescue Plan Act, Coronavirus Response and Relief Supplemental Appropriations Act Pass Through, and Care First Community Investment Funds in Support of Substance Use Disorder Services (#06309)

V. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

VI. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda

VII. Public Comment

VIII. Adjournment



**Los Angeles County Health Services
Office of Language Access and Inclusion
(OLAI)**

**DHS Language Access Services
Presentation for Los Angeles County Health
and Mental Health Services Cluster
4/20/2022**

Erika Flores Uribe, MD/MPH
Director, Office of Language Access and Inclusion (OLAI)
Efloresuribe@dhs.lacounty.gov



Mission

To advance the health of our patients and our communities by providing extraordinary care

Values

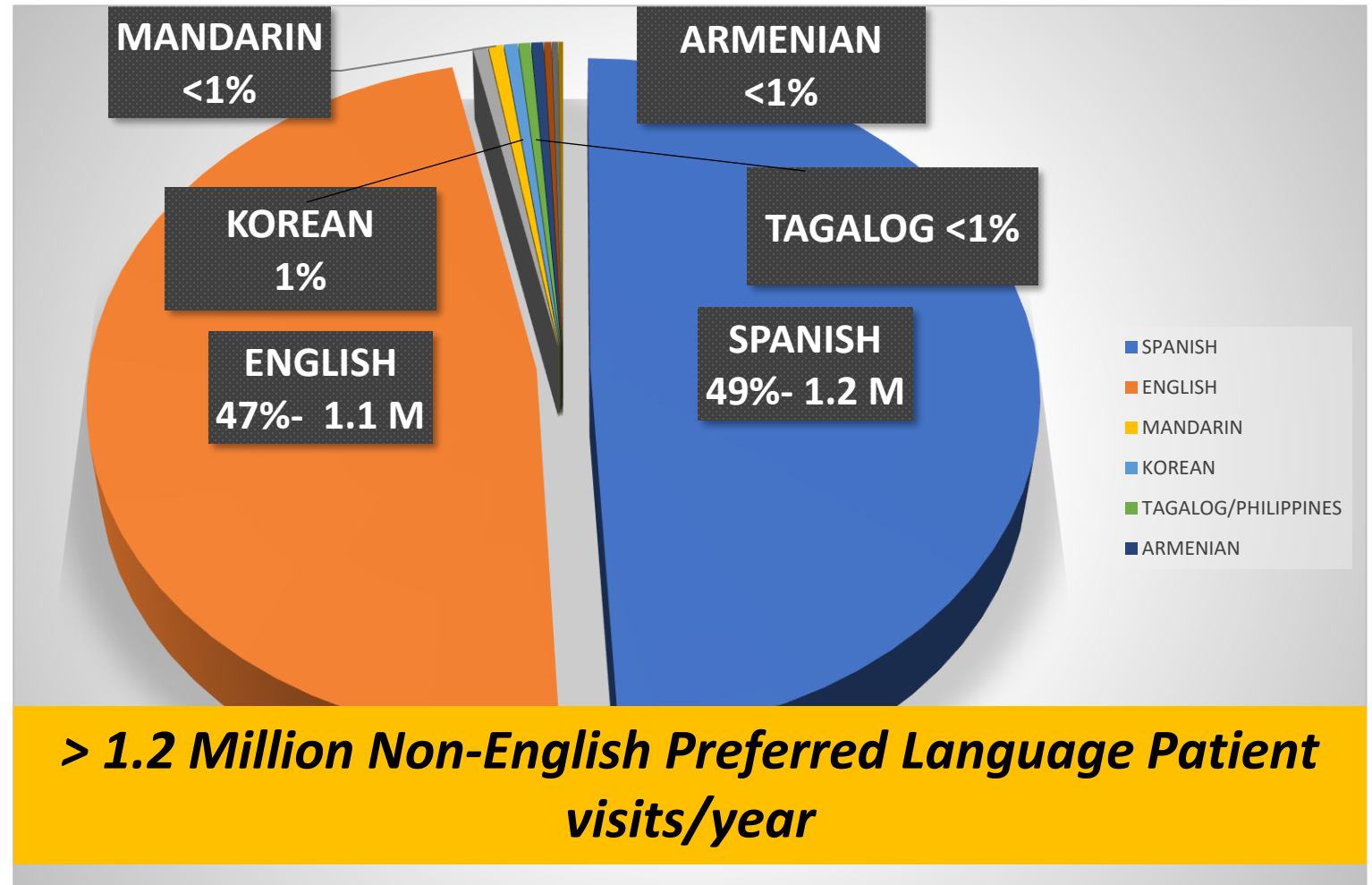
Welcoming · Inclusive · Compassionate · Excellent · Innovative · Accountable

https://dhs.lacounty.gov/who-we-are/leadership_new/mission-vision-values/

DHS Patient Language Demographics (FY 20-21)

Top Languages*

1. Spanish (49%)
2. English (47%)
3. Korean (1%)
4. Armenian (< 1%)
5. Tagalog (< 1%)
6. Mandarin (<1%)



• DHS Language & Race/Ethnicity Report (2020-21)
Visits/year

“If you take care of us in our language, we feel welcomed”

PFAC- OLAI Conversations - 2021

Legal Framework for Language Access: Federal Code of Regulations

- **Provide meaningful access:** Free, accurate and timely services that protect privacy and independence
- **Requires provision of qualified interpretation and qualified translation services**
- **Restricted use of certain persons to interpret or facilitate communication.**
- <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.92&rgn=div5>



Point to your language. An interpreter will be called.
There is no cost to you. It is your right.

American Sign Language

Point to your language. An interpreter will be called. There is no cost to you. It is your right.



Señale su idioma. Llamaremos a un intérprete. No tendrá que pagar nada. Es su derecho.

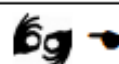
Amharic አማርኛ ወደ ቋንቋዎ ይጠቁሙ። እስተርጓሚ ይጠራልዎታል። የሚከፍሉት ምንም ክፍያ የለም። ሙብትዎ ነው።	French Français Indiquez votre langue. Un interprète sera averti. Il n'y a aucun frais pour vous. C'est votre droit.
Arabic العربية أشير إلى لغتك. سوف يُستدعى مترجم فوري دون أن تتحمل أي تكلفة، فهذا من حقك.	Hindi हिंदी अपनी भाषा की ओर इशारा करें। दुआिए को बुलाया जाएगा। आपको कोई खर्च नहीं है। यह आपका अधिकार है।
Armenian Հայերեն Լեզբ ձեր լեզուն: Մենք թարգմանիչ կկանչենք: Ծառայությունն անվճար է ձեզ համար: Դա ձեր իրավունքն է:	Hmong Lus Hmoob Taw mus rau koj hom lus. Yuav raug hu tus neeg txhais lus. Tsis muaj tus nqi dab tsi rau koj. Nws yog koj txoj cai.
Bengali বাংলা আপনার ভাষা নির্দিষ্ট করে দেখান। একজন দোভাষীকে ডাকা হবে। এর জন্য আপনাকে টাকা দিতে হবে না। এটা আপনার অধিকার।	Indonesian Indonesia Tunjuk bahasa Anda. Seorang juru bahasa akan dipanggil. Anda tidak akan dikenakan biaya. Ini hak Anda.
Cambodian កម្ពុជា (Khmer) ចង្អុលទៅភាសាអរម៉ង់អ្នក។ អ្នកបកប្រែនឹងត្រូវបានហៅមើម្បីជួយអ្នកប្រែ។ មិនមានការចំណាយសម្រាប់អ្នកទេ។ វាជាសិទ្ធិរបស់អ្នក។	Japanese 日本語 あなたのご使用の言語を指すと、通訳が呼ばれます。費用は一切かかりません。これはあなたの権利です。
Cantonese 粵語/廣東話 請指出您使用的語言。我們將為您提供口譯員。您將免費享受此服務。這是您的權利。	Korean 한국어 본인이 선호하는 언어를 손으로 가리켜 주세요. 해당 언어의 통역사를 불러 드리겠습니다. 통역 서비스는 무료이며, 여러분의 권리입니다.
Farsi فارسی به زبان خود اشاره کنید. با یک مترجم تماس گرفته خواهد شد. این اقدام هزینه‌ای برای‌تان ندارد. شما از این حق برخوردار هستید.	Lao ພາສາລາວ ຊີ້ໄປທີ່ພາສາຂອງທ່ານ, ແລ້ວຈະມີນາຍແປພາສາອອກມາຫາທ່ານ. ຈະບໍ່ມີຄ່າໃຊ້ຈ່າຍໃດໆສໍາລັບທ່ານ. ເຊິ່ງມັນເປັນສິດຂອງທ່ານ.



Point to your language. An interpreter will be called.
There is no cost to you. It is your right.

American Sign Language

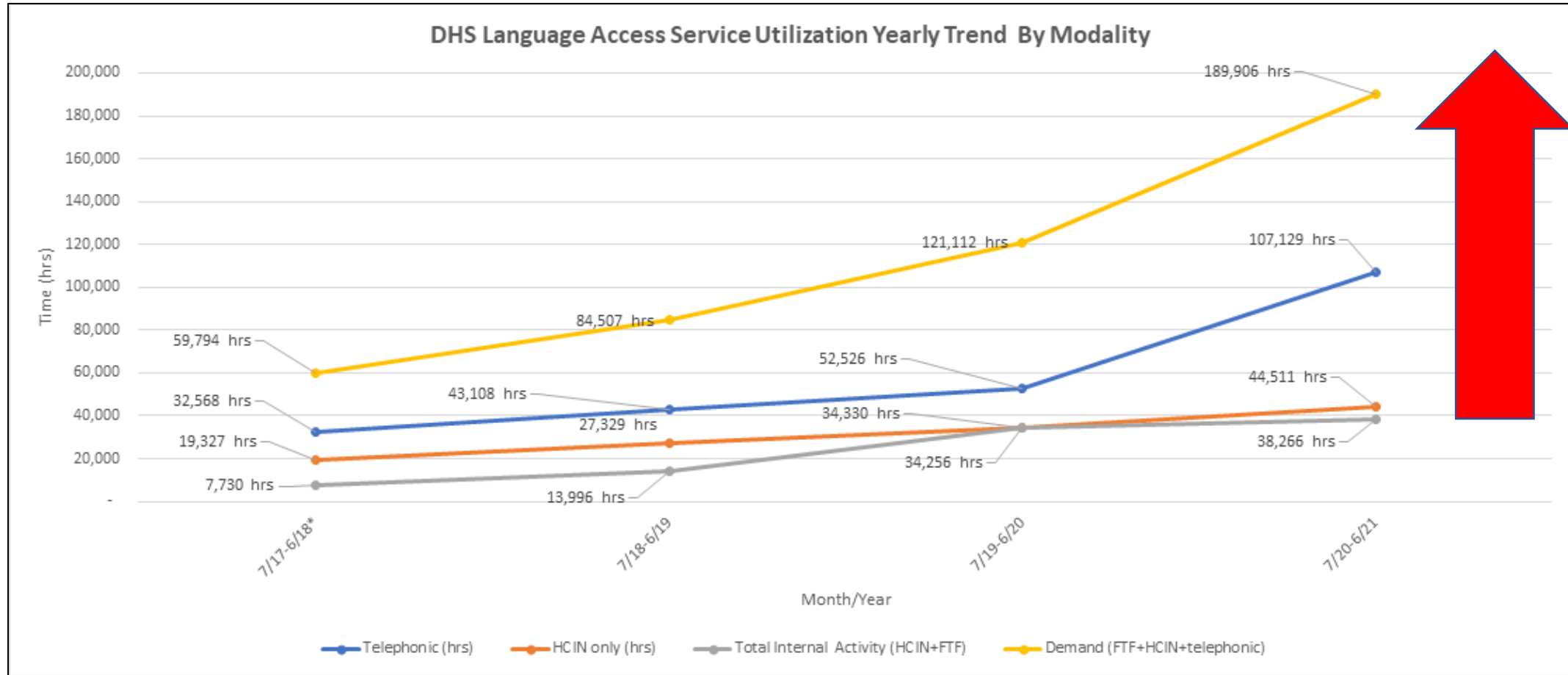
Point to your language. An interpreter will be called. There is no cost to you. It is your right.



Señale su idioma. Llamaremos a un intérprete. No tendrá que pagar nada. Es su derecho.

Mandarin 普通话 请指出您使用的语言。我们将为您提供口译员。您将免费享受此服务。这是您的权利。	Spanish Español Señale su idioma. Llamaremos a un intérprete. No tendrá que pagar nada. Es su derecho.
Mien Mienh Nuqv bieqc benx meih nyei waac. Liouh heuc lorx faan waac mienh daaih tengx. Ninh maaih doh leiz wang-hengh bouc sengh bun meih. Maiv zuqc kor sortv nyaauv hoic meih cuotv nyaanh oc.	Tagalog Tagalog Ituro ang iyong wika. Isang tagasalin ang tatawagin. Wala kang babayaran. Karapatan
Portuguese Português Aponte para o seu idioma. Um intérprete será chamado. Não há custo para você. É seu direito.	Thai ไทย ชี้ไปที่ภาษาของคุณ ระบบจะโทรไปยังสามแปลภาษาของคุณ คุณมีสิทธิรับบริการฟรี
Punjabi ਪੰਜਾਬੀ ਆਪਣੀ ਭਾਸ਼ਾ ਦੱਲ ਦਿਸ਼ਾਰਾ ਕਰੋ। ਦੁਆਬੀਏ ਨੂੰ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਕੋਈ ਕੀਮਤ ਨਹੀਂ ਹੈ। ਇਹ ਤੁਹਾਡਾ ਹੱਕ ਹੈ।	Ukrainian Українська Вкажіть на свою мову. Буде запрошено перекладача. Це безкоштовно для вас. Це ваше право.
Russian Русский Укажите на ваш язык. Будет вызван переводчик. Это бесплатно для вас. Это ваше право.	Vietnamese Tiếng Việt Chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi máy. Dịch vụ được cung cấp miễn phí cho quý vị. Đây là quyền lợi của quý vị.

Increase in Use of Qualified Interpretation Services by Year



“They have been making a great effort to implement something called language justice.”

-DHS Patient; DHS EDIA Initiative | Patient Listening Sessions Brief- Lumos Transforms 2021

What Language Access Services are available?

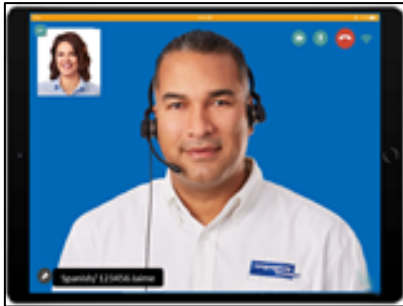
Interpretation Services

In-person



80 + dedicated
DHS healthcare
interpreters

Video



All facilities +
ACN clinics have
on demand
access to ASL!

Telephone/
Audio



On-demand access
to 240 + Languages
24/7/365 at all sites

Additional Services

Auxiliary Aids/
Alternative Format



CRS/TTY

DIAL 711

Written Translation



"I am so impressed with all that has been accomplished.. specially with the expansion of remote interpreting services."

-ACN Leadership 2021

What is new for DHS Language Services?

ORCHID Banner Bar Updates

SR 437635545 CW 1424864
Effective October 26, 2021

BEFORE

ZZZZTEST, LUZ Dosing Wt: 60.000 kg (08/25/2021) Allergies: Onion	DOB: 08/15/1981 Age: 40 years Sex on Id: Female	MyWellness: Yes	Code Status: Full Resuscitation Hold Status: N/A Isolation: Contact	Attending: TEST, Physician - Ambulatory C... MRN: 100118958 Care Team: Empaneled, Not Emp Prov: Empaneled, Not
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AFTER

ZZZZTEST, LUZ Dosing Wt: 60.000 kg (08/25/2021) Allergies: Onion	DOB: 08/15/1981 Age: 40 years Sex on Id: Female	Code Status: Full Resuscitation Hold Status: N/A	MyWellness: Yes	Isolation: Contact	Attending: TEST, Physician - Ambulatory C... MRN: 100118958 Care Team: Empaneled, Not Emp Prov: Empaneled, Not
1 identifies As: She/Her		2 Lang/Interp. Req: SPANISH / Yes		3 Plan Type: DHS/DHS Eligible	

Preferred
Language on
Banner Bar

Patient preferred language is now displayed in a standard and prominent area on the electronic health record platform (ORCHID) for all staff.

What is new and on the horizon for DHS Language Services?

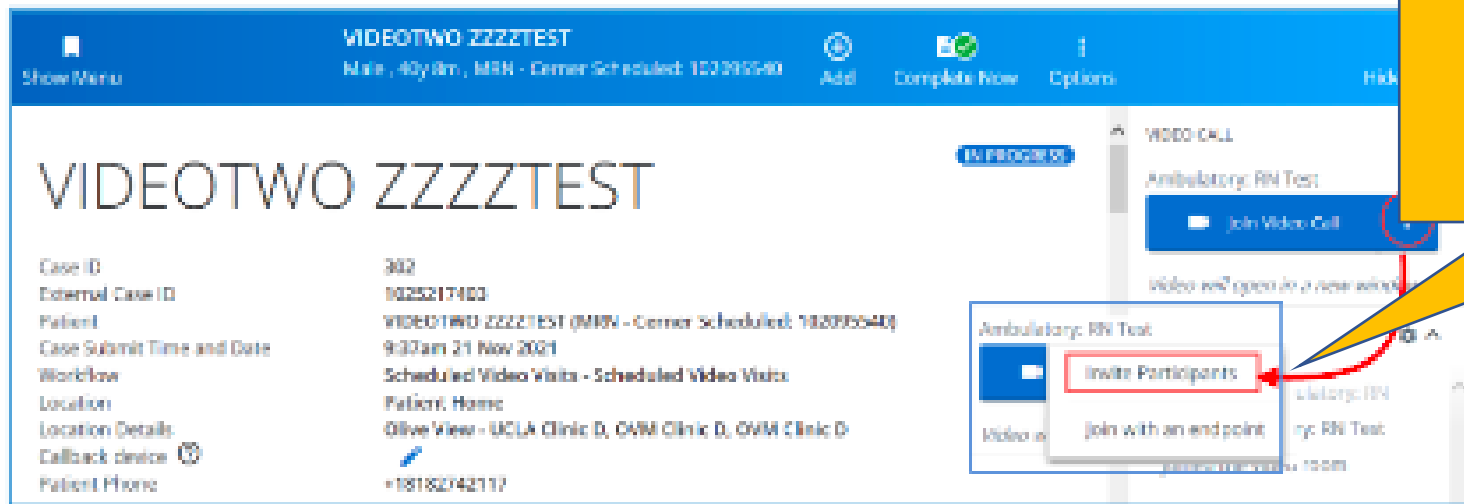


Video Visits Job Aid v03.14.22

This job aid is a comprehensive guide for providers and non-providers on ORCHID-integrated video visits.

Interpreter Workflow

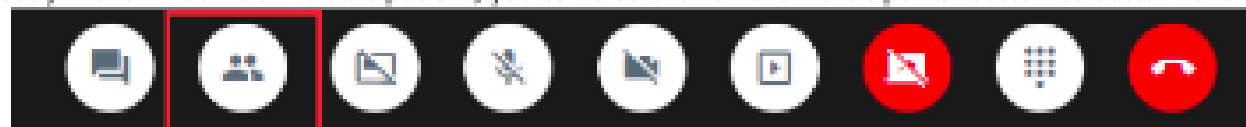
1. Click on the ellipsis in the 'Join Video Call' button and select Invite Participants



Language services are being seamlessly integrated into DHS Virtual Healthcare Project.

For example, Staff can easily invite a Healthcare interpreter into the Patient Video Visits, including ASL.

If you already in the video visit with the patient, you can also click on the 'Participants' button at bottom of the screen



What is on the horizon for DHS Language Services?



Smartphone Interpreter Application

With the launch of the smart device interpretation application, with a tap of a button, staff will have an additional tool to access interpretation services to:

- **over 14,000 professional qualified healthcare interpreters,**
- **in 240 languages,**
- **available 24 hours a day /7 days a week.**



"It is incredible to have in-person interpreters at OV. It is so needed for patient care." - OV Physician 2021



"Our language services team does an incredible job!" - RLA staff 2021



Thank you DHS Language Access Community and HCIs!



DHS Language Access focus in the Media! *"these services are the needed bridge to our communities"* –Univision 12/2021



"I was so grateful to have an in-person interpreter available for an end-of-life conversation- an incredible addition to the team." - Harbor Physician 2021



"I feel so much better about my patient care when in-person interpreters are part of our care team." - LAC+USC Physician 2021

BOARD LETTER/MEMO CLUSTER FACT SHEET

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	4/20/2022	
BOARD MEETING DATE	5/3/2022	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Public Health	
SUBJECT	AUTHORIZATION TO ACCEPT AND SIGN GRANT AGREEMENT NUMBER 22-10173 AND FUTURE AGREEMENTS AND/OR AMENDMENTS FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF ORAL HEALTH; EXECUTE A MASTER AGREEMENT WORK ORDER FOR TEMPORARY PERSONNEL SERVICES	
PROGRAM	MEDE	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
DEADLINES/ TIME CONSTRAINTS	The start date for this grant is July 1, 2022.	
COST & FUNDING	Total cost: \$13,681,990 (\$2,736,398 X 5 Yrs.)	Funding source: California Healthcare, Research and Prevention Tobacco Tax Act of 2016, Proposition 56
	TERMS (if applicable): July 1, 2022 – June 30, 2027, with delegated authority to accept future terms	
	Explanation: Funding is contingent upon available Prop 56 revenues and appropriations by the legislature and the Governor's budget for each FY of the grant.	
PURPOSE OF REQUEST	Allow DPH Public Health to accept Grant Agreement Number 22-10173 and future agreements and/or amendments from CDPH OHP to support DPH Public Health's OHP to provide education; prevent and treat dental disease, including dental disease caused by use of cigarettes and other tobacco products; improve oral health status; and expand prevention efforts by DPH Public OHP throughout Los Angeles County.	
BACKGROUND (include internal/external issues that may exist including any related motions)	<p>Since 1990, DPH Public Health OHP has been increasing dental health literacy in the community through training, education, and emphasizing that oral health is an essential part of overall health. DPH Public Health OHP advances education programs directed at parents, caregivers, and medical staff to prevent tooth decay and promote the benefits of water fluoridation.</p> <p>The inception of the Prop 56 grant in 2018 allowed DPH Public Health OHP to build an infrastructure, create a robust surveillance programs to establish baseline LAC County oral health data, increase community engagement and health literacy through educational webinars and media outreach; addressing oral health disparities by collaborative efforts with community based organizations, professional dental societies, dental schools and other oral health stakeholders</p>	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: (2) Develop and implement strategies that identify, prioritize and effectively support the most disadvantaged geographies and populations.	

	(3) Authentically engage residents, organizations, and other community stakeholders to inform and determine interventions (e.g., policy and program) and investments
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: (2) Health Integration/Alliance for Health Integration
DEPARTMENTAL CONTACTS	Chief, Public Health, Administration: Joshua Bobrowsky (213) 288-7871 jbobrowsky@ph.lacounty.gov



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRES, M.S.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 288-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

DRAFT



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

May 3, 2022

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND SIGN GRANT AGREEMENT
NUMBER 22-10173 AND FUTURE AGREEMENTS AND/OR AMENDMENTS FROM
THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF ORAL
HEALTH; AND EXECUTE A MASTER AGREEMENT WORK ORDER FOR
TEMPORARY PERSONNEL SERVICES
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Provide authorization to accept and sign Grant Agreement Number 22-10173 from the California Department of Public Health Office of Oral Health and delegate authority to accept future agreements and/or amendments that extend the funding term and/or allow for revisions to the terms and conditions to support the Oral Health program; and execute a Master Agreement Work Order for temporary personnel services.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to accept and sign Grant Agreement (GA) Number 22-10173 (Exhibit I) from the California Department of Public Health (CDPH), Office of Oral Health (OOH), to support oral health care and prevention services for the period of July 1, 2022 through June 30, 2027, in the amount of \$13,681,990. The GA includes provisions requiring the County to indemnify the State against all claims and losses related to this grant and waive all claims and recourse against the State related to this project.

2. Delegate authority to the Director of Public Health, or designee, to accept future GAs that are consistent with the provisions and requirements of the GA in Recommendation 1 and/or amendments, that extend the funding periods at amounts to be determined by CDPH OOH; reflect revisions to the GA's terms and conditions to include but not be limited to the rollover of unspent funds, redirection of funds, and/or increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.
3. Delegate authority to the Director of Public Health, or designee, to execute a competitively solicited Master Agreement Work Order (MAWO), for the provision of as needed temporary personnel services to support the Oral Health Program (OHP), effective upon date of execution for the term of one year, at a maximum annual obligation not to exceed \$800,000.
4. Delegate authority to the Director of Public Health, or designee, to execute amendments to MAWOs that: a) extend the term at similar funding amounts for a maximum term of two years overall; b) adjust the term of the MAWOs at no cost; and/or c) provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the CEO.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will allow Public Health to accept GA Number 22-10173 from CDPH OOH to support Public Health's OHP to provide education; prevent and treat dental disease, including dental disease caused by use of cigarettes and other tobacco products; improve oral health status; and expand prevention efforts by Public Health OHP throughout Los Angeles County (LAC). The GA funds are available through Proposition 56, the California Healthcare, Research and Prevention Tax Act of 2016. Funding amounts were determined using an estimate of low-income population, based on the American Community Survey 2015 five-year estimates.

This GA will allow Public Health to continue improving on infrastructure and the capacity to address oral health needs of LAC residents particularly in vulnerable populations and school aged children. This GA enables Public Health to continue planning, implementing, and coordinating evidence-based dental public health programs and targeted interventions for the social and economically disadvantaged as well as racial and ethnic minorities in order to prevent oral health disease, increase oral health awareness, improve their overall wellbeing, and meet the funding requirements of Proposition 56. Through these efforts, Public Health will refine strategies and best practices to better serve communities throughout LAC.

Approval of Recommendation 2 will allow Public Health to accept future GAs from CDPH and/or amendments that are consistent with the requirements of the GA referenced in Recommendation 1 that extend the funding period at amounts to be determined by CDPH OOH and reflect revisions to the agreement's terms and conditions to include but not be limited to the rollover of unspent funds, redirection of funds, and/or increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to execute a competitively solicited MAWO for services performed under the Master Agreements for as-needed temporary personnel services.

Approval of Recommendation 4 will allow Public Health to execute amendments to the MAWO that: a) extend the term of a MAWO for a maximum term of two years overall; b) adjust the term of the MAWO at no cost; c) and/or provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution and make corresponding service adjustments, as necessary.

Implementation of Strategic Plan Goals

The recommended actions support Strategy II.2, Support the Wellness of Our Communities, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Public Health will accept GA Number 22-10173 from CDPH OOH for the period of July 1, 2022 through June 30, 2027 in the amount of \$13,681,990. Funds are available through Proposition 56, and will be used to support Public Health's personnel costs (salaries and employee benefits), operating expenses, strategic planning, media services and temporary personnel services for the Oral Health Implementation Project.

CDPH is strongly recommending that Public Health maintain the current number of staff, and/or hire additional staff as needed to continue to meet numerous objectives, activities and deliverables required under the grant.

Funding will be included in Public Health's Adopted Budget for fiscal year (FY) 2022-23 and will be requested in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Since 1990, Public Health OHP has been increasing dental health literacy in the community through training, education, and emphasizing that oral health is an essential

part of overall health. Public Health OHP advances education programs directed at parents, caregivers, and medical staff to prevent tooth decay and promote the benefits of water fluoridation.

The inception of the Prop 56 grant in 2018 allowed Public Health OHP to build an infrastructure, create a robust surveillance program to establish baseline LAC oral health data, increase community engagement and health literacy through educational webinars and media outreach; address oral health disparities by collaborative efforts with community-based organizations, professional dental societies, dental schools, and other oral health stakeholders.

On October 13, 2021, CDPH OOH released a Notification of Intent to Support Local Oral Health Programs. The purpose of this funding is to support the proposed California Oral Health Plan activities. Local health jurisdictions (LHJ), in collaboration with CDPH OOH, will strive to achieve improvements in oral health and accomplish oral health objectives within their jurisdictions. The activities will address problems identified by LHJ needs assessments and reflect the California Oral Health Plan priorities. Public Health's Letter of Intent to accept funding was submitted to CDPH OOH by the deadline of November 5, 2021. On Feb 16, 2022, a Notification of Award for Moving California Oral Health Forward 2022-2027 Funding, to Support Local Oral Health Programs was received from CDPH OOH.

CONTRACTING PROCESS

Public Health will conduct a Work Order Solicitation for as needed temporary personnel and execute a resulting MAWO as authorized by your Board.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to accept funds to continue to expand and support oral health care prevention and education efforts throughout LAC.

The Honorable Board of Supervisors
May 3, 2022
Page 5

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

BF:lc
BL#06266

Enclosure

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

CALIFORNIA ORAL HEALTH PROGRAM
Moving California Oral Health Forward

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”
TO

County of Los Angeles, hereinafter “Grantee”

**Implementing the “Los Angeles County Local Oral Health Program,” hereinafter
“Project”**

GRANT AGREEMENT NUMBER 22-10173

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 & 131085 and Revenue and Taxation Code 30130.57 .

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to provide establish or expand upon existing Local Oral Health Programs by including the following program activities related to oral health in their communities: education, disease prevention, facilitating community-clinical linkages, and surveillance. These activities will improve the oral health of Californians. This goal shall be achieved by providing funding for activities that support demonstrated oral health needs and prioritize underserved areas and populations. |

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of Thirteen Million Six Hundred Eighty One Thousand Nine Hundred Ninety Dollars (\$13,681,990.00) |

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on July 1, 2022 and terminates on June 30, 2027. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2027.

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

California Department of Public Health	Grantee: County of Los Angeles
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Name: Cara Vierra	Name: Maritza Cabezas, Dental Director
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 3530 Wilshire Blvd., Suite 1010
City, ZIP: Sacramento, CA 95814	City, ZIP: Los Angeles, CA 90010
Phone: (916) 552-9898	Phone: (213) 351-1279
E-mail: DentalDirector@cdph.ca.gov	E-mail: Mcabezas@ph.lacounty.gov

Direct all inquiries to the following representatives:

California Department of Public Health, Office of Oral Health]	Grantee: County of Los Angeles]
Attention: Cara Vierra	Attention: Maritza Cabezas, Dental Director
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 3530 Wilshire Blvd., Suite 1010
City, Zip: Sacramento, CA 95814	City, Zip: Los Angeles, CA 90010
Phone: (916) 552-9898	Phone: (213) 351-1279
E-mail: DentalDirector@cdph.ca.gov	E-mail: Mcabezas@ph.lacounty.gov

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address
Grantee: County of Los Angeles]
Attention "Cashier":
Address: P.O. Box 1859
City, Zip: Sacramento, CA 95812
Phone: (323) 914-8671
E-mail: nkao@ph.lacounty.gov

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee Data Supplement which can be requested through the CDPH Project Representatives for processing.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A, GRANT APPLICATION – Application Checklist, Grantee Information Form, Narrative Summary Form, Scope of Work and Deliverables

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing Exhibit A, do not require a formal amendment but must be agreed to in writing by both parties. The CDPH/Grantee Project Representatives are responsible for keeping records of approved modifications/changes. Such modifications/changes must be made at least 30 days prior to implementation. A formal written amendment is required when there is an increase or decrease in funding or a change in the term of the agreement.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit C STANDARD GRANT CONDITIONS

Exhibit D REQUEST FOR APPLICATION (RFA) -

<https://oralhealthsupport.ucsf.edu/moving-california-oral-health-forward-rfa-2022-2027>

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 subgrantee's 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: _____
Barbara Ferrer, Director of Public Health
County of Los Angeles
313 N Figueroa St., Suite 806
Los Angeles, CA 90012

Date: _____
Joseph Torrez, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377

Exhibit A

**Moving California Oral Health Forward 2022 – 2027
Application Checklist**

DUE: 12/15/21		
DATE OF SUBMISSION:	12/15/21	
ORGANIZATION NAME:	Los Angeles County Department of Public Health, Oral Health Program	
APPLICATION CONTACT NAME: Dr. Maritza Cabezas		PHONE NUMBER: 213-351-1279
EMAIL ADDRESS: mcabezas@ph.lacounty.gov		

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

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

APPLICATION CONTENTS:

Please Check

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Grantee Information Form

Organization	This is the information that will appear in your grant agreement.		
	Federal Tax ID #	95-6000927	
	Name	Los Angeles County Department of Public Health	
	Mailing Address	3530 Wilshire Blvd., Suite 1010, Los Angeles, CA 90010	
	Street Address (If Different)		
	County	Los Angeles	
	Phone	213-351-1270	Fax
Website	http://publichealth.lacounty.gov/		
Grant Signatory	The Grant Signatory has authority to sign the grant agreement cover.		
	Name	Barbara Ferrer	
	Title	Director of Public Health	
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>		
	Mailing Address	313 N Figueroa St. Suite 806, Los Angeles, CA 90012	
	Street Address (If Different)		
	Phone	213-240-8117	
Email	BFerrer@ph.lacounty.gov		
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	Martiza Cabezas	
	Title	Dental Director	
	Supervisor Name and Title	Rita Singhal, Chief Medical Director	
	Supervisor Email and Phone	rsinghal@ph.lacounty.gov	
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>		
	Mailing Address		
	Street Address (If Different)		
	Phone	213-351-1279	Fax
	Email	Mcabezas@ph.lacounty.gov	
Funding	These are the annual Funding amounts your LHM will accept for grant purposes.		
	Year 1 (FY 22/23)	\$2,736,398	
	Year 2 (FY 23/24)	\$2,736,398	
	Year 3 (FY 24/25)	\$2,736,398	
	Year 4 (FY 25/26)	\$2,736,398	
	Year 5 (FY 26/27)	\$2,736,398	

Narrative Summary Form

(Los Angeles County Department of Public Health, Oral Health Program)

With a population of 10 million, Los Angeles County (LAC) is the largest County in the nation. Compared to both the United States and California, the county has a higher level of poverty (11% and 12% vs. 13%), a higher percentage of households that speak a non-English language at home (22% and 44% vs. 57%), and a higher percentage of individuals from racial/ethnic minority populations (40% and 64% vs. 74%). Among LAC children, the groups with the highest prevalence of tooth decay include children from socioeconomically disadvantaged households, children from racial/ethnic minority populations, and children from Spanish speaking households.

Although LAC, when compared to the US and California, has a higher proportion of individuals from vulnerable populations, the prevalence of childhood tooth decay is not substantially higher than national or state estimates. Sixty-five percent (65%) of LAC third grade children have experienced tooth decay compared to 61% and 60% for third grade children in California and the US. The prevalence of untreated decay is 21%, 22% and 20% for LAC, CA and US third graders. LAC does, however, fall behind CA and the US for protective dental sealants; only 31% of LAC third grade children have sealants compared to 37% for CA and 42% for the US.

Since receiving Prop 56 funding, the LAC Oral Health Program (OHP) has expanded its infrastructure, network of partners, and program activities. Program staff increased from two to eight. Through community and professional engagements OHP recruited partners, built coalitions to address oral health inequities, identified best practices, and implemented targeted interventions. In addition, OHP hosted five summits, attended by more than 150 individuals per summit, to share data and build ongoing collaborative partnerships with key stakeholders.

The first step in our expansion process was the development of LAC's first Community Oral Health Improvement Plan (COHIP), a five-year strategic plan to address the oral health priorities of LAC's diverse communities. Over 100 stakeholders participated, including local community leaders, oral health professionals, public officials, and other local advocates. The six focus areas of the COHIP are: Awareness and Health Literacy, Improved Access to Care, Coordinated Care, Workforce Development, Policy Leadership, plus Surveillance, Transparency and Accountability. Activities outlined in the COHIP are being implemented by the OHP, six volunteer workgroups, and through the Oral Health Collaborative Consortium (a contract with UCLA). COHIP outcomes will be highlighted in an implementation report which will be published in late 2022. The target population for most activities are children from socio-economically disadvantaged families as defined by the California Department of Education.

Assessment, one of the 10 essential public health services, is critical to planning and evaluation, so in conjunction with the creation of the COHIP, the LAC OHP developed an oral health surveillance system to assess the oral health of Angelenos and inform the development of the COHIP objectives. An oral health surveillance plan was created along with a burden of disease report and an easy-to-use online data chartbook. These documents provide a consistent source of updated information for use in developing, implementing, and evaluating programs to improve the oral health of LA County's residents. Additional surveillance reports and/or infographics include, but are not limited to, *Fluoridation Status of Community Water Systems in Los Angeles County*, *Los Angeles County Dental Deserts*, and *Areas Needing Additional Medi-Cal Meaningful Dentists*. LAC's most comprehensive surveillance activity was the *Smile Survey*, an oral health assessment of more than 10,000 children in kindergarten and third grade. Findings from the *Smile Survey* and other surveillance reports were used to develop our activities for the 2022-2027 grant cycle.

Narrative Summary Form

(Los Angeles County Department of Public Health, Oral Health Program)

Education, both community and professional, was another focus of the OHP. Through a series of community focus groups, the OHP learned that parents and caregivers want easily accessible oral health information to best address their children's oral health and overall health. Thus, the OHP developed the media campaign *Love Your Baby's Teeth* and the campaign resource, *Oral Health Milestones*, which guides caregivers on the oral health markers their child will experience. The campaign was launched on multi-media platforms and received a Public Health Media award. The OHP team also presented oral health information to a wide sector of stakeholders such as homecare providers, social service sectors, dental professionals, primary care physicians, future dental providers, and most recently to staff of more than 30 LAC departments using the County's streaming service.

During 2020 and 2021, almost all activities were impacted by COVID-19. Schools closed, staff were redirected to COVID-19 response (not funded by Prop. 56), and OHP staff shifted to telework. The OHP developed the *COVID-19 Dental Healthcare Worker (DHCW) Case Follow-up Protocol*, contacted all DHCW COVID-19 positive cases, provided guidance on infection control measures in the dental office, and assisted in the investigation of possible dental office outbreaks. The OHP received the 2021 Certification of Recognition Award from the LAC Quality and Productivity Commission for our role on the infection control practices in dental settings. Currently, two OHP staff are providing an average of 15% of time to COVID-19 related activities.

Based on data from our robust surveillance system we identified two primary dental concerns among LAC children, (1) a high prevalence of childhood decay experience (65% of LAC third graders) and untreated tooth decay (21% of LAC third graders, especially among vulnerable populations), and (2) a low prevalence of dental sealants on permanent molars (31% of LAC third graders). We then began the process of creating programs designed to address these problems. The efforts made during our first funding cycle have laid the groundwork for our future activities. To address these two dental issues and work towards improving the oral health of LAC's most vulnerable children, we will expand our newly implemented school-based screening, referral, and follow-up program to LAC "priority schools" (466 elementary schools with >80% of children living below 130% FPL) and the surrounding publicly funded preschools. The project will include a system to ensure children are connected to a dental home and will also support the Kindergarten Oral Health Assessment mandate.

In addition, we will continue our parent, professional and community education and outreach efforts. Through collaboration with partners we established in the past five years, we will focus on our objectives to increase the percentage of residents who go to the dentist, decrease the prevalence of untreated decay and permanent molar decay experience, with the ultimate goal of decreasing the disparity gap. During the next five years, we will also initiate an effort to increase the number of LAC residents receiving optimal levels of fluoridation.

There are a few key barriers to accomplishing our goals. First and foremost, we expect the impact of the pandemic to continue because the core of our work will take place in public schools. The climate created by the pandemic might raise barriers and prevent access to some of the priority schools. In addition, some parents in our underserved communities are reluctant to share their Medi-Cal information which hampers the ability to bill for school-based services. This is a substantial barrier because it makes it difficult to find partners that will implement a sustainable school-based sealant program. Additionally, there are many false statements about water fluoridation, particularly spread through social media that could potentially obstruct some of our water fluoridation efforts.

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

Los Angeles County Department of Public Health

Remit-To
Address (Street
or PO Box)

P.O. Box 1859

City:

Sacramento

State: CA

Zip Code+4: 95812

Government
Type:☐ City☒ County☐ Special District☐ Federal☐ Other (Specify)Federal
Employer
Identification
Number
(FEIN)

95-6000927

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
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
Address

Contact Person

Noelene Kao

Title

Grant Manager

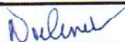
Phone number

(323)914-8671

E-mail address

nkao@ph.lacounty.gov

Signature



Date

3/26/21

**Grant Activities
2022 – 2027**

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

Legacy Local Oral Health Programs (LOHPs) who participated in the 2017 – 2022 grant cycle are responsible for selecting all grant activities for objectives 1 – 7. LHJs who are new and establishing Local Oral Health Programs as part of the 2022 – 2027 grant cycle must select all grant activities for objectives 1 – 3 and will be responsible for selecting all activities for one additional objective (from objectives 4 – 7) of their choice.

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

Please indicate your program's status by placing an "X" in the appropriate check box below:

☒ Legacy Local Oral Health Program (participated in 2017 – 2022 grant) ☐ New Local Oral Health Program

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

Activities	Reporting/ Tracking Measures	Timeline
<input checked="" type="checkbox"/> Objective 1: By June 30, 2027, establish or sustain program infrastructure, partnerships, and processes to ensure implementation and evaluation of the Work Plan.		
<input checked="" type="checkbox"/> 1.1: Build or maintain capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.	1.1.a(A): LOHP staff trainings list 1.1.b(A): Advisory Committee (AC) members list 1.1.c(A): AC meeting agendas 1.1.c(B): Number of AC meetings convened 1.1.c(C): AC meeting participation list 1.1.d(A): Community engagement summary 1.1.e(A): List of partner communications 1.1.f(A): AC meeting minutes 1.1.g(A): AC satisfaction survey evaluation	07/1/22- 06/30/27

Grant Activities 2022 – 2027

<p><input checked="" type="checkbox"/> 1.2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to local communities, with a special focus on underserved areas and vulnerable population groups.</p>	<p>1.2(A): List of prominent social determinants of health in LHJ 1.2(B): 2020 census data on vulnerable/underserved demographics in LHJ 1.2.a(A): Needs Assessment (NA) work group roster 1.2.b(A): Summary resources and service gaps 1.2.c(A): NA instrument 1.2.d(A): Data gathered and inventoried 1.2.d(B): Summary of analysis and data gaps 1.2.d(C): Identified resources to fill data gaps 1.2.d(D): Description of methods selected 1.2.e(A): Action plan to collect missing NA data 1.2.e(B): Summary of data collected 1.2.f(A): Data summary report</p>	<p>07/1/22- 12/31/25</p>
<p><input checked="" type="checkbox"/> 1.3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.</p>	<p>1.3.a(A): Inventory of community assets and resources 1.3.b(A): Published inventory of community assets/resources and service gaps</p>	<p>07/1/22- 12/31/25</p>
<p><input checked="" type="checkbox"/> 1.4: Develop a new or update an existing community health improvement plan (CHIP) and create an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.</p>	<p>1.4.a(A): CHIP timeframe 1.4.a(B): Summary of objectives and strategies 1.4.a(C): List of participants in CHIP planning 1.4.b(A): List of planning meetings and meeting minutes 1.4.c(A): Action plan 1.4.d(A): Summary report</p>	<p>07/1/22 – 08/31/26</p>
<p><input checked="" type="checkbox"/> 1.5: Develop a new, or continue implementing an existing Evaluation Plan, to monitor and assess the progress and success of the Local Oral Health Program (LOHP) Work Plan objectives. Update objectives, evaluation questions, and plan as needed.</p>	<p>1.5.a(A): List of stakeholders in evaluation process 1.5.b(A): Program logic model 1.5.c(A): Evaluation Plan grid 1.5.d(A): Evaluation Plan progress summary</p>	<p>07/1/22- 12/31/25</p>
<p><input checked="" type="checkbox"/> 1.6: Complete progress reports (PR) bi-annually using the progress report template provided. Detailed instructions will be provided.</p>	<p>1.6(A): PR 1 July 1st – December 31, 2022 o DUE January 31, 2023 1.6(B): PR 2 January 1st – June 30, 2023</p>	<p>07/1/22- 06/30/27</p>

**Grant Activities
2022 – 2027**

	<ul style="list-style-type: none"> o DUE July 31, 2023 1.6(C): PR 3 July 1st – December 31, 2023 <ul style="list-style-type: none"> o DUE January 31, 2024 1.6(D): PR 4 January 1st – June 30, 2024 <ul style="list-style-type: none"> o DUE July 31, 2024 1.6(E): PR 5 July 1st – December 31, 2024 <ul style="list-style-type: none"> o DUE January 31, 2025 1.6(F): PR 6 January 1st – June 30, 2025 <ul style="list-style-type: none"> o DUE July 30, 2025 1.6(G): PR 7 July 1st – December 31, 2025 <ul style="list-style-type: none"> o DUE January 31, 2026 1.6(H): PR 8 January 1st – June 30, 2026 <ul style="list-style-type: none"> o DUE July 30, 2026 1.6(I): PR 9 July 1st – December 31, 2026 <ul style="list-style-type: none"> o DUE January 31, 2027 1.6(J): PR 10 January 1st – June 30, 2027 <ul style="list-style-type: none"> o DUE July 30, 2027 	
<input checked="" type="checkbox"/> Objective 2: By June 30, 2027, implement evidence-based programs to achieve California Oral Health Plan objectives.		
<input checked="" type="checkbox"/> 2.1: Conduct planning to support the development of community-clinical linkages and school-based/ school-linked programs.	<p>2.1.a(A): Strengths Weaknesses Opportunities Threats (SWOT) analysis summary report</p> <p>2.1.b(A): List of participating and identified schools and grades</p> <p>2.1.b(B): Program model selected and tracking system</p> <p>2.1.b(C): List of partners and roles</p> <p>2.1.b(D): List of services</p> <p>2.1.b(E): Early prevention intervention selected</p> <p>2.1.b(F): Implementation plan</p> <p>2.1.b(G): List of equipment purchased</p> <p>2.1.b(H): Invoices for billing</p>	07/01/22-06/30/23
<input checked="" type="checkbox"/> 2.2: Identify, maintain, and expand partnerships with dental providers and schools to implement, administer, and sustain school dental programs in targeted sites.	<p>2.2(A): Memorandums of Understanding (MOUs) and other partnership agreements</p> <p>2.2.a(A): List of participating and identified schools and grades</p> <p>2.2.b(A): List of dental providers with</p>	07/01/22-06/30/27

**Grant Activities
2022 – 2027**

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

Grant Activities

2022 – 2027

	<p>services implemented</p> <p>2.3.e(B): Number of sealants</p> <p>2.3.e(C): Number of fluoride varnish applications received</p> <p>2.3.e(D): Number of toothbrush prophylaxis treatments received</p> <p>2.3.e(E): Total number of students receiving preventive services</p> <p>2.3.f(A): Communications</p> <p>2.3.f(B): Success of referrals</p> <p>2.3.f(C): Data findings</p> <p>2.3.f(D): Number of successful referrals</p> <p>2.3.f(E): Quality improvement (QI) strategies</p> <p>2.3.f(F): Increase in children served</p> <p>2.3.f(G): Timelines for data review</p>	
<p><input checked="" type="checkbox"/> 2.4: Conduct training for community members/partners/stakeholders who desire to learn about the safety, benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease.</p>	<p>2.4(A): Training agenda</p> <p>2.4(B): Training materials</p> <p>2.4(C): Number of community trainees for community water fluoridation trainings</p> <p>2.4.a(A): Number of engineers/ operators trained</p> <p>2.a(B): List of trainees and trainings</p> <p>2.4.b(A): Marketing materials</p> <p>2.4.b(B): Number of public awareness campaigns</p> <p>2.4.c(A): Webpage URL</p> <p>2.4.d(A): Evaluation report</p> <p>2.4.d(B): Assurances for successful referral</p> <p>2.4.e(A): School dental program success stories</p> <p>2.4.e(B): Dissemination plan</p>	07/01/22-06/30/27
<p><input checked="" type="checkbox"/> Objective 3: By June 30, 2027, work with partners to promote oral health by developing and implementing prevention and health care policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.</p>		

Grant Activities
2022 – 2027

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

2022 – 2027

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

Grant Activities
2022 – 2027

	<p>resources</p> <p>4.1.b(A): List and dates of tobacco cessation trainings</p> <p>4.1.b(B): Number of dental offices trained for tobacco cessation</p> <p>4.1.c(A): Number of dental offices receiving tobacco cessation toolkits</p> <p>4.1.d(A): Tobacco cessation marketing materials</p> <p>4.1.d(B): Tobacco cessation social media views and interaction data</p> <p>4.1.d(C): Tobacco cessation radio messaging impressions data</p> <p>4.1.e(A): Tobacco cessation summary analysis in progress reports</p>	
<p><input checked="" type="checkbox"/> 4.2: Collaborate with local partners to participate in sugar-sweetened beverage (SSB) reduction activities. Participate in an event (ex: Rethink Your Drink statewide day of action) in a dental setting, school, health fair, or community setting; provide dental-specific material in addition to the Rethink Your Drink event in a box; use social media messaging (ex: hashtags) to promote event.</p>	<p>4.2(A): SSB reduction event narrative</p> <p>4.2(B): Number of SSB reduction event activities</p> <p>4.2.a(A): SSB reduction training materials</p> <p>4.2.a(B): SSB reduction training summary</p> <p>4.2.b(A): Number of SSB reduction trainings and webinars</p> <p>4.2.c(A): Narrative description of oral health guidelines integrated into partner chronic disease prevention and control activities</p> <p>4.2.d(A): SSB reduction webpage URL</p> <p>4.2.e(A): SSB reduction summary analysis in progress reports</p> <p>4.2.f(A): SSB reduction success stories</p> <p>4.2.f(B): SSB reduction success stories dissemination plan</p>	07/01/22-06/30/27
<p><input checked="" type="checkbox"/> Objective 5: By June 30, 2027, coordinate outreach programs; implement education, health literacy campaigns and promote integration of oral health and primary care.</p>		
<p><input checked="" type="checkbox"/> 5.1: Collaborate with primary care providers or school administrators to implement an evidence-based oral</p>	<p>5.1(A): Evidence-based health literacy campaign identified</p>	07/01/22-06/30/27

**Grant Activities
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health literacy campaign for parents and caregivers such as the American Academy of Pediatrics Brush, Book, Bed (BBB) Campaign. Identify a BBB champion who will coordinate the program and inspire partners: e.g., the county's oral health program manager.			
<input checked="" type="checkbox"/> 5.2: Identify a champion and coordinate oral health literacy activities with partners: e.g., key partner, stakeholder, health educator, provider, or others.	5.1(B): Health literacy campaign plan 5.1(C): List of health literacy champions for providers and schools 5.1.a(A): Health literacy campaign summary analysis in progress report submissions	07/01/22-06/30/27	
<input type="checkbox"/> Objective 6: By June 30, 2027, assess, support, and ensure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development, language services, collaborations, and processes that support continuous quality improvement to serve underserved areas and vulnerable populations.	5.2(A): List and number health literacy champions for partner outreach 5.2.a(A): Oral health literacy workforce action plan 5.2.b(A): Number of dental offices with added oral health literacy component 5.3(A): Oral health literacy training plan 5.3(B): List of oral health literacy trainings 5.3(C): Number of oral health literacy trainees 5.3(D): Evaluation of oral health literacy trainings 5.3(E): Number of oral health literacy trainings 5.3.a(A): List of oral health literacy materials provided 5.3.a(B): List of partner organizations receiving oral health literacy materials		
<input type="checkbox"/> 6.1: Identify and recruit key partners such as the local dental society, local dental association, local primary care association, etc. to support effective oral healthcare delivery and care coordination systems.	6.1(A): List of key partners recruited 6.1.a(A): Summary analysis of dental office inventory 6.1.a(B): Number of dental office assessments conducted. 6.1.b(A): Summary of service gaps and underserved areas 6.1.c(A): Dental office outreach materials 6.1.c(B): Number of outreach resources developed	07/01/22-06/30/27	

**Grant Activities
2022 – 2027**

<p><input type="checkbox"/> 6.2: Launch and sustain a Community of Practice for representatives from the primary care offices, CBOs, and dental offices to meet in-person or virtually on a regular and re-occurring basis to foster performance management, process redesign, and quality improvement.</p>	<p>6.1.d(A): Summary of pilot test proposal 6.1.d(B): List of primary care offices and CBOs identified 6.1.e(A): List of providers and CBOs trained and onboarded 6.1.e(B): Number of providers and systems engaged 6.1.f(A): List of partnerships and roles developed to support warm hand-off referrals</p>	
<p><input type="checkbox"/> 6.3: Develop a sustainability plan to maintain efforts.</p>	<p>6.2(A): List of community of practice members 6.2(B): Community of practice meeting schedule</p>	07/01/22-06/30/27
<p><input type="checkbox"/> 6.3: Develop a sustainability plan to maintain efforts.</p>	<p>6.3(A): Sustainability plan 6.3.a(A): Fluoride varnish guidance document</p>	07/01/22-06/30/27
<p><input type="checkbox"/> 6.4: Recruit providers for preventive dentistry mentorship program.</p>	<p>6.4(A): List of providers recruited for preventive dentistry program 6.4.a(A): Summary of Quality Improvement (QI) trainings or coaching provided 6.4.b(A): QI Plan 6.4.c(A): Oral healthcare delivery and care coordination systems success stories 6.4.c(B): Oral healthcare delivery and care coordination systems success stories dissemination plan 6.4.d(A): Performance management trainees 6.4.d(B): Performance management software used 6.4.d(C): List of performance measures 6.4.e(A): QI project qualitative case study 6.4.e(B): QI project storyboard</p>	07/01/22-06/30/27
<p>Objective 7: By June 30, 2027, create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.</p>		

Grant Activities 2022 – 2027

<p><input type="checkbox"/> 7.1: Convene a core group or identify a workgroup from existing AC to support the creation or expansion of existing local oral health networks identify policy solutions, address workforce issues, and develop plans for sustainability and community engagement.</p>	<p>7.1(A): List of oral health networks workgroup members 7.1.a(A): List of organizations recruited for expanded oral health network 7.1.a(B): Number of organizations, partners, and champions recruited for expanded oral health networks 7.1.b(A): Oral health network meeting schedule 7.1.b(B): Oral health network meeting agenda 7.1.b(C): Oral health network meeting minutes 7.1.c(A): List of oral health network action plan priorities 7.1.d(A): Oral health network Communication Plan 7.1.e(A): List of organizations in oral health network workgroup 7.1.f(A): Oral health network mission and core values 7.1.g(A): Oral health network action plan 7.1.h(A): Opportunities identified to share resources and leverage additional funding 7.1.i(A): Key insights from community engagement 7.1.j(A): Oral health network summary in progress report submissions</p>	<p>07/01/22-06/30/27</p>
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Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. Upon completion of project activities as provided in Exhibit A Grant Application/Attachment 1 Grantee Written Modification, 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 total amount of this agreement.
- B. Invoices shall include the Grant Number and shall be submitted electronically or in triplicate not more frequently than monthly in arrears to:

Cara Vierra
California Department of Public Health
Office of Oral Health
MS 7218
1616 Capitol Avenue, Suite 74.420
P.O. Box 997377, Sacramento, CA 95899-7377
LOHPInvoices@cdph.ca.gov

- 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.
- D. Amount Awarded under this Grant is identified in the CDPH 1229 Grant Agreement.

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.

Exhibit B
Budget Detail and Payment Provisions

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.

4. 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.

5. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources ([Cal HR](#)). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

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: (This provision does not apply to Local Governmental Entities)

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 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://oralhealthsupport.ucsf.edu/moving-california-oral-health-forward-rfa-2022-2027>

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

Exhibit E
Additional Provisions

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

Exhibit E
Additional Provisions

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

Exhibit E
Additional Provisions

- 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.

**BOARD LETTER/MEMO
CLUSTER FACT SHEET**

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	4/20/2022						
BOARD MEETING DATE	5/3/2022						
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th						
DEPARTMENT(S)	PUBLIC HEALTH						
SUBJECT	APPROVAL TO EXTEND THE TERM OF SOLE SOURCE CONTRACT NUMBER PH-003983 WITH NURSE-FAMILY PARTNERSHIP TO SUPPORT NURSE-FAMILY PARTNERSHIP PROGRAM SERVICES						
PROGRAM	MATERNAL, CHILD AND ADOLESCENT HEALTH						
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
SOLE SOURCE CONTRACT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	If Yes, please explain why: Nurse-Family Partnership (NFP) is responsible for the nation-wide replication of the NFP Program (NFPP) and therefore is the only provider capable of providing these services, to ensure that Nurse-Family Partnership-LA (NFP-LA) continues to administer the program with fidelity to the research model and adhere to its proven protocols.						
DEADLINES/ TIME CONSTRAINTS	The current NFP Contract is set to expire on June 30, 2022.						
COST & FUNDING	<table border="1"> <tr> <td>Total cost: \$785,684</td><td>Funding source: Intra-Fund Transfer from the Department of Public Social Services; and Targeted Case Management.</td></tr> <tr> <td colspan="2">TERMS (if applicable): July 1, 2022, through June 30, 2025, with option to extend the term through June 30, 2028, based on funding availability.</td></tr> <tr> <td colspan="2">Explanation:</td></tr> </table>	Total cost: \$785,684	Funding source: Intra-Fund Transfer from the Department of Public Social Services; and Targeted Case Management.	TERMS (if applicable): July 1, 2022, through June 30, 2025, with option to extend the term through June 30, 2028, based on funding availability.		Explanation:	
Total cost: \$785,684	Funding source: Intra-Fund Transfer from the Department of Public Social Services; and Targeted Case Management.						
TERMS (if applicable): July 1, 2022, through June 30, 2025, with option to extend the term through June 30, 2028, based on funding availability.							
Explanation:							
PURPOSE OF REQUEST	To continue providing as-needed training for new Public Health Nurses, ongoing training for nurses currently conducting home visits, program support for data analysis, and technical assistance for Public Health's NFP-LA.						
BACKGROUND (include internal/external issues that may exist including any related motions)	Since 1996, Public Health has been providing home visitation services to at-risk communities utilizing State designated, evidence-based home visiting models to improve health and development outcomes for pregnant women, parents, caregivers, and children. Of these State designated models, Public Health's NFP-LA implements the NFPP, based on the National Service Office model, which is the only program that utilizes nurses as home visitors to care for at-risk pregnant mothers in Los Angeles County.						
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: The home visitation services provided by NFP are focused on helping at-risk pregnant women, parents, caregivers, and children.						
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: NFP supports Priority #1, Child Protection, by providing home visitation services to at-risk pregnant women, parents, caregivers, and children to improve their health and development outcomes.						
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871 jbobrowsky@ph.lacounty.gov Linda M. Aragon, M.P.H., MCAHD Director, (213) 639-6400 laragon@ph.lacounty.gov Craig L. Kirkwood, Jr., Deputy County Counsel, (213) 974-1751 CKirkwood@counsel.lacounty.gov						



DRAFT



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
Health Officer

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Janice Hahn
Fourth District

Kathryn Barger
Fifth District

May 3, 2022

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO EXTEND THE TERM OF SOLE SOURCE CONTRACT NUMBER PH-003983 WITH NURSE-FAMILY PARTNERSHIP TO SUPPORT NURSE-FAMILY PARTNERSHIP-LA PROGRAM SERVICES
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Request approval to execute an amendment to sole source Contract Number PH-003983 with Nurse-Family Partnership to extend the term effective July 1, 2022, through June 30, 2025, and delegated authority to execute future amendments and change notices, as appropriate, to reflect funding adjustments, and non-material and/or ministerial revisions; as well as authority to execute future amendments to extend or adjust the term through December 31, 2028, for the continued support of Nurse-Family Partnership-LA program services in Los Angeles County.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute an amendment, substantially similar to Exhibit I, to extend the

term of Contract Number PH-003983 with Nurse-Family Partnership (NFP), effective July 1, 2022, through June 30, 2025, for the continued support of Nurse-Family Partnership-LA (NFP-LA), at a total maximum obligation of \$785,684; 100 percent offset by an Intra-Fund Transfer (IFT) from the Department of Public Social Services (DPSS), and Targeted Case Management (TCM) funds.

2. Delegate authority to the Director of Public Health, or designee, to execute amendments to the contract that: a) extend the term for up to three additional years through June 30, 2028, at amounts to be determined by the Director of Public Health, based on funding availability; b) allow a no-cost adjustment up to six months through December 31, 2028; c) allow the rollover of unspent contract funds; and/or d) provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
3. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contract that authorize budget modifications, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Since 1996, Public Health has provided home visitation services to at-risk communities utilizing State-designated, evidence-based home visiting models to improve health and development outcomes for pregnant women, parents, caregivers, and children. Of these State-designated models, Public Health's NFP-LA implements the Nurse-Family Partnership Program (NFPP) based on the National Service Office model, the only program that utilizes nurses as home visitors to care for at-risk pregnant mothers in Los Angeles County (LAC).

Home visitation services provide coordination and delivery of critical health, development, early learning, child abuse/neglect prevention, and family support services to pregnant women, their newborns, young children, and families. Home visiting programs play a crucial role in the national effort to build quality, comprehensive, statewide early childhood systems for pregnant women, parents and caregivers, and children to improve health and development outcomes.

Originally, Public Health contracted with the University of Colorado Health Science Center, as it was the sole provider and proprietor of NFPP services and protocols. In 2004, the University of Colorado Health Science Center transferred responsibility and proprietorship of the NFPP to NFP. Since then, NFP is responsible for the nation-wide replication of NFPP, and therefore is the only provider capable of providing these services. NFP ensures

that NFPP in LAC continues to be administered with fidelity to the research model and adherence to its proven protocols.

Under the current sole source contract, NFP provides as-needed training for new Public Health Nurses, ongoing training for nurses currently conducting home visits, program support for data analysis, and technical assistance for Public Health's NFP-LA. The current contract is set to expire on June 30, 2022.

Approval of Recommendation 1 will allow Public Health to execute an amendment to extend the Contract with NFP for the continued provision of the NFPP.

Approval of Recommendation 2 will allow Public Health to execute future amendments to extend and/or adjust the term the contract term; rollover unspent funds; and/or increase or decrease funding up to 10 percent above or below the annual base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary. This recommended action will also enable Public Health to amend the contract to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to execute change notices to the contract that authorize budget modifications and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions.

Implementation of Strategic Plan Goals

The recommended actions support Strategy I.1, Increase our Focus on Prevention Initiative; Objective I.1.6, Increase Home Visitation Capacity, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total cost of the recommended contract amendment with NFP is \$785,684 (consisting of \$235,911 for the period July 1, 2022, through June 30, 2023; \$267,350 for the period July 1, 2023, through June 30, 2024, and \$282,423 for the period July 1, 2024, through June 30, 2025), fully offset by an IFT from DPSS and TCM funds.

There is no net County cost associated with this action.

Funding is included in Public Health's Recommended Budget for fiscal year (FY) 2022-23 and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Since 2005, Public Health has provided NFPP services to at-risk communities in LAC.

As required under Board Policy 5.100, Public Health notified your Board on November 17, 2021, of its intent to extend the term of NFP Contract PH-003983 through June 30, 2025, with an option to extend the contract for three additional years through June 30, 2028.

County Counsel has reviewed and approved Exhibit I as to use. Attachment A is the Sole Source Checklist signed by the CEO.

CONTRACTING PROCESS

On August 30, 2005, your Board approved the execution of a sole source contract with NFP effective August 30, 2005, through June 30, 2006, with provisions to extend the term through June 30, 2008. Subsequently on June 17, 2008, June 6, 2012, and June 2, 2015, your Board approved extending the term of the NFP contract through June 30, 2019.

On May 14, 2019, your Board approved the execution of a renewal sole source contract with NFP, effective July 1, 2019, through June 30, 2022, with provisions to extend the term of the contract through June 30, 2022.

IMPACT ON CURRENT SERVICES

Approval of the recommended actions will allow NFP to continue to provide training and support for the Public Health's NFP-LA Program.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

BF:gs
BL #06209

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

**BOARD LETTER/MEMO
CLUSTER FACT SHEET**

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	4/20/2022	
BOARD MEETING DATE	5/3/2022	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Public Health	
SUBJECT	APPROVAL OF VARIOUS CONTRACTUAL ACTIONS TO UTILIZE AMERICAN RESCUE PLAN ACT, CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT PASS THROUGH, AND CARE FIRST COMMUNITY INVESTMENT FUNDS IN SUPPORT OF SUBSTANCE USE DISORDER SERVICES	
PROGRAM	Substance Abuse Prevention and Control	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
DEADLINES/ TIME CONSTRAINTS	On December 28, 2021, the Department of Health Care Services (DHCS) notified the Department of Public Health Substance Abuse Prevention and Control Division (SAPC) that it was awarded the total requested amount of \$29,642,374 to fund the identified substance use related services programs under Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), and it was also awarded the total requested amount of \$25,628,651 to fund services under the American Rescue Plan Act (ARPA). Per the funding guidelines, CRRSAA funds are set to expire on December 31, 2022, and ARPA funds are set to expire on June 30, 2025. As such, SAPC must execute contracts in a timely manner or risk losing these funds. SAPC will leverage the requested actions to implement the limited services under the CRRSAA funds and initiate services under ARPA funds. On August 10, 2021, the Board approved the Care First Community Investment (CFCI) spending plan which is set to expire on March 31, 2025.	
COST & FUNDING	Total cost: \$525,000 (ARPA) \$4,058,927 (CRRSAA) \$8,156,900 (CFCI) \$330,000 (OTHER)	Funding source: Substance Abuse Prevention and Treatment Block Grant (SABG) funding via ARPA, CRRSAA pass through, and CFCI funds
	TERMS (if applicable): Various terms effective upon Board approval	
	Explanation: Funds are temporary	
PURPOSE OF REQUEST	To provide enhanced services to the community to address ongoing and increased need of substance use related services as a result of the Coronavirus Disease 2019 (COVID-19) pandemic.	
BACKGROUND (include internal/external issues that may exist including any related motions)	In July 2021, DHCS released a supplemental application which allowed counties to apply for various services to be funded through COVID-19 funds made available by the federal government through ARPA and CRRSAA. SAPC submitted multiple applications to fully leverage the funds and provide services to the community to address ongoing and increased need of substance use related services as a result of the COVID-19 pandemic.	

EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: The services to be provided under this Board Letter will address ongoing and increased need of substance use related services to the community as a result of the COVID-19 pandemic.
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: Sustainability – The Department of Public Health (Public Health) continues to anticipate that DMC-ODS services in Los Angeles County will not require additional net County cost, as existing funding streams and the County's ability to draw down the maximum federal Medi-Cal matching funds should be sufficient to provide the full continuum of Substance Use Disorder (SUD) services. The temporary ARPA, CRRSAA, and CFCI funds will also enable Public Health to address service needs that resulted due to the pandemic and assist in ensuring that sufficient SUD prevention and treatment services are available to County residents.
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871 jbobrowsky@ph.lacounty.gov Gary Tsai, Public Health Substance Abuse Prevention and Control, (626) 299-3504 GTsai@ph.lacounty.gov Craig L. Kirkwood, Jr., Deputy County Counsel, (213) 974-1751 CKirkwood@counsel.lacounty.gov



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
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Kathryn Barger
Fifth District

May 3, 2022

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF VARIOUS CONTRACTUAL ACTIONS TO UTILIZE AMERICAN
RESCUE PLAN ACT, CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL
APPROPRIATIONS ACT PASS THROUGH, AND CARE FIRST COMMUNITY
INVESTMENT FUNDS IN SUPPORT OF SUBSTANCE USE DISORDER SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to execute various contractual actions to fully utilize time-sensitive Substance Abuse Prevention and Treatment Block Grant (SABG) funding via the American Rescue Plan Act (ARPA), Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) pass through, and Care First Community Investment (CFCI) funds, in support of Substance Use Disorder (SUD) services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute a contract, substantially similar to Exhibit I, with Worker Education & Resource Center, for the provision of Training and Technical Assistance services for the Harm Reduction Capacity Building Leadership Program, effective upon Board approval through December 31, 2022, for a total

maximum obligation of \$426,700; fully funded by SABG, Assistance Listing Number 93.959, via CRRSAA pass through funds.

2. Approve and instruct the Director of Public Health, or designee, to execute a contract, substantially similar to Exhibit II, with Special Service for Groups, Inc. (SSG) for the provision of Engagement and Overdose Prevention Staff Training, Program Planning and Outreach services, and Harm Reduction services, through the Certified Needle Exchange Program (NEP), effective upon Board approval through June 30, 2023, for a total maximum obligation of \$871,900; fully funded by SABG, Assistance Listing Number 93.959, via CRRSAA pass through and CFCI funds.
3. Approve and instruct the Director of Public Health, or designee, to execute a contract, substantially similar to Exhibit III, with San Fernando Valley Partnership, Inc. (SFVP), for the provision of SUD prevention services for the Capacity-Building Prevention Project, effective upon Board approval through December 31, 2023, for a total maximum obligation of \$525,000; fully funded by SABG, Assistance Listing Number 93.959, via ARPA pass through funds.
4. Approve and instruct the Director of Public Health, or designee, to execute six NEP amendments substantially similar to Exhibit IV, with the Contractors listed in Attachment A, to increase the contract maximum obligation for Fiscal Year (FY) 2021-22 by \$2,000,000, from \$750,000 to \$2,750,000 and for FY 2022-23 by \$2,131,400, from \$500,000 to \$2,631,400 (as detailed in Attachment A), for the provision of additional substance use disorder (SUD) ancillary services, effective upon Board approval through June 30, 2023; fully funded by SABG, Assistance Listing Number 93.959, via CRRSAA and ARPA pass through and CFCI funds.
5. Approve and instruct the Director of Public Health, or designee, to execute one media services amendment substantially similar to Exhibit V, with the Rescue Agency Public Benefit, LLC, to increase the contract maximum obligation for FY 2021-22 by \$750,000 from \$1,297,051 to \$2,047,051 and for FY 2022-23 by \$818,927 from \$1,015,888 to \$1,834,815, for the provision of additional media services, effective upon Board approval through June 30, 2023; fully funded by SABG, Assistance Listing Number 93.959, via CRRSAA and ARPA pass through funds.
6. Delegate authority to the Director of the Department of Health Services (DHS), or designee, to execute a direct work order, through the Supportive and/or Housing Services (SHSMA) Master Agreement, with CLARE|MATRIX, for the provision of Overdose Prevention and Response Training and Technical Assistance services, effective upon Board approval through December 31, 2022, for a total maximum obligation of \$700,000; fully funded by SABG Assistance Listing Number 93.959 via CRRSAA pass through funds.

7. Delegate authority to the Director of DHS, or designee, to execute a direct work order, through the SHSMA Master Agreement, with SSG, for the provision of Tuition Incentive Program services, effective upon Board approval through June 30, 2023, for a total maximum obligation of \$2,550,000; fully funded by CFCI funds.
8. Delegate authority to the Director of DHS, or designee, to execute direct work orders, through the SHSMA Master Agreement, for the Contractors listed in Attachment B for the provision of recovery bridge housing services, effective upon Board approval through December 31, 2023, for a total maximum obligation of \$1,095,000; fully funded by CFCI funds.
9. Delegate authority to the Director of Public Health, or designee, to execute amendments to the contracts referenced in Recommendations 1, 2, and 3, to allow the rollover of unspent contract funds; provide an internal reallocation of funds between budgets, as applicable, up to 10 percent of each term's annual base maximum obligation, effective upon amendment execution, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Officer (CEO).
10. Delegate authority to the Director of DHS, or designee, to execute amendments to extend the contracts referenced in Recommendations 7 and 8, for up to three additional one-year terms through March 31, 2025; allow the rollover of unspent contract funds; provide an internal reallocation of funds between budgets, as applicable, up to 10 percent of each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Officer (CEO).
11. Delegate authority to the Director of Public Health and DHS, or designee(s), to execute change notices to all contracts or direct work orders referenced above that authorize modifications to, or within, budget categories within each budget, and corresponding service and funding adjustments, as necessary; changes to hours of operation and/or service locations; and/or make changes to the contracts' terms and conditions.
12. Delegate authority to the Director of Public Health and DHS, or designee(s), to: a) immediately suspend any contract or direct work order referenced above upon issuing a five calendar day advance written notice to contractors who fail to comply with program requirements; and, b) terminate contracts or direct work orders for convenience by providing five calendar days advance written notice to the contractors who are in substantial breach of the contract terms and conditions, subject to review and approval by County Counsel, and notification to your Board and the CEO.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On July 9, 2021, the California Department of Health Care Services (DHCS) released the Behavioral Health Response and Rescue Project (BHRRP) Supplemental County Application, which allowed counties to apply for various services to be funded through Coronavirus Disease 2019 (COVID-19) funds made available by the federal government through ARPA and CRRSAA. Public Health's Substance Abuse Prevention and Control Division (SAPC) submitted multiple applications to fully leverage the funds and provide services to the community to address ongoing and increased need of substance use related services as a result of the COVID-19 pandemic.

On December 28, 2021, DHCS notified SAPC that it was awarded the total requested amount of \$29,642,374 to fund the identified substance use related services programs under CRRSAA, and SAPC was also awarded the total requested amount of \$25,628,651 to fund services under ARPA. Per the funding guidelines, CRRSAA funds are set to expire on December 31, 2022, and ARPA funds are set to expire on June 30, 2025. As such, SAPC must execute contracts in a timely manner or risk losing these funds. SAPC will leverage the requested actions to implement the limited services under the CRRSAA funds and initiate services under ARPA funds.

Public Health will utilize these funds to support additional Recovery Bridge Housing (RBH) beds, increase harm reduction education and trainings, expand prevention services, and supplement other existing SUD services to allow contracted providers to serve more patients and program participants and for Public Health to ensure an effective service delivery system.

On August 10, 2021, the Board approved the CFCI spending plan which is set to expire on March 31, 2025.

Approval of Recommendations 1 and 2, will allow Public Health to rapidly execute contracts with vetted providers to provide harm reduction and provider training services, allowing providers to begin services as soon as possible, and for the County to fully leverage the time-sensitive CRRSAA and CFCI funds, as noted above.

Approval of Recommendation 3 will allow Public Health to execute a contract with SFVP to utilize time-sensitive ARPA pass through funds, to provide Capacity-Building Prevention Project services.

Approval of Recommendation 4 will allow Public Health to execute amendments to six NEP services contracts to increase FY 2021-23 funding to allow these contractors to provide needle exchange and harm reduction services. Similar to the above recommendations 1 through 3, this recommendation will allow Public Health to fully leverage the funds prior to ARPA and CRRSAA expiration and allow for delivery of needed services to the community.

Approval of Recommendation 5 will allow Public Health to execute an amendment to one media services contract to increase FY 2021-23 funding to allow Rescue Agency Public Benefit, LLC to expand existing media campaign efforts around stigma reduction, alcohol prevention targeting young adults who attend college, and social marketing approaches that target high-risk geographic areas, incorporating new technologies and other novel public health approaches to disease prevention efforts. Similar to the above recommendations 1 through 4, this recommendation will allow Public Health to fully leverage the funds prior to ARPA and CRRSAA expiration and allow for delivery of needed services to the community.

Approval of Recommendations 6 and 7 will allow DHS to execute direct work orders with vetted providers to provide overdose prevention and SUD workforce enhancement services. This will allow providers to begin providing services as soon as possible and for the County to fully leverage the time sensitive ARPA, CRRSAA and CFCI funds.

Approval of Recommendation 8 will allow DHS to execute contracts with currently contracted SUD treatment providers for RBH services. This recommendation will allow SAPC to roll out critically needed housing services and begin utilizing ARPA funds.

Approval of Recommendation 9 will allow Public Health to execute funding related amendments to allow for rollover of funds and 10% allocation increases to continue services contingent upon available funds. DHCS has indicated that additional funds may be available for counties based on overall utilization.

Approval of Recommendation 10 will allow DHS to extend the contracts and execute funding related amendments to allow for rollover of funds and 10% allocation increases to continue services contingent upon available funds.

Approval of Recommendation 11 will allow Public Health and DHS to execute change notices to contracts that authorize modifications to or within budget categories within each budget, and corresponding service adjustments, as necessary; changes to hours of operation, and/or service locations; and/or make changes to the contract's terms and conditions.

Approval of Recommendation 12 will allow Public Health and DHS to terminate any contract for convenience as a result of breach, loss of funds, or any other reason that is in the best interest of the County, with five days' advance written notice to the contractor, subject to review and approval by County Counsel, and notification to your Board and the CEO.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended action supports Strategy II.2 – Support Wellness of our Communities; Objective II.2.4 – Promote Active and Healthy Lifestyles, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

SAPC's SUD prevention system is primarily funded with federal SABG, and the treatment system is funded through a combination of federal, State and local resources. For Drug Medi-Cal (DMC) reimbursable services, SAPC is required to pay a local share for each delivered service which is generally between 10 and 50 percent for Medi-Cal enrolled beneficiaries and 100 percent for income-eligible but non-Medi-Cal enrolled individuals, with the balance covered by State or federal contribution. In addition, non-DMC covered but essential treatment-related services are fully funded with other limited resources.

While the State and federal contribution for DMC covered services is significant (generally between 50 and 90% for Medi-Cal enrolled beneficiaries), the ongoing growth of the County's specialty SUD prevention and treatment systems also requires additional local funding. By leveraging the time sensitive ARPA, CRRSAA pass through, and CFCI funds for services and programs, SAPC can extend service options and better leverage non-federal funding for the local match to draw down additional federal dollars and cover expenses for services such as harm reduction that generally require more flexible funding. ARPA, CRRSAA pass through, and CFCI funds also enable Public Health and DHS to address service needs that resulted from the pandemic and helps to ensure sufficient SUD prevention and treatment services are available to Los Angeles County residents.

The recommended contractual actions will be fully funded by SABG via ARPA, CRRSAA pass through, and CFCI funds.

There is no net County cost associated with this action.

Funding is included in Public Health's FY 2022-23 Adopted Budget and will be included in future FYs as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

By participating in the DMC-ODS waiver, SAPC must operate as a federally designated "prepaid inpatient health plan" in compliance with the Code of Federal Regulations Section 42, Part 438 (42 CFR Part 438). This requires SAPC to conduct a continuous quality assessment and performance improvement program, participate in an external quality review process, and establish a patient appeals and grievance process. Under California Advancing and Innovating Medi-Cal (CalAIM), SAPC will continue to transform the specialty SUD system, including payment reform and a move away from cost-based Certified Public Expenditures (CPE) to fee-for-service Intergovernmental Transfers (IGT).

County Counsel has approved Exhibits I – V as to form. Attachments A and B provide information about the contracted providers and the recommended amendments.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The range of new SUD services that resulted from implementing the DMC-ODS waiver significantly improves patient outcomes and enhances overall cost savings to the safety net, particularly with greater service coordination and integration with physical and mental

The Honorable Board of Supervisors

May 3, 2022

Page 7

health care. Most importantly, enhanced SUD prevention and treatment services will improve the quality of life of patients, their families, and the communities in which they live.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.

Director

BF:jb

BL#06309

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE AND PREVENTION CONTROL
NEEDLE EXCHANGE PROGRAM SERVICES CONTRACTS**

NO	CONTRACTOR	CONTRACT NUMBERS	SERVICE MODALITY	SD* SERVED	SPA** SERVED	7/1/21 - 6/30/22 Current Funding	7/1/21- 6/30/22 Adjustment Amount CRRSAA	7/1/21- 6/30/22 Adjustment Amount CFCI	7/1/21 - 6/30/22 Proposed Funding	7/1/22- 6/30/23 Current Funding	7/1/22 - 6/30/23 Adjustment Amount CRRSAA	7/1/22 - 6/30/23 Adjustment Amount CFCI	7/1/22 - 6/30/23 Proposed Funding	
1	Asian American Drug Abuse Program, Inc.	PH-003622	Needle Exchange Program	2, 4	6, 8	\$120,000	\$10,000	\$240,000	\$370,000	\$80,000	\$71,900	\$200,000	\$351,900	
2	Bienestar Human Services, Inc.	PH-003562	Needle Exchange Program	1	7	\$127,500	\$10,000	\$240,000	\$377,500	\$85,000	\$71,900	\$200,000	\$356,900	
3	Homeless Healthcare Los Angeles	PH-003636	Needle Exchange Program	1	4	\$127,500	\$10,000	\$440,000	\$577,500	\$85,000	\$71,900	\$400,000	\$556,900	
4	Public Health Foundation Enterprises, Inc.	PH-003624	Needle Exchange Program	2	6	\$120,000	\$10,000	\$440,000	\$570,000	\$80,000	\$71,900	\$400,000	\$551,900	
5	Tarzana Treatment Centers, Inc.	PH-003641	Needle Exchange Program	3, 5	2	\$127,500	\$10,000	\$290,000	\$427,500	\$85,000	\$71,900	\$250,000	\$406,900	
6	Venice Family Clinics	PH-003634	Needle Exchange Program	3	5	\$127,500	\$10,000	\$290,000	\$427,500	\$85,000	\$71,900	\$250,000	\$406,900	
TOTAL						\$750,000	\$60,000	\$1,940,000	\$2,750,000	\$500,000	\$431,400	\$1,700,000	\$2,631,400	
							\$2,000,000				\$2,131,400			

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE AND PREVENTION CONTROL
RECOVERY BRIDGE HOUSING SERVICES CONTRACTS**

NO	CONTRACTOR	CONTRACT NUMBERS	SERVICE MODALITY	SD* SERVED	SPA** SERVED	Funding Amount
1	Beit T'Shuvah	Pending	Recovery Bridge Housing	Pending	Pending	\$182,500
2	Divine Healthcare Services, Inc.	Pending	Recovery Bridge Housing	4	7	\$164,250
3	The Beacon House Association of San Pedro	Pending	Recovery Bridge Housing	4	8	\$748,250
TOTAL						\$1,095,000

* SD = Supervisorial District

** SPA = Service Planning Area