

# Children's Dental Disease Prevention Program (Equipment Support)

## Mendocino County Application Checklist

DUE: Wednesday, April 21, 2021	
<b>DATE OF SUBMISSION</b>	May 10, 2021
<b>ORGANIZATION NAME</b>	Mendocino County Oral Health Program
<b>Application Contact Name: Bhavvy Ducharme</b>	<b>Phone Number: 707-367-7313</b>
<b>Email Address: ducharmeb@mendocinocounty.org</b>	

Complete this Application Checklist and email it along with the following documents by 4/21/2021 to [DentalDirector@cdph.ca.gov](mailto:DentalDirector@cdph.ca.gov).

### APPLICATION CONTENTS:

### Please Check

Application Checklist (Document A)  
 Grantee Information Form (Document B)  
 Scope of Work and Deliverables (Document F)  
 FY 21/22 Revised Budget and Justification  
 CDPH 9083 Governmental Payee Form

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## Mendocino County Grantee Information Form

<b>Organization</b>	This is the information that will appear in your grant agreement.	
	Federal Tax ID #	94-60000520
	Name	Mendocino County HHSA/Public Health/Community Wellness/Oral Health Program
	Mailing Address	1120 S. Dora Street, Ukiah CA 95482
	Street Address (If Different)	Same
	County	Mendocino
	Phone	707-472-2654
	Website	MendocinoCounty.org
<b>Grant Signatory</b>	The <b>Grant Signatory</b> has authority to sign the grant agreement cover.	
	Name	Mary Alice Willeford
	Title	HHSA Assistant Director of Administrative Services and Interim Public Health Director
	<b>If address(es) are the same as the organization above, check this box and go to Phone</b> <input checked="" type="checkbox"/>	
	Mailing Address	
	Street Address (If Different)	
	Phone	707-472-2374
	Email	willefom@mendocinocounty.org
<b>Project Director</b>	The <b>Project Director</b> 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, receive all programmatic, budgetary, and accounting mail for the project and be responsible for the proper dissemination of program information.	
	Name	Bhavvy Ducharme
	Title	Senior Program Specialist/Oral Health Program Coordinator
	<b>If address(es) are the same as the organization above, check this box and go to Phone</b> <input checked="" type="checkbox"/>	
	Mailing Address	
	Street Address (If Different)	
	Phone	707-367-7313
	Email	ducharmeb@mendocinocounty.org
<b>Funding</b>	These are the annual <b>Funding</b> amounts your LHJ will accept for grant purposes.	
	Total Funding Requested	\$ 25,000.00

MENDOCINO COUNTY  
PROPOSED BUDGET ITEMS  
**Document C**

09/01/2021 through 06/30/2022

**Equipment** (Items over \$5,000 each)

Mini Hand-Held X-Ray	\$18,758
Generator and Sizes 1 and 2	
Sensor Kits	

**Total** \$18,758

**Other Costs**

Software	\$6,242
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**Total Other Costs** \$6,242

**TOTAL COSTS** \$25,000

## Mendocino County Scope of Work and Deliverables

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

### COMPONENT 1) SCHOOL-LINKED PROGRAM MODEL: REFERRAL MANAGEMENT AND CARE COORDINATION

Objective 6.4 By June 30, 2022, implement a robust community-clinical linkage system using a referral management electronic platform for connecting with parents and linking children to a source of dental care, tracking the progress of care from referral to completion of treatment plan.

### COMPONENT 2) SCHOOL-BASED PROGRAM MODEL: EQUIPMENT SUPPORT

Objective 6.5. By June 30, 2022, increase access for children to receive dental sealants and other evidence-based preventive services by creating or expanding school dental programs to reduce the burden of oral diseases.

### Local Health Jurisdiction Deliverables

Deliverable	Documentation of activities/deliverables	Selected Deliverable
<b>Deliverable 4.1</b> <i>Objective 6.4</i>	Submit a completed LOHP Program Plan for referral management software.	<input checked="" type="checkbox"/>
<b>Deliverable 4.2</b> <i>Objective 6.4</i>	i. A list of approved software, hardware, and material, purchases to support community-clinical linkage. ii. Annual referral tracking system report to include: Referral acceptance: whether the receiving organization accepted the referral, or if not, why not. Patient contact: whether the receiving organization and the patient interacted, or if not, why not. Receipt of services: whether the patient received help from the organization; if yes, what kind; or if not, why not. Need resolution: whether the need that triggered the referral was resolved (or is in the process of being resolved), or if not, why not.	<input checked="" type="checkbox"/>

## Mendocino County Scope of Work and Deliverables

<b>Deliverable 4.3</b> <i>Objective 6.4</i>	i. Number of dental care providers willing to accept referrals. ii. A list of participating providers.	☒
<b>Deliverable 4.4</b> <i>Objective 6.4</i>	Number of collaborative partnerships established. (e.g. WIC programs, Early Head Start/Head Start, preschools, and Children's Health and Disability Prevention (CHDP).	☒
<b>Deliverable 4.5</b> <i>Objective 6.4</i>	An estimate of the number of all high-risk children in the jurisdiction who are eligible.	☒
<b>Deliverable 4.6</b> <i>Objective 6.4</i>	Submit a written care coordination protocol.	☒
<b>Deliverable 4.7</b> <i>Objective 6.4</i>	i. An estimate of the number and percentage of high-risk children in the jurisdiction who need sealants and referrals. ii. Rates of participation and number of children who have received referrals. iii. Log of number of children served.	☒
<b>Deliverable 4.8</b> <i>Objective 6.4</i>	i. Number of successful referrals. ii. Develop strategies for continuous quality improvement.	☒
<b>Deliverable 5.1</b> <i>Objective 6.5</i>	Submit a completed LOHP Program Plan for equipment support.	☒
<b>Deliverable 5.2</b> <i>Objective 6.5</i>	Submit a list of approved portable equipment purchases.	☒
<b>Deliverable 5.3</b> <i>Objective 6.5</i>	i. List of partners (dental providers). ii. MOU's, other agreements.	☒
<b>Deliverable 5.4</b> <i>Objective 6.5</i>	Number of educational sessions scheduled and conducted.	☒
<b>Deliverable 5.5</b> <i>Objective 6.5</i>	i. An estimate of the number of all high-risk children in the jurisdiction who are eligible. ii. A list of participating schools. iii. Number of consent forms returned.	☒
<b>Deliverable 5.6</b> <i>Objective 6.5</i>	i. A projected number and percentage of high-risk children in the jurisdiction who will receive sealants through the program.	☒

**Mendocino County Scope of Work and Deliverables**

	ii. Rates of participation, number of children screened and number of children who received sealants, and number of sealants placed.	
<b>Deliverable 5.7</b> <i>Objective 6.5</i>	Number of retention checks.	<input checked="" type="checkbox"/>

**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](mailto:GovSuppliers@cdph.ca.gov) or fax it to (916) 650-0100, or mail it to the address above.

Principal  
Government  
Agency Name

Mendocino County

Remit-To  
Address (Street  
or PO Box)

501 Low Gap Road, Auditor's Office

City:

Ukiah

State: CA

Zip Code+4: 95482

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

94-6000520

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  
NameHHSA/Public Health/Oral  
HealthComplete  
Address1120 S Dora Street  
Ukiah, CA 95482FI\$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

Dianne Laster

Title

Acting Staff Services Manager

Phone number

(707) 472-2654

E-mail address

lasterd@mendocinocounty.org

Signature

Dianne Laster

Digitally signed by Dianne Laster  
Date: 2021.05.06 16:29:37 -07'00'

Date

5/6/2021