



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061-0962
(408) 454-4066 FAX: (408) 454-4488
TDD: (408) 454-4123

April 21, 1998

AGENDA: May 5, 1998

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95061

Re: APPROVAL OF 1998-99 DENTAL DISEASE PREVENTION PROGRAM FUNDING APPLICATION

Dear Board Members:

The Health Services Agency is requesting approval of the 1998199 renewal funding application for the Dental Disease Prevention Program. The \$22,973 application, which was due to the State on April 17, 1998, was submitted subject to your Board's approval. A copy of the application is on file with the Clerk of the Board. Attached is a State-required resolution approving the application and authorizing the Health Services Agency Administrator to sign the resultant State revenue agreement.

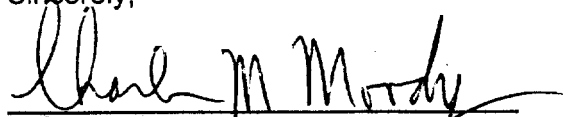
Each year, the Health Services Agency receives State funding for various school-based dental disease prevention activities called the "Happy Tooth" program. This program provides supervised brushing and flossing in the class room, instructional visits by a trained dental health instructor, educational materials and supplies, and teacher training workshops for participating schools.

The program is designed to reach 5,105 pre-school and elementary school children in high need areas in the County and to stimulate the development of community resources to respond to the need for preventive oral health services for children. The State funds support a part-time bilingual Health Program Specialist to coordinate the program and to conduct class visits. Supplies and materials are underwritten by the County.

It is therefore RECOMMENDED that your Board:

- I. Adopt the attached resolution approving the \$22,973 funding application for the 1998-99 Dental Disease Prevention Program and authorizing the Health Services Agency Administrator to sign the related State revenue agreement when received.

Sincerely,


Charles M. Moody, HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

Resolution No. _____

On the motion of Supervisor
duly seconded by Supervisor
the following resolution is adopted:

RESOLUTION APPROVING FUNDING APPLICATION FOR THE DENTAL DISEASE PREVENTION
PROGRAM AND AUTHORIZING SIGNATURE OF THE RELATED STATE STANDARD AGREEMENT

WHEREAS, the State Department of Health Services has solicited funding applications for the 1998-99 Dental Disease Prevention Program; and

WHEREAS, the funding application requires a Resolution from the Local Governing Body authorizing the application submission and further authorizing the local Agency Administrator to sign the resultant State Standard Agreement and any amendments thereto related to minor program changes; and

WHEREAS, the Health Services Agency has prepared a funding application for the 1998-99 Dental Disease Prevention Program in the amount of \$22, 973.

NOW, THEREFORE, BE IT RESOLVED that the Santa Cruz County Board of Supervisors hereby approves the 1998-99 funding application for the Dental Disease Prevention Program in the amount of \$22,973 for the period July 1, 1998 - June 30, 1999 and authorizes the Health Services Agency Administrator to sign the related State Standard Agreement and any amendments thereto related to minor program changes.


PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this day ____ of _____, 1998, by the following vote (requires four-fifths approval).

AYES: Supervisors
NOES: Supervisors
ABSENT: Supervisors

Chair of said Board

ATTEST: _____
Clerk of Said Board

APPROVED AS TO FORM:



Assistant County Counsel

Distribution:

County Administrative Office
Auditor-Controller
County Counsel
HSA Administration

APPLICATION COVER SHEET

FY 1998-99

1. Contact Person for this Application and Mailing Address

Agency Name Santa Cruz County Health Services Agency
Mailing Address P.O. Box 962
City Santa Cruz ZIP 95061 County Santa Cruz
Contact Person's Name Yolanda Chavez Phone (408) 454-4312

2. Term of Project: From 7/1/98 to 6/30/99
mo. /day/year mo. /day/year

3. Is your agency currently funded by the California Department of Health Services/Office of Dental Health Services? ☒ Yes ☐ No

current Funding Amount \$ 22,973.00

4. Project Title: "Happy Tooth" - Dental Disease Prevention Program

5. . Number of children to be served:

PRE-K	K	1	2	3	4	5	6	UNGR	TOTAL
1,232	916	885	955	563	375	102	33	44	5,105

6. Funds requested from State: \$ 22,973.00

7. The undersigned hereby affirms that the statements contained in this application package are true and complete to the best of the applicant's knowledge, and accepts as a condition of any resulting contract the obligation to comply with applicable state requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Signature  Date 4/15/98

Type Name and Title Celia Barry, Senior Health Educator

APPLICANT INFORMATION SHEET

PLEASE COMPLETE THIS FORM CAREFULLY

1. Agency Information:

Legal Name of Applicant Organization Santa Cruz County HealthTitle of Project "Happy Tooth" - Dental Disease Prevention ProgramMailing Address P.O. Box 962City Santa Cruz ZIP 95061Federal Tax ID # 95-6000534County (where agency headquarters is located) Santa CruzTelephone Number (408) 454-4141 FAX Number (408) 454-4982

2. Project Coordinator (This person is responsible for all of the day-to-day activities of project implementation. This person will be the contact person for the Office of Dental Health Services staff, will receive all programmatic, budgetary and accounting mail for the project, and will be responsible for the proper dissemination of project information):

Name Celia BarryAddress P.O. Box 962City Santa Cruz ZIP 95061Telephone Number (408) 454-4141 FAX Number (408) 454-4982

In the event that the Project Coordinator is not yet appointed, identify a contact person for the Office of Dental Health Services to send pertinent contract and program materials in the interim.

Name Celia BarryAddress P.O. Boxcity Santa Cruz ZIP 95061Telephone Number (408) 454-4141 FAX Number (408) 454-4982

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Y00000 .ROTANIEL NAGA
Y0000A 230V000 H0000
2000 10 1000 000 0

3. Financial Officer (This person has signature authority for invoices):

Name David McCollum, Chief of Fiscal Services

Address P.O. Box 962

City Santa Cruz ZIP 95061

Telephone- (408) 454-4329 FAX Number (408) 454-4488

4. Agency Official (This person has official signature authority to enter into an agreement for the agency):

Name Charles M. Moody, Administrator

Address P.O. Box 962

City Santa Cruz ZIP 95061

Telephone Number (408) 454-4066 FAX Number (408) 454-4488

5. All payments for invoices are automatically sent to the address of the Agency Official. If the address of the Agency Official is not the address you wish payments mailed to, please indicate the correct contact person and address below. The Office of Dental Health Services staff will notify the DHS Accounting Section when special handling is required for your agency.

Name David McCollum

Address (above)

City _____ ZIP _____

Telephone Number () FAX Number ()

I certify that the above is true and correct:

Charles M. Moody
By (Authorized Signature)

4/8/98
Date

AFFIRMATIVE ACTION INFORMATION SHEET

- For statistical purposes, please complete the following information to the questions below.
- This information is for statistical use only. It is considered confidential and does not constitute a basis for award or rejection of a contract, work order, service authorization, or purchase order with the Department.

VENDOR/CONTRACTOR INFORMATION

Name of Firm SantaCruz County Health Services Agency	DGS Vendor Number N/A
Name of Principal (if other than an individual firm)	Title

Business Address 1400 Emeline Avenue	City Santa Cruz, CA 95061
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Type of Ownership (Use 2 digits, ie., 01, 02, 10, 11, etc):
 01 - Individual 02 - Partnership 03 - For Profit Corp. 04 - Not-for-Profit Corp. 05 - For Profit Hospital/Skilled Nursing Facility 06 - Not-for-Profit Hospital/Skilled Nursing Facility 07 - Incorporated Association 08 - College/University (Including both Public and Private) including University Hospitals 09 - County Government only 10 - Other California governmental entity, except counties and No. 11 below, (City, School District, Water District, Joint Powers, etc.) 11 - California State Agency 12 - Other entity, including Federal Government, another State, any entity not identified in 1 through 11.

Indicate Ownership digit(s) here: 12 -other entity: Public

Type of Business Public Health Department	Contractors License <u>N/A</u> if any:
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Statistical Information

Ethnic Codes:

	Male	Female		Male	Female
Black Americans	1	A	American Indian/Alaska Natives	7	G
Asian-Pacific Americans	2	B	Filipino Americans	8	H
Hispanic Americans	4	D	Asian-Indian Americans	9	I
Pacific Islanders	6	F	Caucasian/White Americans	(5)	E

Enter Ethnicity of Vendor/Contractor from above List: E-Caucasian/Female

Has Vendor/Contractor applied to and been approved by the Office of Small and Minority Business, Department of General Services as a small business? (See reverse side). Yes ☐ No ☒
 If yes, enter the date of the letter OSMB sent to the Vendor/Contractor approving the small business status: _____

Has Vendor/Contractor applied to and been approved by the Office of Civil Rights, Department of Transportation, as a Minority Business Enterprise or a Disadvantaged Business Enterprise? Yes ☐ No ☒
 If yes, enter CalTrans seven-digit certificate number given to Vendor/Contractor: _____
 Enter certificate expiration date: _____

Is vendor/Contractor a "Woman-Owned Enterprise"? Yes ☐ No ☒

DHS Information. Date Received: _____ By: _____

DHS Program Name: _____ in CMS SA log: _____

.....
 INFORMATION PRACTICES ACT STATEMENT

This information is requested by the State of California, Department of Health Services for statistical purposes only. Completion of the form is voluntary and there are no consequences for not providing the information. Information will be provided to Contract Manager and possibly other public agencies. For more information or access to your records, contact the Section Chief, Contract Management Section, Department of Health Services, 744 P Street, Sacramento, CA 95314, Telephone (916) 322-6122
 HAS 1090 (2/88).

ABSTRACT OF PROPOSAL

1. Legal Name of Applicant Organization: Santa Cruz County Health Services
2. Project Title: "Happy Tooth" Dental Disease Prevention Program
3. Project Coordinator: Celia Ban-v. MPH
4. Provide a brief program description. Include a summary of the essential contents of the proposal.

The 'Happy Tooth' Dental Disease Prevention Program (DDPP) is a voluntary school-based program focusing on, but not limited to, the City of Watsonville where dental disease prevention and education needs are the greatest. The DDPP has been a popular prevention program for children in Santa Cruz County since 1980, and continues to be well-received by the community. The program provides a comprehensive dental and nutritional education program for at least 5,105 preschool through sixth grade students, consisting of two instructional presentations, daily fluoride tablets, and brushing and flossing. Each child receives two toothbrushes over the course of the school year.

A bilingual educator performs program activities. Volunteer school nurses provide an annual dental screening/educational visit for children in the program. Teachers in all participating classrooms receive an in-service to prepare them for the program. Update trainings are provided yearly for participating "Happy Tooth" teachers. The program coordinator assists with planning, evaluation, supervision of staff, report writing and general coordination of the program.

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PROBLEM STATEMENT / NEEDS ASSESSMENT

TARGET POPULATION

1997-98 elementary enrollment data for the County of Santa Cruz, the most recent year available, are as follows:

Kindergarten	3,165
First	3,297
Second	3,267
Third	3,280
Fourth	3,081
Fifth	3,028
Sixth	3,053
Other	193

Total number enrolled in elementary school is 22,364. Approximately 35% of these children participate in the Free School Lunch Program.

While 48% of Santa Cruz County's students are classified as "Anglo", the numbers of "Latino" students are rising. Most recent figures indicate that there are 46% "Latino" students in Santa Cruz County. Other ethnic groups comprise a total of 6% of students in Santa Cruz County (African-American 1% and Asian/Other 5%).

It is estimated that approximately 890 children and youth in Santa Cruz County are homeless (Santa Cruz County Office of Education). County-wide, 10.7% of residents live below the poverty line. The majority of those living in poverty are children. In Watsonville, 1 out of 4 children live in poverty (Community Action Board of Santa Cruz). The Happy Tooth program concentrates services at Watsonville area schools because of this significant level of poverty.

AVAILABLE ORAL HEALTH SERVICES

Most dentists in Santa Cruz County serve children. However, most dentists do not accept Medi-Cal. DentiCal referrals are commonly made to out-of-county dentists.

Cabrillo College Dental Hygiene Program offers cleanings to children two days per semester for a fee of \$22 per child and the clinic takes Medi-Cal. Sealants are provided at \$5.00 per tooth. In emergency cases only, x-rays are taken for \$5.00 - \$25.00. Clinics for children participating in Migrant Education Programs are held twice a year at \$13.00 per child. Appointments for children are always booked weeks in advance.

Dientes Community Dental Clinic, Inc. has one dentist working five days a week. Dientes Clinic is now working on a school based sealant program. All children at two Pajaro Valley schools have received screenings. At least 150 children from each school have been provided with sealants, fluoride treatments, prophys and/or fillings. Approximately 40 children have been referred to private dentists in the area for urgent care. Dientes Clinic will be seeing five schools per year beginning in September of 1998.

The Santa Cruz County Happy Tooth Dental Disease Prevention Program serves over 5,000 students each year with comprehensive dental health education. Each year, students are provided with two toothbrushes, floss and flossmen, and if they have parental permission, daily fluoride tablets. The students receive instruction in brushing, flossing, fluoride, nutrition and dental safety. Examples of students the bilingual health educator has seen include: fifth and sixth graders who have never flossed before, second graders who have never used a toothbrush, students who share one toothbrush with all family members and parents who are grateful that their children receive fluoride supplements in school because they could not afford them otherwise.

GAPS IN EXISTING ORAL HEALTH RESOURCES

Dental treatment resources for low-income children continue to be inadequate. Dentists are reluctant to take Medi-Cal and Dientes Community Dental Clinic provides treatment on a limited basis. The only other option available for dental treatment is referrals to dentists who will provide services free of charge. Community efforts continue to attempt to address the need for more affordable dental treatment, especially for children in Santa Cruz County.

Comprehensive dental health education is provided by the County's Happy Tooth Program to over 5,000 students each year. The number of free school lunch students in Santa Cruz County continues to rise, indicating a need to serve a greater number of students with dental health education.

Overall the need for dental services for low-income children in Santa Cruz County has outpaced the emergence of new resources.

BARRIERS

The changing ethnic composition of Santa Cruz County students provides challenges in implementing a comprehensive dental health program. Among the children served are recent immigrants, mostly from Spanish-speaking countries. Many of their parents have never used toothbrushes and have never received dental care. The Happy Tooth Program's educator is bilingual English/Spanish and bicultural and is sensitive to the problems of newly-immigrated students and their families. The Happy Tooth Program's curriculum includes dental health information given to the students intended for their families to reinforce what the students are learning.

Another barrier to addressing the dental health education needs of Santa Cruz County children is the lack of funds needed to provide the Happy Tooth Program to all schools which have a high percentage of free school lunch students.

PROPOSED ELEMENTARY SCHOOLS IN WHICH PROJECT WILL BE IMPLEMENTED

Attachment 7A

NAME OF ELEMENTARY SCHOOL	FLUORIDE METHOD				YR-RND	NEW SCHS	TOTAL NUMBER OF STUDENTS		FSL%
	Rinse	Tablet	Paste	None			ENROLLED	TARGETED	
Santa Cruz City School District									
Natural Bridges Elementary		X					485	157	29.1
Green Acres Elementary		X					473	135	52.6
De Laveaga Elementary		X					566	264	38.1
Live Oak Elementary		X					473	200	46
Branciforte Elementary		X					459	131	59.6
Multigraded School District									
Pacific Elementary		X					81	54	23.4
Pajaro Valley Unified School District									
Amesti Elementary		X					648	172	59.6
Bradley Elementary		X					527	156	16.8
Calabasas Elementary		X			X		761	363	61.5
Freedom Elementary		X					697	296	77.9
Hall Elementary		X					696	450	74.2
TOTALS							see next page		
AVERAGE FSL% FOR TARGETED SCHOOLS									
FSL% FOR ALL COUNTY SCHOOLS									

PROPOSED ELEMENTARY SCHOOLS IN WHICH PROJECT WILL BE IMPLEMENTED

Attachment 7A

NAME OF ELEMENTARY SCHOOL	FLUORIDE METHOD				YR-RND	NEW SCHS	TOTAL NUMBER OF STUDENTS		FSL%
	Rinse	Tablet	Paste	None			ENROLLED	TARGETED	
Pajaro Valley Unified School District con't									
H.A. Hvde Elementary		X					792	235	7.1
Linscott Elementary		X					161	53	14.1
MacQuiddy Elementary		X			X		866	253	61.5
Mintie White Elementary		X					657	264	74.5
Ohlone Elementary		X					524	228	91.5
Salsipuedes Elementary		X					662	289	78
Starlight Elementary		X					810	48	75.5
Valencia Elementary		X					624	125	30.2
TOTALS							10962	3873	
AVERAGE FSL% FOR TARGETED SCHOOLS									60%
FSL% FOR ALL COUNTY SCHOOLS									35.9%

26000

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SCHOOLS TO BE DROPPED FROM DDPP

Attachment 7C

NAME OF SCHOOL	ELEMENTARY	PRESCHOOL	# OF CHILDREN	REASON
NONE				
TOTALS				

**CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 1998-99**

CONTRACTOR Santa Cruz County

COMPONENT: Fluoride Supplements

OBJECTIVES	ACTIVITIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES
1.1 By 10/15/98, all children in grades K-6, targeted by the program and who have parental permission, will receive a daily fluoride supplement for a class minimum of 30 weeks.	1.1.1. Provide fluoride workshop to all new teachers to outline logistics and requirements of fluoride storage and activities prior to administration of daily fluoride supplement.	7/1/98-9/30/98	Educator	Signed and dated work-shop attendance sheet, workshop agenda and outline.
	1.1.2. Program staff will deliver fluoride supplies (fluoride supplement tablets, permission slips, fluoride roster instructions) to each participating teacher.	7/1/98-10/15/98	Educator	Daily fluoride participation classroom rosters will be completed by the teacher and kept on file by the program for five years. Signatures from school contact persons will indicate delivery of supplies.
	1.1.3. Provide monitoring and technical assistance to all participating schools to ensure consistent implementation of program.	7/1/98-6/30/99	Educator	Visit notes on school roster sheets, compliance as documented on daily fluoride use records.
	1.1.4. Evaluation of objective: Determine if all targeted children in grades K-6 were participating in fluoride supplement program by target date. Collect teacher evaluations, daily fluoride use records at year end; analyze data and report to State.	6/1/99-6/30/99	Coordinator and Educator	Sample of teacher evaluations and daily fluoride use records; report to State.

**CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 1998-99**

CONTRACTOR Santa Cruz County

COMPONENT: Fluoride Supplements

OBJECTIVES	ACTIVITIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES
1.2 By 1 O/1 5/98, all children in preschool, targeted by the program and who have parental permission, will receive a daily fluoride supplement for a class minimum of 30 weeks.	1.2.1. Provide fluoride workshop to all new teachers to outline logistics and requirements of fluoride storage and activities prior to administration of daily fluoride supplement.	7/1/98-9/30/98	Educator	Signed and dated work-shop attendance sheet, workshop agenda and outline.
	1.2.2. Program staff will deliver fluoride supplies (fluoride supplement tablets, permission slips, fluoride roster instructions) to each participating teacher.	7/1/98-10/15/98	Educator	Daily fluoride participation classroom rosters will be completed by the teacher and kept on file by the program for five years. Signatures from school contact persons will indicate delivery of supplies.
	1.2.3. Provide monitoring and technical assistance to all participating schools to ensure consistent implementation of program.	7/1/98-6/30/99	Educator	Visit notes on school roster sheets, compliance as documented on daily fluoride use records.
	1.2.4. Evaluation of objective: Determine if all targeted children in preschool were participating in fluoride supplement program by target date. Collect teacher evaluations, daily fluoride use records at year end; analyze data and report to State.	6/1/99-6/30/99	Coordinator and Educator	Sample of teacher evaluations and daily fluoride use records; report to State.

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CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM SCOPE OF WORK FY 1998-99

CONTRACTOR Santa Cruz County

COMPONENT: Plaque Control

OBJECTIVES	ACTIVITIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES
2.1 By June 30, 1999, all students in K - 6, targeted by the project will receive instruction and guided practice in toothbrushing for 25 days to be followed by daily home brushing or daily classroom brushing.	2.1.1. Toothbrushes and supplies will be sent to participating year-round schools by August 1, 1998 and to traditional schools by September 20, 1998. Teachers new to the project will receive toothbrushes and labeling supplies at the inset-vice.	7/1/98-9/20/98	Educator	Documentation of supplies received by teacher will be included in educator classroom roster data.
	2.1.2. School contacts (school nurses, secretary, Healthy Start principal) will be sent a notice regarding the distribution of toothbrushes to participating classes. They will also be instructed to encourage classrooms to begin brushing immediately. Teachers will be sent a notice to pick up their toothbrushes and supplies from the school office and begin brushing immediately.	7/1/98-9/10/98	Educator	Copy of notice with list of who it was sent to.
	2.1.3. All classes will receive instruction and guided practice in toothbrushing, including specific feedback on skill development.	7/1/98-1/31/99	Educator	School visit records.
	2.1.4. School contacts will be reminded to continue to reinforce brushing throughout the year.	7/1/98-6/30/99	Educator	School visit records.
	2.1.5. Evaluation of objective: Determine if by January 31, 1999, all students received instruction and guided practice in toothbrushing. Collect and review teacher evaluations and determine if students received appropriate daily toothbrushing. Report to State.	1/31/99-2/28/99	Educator	Teacher evaluation, school visit records.

**CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 1998-99**

CONTRACTOR Santa Cruz County

COMPONENT: Plaque Control

OBJECTIVES	ACTIVITIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES.
2.2 By 6/30/99, all children in preschool targeted by the program will receive instruction and guided practice followed by daily classroom brushing.	2.2.1 Toothbrushes and supplies will be sent to participating year-round schools by August 1, 1998 and to traditional schools by September 20, 1998. Teachers new to the project will receive toothbrushes and labeling supplies at the inservice.	7/1/98-9/30/98	Educator	Documentation of supplies received by teacher will be included in educator classroom roster data.
	2.2.2. School contacts will be sent a notice regarding the distribution of toothbrushes to participating classes. They will also be instructed to encourage classrooms to begin brushing immediately. Teachers will be sent a notice to pick up their toothbrushes and supplies from the school office and begin brushing immediately.	7/1/98-9/10/98	Educator	Copy of notice with list of who it as sent to.
	2.2.3. All classes will receive instruction and guided practice in toothbrushing, including specific feedback on skill development.	7/1/98-1/31/99	Educator	School visit records.
	2.2.4 School contacts will be reminded to continue to reinforce brushing throughout the year.	7/1/98-6/30/99	Educator	School visit records.
	2.2.5. Evaluation of objective: Determine if by January 31, 1999, all students received instruction and guided practice in toothbrushing. Collect and review teacher evaluations and determine if students received appropriate daily toothbrushing. Report to State.	1/31/99-2/28/99	Educator	Teacher evaluation, school visit records.

DENTAL\scope of work 4/98

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM

SCOPE OF WORK FY 1998-99

CONTRACTOR Santa Cruz County

COMPONENT: Oral Health Education

OBJECTIVES	ACTMTIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES
3.1 By June 30, 1999, all participating K -6 th grade students will receive a series of two instructional visits on oral health, each lasting approximately 30 minutes, using appropriate scope and sequence principles. The following subject areas will be included: causes, processes and effects of oral diseases; plaque control; nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.	3.1.1. Develop scope and sequence curriculum and culturally appropriate educational materials.	7/1/98-7/31/98	Educator	Lesson plans, handouts.
	3.1.2. Assign/schedule classroom visits.	7/1/98-7/3 1/98	Educator	School assignment lists.
	3.1.3. Deveiop according to the scope and sequence, field test, and deliver Lesson 1.	7/1/98-10/15/98	Educator	Scope and sequence, lesson plans, schedules of coordinator/educator.
	-3.1.4. Develop, field test and deliver Lesson 2.	1 1/1/98-2/1/99	Educator	School visit records, schedules
	3.1.5 Evaluation of objective: Determine whether by June 30, 1999, all participating students had 2 appropriate scope and sequenced lessons. Review lesson plans and school visit records. Report to State.	6/1/99-6/30/99	Coordinator, Educator	School visit records, lesson plans.
3.2 By June 30, 1999, all participating preschool students will receive a series of two instructional visits on oral health, each lasting approximately 20 minutes, using appropriate scope and sequence principles. The following subject areas will be included: causes, processes and effects of oral diseases, plaque control; nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.	3.2.1. Develop scope and sequence curriculum and culturally appropriate educational materials.	7/1/98-7/31/98	Educator	Lesson plans, handouts.
	3.2.2. Assign/schedule classroom visits.	7/1/98-7/31/98	Educator	School assignment lists.
	3.2.3. Develop according to the scope and sequence, field-test, and deliver Lesson 1	7/1/98-10/15/98	Educator	Scope and sequence, lesson plans, schedules of coordinator/educator.
	3.2.4. Develop, field-test and deliver Lesson 2.	1 1/1/98-2/1/99	Educator	School visit records, schedules
	3.2.5 Evaluation of objective: Determine whether by June 30, 1999, all participating students had 2 appropriate scope and sequenced lessons. Review lesson plans and school visit records. Report to State.	6/1/99-6/30/99	Coordinator, Educator	School visit records, lesson plans.

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 1998-99

CONTRACTOR Santa Cruz County

COMPONENT: Oral Health Education

OBJECTIVES	ACTIVITIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES
3.3 By June 30, 1999, all participating preschools will offer dental health education for parents which could include baby bottle tooth decay; causes, processes and effects of oral diseases; plaque control, nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.	3.3.1 Develop presentation outline and culturally appropriate educational materials.	7/1/98-7/31/98	Educator	Presentation outline.
	3.3.2 Notify preschools of availability of dental presentation for parents.	7/1/98-10/15/98	Educator	Flyers and list of preschools.
	3.3.3 Conduct dental health presentations for parents.	7/1/98-6/30/99	Educator	Log of presentations, sign-m sheets.
	3.3.4 Evaluation of objective: Determine whether by June 30, 1999 all participating preschools offered dental health presentations for parents.	6/1/99-6/30/99	Educator	Log of presentation and agenda of meeting.

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CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM SCOPE OF WORK FY 1998-99

CONTRACTOR Santa Cruz County

COMPONENT: Dental Health Advisory Committee

OBJECTIVES	ACTIVITIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES
4.1 By June 30, 1999, the Dental Health Advisory Committee (Sealant Advisory Committee) will hold meetings at least twice yearly.	4.1.1. Assist CHDP with DHAC meetings.	7/1/98-6/30/99	Coordinator Educator	Meeting announcements.
	4.1.2. Assist with staffing meetings.	7/1/98-6/30/99	Coordinator Educator	Meeting agendas, minutes.
	4.1.3. Evaluation of objective: Assess whether DHAC had 2 meetings. Review meeting dates. Report to State.	6/01/99-6/30/99	Coordinator	Meeting minutes.
4.2 By April 30, 1999, the Dental Health Advisory Committee will assist in developing, reviewing and commenting on the local project application.	4.2.1. Send out draft copies of 1998- 1999 project application to each member, requesting their input.	3/3 1/99	Coordinator, Office Assistant	Draft application, cover letter.
	4.2.2. During the 2 nd meeting, discuss suggested revisions to draft; vote on final version.	4/30/99	Coordinator	Meeting minutes.
	4.2.3. Evaluation of objective: Have chair sign letter verifying participation in developing, reviewing and commenting on the application; letter will be sent in with application. Report to State.	4/30/99	Coordinator	Signed letter, final application.
4.3 By August 1, 1998, the Dental Health Advisory Committee will have its full complement of members, including representatives from at least education, the dental professions, and parent groups.	4.3.1. Confirm participation of current members.	7/1/98-7/31/98	Coordinator	Meeting agendas, minutes.
	4.3.2. Recruit representatives from underrepresented groups to fill vacancies.	7/1/98-8/1/98	Coordinator	Roster of Advisory Committee members, including names, addresses, phones, agencies represented.

DENTAL\scope of work 4/98

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**CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 1998-99**

CONTRACTOR Santa Cruz County

COMPONENT: Dental Health Advisory Committee

OBJECTIVES	ACTIVITIES TO ACCOMPLISH OBJECTIVES	DATE BEGIN/END	RESPONS PERSON	DOCUMENTATION OF ACTIVITIES
4.3. (continued)	4.3.3. Evaluation of objective: Assess whether DHAC had representatives from at least education, dental professions, and parent groups. Report to State.	8/1/98-8/15/98	Coordinator	Attendance sheets, roster.

EVALUATION PLAN

COMPONENT I. FLUORIDE SUPPLEMENTS

Objective 1.1: By 10/15/98, all children in grades K - 6th targeted by the program and who have parental permission will receive a daily fluoride supplement a class minimum of 30 weeks.

Who: Targeted children in grades K - 6th with parental permission

How Many: All targeted children

Intervention: Daily fluoride supplements

Instrument: Daily fluoride use records, teacher evaluations

Method: Count the total number of targeted children in grades K - 6th grade with parental permission who are participating in the fluoride supplement program by October 15, 1998.

Objective 1.2: By 10/15/98, all children in preschool targeted by the program and who have parental permission will receive a daily fluoride supplement a class minimum of 30 weeks.

Who: Targeted children in preschool with parental permission

How Many: All targeted children

Intervention: Daily fluoride supplements

Instrument: Daily fluoride use records, teacher evaluations

Method: Count the total number of targeted children in preschool with parental permission who are participating in the fluoride supplement program by October 15, 1998.

COMPONENT II. Plaque Control

Objective 2.1: By 10/15/98, all children in grades K - 6th targeted by the program will receive instruction and guided practice in toothbrushing for 25 days followed by daily home brushing or daily classroom brushing.

Who: Targeted children in grades K - 6th

How Many: All targeted children

Intervention: Instruction and practice in toothbrushing for 25 days followed by daily home brushing or daily classroom brushing

Instrument: School visit records, teacher evaluations, home brushing contracts

Method: Calculate total number of children in grades K - 6th grade by the project receiving instruction and guided practice in toothbrushing for 25 days followed by daily home brushing or daily classroom brushing by June 30, 1999

Objective 2.2: By 10/15/98, all children in preschool targeted by the program will receive instruction and guided practice followed by daily classroom brushing.

Who: Targeted children in preschool

How Many: All targeted children

Intervention: Instruction and practice in toothbrushing followed by daily classroom brushing

Instrument: School visit records, teacher evaluations, home brushing contracts

Method: Calculate total number of children in preschool targeted by the project receiving instruction and guided practice in toothbrushing followed by daily classroom brushing by June 30, 1999

COMPONENT III: Oral Health Education

Objective 3.1: By 10/15/98, all participating K - 6th grade students will receive a series of two instructional visits on oral health, each lasting approximately 30 minutes, using appropriate scope and sequence principles. The following subject areas will be included: causes, processes and effects of oral disease; plaque control; nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.

Who: All participating K - 6th grade students

How Many: All targeted children

Intervention: Classroom instructional visits on oral health

Instrument: School visit records, teacher evaluations, home brushing contracts daily fluoride supplements

Method: Calculate total number of children in grades K - 6th targeted by the project receiving two instruction visits on oral health by June 30, 1999

Objective 3.2: By 10/15/98, all participating preschool students will receive a series of two instructional visits on oral health, each lasting approximately 30 minutes, using appropriate scope and sequence principles. The following subject areas will be included: causes, processes and effects of oral disease; plaque control; nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.

Who: All participating preschool students

How Many: All targeted children

Intervention: Classroom instructional visits on oral health

Instrument: School visit records, teacher evaluations, home brushing contracts

Method: Calculate total number of children in preschool targeted by the project receiving two instruction visits on oral health by June 30, 1999

Objective 3.3: By June 30, 1999, all participating preschools will offer dental health education for parents which could include baby bottle tooth decay, causes, processes and effects of oral diseases, plaque control, nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.

Who: All participating preschools

How Many: All participating preschools

Intervention: Presentation for parents

Instrument: Sign-in sheets, copies of letters offering presentation, agendas and minutes

Method: Calculate total number of parents attending presentation

COMPONENT IV: Sealant Advisory Committee

Objective 4.1 By June 30, 1999 the Sealant Advisory Committee will hold at least two public meetings; which will include representative from at least education, the dental professions and parent groups; will assist in developing and reviewing the local project application; and will provide input on the need for and adequacy of local preventative oral health services for children.

Intervention: Hold meetings

Instrument: Meeting agendas, meetings minutes, roster of advisory committee members.

Method: Assure advisory committee held at least two meetings; included representatives from education, the dental professions and parent groups, assisted in developing and reviewed the local project application; and provided input on the need for and adequacy of local preventative oral health services for children.

Evaluation Objective

Objective By June 30, 1999 ten classrooms of 3rd grade students targeted by the project and receiving dental health education will demonstrate scores in knowledge and attitudes toward dental health that average at least 15% higher on post-test scores than on pre-test scores (before and after intervention).

Who: Third Grade students

How Many: Ten classrooms targeted by the project.

Intervention: Classroom instructional visits on oral health.

Instrument: Pre-test and post-test on dental health knowledge and attitudes before and after intervention.

Method: Calculate percentage difference between pre-test and post-test.

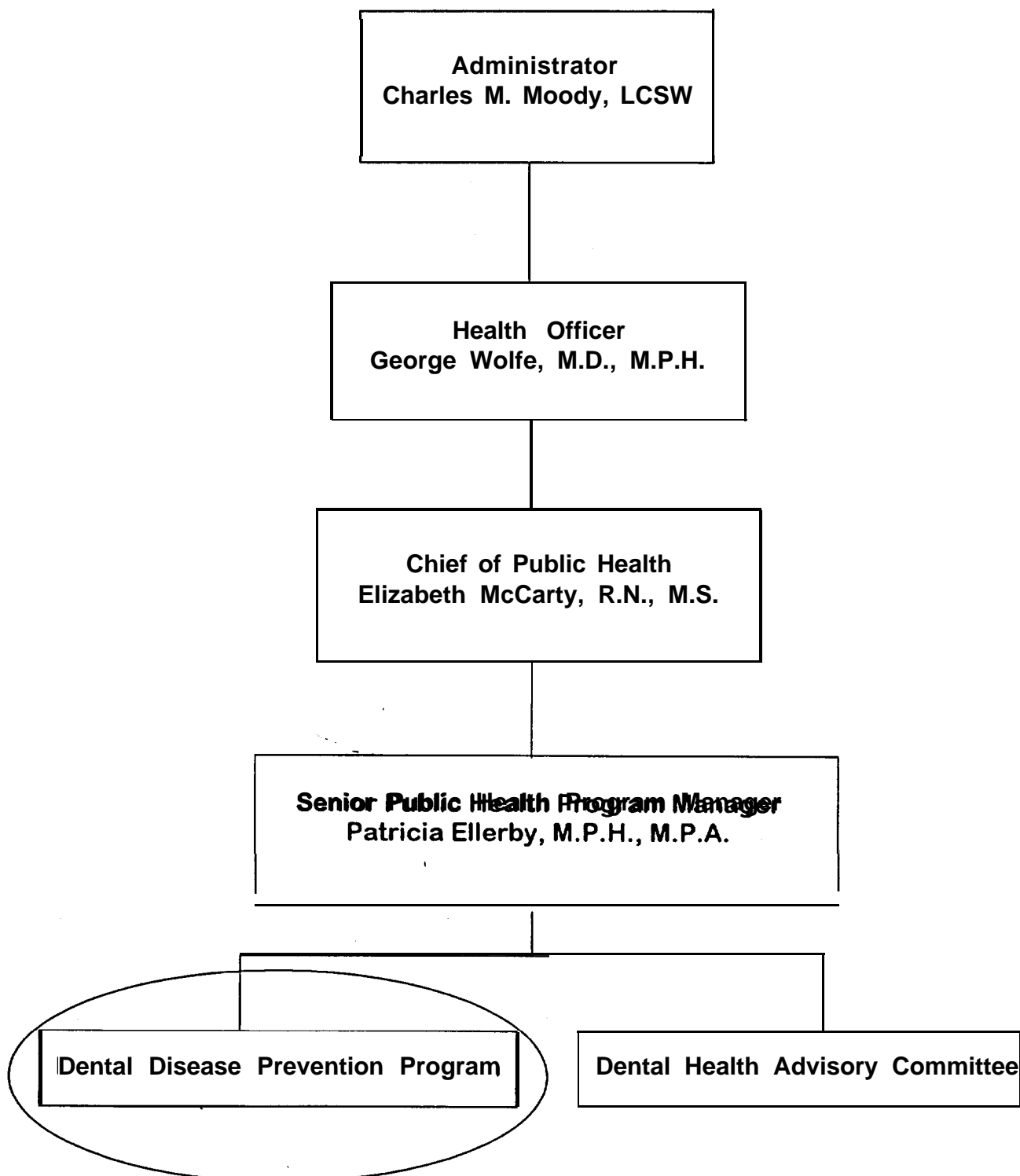
BUDGET
DDPP Line Item Budget

Contractor: Santa Cruz County Health Services		Contract #: _____
1.	Personal Services (include position & rate x time calculations)	Proposed State Funding \$ Amount
1.	Health Program Specialist, Bilingual (1,104/biweekly X .60 FTE X 26 pay periods) [applicant is-contributing balance]	\$17,223
SUBTOTAL SALARIES		
2.	Fringe Benefits @ Actual	5,750
SUBTOTAL PERSONAL SERVICES		22,973
3.	INDIRECT COSTS (@ of Personal Services) (@ of Contractual Services)	
4.	General Expense	
5.	Expendable Supplies	
6.	Printing & Duplicating	
7.	Communications & Postage	
8.	Travel, Per Diem & Training	
9.	Contractual Services	
10.	Educational Materials	
11.	Rent & Utilities	
12.	Other (Specify)	
SUBTOTAL OPERATING EXPENSES (4-12)		
TOTAL		\$22,973

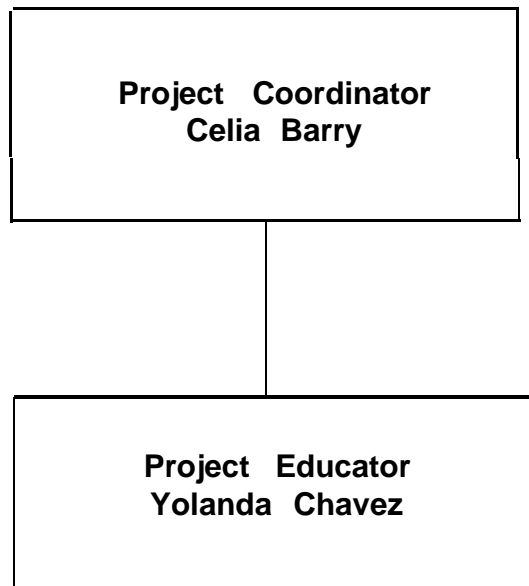
BUDGET SUMMARY

BUDGET CATEGORY	PROPOSED SOURCES OF FUNDING				
	State	Applicant	In-Kind	Other	TOTAL
A. Total Salaries	\$ 17,223	\$ 4,306			\$ 21,529
B. Fringe Benefits	\$ 5,750	\$ 1,569			\$ 7,319
TOTAL PERSONAL SERVICES	\$ 22,973	\$ 5,875			\$ 28,848
C. INDIRECT COSTS		\$ 7,212			\$ 7,212
D. General Expense		\$ 200			\$ 200
E. Expendable Supplies		\$ 3,500			\$ 3,500
F. Printing & Duplicating		\$ 200			\$ 200
G. Communications & Postage					
H. Travel, Per Diem & Training		\$ 450			\$ 450
I. Contractual Services					
J. Education Materials		\$ 100			\$ 100
K. Rent & Utilities					
L. Other					
TOTAL OPERATING EXPENSES		\$ 4,450			\$ 4,450
TOTAL	\$ 22,973	\$ 21,987			\$ 44,960

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY DENTAL DISEASE PREVENTION PROGRAM



SANTA CRUZ COUNTY HEALTH SERVICES AGENCY DENTAL DISEASE PREVENTION PROGRAM



**Board of Supervisor's Resolution Supporting
Application Submission**

Forthcoming May 12, 1998

NONDISCRIMINATION COMPLIANCE STATEMENT

STD. 19 (REV. 2-89)

Attachment 12 00111

COMPANY NAME

Santa Cruz County Health Services Agency

The company named above (~~hereinafter~~ referred to as "prospective contractor") hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 (a-f) and California Code of Regulations, Title 2, Division 4, Chapter 5 in matters relating to reporting requirements and the development, implementation and maintenance of a Nondiscrimination Program. Prospective contractor agrees not to unlawfully discriminate, harass or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave.

CERTIFICATION

I, the official named below, hereby Swear that I am duly authorized to legally bind the prospective contractor to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

OFFICIAL'S NAME

Sandra Haugen

DATE EXECUTED

April 5, 1998

EXECUTED IN THE COUNTY OF

Santa Cruz

PROSPECTIVE CONTRACTOR'S SIGNATURE

PROSPECTIVE CONTRACTOR'S TITLE

Chief of Administrative Services

PROSPECTIVE CONTRACTOR'S LEGAL BUSINESS NAME

Santa Cruz County Dental Disease Prevention Program 94-6000 534

DRUG-FREE WORKPLACE CERTIFICATION

COMPANY/ORGANIZATION NAME

Santa Cruz County Health Services Agency

The contractor or grant recipient named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, **as** required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness **Program as** required by Government Code Section 8355(b), to inform employees about all of the following:
 - a. The dangers of drug **abuse** in the workplace;
 - b. the person's or organization's policy of **maintaining** a drug-free workplace;
 - c. any available counseling, rehabilitation and employee assistance programs, and;
 - d. penalties that may be imposed upon employees for drug abuse violations.
3. Provide **as** required by Government Code Section 8355(c) that every employee who works on the proposed contract or grant:
 - a. **Will** receive a copy of the company's drug-free policy statement, and;
 - b. will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

OFFICIAL'S NAME

Sandra Haugen

DATE EXECUTED

April 5, 1998

EXECUTED AT THE COUNTY OF

Santa Cruz

CONTRACTOR or GRANT RECIPIENT SIGNATURE

TITLE

Chief of Administrative Services

FEDERAL I.D. NUMBER

94-6000 534

YOLANDA D. CHAVEZ
714 Fair Avenue, Santa Cruz, CA 95060
(408) 425-0672 (home) - (408) 454-4141 (work)

0000114

RECENT EXPERIENCE:

Health Program Specialist

Santa Cruz County Health Services Agency, Santa Cruz, CA
2/89 to present

Responsible for developing and facilitating dental and presentations for the elementary schools in Santa Cruz County; evaluate and develop educational material for the schools and different community clinics; maintain resource library; collect and evaluate statistical data; assist in the research and preparation of reports; evaluate the effectiveness of program information and methods.

Responsible for facilitating a comprehensive child passenger safety curriculum being used at Santa Cruz County Headstart and Migrant Headstart Programs.

Presently implementing the curriculum at State Preschools in Santa Cruz County,

Dental Health Educator

Dientes Community Dental Clinic, Inc.
April 1, 1993

Developed curriculum for DIENTES Health Education Component.

Responsible for conducting Health Education sessions for families with information on baby bottle tooth decay, nutrition and dental health, and brushing instruction.

Cleik II

Santa Cruz County Health Services Agency, Santa Cruz, C.A.
4/86-2/89

Responsible for typing form letters and reports in finished form; typed drafts of reports and other material from rough copy or machine transcription; proofread finished copy and made correction; operated standard office equipment such as photocopy machine, adding machine and word processor; assisted the public by referring them to the appropriate personnel or location.

Bank Teller

Pacific Western Bank, Santa Cruz, CA
10/83 to 4/86

Responsible for various transactions, deposits, withdrawals, cashiers checks and bonds. Back-up for bookkeeping; balance checkbooks and open new accounts.

EDUCATION:

- Cabrillo College - 1988 - General Education
- San Jose State

SEALANT ADVISORY COMMITTEE MEMBERS

Catherine Webb, DDS
LTR CHDP Program
Dental Consultant
640 Cabrillo Hwy.
Pescadero, CA 94060

Celia Barry
Health Services Agency
Senior Health Educator
P.O. Box 962
Santa Cruz, CA 95060

Wendy Bowers
WIC Program Director
18 West Lake Ave. #A
Watsonville, CA 95076

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Health Services Agency
Health Program Specialist
P.O. Box 962
Santa Cruz, CA 95060

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PVUSD Nurse
Ohlone Elementary School
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Watsonville, CA 95076

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Freedom Elementary School
25 Holly Drive
Freedom, CA 95019

Norene Bailey
CHDP Program
P.O. Box 962
Santa Cruz, CA 95061

Mandy Spitzer
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Salsipuedes Elementary School
115 Casserly Road
Watsonville, CA 95076

Jane Doyle
Dientes Community Dental Clinic
930 Mission Street
Santa Cruz, CA 95060

Health Coordinator
Growth & Opportunity Child Care
Program
40 Brennan Street
Watsonville, CA 95076

Elaine Glunt
Welfare Parents Support Group ,
Volunteer Coordinator
506 Broadway Street
Santa Cruz, CA 95062

Jeff Richman
PVUSD Nurse
Freedom Elementary School
25 Holly Road
Watsonville, CA 95019

Jay Balzer
Dientes Community Dental Clinic
930 Mission Street
Santa Cruz, CA 95060



April 14, 1998

Richard Lohmeyer
Office of Dental Health Services
Continental Plaza/MS 725
P.O. Box 942732
Sacramento, CA 94234-7320

Dear Mr. Lohmeyer,

I have reviewed the 1998-99 Santa Cruz County Health Services Agency's Happy Tooth Dental Disease Prevention Program proposal.

I support the program's goals: providing fluoride supplements to preschool through sixth grade students with parental permission, conducting lessons in toothbrushing and providing toothbrushes, presenting oral health sessions on nutrition, fluoride, dental care, and other dental issues, and advocating for community oral health needs.

I strongly support the Happy Tooth Program and urge you to continue funding this valuable community program.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Balzer".

Jay Balzer, DMD, MPH
Executive Director
Dientes! Community Dental Clinic



COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1400 EMELINE AVENUE

SANTA CRUZ, CA 95061-0962

FAX: (408) 454-4982 TDD: (408) 454-4123

Community Health and Prevention Programs

☒ Health Education 454-4141
☐ AIDS Program 454-2437
☐ Homeless Persons Health Project 454-2080

Exhibit A

State of California

Department of Health Services

Office of Dental Health Services

Sample Blanket Prescription

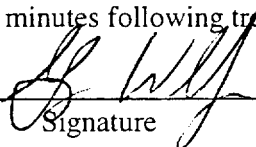
(Please check appropriate box)

☒ **Daily Fluoride Tablet**

Sample R,: For all K-6 children in the Santa Cruz County
 (grade level) (jurisdiction: county, school district)
Happy Tooth Program who have parental consent.
 (program name)

R , : 1.1mg sodium fluoride tablets
 (dosage: 0.55 mg, 1.1 mg or 2.2 sodium fluoride)*

Sig: One (1) tablet per day, to be chewed in the mouth for 30 seconds, swished between the teeth for 30 seconds, then swallowed. Nothing by mouth, including water, for 30 minutes following treatment.


 Signature

4/7/98
 Date

George Wolfe MD. MPH
 Name (Print plainly)

(408) 454-4066
 Phone

1080 Emeline Avenue
 Address

C332747
 License Number

Santa Cruz, CA 95060
 City, State, Zip

Copies: Original prescription should be kept on permanent file by the program coordinator and a copy sent to the Office of Dental Health Services with the initial or renewal program application.

Renewals: A new blanket prescription should be written each school year by the advisory dentist, the local health officer, or other qualified dentist or physician.

* In calculating the supplemental fluoride dosage, both the child's age and the fluoride concentration in all major sources of drinking water (e.g., home and school) need to be considered, since fluoride content and water supplier can vary greatly within a region. Refer to Daily Fluoride Tablet Program Guidelines for appropriate dosage to prescribe. 2.2 mg sodium fluoride contains 1 mg fluoride, 1.1 mg sodium fluoride contains 0.5 mg fluoride and 0.55 contains 0.25 mg fluoride.



COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1400 EMELINE AVENUE

SANTA CRUZ, CA 95061-0962

FAX: (408) 454-4982 TDD: (408) 454-4123

Exhibit A

State of California

Department of Health Services

Office of Dental Health Services

Sample Blanket Prescription

(Please check appropriate box)

Community Health and Prevention Programs

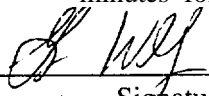
- ☐ Health Education 454-4141
- ☐ AIDS Program 454-2437
- ☐ Homeless Persons Health Project 454-2080

☒ Daily Fluoride Tablet

Sample R.: For all preschool children in the Santa Cruz County
(grade level) (jurisdiction: county, school district)
Happy Tooth Program who have parental consent.
(program name)

R.: 0.55mg sodium fluoride tablets
(dosage: 0.55 mg, 1.1 mg or 2.2 sodium fluoride)*

Sig: One (1) tablet per day, to be chewed in the mouth for 30 seconds, swished between the teeth for 30 seconds, then swallowed. Nothing by mouth, including water, for 30 minutes following treatment.


Signature

4/7/98
Date

George Wolfe, MD, MPH
Name (Print plainly)

(408) 454-4066
Phone

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