

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
BOARD ACTION SUMMARY**

DEPT: Health Services Agency

BOARD AGENDA: 4.B.2
AGENDA DATE: February 13, 2018

SUBJECT:

Approval to Enter Into a Grant Agreement with the California Department of Public Health for the Local Oral Health Program From January 1, 2018 Through June 30, 2022 and to Amend the Salary and Position Allocation Resolution to Add One New Position to the Health Services Agency Public Health Division

BOARD ACTION AS FOLLOWS:

RESOLUTION NO. 2018-0080

On motion of Supervisor Monteith , Seconded by Supervisor Olsen
and approved by the following vote,

Ayes: Supervisors: Olsen, Chiesa, Withrow, Monteith, and Chairman DeMartini

Noes: Supervisors: None


Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

- 1) Approved as recommended
- 2) Denied
- 3) Approved as amended
- 4) Other:

MOTION:

ATTEST:



ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM**

DEPT: Health Services Agency

BOARD AGENDA:4.B.2
AGENDA DATE: February 13, 2018

CONSENT:

CEO CONCURRENCE: YES

4/5 Vote Required: No

SUBJECT:

Approval to Enter Into a Grant Agreement with the California Department of Public Health for the Local Oral Health Program From January 1, 2018 Through June 30, 2022 and to Amend the Salary and Position Allocation Resolution to Add One New Position to the Health Services Agency Public Health Division

STAFF RECOMMENDATION:

1. Approve Grant Agreement Number 17-10731 with the California Department of Public Health for the Local Oral Health Program from January 1, 2018 through June 30, 2022.
2. Authorize the Health Services Agency Managing Director or her designee to sign the Grant Agreement and any subsequent amendments.
3. Amend the Salary and Position Allocation Resolution to add one new position to the Health Services Agency Public Health Division effective the first pay period following Board of Supervisors' approval.

DISCUSSION:

The Local Oral Health Program is a new program of the California Department of Public Health funded by revenue generated from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. This initiative increased the State cigarette tax by \$2 per pack and added an equivalent amount on other tobacco products. The annual State Budget, California Health and Safety Code Sections 104750-104765, 104770-104825, 104865 and 131085, and the Revenue and Taxation Code Section 30130.50-30130.58 (California Healthcare, Research and Prevention Tobacco Tax Act of 2016) provide the State Oral Health Program with the legislative authority to build capacity and infrastructure for the development, implementation and evaluation of best practices and evidence-based programs in oral disease prevention, including dental disease caused by the use of cigarettes and other tobacco products. Under the leadership of the State Dental Director, the Oral Health Program works to address the burden of oral disease, increase access to oral health services for high-risk populations, and improve the oral health status of all Californians.

The State Oral Health Program is funding grants to 61 local health jurisdictions including Stanislaus County. The purpose of this grant is to provide activities that support the California Oral Health Plan by building capacity at the local level for the facilitation and

implementation of education, prevention, linkage to treatment, surveillance, and case management services in the community. Stanislaus County's Local Oral Health Program will assess the oral health needs of the community, develop a strategic action plan to address the oral health needs of the population groups within the community, and implement evidence-based or evidence-informed programs.

The 2018-2022 grant term consists of two phases: Planning and Implementation. During the Planning Phase, January 1, 2018 – December 31, 2018, program activities will focus on completing an oral health assessment and drafting an oral health improvement plan. As planned, this work will be completed by an external consultant and the requested Staff Services Coordinator in partnership with community stakeholders and partners. During the Implementation Phase, January 1, 2019 - June 30, 2022, evidence-based and best practice strategies will be carried out with target populations to meet the goals identified in the oral health improvement plan such as, school-based or school-linked dental programs, increasing access to fluoride, kindergarten oral health assessments, addressing common risk factors for preventable oral and chronic disease including tobacco and sugar consumption, and expanding oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

POLICY ISSUE:

Board of Supervisors' approval is required by the State in order for the Managing Director or her designee to sign and execute the grant agreement and any subsequent amendments.

FISCAL IMPACT:

The Local Oral Health Program provides \$1,516,665 in funding for the period of January 1, 2018 through June 30, 2022. The grant allocation for January 1, 2018 through June 30, 2018 is \$303,333 and can be absorbed within the existing budget based on projection analysis performed at the midyear point of the fiscal year. The funding and appropriations for the remaining amount of the grant will be included in the Agency's budget submissions in future fiscal periods.

BOARD OF SUPERVISORS' PRIORITY:

The recommended action supports the Board of Supervisors' priority of *Supporting Community Health* by improving oral health programming and access to preventative treatment.

STAFFING IMPACT:

The department is requesting to add a new Staff Services Coordinator position to the current Health Services Agency (HSA) Public Health Division allocation effective the first pay period following Board of Supervisors' approval. This position will lead the implementation of the program, supervise and train staff, monitor and report on program progress, and serve as the program's liaison with the California Oral Health Program. Per the State's Oral Health Program Guidelines, a lead staff person is required to be designated and included in the program budget at a minimum of 0.5 Full-Time Equivalent. Due to the funding level for Stanislaus County and scope of work, a 1.0 Full-Time Equivalent Coordinator is needed to oversee and ensure successful program implementation and evaluation.

It is requested that this position be approved at this time to ensure the timely implementation of the Oral Health Program. As funding was made available beginning January 1, 2018, any delay in hiring will result in loss of revenue and limited ability to achieve program deliverables required by the grant agreement. The staffing costs of approximately \$63,000 for Fiscal Year 2017-2018 can be accommodated within the existing budget based on savings identified during midyear analysis. Additional staff time needed for this program will be obtained from currently allocated staff. Due to the short timeframe and the level of expertise needed, an external consultant arrangement would be pursued to conduct the needs assessment and develop the oral health improvement plan required in the Planning Phase.

CONTACT PERSON:

Lori Williams, Public Health Director (209) 558-8804

ATTACHMENT(S):

1. Stanislaus County Oral Health Grant Agreement

CALIFORNIA Oral Health Program

Local Oral Health Plan

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

Stanislaus County Health Services Agency, hereinafter “Grantee”

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

GRANT AGREEMENT NUMBER 17-10731

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

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

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

GRANT AMOUNT: The maximum amount payable under this Grant shall not exceed One Million Five Hundred Sixteen Thousand Six Hundred Sixty Five dollars (\$1,516,665).

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

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

| | |
|---|---|
| California Department of Public Health | Grantee: Stanislaus County Health Services Agency |
| Name: Angela Wright, Grant Manager | Name: Heather Duvall, Health Program Manager |
| Address: MS 7208, 1616 Capitol Avenue, Suite 74.420 | Address: 251 E. Hackett Road |
| City, Zip: Sacramento, CA 95814 | City, Zip: Modesto, CA 95358 |

| | |
|-----------------------------------|---------------------------|
| Phone: (916) 552-9898 | Phone: 209-525-4804 |
| Fax: (916) 552-9729 | Fax: 209-558-1242 |
| E-mail: Angela.Wright@cdph.ca.gov | E-mail: hduvall@schsa.org |

Direct all inquiries to:

| | |
|---|--|
| California Department of Public Health, California Oral Health Program | Grantee: Stanislaus County Health Services Agency |
| Attention: Angela Wright, Grant Manager | Attention: Heather Duvall, Health Promotion Manager |
| Address: MS 7208, 1616 Capitol Avenue, Suite 74.420 | Address: 251 E. Hackett Road |
| City, Zip: Sacramento, CA 95814 | City, Zip: Modesto, CA 95358 |
| Phone: (916) 552-9898 | Phone: 209-525-4804 |
| Fax: (916) 552-9729 | Fax: 209-558-1242 |
| E-mail: Angela.Wright@cdph.ca.gov | E-mail: hduvall@schsa.org |

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

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

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

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

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

Executed By:

Date: 2/14/18

Mary Ann Lee
Mary Ann Lee, Managing Director
Stanislaus County Health Services Agency
P.O. Box 3271
Modesto, CA 95350

Date: 3/7/18

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

APPROVED AS TO FORM:

BY: Marc Hartley DATE: 1-24-2018
Marc Hartley, Director, Contract and Purchasing Services Section

**Exhibit A
Application Checklist**

| | |
|---|--|
| DUE: Wednesday, September 20, 2017 | |
| DATE OF SUBMISSION | September 19, 2017 |
| ORGANIZATION NAME | <u>Stanislaus County Health Services Agency</u> Public Health Department |
| Application Contact Name: Heather Duvall | Phone Number: 209-525-4804 |
| E-mail Address: hduvall@schsa.org | |

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

APPLICATION CONTENTS:

Please Check

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



One copy must be mailed to:

| | |
|---|---|
| <p><i>Regular Mail</i></p> <p>Oral Health Program California Department of Public Health P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377</p> | <p><i>Express Delivery</i></p> <p>Oral Health Program California Department of Public Health 1616 Capitol Avenue, Suite 74.420 MS-7208 Sacramento, CA 95814</p> <p>(916) 552-9900</p> |
|---|---|



Also e-mail the documents to: DentalDirector@cdph.ca.gov.

Grantee Information Form

| | | |
|-------------------------|---|---|
| Organization | This is the information that will appear in your grant agreement. | |
| | Federal Tax ID # | <u>94-6000540</u> |
| | Name | <u>Stanislaus County Health Services Agency</u> |
| | Mailing Address | <u>P.O.Box 3271, Modesto, CA 95350</u> |
| | Street Address (If Different) | _____ |
| | County | <u>Stanislaus</u> |
| | Phone | <u>(209) 558-7116</u> Fax <u>(209)558-8320</u> |
| Website | <u>www.hsahealth.org</u> | |
| Grant Signatory | The Grant Signatory has authority to sign the grant agreement cover. | |
| | Name | <u>Mary Ann Lee</u> |
| | Title | <u>Managing Director</u> |
| | <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input checked="" type="checkbox"/> | |
| | Mailing Address | _____ |
| | Street Address (If Different) | _____ |
| | Phone | <u>(209) 558-7163</u> Fax <u>(209) 558-7123</u> |
| Email | <u>mlee@schsa.org</u> | |
| Project Director | The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information. | |
| | Name | <u>Heather Duvall</u> |
| | Title | <u>Health Promotion Manager</u> |
| | <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/> | |
| | Mailing Address | <u>251 E. Hackett Road, Modesto, CA 95358</u> |
| | Street Address (If Different) | _____ |
| | Phone | <u>(209) 525-4804</u> Fax <u>(209) 558-1242</u> |
| Email | <u>hduvall@schsa.org</u> | |
| Funding | These are the annual Funding amounts your LHM will accept for grant purposes. | |
| | Year 1 (FY 17/18) | \$303,333 |
| | Year 2 (FY 18/19) | \$303,333 |
| | Year 3 (FY 19/20) | \$303,333 |
| | Year 4 (FY 20/21) | \$303,333 |
| | Year 5 (FY 21/22) | \$303,333 |

Narrative Summary Form
Stanislaus County Health Services Agency

Stanislaus County is a mid-sized county located in the San Joaquin Valley. The county's total area, measuring approximately 1,494 square miles is mainly rural, with urban population centers along the CA-99 Highway that runs through the center of the county. According to the ACS 2010-2014 data, the total population in 2014 was approximately 531,997 with 39.1% of the population having incomes \leq 185% FPL. Stanislaus County is comprised mostly of Hispanic and White populations, making up 44.1% and 44.3% of the total ethnic populations, respectively. Additionally, 15.9% of the population identify themselves as Asian (5.9%), African American (3.3%), Native American (1.9%), Native Hawaiian/Native Pacific Islander (0.9%), or multiracial (3.9%).

Stanislaus County's pattern of education attainment (measured by the U.S. Census Bureau's 2010-2012 ACS) shows a population at risk for poor overall health.

- In Stanislaus, only 16.2% of the population aged 25 years and older had a Bachelor's or graduate degree, compared to 30.5% in California.
- 60.4% of Stanislaus residents (compared to 50.6% of Californians) had only a high school diploma, some college credits, or an Associate's degree.
- Nearly a quarter (23.4%) of Stanislaus residents over 25 years did not earn a high school diploma or GED, compared to 18.9% of California residents.

As noted in the California Department of Public Health's "Status of Oral Health in California: Oral Disease Burden and Prevention 2017", Stanislaus County ranks in the worst or second worst in almost all categories presented including:

- Highest category of age-adjusted mortality rates of oral and pharyngeal cancer
- Lower than average prevalence of dental visits during pregnancy than women in the rest of California.
- Fortieth of fifty-six counties in age-adjusted rates of preventable dental emergency department visits per 100,000 (almost double California's rate).
- Lowest category of dentists by county, less than 400.
- Designated as a Dental Health Professional Shortage Area.

Additionally, in Stanislaus County's 2013 Community Health Assessment it was reported that of those residents who had gone without care, most went without dental care over all other types of care (vision, basic preventive care, prescription medications, specialist care, acute care, mental health care, chronic care, alternative care, substance abuse treatment and prenatal care). There is considerable need in Stanislaus County for improved oral health systems, resources, policies, and education.

In previous years with Dental Disease Prevention Program funding, an Oral Health Advisory Committee was in place; however, it is not currently active. There is strong support within the Public Health Division for work in Oral Health, and in fact work in this area was included in the recent strategic plan. There is a strong partnership between Public Health and Head Start, Children and Families Commission, the Managed Care Health Plans, school districts including the County Office of Education, among others

Narrative Summary Form
Stanislaus County Health Services Agency

which will assist in reviving the Oral Health Advisory Committee. Additionally, the Oral Health Program will be housed in the Health Promotion Section to align program goals with the Women, Infants and Children's (WIC) Program, Tobacco Prevention Program and Nutrition Education and Obesity Prevention Program.

Currently, we receive a small grant from the Children's and Families Commission to conduct education with parents and staff at Family Resource Centers and Healthy Start sites, provide oral health screenings for children 0-5 years of age, and apply fluoride varnish applications at kindergarten readiness sites. The new funding will allow us to build upon these relationships and move to system improvements.

The Stanislaus County Health Services Agency Public Health Division looks to invest in a comprehensive needs assessment in the planning stage of this grant. While there is much data available, it will need to be systematically reviewed to determine the basis for the needs assessment. A consultant will be obtained to assist in the needs assessment, community health improvement plan (CHIP) development and evaluation design. This will develop a strong foundation for the subsequent implementation years which will build upon the partnerships referenced above and the goals set in the CHIP. The program will engage community and partners to mobilize and push for policy changes to increase school linkages, access to dental care including early preventive care, water fluoridation, and adherence to required assessments to the System for California Oral Health Reporting. Provider training and relationship building are additional required strategies.

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

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

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

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

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

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

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

Scope of Work and Deliverables FY 2017-2022

Objective 3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Local Health Jurisdiction Deliverables

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

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

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

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

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

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

| Deliverable | Activities | Selected deliverable |
|--|--|----------------------|
| | B. Resources such as outreach, Community of Practice, and training developed C. Providers and systems engaged | |
| Deliverable 15 <i>Objective 11</i> | Compile data for and report annually on community engagement activities, completing all relevant components on the Data Form: A. Develop a core workgroup to identify strategies to achieve local oral health improvement. B. Provide a list of community engagement strategies to address policy, financing, education, and dental care. | ☒ |
| Deliverable 16 <i>Objective 1-11</i> | Progress reporting: submit bi-annual progress reports describing in detail progress of program and evaluation activities and progress towards completing deliverables. Provide documentation in sufficient detail to support the reported activities on planning and intervention activities for required and selected objectives. | ☒ |
| Deliverable 17 <i>Objective 1-11</i> | Expense documenting: submit all expenses incurred during each state fiscal year with the ability to provide back-up documentation for expenses in sufficient detail to allow CDPH-OHP to ascertain compliance with Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Likewise, provide biannual Progress Reports describing in detail the program activities conducted, and the ability to provide source documentation in sufficient detail to support the reported activities. | ☒ |

Exhibit B
Budget Detail and Payment Provisions

1. Involcing and Payment

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

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

C. Invoices shall:

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

2. Budget Contingency Clause

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

3. Prompt Payment Clause

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

Exhibit B
Budget Detail and Payment Provisions

4. Amounts Payable

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

- 1) \$303,333 for the budget period of 01/01/2018 through 06/30/2018.
- 2) \$303,333 for the budget period of 07/01/2018 through 06/30/2019.
- 3) \$303,333 for the budget period of 07/01/2019 through 06/30/2020.
- 4) \$303,333 for the budget period of 07/01/2020 through 06/30/2021.
- 5) \$303,333 for the budget period of 07/01/2021 through 06/30/2022.

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

5. Timely Submission of Final Invoice

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

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

6. Travel and Per Diem Reimbursement

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

EXHIBIT C

STANDARD GRANT CONDITIONS

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

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

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

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

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

19. STATE-FUNDED RESEARCH GRANTS:

A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).

B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):

- 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
- 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
- 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

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

Exhibit D
Request for Application



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

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



EDMUND G. BROWN JR.
Governor

September 27, 2017

Dear California Local Health Officer:

NOTIFICATION OF INTENT TO SUPPORT LOCAL ORAL HEALTH PROGRAMS

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

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

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

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

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

Oral Health Program, MS 7210 • P.O. Box 997377 • Sacramento, CA 95899-7377
(916) 324-1715 • (916) 552-9729 FAX
Department Website (www.cdph.ca.gov)



California Local Health Officer
Page 2
June 2, 2017

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

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

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

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

Sincerely,

Jayanth V. Kumar, DDS, MPH
State Dental Director

Enclosure

Exhibit E
Additional Provisions

1. Additional Incorporated Documents

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

1. *Local Health Jurisdiction Local Oral Health Program Guidelines for Grant Application*
https://www.cdph.ca.gov/Programs/CCDCDC/DCDC/DCDCB/CDPH%20Document%20Library/Oral%20Health%20Program/2017-2022PHASEIHLHJLOHPGuidelines_8-23-17_ADA.pdf

2. Cancellation / Termination

A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.

B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.

C. The term "for cause" shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:

- 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
- 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
- 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.

D. Grant termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.

E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.

F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related

**Exhibit E
Additional Provisions**

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

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

3. Avoidance of Conflicts of Interest by Grantee

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

Exhibit E
Additional Provisions

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

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

4. Dispute Resolution Process

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

Exhibit E
Additional Provisions

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

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

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 4/2017)

| | | | | | | | | | | | | | | | |
|---------------------------|---|--------------------|--|--|--|------------------------------|---|---|---|---|---|---|---|---|---|
| 1 | INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement. NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form. | | | | | | | | | | | | | | |
| 2 | PAYEE'S LEGAL BUSINESS NAME (As shown on your income tax return) Stanislaus County | | | | | | | | | | | | | | |
| | SOLE PROPRIETOR OR INDIVIDUAL- ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) | | | | E-MAIL ADDRESS | | | | | | | | | | |
| | MAILING ADDRESS PO Box 3271 | | | BUSINESS ADDRESS 830 Scenic Dr | | | | | | | | | | | |
| | CITY Modesto | STATE CA | ZIP CODE 95353 | CITY Modesto | STATE CA | ZIP CODE 95350 | | | | | | | | | |
| 3 | ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <table border="1" style="display:inline-table; border-collapse: collapse; text-align:center;"> <tr> <td style="width:20px;">9</td> <td style="width:20px;">4</td> <td style="width:20px;">6</td> <td style="width:20px;">0</td> <td style="width:20px;">0</td> <td style="width:20px;">0</td> <td style="width:20px;">5</td> <td style="width:20px;">4</td> <td style="width:20px;">0</td> </tr> </table> | | | | | 9 | 4 | 6 | 0 | 0 | 0 | 5 | 4 | 0 | NOTE: Payment will not be processed without an accompanying taxpayer identification number. |
| 9 | 4 | 6 | 0 | 0 | 0 | 5 | 4 | 0 | | | | | | | |
| PAYEE ENTITY TYPE | <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> SOLE PROPRIETOR OR INDIVIDUAL | | | | | | | | | | | | | | |
| CHECK ONE BOX ONLY | CORPORATION: <input type="radio"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="radio"/> LEGAL (e.g., attorney services) <input checked="" type="radio"/> EXEMPT (nonprofit) <input type="radio"/> ALL OTHERS | | | | | | | | | | | | | | |
| | <input type="checkbox"/> SOLE PROPRIETOR OR INDIVIDUAL Enter social security number (SSN) or Individual taxpayer identification number (ITIN) | | <table border="1" style="display:inline-table; border-collapse: collapse; text-align:center;"> <tr> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> </tr> </table> (SSN required by authority of California Revenue and Tax Code sections 18646 and 18661) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. <input type="radio"/> No services performed in California. <input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached. | | | | | | | | | | | | | | |
| 5 | I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below. | | | | | | | | | | | | | | |
| | AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Mary Ann Lee | | TITLE Managing Director | | TELEPHONE (include area code) (209) 558-7163 | | | | | | | | | | |
| | SIGNATURE | | DATE | | E-MAIL ADDRESS mlee@schsa.org | | | | | | | | | | |
| 6 | Please return completed form to: | | | | | | | | | | | | | | |
| | DEPARTMENT/OFFICE California Department of Public Health | | | UNIT/SECTION Oral Health Program | | | | | | | | | | | |
| | MAILING ADDRESS 1616 Capitol Avenue, Suite 74.420, MS 7208 | | | TELEPHONE (include area code) (916) 552-9898 | | FAX (916) 552-9729 | | | | | | | | | |
| | CITY Sacramento | STATE CA | ZIP CODE 95814 | E-MAIL ADDRESS angela.wright@cdph.ca.gov | | | | | | | | | | | |

APPROVED AS TO FORM:

 BY: Marc Hartley DATE: 1-24-2018
 Marc Hartley, Deputy County Counsel

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 4/2017)

| | |
|----------|---|
| 1 | <p>Requirement to Complete the Payee Data Record, STD 204</p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).</p> |
| 2 | <p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence (i.e. 1099 form) and payments. The business address is the address of the business' physical location; do not enter the payment address or lock box information here.</p> |
| 3 | <p>Check only one box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.</p> <p>Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships and individuals is the SSN or ITIN. Only partnerships, estates, trusts, and corporations will enter their FEIN.</p> |
| 4 | <p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p> |
| 5 | <p>Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p> |
| 6 | <p>This section must be completed by the state agency requesting the STD 204.</p> |

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

| | | |
|---|---|---|
| <i>Contractor/Bidder Firm Name (Printed)</i> Stanislaus County | | <i>Federal ID Number</i> 94-6000540 |
| <i>By (Authorized Signature)</i> | | |
| <i>Printed Name and Title of Person Signing</i> Mary Ann Lee, Managing Director | | |
| <i>Date Executed</i> | <i>Executed in the County of</i> Stanislaus | |

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. 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.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the

APPROVED AS TO FORM:

BY: Marc Hartley DATE: 1-24-2018
Marc Hartley, Deputy County Counsel

certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov; and Public Contract Code Section 6108;

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations,

or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

| | |
|---|--|
| I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | <i>Federal ID Number</i> 94-6000540 |
| <i>Proposer/Bidder Firm Name (Printed)</i> Stanislaus County | |
| <i>By (Authorized Signature)</i> | |
| <i>Printed Name and Title of Person Signing</i> Mary Ann Lee, Managing Director | |
| <i>Date Executed</i> | <i>Executed in the County and State of</i> Stanislaus California |

APPROVED AS TO FORM:

BY: Marc Hartley DATE: 1-24-2018
 Marc Hartley, Deputy County Counsel