



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # R-5 DATE 10/9/14
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 10/9/14
Agenda Item #: R.5
Est. Start Time: 10:35 am
Date Submitted: 9/17/14

**NOTICE OF INTENT to submit an application for up to \$50,000 per year
Agenda for 3 years to the Oregon Community Foundation for the Oregon
Title: Children's Dental Health Initiative**

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting: 10/9/14 **Time Needed:** 5 min
Department: Health **Division:** ICS/School and Community Oral Health
Contact(s): Heather Simmons/Len Barozzini/Alison Frye
Phone: 503.988.3905; Ext. 26342; I/O
Presenter Name(s) & Title(s): 503.988.8687 Ext. n/a Address: 448/2; 160/9
Heather Simmons, School and Community Oral Health Supervisor and Alison Frye, Health Services Development Administrator

General Information

1. What action are you requesting from the Board?

Approval for the Director of the Health Department to submit a grant application to the Oregon Community Foundation (OCF) for the Oregon Children's Dental Health Initiative, a funding opportunity made possible by The Oregon Community Foundation, Northwest Health Foundation, Kaiser Permanente, and other partners.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

To serve more Oregon children and support the sustainable development of children's dental health programs across the state, The Oregon Community Foundation (OCF), Northwest Health Foundation (NWHF), Kaiser Permanente, and other funding partners announced a funding opportunity for existing children's dental health programs that currently

provide school-based services to expand a sustainable comprehensive model as part of a statewide Children's Dental Health Initiative.

The proposed project would expand integrated hygienist services that began at Centennial School-Based Health Center (SBHC) in May of 2014, from one day a week to two days a week, allowing an additional 130-150 SBHC clients to receive these services annually. Services include: dental screening and periodontal assessment, tooth cleaning and periodontal maintenance services, tooth polishing, dental sealants, fluoride varnish, oral health education, oral health services referral/need assessment with urgent referral care coordination, hygiene services treatment planning, and recall appointment coordination. In addition, these funds would help engage stakeholders and volunteers via participation on a Steering Committee and other outreach efforts to help inform further expansion of school-based oral health services in East County. In addition, funds will support evaluation of the efficacy of this integrated oral health model for the possibility of replication at other MCHD SBHCs and SBHCs statewide.

3. Explain the fiscal impact (current year and ongoing).

Funding is up to \$50,000 a year for three years for a total of \$150,000.

4. Explain any legal and/or policy issues involved.

None.

5. Explain any citizen and/or other government participation that has or will take place.

The project will engage a Steering Committee made up of school and community leaders, Coordinated Care Organizations, and Dental Health Organizations.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

• **Who is the granting agency?**

The granting agency is the Oregon Community Foundation.

• **Specify grant (matching, reporting and other) requirements and goals.**

Matching funds are not required.

The awardee must submit reports every six months.

The goal of the project is to serve more Oregon children and support the sustainable development of children's dental health programs across the state.

• **Explain grant funding detail – is this a one-time only or long term commitment?**

This is a one-time grant.

• **What are the estimated filing timelines?**

The application is due on October 15th, 2014.

• **If a grant, what period does the grant cover?**

Projects are expected to begin around March 1, 2015, and to continue until August 31, 2018.

• **When the grant expires, what are funding plans?**

When the grant expires, the Health Department will work to sustain services through Medicaid reimbursement and apply for additional grant funds as needed.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

Yes, 100% of indirect costs are covered by grant funds.

Required Signatures

**Elected Official
or Department/
Agency Director:**

Wendy Lear on behalf of
Joanne Fuller /s/

Date: 9/17/2014

Budget Analyst:

Christian Elkin /s/

Date: 9/17/2014

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved