



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: January 3, 2011
Subject: JFO #2478, #2479, #2480, #2481

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2479 — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2480 — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

[JFO received 12/2/10]

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Roger Allbee, Secretary
Wendy Davis, Commissioner
Jim Mongeon, Executive Director



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: December 2, 2010
Subject: Grant Request

Enclosed please find four (4) request that the Joint Fiscal Office has received from the administration. Fifteen (15) limited service positions are associated with these items.

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

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JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

[JFO received 12/2/10]

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at 802-828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review.

cc: James Reardon, Commissioner
Wendy Davis, Commissioner
Jim Mongeon, Executive Director

State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

[phone] 802-828-2376
 [fax] 802-828-2428

Agency of Administration

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:		This three year federal cooperative agreement is to fund strategies to address oral health program deficiencies, work with partners to establish an oral health coalition, and to help reduce caries prevalence and oral health disparities in Vermont.			
Date:		11/10/2010			
Department:		Health			
Legal Title of Grant:		State-Based Oral Disease Prevention Program			
Federal Catalog #:		93.283			
Grant/Donor Name and Address:		Centers for Disease Control and Prevention, United States Department of Health and Human Services.			
Grant Period:		From:	To:		
		9/1/2010	8/31/2013		
Grant/Donation		\$864,642			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$111,192	\$288,214	\$288,214	\$864,642	The remaining \$177,022 not spent in the first three State fiscal years will be expended in the 4 th state fiscal year.
Position Information:		# Positions	Explanation/Comments		
		3	Limited Service Positions - 1 Public Health Program Administrator; 1 Public Health Analyst and 1 Administrative Assistant.		
Additional Comments:					
Department of Finance & Management					

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 (Initial)
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JOINT FISCAL

**STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM**

Secretary of Administration <i>T. Pell</i>	<i>TP</i>	(Initial)
<i>20</i>		
Sent To Joint Fiscal Office	<i>11/29/10</i>	Date

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services		
2. Department:	Health		
3. Program:	Health Promotion and Disease Prevention		
4. Legal Title of Grant:	State-Based Oral Disease Prevention Program		
5. Federal Catalog #:	93.283		
6. Grant/Donor Name and Address:	Centers for Disease Control and Prevention, United States Department of Health and Human Services		
7. Grant Period:	From:	9/1/2010	To: 8/31/2013
8. Purpose of Grant:	(see summary attached)		
9. Impact on existing program if grant is not Accepted:	none		

10. BUDGET INFORMATION

	SFY 1 FY 2011	SFY 2 FY 2012	SFY 3 FY 2013	Comments
Expenditures:				
Personal Services	\$97,692	\$248,000	\$248,000	
Operating Expenses	\$13,500	\$19,839	\$19,839	
Grants	\$0	\$20,375	\$20,375	
Total	\$111,192	\$288,214	\$288,214	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$111,192	\$288,214	\$288,214	
(Direct Costs)	\$83,500	\$216,214	\$216,214	
(Statewide Indirect)	\$1,662	\$4,320	\$4,320	
(Departmental Indirect)	\$26,030	\$67,680	\$67,680	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$	\$	\$	
Total	\$111,192	\$288,214	\$288,214	

Appropriation No:	Amount:	\$
3420010000		\$12,462
3420021000		\$98,730
		\$
		\$
		\$
		\$
		\$
	Total	\$111,192

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PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Wendy Davis, MD Commissioner of Health Agreed by: WD (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Programs Administrator
	1	Public Health Analyst
	1	Administrative Assistant
Total Positions	3	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Barbara Comp</u>	Date: 11/9/2010
	Title: Commissioner of Health Deputy	
	Signature: <u>Patrick Flood</u>	Date: 11/20/10
	Title: Deputy Secretary	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>TH</u>	Date: 12/15/10
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Accepted	(Governor's signature) <u>[Signature]</u>	Date: 11/24/10
<input type="checkbox"/> Rejected		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input type="checkbox"/> Grant Budget | |

End Form AA-1

Request for Grant Acceptance and Establishment of Positions
Oral Disease Prevention Program
Summary 11/9/2010

The Department of Health has received a grant of \$288,214 annually from the Centers for Disease Control and Prevention. This cooperative agreement will fund strategies to address oral health program deficiencies, work with partners to establish an oral health coalition, and increase the ability of the Department of Health and stakeholders statewide to reduce caries prevalence and oral health disparities within Vermont. Specifically, this project will enable the Vermont Department of Health, Office of Oral Health to:

- Facilitate the creation of an independent Vermont Oral Health Coalition.
- Develop an oral health surveillance plan and oral disease burden document.
- Update the Vermont Oral Health Plan.
- Increase access to dental sealants and community water fluoridation.
- Increase capacity to provide effective policy analysis and recommendations.
- Increase capacity in critical areas such as Epidemiology and Program Evaluation.
- Implement systematic evaluation to improve program efficiency.
- Increase collaboration with other chronic disease programs.

Funds will primarily be used to cover the cost of project personnel, including travel and supply costs, and the initiation and support of a statewide Oral Health Coalition. Funds will also be used to contract for technical support for water fluoridation projects. Project personnel will include a Public Health Programs Administrator to serve as project coordinator, a Public Health Analyst to handle the data collection and analysis and program evaluation responsibilities and an Administrative Assistant to provide clerical support for the project.

The Health Department is hereby requesting acceptance of \$111,192 in new Federal funds in State Fiscal Year 2011 and the establishment of three limited service positions. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application and award document are included for your information.

VERMONT DEPARTMENT OF HEALTH

SFY11 Oral Disease Prevention Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$46,154	\$46,154
Fringe Benefits	\$0	\$13,846	\$13,846
3rd Party Contracts	<u>\$0</u>	<u>\$10,000</u>	<u>\$10,000</u>
Total Personal Services	\$0	\$70,000	\$70,000
Equipment	\$0	\$0	\$0
Supplies	\$0	\$4,500	\$4,500
Other	\$0	\$5,000	\$5,000
Travel	<u>\$0</u>	<u>\$4,000</u>	<u>\$4,000</u>
Total Operating Expenses	\$0	\$13,500	\$13,500
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$83,500	\$83,500
Total Indirect Costs	<u>\$12,462</u>	<u>\$15,230</u>	<u>\$27,692</u>
Total SFY11 Grant Costs	\$12,462	\$98,730	\$111,192

Appropriation Summary

Total Personal Services	\$12,462	\$85,230	\$97,692
Total Operating Expenses	\$0	\$13,500	\$13,500
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$12,462	\$98,730	\$111,192

VERMONT DEPARTMENT OF HEALTH

SFY12 Oral Disease Prevention Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$120,000	\$120,000
Fringe Benefits	\$0	\$36,000	\$36,000
3rd Party Contracts	\$0	\$20,000	\$20,000
Total Personal Services	\$0	\$176,000	\$176,000
Equipment	\$0	\$0	\$0
Supplies	\$0	\$4,500	\$4,500
Other	\$0	\$5,000	\$5,000
Travel	\$0	\$10,339	\$10,339
Total Operating Expenses	\$0	\$19,839	\$19,839
Subgrants	\$0	\$20,375	\$20,375
Total Direct Costs	\$0	\$216,214	\$216,214
Total Indirect Costs	<u>\$32,400</u>	<u>\$39,600</u>	<u>\$72,000</u>
Total SFY12 Grant Costs	\$32,400	\$255,814	\$288,214

Appropriation Summary

Total Personal Services	\$32,400	\$215,600	\$248,000
Total Operating Expenses	\$0	\$19,839	\$19,839
Total Subgrants	\$0	\$20,375	\$20,375
	\$32,400	\$255,814	\$288,214

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Human Services/Health Date: 11/9/2010

Name and Phone (of the person completing this request): Leo Clark 863-7284

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Centers for Disease Control and Prevention, United States Department of Health and Human Services
 State-Based Oral Disease Prevention Program

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Programs Administrator	1	Health Promotion	9/1/2010 thru 8/31/2013
Public Health Analyst	1	Surveillance	9/1/2010 thru 8/31/2013
Administrative Assistant	1	Health Promotion	9/1/2010 thru 8/31/2010

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

These are the positions described in our application, approved for funding by the Centers for Disease Control and Prevention, and necessary to carry out the proposed activities.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Barbara Curcio 11-9-2010
 Signature of Agency or Department Head Date

Molly Paulsen 11/10/10
 Approved/Denied by Department of Human Resources Date

[Signature] 11/12/10
 Approved/Denied by Finance and Management Date

[Signature] 11/15/10
 Approved/Denied by Secretary of Administration Date

Comments: 2x

REC'D NOV 10 2010



Grant Number: 1U58DP002838-01 REVISED

Principal Investigator(s):
PATRICK ROWE

Project Title: VERMONT STATE BASED ORAL DISEASE PREVENTION PROGRAM

Financial Officer/Department of Oral Health
Vermont Department of Health
P.O. BOX 70
108 CHERRY STREET
BURLINGTON, VT 05402

Budget Period: 09/01/2010 – 08/31/2011
Project Period: 09/01/2010 – 08/31/2013

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Vivian F. Walker
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

ONE YEAR WORK PLAN

Successful program implementation will depend on adequately addressing Recipient Activities 1 through 8, as defined in the Funding Opportunity Announcement for CDC-RFA DP10-1012, State-Based Oral Disease Prevention Program. Work plan objectives, activities, persons responsible for implementation, and relevant organizational experience and capacity are provided for each Recipient Activity (RA). Objectives provided are specific, measurable, attainable, realistic, and time-phased (S.M.A.R.T.) An emphasis has been placed on developing objectives which can be accomplished in the first year of funding, understanding that any expenditure of funds for a new grant award cannot begin until the Vermont Department of Health receives authorization from the Joint Fiscal Committee of the Vermont State Legislature. Past experience has shown that this process can take several months, and objectives have been developed accordingly. Letters of support are included in Attachment 1. All dates contained in the work plan are based on an anticipated project period beginning 9/30/2010.

Recipient Activity 1. Program Infrastructure – Staffing, Management and Support.

Experience and Capacity:

The organizational structure of the Vermont Department of Health's (VDH) Office of Oral Health (OOH) provides access to a strong departmental management team as well as a mechanism for collaboration with chronic disease programs, and external partners. The Office of Oral Health is part of the Division of Health Promotion and Disease Prevention (HPDP), within the Vermont Department of Health, a department of the Vermont Agency of Human Services (AHS).

The Office of Oral Health has strong capacity at the individual program level, but lacks adequate data collection/surveillance capacity, program evaluation capacity, administrative support, and overall program coordination support. The Oral Health Team consists of Dr. Patrick Rowe, full time Oral Health Director, Ms. Rebecca MacDonald, full time Dental Health Education Coordinator, Ms. Robin Miller, full time Dental Health Educator, and Ms. Linda Greaves, 0.6 time Fluoridation Program Coordinator. Dr. Rowe is a Public Health Dentist, Ms. MacDonald, Ms. Miller and Ms. Greaves are dental hygienists with extensive experience in public health, and Ms. Greaves is additionally a Class 2 Water Operator. See Health Promotion and Disease Prevention Organizational Chart in Attachment 2. Dr. Rowe's position is supported by the Vermont Department of Health. Ms. MacDonald and Ms. Miller's positions are supported by Maternal Child Health (MCH) Block Grant Funding. Ms. Greaves' position is supported by Preventive Health and Health Services (PHHS) Block Grant Funding.

Dr. Rowe will serve as the Principle Investigator (PI) for grant DP10-1012. A Program Coordinator will be required to ensure adequate monitoring and coordination of all activities under the CDC agreement. Grant funding for the program coordinator is critical for implementation of work plan activities, and meeting project goals and objectives. Grant funding is also necessary to facilitate hiring an Epidemiologist/Program Evaluator and appropriate administrative support to meet required program capacity and accomplish work plan activities. The Vermont Department of Health does not employ full time grant writing staff, but maintains the practice of executing contracts for grant writing services as needed. In order to provide experienced grant writing capacity, CDC funding is requested for 50 hours of contract grant

Funding Opportunity Number CDC-RFA DP10-1012

writing on an annual basis to support program expansion and sustainability of recipient activities. Details of existing staff capacity and planned staff utilization are found in the *Staffing Management Plan*. Job descriptions and CV's for existing program staff are found in Attachments 3,4. Human Resources, fiscal oversight, and business operations processes are supplied by the Vermont Department of Health and Agency of Human Resources; funding is included via an approved cost allocation plan (see *Budget Justification, Indirect Expenses* for details.)

Stakeholders and Partners:

The Office of Oral Health works closely with other Vermont Department of Health programs: The Division of Maternal and Child Health's School Health programs, Local Health, Ladies First Program, Diabetes Prevention and Control Program, Tobacco Control Program, Cancer Control Program, Nutrition and Physical Activity Program, Office of Vermont Health Access (Vermont's Medicaid and CHIP programs), Rural Health. In addition, the Office of Oral Health works with many partners external to the VDH, they include: Head Start and Early Head Start programs, the Vermont Child Health Improvement Project, Bi-State Primary Care Association, Vermont Area Health Education Centers, Vermont State Dental Society, and the Vermont Dental Hygienists' Association. Many of these partnerships have proven essential in providing information and program support for areas that are currently not met by existing Office of Oral Health staffing, but with limited potential for expansion. Filling critical unmet Office of Oral Health staffing needs will enhance the ability of the Office of Oral Health to support these partnerships.

RA 1	Program Infrastructure – Staffing, Management and Support
S.M.A.R.T. Objective	1) By 9/30/2010 a collaborative agreement will be established with the CDC under program announcement CDC-RFA DP10-1012. 2) By 1/30/2011 staffing requirements will be met.
Activities	1) Maintain existing Office of Oral Health Staff 2) Meet with Vermont Department of Health Business Office staff to: <ul style="list-style-type: none"> • Submit request for expenditure of funds and hiring of new limited services position to the Joint Fiscal Committee of the Vermont State Legislature. • Complete posting for required positions in accordance with Vermont Agency of Human Services policies and procedures. • Complete hiring for positions required in RA 1.
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director.)

RA 1.a.1	Staffing: Full time dental director and 0.5 FTE program coordinator.
S.M.A.R.T. Objective	1) By 9/30/2010, the Office of Oral Health will employ one full time oral health director. 2) By 1/30/2011 the Office of Oral Health will employ one full time program coordinator.
Activities	1) Maintain Dr. Rowe in the position of Oral Health Director.

Funding Opportunity Number CDC-RFA DP10-1012

	<p>2) Meet with Vermont Department of Health Business Office staff to:</p> <ul style="list-style-type: none"> • Complete posting for Program Coordinator in accordance with Vermont Agency of Human Services policies and procedures. • Complete hiring for program coordinator.
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director.)

RA 1.a.2	Staffing: 0.5 FTE Epidemiologist
RA 1.a.3	Staffing: 0.25 FTE Program Evaluator
S.M.A.R.T. Objective	By 2/28/2011 the Office of Oral Health will employ one full time Epidemiologist/Program Evaluator.
Activities	<p>Meet with Vermont Department of Health Business Office staff to:</p> <ul style="list-style-type: none"> • Complete posting for an Epidemiologist in accordance with Vermont Agency of Human Services policies and procedures. • Complete hiring for Epidemiologist/Program Evaluator.
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director), Bill Apao (Health Surveillance Division Director.)

RA 1.a.3	Staffing: 0.5 FTE dental sealant program coordination, 0.5 FTE water fluoridation coordination, 0.25 FTE health education/communication, and appropriate administrative support.
S.M.A.R.T. Objective	<p>1) By 9/30/2010, the Office of Oral Health will employ one full time Sealant Program Coordinator, 0.6 FTE Water Fluoridation Program Coordinator, and one full time Dental Health Educator/Communications specialist.</p> <p>2) By 2/28/2011 the Office of Oral Health will have 0.5 FTE dedicated administrative support.</p>
Activities	<p>1) Maintain Rebecca MacDonald as Dental Health Education Coordinator/Sealant Program Coordinator, maintain Linda Greaves as Fluoridation Program Coordinator, maintain Robin Miller as Dental Health Educator/Communications Specialist.</p> <p>2) Meet with Vermont Department of Health Business Office Staff to secure dedicated administrative support for the Office of Oral Health.</p>
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director), Rebecca MacDonald, Linda Greaves, Robin Miller.

RA 1.b	Staffing: Shared capacity for carrying out fiscal coordination and grant writing.
S.M.A.R.T. Objective	1) By 9/30/2010, the Office of Oral Health will have access to Vermont Department of Health fiscal coordination capacity.

Funding Opportunity Number CDC-RFA DP10-1012

	2) By 6/30/2011 the Office of Oral Health will have secured a contract for grant writing capacity.
Activities	1) Maintain existing fiscal coordination available to Vermont Department of Health Programs. 2) Execute a contract for 50 hours of grant writing support in accordance with Vermont Department of Health procedures and policies.
Persons Responsible	Dr. Patrick Rowe, (TBD) –Program Coordinator.

Recipient Activity 2. Data Collection and Surveillance.

Experience and Capacity:

The Vermont Department of Health, Office of Oral Health currently collects data or has various levels of data. Here are examples: Oral health surveys of children in grades 1-3; parental annual dental visit self report by grade and building contained in the VDH School Nurse Report, the Behavioral Risk Factor Surveillance System, the Water Fluoridation Reporting System, the Pregnancy Risk Assessment Monitoring System, The Office of Vermont Health Access (OVHA, Vermont’s Medicaid/CHIP Office), and a biennial Dentist Survey which is held in conjunction with the re-licensing period. In 2010, the Office of Oral Health has partnered with the Vermont Child Health Improvement Project (VCHIP) to conduct the first grade survey of children in grades 1-3 since 2003; data will be available in the fall of 2010. The Fluoridation Program Coordinator collects daily testing information from fluoridated water systems, and works with local water operators to remedy any monitoring or operational problems that arise. These data are used on demand when it is necessary to annually update the ASTDD’s State Synopsis and the National Oral Health Surveillance System (NOHSS), or when they can provide information for specific oral health or workforce issues.

Other than what is outlined above, the Office of Oral Health has not developed an oral health surveillance system, and does not have a surveillance plan. The lack of a systematic surveillance plan has led to information being used in a reactive capacity rather than for proactive planning purposes. The Vermont Department of Health has not produced a comprehensive oral disease burden document. Past reports, including the 2005 Vermont Oral Health Plan (See Attachment 5) have addressed many aspects of oral disease in Vermont, but there is not a comprehensive document, and there is no systematic resource which compiles all aspects of oral health in Vermont. Although development of a comprehensive surveillance system has been a priority for the Oral Health Director, the Office of Oral Health does not currently have the resources to complete this task. Creating a comprehensive surveillance system and oral disease burden document will provide data needed for identifying problems, set priorities and assess progress towards goals and objectives. Under CDC-RFA DP10-10, the Oral Health Director, Program Coordinator, and Epidemiologist/Program Evaluator will address existing deficiencies.

During the first year of funding, the Office of Oral Health will begin work on an oral disease burden document which provides comprehensive baseline data on the oral health of Vermonters, comparative data on the status of oral health among various populations and

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subpopulation groups, the amount of dental care being provided, the effects of other actions which protect or damage oral health, disparities in oral health and the burden of oral disease. This document will be a dynamic document that is periodically updated as new information and data become available. The Document will be completed by the end of year two.

During the first year of funding, the Office of Oral Health will begin work on a Surveillance Plan for Vermont. Key oral health indicators will be collected using standard approaches with attention to comparability across states. The data collected will be consistent with Association of State and Territorial Dental Directors, Synopses of State and Territorial Dental Programs and National Oral Health Surveillance System data. The Surveillance Plan will be completed by the end of year two.

The Office of Oral Health will develop a detailed evaluation plan describing logic models, evaluation questions and methods for gathering data.

RA 2.a	Develop surveillance plan within the first two years of funding.
S.M.A.R.T. Objective	By 4/30/2011, begin development of an Oral Health Surveillance Plan and comprehensive oral health surveillance system.
Activities	<ul style="list-style-type: none"> • Review existing oral health data for inclusion in the plan: <ul style="list-style-type: none"> ○ BSS School Survey ○ School Nurse Report ○ Fluoridation (WFRS) ○ Behavior Risk Factor Surveillance System (BFRSS) ○ Pregnancy Risk Assessment Monitoring System (PRAMS) ○ Youth Risk Factor Surveillance System (YRBSS) ○ Youth Tobacco Survey (YTS) ○ Medicaid Claims Data ○ Biennial Dentist Workforce Survey ○ Tooth Tutor Dental Access Program Reporting • Develop a timetable for gathering data. • Develop a working outline of the Oral Health Surveillance Plan and comprehensive oral health surveillance system. • Include a working outline of data analysis, reporting and dissemination plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Office of Oral Health Partners.

RA 2.b	Using available data, complete a burden of oral disease document within the first two years of funding.
S.M.A.R.T. Objective	By 4/30/2011, begin development of a burden of oral disease document.
Activities	<ul style="list-style-type: none"> • Review oral disease burden documents from other states to inform the document development process. • Develop a working outline of the oral disease burden document.

Funding Opportunity Number CDC-RFA DP10-1012

	<ul style="list-style-type: none"> • Identify required data. • Identity data gaps, needs, and sources of data. • Develop a timetable for meeting with partners and gathering data.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Office of Oral Health Partners.

RA 2.c	Submit data annually to ASTDD's State Synopses.
S.M.A.R.T. Objective	By January 31 2011, using the most current data available, complete and submit ASTDD's State Synopses questionnaire to the ASTDD's data committee.
Activities	<ul style="list-style-type: none"> • Identify data that are 5 years old • Find current data by: <ul style="list-style-type: none"> ○ Collecting new data; ○ Searching for current information • Complete and submit the ASTDD Synopsis questionnaire and NOHSS Submit to ASTDD's data committee
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves.

RA 2.d	Update annually, maintain and sustain the surveillance plan and subsequent surveillance system.
N/A	RA 2.d will be addressed in years 2 and 3 after development of surveillance plan and surveillance system.

RA 2.e	See RA7: Program Evaluation requirements associated with this surveillance activity.
S.M.A.R.T. Objective	By 4/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	<ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Rebecca MacDonald, Office of Oral Health Partners.

Recipient Activity 3. Strategic Planning – The State Oral Health Plan

Experience and Capacity:

A comprehensive Vermont Oral Health Plan was developed with funding from the federal Maternal and Child Health Bureau and made publicly available in 2005. This plan's specific goals and objectives serve as a blueprint for all involved in improving and achieving optimal oral health. All stakeholders can use this plan as a tool to enlist partners, attract funding sources and promote action. The Plan directs work in four major areas of need: 1) Public Health Infrastructure 2) Prevention and Health Promotion; 3) Workforce, and 4) Financing and Delivery Systems. The Vermont Oral Health Plan was incorporated as a component of the 2005 Vermont State Health Plan. The State Health Plan and the Blueprint for Health (the initiative focusing on chronic diseases) were built on the following tenets: Self-management, Community, Provider Practice, Health Systems and Public Health/Public Policy. In each of these areas, the goals of the Vermont Oral Health Plan were fully integrated.

- Self-management: Actions to develop informed, activated people who are prepared to manage their own health care. Sometimes called “empowered” consumers, they use effective self-management strategies and take on a central role in their health care.
- Community: Mobilization of community resources to support healthy behaviors as the easiest choice. Community programs can and should support or expand a health systems' care for people with, or at risk for, chronic disease.
- Provider Practice: Measures to address workforce needs promote a prepared, proactive practice team, provider support and guidance of self-management and focus on keeping a person as healthy as possible.
- Health Systems: Measures that ensure access to essential health services in settings where the culture, organization and mechanisms promote safe, high quality, consumer driven care.

The 2005 Vermont Oral Health plan contained a brief examination of the burden of oral disease, reporting data from Basic Screening surveys undertaken in 1994 and 2003, Behavioral Risk Factor Surveillance System (BRFSS) data for adults, and identifying special populations. Strategies to improve Vermont's oral health systems addressed public health infrastructure, prevention and health promotion, workforce, and financing and delivery systems. The Vermont Department of Health worked collaboratively with many partner organizations, stakeholders, and individuals to develop the Oral Health Plan. A Steering Committee of representatives was formed that guided development of this plan. The plan was developed through a consensus building process involving a diverse array of stakeholders.

Funding under this cooperative agreement will mobilize stakeholders to update the plan, have ownership of the plan and guide its implementation. This will be achieved in conjunction with development of the Vermont Oral Health Coalition (Recipient Activity 4.b.) Emphasis will be placed on guiding the Oral Health Coalition to provide S.M.A.R.T objectives to accomplish goals, and address the following:

- Vermont oral health infrastructure including current resources, gaps in resources and recommendation to eliminate those gaps;
- Healthy People 2020 objectives and state specific objectives;

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- Programs to address dental caries, including water fluoridation and school -linked sealant programs;
- Description of priority populations and oral disease burden in them;
- Strategies to address oral health disparities within Vermont;
- Strategies to address oral health promotion for all Vermonters;
- Strategies to increase access to oral health care;
- Strategies to identify best practices that can be replicated;
- Partnerships and strategies for leveraging resources;
- Program to address prevention of oral cancer.

RA 3.a	Develop a state oral health plan that has as its goal reducing the prevalence of oral diseases and include specific objectives related to oral health promotion, disease prevention and control, and specified risk factors. Collaborate with a diverse group of stakeholders to develop a plan that addresses, at a minimum, the goals, objectives, and priority area activities of CDC/DOH Covered in the Purpose of CDC-RFA DP10-1012.
S.M.A.R.T. Objective	By 7/30/2011, a diverse group of key stakeholders will come together to discuss the process, resources needed, opportunities and barriers and begin the process for updating the Vermont Oral Health plan.
Activities	<ul style="list-style-type: none"> • Steering Committee will provide leadership to update the plan (after the committee is established, members will meet quarterly to guide the process). • The State Oral Health Coalition will continue to provide administrative support to coordinate teleconferences, conduct and summarize meeting activities and maintain communication via emails and Listserv. • Meetings will be held (face to face) • Target areas for prevention and control are selected and prioritized • Revise and update goals, SMART objectives, and action plan including the roles of partners.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Rebecca MacDonald, Robin Miller, Office of Oral Health Partners.

RA 3.b	Make the plan available to the public.
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss methods to make the updated Oral Health Plan available to the public when completed.
Activities	<ul style="list-style-type: none"> • The Committee will, at a minimum, discuss the following: <ul style="list-style-type: none"> ○ Creation of oral health plan fact sheets and policy briefs. ○ Distribution list of organizations and policy makers for hard copies. ○ Use electronic distribution: mass emailing, Listserv, Department of Health Webpage Linkage. ○ Presentation of findings at meetings.

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Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners.
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RA 3.c	Update the plan every 3-5 years.
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss methods to make the updated Oral Health Plan available to the public when completed.
Activities	Document discussion, include as an item to be addressed during development of the Oral Health Plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners.

RA 3.d	Enhance the state plan by providing guidance for major policy development initiatives (see RA 6 Policy Development.)
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss policy development initiatives to be included in the Oral Health Plan.
Activities	Document discussion, include as an item to be addressed during development of the Oral Health Plan. At a minimum, address the following: <ul style="list-style-type: none"> • Policies supporting oral disease prevention. • Community based public health prevention services for prioritized populations based on disease burden (community water fluoridation, school linked sealant programs.) • Policies reducing the prevalence of caries among prioritized populations. • Policies to reduce disparities in oral health.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

RA 3.e	Market the plan as the guiding document for oral health initiatives in the state.
RA 3.f	Increase support and stakeholder engagement in the implementation of the plan.
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss marketing the plan as the guiding document for oral health initiatives in the state and increasing support and stakeholder engagement in the implementation of the plan.
Activities	Document discussion, include as items to be addressed during development of the Oral Health Plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

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RA 3.g	See RA7: Program Evaluation requirements associated with this activity
S.M.A.R.T. Objective	By 7/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	<p>Consider how evaluation may be used to enhance development of the Oral Health Plan, which may include:</p> <ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

Recipient Activity 4. Partnerships and Coalitions

Experience and Capacity:

The Vermont Office of Oral Health resides in the Division of Health Promotion and Disease Prevention of the Vermont Department of Health, along with programs focusing on Women’s Health (Ladies First Program), Tobacco Control and Prevention, Nutrition and Physical Activity, Diabetes, Asthma, and Comprehensive Cancer. (See Health Promotion and Disease Prevention Organizational Chart in Attachment 2.) While the Office of Oral Health has worked with other Division programs all along, including but not limited to the Diabetes, Tobacco, and Women’s Health Programs to develop and disseminate materials related to education and access, and the Physical Activity and Nutrition Program, Comprehensive Cancer Program, and Asthma Programs to coordinate messages and materials, with a new Division Director in place there is a renewed emphasis in this effort. (See also RA 8, Program Collaboration).

Vermont does not have county level health departments, instead utilizing 12 District Offices of the Vermont Department of Health via the Office of Local Health (OLH), and the Division of Maternal and Child Health (MCH) to coordinate Health Department efforts at the local level. The Office of Oral Health piloted and provides oversight for a part-time District Office Dental Hygienist who is located in the Newport District Office, in Vermont’s rural Northeast Kingdom. Half of this dental hygienist’s time is dedicated to working with the Women, Infants, and Children (WIC) Program, providing oral health services to women and children, including oral health risk assessment, fluoride varnish, helping to link families with a local dental home. Half of her time is spent doing oral health outreach and collaboration with local pediatricians, child care providers, schools, and dental offices. This program is eligible for expansion to other District Offices, contingent upon future funding. The Office of Oral Health district office staff addresses community water fluoridation, school linked dental access programs, and oral health components based upon policy and program efforts made in the Vermont Department of Health Central Office, including the Office of Oral Health and MCH.

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The Office of Oral Health was a partner in the creation of MCH's WIC Oral Health Protocol, and has assisted in the development of an online training program for WIC staff. The Office of Oral Health has created and maintains a number of oral health resources that are used to implement the protocol.

Robin Miller, from the Office of Oral Health, attends the Craniofacial Clinic that is coordinated by MCH's Children with Special Health Needs Program. The clinic provides oral health education, oral health risk assessments and fluoride varnish as appropriate to children ages 3 months to 21 years old who have craniofacial abnormalities. The Oral Health Director assists the program in reviewing and approving claims for dental work supported by the program for children who are not eligible for Medicaid.

A representative from the Office of Oral Health attends monthly refugee health committee meetings to provide an oral health perspective to the group and to assist in efforts to obtain dental care for the refugee and immigrant population. The Office of Oral Health developed an oral health presentation for inclusion in English as a Second Language classes.

The Office of Oral Health works closely with MCH and Vermont Schools to oversee the Tooth Tutor Dental Access Program (See RA 5.a., School Linked Sealant Program), School-based Fluoride Mouthrinse Program. In 2010 OOH partnered with schools to conduct a Basic Screening Survey with the final report scheduled for release in the fall of 2010.

Schools and Head Start programs which participate in the Tooth Tutor Dental Access Program hire a dental professional to create a target group of children who do not have a dental home and work throughout the year to connect them to a local dental office for preventive, comprehensive and continuous care. Dental Health Educators from the Office of Oral Health assist schools in implementing the Program, and are responsible for statewide monitoring and support of the program.

There are 7 Head Start Programs in Vermont, 4 of these programs also have an Early Head Start component which includes pregnant women and children under age 3. The Office of Oral Health has been closely involved with Head Start since 2002 when Champlain Valley Head Start hired a Tooth Tutor to work with their program. In 2005 the Office of Oral Health participated in the Head Start Oral Health Forum, which resulted in the expansion of the Tooth Tutor program into the other Head Starts and Early Head Starts in Vermont, where it continues. In 2010, the Office of Oral Health collaborated with Head Start Programs to secure continued funding for the program in Head Start and Early Head Start from the Northeast Delta Dental Foundation.

The Vermont Chapter of the American Academy of Pediatrics (VTAAP) Oral Health Preceptorship program, part of the VTAAP Oral Health Initiative, was initiated to provide pediatricians interested in implementing oral health assessments in their practice with mentorship support. The Office of Oral Health has worked closely with VTAAP to promote the program to health care providers in the state. The Office of Oral Health also partnered with VTAAP in a pilot program that placed a dental hygienist in a pediatric office to work with families of children who have Medicaid insurance and are at moderate or high risk for early childhood caries.

The Office of Oral Health works collaboratively with the Vermont State Dental Society, Vermont Dental Hygienists' Association, the Vermont Area Health Education Centers, the Vermont Child Health Improvement Project, and the Bi-State Primary Care Association in a variety of arenas. The Office of Oral Health is currently engaged in particular in collaborative work related to a HRSA-funded workforce development initiative. The Office of Oral Health is

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regarded as a trusted and neutral convener that moderates and fosters collaboration on shared goals and facilitates communication in arenas of professional discord and disagreement.

The Office of Oral Health also collaborates with educational institutions in Vermont that train dental hygienists and dental assistants, as well as the state's sole dental residency training program. Dental Health Educators from the Office of Oral Health have provided lectures for dental hygiene classes, addressing early childhood caries, fluoridation, and community based prevention measures.

While The Office of Oral Health works closely with many Vermont entities, Vermont does not currently have a statewide Oral Health Coalition. The partnerships listed above, and those individuals and organizations involved in creating the 2005 Vermont Oral Health Plan, will be approached to form the initial steering committee for the Vermont Oral Health Coalition. By the end of the first year of funding, Vermont will have established an Oral Health Coalition; progress towards Coalition independence will be made in years 2 and 3.

RA 4.a.a	Collaborate with partners, inside and outside of the state health department, with statewide and local entities or with other state agencies. Provide evidence of collaboration with a Memo of Understanding (MOU), e-mail, or letter.
S.M.A.R.T. Objective	By 4/30/2011, create a partnership document which identifies existing partnerships, details partnership activities, and includes partner input.
Activities	<ul style="list-style-type: none"> • Create a draft partnership document. • Approach partners for document review, feedback. • Identify current partnership areas not addressed. • Complete a partnership document, which will serve as a living document, updated as needed, and be a resource for all partners.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Linda Greaves, Office of Oral Health Partners.

RA 4.a.b	Increase the number of partnerships that sustain and support the oral health program, improve or extend oral disease prevention activities, and institutionalize or encourage integration of oral health into overall/general health.
S.M.A.R.T. Objective	By 7/30/2011, identify potential partnerships which do not currently exist, and strategies to strengthen and institutionalize integration between oral health and general health programs.
Activities	<ul style="list-style-type: none"> • Update the Partnership Document to include potential partners. • Identify strategies to approach potential partners. • Work with existing partners to identify strategies for strengthening and integrating the connection between oral health and general health programs.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Linda Greaves, Office of Oral Health Partners.

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RA 4.a.c	Create opportunities for enhancing partnerships such as: campaigns and summits to promote oral health, commitments to promote oral health, collaboration on policy change and in-kind or other support for oral health activities.
S.M.A.R.T. Objective	By 7/30/2011, work with the Vermont Oral Health Coalition to create a draft document addressing integration of Oral Health into General Health.
Activities	Utilize the wide array of stakeholders involved in the Vermont Oral Health Coalition to address collaboration between oral health and general health programs and organizations. <ul style="list-style-type: none"> • Create a collaboration/integration subcommittee of the Oral Health Coalition. • Report on Vermont Department of Health program collaboration/integration and strategies (See RA 8, Program Collaboration.) • Identify potential areas for collaboration with partner organizations. • Create a draft document, which will be used to guide subsequent Oral Health Coalition discussion.
Persons Responsible	Dr. Rowe, Program Coordinator, Vermont Oral Health Coalition.

RA 4.a.d.	See RA7: Program Evaluation requirements associated with this activity
S.M.A.R.T. Objective	By 7/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	Consider how evaluation may be used to enhance development of the Oral Health Plan, which may include: <ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

RA 4.b.a	Develop, enhance, and sustain an active, independent statewide oral health coalition within the first two years of funding. Coalition membership should be diverse and representative of stakeholders from organizations and groups internal and external to state government.
S.M.A.R.T.	By February 15, 2011, hold an initial meeting with founding members of a

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Objective	Vermont Oral Health Coalition.
Activities	<p>Approach existing partners for participation in the Oral Health Coalition. At a minimum, contact the following organizations:</p> <ul style="list-style-type: none"> • Vermont Public Health Association • Vermont Diabetes Educators Association • Vermont Chapter of the American Academy of Pediatrics • Vermont Coalition of Clinics for the Uninsured • Voices for Vermont's Children • Vermont Head Start/Early Head Start Programs • Vermont Area Health Education Centers • Bi-State Primary Care Association • Vermont Child Health Improvement Project • Vermont Dental Hygienists' Association • Vermont State Dental Society <p>Organize and hold an initial full day meeting of the Vermont Oral Health Coalition.</p> <ul style="list-style-type: none"> • Develop agenda with input from members prior to meeting. • Secure meeting facilities. • Secure a professional facilitator for the meeting.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Office of Oral Health Partners

RA 4.b.b	Focus coalition efforts at a minimum toward oral health infrastructure development and sustainability, state oral health plan development, community water fluoridation efforts, and school-based/linked dental sealant programs.
S.M.A.R.T. Objective	At the initial Oral Health Coalition meeting (to take place by 2/15/2011), create an outline of Coalition activities and areas of focus.
Activities	<p>Dedicate a minimum of one hour at the meeting to create a draft Guidance Document for the Coalition. Include at a minimum:</p> <ul style="list-style-type: none"> • Oral Health Infrastructure Development and Sustainability. • State Oral Health Plan Development. • Community Water Fluoridation Efforts. • School Based/Linked Dental Sealant Programs. <p>Include an update on the status of existing Office of Oral Health and Partner Activities in these areas.</p>

STAFFING MANAGEMENT PLAN

1 INTRODUCTION

1.1 PURPOSE

This document describes the processes and procedures proposed to staff Vermont Department of Health, Office of Oral Health, activities related to CDC-RFA-DP10-1012. If implemented, the Staffing Management Plan (SMP) is intended to be a living document, reviewed at least annually and updated as needed.

1.2 AUDIENCE

The intended audience for the SMP is all project stakeholders, including the Centers for Disease Control and Prevention (CDC) Division of Oral Health, senior Vermont Department of Health leadership and the project team.

1.3 ASSUMPTIONS/CONSTRAINTS

It is understood that approval of all staff positions for which CDC funding is requested will depend on approval of funding by the Joint Fiscal Committee of the Vermont Legislature, and approval by the Vermont Agency of Human Services.

This plan only addresses the staffing requirements for staff that will be part of the Vermont oral health program. This plan does not capture staffing requirements for development work performed by a contractor where the day-to-day activities are managed by a Project Manager at the contractor. In those situations, the Project Manager is monitoring the project through agreed upon deliverables and has requirements in the contract for the contractor to ensure appropriate staffing.

This plan does not address staffing requirements of contractors that are performing work on behalf of the project whose requirements are captured in a contract level management plan.

2 STAFFING MANAGEMENT

2.1 REQUIRED PROGRAM STAFF

The following staff are proposed to fulfill the requirements of Recipient Activities listed in CDC-RFA-DP10-1012.

Program Director: Dr. Patrick Rowe

1.0 FTE

Project Capacity:

The State of Vermont currently employs a full time Oral Health Director. The Vermont Oral Health Director will serve as the project director, and is responsible for planning, implementing, managing and evaluating activities. The project director is also responsible

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for collaborating with other chronic disease programs. He will communicate with DOH executive staff, CDC and other partner organizations regarding program activities.

Relevant Experience:

After graduating from the State University of New York – Buffalo School of Dental Medicine in 2003, Dr. Rowe completed a General Practice Residency at the Veteran’s Affairs Medical Center in San Francisco, CA. Dr. Rowe spent time as an associate in private dental practice in the San Francisco Bay area before accepting a staff dentist position at a community clinic in Santa Cruz, CA. After gaining exposure to the policy environment through the American Dental Education Association while teaching part time at the University of the Pacific Arthur A. Dugoni School of Dentistry, Dr. Rowe enrolled in a public health program at the University of California, Los Angeles, and received his Masters of Public Health in 2009. Dr. Rowe joined the Vermont Department of Health as Director of the Office of Oral Health in August 2009. Since that time he has supervised oral health staff, developed working relationships with stakeholders statewide, managed grants and contracts as well as all Office of Oral Health programs, and engaged in public speaking, education, and technical analysis to support community water fluoridation.

Program Coordinator: TBD

1.0 FTE

Project Capacity:

The State of Vermont will create one new limited service position to fulfill program coordination requirements; 1.0 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. The Program Coordinator has the responsibility for planning, coordinating and implementing the Oral Health Initiative. This includes fulfilling requirements identified in the CDC cooperative agreement, supervising contracts, and providing overall direction and technical assistance in consultation with the Project Director. In addition, the Program Coordinator will be responsible for overseeing the implementation of project activities, coordinating efforts with partner organizations, liaising with local, federal and other state agencies, planning and provision of training, conducting meetings and promoting oral disease prevention.

Epidemiologist/Program Evaluator: TBD

1.0 FTE

Project Capacity:

The State of Vermont will create one new limited service position to fulfill epidemiologist/program evaluation requirements; 1.0 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. The Epidemiologist/Program Evaluator will provide assistance with respect to data collection and oral health surveillance activities and assist the Project Director in designing and implementing evaluation strategies. The Epidemiologist/Program Evaluator will provide routine analyses of Medicaid claims and expenditure data for identifying high risk areas of the State for implementation of new or expanded oral health services. Responsibilities will include developing an oral health Burden Document, developing a surveillance plan, and supporting all recipient activities as required.

Sealant Program Coordinator: Rebecca MacDonald

0.5 FTE

Project Capacity:

The State of Vermont currently employs a full time Dental Health Education Coordinator; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012 in the capacity of Sealant Program Coordinator. Ms. MacDonald will oversee the expansion of the Tooth Tutor Dental Access Program to the Tooth Tutor Dental Access/Sealant Program. This will include communication with participating schools, and local program Tooth Tutors. The Sealant Program Coordinator will oversee development of communication materials which will explain changes in the program. The Sealant Program Coordinator will work with the Program Director and Program Coordinator to design and implement changes which allow for individual tracking of Tooth Tutor Dental Access/Sealant Program participants and meet Recipient Activity reporting requirements.

Relevant Experience:

Rebecca MacDonald has played a key role in the Office of Oral Health for over 30 years. Her position has transformed from one of providing oral health education in schools to providing oversight and coordination of the statewide activities of the dental health education programs of the Office of Oral Health. Currently, Ms. MacDonald oversees the Tooth Tutor Dental Access Program and School Based Fluoride Mouthrinse Program, and is responsible for executing and monitoring Dental Access Grants which increase access to dental care for patients with Medicaid. Ms. MacDonald is an active member and past president of the Vermont Dental Hygienists' Association (VDHA), and was named the VDHA Outstanding Dental Hygienist of 1993. The close working relationship that Rebecca has developed with key partners over the years, her attention to detail and her dedication to dental public health make her a valuable asset to the Office of Oral Health.

Dental Health Educator: Robin Miller

0.5 FTE

Project Capacity:

The State of Vermont currently employs a full time Dental Health Educator; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. Robin Miller, in her capacity as a Dental Health Educator, will be responsible for managing educational outreach activities and educational components of the Tooth Tutor Dental Access/Sealant Program. In addition, she will be responsible for providing assistance coordinating with partner organizations and the state oral health coalition to increase oral health literacy and training.

Relevant Experience:

Ms. Miller has worked in the field of dental public health for the past 12 years. Ms. Miller has worked extensively on key initiatives in Vermont including the Early Childhood Caries (ECC) Program, the Tooth Tutor Dental Access Program, the Fluoride Mouthrinse Program and other ad hoc oral health status and access improvement projects. She is an active member and past president of the Vermont Dental Hygienists' Association, where she was instrumental in leading the Association's efforts to raise funds to establish a new

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dental hygiene school. Ms. Miller currently serves as the Office of Oral Health representative to the Vermont Department of Health Refugee Health Committee and Chronic Disease Team. Her knowledge of the oral health care landscape, through direct collaborations with pediatricians participating in the Early Childhood Caries Project, understanding of early childcare and Head Start services, through work with the Tooth Tutor Program as well as leadership within the dental hygiene community will be an invaluable asset to assure the success of this initiative.

Fluoridation Program Coordinator: Linda Greaves 0.5 FTE

Project Capacity:

The State of Vermont currently employs a water fluoridation coordinator at 0.6 FTE; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. The Water Fluoridation Coordinator, Linda Greaves, will manage the fluoridation program, and manage fluoridation related Recipient Activities. She will work closely with a contracted fluoridation engineer and maintain the Water Fluoridation Reporting System.

Relevant Experience:

Ms. Greaves has worked in the field of Community Water Fluoridation for the past 9 years and is currently certified as a Class 2 Water Operator. She currently serves as the Community Water Fluoridation Coordinator for the State of Vermont. She has established implemented and maintained monitoring procedures to ensure the safety and health of Vermont's water plants and their communities. Ms. Greaves has executed and managed a contract position for a Class 3 Water Operator with experience in community water fluoridation which has provided technical assistance to small water systems, resulting in an increase in systems receiving fluoridation awards. In the one year absence of an Oral Health Director from 2008-2009, Ms. Greaves assumed a lead role in public communications related to community water fluoridation, attending and speaking at local Town Meetings to promote and sustain water fluoridation within the communities.

Ms. Greaves is an active associate member of the Association of State & Territorial Dental Directors, Green Mountain Water Environment Association, and Vermont Dental Hygienists' Association. She has developed working relationships with the Vermont Division of Environmental Conservation, Department of Environmental Health, the 12 Department of Health District Offices, the Vermont League of Cities and Towns and the CDC. These relationships have demonstrated their value to the success of this program and will continue to be an invaluable asset.

Administrative Support -TBD 0.5 FTE

Project Capacity:

A limited service position will support the Vermont Department of Health, Office of Oral Health; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. Responsibilities will include all administrative requirements associated with the programs undertaken to fulfill Recipient Activities. The Office of Oral Health currently lacks

dedicated administrative support, which will be necessary to ensure success for the expanded scope of programming undertaken with the cooperative agreement.

2.2 MANAGEMENT STRUCTURE

Dr. Rowe, in his capacity of Program Director, will be responsible for direct supervision of all program staff. The Program Coordinator will be responsible for monitoring all Office of Oral Health functions related to CDC-RFA-DP10-1012 and ensure compliance with Recipient Activities. Individual Program personnel (i.e. Sealant Program Coordinator, Fluoridation Program Coordinator, etc.) will work with the Program Coordinator and Program Director to ensure efficiency of program activities. The Epidemiologist/Program Evaluator, in addition to reporting to the Program Director, will be supported by a manager in the Vermont Department of Health, Division of Health Surveillance – Public Health Statistics. Administrative support for activities related to CDC-RFA-DP10-1012 will be available to all program staff, and specific administrative responsibilities will be reviewed periodically by the Program Coordinator. An Organizational Chart specific to CDC-RFA-DP10-1012 is included in Attachment 2.

2.3 FISCAL CONTROL

All expenditure of funds will be in accordance with the funding restrictions listed in CDC-RFA-DP10-1012 and policies regulating programs within the Vermont Agency of Human Services. Compliance with policies and funding restrictions will be monitored within the program by the Program Coordinator and Program Director. Within the Office of Oral Health, all purchases, sub-grants, and contracts will require review by the Program Director. Further review will be completed by the Vermont Department of Health, Division of Health Promotion and Disease Prevention Business Manager and Division Director prior to being sent to the Vermont Department of Health Business Office for additional review and execution. Purchases over \$10,000 require approval of the Vermont Secretary of Administration, and all sub-grants and contracts require Agency approval.

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Year 1 Budget 2010-2011

Centers for Disease Control and Prevention
Funding Opportunity Number: CDC-RFA-DP10-1012

State-Based Oral Disease Prevention Program
Vermont Department of Health
Office of Oral Health

A. SALARIES AND WAGES (Personnel)

Personnel **Total: \$120,000**

Personnel Position Title	Annual Salary	% of Time	# of Months	Amount (\$) Requested
Program Coordinator TBD	\$ 50,000	100%	12 months	\$ 50,000
Epidemiologist/ Program Evaluation TBD	\$ 52,500	100%	12 months	\$ 52,500
Administrative Support TBD	\$ 35,000	50%	12 months	\$ 17,500

Justification:

Program Coordinator – TBD

CDC Funding is requested for 1.0 FTE Program Coordinator as a limited service position. The Program Coordinator has the responsibility for planning, coordinating and implementing the Oral Health Initiative. This includes fulfilling requirements identified in the CDC cooperative agreement, supervising contracts, and providing overall direction and technical assistance in consultation with the Project Director. In addition, the Program Coordinator will be responsible for overseeing the implementation of project activities, coordinating efforts with partner organizations, liaising with local, federal and other state agencies, planning and provision of training, conducting meetings and promoting oral disease prevention.

Epidemiologist/ Program Evaluator – TBD

The State of Vermont will create one new limited service position to fulfill epidemiologist/program evaluation requirements. CDC Funding is requested for 1.0 FTE. It is not anticipated that approval to hire will be available if less than 1.0 FTE is funded. The Epidemiologist/Program Evaluator will provide assistance with respect to data collection and oral health surveillance activities and assist the Project Director in designing and implementing evaluation strategies. The Epidemiologist/Program Evaluator will provide routine analyses of Medicaid claims and expenditure data for identifying high risk areas of the State for implementation of new or expanded oral health services. Responsibilities will include developing an oral health Burden Document, developing a surveillance plan, and supporting all recipient activities as required.

Administrative Support– TBD

Funding for an administrative Support Position is requested at 0.5 FTE as a limited service position, dedicated to activities associated with this cooperative agreement. Responsibilities will include all administrative requirements associated with the programs undertaken to fulfill Recipient Activities. The office of Oral Health currently lacks dedicated administrative support, which will be necessary to ensure success for the expanded scope of programming undertaken with the cooperative agreement.

B. FRINGE BENEFITS

Fringe Benefits **Total: \$36,000**

Fringe benefits are calculated at 30% of salaries: $\$120,000 \times 30\% =$ \$ 36,000

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual, major components of this cost are FICA at 7.65% of salary, retirement at 9% of salary, and a portion – 80% for medical, 75% for life and 100% for dental - of the actual costs of the medical, dental and life insurance coverage selected by the employee. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees in similar programs, we are estimating the cost of these fringe benefits at 30% of salary.

C. CONSULTANT

Consultant Costs **Total: \$ 10,000**

Consultant: Grant Writing Capacity Support Total: \$10,000

Justification:

Grant writing capacity within the Vermont Department of Oral Health, Office of Oral Health, is currently restricted to program staff with limited experience. The Department is able to hire grant writing services from a consulting firm, but is limited by funding. Achieving sustainability of programs established to meet recipient activity requirements will require identifying and successfully applying for additional grants.

See Budget, Appendix A.

D. EQUIPMENT

Equipment Costs **Total: \$0**

E. SUPPLIES

Supply Costs **Total: \$4,500**

Five licenses for Adobe Professional are needed. This equipment is extremely important in order to meet the work required in cooperative agreement objectives.

5 Licenses for Adobe Professional @ \$200 each= \$1,000

One computer capable of running epidemiology/GIS software \$3,500

Justification:

In order to prepare program publications, Adobe Professional will be needed by the Program Director, Sealant Coordinator, Health Educator, Fluoridation Coordinator, and Epidemiologist/Program Evaluator. The Epidemiologist/Program Evaluator will require a system capable of running GIS software in order to evaluate existing data files available from other State programs which relate to workforce distribution, access to care, and fluoridation.

F. TRAVEL

In-State/Out-of-State Travel Costs **\$10,339**

In-State Travel **Total: \$2,000**

The project coordinator and the sealant coordinator and health educator will travel to conduct school-based site visits and local coalition meetings. The project coordinator will promote the oral health surveillance system, and supporting local coalition training needs. The school sealant coordinator and health educator will provide technical assistance to new sealant program participants by conducting training and site visits.

20 trips total x r/t 200miles x .50/mile \$2,000

Out-of-State Travel

Total: \$8,339

Dr. Rowe and/or Ms. MacDonald, Ms. Miller the Program Coordinator, or Ms. Greaves will make two trips to attend the CDC technical assistance meetings. These mandatory grantee meetings will be held in Atlanta, Georgia.

R/t airfare to Atlanta @ \$ 525 x 2 persons x 2 trips =	\$2,100
3 days per Diem @ \$ 180/day x 2 persons x 2 trips=	\$2,160
Parking, tolls & miscellaneous @ \$100 x 2 people x 2 trips =	\$400

Dr. Rowe and Ms. MacDonald or the Program Coordinator will make one trip to the National Oral Health Conference to be held in Washington, DC (or TBA city) in the spring of 2011. Attendance at this meeting is an expectation of this cooperative agreement.

R/t airfare to Washington, DC @ \$437 x 2 persons =	\$874
4 days per Diem @ \$180/day x 2 persons =	\$1,440
Parking, tolls & miscellaneous @ \$100/person x 2 =	\$200

Ms. Linda Greaves will make one trip to the CDC Annual Fluoridation Training in location to be determined. Attendance at this meeting is encouraged by the CDC.

R/t airfare to Atlanta @ \$ 525 x 1 person =	\$525
3 days per Diem @ \$ 180/day x 1 person =	\$540
Parking, tolls & miscellaneous =	\$100

G. OTHER

Other Costs

Total: \$25,375

Oral Health Coalition: Initial Organization \$5,000

Justification:

Vermont does not have an existing State Oral Health Coalition. Although many stakeholders exist both internal and external to state government, there is currently no forum which allows combined effort and resources towards common goals. The Vermont Department of Health will initiate organization of a State Oral Health coalition, with the expectation that leadership will come from the coalition itself by the end of the funded program period for year one. \$5,000 is requested for meeting facilities, printed materials, and professional facilitation based upon past experience.

Sub-Grant 1: Oral Health Coalition Support **\$20,375**

Justification:

The Vermont Oral Health Coalition will be comprised of individuals representing themselves and individuals representing institutions, agencies or organizations from across Vermont. After the initial meeting of the Vermont Oral Health Coalition organized by the Vermont Department of Health, a member organization will be selected by the Oral Health Coalition to support coalition activities including working with the Vermont Department of Health to update the state Oral Health Plan.

See Budget, Appendix B.

H. CONTRACTS

Contractual Costs **Total: \$10,000**

Contract 1: Water Fluoridation Technical Support **\$10,000**

Justification:

The Vermont Department of Health, Office of Oral Health has, in the past, contracted with outside professionals to assist in fluoridation technical support for local water systems within Vermont. This contract will be bid on a competitive basis in accordance with procurement procedures established by the State of Vermont.

See Budget, Appendix C.

I. DIRECT CHARGES FOR PROPOSAL

Direct Costs Total **\$216,214**

A. Personnel	\$120,000
B. Fringe	\$36,000
C. Consultant	\$10,000
D. Equipment	\$0
E. Supplies	\$4,500
F. Travel	\$10,339
G. Other	\$25,375
H. Contracts	\$10,000
I. Total Direct Charges	\$216,214

J. INDIRECT CHARGES

Indirect Costs Total **\$72,000**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached in Budget, Appendix D. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to this program during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

Salary Total	\$120,000
Times Allocated Cost Rate <u>x 60%</u>	\$72,000

<p>Total Requested Award Direct: \$216,214+ Indirect: \$72,000= \$288,214</p>

Budget: Appendix A

Consultant: Grant Writing Capacity Support

Total: \$10,000

1. **Name of Consultant:** TBD
2. **Organizational Affiliation:** TBD
3. **Nature of Services to be Rendered:** A consultant will be hired to expand the capacity of the Office of Oral Health by providing direct grant writing services.
4. **Relevance of Service to the Project:** The consultant will provide direct grant writing services when sources of funding are identified which could either expand the scope of effort in addressing Recipient Activities, or allow Activities to extend beyond the project period. It is anticipated that grant writing will be used to expand capacity for the state Oral Health Coalition.
5. **Number of Days of Consultation:** 6.25 Days (50 hours)
6. **Expected Rate of Compensation:** Based on past experience, consultant fees amount to \$200/hour. A line-item budget will be submitted to the CDC when the consultant is selected.

\$200/ hour x 50 hours =

\$10,000

Budget: Appendix B

Sub-Grant 1: Oral Health Coalition Support

Total: \$20,375

- 1. Name of Contractor: TBD**
- 2. Method of Selection:** Sole Source, in accordance with procurement procedures established by the State of Vermont.

After the initial meeting of the Vermont Oral Health Coalition organized by the Vermont Department of Health, a member organization will be selected by the Oral Health Coalition to support coalition activities including working with the Vermont Department of Health to update the state Oral Health Plan. Criteria to be considered by the coalition will include, but not be limited to: technical capacity, infrastructure, and experience in coordinating multiple partners.

- 3. Period of Performance:** January 1, 2011 – September 29, 2011

4. Scope of Work:

The selected organization will provide the necessary infrastructure to support the statewide coalition, and shall be responsible for coordinating coalition activities related to updating the state oral health plan.

- The selected organization will guide activities related to coalition membership recruitment and will assure that the coalition reviews and updates a mission, vision statement, bylaws, roles and responsibilities of both Steering Committee and coalition members.
- The selected organization will assist the Office of Oral Health in organizing meetings to review, revise and update the State Oral Health Plan and developing priorities and operationalizing those priorities;
- The selected organization will conduct the business operations of the maintenance of the State Oral Health Coalition and shall arrange for and maintain its name, address, telephone number, email address and other administrative necessities including but not limited to a corporate identity, stationary, and others as determined by the Steering Committee. The service includes routine correspondence and telephone services as they relate to membership; coalition information and business; program information; and operational issues;
- The selected organization will execute all functions related to support of the coalition including assuring lines of communication are open and productive and that the activities of the Coalition are in line with the framework for action developed by the Coalition;
- The selected organization will provide the infrastructure for conducting successful meetings and workshops related to the State Oral Health Coalition. This includes securing sites; preparing and disseminating packets to members containing meeting date and site; reservation information; maps; room rates; reservation cut off dates; agenda; minutes of last meeting; and other informational

Funding Opportunity Number CDC-RFA DP10-1012

communications from members of the Steering Committee and membership at large;

- The selected organization will assure appropriate budget proposals to the Vermont Department of Health for future grant cycles are prepared and submitted;
- The selected organization will assure appropriate and timely reporting to the grantors.

5. Method of Accountability:

A management team consisting of Dr. Rowe and the Program Coordinator will meet on a bimonthly basis with the selected organization's leadership to monitor progress. The selected organization will submit a progress report on a quarterly basis. Dr. Rowe or the Program Coordinator will participate in all committee meetings. All minutes of the meeting will be recorded and submitted to the Office of Oral Health. All workgroup and committee reports will be submitted to Office of Oral Health as soon as they are generated.

6. Itemized Budget and Justification:

The selected contract organization will provide the necessary infrastructure to support the statewide coalition. Estimates are based upon Vermont Department of Health contracting experience.

<u>A. Personnel</u>	<u>\$8,750</u>
Estimated \$35/hour x 250 hours =	\$8,750
<u>B. Fringe</u>	<u>\$2,625</u>
Fringe is estimated at 30% of personnel: \$10,500 x 30% =	\$2,625
<u>C. Travel</u>	<u>\$500</u>
5 Trips to coalition meetings and subcommittee meetings. 10 x 200 miles round trip x \$0.50/mile =	\$500
<u>D. Equipment</u>	<u>\$0</u>
<u>E. Supplies</u>	<u>\$500</u>
Copies, printing and postage	\$500
<u>F. Contractual</u>	<u>\$0</u>

Funding Opportunity Number CDC-RFA DP10-1012

G. Consultant **\$3,000**

Professional Facilitation Services
2 meetings x \$1,500/ meeting. \$3,000

Justification:

During the initial meeting stages of the Oral Health Coalition, a diverse group of stakeholders will come together. In order to maintain focus and ensure a constructive dialogue, professional meeting facilitation will be necessary.

H. Other **\$5,000**

Vermont Statewide Oral Health Coalition Meetings \$5,000
(Spring 2011 and Summer 2011 Coalition Meetings)

Justification:

The Vermont Oral Health Coalition will be comprised of individuals representing themselves and individuals representing institutions, agencies or organizations from across Vermont. It is anticipated that approximately 100 members will attend the meeting which will be held in Randolph, Vermont. Although Randolph is the geographic center of the state, some members need to arrive the night before. Many participants will be traveling long distances. A working lunch will be planned in order to stay on schedule and make the most productive use of the day.

I. Total Direct **\$20,375**

J. Total Indirect **\$0**

K. Contract Total **\$20,375**

Budget: Appendix C

Contract 1: Water Fluoridation Technical Support

Total: \$10,000

1. Name of Contractor: TBD

2. Method of Selection: Competitive Bid, in accordance with procurement procedures established by the State of Vermont.

3. Method of Selection

This contract will provide personal services based on providing water fluoridation technical services and consultation for community water systems.

Criteria: A contractor will be selected based on State licensure requirements, proposed budget, technical ability, past experience, and management practice in the fluoridation field.

4. Period of Performance: January 1, 2011- December 31, 2011

5. Scope of Work:

The contractor will provide technical services and consultation for community water systems administered by the State of Vermont.

- Conducting assessments and inspections on monthly basis for each of Vermont's Community Water fluoridation systems. This will be 4-6 inspections per month depending on the total number of systems that are fluoridating.
- Documenting and evaluating the management of each system. This includes updating all pertinent information on the plant and water operator, recording the type of system, chemical usage information, chemical supplier and the monitoring systems of the chemicals used in the plant.
- Inspecting equipment for quality and water assurance which includes general appearance, maintenance schedules, flow devices, location and placement of equipment and all safety devices for the plant and water operator according to regulated EPA and State requirements.
- Recording of all equipment serial numbers and model types for a reference on repair and ordering information.
- Assisting the State in providing educational and technical outreach to local governing boards, facility engineering and water operators. Meetings with the contractor and fluoridation program technician will be scheduled to prepare and present technical information to the boards when needed, collaborate with communities that fluoridate or maybe eligible to fluoridate, review all report inspections completed by the contractor, and participate in fluoridation classes offered to water operators.
- Developing technical expertise in best practices in water fluoridation. This will occur when water facility plants are in upgrades or construction phases. This will ensure that all State and federal water fluoridation guidelines are met including training opportunities relative to the practice and principles of

Funding Opportunity Number CDC-RFA DP10-1012

community fluoridation. Identifying training opportunities relative to fluoridation training and principles of application.

6. Method of Accountability

Monthly reports will be submitted to the Community Water Fluoridation Program Technician no later than 30 days after the end of each month for services delivered. The format will included the scope of work A meeting will be scheduled to review, discuss and approve the reports.

7. Itemized Budget and Justification

Payment will be based on an hourly personnel rate, and shall meet the requirements of personal services contracts as set forth by the State of Vermont. Mileage will be reimbursed at the state rate of \$0.50/mile.

<u>A. Personnel</u>	<u>\$9,250</u>
Estimated \$37/hour x 250 hours =	\$9,250
<u>B. Fringe</u>	<u>\$0</u>
<u>C. Travel</u>	<u>\$750</u>
Estimated 1,500 miles x \$0.50/mile =	\$750
<u>D. Equipment</u>	<u>\$0</u>
<u>E. Supplies</u>	<u>\$0</u>
<u>F. Contractual</u>	<u>\$0</u>
<u>G. Consultant</u>	<u>\$0</u>
<u>H. Other</u>	<u>\$0</u>
<u>I. Total Direct</u>	<u>\$10,000</u>
<u>J. Total Indirect</u>	<u>\$0</u>
<u>K. Contract Total</u>	<u>\$10,000</u>

Budget: Appendix D



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

26 Federal Plaza, Room 41-122
New York, New York 10278
Phone: (212) 264-2069
Fax: (212) 264-5478

November 10, 2009

Mr. Robert D. Hofmann
Secretary
State of Vermont
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671-0204

RECEIVED

NOV 16 2009

Agency of Human Services
Office of the Secretary

Dear Mr. Hofmann:

This is to advise you of the approval of the revisions to the Vermont Agency of Human Service (AHS) Cost Allocation Plan, which were submitted under letter dated June 29, 2009. The revisions are to reflect continuous changes within the Agency of Human Services due to a department wide reorganization and funding relating to the American Recovery and Reinvestment Act (ARRA). These revisions, which were submitted in accordance with 45 CFR 95, Subpart E, are effective April 1, 2009 except as noted in condition four below.

This approval shall remain in effect until such time as the basis and methods for allocating costs in the plan becomes outdated due to organizational changes, changes in Federal law or regulations, or there is a significant change in program composition that would affect the validity of approved cost allocation procedures.

The plan is approved and costs claimed in conformance with the plan are subject to the following conditions:

1. The approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate.
2. The costs claimed for Federal financial participation must be allowable under the law, the cost principles contained in OMB Circular A-87 and program regulation.
3. Department of Children and Family Services, Office of Child Support, Vision Program-Code 38070 - Legal: The Administration for Children and Families (ACF), Office of Child Support Enforcement (OCSE), is currently reviewing this account as part of a Limited Cost Audit of Title IV-D costs. Their preliminary findings have raised issues regarding the time study used to identify IV-D costs. In response, the State is working on the implementation of a new time study that conforms to 2 CFR Part 225 (OMB Circular A-87). We are deferring approval of

Funding Opportunity Number CDC-RFA DP10-1012

Mr. Robert D. Hofmann

-2-

November 10, 2009

Vision Program Code 38070 – Legal, as requested by ACF, until the audit has been completed and all audit findings and recommendations impacting on cost allocation matters have been addressed.

4. The American Recovery and Reinvestment Act (ARRA) funding relating to Medicaid costs are retroactive to October 1, 2008 while ARRA funding relating to Title IV-E and Title IV-D programs are retroactive to January 1, 2009. All other changes are effective April 1, 2009.
5. Based on CMS letter to Vermont dated May 29, 2007,
 - All current and future PACAP revisions for each AHS Department should comply with Federal regulations regardless of the status of the Global Commitment to Health waiver. The Office of Vermont Health Access administrative expenses and allocation methodologies should comply with Federal regulations at 45 CFR 95.507 (a) and (b) and 42 CFR 433.15.
 - A general reference to the Global Commitment to Health waiver at the beginning of each AHS Department's allocation methodology should be indicated by an asterisk attached to each Plan Department number and allocation methodology that is affected by the waiver.
6. The approved plans are subject to ongoing revisions as the Vermont Agency of Human Services completes the transition to the new organizational and operational structure. These ongoing changes will be addressed in subsequent plan revisions that may impact on currently approved cost allocation methodologies.

Nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The implementation of the cost allocation plan approved by this document may from time to time be revised by authorized Federal staff. The disclosure of inequities during such reviews may necessitate changes to the plan.

Sincerely,



Robert I. Aaronson
Director, Division of
Cost Allocation

cc: Barkas, J., CMS
Borseti, R., ACF
Messner, K., USDA/FNS

0540/66

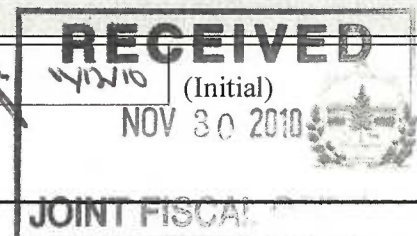
State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376
 [fax] 802-828-2428

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		This three year federal cooperative agreement is to fund strategies to address oral health program deficiencies, work with partners to establish an oral health coalition, and to help reduce caries prevalence and oral health disparities in Vermont.			
Date:		11/10/2010			
Department:		Health			
Legal Title of Grant:		State-Based Oral Disease Prevention Program			
Federal Catalog #:		93.283			
Grant/Donor Name and Address:		Centers for Disease Control and Prevention, United States Department of Health and Human Services.			
Grant Period:		From:	To:		
		9/1/2010	8/31/2013		
Grant/Donation		\$864,642			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$111,192	\$288,214	\$288,214	\$864,642	The remaining \$177,022 not spent in the first three State fiscal years will be expended in the 4 th state fiscal year.
Position Information:		# Positions	Explanation/Comments		
		3	Limited Service Positions - 1 Public Health Program Administrator; 1 Public Health Analyst and 1 Administrative Assistant.		
Additional Comments:					
Department of Finance & Management					



**STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM**

Secretary of Administration <i>T-Per</i>	<i>TV</i>	(Initial)
<i>sd</i> Sent To Joint Fiscal Office	<i>11/29/10</i>	



VERMONT GRANT ACCEPTANCE REQUEST
Affordable Care Act (Form AA-1-ACA)

Priority Level (check one box):
 Expedited 14 Days Normal 30 days

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services		
2. Department:	Health		
3. Program:	Health Promotion and Disease Prevention		
4. Legal Title of Grant:	State-Based Oral Disease Prevention Program		
5. Federal Catalog #:	93.283		
6. Grant/Donor Name and Address:	Centers for Disease Control and Prevention, United States Department of Health and Human Services		
7. Grant Period:	From:	9/1/2010	To: 8/31/2013
8. Purpose of Grant:	(see summary attached)		
9. Impact on existing program if grant is not Accepted:	none		

10. BUDGET INFORMATION

	SFY 1 FY 2011	SFY 2 FY 2012	SFY 3 FY 2013	Comments
Expenditures:				
Personal Services	\$97,692	\$248,000	\$248,000	
Operating Expenses	\$13,500	\$19,839	\$19,839	
Grants	\$0	\$20,375	\$20,375	
Total	\$111,192	\$288,214	\$288,214	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$111,192	\$288,214	\$288,214	
(Direct Costs)	\$83,500	\$216,214	\$216,214	
(Statewide Indirect)	\$1,662	\$4,320	\$4,320	
(Departmental Indirect)	\$26,030	\$67,680	\$67,680	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$	\$	\$	
Total	\$111,192	\$288,214	\$288,214	

Appropriation No:	Amount:	\$
3420010000		\$12,462
3420021000		\$98,730
		\$
		\$
		\$
		\$
		\$
	Total	\$111,192

REC'D NOV 10 2010

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Wendy Davis, MD Commissioner of Health Agreed by: WD (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Programs Administrator
	1	Public Health Analyst
	1	Administrative Assistant
Total Positions	3	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Barbara Cimp</u>	Date: 11/9/2010
	Title: Commissioner of Health <u>Deputy</u>	
	Signature: <u>Patrick Flood</u>	Date: 11/10/11
	Title: <u>Deputy Secretary</u>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>TH</u> <u>[Signature]</u>	Date: 11/15/11
-----------------------------------------------	-------------------------------------------------------------------	----------------

15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Check One Box: Accepted	<u>[Signature]</u>	
<input type="checkbox"/> Rejected	(Governor's signature)	Date: 11/24/10

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

<input type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input type="checkbox"/> Grant Budget	

End Form AA-1

Request for Grant Acceptance and Establishment of Positions
Oral Disease Prevention Program
Summary 11/9/2010

The Department of Health has received a grant of \$288,214 annually from the Centers for Disease Control and Prevention. This cooperative agreement will fund strategies to address oral health program deficiencies, work with partners to establish an oral health coalition, and increase the ability of the Department of Health and stakeholders statewide to reduce caries prevalence and oral health disparities within Vermont. Specifically, this project will enable the Vermont Department of Health, Office of Oral Health to:

- Facilitate the creation of an independent Vermont Oral Health Coalition.
- Develop an oral health surveillance plan and oral disease burden document.
- Update the Vermont Oral Health Plan.
- Increase access to dental sealants and community water fluoridation.
- Increase capacity to provide effective policy analysis and recommendations.
- Increase capacity in critical areas such as Epidemiology and Program Evaluation.
- Implement systematic evaluation to improve program efficiency.
- Increase collaboration with other chronic disease programs.

Funds will primarily be used to cover the cost of project personnel, including travel and supply costs, and the initiation and support of a statewide Oral Health Coalition. Funds will also be used to contract for technical support for water fluoridation projects. Project personnel will include a Public Health Programs Administrator to serve as project coordinator, a Public Health Analyst to handle the data collection and analysis and program evaluation responsibilities and an Administrative Assistant to provide clerical support for the project.

The Health Department is hereby requesting acceptance of \$111,192 in new Federal funds in State Fiscal Year 2011 and the establishment of three limited service positions. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application and award document are included for your information.

VERMONT DEPARTMENT OF HEALTH

SFY11 Oral Disease Prevention Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$46,154	\$46,154
Fringe Benefits	\$0	\$13,846	\$13,846
3rd Party Contracts	\$0	\$10,000	\$10,000
Total Personal Services	\$0	\$70,000	\$70,000
Equipment	\$0	\$0	\$0
Supplies	\$0	\$4,500	\$4,500
Other	\$0	\$5,000	\$5,000
Travel	\$0	\$4,000	\$4,000
Total Operating Expenses	\$0	\$13,500	\$13,500
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$83,500	\$83,500
Total Indirect Costs	<u>\$12,462</u>	<u>\$15,230</u>	<u>\$27,692</u>
Total SFY11 Grant Costs	\$12,462	\$98,730	\$111,192

Appropriation Summary

Total Personal Services	\$12,462	\$85,230	\$97,692
Total Operating Expenses	\$0	\$13,500	\$13,500
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$12,462	\$98,730	\$111,192

VERMONT DEPARTMENT OF HEALTH

SFY12 Oral Disease Prevention Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$120,000	\$120,000
Fringe Benefits	\$0	\$36,000	\$36,000
3rd Party Contracts	<u>\$0</u>	<u>\$20,000</u>	<u>\$20,000</u>
Total Personal Services	\$0	\$176,000	\$176,000
Equipment	\$0	\$0	\$0
Supplies	\$0	\$4,500	\$4,500
Other	\$0	\$5,000	\$5,000
Travel	<u>\$0</u>	<u>\$10,339</u>	<u>\$10,339</u>
Total Operating Expenses	\$0	\$19,839	\$19,839
Subgrants	\$0	\$20,375	\$20,375
Total Direct Costs	\$0	\$216,214	\$216,214
Total Indirect Costs	<u>\$32,400</u>	<u>\$39,600</u>	<u>\$72,000</u>
Total SFY12 Grant Costs	\$32,400	\$255,814	\$288,214

Appropriation Summary

Total Personal Services	\$32,400	\$215,600	\$248,000
Total Operating Expenses	\$0	\$19,839	\$19,839
Total Subgrants	<u>\$0</u>	<u>\$20,375</u>	<u>\$20,375</u>
	\$32,400	\$255,814	\$288,214

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Human Services/Health Date: 11/9/2010

Name and Phone (of the person completing this request): Leo Clark 863-7284

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Centers for Disease Control and Prevention, United States Department of Health and Human Services
 State-Based Oral Disease Prevention Program

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Programs Administrator	1	Health Promotion	9/1/2010 thru 8/31/2013
Public Health Analyst	1	Surveillance	9/1/2010 thru 8/31/2013
Administrative Assistant	1	Health Promotion	9/1/2010 thru 8/31/2010

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

These are the positions described in our application, approved for funding by the Centers for Disease Control and Prevention, and necessary to carry out the proposed activities.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Barbara Cincio 11-9-2010
 Signature of Agency or Department Head Date

Molly Paulsen 11/10/10
 Approved/Denied by Department of Human Resources Date

[Signature] 11/12/10
 Approved/Denied by Finance and Management Date

[Signature] 11/15/10
 Approved/Denied by Secretary of Administration Date

Comments: 2x

REC'D NOV 10 2010



Grant Number: 1U58DP002838-01 REVISED

Principal Investigator(s):
PATRICK ROWE

Project Title: VERMONT STATE BASED ORAL DISEASE PREVENTION PROGRAM

Financial Officer/Department of Oral Health
Vermont Department of Health
P.O. BOX 70
108 CHERRY STREET
BURLINGTON, VT 05402

Budget Period: 09/01/2010 – 08/31/2011
Project Period: 09/01/2010 – 08/31/2013

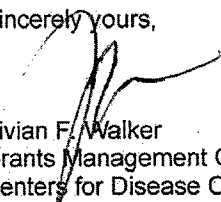
Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,


Vivian F. Walker
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

ONE YEAR WORK PLAN

Successful program implementation will depend on adequately addressing Recipient Activities 1 through 8, as defined in the Funding Opportunity Announcement for CDC-RFA DP10-1012, State-Based Oral Disease Prevention Program. Work plan objectives, activities, persons responsible for implementation, and relevant organizational experience and capacity are provided for each Recipient Activity (RA). Objectives provided are specific, measureable, attainable, realistic, and time-phased (S.M.A.R.T.) An emphasis has been placed on developing objectives which can be accomplished in the first year of funding, understanding that any expenditure of funds for a new grant award cannot begin until the Vermont Department of Health receives authorization from the Joint Fiscal Committee of the Vermont State Legislature. Past experience has shown that this process can take several months, and objectives have been developed accordingly. Letters of support are included in Attachment 1. All dates contained in the work plan are based on an anticipated project period beginning 9/30/2010.

Recipient Activity 1. Program Infrastructure – Staffing, Management and Support.

Experience and Capacity:

The organizational structure of the Vermont Department of Health's (VDH) Office of Oral Health (OOH) provides access to a strong departmental management team as well as a mechanism for collaboration with chronic disease programs, and external partners. The Office of Oral Health is part of the Division of Health Promotion and Disease Prevention (HPDP), within the Vermont Department of Health, a department of the Vermont Agency of Human Services (AHS).

The Office of Oral Health has strong capacity at the individual program level, but lacks adequate data collection/surveillance capacity, program evaluation capacity, administrative support, and overall program coordination support. The Oral Health Team consists of Dr. Patrick Rowe, full time Oral Health Director, Ms. Rebecca MacDonald, full time Dental Health Education Coordinator, Ms. Robin Miller, full time Dental Health Educator, and Ms. Linda Greaves, 0.6 time Fluoridation Program Coordinator. Dr. Rowe is a Public Health Dentist, Ms. MacDonald, Ms. Miller and Ms. Greaves are dental hygienists with extensive experience in public health, and Ms. Greaves is additionally a Class 2 Water Operator. See Health Promotion and Disease Prevention Organizational Chart in Attachment 2. Dr. Rowe's position is supported by the Vermont Department of Health. Ms. MacDonald and Ms. Miller's positions are supported by Maternal Child Health (MCH) Block Grant Funding. Ms. Greaves' position is supported by Preventive Health and Health Services (PHHS) Block Grant Funding.

Dr. Rowe will serve as the Principle Investigator (PI) for grant DP10-1012. A Program Coordinator will be required to ensure adequate monitoring and coordination of all activities under the CDC agreement. Grant funding for the program coordinator is critical for implementation of work plan activities, and meeting project goals and objectives. Grant funding is also necessary to facilitate hiring an Epidemiologist/Program Evaluator and appropriate administrative support to meet required program capacity and accomplish work plan activities. The Vermont Department of Health does not employ full time grant writing staff, but maintains the practice of executing contracts for grant writing services as needed. In order to provide experienced grant writing capacity, CDC funding is requested for 50 hours of contract grant

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writing on an annual basis to support program expansion and sustainability of recipient activities. Details of existing staff capacity and planned staff utilization are found in the *Staffing Management Plan*. Job descriptions and CV's for existing program staff are found in Attachments 3,4. Human Resources, fiscal oversight, and business operations processes are supplied by the Vermont Department of Health and Agency of Human Resources; funding is included via an approved cost allocation plan (see *Budget Justification, Indirect Expenses* for details.)

Stakeholders and Partners:

The Office of Oral Health works closely with other Vermont Department of Health programs: The Division of Maternal and Child Health's School Health programs, Local Health, Ladies First Program, Diabetes Prevention and Control Program, Tobacco Control Program, Cancer Control Program, Nutrition and Physical Activity Program, Office of Vermont Health Access (Vermont's Medicaid and CHIP programs), Rural Health. In addition, the Office of Oral Health works with many partners external to the VDH, they include: Head Start and Early Head Start programs, the Vermont Child Health Improvement Project, Bi-State Primary Care Association, Vermont Area Health Education Centers, Vermont State Dental Society, and the Vermont Dental Hygienists' Association. Many of these partnerships have proven essential in providing information and program support for areas that are currently not met by existing Office of Oral Health staffing, but with limited potential for expansion. Filling critical unmet Office of Oral Health staffing needs will enhance the ability of the Office of Oral Health to support these partnerships.

RA 1	Program Infrastructure – Staffing, Management and Support
S.M.A.R.T. Objective	1) By 9/30/2010 a collaborative agreement will be established with the CDC under program announcement CDC-RFA DP10-1012. 2) By 1/30/2011 staffing requirements will be met.
Activities	1) Maintain existing Office of Oral Health Staff 2) Meet with Vermont Department of Health Business Office staff to: <ul style="list-style-type: none"> • Submit request for expenditure of funds and hiring of new limited services position to the Joint Fiscal Committee of the Vermont State Legislature. • Complete posting for required positions in accordance with Vermont Agency of Human Services policies and procedures. • Complete hiring for positions required in RA 1.
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director.)

RA 1.a.1	Staffing: Full time dental director and 0.5 FTE program coordinator.
S.M.A.R.T. Objective	1) By 9/30/2010, the Office of Oral Health will employ one full time oral health director. 2) By 1/30/2011 the Office of Oral Health will employ one full time program coordinator.
Activities	1) Maintain Dr. Rowe in the position of Oral Health Director.

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	<p>2) Meet with Vermont Department of Health Business Office staff to:</p> <ul style="list-style-type: none"> • Complete posting for Program Coordinator in accordance with Vermont Agency of Human Services policies and procedures. • Complete hiring for program coordinator.
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director.)

RA 1.a.2	Staffing: 0.5 FTE Epidemiologist
RA 1.a.3	Staffing: 0.25 FTE Program Evaluator
S.M.A.R.T. Objective	By 2/28/2011 the Office of Oral Health will employ one full time Epidemiologist/Program Evaluator.
Activities	<p>Meet with Vermont Department of Health Business Office staff to:</p> <ul style="list-style-type: none"> • Complete posting for an Epidemiologist in accordance with Vermont Agency of Human Services policies and procedures. • Complete hiring for Epidemiologist/Program Evaluator.
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director), Bill Apao (Health Surveillance Division Director.)

RA 1.a.3	Staffing: 0.5 FTE dental sealant program coordination, 0.5 FTE water fluoridation coordination, 0.25 FTE health education/communication, and appropriate administrative support.
S.M.A.R.T. Objective	<p>1) By 9/30/2010, the Office of Oral Health will employ one full time Sealant Program Coordinator, 0.6 FTE Water Fluoridation Program Coordinator, and one full time Dental Health Educator/Communications specialist.</p> <p>2) By 2/28/2011 the Office of Oral Health will have 0.5 FTE dedicated administrative support.</p>
Activities	<p>1) Maintain Rebecca MacDonald as Dental Health Education Coordinator/Sealant Program Coordinator, maintain Linda Greaves as Fluoridation Program Coordinator, maintain Robin Miller as Dental Health Educator/Communications Specialist.</p> <p>2) Meet with Vermont Department of Health Business Office Staff to secure dedicated administrative support for the Office of Oral Health.</p>
Persons Responsible	Dr. Patrick Rowe, Garry Schaedel (Health Promotion and Disease Prevention Division Director), Rebecca MacDonald, Linda Greaves, Robin Miller.

RA 1.b	Staffing: Shared capacity for carrying out fiscal coordination and grant writing.
S.M.A.R.T. Objective	1) By 9/30/2010, the Office of Oral Health will have access to Vermont Department of Health fiscal coordination capacity.

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	2) By 6/30/2011 the Office of Oral Health will have secured a contract for grant writing capacity.
Activities	1) Maintain existing fiscal coordination available to Vermont Department of Health Programs. 2) Execute a contract for 50 hours of grant writing support in accordance with Vermont Department of Health procedures and policies.
Persons Responsible	Dr. Patrick Rowe, (TBD) –Program Coordinator.

Recipient Activity 2. Data Collection and Surveillance.

Experience and Capacity:

The Vermont Department of Health, Office of Oral Health currently collects data or has various levels of data. Here are examples: Oral health surveys of children in grades 1-3; parental annual dental visit self report by grade and building contained in the VDH School Nurse Report, the Behavioral Risk Factor Surveillance System, the Water Fluoridation Reporting System, the Pregnancy Risk Assessment Monitoring System, The Office of Vermont Health Access (OVHA, Vermont’s Medicaid/CHIP Office), and a biennial Dentist Survey which is held in conjunction with the re-licensing period. In 2010, the Office of Oral Health has partnered with the Vermont Child Health Improvement Project (VCHIP) to conduct the first grade survey of children in grades 1-3 since 2003; data will be available in the fall of 2010. The Fluoridation Program Coordinator collects daily testing information from fluoridated water systems, and works with local water operators to remedy any monitoring or operational problems that arise. These data are used on demand when it is necessary to annually update the ASTDD’s State Synopsis and the National Oral Health Surveillance System (NOHSS), or when they can provide information for specific oral health or workforce issues.

Other than what is outlined above, the Office of Oral Health has not developed an oral health surveillance system, and does not have a surveillance plan. The lack of a systematic surveillance plan has led to information being used in a reactive capacity rather than for proactive planning purposes. The Vermont Department of Health has not produced a comprehensive oral disease burden document. Past reports, including the 2005 Vermont Oral Health Plan (See Attachment 5) have addressed many aspects of oral disease in Vermont, but there is not a comprehensive document, and there is no systematic resource which compiles all aspects of oral health in Vermont. Although development of a comprehensive surveillance system has been a priority for the Oral Health Director, the Office of Oral Health does not currently have the resources to complete this task. Creating a comprehensive surveillance system and oral disease burden document will provide data needed for identifying problems, set priorities and assess progress towards goals and objectives. Under CDC-RFA DP10-10, the Oral Health Director, Program Coordinator, and Epidemiologist/Program Evaluator will address existing deficiencies.

During the first year of funding, the Office of Oral Health will begin work on an oral disease burden document which provides comprehensive baseline data on the oral health of Vermonters, comparative data on the status of oral health among various populations and

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subpopulation groups, the amount of dental care being provided, the effects of other actions which protect or damage oral health, disparities in oral health and the burden of oral disease. This document will be a dynamic document that is periodically updated as new information and data become available. The Document will be completed by the end of year two.

During the first year of funding, the Office of Oral Health will begin work on a Surveillance Plan for Vermont. Key oral health indicators will be collected using standard approaches with attention to comparability across states. The data collected will be consistent with Association of State and Territorial Dental Directors, Synopses of State and Territorial Dental Programs and National Oral Health Surveillance System data. The Surveillance Plan will be completed by the end of year two.

The Office of Oral Health will develop a detailed evaluation plan describing logic models, evaluation questions and methods for gathering data.

RA 2.a	Develop surveillance plan within the first two years of funding.
S.M.A.R.T. Objective	By 4/30/2011, begin development of an Oral Health Surveillance Plan and comprehensive oral health surveillance system.
Activities	<ul style="list-style-type: none"> • Review existing oral health data for inclusion in the plan: <ul style="list-style-type: none"> ○ BSS School Survey ○ School Nurse Report ○ Fluoridation (WFRS) ○ Behavior Risk Factor Surveillance System (BFRSS) ○ Pregnancy Risk Assessment Monitoring System (PRAMS) ○ Youth Risk Factor Surveillance System (YRBSS) ○ Youth Tobacco Survey (YTS) ○ Medicaid Claims Data ○ Biennial Dentist Workforce Survey ○ Tooth Tutor Dental Access Program Reporting • Develop a timetable for gathering data. • Develop a working outline of the Oral Health Surveillance Plan and comprehensive oral health surveillance system. • Include a working outline of data analysis, reporting and dissemination plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Office of Oral Health Partners.

RA 2.b	Using available data, complete a burden of oral disease document within the first two years of funding.
S.M.A.R.T. Objective	By 4/30/2011, begin development of a burden of oral disease document.
Activities	<ul style="list-style-type: none"> • Review oral disease burden documents from other states to inform the document development process. • Develop a working outline of the oral disease burden document.

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	<ul style="list-style-type: none"> • Identify required data. • Identify data gaps, needs, and sources of data. • Develop a timetable for meeting with partners and gathering data.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Office of Oral Health Partners.

RA 2.c	Submit data annually to ASTDD's State Synopses.
S.M.A.R.T. Objective	By January 31 2011, using the most current data available, complete and submit ASTDD's State Synopses questionnaire to the ASTDD's data committee.
Activities	<ul style="list-style-type: none"> • Identify data that are 5 years old • Find current data by: <ul style="list-style-type: none"> ○ Collecting new data; ○ Searching for current information • Complete and submit the ASTDD Synopsis questionnaire and NOHSS Submit to ASTDD's data committee
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves.

RA 2.d	Update annually, maintain and sustain the surveillance plan and subsequent surveillance system.
N/A	RA 2.d will be addressed in years 2 and 3 after development of surveillance plan and surveillance system.

RA 2.e	See RA7: Program Evaluation requirements associated with this surveillance activity.
S.M.A.R.T. Objective	By 4/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	<ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Rebecca MacDonald, Office of Oral Health Partners.

Recipient Activity 3. Strategic Planning – The State Oral Health Plan

Experience and Capacity:

A comprehensive Vermont Oral Health Plan was developed with funding from the federal Maternal and Child Health Bureau and made publicly available in 2005. This plan's specific goals and objectives serve as a blueprint for all involved in improving and achieving optimal oral health. All stakeholders can use this plan as a tool to enlist partners, attract funding sources and promote action. The Plan directs work in four major areas of need: 1) Public Health Infrastructure 2) Prevention and Health Promotion; 3) Workforce, and 4) Financing and Delivery Systems. The Vermont Oral Health Plan was incorporated as a component of the 2005 Vermont State Health Plan. The State Health Plan and the Blueprint for Health (the initiative focusing on chronic diseases) were built on the following tenets: Self-management, Community, Provider Practice, Health Systems and Public Health/Public Policy. In each of these areas, the goals of the Vermont Oral Health Plan were fully integrated.

- **Self-management:** Actions to develop informed, activated people who are prepared to manage their own health care. Sometimes called “empowered” consumers, they use effective self-management strategies and take on a central role in their health care.
- **Community:** Mobilization of community resources to support healthy behaviors as the easiest choice. Community programs can and should support or expand a health systems' care for people with, or at risk for, chronic disease.
- **Provider Practice:** Measures to address workforce needs promote a prepared, proactive practice team, provider support and guidance of self-management and focus on keeping a person as healthy as possible.
- **Health Systems:** Measures that ensure access to essential health services in settings where the culture, organization and mechanisms promote safe, high quality, consumer driven care.

The 2005 Vermont Oral Health plan contained a brief examination of the burden of oral disease, reporting data from Basic Screening surveys undertaken in 1994 and 2003, Behavioral Risk Factor Surveillance System (BRFSS) data for adults, and identifying special populations. Strategies to improve Vermont's oral health systems addressed public health infrastructure, prevention and health promotion, workforce, and financing and delivery systems. The Vermont Department of Health worked collaboratively with many partner organizations, stakeholders, and individuals to develop the Oral Health Plan. A Steering Committee of representatives was formed that guided development of this plan. The plan was developed through a consensus building process involving a diverse array of stakeholders.

Funding under this cooperative agreement will mobilize stakeholders to update the plan, have ownership of the plan and guide its implementation. This will be achieved in conjunction with development of the Vermont Oral Health Coalition (Recipient Activity 4.b.) Emphasis will be placed on guiding the Oral Health Coalition to provide S.M.A.R.T objectives to accomplish goals, and address the following:

- Vermont oral health infrastructure including current resources, gaps in resources and recommendation to eliminate those gaps;
- Healthy People 2020 objectives and state specific objectives;

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- Programs to address dental caries, including water fluoridation and school -linked sealant programs;
- Description of priority populations and oral disease burden in them;
- Strategies to address oral health disparities within Vermont;
- Strategies to address oral health promotion for all Vermonters;
- Strategies to increase access to oral health care;
- Strategies to identify best practices that can be replicated;
- Partnerships and strategies for leveraging resources;
- Program to address prevention of oral cancer.

RA 3.a	Develop a state oral health plan that has as its goal reducing the prevalence of oral diseases and include specific objectives related to oral health promotion, disease prevention and control, and specified risk factors. Collaborate with a diverse group of stakeholders to develop a plan that addresses, at a minimum, the goals, objectives, and priority area activities of CDC/DOH Covered in the Purpose of CDC-RFA DP10-1012.
S.M.A.R.T. Objective	By 7/30/2011, a diverse group of key stakeholders will come together to discuss the process, resources needed, opportunities and barriers and begin the process for updating the Vermont Oral Health plan.
Activities	<ul style="list-style-type: none"> • Steering Committee will provide leadership to update the plan (after the committee is established, members will meet quarterly to guide the process). • The State Oral Health Coalition will continue to provide administrative support to coordinate teleconferences, conduct and summarize meeting activities and maintain communication via emails and Listserv. • Meetings will be held (face to face) • Target areas for prevention and control are selected and prioritized • Revise and update goals, SMART objectives, and action plan including the roles of partners.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Rebecca MacDonald, Robin Miller, Office of Oral Health Partners.

RA 3.b	Make the plan available to the public.
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss methods to make the updated Oral Health Plan available to the public when completed.
Activities	<ul style="list-style-type: none"> • The Committee will, at a minimum, discuss the following: <ul style="list-style-type: none"> ○ Creation of oral health plan fact sheets and policy briefs. ○ Distribution list of organizations and policy makers for hard copies. ○ Use electronic distribution: mass emailing, Listserv, Department of Health Webpage Linkage. ○ Presentation of findings at meetings.

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Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners.
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RA 3.c	Update the plan every 3-5 years.
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss methods to make the updated Oral Health Plan available to the public when completed.
Activities	Document discussion, include as an item to be addressed during development of the Oral Health Plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners.

RA 3.d	Enhance the state plan by providing guidance for major policy development initiatives (see RA 6 Policy Development.)
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss policy development initiatives to be included in the Oral Health Plan.
Activities	Document discussion, include as an item to be addressed during development of the Oral Health Plan. At a minimum, address the following: <ul style="list-style-type: none"> • Policies supporting oral disease prevention. • Community based public health prevention services for prioritized populations based on disease burden (community water fluoridation, school linked sealant programs.) • Policies reducing the prevalence of caries among prioritized populations. • Policies to reduce disparities in oral health.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

RA 3.e	Market the plan as the guiding document for oral health initiatives in the state.
RA 3.f	Increase support and stakeholder engagement in the implementation of the plan.
S.M.A.R.T. Objective	By 7/30/2011, the Steering Committee will discuss marketing the plan as the guiding document for oral health initiatives in the state and increasing support and stakeholder engagement in the implementation of the plan.
Activities	Document discussion, include as items to be addressed during development of the Oral Health Plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

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RA 3.g	See RA7: Program Evaluation requirements associated with this activity
S.M.A.R.T. Objective	By 7/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	<p>Consider how evaluation may be used to enhance development of the Oral Health Plan, which may include:</p> <ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

Recipient Activity 4. Partnerships and Coalitions

Experience and Capacity:

The Vermont Office of Oral Health resides in the Division of Health Promotion and Disease Prevention of the Vermont Department of Health, along with programs focusing on Women’s Health (Ladies First Program), Tobacco Control and Prevention, Nutrition and Physical Activity, Diabetes, Asthma, and Comprehensive Cancer. (See Health Promotion and Disease Prevention Organizational Chart in Attachment 2.) While the Office of Oral Health has worked with other Division programs all along, including but not limited to the Diabetes, Tobacco, and Women’s Health Programs to develop and disseminate materials related to education and access, and the Physical Activity and Nutrition Program, Comprehensive Cancer Program, and Asthma Programs to coordinate messages and materials, with a new Division Director in place there is a renewed emphasis in this effort. (See also RA 8, Program Collaboration).

Vermont does not have county level health departments, instead utilizing 12 District Offices of the Vermont Department of Health via the Office of Local Health (OLH), and the Division of Maternal and Child Health (MCH) to coordinate Health Department efforts at the local level. The Office of Oral Health piloted and provides oversight for a part-time District Office Dental Hygienist who is located in the Newport District Office, in Vermont’s rural Northeast Kingdom. Half of this dental hygienist’s time is dedicated to working with the Women, Infants, and Children (WIC) Program, providing oral health services to women and children, including oral health risk assessment, fluoride varnish, helping to link families with a local dental home. Half of her time is spent doing oral health outreach and collaboration with local pediatricians, child care providers, schools, and dental offices. This program is eligible for expansion to other District Offices, contingent upon future funding. The Office of Oral Health district office staff addresses community water fluoridation, school linked dental access programs, and oral health components based upon policy and program efforts made in the Vermont Department of Health Central Office, including the Office of Oral Health and MCH.

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The Office of Oral Health was a partner in the creation of MCH's WIC Oral Health Protocol, and has assisted in the development of an online training program for WIC staff. The Office of Oral Health has created and maintains a number of oral health resources that are used to implement the protocol.

Robin Miller, from the Office of Oral Health, attends the Craniofacial Clinic that is coordinated by MCH's Children with Special Health Needs Program. The clinic provides oral health education, oral health risk assessments and fluoride varnish as appropriate to children ages 3 months to 21 years old who have craniofacial abnormalities. The Oral Health Director assists the program in reviewing and approving claims for dental work supported by the program for children who are not eligible for Medicaid.

A representative from the Office of Oral Health attends monthly refugee health committee meetings to provide an oral health perspective to the group and to assist in efforts to obtain dental care for the refugee and immigrant population. The Office of Oral Health developed an oral health presentation for inclusion in English as a Second Language classes.

The Office of Oral Health works closely with MCH and Vermont Schools to oversee the Tooth Tutor Dental Access Program (See RA 5.a., School Linked Sealant Program), School-based Fluoride Mouthrinse Program. In 2010 OOH partnered with schools to conduct a Basic Screening Survey with the final report scheduled for release in the fall of 2010.

Schools and Head Start programs which participate in the Tooth Tutor Dental Access Program hire a dental professional to create a target group of children who do not have a dental home and work throughout the year to connect them to a local dental office for preventive, comprehensive and continuous care. Dental Health Educators from the Office of Oral Health assist schools in implementing the Program, and are responsible for statewide monitoring and support of the program.

There are 7 Head Start Programs in Vermont, 4 of these programs also have an Early Head Start component which includes pregnant women and children under age 3. The Office of Oral Health has been closely involved with Head Start since 2002 when Champlain Valley Head Start hired a Tooth Tutor to work with their program. In 2005 the Office of Oral Health participated in the Head Start Oral Health Forum, which resulted in the expansion of the Tooth Tutor program into the other Head Starts and Early Head Starts in Vermont, where it continues. In 2010, the Office of Oral Health collaborated with Head Start Programs to secure continued funding for the program in Head Start and Early Head Start from the Northeast Delta Dental Foundation.

The Vermont Chapter of the American Academy of Pediatrics (VTAAP) Oral Health Preceptorship program, part of the VTAAP Oral Health Initiative, was initiated to provide pediatricians interested in implementing oral health assessments in their practice with mentorship support. The Office of Oral Health has worked closely with VTAAP to promote the program to health care providers in the state. The Office of Oral Health also partnered with VTAAP in a pilot program that placed a dental hygienist in a pediatric office to work with families of children who have Medicaid insurance and are at moderate or high risk for early childhood caries.

The Office of Oral Health works collaboratively with the Vermont State Dental Society, Vermont Dental Hygienists' Association, the Vermont Area Health Education Centers, the Vermont Child Health Improvement Project, and the Bi-State Primary Care Association in a variety of arenas. The Office of Oral Health is currently engaged in particular in collaborative work related to a HRSA-funded workforce development initiative. The Office of Oral Health is

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regarded as a trusted and neutral convener that moderates and fosters collaboration on shared goals and facilitates communication in arenas of professional discord and disagreement.

The Office of Oral Health also collaborates with educational institutions in Vermont that train dental hygienists and dental assistants, as well as the state's sole dental residency training program. Dental Health Educators from the Office of Oral Health have provided lectures for dental hygiene classes, addressing early childhood caries, fluoridation, and community based prevention measures.

While The Office of Oral Health works closely with many Vermont entities, Vermont does not currently have a statewide Oral Health Coalition. The partnerships listed above, and those individuals and organizations involved in creating the 2005 Vermont Oral Health Plan, will be approached to form the initial steering committee for the Vermont Oral Health Coalition. By the end of the first year of funding, Vermont will have established an Oral Health Coalition; progress towards Coalition independence will be made in years 2 and 3.

RA 4.a.a	Collaborate with partners, inside and outside of the state health department, with statewide and local entities or with other state agencies. Provide evidence of collaboration with a Memo of Understanding (MOU), e-mail, or letter.
S.M.A.R.T. Objective	By 4/30/2011, create a partnership document which identifies existing partnerships, details partnership activities, and includes partner input.
Activities	<ul style="list-style-type: none"> • Create a draft partnership document. • Approach partners for document review, feedback. • Identify current partnership areas not addressed. • Complete a partnership document, which will serve as a living document, updated as needed, and be a resource for all partners.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Linda Greaves, Office of Oral Health Partners.

RA 4.a.b	Increase the number of partnerships that sustain and support the oral health program, improve or extend oral disease prevention activities, and institutionalize or encourage integration of oral health into overall/general health.
S.M.A.R.T. Objective	By 7/30/2011, identify potential partnerships which do not currently exist, and strategies to strengthen and institutionalize integration between oral health and general health programs.
Activities	<ul style="list-style-type: none"> • Update the Partnership Document to include potential partners. • Identify strategies to approach potential partners. • Work with existing partners to identify strategies for strengthening and integrating the connection between oral health and general health programs.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Linda Greaves, Office of Oral Health Partners.

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RA 4.a.c	Create opportunities for enhancing partnerships such as: campaigns and summits to promote oral health, commitments to promote oral health, collaboration on policy change and in-kind or other support for oral health activities.
S.M.A.R.T. Objective	By 7/30/2011, work with the Vermont Oral Health Coalition to create a draft document addressing integration of Oral Health into General Health.
Activities	Utilize the wide array of stakeholders involved in the Vermont Oral Health Coalition to address collaboration between oral health and general health programs and organizations. <ul style="list-style-type: none"> • Create a collaboration/integration subcommittee of the Oral Health Coalition. • Report on Vermont Department of Health program collaboration/integration and strategies (See RA 8, Program Collaboration.) • Identify potential areas for collaboration with partner organizations. • Create a draft document, which will be used to guide subsequent Oral Health Coalition discussion.
Persons Responsible	Dr. Rowe, Program Coordinator, Vermont Oral Health Coalition.

RA 4.a.d.	See RA7: Program Evaluation requirements associated with this activity
S.M.A.R.T. Objective	By 7/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	Consider how evaluation may be used to enhance development of the Oral Health Plan, which may include: <ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

RA 4.b.a	Develop, enhance, and sustain an active, independent statewide oral health coalition within the first two years of funding. Coalition membership should be diverse and representative of stakeholders from organizations and groups internal and external to state government.
S.M.A.R.T.	By February 15, 2011, hold an initial meeting with founding members of a

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Objective	Vermont Oral Health Coalition.
Activities	<p>Approach existing partners for participation in the Oral Health Coalition. At a minimum, contact the following organizations:</p> <ul style="list-style-type: none"> • Vermont Public Health Association • Vermont Diabetes Educators Association • Vermont Chapter of the American Academy of Pediatrics • Vermont Coalition of Clinics for the Uninsured • Voices for Vermont's Children • Vermont Head Start/Early Head Start Programs • Vermont Area Health Education Centers • Bi-State Primary Care Association • Vermont Child Health Improvement Project • Vermont Dental Hygienists' Association • Vermont State Dental Society <p>Organize and hold an initial full day meeting of the Vermont Oral Health Coalition.</p> <ul style="list-style-type: none"> • Develop agenda with input from members prior to meeting. • Secure meeting facilities. • Secure a professional facilitator for the meeting.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Office of Oral Health Partners

RA 4.b.b	Focus coalition efforts at a minimum toward oral health infrastructure development and sustainability, state oral health plan development, community water fluoridation efforts, and school-based/linked dental sealant programs.
S.M.A.R.T. Objective	At the initial Oral Health Coalition meeting (to take place by 2/15/2011), create an outline of Coalition activities and areas of focus.
Activities	<p>Dedicate a minimum of one hour at the meeting to create a draft Guidance Document for the Coalition. Include at a minimum:</p> <ul style="list-style-type: none"> • Oral Health Infrastructure Development and Sustainability. • State Oral Health Plan Development. • Community Water Fluoridation Efforts. • School Based/Linked Dental Sealant Programs. <p>Include an update on the status of existing Office of Oral Health and Partner Activities in these areas.</p>

STAFFING MANAGEMENT PLAN

1 INTRODUCTION

1.1 PURPOSE

This document describes the processes and procedures proposed to staff Vermont Department of Health, Office of Oral Health, activities related to CDC-RFA-DP10-1012. If implemented, the Staffing Management Plan (SMP) is intended to be a living document, reviewed at least annually and updated as needed.

1.2 AUDIENCE

The intended audience for the SMP is all project stakeholders, including the Centers for Disease Control and Prevention (CDC) Division of Oral Health, senior Vermont Department of Health leadership and the project team.

1.3 ASSUMPTIONS/CONSTRAINTS

It is understood that approval of all staff positions for which CDC funding is requested will depend on approval of funding by the Joint Fiscal Committee of the Vermont Legislature, and approval by the Vermont Agency of Human Services.

This plan only addresses the staffing requirements for staff that will be part of the Vermont oral health program. This plan does not capture staffing requirements for development work performed by a contractor where the day-to-day activities are managed by a Project Manager at the contractor. In those situations, the Project Manager is monitoring the project through agreed upon deliverables and has requirements in the contract for the contractor to ensure appropriate staffing.

This plan does not address staffing requirements of contractors that are performing work on behalf of the project whose requirements are captured in a contract level management plan.

2 STAFFING MANAGEMENT

2.1 REQUIRED PROGRAM STAFF

The following staff are proposed to fulfill the requirements of Recipient Activities listed in CDC-RFA-DP10-1012.

Program Director: Dr. Patrick Rowe 1.0 FTE

Project Capacity:

The State of Vermont currently employs a full time Oral Health Director. The Vermont Oral Health Director will serve as the project director, and is responsible for planning, implementing, managing and evaluating activities. The project director is also responsible

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for collaborating with other chronic disease programs. He will communicate with DOH executive staff, CDC and other partner organizations regarding program activities.

Relevant Experience:

After graduating from the State University of New York – Buffalo School of Dental Medicine in 2003, Dr. Rowe completed a General Practice Residency at the Veteran's Affairs Medical Center in San Francisco, CA. Dr. Rowe spent time as an associate in private dental practice in the San Francisco Bay area before accepting a staff dentist position at a community clinic in Santa Cruz, CA. After gaining exposure to the policy environment through the American Dental Education Association while teaching part time at the University of the Pacific Arthur A. Dugoni School of Dentistry, Dr. Rowe enrolled in a public health program at the University of California, Los Angeles, and received his Masters of Public Health in 2009. Dr. Rowe joined the Vermont Department of Health as Director of the Office of Oral Health in August 2009. Since that time he has supervised oral health staff, developed working relationships with stakeholders statewide, managed grants and contracts as well as all Office of Oral Health programs, and engaged in public speaking, education, and technical analysis to support community water fluoridation.

Program Coordinator: TBD

1.0 FTE

Project Capacity:

The State of Vermont will create one new limited service position to fulfill program coordination requirements; 1.0 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. The Program Coordinator has the responsibility for planning, coordinating and implementing the Oral Health Initiative. This includes fulfilling requirements identified in the CDC cooperative agreement, supervising contracts, and providing overall direction and technical assistance in consultation with the Project Director. In addition, the Program Coordinator will be responsible for overseeing the implementation of project activities, coordinating efforts with partner organizations, liaising with local, federal and other state agencies, planning and provision of training, conducting meetings and promoting oral disease prevention.

Epidemiologist/Program Evaluator: TBD

1.0 FTE

Project Capacity:

The State of Vermont will create one new limited service position to fulfill epidemiologist/program evaluation requirements; 1.0 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. The Epidemiologist/Program Evaluator will provide assistance with respect to data collection and oral health surveillance activities and assist the Project Director in designing and implementing evaluation strategies. The Epidemiologist/Program Evaluator will provide routine analyses of Medicaid claims and expenditure data for identifying high risk areas of the State for implementation of new or expanded oral health services. Responsibilities will include developing an oral health Burden Document, developing a surveillance plan, and supporting all recipient activities as required.

Sealant Program Coordinator: Rebecca MacDonald 0.5 FTE

Project Capacity:

The State of Vermont currently employs a full time Dental Health Education Coordinator; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012 in the capacity of Sealant Program Coordinator. Ms. MacDonald will oversee the expansion of the Tooth Tutor Dental Access Program to the Tooth Tutor Dental Access/Sealant Program. This will include communication with participating schools, and local program Tooth Tutors. The Sealant Program Coordinator will oversee development of communication materials which will explain changes in the program. The Sealant Program Coordinator will work with the Program Director and Program Coordinator to design and implement changes which allow for individual tracking of Tooth Tutor Dental Access/Sealant Program participants and meet Recipient Activity reporting requirements.

Relevant Experience:

Rebecca MacDonald has played a key role in the Office of Oral Health for over 30 years. Her position has transformed from one of providing oral health education in schools to providing oversight and coordination of the statewide activities of the dental health education programs of the Office of Oral Health. Currently, Ms. MacDonald oversees the Tooth Tutor Dental Access Program and School Based Fluoride Mouthrinse Program, and is responsible for executing and monitoring Dental Access Grants which increase access to dental care for patients with Medicaid. Ms. MacDonald is an active member and past president of the Vermont Dental Hygienists' Association (VDHA), and was named the VDHA Outstanding Dental Hygienist of 1993. The close working relationship that Rebecca has developed with key partners over the years, her attention to detail and her dedication to dental public health make her a valuable asset to the Office of Oral Health.

Dental Health Educator: Robin Miller 0.5 FTE

Project Capacity:

The State of Vermont currently employs a full time Dental Health Educator; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. Robin Miller, in her capacity as a Dental Health Educator, will be responsible for managing educational outreach activities and educational components of the Tooth Tutor Dental Access/Sealant Program. In addition, she will be responsible for providing assistance coordinating with partner organizations and the state oral health coalition to increase oral health literacy and training.

Relevant Experience:

Ms. Miller has worked in the field of dental public health for the past 12 years. Ms. Miller has worked extensively on key initiatives in Vermont including the Early Childhood Caries (ECC) Program, the Tooth Tutor Dental Access Program, the Fluoride Mouthrinse Program and other ad hoc oral health status and access improvement projects. She is an active member and past president of the Vermont Dental Hygienists' Association, where she was instrumental in leading the Association's efforts to raise funds to establish a new

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dental hygiene school. Ms. Miller currently serves as the Office of Oral Health representative to the Vermont Department of Health Refugee Health Committee and Chronic Disease Team. Her knowledge of the oral health care landscape, through direct collaborations with pediatricians participating in the Early Childhood Caries Project, understanding of early childcare and Head Start services, through work with the Tooth Tutor Program as well as leadership within the dental hygiene community will be an invaluable asset to assure the success of this initiative.

Fluoridation Program Coordinator: Linda Greaves

0.5 FTE

Project Capacity:

The State of Vermont currently employs a water fluoridation coordinator at 0.6 FTE; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. The Water Fluoridation Coordinator, Linda Greaves, will manage the fluoridation program, and manage fluoridation related Recipient Activities. She will work closely with a contracted fluoridation engineer and maintain the Water Fluoridation Reporting System.

Relevant Experience:

Ms. Greaves has worked in the field of Community Water Fluoridation for the past 9 years and is currently certified as a Class 2 Water Operator. She currently serves as the Community Water Fluoridation Coordinator for the State of Vermont. She has established implemented and maintained monitoring procedures to ensure the safety and health of Vermont's water plants and their communities. Ms. Greaves has executed and managed a contract position for a Class 3 Water Operator with experience in community water fluoridation which has provided technical assistance to small water systems, resulting in an increase in systems receiving fluoridation awards. In the one year absence of an Oral Health Director from 2008-2009, Ms. Greaves assumed a lead role in public communications related to community water fluoridation, attending and speaking at local Town Meetings to promote and sustain water fluoridation within the communities.

Ms. Greaves is an active associate member of the Association of State & Territorial Dental Directors, Green Mountain Water Environment Association, and Vermont Dental Hygienists' Association. She has developed working relationships with the Vermont Division of Environmental Conservation, Department of Environmental Health, the 12 Department of Health District Offices, the Vermont League of Cities and Towns and the CDC. These relationships have demonstrated their value to the success of this program and will continue to be an invaluable asset.

Administrative Support -TBD

0.5 FTE

Project Capacity:

A limited service position will support the Vermont Department of Health, Office of Oral Health; 0.5 FTE will be devoted to program requirements for CDC-RFA-DP10-1012. Responsibilities will include all administrative requirements associated with the programs undertaken to fulfill Recipient Activities. The Office of Oral Health currently lacks

dedicated administrative support, which will be necessary to ensure success for the expanded scope of programming undertaken with the cooperative agreement.

2.2 MANAGEMENT STRUCTURE

Dr. Rowe, in his capacity of Program Director, will be responsible for direct supervision of all program staff. The Program Coordinator will be responsible for monitoring all Office of Oral Health functions related to CDC-RFA-DP10-1012 and ensure compliance with Recipient Activities. Individual Program personnel (i.e. Sealant Program Coordinator, Fluoridation Program Coordinator, etc.) will work with the Program Coordinator and Program Director to ensure efficiency of program activities. The Epidemiologist/Program Evaluator, in addition to reporting to the Program Director, will be supported by a manager in the Vermont Department of Health, Division of Health Surveillance – Public Health Statistics. Administrative support for activities related to CDC-RFA-DP10-1012 will be available to all program staff, and specific administrative responsibilities will be reviewed periodically by the Program Coordinator. An Organizational Chart specific to CDC-RFA-DP10-1012 is included in Attachment 2.

2.3 FISCAL CONTROL

All expenditure of funds will be in accordance with the funding restrictions listed in CDC-RFA-DP10-1012 and policies regulating programs within the Vermont Agency of Human Services. Compliance with policies and funding restrictions will be monitored within the program by the Program Coordinator and Program Director. Within the Office of Oral Health, all purchases, sub-grants, and contracts will require review by the Program Director. Further review will be completed by the Vermont Department of Health, Division of Health Promotion and Disease Prevention Business Manager and Division Director prior to being sent to the Vermont Department of Health Business Office for additional review and execution. Purchases over \$10,000 require approval of the Vermont Secretary of Administration, and all sub-grants and contracts require Agency approval.

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Year 1 Budget 2010-2011

Centers for Disease Control and Prevention
Funding Opportunity Number: CDC-RFA-DP10-1012

State-Based Oral Disease Prevention Program
Vermont Department of Health
Office of Oral Health

A. SALARIES AND WAGES (Personnel)

Personnel **Total: \$120,000**

Personnel Position Title	Annual Salary	% of Time	# of Months	Amount (\$) Requested
Program Coordinator TBD	\$ 50,000	100%	12 months	\$ 50,000
Epidemiologist/ Program Evaluation TBD	\$ 52,500	100%	12 months	\$ 52,500
Administrative Support TBD	\$ 35,000	50%	12 months	\$ 17,500

Justification:

Program Coordinator – TBD

CDC Funding is requested for 1.0 FTE Program Coordinator as a limited service position. The Program Coordinator has the responsibility for planning, coordinating and implementing the Oral Health Initiative. This includes fulfilling requirements identified in the CDC cooperative agreement, supervising contracts, and providing overall direction and technical assistance in consultation with the Project Director. In addition, the Program Coordinator will be responsible for overseeing the implementation of project activities, coordinating efforts with partner organizations, liaising with local, federal and other state agencies, planning and provision of training, conducting meetings and promoting oral disease prevention.

Epidemiologist/ Program Evaluator – TBD

The State of Vermont will create one new limited service position to fulfill epidemiologist/program evaluation requirements. CDC Funding is requested for 1.0 FTE. It is not anticipated that approval to hire will be available if less than 1.0 FTE is funded. The Epidemiologist/Program Evaluator will provide assistance with respect to data collection and oral health surveillance activities and assist the Project Director in designing and implementing evaluation strategies. The Epidemiologist/Program Evaluator will provide routine analyses of Medicaid claims and expenditure data for identifying high risk areas of the State for implementation of new or expanded oral health services. Responsibilities will include developing an oral health Burden Document, developing a surveillance plan, and supporting all recipient activities as required.

Administrative Support– TBD

Funding for an administrative Support Position is requested at 0.5 FTE as a limited service position, dedicated to activities associated with this cooperative agreement. Responsibilities will include all administrative requirements associated with the programs undertaken to fulfill Recipient Activities. The office of Oral Health currently lacks dedicated administrative support, which will be necessary to ensure success for the expanded scope of programming undertaken with the cooperative agreement.

B. FRINGE BENEFITS

Fringe Benefits **Total: \$36,000**

Fringe benefits are calculated at 30% of salaries: $\$120,000 \times 30\% =$ \$ 36,000

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual, major components of this cost are FICA at 7.65% of salary, retirement at 9% of salary, and a portion – 80% for medical, 75% for life and 100% for dental - of the actual costs of the medical, dental and life insurance coverage selected by the employee. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees in similar programs, we are estimating the cost of these fringe benefits at 30% of salary.

C. CONSULTANT

Consultant Costs **Total: \$ 10,000**

Consultant: Grant Writing Capacity Support Total: \$10,000

Justification:

Grant writing capacity within the Vermont Department of Oral Health, Office of Oral Health, is currently restricted to program staff with limited experience. The Department is able to hire grant writing services from a consulting firm, but is limited by funding. Achieving sustainability of programs established to meet recipient activity requirements will require identifying and successfully applying for additional grants.

See Budget, Appendix A.

D. EQUIPMENT

Equipment Costs **Total: \$0**

E. SUPPLIES

Supply Costs **Total: \$4,500**

Five licenses for Adobe Professional are needed. This equipment is extremely important in order to meet the work required in cooperative agreement objectives.

5 Licenses for Adobe Professional @ \$200 each= \$1,000

One computer capable of running epidemiology/GIS software \$3,500

Justification:

In order to prepare program publications, Adobe Professional will be needed by the Program Director, Sealant Coordinator, Health Educator, Fluoridation Coordinator, and Epidemiologist/Program Evaluator. The Epidemiologist/Program Evaluator will require a system capable of running GIS software in order to evaluate existing data files available from other State programs which relate to workforce distribution, access to care, and fluoridation.

F. TRAVEL

In-State/Out-of-State Travel Costs **\$10,339**

In-State Travel **Total: \$2,000**

The project coordinator and the sealant coordinator and health educator will travel to conduct school-based site visits and local coalition meetings. The project coordinator will promote the oral health surveillance system, and supporting local coalition training needs. The school sealant coordinator and health educator will provide technical assistance to new sealant program participants by conducting training and site visits.

20 trips total x r/t 200miles x .50/mile \$2,000

Out-of-State Travel **Total: \$8,339**

Dr. Rowe and/or Ms. MacDonald, Ms. Miller the Program Coordinator, or Ms. Greaves will make two trips to attend the CDC technical assistance meetings. These mandatory grantee meetings will be held in Atlanta, Georgia.

R/t airfare to Atlanta @ \$ 525 x 2 persons x 2 trips =	\$2,100
3 days per Diem @ \$ 180/day x 2 persons x 2 trips=	\$2,160
Parking, tolls & miscellaneous @ \$100 x 2 people x 2 trips =	\$400

Dr. Rowe and Ms. MacDonald or the Program Coordinator will make one trip to the National Oral Health Conference to be held in Washington, DC (or TBA city) in the spring of 2011. Attendance at this meeting is an expectation of this cooperative agreement.

R/t airfare to Washington, DC @ \$437 x 2 persons =	\$874
4 days per Diem @ \$180/day x 2 persons =	\$1,440
Parking, tolls & miscellaneous @ \$100/person x 2 =	\$200

Ms. Linda Greaves will make one trip to the CDC Annual Fluoridation Training in location to be determined. Attendance at this meeting is encouraged by the CDC.

R/t airfare to Atlanta @ \$ 525 x 1 person =	\$525
3 days per Diem @ \$ 180/day x 1 person =	\$540
Parking, tolls & miscellaneous =	\$100

G. OTHER

Other Costs **Total: \$25,375**

Oral Health Coalition: Initial Organization **\$5,000**

Justification:

Vermont does not have an existing State Oral Health Coalition. Although many stakeholders exist both internal and external to state government, there is currently no forum which allows combined effort and resources towards common goals. The Vermont Department of Health will initiate organization of a State Oral Health coalition, with the expectation that leadership will come from the coalition itself by the end of the funded program period for year one. \$5,000 is requested for meeting facilities, printed materials, and professional facilitation based upon past experience.

Sub-Grant 1: Oral Health Coalition Support **\$20,375**

Justification:

The Vermont Oral Health Coalition will be comprised of individuals representing themselves and individuals representing institutions, agencies or organizations from across Vermont. After the initial meeting of the Vermont Oral Health Coalition organized by the Vermont Department of Health, a member organization will be selected by the Oral Health Coalition to support coalition activities including working with the Vermont Department of Health to update the state Oral Health Plan.

See Budget, Appendix B.

H. CONTRACTS

Contractual Costs **Total: \$10,000**

Contract 1: Water Fluoridation Technical Support **\$10,000**

Justification:

The Vermont Department of Health, Office of Oral Health has, in the past, contracted with outside professionals to assist in fluoridation technical support for local water systems within Vermont. This contract will be bid on a competitive basis in accordance with procurement procedures established by the State of Vermont.

See Budget, Appendix C.

I. DIRECT CHARGES FOR PROPOSAL

Direct Costs Total **\$216,214**

A. Personnel	\$120,000
B. Fringe	\$36,000
C. Consultant	\$10,000
D. Equipment	\$0
E. Supplies	\$4,500
F. Travel	\$10,339
G. Other	\$25,375
H. Contracts	\$10,000
I. Total Direct Charges	\$216,214

J. INDIRECT CHARGES

Indirect Costs Total **\$72,000**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached in Budget, Appendix D. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to this program during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

Salary Total	\$120,000
Times Allocated Cost Rate <u>x 60%</u>	\$72,000

<p>Total Requested Award Direct: \$216,214+ Indirect: \$72,000= \$288,214</p>

Budget: Appendix A

Consultant: Grant Writing Capacity Support

Total: \$10,000

1. **Name of Consultant:** TBD
2. **Organizational Affiliation:** TBD
3. **Nature of Services to be Rendered:** A consultant will be hired to expand the capacity of the Office of Oral Health by providing direct grant writing services.
4. **Relevance of Service to the Project:** The consultant will provide direct grant writing services when sources of funding are identified which could either expand the scope of effort in addressing Recipient Activities, or allow Activities to extend beyond the project period. It is anticipated that grant writing will be used to expand capacity for the state Oral Health Coalition.
5. **Number of Days of Consultation:** 6.25 Days (50 hours)
6. **Expected Rate of Compensation:** Based on past experience, consultant fees amount to \$200/hour. A line-item budget will be submitted to the CDC when the consultant is selected.

\$200/ hour x 50 hours =

\$10,000

Budget: Appendix B

Sub-Grant 1: Oral Health Coalition Support

Total: \$20,375

- 1. Name of Contractor: TBD**
- 2. Method of Selection:** Sole Source, in accordance with procurement procedures established by the State of Vermont.

After the initial meeting of the Vermont Oral Health Coalition organized by the Vermont Department of Health, a member organization will be selected by the Oral Health Coalition to support coalition activities including working with the Vermont Department of Health to update the state Oral Health Plan. Criteria to be considered by the coalition will include, but not be limited to: technical capacity, infrastructure, and experience in coordinating multiple partners.

- 3. Period of Performance:** January 1, 2011 – September 29, 2011

4. Scope of Work:

The selected organization will provide the necessary infrastructure to support the statewide coalition, and shall be responsible for coordinating coalition activities related to updating the state oral health plan.

- The selected organization will guide activities related to coalition membership recruitment and will assure that the coalition reviews and updates a mission, vision statement, bylaws, roles and responsibilities of both Steering Committee and coalition members.
- The selected organization will assist the Office of Oral Health in organizing meetings to review, revise and update the State Oral Health Plan and developing priorities and operationalizing those priorities;
- The selected organization will conduct the business operations of the maintenance of the State Oral Health Coalition and shall arrange for and maintain its name, address, telephone number, email address and other administrative necessities including but not limited to a corporate identity, stationary, and others as determined by the Steering Committee. The service includes routine correspondence and telephone services as they relate to membership; coalition information and business; program information; and operational issues;
- The selected organization will execute all functions related to support of the coalition including assuring lines of communication are open and productive and that the activities of the Coalition are in line with the framework for action developed by the Coalition;
- The selected organization will provide the infrastructure for conducting successful meetings and workshops related to the State Oral Health Coalition. This includes securing sites; preparing and disseminating packets to members containing meeting date and site; reservation information; maps; room rates; reservation cut off dates; agenda; minutes of last meeting; and other informational

communications from members of the Steering Committee and membership at large;

- The selected organization will assure appropriate budget proposals to the Vermont Department of Health for future grant cycles are prepared and submitted;
- The selected organization will assure appropriate and timely reporting to the grantors.

5. Method of Accountability:

A management team consisting of Dr. Rowe and the Program Coordinator will meet on a bimonthly basis with the selected organization's leadership to monitor progress. The selected organization will submit a progress report on a quarterly basis. Dr. Rowe or the Program Coordinator will participate in all committee meetings. All minutes of the meeting will be recorded and submitted to the Office of Oral Health. All workgroup and committee reports will be submitted to Office of Oral Health as soon as they are generated.

6. Itemized Budget and Justification:

The selected contract organization will provide the necessary infrastructure to support the statewide coalition. Estimates are based upon Vermont Department of Health contracting experience.

<u>A. Personnel</u>	<u>\$8,750</u>
Estimated \$35/hour x 250 hours =	\$8,750
<u>B. Fringe</u>	<u>\$2,625</u>
Fringe is estimated at 30% of personnel: \$10,500 x 30% =	\$2,625
<u>C. Travel</u>	<u>\$500</u>
5 Trips to coalition meetings and subcommittee meetings. 10 x 200 miles round trip x \$0.50/mile =	\$500
<u>D. Equipment</u>	<u>\$0</u>
<u>E. Supplies</u>	<u>\$500</u>
Copies, printing and postage	\$500
<u>F. Contractual</u>	<u>\$0</u>

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G. Consultant **\$3,000**

Professional Facilitation Services
2 meetings x \$1,500/ meeting. \$3,000

Justification:

During the initial meeting stages of the Oral Health Coalition, a diverse group of stakeholders will come together. In order to maintain focus and ensure a constructive dialogue, professional meeting facilitation will be necessary.

H. Other **\$5,000**

Vermont Statewide Oral Health Coalition Meetings \$5,000
(Spring 2011 and Summer 2011 Coalition Meetings)

Justification:

The Vermont Oral Health Coalition will be comprised of individuals representing themselves and individuals representing institutions, agencies or organizations from across Vermont. It is anticipated that approximately 100 members will attend the meeting which will be held in Randolph, Vermont. Although Randolph is the geographic center of the state, some members need to arrive the night before. Many participants will be traveling long distances. A working lunch will be planned in order to stay on schedule and make the most productive use of the day.

I. Total Direct **\$20,375**

J. Total Indirect **\$0**

K. Contract Total **\$20,375**

Budget: Appendix C

Contract 1: Water Fluoridation Technical Support

Total: \$10,000

1. Name of Contractor: TBD

2. Method of Selection: Competitive Bid, in accordance with procurement procedures established by the State of Vermont.

3. Method of Selection

This contract will provide personal services based on providing water fluoridation technical services and consultation for community water systems.

Criteria: A contractor will be selected based on State licensure requirements, proposed budget, technical ability, past experience, and management practice in the fluoridation field.

4. Period of Performance: January 1, 2011- December 31, 2011

5. Scope of Work:

The contractor will provide technical services and consultation for community water systems administered by the State of Vermont.

- Conducting assessments and inspections on monthly basis for each of Vermont's Community Water fluoridation systems. This will be 4-6 inspections per month depending on the total number of systems that are fluoridating.
- Documenting and evaluating the management of each system. This includes updating all pertinent information on the plant and water operator, recording the type of system, chemical usage information, chemical supplier and the monitoring systems of the chemicals used in the plant.
- Inspecting equipment for quality and water assurance which includes general appearance, maintenance schedules, flow devices, location and placement of equipment and all safety devices for the plant and water operator according to regulated EPA and State requirements.
- Recording of all equipment serial numbers and model types for a reference on repair and ordering information.
- Assisting the State in providing educational and technical outreach to local governing boards, facility engineering and water operators. Meetings with the contractor and fluoridation program technician will be scheduled to prepare and present technical information to the boards when needed, collaborate with communities that fluoridate or maybe eligible to fluoridate, review all report inspections completed by the contractor, and participate in fluoridation classes offered to water operators.
- Developing technical expertise in best practices in water fluoridation. This will occur when water facility plants are in upgrades or construction phases. This will ensure that all State and federal water fluoridation guidelines are met including training opportunities relative to the practice and principles of

community fluoridation. Identifying training opportunities relative to fluoridation training and principles of application.

6. Method of Accountability

Monthly reports will be submitted to the Community Water Fluoridation Program Technician no later than 30 days after the end of each month for services delivered. The format will included the scope of work A meeting will be scheduled to review, discuss and approve the reports.

7. Itemized Budget and Justification

Payment will be based on an hourly personnel rate, and shall meet the requirements of personal services contracts as set forth by the State of Vermont. Mileage will be reimbursed at the state rate of \$0.50/mile.

<u>A. Personnel</u>	<u>\$9,250</u>
Estimated \$37/hour x 250 hours =	\$9,250
<u>B. Fringe</u>	<u>\$0</u>
<u>C. Travel</u>	<u>\$750</u>
Estimated 1,500 miles x \$0.50/mile =	\$750
<u>D. Equipment</u>	<u>\$0</u>
<u>E. Supplies</u>	<u>\$0</u>
<u>F. Contractual</u>	<u>\$0</u>
<u>G. Consultant</u>	<u>\$0</u>
<u>H. Other</u>	<u>\$0</u>
<u>I. Total Direct</u>	<u>\$10,000</u>
<u>J. Total Indirect</u>	<u>\$0</u>
<u>K. Contract Total</u>	<u>\$10,000</u>

Budget: Appendix D



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

26 Federal Plaza, Room 41-122
New York, New York 10278
Phone: (212) 264-2069
Fax: (212) 264-5478

November 10, 2009

Mr. Robert D. Hofmann
Secretary
State of Vermont
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671-0204

RECEIVED

NOV 16 2009

Agency of Human Services
Office of the Secretary

Dear Mr. Hofmann:

This is to advise you of the approval of the revisions to the Vermont Agency of Human Service (AHS) Cost Allocation Plan, which were submitted under letter dated June 29, 2009. The revisions are to reflect continuous changes within the Agency of Human Services due to a department wide reorganization and funding relating to the American Recovery and Reinvestment Act (ARRA). These revisions, which were submitted in accordance with 45 CFR 95, Subpart E, are effective April 1, 2009 except as noted in condition four below.

This approval shall remain in effect until such time as the basis and methods for allocating costs in the plan becomes outdated due to organizational changes, changes in Federal law or regulations, or there is a significant change in program composition that would affect the validity of approved cost allocation procedures.

The plan is approved and costs claimed in conformance with the plan are subject to the following conditions:

1. The approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate.
2. The costs claimed for Federal financial participation must be allowable under the law, the cost principles contained in OMB Circular A-87 and program regulation.
3. Department of Children and Family Services, Office of Child Support, Vision Program Code 38070 - Legal: The Administration for Children and Families (ACF), Office of Child Support Enforcement (OCSE), is currently reviewing this account as part of a Limited Cost Audit of Title IV-D costs. Their preliminary findings have raised issues regarding the time study used to identify IV-D costs. In response, the State is working on the implementation of a new time study that conforms to 2 CFR Part 225 (OMB Circular A-87). We are deferring approval of

Funding Opportunity Number CDC-RFA DP10-1012

Mr. Robert D. Hofmann

-2-

November 10, 2009

Vision Program Code 38070 – Legal, as requested by ACF, until the audit has been completed and all audit findings and recommendations impacting on cost allocation matters have been addressed.

4. The American Recovery and Reinvestment Act (ARRA) funding relating to Medicaid costs are retroactive to October 1, 2008 while ARRA funding relating to Title IV-E and Title IV-D programs are retroactive to January 1, 2009. All other changes are effective April 1, 2009.
5. Based on CMS letter to Vermont dated May 29, 2007,
 - All current and future PACAP revisions for each AHS Department should comply with Federal regulations regardless of the status of the Global Commitment to Health waiver. The Office of Vermont Health Access administrative expenses and allocation methodologies should comply with Federal regulations at 45 CFR 95.507 (a) and (b) and 42 CFR 433.15.
 - A general reference to the Global Commitment to Health waiver at the beginning of each AHS Department's allocation methodology should be indicated by an asterisk attached to each Plan Department number and allocation methodology that is affected by the waiver.
6. The approved plans are subject to ongoing revisions as the Vermont Agency of Human Services completes the transition to the new organizational and operational structure. These ongoing changes will be addressed in subsequent plan revisions that may impact on currently approved cost allocation methodologies.

Nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The implementation of the cost allocation plan approved by this document may from time to time be revised by authorized Federal staff. The disclosure of inequities during such reviews may necessitate changes to the plan.

Sincerely,



Robert I. Aaronson
Director, Division of
Cost Allocation

cc: Barkas, J., CMS
Borseti, R., ACF
Messner, K., USDA/FNS

0540/66



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: January 3, 2011
Subject: JFO #2478, #2479, #2480, #2481

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2479 — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2480 — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

[JFO received 12/2/10]

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Roger Allbee, Secretary
Wendy Davis, Commissioner
Jim Mongeon, Executive Director



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: December 2, 2010
Subject: Grant Request

Enclosed please find four (4) request that the Joint Fiscal Office has received from the administration. Fifteen (15) limited service positions are associated with these items.

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**
[JFO received 11/30/10]

JFO #2479 — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**
[JFO received 11/30/10]

JFO #2480 — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**
[JFO received 11/30/10]

JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.
[JFO received 12/2/10]

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at 802-828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review.

cc: James Reardon, Commissioner
Wendy Davis, Commissioner
Jim Mongeon, Executive Director

State of Vermont

Department of Health

108 Cherry Street, PO Box 70

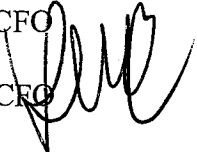
Burlington, VT 05402

[phone] 802-863-7200

[fax] 802-865-7754

MEMORANDUM

To: Jim Giffin, AHS CFO

From: Leo Clark, VDH CFO 

Re: Grant Acceptance & Establishment of Positions Packet
Oral Disease Prevention ACA

Date: 11/9/10

.....

The Department of Health has received a grant from the Centers for Disease Control & Prevention of \$288,214 annually for three years to strengthen the Department's Oral Health program. This program is a part of the Affordable Care Act (ACA).

We are requesting approval to receive these funds and to establish three limited service positions. We are enclosing the Grant Acceptance Request (AA1-ACA) and attached summary, the Position Request Form, a copy of the grant award document, a copy of the grant application, and the Request for Review forms, with organization charts, for each of the three positions.

We appreciate your support in moving this request forward in advance of the JFO deadline of November 15th. Please let me know if you have questions or need additional information. Thank you.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____ Date _____	Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

- REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:
- Position authorized by:

Joint Fiscal Office – JFO # Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

a. Identify available data on the oral health status of Vermonters using existing data sources, such as the oral health surveys of children in grades 1-3, the VDH School Nurse Report, the Behavioral Risk Factor Surveillance System, the Water Fluoridation Reporting System, the Pregnancy Risk Assessment Monitoring System, the Vermont Medicaid claims database and the biennial Dentist Survey.

b. Evaluate the quality of existing data, identify gaps in the data, prioritize the missing data, and develop cost-effective methods of collecting any additional information.

c. Develop a comprehensive oral health surveillance plan. Key oral health indicators will be included using standard approaches that will be comparable across states. Implement the surveillance plan by collecting, analyzing and reporting the data annually.

d. Prepare an oral health burden document which provides comprehensive baseline data on the oral health of Vermonters, comparative data on the status of oral health among various populations and subpopulation groups, the amount of dental care being provided, the effects of other actions which protect or damage oral health, disparities in oral health and the burden of oral disease.

e. Coordinate with the Oral Health Program as they develop the State Oral Health Plan to integrate a comprehensive evaluation plan in order to assess whether the state oral health program is meeting its goals and to identify ways to improve the program. Identify evaluation questions, develop indicators, identify sources of data and develop tools for data collection. Identify strengths, weaknesses and limitations of the evaluation design and data for justifying conclusions. Conduct the initial evaluation within 12 months of program and policy implementation to evaluate the impact and identify lessons learned, and report findings. Ongoing evaluation will be conducted on a schedule as defined in the evaluation plan.

f. Collect and report data annually to the National Oral Health Surveillance System in a manner consistent with other states.

2. Provide a brief justification/explanation of this request: The Vermont Department of Health, Office of Oral Health currently collects or has access to oral health data that provides information for specific oral health or workforce issues. However the Office of Oral Health has not developed an oral health surveillance system, and does not have a surveillance plan. The lack of a systematic surveillance plan has led to information being used in a reactive capacity rather than for proactive planning purposes. Creating a comprehensive surveillance system and oral disease burden document will provide data needed for identifying problems, setting priorities and assessing progress towards goals and objectives. Similarly the Office of Oral Health does not have a system for evaluating programs and policies. A comprehensive evaluation plan is needed to monitor the effectiveness of programs and policies in terms of health status outcomes and cost effectiveness, and to guide further program and policy decisions.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). n/a

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Peggy Brozicevic, Research & Statistics Chief

6. Who should be contacted if there are questions about this position (provide name and phone number): Peggy Brozicevic, 863-7298

7. How many other positions are allocated to the requested class title in the department: 11

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No - this position will be part of a new program (Oral Disease Prevention) created under Health Care Reform.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



Personnel Administrator's Signature (required)*

10/29/10

Date

Peggy Brozian

Supervisor's Signature (required)*

10/29/10

Date

Barbara Cirafò

Appointing Authority or Authorized Representative Signature (required)*

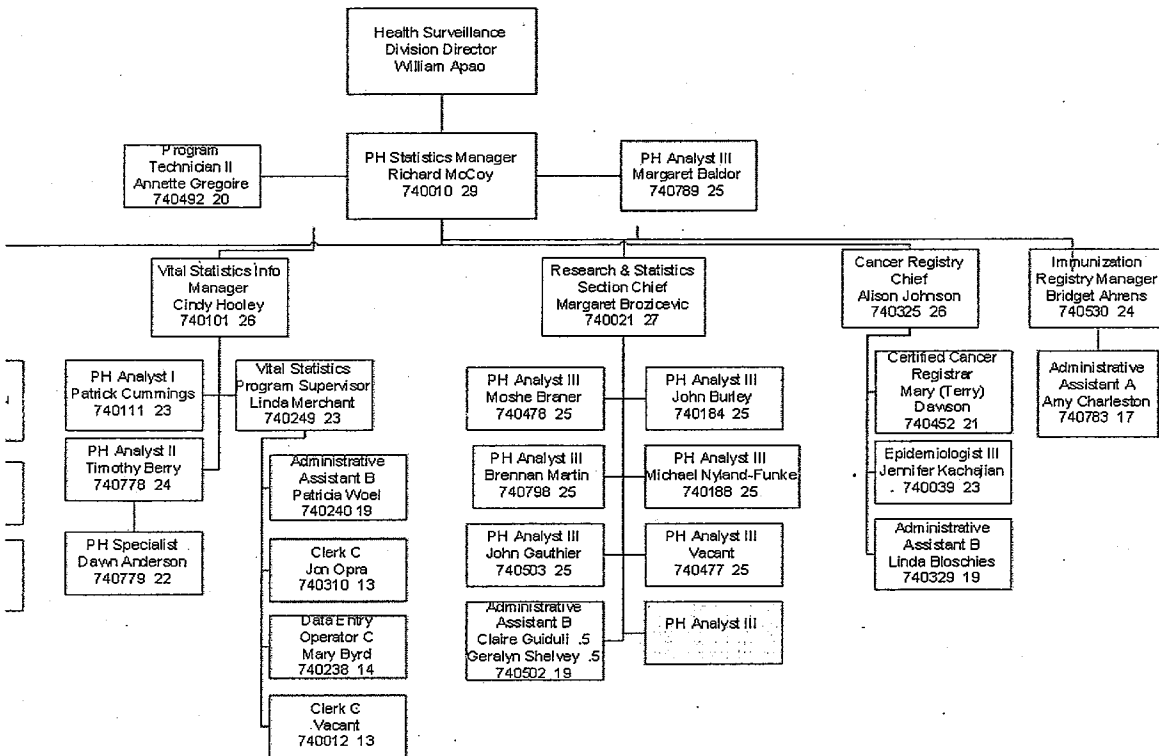
11-8-10

Date

* Note: Attach additional information or comments if appropriate.

Division of Health Surveillance – Public Health Statistics

November 1, 2010



Request for Classification Action

New or Vacant Positions

EXISTING Job Class/Title ONLY

Position Description Form C/Notice of Action

For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title: Admin Assistant A

Agency/Department/Unit: Human Services/Department of Health/ Health Promotion and Disease
 Prevention GUC: 74405

Pay Group: 17 Work Station: Burlington Zip Code: 05402

Position Type: Permanent Limited Service (end date) 8/31/2013

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding
breakdown (% General Fund, % Federal, etc.) 100% Federal

Supervisor's Name, Title and Phone Number: Patrick Rowe 802-863-7497

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

- REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:
- Position authorized by:

Joint Fiscal Office – JFO # Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

General Responsibilities:

The position functions as a Administrative Assistant, PG 17. The position requires administrative work as assistant to the Director of the Office of Oral Health. The position duties include: managing data submission and preparing reports for a complex, three year federal grant from the US Centers for Disease Control and Prevention; monitoring Office of Oral Health grant budgets; managing dental dental claims and prior authorization requests submitted by dental providers and client case workers; and coordinating statewide oral health activities associated with the CDC grant, including oral helath coalition formation. Program goals include improving and protecting the health of the population through new approaches to the delivery of health services with empasis on prevention

This individual will be responsible for providing administrative support necessary for success of the the \$864,000 grant. In addition to providing administrative support to the Director of the Office of Oral Helath, this person will be responsible for providing administrative support to Oral Helath program staff working on grant activities. These include coordinative activities with the U.S. Centers for Disease Control and Prevention: the U.S. Health Resources Service Administration; Leadership with statewide school organizations such as the Vermont Principals Association, Superintendents Association, along with the Vermont Department of Education senior staff; Senior leaders of statewide professional and advocacy organizations; Officials from Vermont cities and towns; as well as other VDH senior positions. Dental claims and prior authorization request management will include receiving requests and complaints from providers and partner agencies and determining corrective action when necessart in order to provide the highest level of customer support.

2. Provide a brief justification/explanation of this request: This position is required by the U.S. Centers for Disease Control and Prevention as part of a 3 year oral health grant awarded to the State of Vermont under the Affordable Care Act. This position is necessary in order to sucessfully carry out the multifaceted grant requirements and in order to fulfill the terms of the grant award.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Patrick Rowe, Director of Oral Health

6. Who should be contacted if there are questions about this position (provide name and phone number):
 Neil Rusford, # 828-3270

7. How many other positions are allocated to the requested class title in the department: 12

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

- Organizational charts are **required** and must indicate where the position reports. *(I will send it to you electronically.)*
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Neil Rusford
Personnel Administrator's Signature (required)*

11/8/10
Date

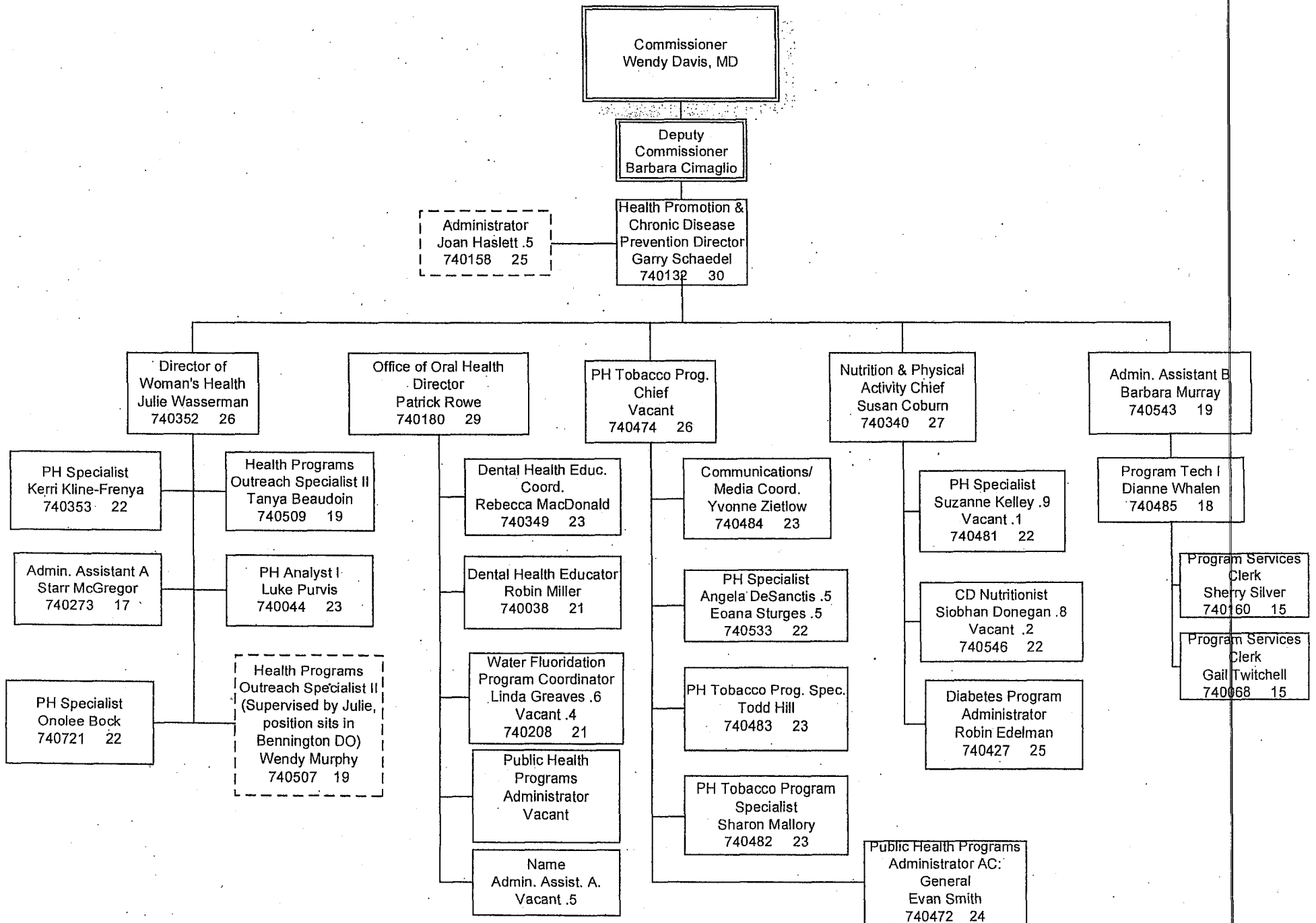
Patrick Rowe
Supervisor's Signature (required)*

11/8/10
Date

Barbara Cury
Appointing Authority or Authorized Representative Signature (required)*

11-8-10
Date

* Note: Attach additional information or comments if appropriate.



Request for Classification Action

New or Vacant Positions

EXISTING Job Class/Title ONLY

Position Description Form C/Notice of Action

For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____ FLSA _____
New Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____ FLSA _____
Classification Analyst _____	Date _____ Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____ Accountability: _____
Working Conditions: _____	Total: _____

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

a. REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

Joint Fiscal Office – JFO # Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

General Responsibilities:

The position functions as a Public Health Program Administrator level, PG 24. The position requires planning, administrative and policy development work. The position duties include: managing a very complex, three year federal grant from the US Centers for Disease Control and Prevention; identifying deficiencies and recommending /implementing steps to improve current various Oral Health Programs; working with statewide oral health stakeholders in the establishment of an oral health coalition; reducing the prevalence of dental decay and oral health disparities in Vermont; and creating and implementing new data collection systems. Program goals include improving and protecting the health of the population through new approaches to the delivery of health services with emphasis on prevention. Duties include planning, community development, evaluation, and grant administration. (The Title and duties are similar to a position already within the Division, also funded by the CDC for Asthma)

This individual will be responsible for overseeing all aspects of the \$864,000 grant. This person will be required to have significant interactions with the U.S. Centers for Disease Control and Prevention: the U.S. Health Resources Service Administration; Leadership with statewide school organizations such as the Vermont Principals Association, Superintendents Association, along with the Vermont Department of Education senior staff; Senior leaders of statewide professional and advocacy organizations; Officials from Vermont cities and towns; as well as other VDH senior positions. The position will require technical knowledge and skill; skill in effectively working with disparate interest groups who may have conflicting approaches, goals, and professional, monetary, and policy conflicts.

The Program Coordinator will be responsible for the administration and implementation of this grant, which covers the following major areas: Objective are not in order of priority

Objective 1: Data Collection and Surveillance.

Develop an oral health surveillance plan, a burden of oral disease document, and systems that will enable ease of data collection, maintenance, analyses, and updating national data collection systems.

Objective 2: Strategic Planning

Increase the breadth of current partnerships, and lead stakeholders in the creation of an independent, self-sustaining oral health coalition. Utilizing the resources of the oral health coalition, produce an updated oral health plan to guide stakeholders statewide. Increase collaboration with Vermont Department of Health and programs which focus on disease prevention as well as the Department of Vermont Health Access.

Objective 3: Access to and Utilization of Preventive Interventions

Enhance the ability of Vermont's school linked programs to deliver evidence based prevention measures such as dental sealants. Enhance the ability of stakeholders and communities to enact and maintain access to cost effective dental prevention measures.

Objective 4: Evaluation and Analysis

Coordinate evaluation of services provided in all oral health programs in state government, and act in an advisory capacity to oral health programs in other Agencies. Coordinate an assessment of Fluoridation policy, and work with Vermont Department of Health leadership and external partners to develop and implement a policy action plan. Coordinate an analysis of oral health improvement efforts statewide.

The Program Coordinator will be responsible for all reports to the federal agency and managing the budgets associated with the project objectives listed above. The Program Coordinator will be responsible for developing and overseeing contractors/grantees, developing any necessary RFPs to carry out this grant.

The Program Coordinator will be responsible for organizing meetings across the state to gain input from providers, professional organizations, communities and other partners. This coordination is critical to ensure the development of program objectives that have stakeholder buy-in. The Program Coordinator will be responsible for organizing the statewide Oral Health Coalition.

The Program Coordinator will be responsible for coordinating the efforts of Department personell assigned to the project with U.S. Centers for Disease Controll and Prvention personell, as well as stakeholders within the oral health coalition.

2. Provide a brief justification/explanation of this request: This position is required by the U.S. Centers for Disease Control and Prevention as part of a 3 year oral health grant awarded to the State of Vermont under the Affordable Care Act. This position is necessary in order to sucessfully cary out the multifaceted grant requirements and in order to fulfill the terms of the grant award.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Patrick Rowe, Director of Oral Health

6. Who should be contacted if there are questions about this position (provide name and phone number):

Neil Rutherford # 828-3270

7. How many other positions are allocated to the requested class title in the department: 4

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) NO

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

(I will send it to you electronically.)

Mari Rushford

Personnel Administrator's Signature (**required**)*

11/8/10

Date

[Signature]

Supervisor's Signature (**required**)*

11/8/10

Date

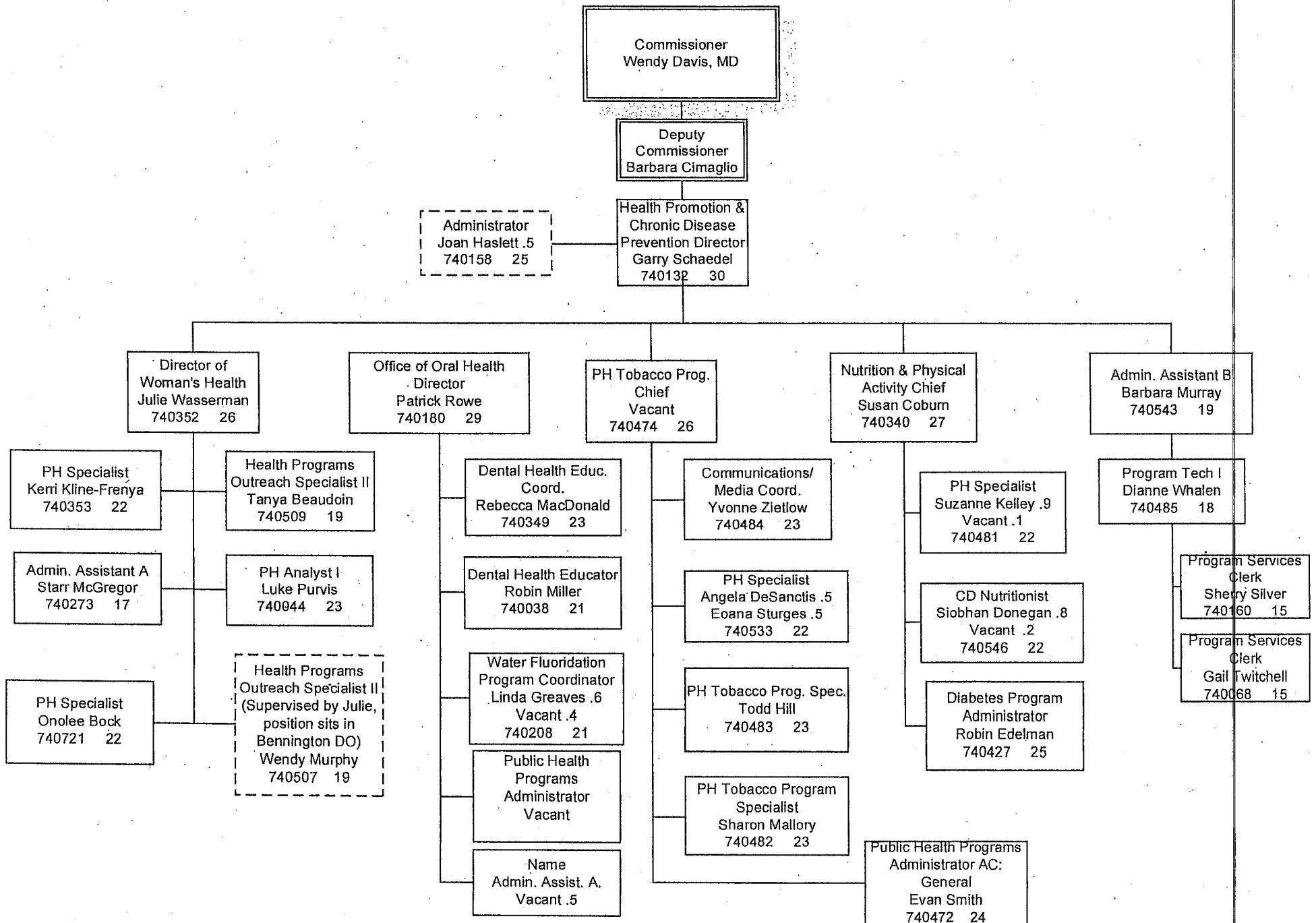
Barbara Curcio

Appointing Authority or Authorized Representative Signature (**required**)*

11-8-10

Date

* Note: Attach additional information or comments if appropriate.



SECTION I – AWARD DATA – 1U58DP002838-01 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$120,000
Fringe Benefits	\$36,000
Personnel Costs (Subtotal)	\$156,000
Consultant Services	\$10,000
Supplies	\$4,500
Travel Costs	\$10,339
Other Costs	\$25,375
Consortium/Contractual Cost	\$10,000

Federal Direct Costs	\$216,214
Federal F&A Costs	\$72,000
Approved Budget	\$288,214
Federal Share	\$288,214
TOTAL FEDERAL AWARD AMOUNT	\$288,214

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$288,214
03 \$288,214

Fiscal Information:

CFDA Number: 93.283
EIN: 1036000274B8
Document Number: UDP002838A

IC	CAN	2010	2011	2012
DP	9212033	\$288,214	\$288,214	\$288,214

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD	CUMULATIVE TOTALS	
1	\$288,214	\$288,214	
2	\$288,214	\$288,214	
3	\$288,214	\$288,214	

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:
PCC: / OC: 4151

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U58DP002838-01 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1U58DP002838-01 REVISED

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 1U58DP002838-01 REVISED

Revision #1:

1. The purpose of this amended Notice of Award is to correct the budget and project period dates. The budget period will cover the period from September 1, 2010 through August 31, 2011. The project period will cover the period from September 1, 2010 through August 31, 2013.
2. Additionally, reporting requirements previously listed in Note 7 have been revised as follows:
 - Annual progress report is due on November 30, 2011.
 - Financial Status Report (FSR) is due on November 30, 2011.
3. All other terms and conditions remain unchanged.

TERMS AND CONDITIONS OF AWARD:

Note 1: INCORPORATION: Funding Opportunity Announcement Number (FOA) DP10-1012 titled, State-Based Oral Disease Prevention Program as amended, additional requirements and the application dated 05/28/2010 are made a part of this award by reference.

Note 2: RESPONSE TO TECHNICAL REVIEW: Attached to this Notice of Award is an Objective Review of the application. A response to the Recommendations and Weaknesses within the Objective Review must be submitted to the Grants Management Specialist no later than 30 days after receipt of this award. Failure to respond to could result in enforcement actions, including withholding of funds or termination.

Note 3: APPROVED FUNDING: This Notice of Cooperative Agreement award funds in the amount of \$288,214.00 are approved for the Year 01 budget period, which is September 1, 2010 through August 31, 2011.

Note 4: ADDITIONAL REQUIRED BUDGET DETAIL: If your awarded amount is significantly different (in excess of 25% or \$250,000) from the amount requested in your application, please contact your CDC Program Consultant prior to submission a full revised narrative budget. In addition to the full revised narrative budget, recipients are required to provide a copy of their original 424A, manually modified to reflect their revised budget by cost and program categories. The revisions must be submitted within 45 days after receipt of this award. If you anticipate that the information cannot be provided by the due date, you must submit a request letter with sufficient justification and a proposed date as to when the Grants Management Specialist will receive the information.

Recipients are required to participate in CDC-sponsored workshops and meetings. Recipients must ensure that appropriate representatives attend CDC-sponsored workshops and meetings. Travel funds provided through this cooperative agreement may be utilized for this purpose.

Note 5: USE OF UNOBLIGATED FUNDS: Not applicable under this Notice of Award.

Note 6: INDIRECT COSTS.

TERMS AND CONDITIONS OF AWARD:

Note 1: INCORPORATION: Funding Opportunity Announcement Number (FOA) DP10-1012 titled, State-Based Oral Disease Prevention Program as amended, additional requirements and the application dated 05/28/2010 are made a part of this award by reference.

Note 2: RESPONSE TO TECHNICAL REVIEW: Attached to this Notice of Award is an Objective Review of the application. A response to the Recommendations and Weaknesses within the Objective Review must be submitted to the Grants Management Specialist no later than 30 days after receipt of this award. Failure to respond to could result in enforcement actions, including withholding of funds or termination.

Note 3: APPROVED FUNDING: This Notice of Cooperative Agreement award funds in the amount of \$242,128.00 are approved for the Year 01 budget period, which is September 1, 2010 through August 31, 2011.

Note 4: ADDITIONAL REQUIRED BUDGET DETAIL: If your awarded amount is significantly different (in excess of 25% or \$250,000) from the amount requested in your application, please contact your CDC Program Consultant prior to submission a full revised narrative budget. In addition to the full revised narrative budget, recipients are required to provide a copy of their original 424A, manually modified to reflect their revised budget by cost and program categories. The revisions must be submitted within 45 days after receipt of this award. If you anticipate that the information cannot be provided by the due date, you must submit a request letter with sufficient justification and a proposed date as to when the Grants Management Specialist will receive the information.

Recipients are required to participate in CDC-sponsored workshops and meetings. Recipients must ensure that appropriate representatives attend CDC-sponsored workshops and meetings. Travel funds provided through this cooperative agreement may be utilized for this purpose.

Note 5: USE OF UNOBLIGATED FUNDS: Not applicable under this Notice of Award.

Note 6: INDIRECT COSTS.

Indirect costs are approved based on a Cost Allocation Plan that was approved dated November 10, 2009, which calculates indirect costs at ___% of ___ costs.

Note 7: REPORTING REQUIREMENTS:

ANNUAL PROGRESS REPORTING. Annual progress reports are a requirement of this program, due 90 days following the end of each budget period.

The Annual Progress Report (APR) will be due December 31, 2011. APR programmatic guidance will be provided at a later date. Reporting timeframe is September 1, 2010 - August 31, 2011.

Interim Progress Report (IPR), due no less than 90 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:

- Current Budget Period Activities Objectives
- Current Budget Period Financial Progress
- New Budget Period Program Proposed Activity Objectives.
- Budget
- Measures of Effectiveness for selected activities

The reports must be mailed to the Grants Management Specialist listed in the "Agency Contacts" section of this Notice of Award.

The Financial Status Report (SF 269) is due to the Grants Management Specialist on December 30, 2011. Reporting timeframe is September 1, 2010 through August 31, 2011. The FSR should only include those funds authorized and actually expended during the timeframe covered by the report. If at all possible, do not handwrite forms.

Note 8: RECIPIENT FINANCIAL PARTICIPATION (MATCHING): Note applicable on the Notice of Award.

Note 9: CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER as shown at the top left of this page, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below:

Frank Ebagua
Grants Management Specialist
Centers for Disease Control and Prevention, PGO, Branch III
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341

Note 10: PRIOR APPROVAL: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator, program or project director named on this Notice of Award. The request must be postmarked no later than 120 days prior to the end date of the current budget period. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Other "prior approval" requirements are incorporated by reference, and set forth in full text in FOA DP-10-1012.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Release of funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Summary Statement/Technical Review, or 7) Change in Key Personnel.

Note 11: INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 12: PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 13: CANCEL YEAR: 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2005 funds will expire September 30, 2010. All FY 2005 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2010. After this date, corrections or cash requests will not be permitted.

Note 14: HUMAN SUBJECTS RESTRICTION: Not applicable under this Notice of Award.

HUMAN SUBJECTS NOTICE: Under governing regulations, federal funds administered by the Department of Health and Human Services shall not be expended for research involving human subjects and individuals shall not be enrolled in such research, without prior approval by the Office for Human Research Protection (OHRP) of an assurance to comply with the requirements of 45 CFR 46 to protect human research subjects. In addition, awardees and any institutions, performance sites, contractors, and independent investigators receiving funds involving human subjects research are required to have an OHRP approved assurances to comply with the requirements of 45 CFR 46. Whenever an institution receives funding from a DHHS agency award to support such research, the awardee institution bears the ultimate responsibility for protecting human subjects under the award. This applies to all performance sites engaged in human subject research, whether domestic, foreign, or international without OHRP-approved assurances. Compliance for all performance sites must be ensured by the awardee.

OHRP Website: (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>). Additional HHS/CDC Requirements under AR-1 Human Subjects Requirements can be found on the Internet at the following address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Note 15: PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative--Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).

Note 16: CONFERENCE DISCLAIMER AND USE OF LOGOS.

Disclaimer. Where a conference is funded by a grant or cooperative agreement, a sub-grant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites,

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 17: EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations

Website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments.

Website: http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

Note 18: TRAFFICKING IN PERSONS: This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to:

Website:

http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

Note 19: ADMINISTRATIVE REQUIREMENT:

AR 29: Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009

Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Texting means reading from or entering data into any handheld or other electronic device, including SMS texting, e-mailing, instant messaging, obtaining navigational information, or engaging in any other form of electronic data retrieval or electronic data communication. Driving means operating a motor vehicle on an active roadway with the motor running, including while temporarily stationary due to traffic, a traffic light, stop sign or otherwise. Driving does not include operating a motor vehicle with or without the motor running when one has pulled over to the side of, or off, an active roadway and has halted in a location where one can safely remain stationary. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

Note 20: ACKNOWLEDGMENT OF FEDERAL SUPPORT, When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 21: PAYMENT INFORMATION:

Automatic Drawdown:

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management; Program Support Center, administers PMS, HHS administers PMS. PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533

Fax Numbers:

University and Non-Profit Payment Branch (301) 443-2672

Governmental and Tribal Payment Branch (301) 443-2569

Cross Servicing Payment Branch: (301) 443-0377

General Fax: (301) 443-8362

Email PMSSupport@psc.gov

Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management
FMS/PSC/HHS
Rockwall Building #1, Suite 700
11400 Rockville Pike
Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

For more information and to obtain your agency point of contact at the Payment Management System, visit the following website:

http://www.dpm.psc.gov/contacts/dpm/dpm.aspx?cms_branchevent=/contacts/dpm/univ_nonprofit/univ_nonprofit.object

Note 22: CERTIFICATION STATEMENT: By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations, and the President's Budget and Congressional intent. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

Note 23: AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

Note 24: CDC CONTACT NAMES

Business and Grants Policy Contact
 Hector Buitrago, Grants Management Officer
 Centers for Disease Control, PGO, Branch III
 2920 Brandywine Road, Mail Stop E-09
 Atlanta, GA 30341-4146
 Telephone: (770) 488-2921
 Fax: (770) 488-2777
 Email: HBuitrago@cdc.gov

Frank Ebagua, Grants Management Specialist
 Centers for Disease Control, PGO, Branch III
 2920 Brandywine Road, Mail Stop E-09
 Atlanta, GA 30341-4146
 Telephone: (770) 488-2648
 Fax: (770) 488-2778
 Email: iwe8@cdc.gov

Programmatic and Technical Contact
 Kevin Ramos, Project Officer
 Department of Health and Human Services
 Centers for Disease Control and Prevention
 4770 Buford Highway, MS F-10
 Atlanta, GA 30341
 Telephone: 770-488-5630
 E-mail: ilr8@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Frank Ebagua
 Center for Disease Control and Prevention
 PGO
 2920 Brandywine Road, MS E-09
 Atlanta, GA 30341
Email: febagua@cdc.gov **Phone:** 770-488-2648

Grants Management Officer: Vivian F. Walker
 Centers for Disease Control and Prevention
 Procurement and Grants Office
 Koger Center, Colgate Building
 2920 Brandywine Road, Mail Stop E-09
 Atlanta, GA 30341
Email: vew4@cdc.gov **Phone:** 770-488-2077

SPREADSHEET SUMMARY

GRANT NUMBER: 1U58DP002838-01 REVISED

INSTITUTION: VERMONT DEPARTMENT OF HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
Salaries and Wages	\$120,000		
Fringe Benefits	\$36,000		
Personnel Costs (Subtotal)	\$156,000		
Consultant Services	\$10,000		
Supplies	\$4,500		
Travel Costs	\$10,339		
Other Costs	\$25,375	\$288,214	\$288,214
Consortium/Contractual Cost	\$10,000		
TOTAL FEDERAL DC	\$216,214	\$288,214	\$288,214
TOTAL FEDERAL F&A	\$72,000		

TOTAL COST	\$288,214	\$288,214	\$288,214
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Opportunity Title:	State-Based Oral Disease Prevention Program
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.283
CFDA Description:	Centers for Disease Control and Prevention Investigatio
Opportunity Number:	CDC-RFA-DP10-1012
Competition ID:	NCCDPHP
Opportunity Open Date:	04/01/2010
Opportunity Close Date:	06/01/2010
Agency Contact:	CDC Procurement and Grants Office grants E-mail: pgotim@cdc.gov Phone: 770-488-2700

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* **Application Filing Name:** Vermont's Oral Disease Prevention Prgm.

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
 Disclosure of Lobbying Activities (SF-LLL)
 HHS Checklist Form PHS-5161
 Project Abstract Summary
 Budget Information for Non-Construction Program
 Project Narrative Attachment Form
 Budget Narrative Attachment Form

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Other Attachments Form

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

* 3. Date Received: 05/28/2010	4. Applicant Identifier: _____
------------------------------------------	------------------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
------------------------------------------------	-------------------------------------------------

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
-----------------------------------------	-----------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: Vermont Department of Health

* b. Employer/Taxpayer Identification Number (EIN/TIN): 03-6000274	* c. Organizational DUNS: 809376155
------------------------------------------------------------------------------	-----------------------------------------------

d. Address:

* Street1:	P.O. Box 70
Street2:	108 Cherry St.
* City:	Burlington
County:	Chittenden
* State:	VT: Vermont
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	05402-0070

e. Organizational Unit:

Department Name: Office of Oral Health	Division Name: _____
--------------------------------------------------	--------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr.	* First Name: Patrick
Middle Name: _____	
* Last Name: Rowe	
Suffix: _____	

Title: Oral Health Director

Organizational Affiliation: _____

* Telephone Number: 802-863-7497	Fax Number: 802-651-1634
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* Email: patrick.rowe@ahs.state.vt.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:

93.283

CFDA Title:

Centers for Disease Control and Prevention_Investigations and Technical Assistance

*** 12. Funding Opportunity Number:**

CDC-RFA-DP10-1012

* Title:

State-Based Oral Disease Prevention Program

13. Competition Identification Number:

NCCDPHP

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Vermont

*** 15. Descriptive Title of Applicant's Project:**

Vermont's State-Based Oral Disease Prevention Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="288,214.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="288,214.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

Project Abstract Summary

Program Announcement (CFDA)

93.283

*** Program Announcement (Funding Opportunity Number)**

CDC-RFA-DP10-1012

*** Closing Date**

06/01/2010

*** Applicant Name**

Vermont Department of Health

*** Length of Proposed Project**

36

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$ 288,214

*** Federal Share 2nd Year**

\$ 288,214

*** Federal Share 3rd Year**

\$ 288,214

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Vermont's State-Based Oral Disease Prevention Program

Project Abstract Summary

* Project Summary

Title: Vermont's State-Based Oral Disease Prevention Program
Applicant Name: State of Vermont, Department of Health
Address: 108 Cherry Street, P.O. Box 70, Burlington, VT 05402-0070
Contact phone: (802)863-7497
Contact fax: (802)651-1634
Email: patrick.rove@ahs.state.vt.us
Web Site Address: <http://healthvermont.gov/>

The level of support for health and dental services has been high in Vermont as public policy makers understand the critical importance of regular primary and preventive care for children and adults. The past ten years has seen a progressing dedication to access for health care, including oral health. Vermont's oral health environment has been marked by the expansion of Vermont's medical and dental assistance programs that now support approximately 30-35% and 25% of the entire state's population respectively. Even with the current economic environment Vermont has held fast to supporting - programmatically and financially - the gains in oral health to date.

Past accomplishments in improving the oral health of Vermonters have depended upon leveraging the resources of the Office of Oral Health in conjunction with strong partnerships. Despite these successes, further efforts to reduce the prevalence of caries among prioritized populations and reduce disparities in oral health are currently constrained by deficiencies in state oral health infrastructure and Office of Oral Health program capacity. This lack of critical program infrastructure has limited the ability of the Office of Oral health to develop and maintain coordinated systems for oral health surveillance, data collection, and policy assessment. The Vermont Department of Health has developed strategies to address oral health program deficiencies, work with partners to establish an oral health coalition, and increase the ability of the Department and stakeholders statewide to reduce caries prevalence and oral health disparities within Vermont, by partnering with the Centers for Disease Control and Prevention to address Recipient Activities outlined in CDC-RFA-DP10-12. Specifically, this project will enable the Vermont Department of Health, Office of Oral Health to:

- Increase capacity in critical areas such as Epidemiology and Program Evaluation.
- Develop an oral health surveillance plan and oral disease burden document.
- Update the Vermont Oral Health Plan.
- Facilitate the creation of an independent Oral Health Coalition.
- Increase access to dental sealants and community water fluoridation.
- Increase capacity to provide effective policy analysis and recommendations.
- Implement systematic evaluation to improve program efficiency.
- Increase collaboration with other chronic disease programs.

* Estimated number of people to be served as a result of the award of this grant.

620000

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

4. Name and Address of Reporting Entity:
 Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="n/a"/>	7. * Federal Program Name/Description: <input type="text" value="Centers for Disease Control and Prevention_Investigations and Technical Assistance"/> CFDA Number, if applicable: <input type="text" value="93.283"/>
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
--------------------------------------------------------------------	--------------------------------------------------------------

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name
* Last Name Suffix

Title: Telephone No.: Date:

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Vermont's State Based Oral Disease Prevention Program, Year One	93.283	\$ 0.00	\$ 0.00	\$ 288,214.00	\$ 0.00	\$ 288,214.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 288,214.00	\$	\$ 288,214.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Vermont's State Based Oral Disease Prevention Program, Year One				
a. Personnel	\$ 120,000.00	\$	\$	\$	\$ 120,000.00
b. Fringe Benefits	36,000.00				36,000.00
c. Travel	10,339.00				10,339.00
d. Equipment	0.00				
e. Supplies	4,500.00				4,500.00
f. Contractual	10,000.00				10,000.00
g. Construction	0.00				
h. Other	35,375.00				35,375.00
i. Total Direct Charges (sum of 6a-6h)	216,214.00				\$ 216,214.00
j. Indirect Charges	72,000.00				\$ 72,000.00
k. TOTALS (sum of 6i and 6j)	\$ 288,214.00	\$	\$	\$	\$ 288,214.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Vermont's State Based Oral Disease Prevention Program, Year One	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [X] NEW [] Noncompeting Continuation [] Competing Continuation [] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date [] Included [] NOT Applicable
2. Proper Signature and Date on PHS-5161-1 "Certifications" page []
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) []
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[] Civil Rights Assurance (45 CFR 80)
[] Assurance Concerning the Handicapped (45 CFR 84)
[] Assurance Concerning Sex Discrimination (45 CFR 86)
[] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)
5. Human Subjects Certification, when applicable (45 CFR 46) [] []

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [] YES [] NOT Applicable
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) []
3. Has the entire proposed project period been identified on the SF-424?..... []
4. Have biographical sketch(es) with job description(s) been attached, when required?..... []
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? []
6. Has the 12 month detailed budget been provided? []
7. Has the budget for the entire proposed project period with sufficient detail been provided? []
8. For a Supplemental application, does the detailed budget address only the additional funds requested? []
9. For Competing Continuation and Supplemental applications, has a progress report been included? []

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Prefix: Mr. * First Name: Gary Middle Name:
* Last Name: Leach Suffix:

Title:

Organization: Vermont Department of Health

Address: * Street1: P.O. Box 70
Street 2: 108 Cherry St.
* City: Burlington
* State: VT: Vermont Province:
* Country: USA: UNITED STATES * Zip / Postal Code: 05402-0070

* Telephone Number: 802-863-7384

E-mail Address: gary.leach@ahs.state.vt.us

Fax Number:

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

03-6000274

PART C (Continued): In the spaces provided below, please provide the requested information.

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
Title:
Organization:
Address: * Street1:
 Street2:
 * City:
 * State: Province:
 * Country: * Zip / Postal Code:
*** Telephone Number:**
E-mail Address:
Fax Number:

SOCIAL SECURITY NUMBER**HIGHEST DEGREE EARNED****PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)

on *(Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

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Title: Vermont's State-Based Oral Disease Prevention Program
Applicant Name: State of Vermont, Department of Health
Address: 108 Cherry Street, P.O. Box 70, Burlington, VT 05402-0070
Contact phone: (802)863-7497
Contact fax: (802)651-1634
Email: patrick.rowe@ahs.state.vt.us
Web Site Address: <http://healthvermont.gov/>

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Three Year Work Plan.....	41
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Budget and Justification.....	B1

Funding Opportunity Number CDC-RFA DP10-1012

Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners
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RA 4.b.c	Take steps to facilitate coalition sustainability
S.M.A.R.T. Objective	At the initial Oral Health Coalition meeting (to take place by 2/15/2011), create an outline of Coalition strategies to facilitate sustainability.
Activities	<p>Dedicate time at the meeting to create an outline of sustainability strategies. Include at a minimum:</p> <ul style="list-style-type: none"> • Use of CDC funding during the project period. • Identification of funding sources beyond the project period. • Utilization of grant writing resources. • Partner participation and outreach.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

RA 4.b.d	Expand the statewide oral health coalition and address independent institutionalization and sustainability.
S.M.A.R.T. Objective	By 6/30/2011, expand membership beyond the founding group of organizations and execute a sub-grant with an organization selected by the Coalition to provide Coalition leadership.
Activities	<p>1. Implement strategies developed in RA 4.b.c. to expand Coalition Membership.</p> <p>2. The Coalition will select a member organization to provide the necessary infrastructure to support the statewide coalition, and shall be responsible for coordinating coalition activities related to updating the state oral health plan.</p> <ul style="list-style-type: none"> • The selected organization will guide activities related to coalition membership recruitment and will assure that the coalition reviews and updates a mission, vision statement, bylaws, roles and responsibilities of both Steering Committee and coalition members. • The selected organization will assist the Office of Oral Health in organizing meetings to review, revise and update the State Oral Health Plan and developing priorities and operationalizing those priorities. • The selected organization will conduct the business operations of the maintenance of the State Oral Health Coalition and shall arrange for and maintain its name, address, telephone number, email address and other administrative necessities including but not limited to a corporate identity, stationery, and others as determined by the Steering Committee. The

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	<p>service includes routine correspondence and telephone services as they relate to membership; coalition information and business; program information; and operational issues.</p> <ul style="list-style-type: none"> • The selected organization will execute all functions related to support of the coalition including assuring lines of communication are open and productive and that the activities of the Coalition are in line with the framework for action developed by the Coalition. • The selected organization will provide the infrastructure for conducting successful meetings and workshops related to the State Oral Health Coalition. This includes securing sites; preparing and disseminating packets to members containing meeting date and site; reservation information; maps; room rates; reservation cut off dates; agenda; minutes of last meeting; and other informational communications from members of the Steering Committee and membership at large. • The selected organization will assure appropriate budget proposals to the Vermont Department of Health for future grant cycles are prepared and submitted. • The selected organization will assure appropriate and timely reporting to the grantors.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

RA 4.b.e	Expand coalition activities through demonstrated outcomes linked to an action plan(s)
S.M.A.R.T. Objective	By 7/30/2011, develop a coalition action plan to be utilized in subsequent funding years.
Activities	<ul style="list-style-type: none"> • At the initial meeting of the Oral Health Coalition, designate persons/organizations responsible for creating a draft action plan. • Dedicate time at subsequent Coalition Meetings to review and update the action plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

RA 4.b.f	Acquire dedicated support staff
	See activities in 4.b.d.

RA 4.b.g.	See RA7: Program Evaluation requirements associated with this activity
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S.M.A.R.T. Objective	By 7/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	Consider how evaluation may be used to enhance development of the Oral Health Plan, which may include: <ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners

Recipient Activity 5. Access to and Utilization of Preventive Interventions

Recipient Activities 5a and 5b are addressed separately, below.

Recipient Activity 5a. School based or School-Linked Sealant Program

Experience and Capacity:

The Vermont Department of Health, Office of Oral Health, has responsibility to implement and monitor dental health programs designed to prevent, control and reduce the prevalence of dental disease and other adverse oral health conditions for targeted populations throughout Vermont. Dental Sealants have been identified as a cost effective measure for the prevention of dental caries, and Healthy People 2010 set an objective of achieving a 50% sealant rate among 8 year old children. The 2003 Vermont Oral Health Survey, conducted using the Basic Screening Survey (BSS) tool developed by ASTDD and the CDC, showed that Vermont had achieved a sealant rate of 64% among 8 year old children. In addition, no difference was seen in sealant rates between low socioeconomic status (SES) schools and high socioeconomic status schools. For this reason, Vermont chose not to institute a school based sealant program in the past, and focused resources in other program areas.

Despite the high sealant rate present in schools statewide, disparities in oral health outcomes persist in Vermont. Although 84% of children had no active decay, 23% of the children included in the survey experienced 82% of the decay found in primary and permanent teeth, as measured by a DFT (decayed, filled) index. In 2010, data from the 2003 survey was reexamined to determine the appropriateness of school based interventions to address existing disparities in oral health among children, using a targeted strategy.

Comparing low SES schools to high SES schools, there was no difference in the rate of sealants, untreated decay, or having a regular dental visit. The one area where low SES and high SES schools differed was caries experience, with 46% of children in low SES school having a history of decay, compared to 34% of children in high SES schools. The only measure that was predictive of both untreated decay and sealant prevalence was a regular dental visit compared to infrequent dental visits. Regular dental visits were defined as one to two visits a year and

infrequent dental visits were defined as not visiting yearly. Untreated decay among children without a regular dental visit was present at a rate three times that of children who had been to the dentist on at least a yearly basis. Likewise, sealant rates were four and a half times higher among children with a regular dental visit. These data suggested that the majority of the oral disease burden in elementary school children occurs before entering school. The data also indicates that children who have regular dental care and have been adequately treated also have significantly lower levels of untreated decay and higher sealant placement rates. Based on this information, it was determined that a traditional school based sealant program is not appropriate for Vermont. Instead, the Vermont Department of Health, after consultation with statewide Oral Health stakeholders, agreed to pursue a “school linked” sealant program targeting children who have not been to the dentist.

The Tooth Tutor Dental Access Program (Tooth Tutor Program) is a school-linked program which has been coordinated by the Office of Oral Health in Vermont since 1997 when it was established in a joint effort between Maternal and Child Health, and the Office of Oral Health. Participating schools and now Head Start programs hire individuals with close ties to the dental community, usually a dental hygienist, to create a target group of children who have not been to the dentist in the past year based on health information collected by all schools on an annual basis and included in the VDH School Nurse Report. Families of children who have not received regular dental care are contacted, and the Tooth Tutor works with the school, family, and local dental care providers to ensure a dental visit occurs before the end of the school year. Tooth Tutors provide classroom education, and may provide visual assessments of target group children in order to communicate the urgency of dental treatment to parents, and inform local dental care providers of the general level of treatment need. Tooth Tutors work with community dentists in private practice and in dental clinics, including those in Federally Qualified Health Centers. The success of this program has been outstanding; in schools where 65% of children have been to the dentist in the past year in September, up to 95% of children had been to the dentist by June.

The success of this program depends on the skill of local Tooth Tutors in communicating the importance of oral health to families and the willingness of local dental care providers to accept new children into their practices when approached by the Tooth Tutor. Each year MCH and OLH promotes the use of Tooth Tutors at the local level. The Office of Oral Health also promotes this effort with enhanced regular communication and training provided with existing or potential new Tooth Tutors. The second component depends upon developing and fostering close working relationships between Tooth Tutors and the local dental care community. This capacity is enhanced by selecting program staff based upon existing relationships. Most Tooth Tutors for the local school or Head Start Program practice as a Tooth Tutor part time and practice in a local dental office part time. Often Tooth Tutors have been established in a community for many years, and know all of the local dental care providers personally. While 80% of dentists in Vermont have an active Medicaid billing number (meaning they have billed for services in the past year), many would not be willing to take new patients with Medicaid without the personal outreach facilitated by the Tooth Tutor, and knowledge that the Tooth Tutor has worked with the family.

Vermont’s success in achieving a high sealant rate is the result of high levels of children with regular dental visits. Because the Tooth Tutor program is the mechanism used to achieve the high rate of regular dental visits, this program will be enhanced to meet the requirements of a school linked sealant program. Several program deficiencies have been identified which will be

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addressed in order to meet the reporting requirements of a school linked sealant program. These changes have been discussed with, and endorsed by, the board of the Vermont State Dental Society. The Vermont State Dental Society was an active participant in the development of the Tooth Tutor program. The continued support and participation of the Dental Society is critical for any program changes, as dentists in private practice are the primary source of care established for the majority of target group children.

One major weakness of the current system of data collection and reporting is that it utilizes population level data. The number of children in the target group at the beginning of the year and the number who have had a dental visit at the end of the year are reported. Individuals are not tracked year to year. This has created a problem with maintaining dental care for target group children. A child who has not had a dental visit when starting first grade will be placed in the target group. If that child sees a dentist while in first grade, at the beginning of second grade she will have been to the dentist within the past year, and may not be included in the target group via the parent self report. At the beginning of third grade, if she has not been to the dentist since the one visit arranged in first grade, she will be in the target group again. Because of this, the data collection methods currently employed only track a dental visit, and not the establishment of a dental home.

The Office of Oral Health, in conjunction with School partners and other program stakeholders, will explore strategies to change data collection to eliminate this gap, while enabling data collection necessary for a school-linked sealant program including sealant placement rates, sealant retention rates, and cost-effectiveness. One option is utilization of the individual tracking model currently employed by Head Start Programs. Due to the complex issues surrounding confidentiality of student and patient health information, involvement of the Vermont Department of Health legal team will be necessary. Making these changes has been endorsed by the Dental Society on the basis that in addition to providing data collection it would increase the percentage of Vermont’s children with dental sealants and a dental home.

The Tooth Tutor program is currently active in 138 of Vermont’s 256 elementary schools (54%), and all Head Start Programs statewide. In the past, the Office of Oral Health has taken a passive stance towards expansion of the program. Early experience showed that in schools where there was not strong support from the school district and school principal the program was unlikely to succeed. As a result, schools were made aware of the program, but not targeted for program expansion. In order to increase the percentage of Vermont’s children with dental sealants, criteria will be developed to expand the Tooth Tutor program. Current evidence, given above, indicates that expansion criteria efforts made by VDH should be based upon schools with the lowest percentage of children who have been to the dentist in the past year in order to maximize the ability of the program to increase sealant rates. Strategies will be developed in conjunction with stakeholders to expand the program in targeted schools and secure strong local support for the program.

RA 5a.a	Complete a needs assessment of school-based sealant capacity and priority populations
S.M.A.R.T. Objective	By 1/30/2011, create a document describing the most effective use of a school linked sealant program in Vermont.
Activities	<ul style="list-style-type: none"> • Evaluate burden of disease and sealant prevalence with respect to prioritized populations and reducing disparities.

Funding Opportunity Number CDC-RFA DP10-1012

	<ul style="list-style-type: none"> • Evaluate potential of a school linked sealant program to reduce dental caries. • Evaluate existing school linked capacity.
Persons Responsible	Dr. Rowe, Rebecca MacDonald, Robin Miller, Epidemiologist/Program Evaluator, Program Coordinator.

RA 5a.b	Create a state-wide plan for school-based sealant programs that includes the criteria for targeting schools, identifies the eligible schools, the program process and how the program will move forward in meeting the HP2020 sealant objective related to percent of school aged children receiving sealants
S.M.A.R.T. Objective	By 4/30/2011, develop a written state sealant plan that includes updated logic models, and a plan to develop, coordinate, and evaluate a school linked sealant plan.
Activities	<ul style="list-style-type: none"> • Identify Stakeholders, including representatives from Schools, Vermont Department of Health, and Vermont State Dental Society. • Involve Stakeholders. • Develop Sealant Program Logic Model • Document infrastructure that is in place for the coordination and management of a school-linked dental sealant programs. • Identify stakeholder responsibilities. • Identify and resolve barriers to plan implementation. • Develop detailed implementation plan. • Develop coordination plan. • Develop evaluation plan.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Gary Schaedel, School Stakeholders, Dental Society Stakeholders.

RA 5a.c.	Develop and coordinate school based/linked dental sealant programs
S.M.A.R.T. Objective	Using the state sealant plan, implement a school linked sealant program to begin in the fall of 2011.
Activities	Implement the sealant plan developed in partnership with School and Dental Society Stakeholders.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Gary Schaedel, School Stakeholders, Dental Society Stakeholders.

RA 5a.d	Report the percent and number of children in funded programs receiving at least one permanent molar sealant; proportion of eligible schools participating in program; proportion of children participating in free and reduced-cost lunch program receiving at least one sealant.
S.M.A.R.T.	Report the percent and number of children in funded programs receiving at least

Funding Opportunity Number CDC-RFA DP10-1012

Objective	one permanent molar sealant; proportion of eligible schools participating in program; proportion of children participating in free and reduced-cost lunch program receiving at least one sealant by the end of year two of funding.
Activities	No reporting activities in year one, which is devoted to program development.

RA 5a.e	Conduct a cost-analysis for school-based or school-linked dental sealant programs using the SEALS software or its equivalent to include: baseline measures of mean pit and fissure caries severity, retention rates and a cost-analysis report published and submitted to ASTDD Best Practices Project.
S.M.A.R.T. Objective	Conduct a cost-analysis for school-based or school-linked dental sealant programs using the SEALS software or its equivalent to include: baseline measures of mean pit and fissure caries severity, retention rates and a cost-analysis report published and submitted to ASTDD Best Practices Project by the end of year two of funding.
Activities	No cost analysis activities in year one, which is devoted to program development.

RA 5a.f	Maintain all activities and enhance school-based or school-linked dental sealant programs statewide. Goal should be to meet and exceed the national <i>Healthy People 2020</i> target of school-based or school-linked sealant programs in all eligible schools in urban and rural areas
S.M.A.R.T. Objective	After program development and implementation, maintain all activities and enhance school-based or school-linked dental sealant programs statewide with the goal of meeting and exceeding the national <i>Healthy People 2020</i> target of school-based or school-linked sealant programs in all eligible schools in urban and rural areas.
Activities	No maintenance activities in year one, which is devoted to program development.

RA 5a.g	Analyze and report data relative to progress toward reaching or exceeding the <i>Healthy People 2020</i> target relating to school aged children receiving dental sealants.
S.M.A.R.T. Objective	After program development and implementation, analyze and report data relative to progress toward reaching or exceeding the <i>Healthy People 2020</i> target relating to school aged children receiving dental sealants.
Activities	No program analysis activities in year one, which is devoted to program development.

RA 5a.h	Report data describing progress toward increasing the proportion of eligible schools participating in program, and the proportion of children in funded programs receiving at least one sealant
S.M.A.R.T.	After program development and implementation, report data describing progress

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Objective	toward increasing the proportion of eligible schools participating in program; and the proportion of children in funded programs receiving at least one sealant
Activities	No data reporting activities in year one, which is devoted to program development.

RA 5a.i	Report cost-effectiveness of school-based or linked programs using SEALS or its equivalent.
S.M.A.R.T. Objective	After program development and implementation, report cost-effectiveness of school-based or linked programs using SEALS or its equivalent.
Activities	No data reporting activities in year one, which is devoted to program development.

RA 5a.j	Provide leadership in training and technical assistance to community sealant programs, providers and other types of sealant programs.
S.M.A.R.T. Objective	After program development and implementation, provide leadership in training and technical assistance to community sealant programs, providers and other types of sealant programs.
Activities	No training activities in year one, which is devoted to program development.

RA 5a.k	Report progress toward sustainability and institutionalization of sealant program through leveraging of dollars, partnership participation, billing Medicaid and/or SCHIP or other sources of support.
S.M.A.R.T. Objective	By 7/30/2011, include strategies for sustainability and institutionalization of the sealant program through leveraging of dollars, partnership participation, billing Medicaid and/or SCHIP or other sources of support in the state sealant plan.
Activities	<ul style="list-style-type: none"> • Engage stakeholders involved in program development in identifying sources of program sustainability.
Persons Responsible	Dr. Rowe, Program Coordinator, Rebecca MacDonald, Robin Miller, Gary Schaedel, School Stakeholders, Dental Society Stakeholders.

RA 5a.l	Report sealant program quality assurance measures such as sealant retention rate
S.M.A.R.T. Objective	After program development and implementation, report sealant program quality assurance measures such as sealant retention rate.
Activities	No quality assurance reporting activities in year one, which is devoted to program development.

RA 5a.m	See RA7: Program Evaluation requirements associated with this activity.
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S.M.A.R.T. Objective	By 7/30/2011, develop an evaluation plan, as a component of the sealant plan, with technical assistance from CDC.
Activities	Consider how evaluation may be used to enhance development of the Oral Health Plan, which may include: <ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Office of Oral Health Partners

Recipient Activity 5b. Community Water Fluoridation (CWF)

Experience and Capacity:

Vermont maintains a Fluoridation Program Coordinator who administers the water fluoridation program and acts as a liaison between Vermont Department of Environmental Conservation (DEC), the Vermont Rural Water Association (VRWA), and water operators in each of Vermont’s 28 fluoridated water systems. A Fluoridation support contract is utilized to provide overall support for the technical aspects of fluoridation systems and conduct inspections. Funding for this contract is secured by the Office of Oral Health on a year to year basis.

The Fluoridation Program Coordinator works with local water operators, encouraging them to continue to meet CDC Engineering and Administrative Recommendations for Water Fluoridation (EARWF). For small systems, the Vermont Department of Health provides reagent ampoules required for daily sampling of the fluoride level in the finished drinking water. These daily samples are used as a safety measure to monitor operational parameters. These daily samples are analyzed on site by the operator and the results are recorded and forwarded on a monthly basis to the Vermont Department of Health (VDH) and the DEC. Daily sample results are monitored by the Fluoridation Program Coordinator for all fluoridated water systems in Vermont. The VDH supplies vials and mailing supplies to plants to test a weekly sample which is mailed to our Department of Health Laboratory (VDL). VDL sends all results to VDH fluoridation coordinator. All this is in the Water Fluoridation Reporting System (WFRS) and a word document which is mailed on a monthly basis to the water operators.

The Fluoridation Program Coordinator submits reports to the WFRS regarding the type of water system, population, ground or surface, the type of chemicals added to the water, type of fluoride used, monthly fluoridation averages, high and low fluoridation levels, along with their laboratory split sample. Many of the final reports on levels of fluoridation and which systems fluoridate in the state can be viewed by the public online.

Onsite inspections by the fluoridation contractor notes the results of their frequency of testing the water for fluoride levels, the fluoride level of the water at the time of the on-site visit, and the location of where the water sample is taken. The fluoridation contractor reviews the

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daily logs and daily operational reports maintained by the water operator of the fluoride levels for each day. During these site visits the fluoridation contractor collects data on the condition of existing fluoridation equipment, evaluates the fluoride equipment used to inject the fluoride into the water supply and the physical safety equipment used to protect the water operator when handling the chemical.

A visual inspection of how and where the bags or drums of extra fluoride are stored, their supplier and whether the chemicals meet NSF specifications, the type of ventilation system used which varies with the type of fluoride system, and the overall condition of the system is discussed and recorded. Each on-site visit will result in the completion of a Fluoridation Facility Evaluation form provided by the Vermont Department of Health. This form will be used to report any and all findings of our on-site evaluation of each system.

In the 2005 Vermont Oral Health Plan, one of the objectives was to increase the proportion of the population receiving fluoridated water. Currently, 58% of Vermonters on public water systems have access to optimally fluoridated water. In order to maintain current fluoridation levels, the Vermont Department of Health provides financial support to small water systems which require replacement equipment to continue water fluoridation. In order to increase the number of systems employing water fluoridation, the Vermont Department of Health provides financial support to systems which are initiating community water fluoridation. Requests for financial support are evaluated on a case by case basis, and are contingent upon the equipment requested, suitability of support (the Vermont Department of Health does not generally support water systems serving fewer than 500 residents) and available funding.

As a part of an effort to support local water operators, safer systems that consistently report daily and monthly sample results to the Department and maintain an optimal level of fluoride for at least 11 months will be nominated for the CDC's Fluoridation Quality Award. In 2009, Vermont had 11 water systems that maintained optimal fluoride levels for at least 11 months of the year. This number was based on the daily and monthly fluoride data that we had received.

The 2005 Vermont Oral Health Plan identified 18 communities which are eligible for community water fluoridation. In Vermont, there are two major anti-fluoridation groups - the Fluoride Action Network and Safe Water Advocates in Burlington, VT. Burlington, Vermont's largest city with 40,000 residents has been the focus of a prolonged and persistent effort to remove community water fluoridation. In 2006, a ballot measure which called for discontinuing water fluoridation was defeated by a vote of 74% to 26% after an extensive campaign by oral health stakeholders. Despite this vote, fluoridation continues to be a under threat in Burlington, with opponents pursuing alternate strategies. In other areas of the state, Plainfield and Pownal have discontinued fluoridation, Bradford, Newbury, and Proctor have voted to maintain fluoridation, and Alburg will begin fluoridating in 2010. In collaboration with our partners, the Office of Oral Health has the capacity to assess challenges and develop strategies to promote fluoridation.

Fluoride and community water fluoridation resources are available at the Vermont Department of Health website, www.healthvermont.gov. Included are sections on benefits, safety, and cost of fluoridation. In March of 2010, the Vermont Department of Health developed an updated fluoride fact sheet which includes recent research and addressed current concerns regarding community water fluoridation. This fact sheet will also be available on the Vermont Department of Health website.

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RA 5b.a	Develop a state fluoridation plan and submit annual status reports summarizing progress. Update plan at least every 3 years
S.M.A.R.T. Objective	By 7/30/2011, develop a draft update of the objectives, strategies and action plan in State Oral Health Plan regarding fluoridation for interim Office of Oral Health use.
Activities	<ul style="list-style-type: none"> • Conduct a SWOT analysis • Update the goals, objectives & strategies • Develop action steps and identify priorities • Include an assessment of changes in policies, laws and regulations • Work with statewide and other local coalitions in the implementation of the Vermont Oral Health Plan strategies to promote fluoridation in large communities • Provide data to demonstrate need • Include plans for assisting communities to collect data on technical feasibility, community demographics, and community organizations and leaders. • Deliver the draft update to the state oral health coalition for use in updating the State Oral Health Plan.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator, Epidemiologist/Program Evaluator, Office of Oral Health Partners

RA 5b.b	Conduct and report monthly monitoring consistent with the EARWF and report to CDC via the Water Fluoridation Reporting System (WFRS). Submit 510 report with interim reports.
S.M.A.R.T. Objective	By 7/30/2011, increase the number of systems consistently conducting and reporting monthly fluoride levels from 27 to 28.
Activities	<ul style="list-style-type: none"> • Communicate the requirements to all systems and local health departments • Send testing kits along with instructions to all systems. • Monthly split samples are requested by the Vermont Department of Health Lab. • Follow up conducted by the Fluoridation Program Coordinator. • Ensure procedures are in place to continue to collect fluoride data and submit to CDC on a monthly basis • Establish an on-going fluoride data collection system from fluoridating systems not consistently submitting data • Identify systems not consistently submitting data to the Vermont Department of Health. • Update schedule for site visits.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator.

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RA 5b.c.	<p>Establish a CWF quality control program.</p> <p>1.) Track progress toward incorporating into practice the CDC Engineering and Administrative Recommendations for Water Fluoridation (EARWF)</p> <p>2.) Increase percent of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by the State and consistent with recommendations outlined in EARWF.</p> <p>3.) Conduct comprehensive inspections of all adjusted fluoridated water systems every three years to assure that all the technical recommendations, including the safety requirements of EARWF, are followed</p>
S.M.A.R.T. Objective	<p>By 7/30/2011 maintain and strengthen the existing fluoridation quality control program.</p> <p>1.) By 7/30/2011, at least 90% of the EARWF recommendations are incorporated into practice.</p> <p>2) By 7/30/2011, increase the number of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by the State and consistent with recommendations outlined in EARWF from 11 to 16.</p> <p>3) By 7/30/2011 update inspection schedule, and complete all inspections necessary by 7/30/2011.</p>
Activities	<p>1)</p> <ul style="list-style-type: none"> • Assess the extent to which the following requirements are being met: <ul style="list-style-type: none"> ○ Administration ○ Monitoring and surveillance ○ Technical ○ Safety • Identify gaps that are critical • Develop strategies to address the gaps • Develop an action plan and identify priorities • Mobilize water systems to comply with the requirements. <p>2)</p> <ul style="list-style-type: none"> • Identify systems not currently maintaining optimal fluoride levels. • Identify barriers to maintaining optimal fluoride levels. • Identify strategies to resolve barriers. • Resolve barriers. <p>3)</p> <ul style="list-style-type: none"> • Conduct a review of the current inspection schedule. • Update schedule as needed to ensure each system is inspected every 3 years.

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Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator, Fluoridation Technical Support Contractor.
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RA 5b.d	Measure and report progress towards reaching or exceeding <i>Healthy People</i> objective of 75 percent of population on public water supplies receiving fluoridated water.
S.M.A.R.T. Objective	7/30/2011, develop procedures to measure and report progress.
Activities	<ul style="list-style-type: none"> • Update SDWIS database, and obtain population on public water systems. • Verify the population figures by contacting census bureau, Vermont Department of Environmental Conservation. • Obtain population receiving fluoridated water by generating reports from WFRS. • Calculate % on fluoridated water. • Submit reports on annual changes to CDC, ASTDD, and other interested groups.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator.

RA 5b.e	Provide appropriate education and promotion of CWF
S.M.A.R.T. Objective	By 9/29/2011, develop an education and promotion program.
Activities	<ul style="list-style-type: none"> • Assess gaps in knowledge, awareness, concerns and barriers by conducting interviews of key personnel such as Water Boards, Town Council, Public, Professionals, and Vermont Department of Health Staff. • Identify education and promotion strategies to address needs. • Continue to develop materials such as fact sheets. • Identify means for disseminating information i.e., meetings, conferences, websites, mailings etc. • Identify means for collaboration with partners and providing training. • Identify means to strengthen collaboration with the Vermont Rural Water Association. • Continue to support efforts in favor or maintaining or increasing fluoridation, including providing information addressing up to date research and topics in fluoridation.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator, Epidemiologist/Program Evaluator, Office of Oral Health Partners.

RA 5b.f	Encourage attendance by state fluoridation coordinator, engineers and/or specialists at CDC fluoridation training or equivalent within 3 years
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S.M.A.R.T. Objective	By 9/29/2011, ensure that the Fluoridation Program Coordinator and Fluoridation Technical Support Contractor have attended the CDC fluoridation training within 3 years.
Activities	<ul style="list-style-type: none"> • Review date last attended. • Make arrangements to attend meeting if necessary.
Persons Responsible	Dr. Rowe, Program Coordinator, Linda Greaves, Fluoridation Technical Support Contractor.

RA 5b.g	Identify communities that, if fluoridated, would enable state to meet or exceed the Healthy People target
S.M.A.R.T. Objective	By 7/30/2011, update the list of communities that are not currently fluoridated.
Activities	<ul style="list-style-type: none"> • Work with the Vermont Oral Health Coalition to update Vermont Oral Health Plan strategies to promote fluoridation. • Assist communities with active local support for initiating fluoridation. • Assist these communities to collect data on technical feasibility, community demographics, and community organizations and leaders • Enlist support for fluoridation.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator, Epidemiologist/Program Evaluator, Oral Health Coalition Partners.

RA 5b.h	Identify communities and populations requiring replacement fluoridation equipment and develop replacement plan identifying funding sources.
S.M.A.R.T. Objective	By 7/30/2011, document equipment needs identified during equipment inspection as a component of regularly scheduled inspections communication with water plant operators.
Activities	<ul style="list-style-type: none"> • Maintain an annual list of equipment replacement needs. • Develop replacement plan. • Evaluate requests for Vermont Department of Health funding for replacement equipment. • When Vermont Department of Health funding is not available, identify funding sources for replacement.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator, Water Operators.

RA 5b.i	Report on water systems receiving new or replacement fluoridation equipment and the communities and populations affected
S.M.A.R.T. Objective	By 7/30/2011, document and report on systems receiving new or replacement fluoridation equipment and the communities and populations affected.

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Activities	<ul style="list-style-type: none"> • Engage local water systems. • Use data collected by the Office of Oral Health Fluoridation Program to compile and submit reports.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator, Water Operators.

RA 5b.j	Enhance or expand existing community water fluoridation program management to a comprehensive level that meets or exceeds Healthy People objectives
S.M.A.R.T. Objective	By 7/30/2011, Enhance or expand existing community water fluoridation program management to a comprehensive level that meets or exceeds Healthy People objectives.
Activities	<ul style="list-style-type: none"> • When Healthy People 2020 objectives are available, identify areas of program management necessary to meet objectives that are not currently in place. • Identify Strategies to meet objectives. • Implement Strategies.
Persons Responsible	Dr. Rowe, Linda Greaves, Program Coordinator.

RA 5b.k	Promote fluoridation to policymakers and the public as appropriate
	See RA 5b.e

Recipient Activity 6. Policy Development

Experience and Capacity:

The Vermont Department of Health, Office of Oral Health aims to improve the oral health of Vermonters through (1) public leadership in assisting community initiatives to prevent, control and reduce oral diseases; (2) planning, implementing and evaluating programs for oral health promotion and disease prevention; and (3) statewide coordination and integration of community based oral health services through increased access and removal of barriers.

The 2005 Vermont Oral Health Plan, a component of the Vermont State Health Plan, identified the desired outcome of designating the Office of Oral Health as the focal point to advise, monitor and evaluate services provided in all oral health programs in state government. It was stated that the Office of Oral Health should have at least advisory capacity with oral health programs in other Agencies and that the State Oral Health Director should provide overall agency coordination and leadership and represent the agency to outside organizations.

One of the central roles of the Oral Health Director is serving in this advisory capacity within the Department of Health, Office of Vermont Health Access (Vermont's Medicaid/CHIP Office), Agency of Human Resources, other Vermont Agencies, and partners external to State government. The Office of Oral Health is well positioned to provide support to Vermont

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Department of Health leadership in policy development. When called upon by partners within and external to VDH, the Office of Oral Health has provided policy analysis and decision maker education in areas related to oral health. Policy areas addressed in the past year include community water fluoridation, dental amalgam regulation, the role of school based and mobile dental facilities, alternate dental practice and provider models, and workforce development.

At present, the Office of Oral Health provides policy analysis on an as needed basis, and does not conduct regular or systematic assessment of oral health policy, systems, or programs. Increased program capacity in the form of a dedicated Program Coordinator and Epidemiologist/Program Evaluator will enable the Office of Oral Health to develop a systematic approach to evaluation of policy and systems level strategies to improve oral health and reduce disparities in oral health.

RA 6.a	Conduct an annual assessment of policy and systems level strategies with potential to reduce oral diseases and report when it was done, who was involved, the type of assessment done (e.g. Environmental or Policy Tool), and the results/recommendations identified.
S.M.A.R.T. Objective	1) By 7/30/2011, create a document outlining policies and systems level strategies in Vermont with the potential to reduce oral diseases. 2) 7/30/2011, assess opportunities for policy and systems change to implement and maintain community water fluoridation.
Activities	1) Conduct a survey of policies and systems level strategies in Vermont with the potential to reduce oral diseases. Create a living document which outlines policies and systems level strategies in Vermont with the potential to reduce oral diseases. 2) Assess community water fluoridation policy and systems: <ul style="list-style-type: none"> • Utilize the Policy Tool developed by the Children’s Dental Health Project to conduct an assessment of fluoridation policies. • Analyze existing laws and regulations for implementing fluoridation as well as discontinuing fluoridation. • Identify problem(s) requiring policy or system level intervention.
Persons Responsible	Patrick Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Linda Greaves, Robin Miller.

RA 6.b	Develop a policy action plan and implement a set of activities that include the priorities established from the assessment process.
S.M.A.R.T. Objective	By 7/30/2011, develop a policy action plan.
Activities	<ul style="list-style-type: none"> • Obtain approval from Vermont Department of Health Leadership to initiate a policy action plan. • Engage partners – Oral Health Coalition, and stakeholders not participating in the Coalition. • Set meeting agenda and discuss current laws and regulations in Vermont. • Discuss individual cases identified by the Office of Oral Health, partners.

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	<ul style="list-style-type: none"> • Hold telephone conference calls and face to face meetings • Identify model state laws and regulations governing fluoridation • Assess the feasibility for amending state laws and regulations • Propose changes to the laws and regulations if advisable after considering impact. • Develop policy briefs and recommendations and write a report <ol style="list-style-type: none"> 1) Statement of problem 2) Source and background <ol style="list-style-type: none"> a) Scope and magnitude b) Past trends c) Current policy d) Prior efforts for change and their outcomes e) Significance 3) Identify Major Stakeholders <ol style="list-style-type: none"> a) Proponents b) Opponents 4) Evaluation Criteria 5) New policy Options <ol style="list-style-type: none"> a) Establish a clear argument for promoting policy b) Assess competitive environment c) Develop messages d) Plan evaluation 6) Recommendation <ol style="list-style-type: none"> a) Describe option b) How to implement the option c) How to track and evaluate d) Possible limitations and consequences.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator, Rebecca MacDonald, Robin Miller, Office of Oral Health Partners.

RA 6.c	Implement policies that support evidence-based, population-based strategies consistent with the state oral health plan and the oral health program strategic plan. Examples may be oral health policies, legislation, regulations, ordinances, guidelines and standards that promote optimal oral health such as water fluoridation and school-based or linked dental sealant programs; statutory authority for the state oral health program and/or state dental director position.
S.M.A.R.T. Objective	By 9/30/11, seek approval to pursue implementation of policies identified in RA 6b. If approval obtained, pursue implementation in year two of funding.
Activities	Present recommendations to Vermont Department of Health leadership.
Persons Responsible	Dr. Rowe.

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RA 6.d	Increase the extent to which population-based interventions address established objectives that are informed by surveillance data and prioritized from the state oral health plan, the policy action plan, or the program strategic plan.
S.M.A.R.T. Objective	Within 12 months of completion of both the state Oral Health Plan and Policy Action Plan, create a document identifying strategies to increase the extent to which population-based interventions address established objectives.
Activities	<ul style="list-style-type: none"> • Engage partners involved in creation of the Oral Health Plan and Policy Action Plan. • Examine the document created in 6.a outlining policies and systems level strategies in Vermont with the potential to reduce oral diseases. • Recommend strategies to increase the extent to which population-based interventions address established objectives. • Create a timeline for implementation of recommendations.
Persons Responsible	Dr. Rowe, Program Coordinator, Oral Health Partners.

RA 6.e	Evaluate impact of and lessons learned from implementation of policies.
S.M.A.R.T. Objective	Within 12 months of policy implementation, conduct an evaluation of impact and lessons learned and report findings.
Activities	<ul style="list-style-type: none"> • Using an established impact evaluation tool, evaluate impact of policy implementation. • Identify lessons learned. • Create a document reporting findings.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator.

RA 6.f	See RA7: Program Evaluation requirements associated with this activity
S.M.A.R.T. Objective	By 7/30/2011, develop an evaluation plan with technical assistance from CDC.
Activities	<p>Consider how evaluation may be used to enhance development of the Oral Health Plan, which may include:</p> <ul style="list-style-type: none"> • Engage stakeholders. • Describe the program using a logic model. • Identify key evaluation questions. • Develop a method for data collection. • Develop a data analysis plan. • Obtain IRB approval if necessary. • Outline the report format.

Persons Responsible	Dr. Rowe, Program Coordinator, Office of Oral Health Partners
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Recipient Activity 7. Evaluation

Experience and Capacity:

The Vermont Department of Health, Office of Oral Health does not currently have a system for program evaluation, or existing evaluation plan. Furthermore, the Office of Oral Health currently lacks capacity to develop or implement program evaluation. Dr. Rowe is the only Office of Oral Health staff member with training in program evaluation, and existing responsibilities preclude him from devoting the time required to develop and implement an evaluation plan. CDC Support for the Epidemiologist/Program Evaluator position will be essential to completing the requirements of RA 7.

Current lack of capacity notwithstanding, the Office of Oral Health has identified several evaluation questions related to activities, output, outcome and impact. The following list of selected questions provides evaluation questions that will be addressed related to Recipient Activities:

- RA 1: Are there leveraging of dollars and dedicated resources as a result of improved state infrastructure and capacity?
- RA 2: Are the data used to plan evidence driven program and develop the State Oral Health Plan less than 5 years old and consistent with NOHSS?
- RA 3: Are target areas for prevention and control selected and prioritized with specific, measurable and time-phased objectives to accomplish each goal? Is it available to the public, periodically updated and developed in collaboration with the assistance of stakeholders?
- RA 4: Are there collaborative partnerships inside and outside the State Health Department encouraging the focus on prevention interventions? Are there coalition activities addressing infrastructure development, community water fluoridation and school-linked/school-based dental sealant programs, and its sustainability?
- RA 5:
 - a) How effective are school-based/linked sealant programs in achieving HP 2020 objectives and performance measures with respect to dental sealants and eliminating disparities? Did Vermont achieve the Healthy People 2020 objective of reaching the target percentage of 3rd grade children and eliminating disparities?
 - b) Is the fluoridation program incorporating EARWF and making progress towards 100% compliance? Did the fluoridation program make progress towards achieving the Healthy People 2020 objective for the % of communities with public water systems with access to community water fluoridation?
- RA 6: Does the assessment identify opportunities to make changes in policy and health systems to overcome barriers, capitalize on assets, increase capacity and coordinate prevention interventions?

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- RA 7: Has the program submitted two success stories and complied with national evaluation efforts?
- RA 8. Has the State integrated oral health into general health policies and programs?

RA 7.a	Develop within the first year a comprehensive written 3-year evaluation plan.
S.M.A.R.T. Objective	By 6/30/2011, develop a comprehensive 3-year evaluation plan.
Activities	<ul style="list-style-type: none"> • Establish an evaluation work group, to be headed by the Epidemiologist/Program Evaluator. • Explain the needs, expected effects, activities, resources, stages, context and the audience and develop and refine logic models. • Focus the design by identifying evaluation questions. Develop indicators, identify sources of data and develop tools for data collection. • Develop methods for gathering data, assessing quality, and analyzing data. • Identify strengths, weaknesses and limitations of the study design and data for justifying conclusions. • Develop a method for sharing evaluation findings.
Persons Responsible	Epidemiologist/Program Evaluator, Program Coordinator, Dr. Rowe, Rebecca MacDonald, Robin Miller, Linda Greaves.

RA 7.b	Report recipient activities in the CDC/DOH electronic Management Information System: MOLAR (<u>M</u> anagement <u>O</u> verview for <u>L</u> ogistics <u>A</u> nalysis and <u>R</u> eporting)
S.M.A.R.T. Objective	By 6/30/2011, document compliance with national evaluation efforts and collection of standard indicators by reporting in the CDC/DOH electronic Management Information System: MOLAR.
Activities	<p>Monthly, enter and update program information including progress for each objective in the MOLAR system to include:</p> <p>Program Information:</p> <ul style="list-style-type: none"> • Contact Information • Program Overview • Staff • Organizational Chart <p>Resources:</p> <ul style="list-style-type: none"> • Partners • Contacts • Coalition <p>Planning:</p> <ul style="list-style-type: none"> • State Plan • Surveillance Plan • Burden Document

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	<ul style="list-style-type: none"> • Evaluation Plan <p>Work plan:</p> <ul style="list-style-type: none"> • Leadership Capacity • Disease Burden and Surveillance • State Oral Health Plan • Statewide Coalition • Sealant Program and Community Fluoridation • Policy Change • Evaluation • Partnerships <p>Generate interim and annual reports Submit to CDC</p>
Persons Responsible	Dr. Rowe, Program Coordinator.

RA 7.c	Submit at least two success stories per year (beginning in year 2 of the cooperative agreement) that meet CDC criteria.
S.M.A.R.T. Objective	6/30/2012, develop two success stories.
Activities	<p>At a minimum:</p> <ul style="list-style-type: none"> • Identify evaluation questions with the greatest impact on the oral health of Vermonters. • Assess the suitability of writing success stories on the impact of the Tooth Tutor Dental Access/Sealant Program • Assess the suitability of writing success stories on the impact of community water fluoridation.
Persons Responsible	Dr. Rowe, Program Coordinator, Epidemiologist/Program Evaluator.

RA 7.d	Design, implement and maintain a program evaluation system that collects and analyzes information to be used to measure program progress, community capacity changes, short-term and distal outcomes.
S.M.A.R.T. Objective	By 6/30/11, outline programmatic and structural components of an evaluation system based upon the evaluation plan.
Activities	<p>At a minimum, include the following in system outline:</p> <ul style="list-style-type: none"> • Systems for information collection and organization. • Systems for information analysis. • Systems to measure program progress. • Systems to measure community capacity changes.

	<ul style="list-style-type: none"> • Systems to measure short-term and distal outcomes. <p>Include a timeline for Implementing the evaluation system.</p>
Persons Responsible	Dr. Rowe, Epidemiologist/Program Evaluator, Program Coordinator.

Recipient Activity 8. Program Collaboration

Experience and Capacity:

The Office of Oral Health has experience in programmatic collaboration with other programs within the Vermont Department of Health. Past activities have enabled information and effort to be shared between programs, while maintaining program integrity and identity. The organizational placement of the Office of Oral Health within the Division of Health Promotion and Disease Prevention, and recent physical proximity to other chronic disease programs, has increased the ability to collaborate in areas where program overlap exists. The following are current and past examples of program collaboration:

- Chronic Disease Team: A representative from the Office of Oral Health attends monthly Chronic Disease Team meetings to provide an oral health perspective to the group and to look for opportunities to integrate oral health with other programs. Examples of past integration include work with the Ladies First, Diabetes and Cancer programs.
- The Ladies First Program (Women’s Health): Ladies First is a health screening program for low income Vermont women. Ladies First removes financial barriers which prevent many women from being screened for breast and cervical cancer or heart disease. The Office of Oral Health has partnered with Ladies First in the development of an oral health information sheet that explains the oral-systemic health connection and offers suggestions about where Ladies First members can find a dental office that may be able to help them afford care.
- Diabetes: The Office of Oral Health partnered with the Diabetes Prevention and Control Program and other organizations to create a training program for dental professionals regarding the relationship between oral health and diabetes. The Office of Oral Health has also collaborated with the Diabetes Prevention and Control Program to create a Vermont specific oral health resource for people who have diabetes. The Office of Oral Health has provided the Diabetes Prevention and Control Program with educational material for the annual conference of Vermont Diabetes Educators.
- Comprehensive Cancer Control Program: The Office of Oral Health was involved the “Vermonters Taking Action Against Cancer” (VTAAC) annual meeting where materials related to oral health and cancer treatment were distributed. The Office of Oral Health also gave input into the development of the Vermont Cancer Action Plan, encouraging

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the establishment of a dentist as an important member of a person's cancer treatment team

- Nutrition and Physical Activity: The Office of Oral Health encourages Tooth Tutors (See RA 5.a) to become involved with their school in applying for Fit and Healthy and Farm to School grants, and to partner with school wellness committees working to implement school wellness policies to support an environment that encourages students to make healthy food and drink choices. Tooth Tutors have been involved with campaigns to remove unhealthy food and drinks from school property, and to increase water consumption among students.

RA 8.a	Share staff positions that provide cross-cutting program services such as evaluation, epidemiology, health education and communication.
S.M.A.R.T. Objective	By 7/30/2011, identify areas where shared use of staff positions may be possible for programs with CDC funding.
Activities	<ul style="list-style-type: none"> • Meet with Health Promotion and Disease Prevention Program Managers to examine overlapping met and unmet program requirements. • Identify funding cycles for current staff to increase potential for future collaboration in meeting program requirements and ensuring adequate planning. • Meet with Division Director and Business Manager to explore shared use of staff.
Persons Responsible	Dr. Rowe, Program Coordinator, Garry Schaedel (Division Director.)

RA 8.b	Coordinate activities that support oral disease prevention as well as other chronic diseases and conditions such as diabetes, obesity, healthy aging, tobacco cessation, heart disease etc.
S.M.A.R.T. Objective	<p>1) By 3/30/11, identify opportunities to coordinate activities that support oral disease prevention as well as other chronic diseases and conditions such as diabetes, obesity, healthy aging, tobacco cessation, heart disease etc.</p> <p>2) By 7/30/11, establish, at a minimum, one new area of activity coordination beyond existing coordination of program activities.</p>
Activities	<ul style="list-style-type: none"> • Create and maintain a document identifying existing program coordination. • Create and maintain a document outlining areas of potential, where program coordination would be beneficial but does not currently occur. • Work with the Chronic Disease Team to identify a minimum of one potential area of where steps will be taken towards program coordination. • Monitor and maintain efforts towards program collaboration in the chosen area.

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Persons Responsible	Dr. Rowe, Program Coordinator, Robin Miller, Chronic Disease Team.
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RA 8.c	Facilitate collaborative strategic planning across chronic disease programs to address disparities, and disease burden issues.
S.M.A.R.T. Objective	By 7/30/2011, include oral health in an outline of collaborative strategic planning across chronic disease programs to address disparities, and disease burden issues.
Activities	<ul style="list-style-type: none"> • Identify current efforts among chronic disease programs towards strategic planning across chronic disease programs to address disparities, and disease burden issues. • Identify areas where oral health can be included in strategic planning. • Work with the Chronic Disease Team to integrate oral health into existing efforts.
Persons Responsible	Dr. Rowe, Program Coordinator, Robin Miller, Chronic Disease Team.

RA 8.d	Facilitate information sharing and training opportunities across chronic disease programs.
S.M.A.R.T. Objective	By 7/30/2011, create a document identifying areas with potential for information sharing and training opportunities across chronic disease programs.
Activities	<ul style="list-style-type: none"> • Identify current efforts among chronic disease programs towards information sharing and training opportunities across chronic disease programs. • Identify areas where oral health can be included in information sharing across chronic disease programs. • Identify areas where oral health can be included in training opportunities across chronic disease programs • Work with the Chronic Disease Team to integrate oral health into existing efforts.
Persons Responsible	Dr. Rowe, Program Coordinator, Robin Miller, Epidemiologist/Program Evaluator, Chronic Disease Team.

RA 8.e	Participate in data collection and reporting across programs e.g., nutrition and oral health.
S.M.A.R.T. Objective	By 7/30/2011, create a document identifying areas with potential for data collection and reporting across programs.
Activities	<p>Programmatic Data Collection:</p> <ul style="list-style-type: none"> • Identify oral health data collection efforts which are programmatic in

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	<p>nature. For example: the Basic Screening Survey.</p> <ul style="list-style-type: none">• Identify existing data collection efforts among chronic disease programs which are programmatic in nature.• Identify areas where it would be advantageous to combine future data collection efforts. <p>Systematic Data Collection:</p> <ul style="list-style-type: none">• Work with the Chronic Disease Team to identify areas of systematic oral health data collection which would benefit other chronic disease programs.• Work with the Chronic Disease Team to identify areas of systematic chronic disease data collection which would benefit the oral health program.• Identify strategies to facilitate cross-program data reporting.
Persons Responsible	Dr. Rowe, Program Coordinator, Robin Miller, Epidemiologist/Program Evaluator. Chronic Disease Team.

THREE YEAR WORK PLAN

Recipient Activity 1. Program Infrastructure – Staffing, Management and Support.

RA 1	Program Infrastructure – Staffing, Management and Support
3 Year S.M.A.R.T. Objectives	1. During July 2011-2013, maintain program staff consisting of Dr. Rowe (Program Director), Program Coordinator, Epidemiologist/Program Evaluator, Rebecca MacDonald (Sealant Coordinator), Linda Greaves (Fluoridation Coordinator), Robin Miller (Health Educator/Communications), and administrative support. 2. During July 2011-2013, maintain grant writing capacity.

Recipient Activity 2. Data Collection and Surveillance.

RA 2.a	Develop surveillance plan within the first two years of funding.
3 Year S.M.A.R.T. Objectives	By 4/30/2012, complete development of an Oral Health Surveillance Plan and comprehensive oral health surveillance system.

RA 2.b	Using available data, complete a burden of oral disease document within the first two years of funding.
3 Year S.M.A.R.T. Objectives	By 4/30/2012, complete development of a burden of oral disease document.

RA 2.c	Submit data annually to ASTDD’s State Synopses.
3 Year S.M.A.R.T. Objectives	Using the most current data available, complete and submit ASTDD’s State Synopses questionnaire to the ASTDD’s data committee annually by January 31.

RA 2.d	Update annually, maintain and sustain the surveillance plan and subsequent surveillance system.
3 Year S.M.A.R.T. Objectives	Annually update the surveillance plan and surveillance system by August 30 th .

RA 2.e	See RA7: Program Evaluation requirements associated with this surveillance
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	activity.
3 Year S.M.A.R.T. Objectives	By 8/30/2013, implement the evaluation plan and engage in evaluation activities.

Recipient Activity 3. Strategic Planning – The State Oral Health Plan

RA 3.a	Develop a state oral health plan that has as its goal reducing the prevalence of oral diseases and include specific objectives related to oral health promotion, disease prevention and control, and specified risk factors. Collaborate with a diverse group of stakeholders to develop a plan that addresses, at a minimum, the goals, objectives, and priority area activities of CDC/DOH Covered in the Purpose of CDC-RFA DP10-1012.
3 Year S.M.A.R.T. Objectives	By 7/30/2012, key stakeholders will have developed an outline of areas needing updates in the Vermont Oral Health plan. By 7/30/2013, publish an updated Vermont Oral Health plan.

RA 3.b	Make the plan available to the public.
3 Year S.M.A.R.T. Objectives	By 7/30/2013, make the updated Oral Health Plan available to the public using strategies developed in conjunction with stakeholders.

RA 3.c	Update the plan every 3-5 years.
3 Year S.M.A.R.T. Objectives	By 7/30/2013, the Steering Committee will establish a regular timeline and strategy for updating the Oral Health Plan every 3-5 years.

RA 3.d	Enhance the state plan by providing guidance for major policy development initiatives (see RA' 6 Policy Development.)
3 Year S.M.A.R.T. Objectives	By 7/30/2013, the Steering Committee will include policy development initiatives in the Oral Health Plan.

RA 3.e	Market the plan as the guiding document for oral health initiatives in the state.
RA 3.f	Increase support and stakeholder engagement in the implementation of the plan.
3 Year S.M.A.R.T. Objectives	By 7/30/2013, the Steering Committee market the plan as the guiding document for oral health initiatives in the state and increasing support and stakeholder engagement in the implementation of the plan.

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RA 3.g	See RA7: Program Evaluation requirements associated with this activity
3 Year S.M.A.R.T. Objectives	By 8/30/2013, implement the evaluation plan and engage in evaluation activities.

Recipient Activity 4. Partnerships and Coalitions

RA 4.a.a	Collaborate with partners, inside and outside of the state health department, with statewide and local entities or with other state agencies. Provide evidence of collaboration with a Memo of Understanding (MOU), e-mail, or letter.
3 Year S.M.A.R.T. Objectives	Annually update partnership document which identifies existing partnerships, details partnership activities, and includes partner input.

RA 4.a.b	Increase the number of partnerships that sustain and support the oral health program, improve or extend oral disease prevention activities, and institutionalize or encourage integration of oral health into overall/general health.
3 Year S.M.A.R.T. Objectives	Annually identify potential partnerships which do not currently exist, and strategies to strengthen and institutionalize integration between oral health and general health programs. Implement strategies no later than July of the year after they were developed.

RA 4.a.c	Create opportunities for enhancing partnerships such as: campaigns and summits to promote oral health, commitments to promote oral health, collaboration on policy change and in-kind or other support for oral health activities.
3 Year S.M.A.R.T. Objectives	By 7/30/2013, work with the Vermont Oral Health Coalition to implement strategies addressing integration of Oral Health into General Health.

RA 4.a.d.	See RA7: Program Evaluation requirements associated with this activity
3 Year S.M.A.R.T. Objectives	By 8/30/2013, implement the evaluation plan and engage in evaluation activities.

RA 4.b.a	Develop, enhance, and sustain an active, independent statewide oral health coalition within the first two years of funding. Coalition membership should be diverse and representative of stakeholders from organizations and groups internal and external to state government.
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3 Year S.M.A.R.T. Objectives	By 7/30/2013, sustain an independent State Oral Health Coalition.
RA 4.b.b	Focus coalition efforts at a minimum toward oral health infrastructure development and sustainability, state oral health plan development, community water fluoridation efforts, and school-based/linked dental sealant programs.
3 Year S.M.A.R.T. Objectives	By 7/30/2013, sustain coalition efforts towards addressing oral health infrastructure development and sustainability, state oral health plan development, community water fluoridation efforts, and school-based/linked dental sealant programs.
RA 4.b.c	Take steps to facilitate coalition sustainability
3 Year S.M.A.R.T. Objectives	By 7/30/2012, implement strategies developed in year one to facilitate coalition sustainability. By 7/30/2013, maintain coalition sustainability.
RA 4.b.d	Expand the statewide oral health coalition and address independent institutionalization and sustainability.
3 Year S.M.A.R.T. Objectives	By 7/30/2013, include a broad array of oral health stakeholders. Annually evaluate leadership organization and sources funding for coalition leader beyond the period of CDC funding.
RA 4.b.e	Expand coalition activities through demonstrated outcomes linked to an action plan(s)
3 Year S.M.A.R.T. Objectives	By 7/30/2013, implement, evaluate and update action plan.
RA 4.b.f	Acquire dedicated support staff
	See activities in 4.b.d.
RA 4.b.g.	See RA7: Program Evaluation requirements associated with this activity
3 Year S.M.A.R.T. Objectives	By 8/30/2013, implement the evaluation plan and engage in evaluation activities.

Recipient Activity 5. Access to and Utilization of Preventive Interventions

Recipient Activities 5a and 5b are addressed separately, below.

Recipient Activity 5a. School based or School-Linked Sealant Program

RA 5a.a	Complete a needs assessment of school-based sealant capacity and priority populations
S.M.A.R.T. Objective	Institute a regular schedule for assessing the most effective use of a school linked sealant program in Vermont. Conduct assessment once every three years at a minimum.

RA 5a.b	Create a state-wide plan for school-based sealant programs that includes the criteria for targeting schools, identifies the eligible schools, the program process and how the program will move forward in meeting the HP2020 sealant objective related to percent of school aged children receiving sealants
S.M.A.R.T. Objective	By 4/30/2012, implement a written state sealant plan that includes updated logic models, and a plan to develop, coordinate, and evaluate a school linked sealant plan.

RA 5a.c.	Develop and coordinate school based/linked dental sealant programs
S.M.A.R.T. Objective	In year two, implement a school linked sealant program. In year three, evaluate, improve, and maintain the program.

RA 5a.d	Report the percent and number of children in funded programs receiving at least one permanent molar sealant; proportion of eligible schools participating in program; proportion of children participating in free and reduced-cost lunch program receiving at least one sealant;
S.M.A.R.T. Objective	Report the percent and number of children in funded programs receiving at least one permanent molar sealant; proportion of eligible schools participating in program; proportion of children participating in free and reduced-cost lunch program receiving at least one sealant by 7/30/2012, update annually.

RA 5a.e	Conduct a cost-analysis for school-based or school-linked dental sealant programs using the SEALS software or its equivalent to include: baseline measures of mean pit and fissure caries severity, retention rates and a cost-analysis report published and submitted to ASTDD Best Practices Project
S.M.A.R.T. Objective	By 7/30/2013 Conduct a cost-analysis for school-based or school-linked dental sealant programs using the SEALS software or its equivalent to include: baseline measures of mean pit and fissure caries severity, retention rates and a cost-analysis report published and submitted to ASTDD Best Practices Project by the end of

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	year two of funding, update annually.
RA 5a.f	Maintain all activities and enhance school-based or school-linked dental sealant programs statewide. Goal should be to meet and exceed the national <i>Healthy People 2020</i> target of school-based or school-linked sealant programs in all eligible schools in urban and rural areas.
S.M.A.R.T. Objective	By 7/30/2013, maintain all activities and enhance school-based or school-linked dental sealant programs statewide with the goal of meeting and exceeding the national <i>Healthy People 2020</i> target of school-based or school-linked sealant programs in all eligible schools in urban and rural areas.
RA 5a.g	Analyze and report data relative to progress toward reaching or exceeding the <i>Healthy People 2020</i> target relating to school aged children receiving dental sealants
S.M.A.R.T. Objective	By 7/30/2013, analyze and report data relative to progress toward reaching or exceeding the <i>Healthy People 2020</i> target relating to school aged children receiving dental sealants.
RA 5a.h	Report data describing progress toward increasing the proportion of eligible schools participating in program, and the proportion of children in funded programs receiving at least one sealant.
S.M.A.R.T. Objective	By 7/30/2013, report data describing progress toward increasing the proportion of eligible schools participating in program; and the proportion of children in funded programs receiving at least one sealant.
RA 5a.i	Report cost-effectiveness of school-based or linked programs using SEALS or its equivalent
S.M.A.R.T. Objective	By 7/30/2013, report cost-effectiveness of school-based or linked programs using SEALS or its equivalent.
RA 5a.j	Provide leadership in training and technical assistance to community sealant programs, providers and other types of sealant programs.
S.M.A.R.T. Objective	By 7/30/2013, provide leadership in training and technical assistance to community sealant programs, providers and other types of sealant programs.
RA 5a.k	Report progress toward sustainability and institutionalization of sealant program through leveraging of dollars, partnership participation, billing Medicaid and/or SCHIP or other sources of support

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S.M.A.R.T. Objective	By 7/30/2012, report on progress in implementing strategies for sustainability and institutionalization of sealant program through leveraging of dollars, partnership participation, billing Medicaid and/or SCHIP or other sources of support in the state sealant plan. Update annually.
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RA 5a.l	Report sealant program quality assurance measures such as sealant retention rate
3 Year S.M.A.R.T. Objectives	By 7/30/2013, report preliminary sealant retention rate based upon the first two years of program implementation.

RA 5a.m	See RA7: Program Evaluation requirements associated with this activity
3 Year S.M.A.R.T. Objectives	By 8/30/2013, implement the evaluation plan and engage in evaluation activities.

Recipient Activity 5b. Community Water Fluoridation (CWF)

RA 5b.a	Develop a state fluoridation plan and submit annual status reports summarizing progress. Update plan at least every 3 years
3 Year S.M.A.R.T. Objectives	By 7/30/2012, develop a draft update of the objectives, strategies and action plan for inclusion the in State Oral Health Plan. By 7/30/2013, include a fluoridation plan in the published Oral Health Plan.

RA 5b.b	Conduct and report monthly monitoring consistent with the EARWF and report to CDC via the Water Fluoridation Reporting System (WFRS). Submit 510 report with interim reports.
3 Year S.M.A.R.T. Objectives	Maintain monthly monitoring consistent with the EARWF and report to CDC via the Water Fluoridation Reporting System (WFRS). Submit 510 report with interim reports.

RA 5b.c.	<p>Establish a CWF quality control program.</p> <ol style="list-style-type: none"> 1.) Track progress toward incorporating into practice the CDC Engineering and Administrative Recommendations for Water Fluoridation (EARWF) 2.) Increase percent of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by State and consistent with recommendations outlined in EARWF. 3.) Conduct comprehensive inspections of all adjusted fluoridated water systems every three years to assure that all the technical recommendations, including the
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	safety requirements of EARWF, are followed.
3 Year S.M.A.R.T. Objectives	Maintain and strengthen the existing fluoridation quality control program. 1.) By 7/30/2013, at least 100% of the EARWF recommendations are incorporated into practice. 2) By 7/30/2013, continue to increase the number of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by the State and consistent with recommendations outlined in EARWF. 3) Annually complete all necessary inspections.

RA 5b.d	Measure and report progress towards reaching or exceeding <i>Healthy People</i> objective of 75 percent of population on public water supplies receiving fluoridated water.
3 Year S.M.A.R.T. Objectives	Annually measure and report progress using measures developed in year one.

RA 5b.e	Provide appropriate education and promotion of CWF.
3 Year S.M.A.R.T. Objectives	By 9/29/2013, implement the education and promotion program.

RA 5b.f	Encourage attendance by state fluoridation coordinator, engineers and/or specialists at CDC fluoridation training or equivalent within 3 years.
3 Year S.M.A.R.T. Objectives	Annually ensure that the Fluoridation Program Coordinator and Fluoridation Technical Support Contractor have attended the CDC fluoridation training within the past 3 years.

RA 5b.g	Identify communities that, if fluoridated, would enable state to meet or exceed the Healthy People target
3 Year S.M.A.R.T. Objectives	Annually update the list of communities that are not currently fluoridated.

RA 5b.h	Identify communities and populations requiring replacement fluoridation equipment and develop replacement plan identifying funding sources.
3 Year S.M.A.R.T. Objectives	Annually document equipment needs identified during equipment inspection as a component of regularly scheduled inspections communication with water plant operators.

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RA 5b.i	Report on water systems receiving new or replacement fluoridation equipment and the communities and populations affected.
3 Year S.M.A.R.T. Objectives	Annually document and report on systems receiving new or replacement fluoridation equipment and the communities and populations affected.

RA 5b.j	Enhance or expand existing community water fluoridation program management to a comprehensive level that meets or exceeds Healthy People objectives.
3 Year S.M.A.R.T. Objectives	Annually evaluate existing community water fluoridation program management to ensure operation at a comprehensive level that meets or exceeds Healthy People objectives.

RA 5b.k	Promote fluoridation to policymakers and the public as appropriate.
	See RA 5b.e

Recipient Activity 6. Policy Development

RA 6.a	Conduct an annual assessment of policy and systems level strategies with potential to reduce oral diseases and report when it was done, who was involved, the type of assessment done (e.g. Environmental or Policy Tool), and the results/recommendations identified.
3 Year S.M.A.R.T. Objectives	Annually update the document outlining policies and systems level strategies in Vermont with the potential to reduce oral diseases. Annually update the assessment of opportunities for policy and systems change to implement and maintain community water fluoridation.

RA 6.b	Develop a policy action plan and implement a set of activities that include the priorities established from the assessment process.
3 Year S.M.A.R.T. Objectives	Annually assess the need to develop or update policy action plan.

RA 6.c	Implement policies that support evidence-based, population-based strategies consistent with the state oral health plan and the oral health program strategic plan. Examples may be oral health policies, legislation, regulations, ordinances, guidelines and standards that promote optimal oral health such as water fluoridation and school-based or linked dental sealant programs; statutory authority for the state oral health program and/or state dental director position.
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3 Year S.M.A.R.T. Objectives	By 9/29/12, if approval is obtained, pursue implementation of the plan developed in year one. By 9/29/2013, continue implementation and evaluate outcomes.
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RA 6.d	Increase the extent to which population-based interventions address established objectives that are informed by surveillance data and prioritized from the state oral health plan, the policy action plan, or the program strategic plan.
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3 Year S.M.A.R.T. Objectives	Within 12 months of completion of both the state Oral Health Plan and Policy Action Plan, create a document identifying strategies to increase the extent to which population-based interventions address established objectives. By 1/30/2013, implement prioritized strategies.
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RA 6.e	Evaluate impact of and lessons learned from implementation of policies.
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3 Year S.M.A.R.T. Objectives	By 7/30/13 conduct an evaluation of impact and lessons learned and report findings.
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RA 6.f	See RA7: Program Evaluation requirements associated with this activity
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3 Year S.M.A.R.T. Objectives	By 8/30/2013, implement the evaluation plan and engage in evaluation activities.
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Recipient Activity 7. Evaluation

RA 7.a	Develop within the first year a comprehensive written 3-year evaluation plan.
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3 Year S.M.A.R.T. Objectives	By 6/30/2013, continuously use, assess, and update the comprehensive 3-year evaluation plan.
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RA 7.b	Report recipient activities in the CDC/DOH electronic Management Information System: MOLAR (<u>M</u> anagement <u>O</u> verview for <u>L</u> ogistics <u>A</u> nalysis and <u>R</u> eporting)
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3 Year S.M.A.R.T. Objectives	Annually document compliance with national evaluation efforts and collection of standard indicators by reporting in the CDC/DOH electronic Management Information System: MOLAR by June 30 th .
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RA 7.c	Submit at least two success stories per year (beginning in year 2 of the cooperative agreement) that meet CDC criteria.
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3 Year	By 6/30/2012, develop and submit two success stories, repeat by 6/30/2013.
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S.M.A.R.T. Objectives	
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RA 7.d	Design, implement and maintain a program evaluation system that collects and analyzes information to be used to measure program progress, community capacity changes, short-term and distal outcomes.
3 Year S.M.A.R.T. Objectives	By 6/30/12, implement a program evaluation system that collects and analyzes information to be used to measure program progress, community capacity changes, short-term and distal outcomes. By 6/30/2013, maintain and continuously assess the system.

Recipient Activity 8. Program Collaboration

RA 8.a	Share staff positions that provide cross-cutting program services such as evaluation, epidemiology, health education and communication.
3 Year S.M.A.R.T. Objectives	By 7/30/2012, implement sharing of staff positions where possible.

RA 8.b	Coordinate activities that support oral disease prevention as well as other chronic diseases and conditions such as diabetes, obesity, healthy aging, tobacco cessation, heart disease etc.
3 Year S.M.A.R.T. Objectives	1) By 7/30/12, coordinate activities identified in year one that support oral disease prevention as well as other chronic disease areas such as diabetes, obesity, healthy aging, tobacco cessation, heart disease etc. 2) Annually identify new areas for activity coordination beyond existing coordination of program activities.

RA 8.c	Facilitate collaborative strategic planning across chronic disease programs to address disparities, and disease burden issues.
3 Year S.M.A.R.T. Objectives	By 7/30/2012, include oral health in collaborative strategic planning across chronic disease programs to address disparities, and disease burden issues.

RA 8.d	Facilitate information sharing and training opportunities across chronic disease programs.
3 Year S.M.A.R.T. Objectives	By 7/30/2013, implement sharing or information and cross-program training in identified areas.

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Objectives	
RA 8.e	Participate in data collection and reporting across programs e.g., nutrition and oral health.
3 Year S.M.A.R.T. Objectives	Annually maintain document identifying areas with potential for data collection and reporting across programs. By 2013, implement coordination of data collection and reporting where indicated.