

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

912



**FROM:** Community Health Agency/Dept. of Public Health

**SUBMITTAL DATE:**

1/14/04

**SUBJECT:** Ratify the Agreement between the County of Riverside Community Health Agency, Department of Public Health (CHA) and the Community Health Corporation (CHC) for the Miles of Smiles Dental Program.

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify the Agreement No. 03-075 between the County of Riverside Community Health Agency, Department of Public Health (CHA) and the Community Health Corporation (CHC) for the Miles of Smiles Dental Program in the amount of \$163,976 for the period of July 1, 2002 through June 30, 2004;
2. Authorize the Chairperson to execute five (5) copies of said Agreement on behalf of the County; and
3. Direct the Clerk of the Board to return all five (5) originals to the Community Health Agency Contracts Administrator for further processing.

**BACKGROUND:** The Miles of Smiles Program targets elementary schools with greater than 55% student enrollment in the Federal Free and Reduced School Lunch Program in the County of Riverside.

SJM:sg

*Susan D. Harrington*  
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Susan Harrington, Director  
Department of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 163,976	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2003/04

<b>SOURCE OF FUNDS:</b> 100% funding from the Community Health Corporation	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

**County Executive Office Signature**

*Don Marting*  
\_\_\_\_\_

FORM APPROVED  
COUNTY COUNSEL  
4/15/04  
JAN 15 2004

Policy  Policy

Consent  Consent

Dept Recomm.:  
Per Exec. Ofc.:



Prev. Agn. Ref.: | District: | Agenda Number:

**ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD**

**3.6**

**SUBJECT:** Ratify the Agreement between the County of Riverside Community Health Agency, Department of Public Health (CHA) and the Community Health Corporation (CHC) for the Miles of Smiles Dental Program.

The program has three objectives: (1) oral health education; (2) screening and evaluation of at-risk children; and (3) the placement of dental sealants for targeted students.

Oral Health Education

Oral health education will be accomplished through a Dental Health Fair format or classroom instruction. The major emphasis will be on oral hygiene through the proper method of brushing, flossing, and nutrition. A case manager will also be used to link children with available treatment services.

Screening and Evaluation

With parental consent, all children in the school will receive a visual dental screening performed by the school nurse. Children in the 2<sup>nd</sup>, 5<sup>th</sup>, and 6<sup>th</sup> grades will receive a more in-depth exam performed by a dentist. The dentist will determine the appropriateness of dental sealants during these in-depth examinations.

Placement of Dental Sealants

Children who need dental sealants and have dental insurance will be referred to their dental provider for treatment. Children who need dental sealants and who are uninsured will receive sealants via this project.

**JUSTIFICATION FOR DELAY:** This agreement has been under negotiations with the Community Health Corporation (CHC) resulting in an additional \$25,067 reimbursement for logistical coordination with target elementary schools and was not finalized until Fiscal Year 2003/2004.

This Form 11 and attachments were subsequently submitted to Riverside County Counsel and through the County's approval process.

**Form 11 Attachment  
Contract/Lease/Purchase Summary Data**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Contract</b> | <input type="checkbox"/> <b>Lease</b>     | <input type="checkbox"/> <b>Purchase</b>    |
| Approval/Renewal                                    | <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Sole Source        |
| <input type="checkbox"/> Sole Source                | <input type="checkbox"/> Mult-Year Lease  | <input type="checkbox"/> Other Than Low Bid |
| <input type="checkbox"/> Personal Services          | <input type="checkbox"/> Equipment        | <input type="checkbox"/> Change Order       |
| <input type="checkbox"/> Independent Contractor     | <input type="checkbox"/> Real Property    |   |
| <input type="checkbox"/> Other than low Bid         | <input type="checkbox"/> Change Order     |   |
| <input type="checkbox"/> Change Order               |   |   |

<b>User Department:</b>	Community Health Agency
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<b>Vendor/Lessor Name:</b>	Community Health Corporation
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<b>Vendor/Lessor Location:</b>	4445A Magnolia Avenue Riverside, CA 92501
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Selection Committee Member Names (RFP=s Only)
Minority

**Applicable Board Policy #**

**Comments:**

**RFQ/RFP Process:**

Date Mailed:  
Response Date:  
# of Responses:  
# of Qualified Responses:

**Bidding Process:**

Bid Range:	\$	To: \$
Local Bid Range:	\$	To: \$
Responsive and Responsible Bid Range:	\$	To: \$
Local Performance Award Cost (5% maximum preference)	\$	To: \$
Local Preference FYTD: Cost	\$	To: \$

**Contract/Lease Renewals Only  
Proposed Differences**

**Existing Agreement Items**

**Proposed Agreement Items**

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability