



Applicant Information		
Applicant Organization's Legal Name:		
Applicant Organization Type:		
☐ Community-based Nonprofit Organization		
☐ Local Health Department		
Physical Address in California		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Payment Address (if different than Physical Address)		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Geographic Eligibility		
☐ Eligible County		
☐ Eligible Census Tracts		
Eligible county:		
Using the CalCRG Program Census Tracts map, enter the census tract(s) of the service area:		

Proposal Summary
Funding Category or Categories (select at least one)
☐ Job Placement
☐ Mental Health Treatment
☐ Substance Use Disorder Treatment
☐ System Navigation Services
☐ Legal Services to Address Barriers to Reentry
☐ Linkages to Medical Care
Total Amount Requested:

Proposal Summary

Please provide a summary of the services proposed in each funding category selected above and an overview of how the grant funds requested will be used, including the projected number of individuals to be served in each funding category selected above.

The proposed project provides a comprehensive approach to addressing impacts on Fresno County's underserved communities disproportionately affected by former federal and state drug policies through strategic partnerships and bolstering existing infrastructure to address social, economic, and health drivers. While Fresno County is in the hub of a vast agriculture economy, as of 2023, it was ranked in the bottom 25% of the state's 58 counties for social and economic factors. Access to care, preventative care and practices, and economic stability were ranked amongst the top health needs identified in Fresno County Department of Public Health's (FCDPH) 2023 Community Health Needs Assessment (CHA). This proposed project will support with bridging the gap of these needs through intentional system navigation services (SNS) and linkages to medical care (LMC) by leveraging an existing care-coordination system of practice and the application of wrap-around support centered on cultural relevant interventions.

A team of 5.65 full time equivalent (FTE) qualified team members will provide service delivery and oversight of the program over the three-year grant term. 3 of those FTEs will provide a comprehensive approach to enrollment in SNS and LMC services, 1FTE will provide supervision and training, as well as strengthening a bi-directorial referral process with key partners. The remainder 1.65 FTE will provide administrative and fiscal oversight, quality improvement practices, and establish sustainability measures.

Through the implementation of a social determinants of health (SDoH) screener, SNS services will be provided through an individualized approach that addresses economic, physical, and emotional well-being barriers to a minimum of 250 unique higher need enrolled clients through the duration of the grant period. Utilizing a tiered referral system approach, higher need clients will be enrolled to ensure wrap-around services are provided, while leveraging with the existing FCDPH's Community Health Worker (CHW) Network partners to serve referrals with lower barrier needs. This approach will maximize the reach beyond the 250 enrolled clients and will ensure clients receive individualized services through existing partnerships. Additionally, referrals to other key services such as job placement, mental health, substance use treatment, and legal services will be tracked and monitored for all enrolled clients.

LMC services will be provided to a minimum of 350 unique clients through the duration of the grant period. A SDoH screener will be implemented to assess client needs and assist in linking and referring clients to medical services and aid in establishing needed transportation services to receive medical care. A tailored plan will be provided to ensure connection to direct medical services and improve patients' access to preventative and medical care services. This includes leveraging existing

systems of care such as Federally Qualified Health Centers, FCDPH's Rural Mobile Health Program, FCDPH's clinic services, manage care plans, and other partners to coordinate activities to fill gaps in needed services across systems and promoting patient and community involvement.

All clients enrolled in SNS and LCM services will be entered in a secure, HIPAA compliant centralized data management system currently in place and all needs provided will be monitored in a time sensitive manner as well as prevents duplication of services to maximize reach.

COMPETENCIES AND EXPERIENCE

1.What is your organization's mission and core competencies?

The mission of FCDPH is the promotion, preservation, and protection of the community's health. FCDPH accomplishes this through identifying community health needs, assuring the availability of quality health services and providing effective leadership in developing public health policies. Additionally, FCDPH is committed to working in partnership with our diverse communities to eliminate health disparities and advancing whole person care throughout Fresno County.

FCDPH is committed to addressing the demonstrated health gaps through strategic interventions in high burdened areas through upstream approaches. Through the utilization of a Health Priority Index (HPI) mapping tool, federal, state and local data is considered by census tract to help identify communities within the top 25% experiencing the lowest level of health opportunities and high level of social and economic burden. Intervention approaches through strategic programming and resource allocation are then considered based on these indicators, with an emphasized placed on FCDPH's priorities as identified in the 2024, five-year, Community Health Improvement Plan (CHIP). The three priorities identified in the CHIP and informed by the needs assessment are Nutrition and Physical Activity, which includes access to food, Equitable Access to Healthcare, and Mental Health & Substance Use. A core competency rooted in addressing demonstrated needs is through a well-trained, competent workforce that is equipped to serve the diverse community. Through this proposal, targeted communities will receive SNS and LMC services that address these priorities and other identified social and economic needs through individualized, cultural relevant services by well trained staff.

2.How is your organization suited to address the needs of the CalCRG Program's priority population?

FCDPH is well positioned in building a coordinated approach to identifying and addressing social determinants of health needs, such as substance use disorders and other factors of those impacted by the War on Drugs (WoD) in Fresno County.

FCDPH has established a centralized CHW Network through several contracted community-based organizations (CBOs) that provide intervention services in underserved communities, while advancing whole person care, addressing trauma-informed care, and navigating SDoH as it relates to health

disparities. These intervention approaches place an emphasis on Fresno's low-income, Medi-Cal recipients, agricultural farm working populations, and simultaneously communities disproportionately impacted by the WoD. These efforts are accomplished by utilizing an SDoH assessment and a shared data management system that standardizes data collection, provides inclusive reporting metrics, and streamlines the referral and care coordination process.

FCDPH has continuously valued partnerships and collaboration to meet the needs of Fresno County's vulnerable populations. For instance, FCDPH has focused on substance use disorder by hosting a harm reduction clinic, providing ongoing medical support to a local Medication Assisted Treatment program, providing navigation services to the community residents attending the clinic.

Additionally, FCDPH employs its expertise in health education and communication that meets the needs of Fresno's multi-cultural population, leveraging its experience addressing sensitive communicable diseases that are impacting the community and its connection to individuals who use drugs, including sexually transmitted infections, HIV and Hepatitis C, and other SDoH factors.

3. Describe your organization's experience providing services in your community/service area, and how those relate to the proposed services in this grant application

FCDPH serves all residents in Fresno County; and it places an emphasis on Fresno County's underserved and most at-risk communities. For example, the CHW Network operates in census tracts identified as HPI Quartile 1 which are the top 25% of census tracts in Fresno County experiencing the highest level of health burden. Additionally, in collaboration with contracted community partners, the CHW Network is able to provide services to both urban and rural areas of Fresno County, serving residents in both incorporated and unincorporated areas. As another function of the CHW Network, each partner has focus areas which avoid duplication of services and maximize the intervention service areas. Additionally, target populations include Hispanic, African American, and Asian populations in both rural and urban, low-income, Medicaid/Medi-Cal recipients, immigrant populations, and those with underlying chronic health conditions or those who are impacted by WoD.

The infrastructure of the CHW Network was developed to expand the workforce in the community and enhance capacity-building opportunities for service delivery, utilization of a centralized data management system to capture and report client information and outcomes, along with the foundation to provide coordinated culturally affirming care and case management to Fresno County residents.

From these existing efforts, the community has been receptive and engaged in this innovative approach since FCDPH is emphasizing a multi-sector approach, creating the ability to align limited resources, allowing for unduplicated services to be provided for maximum reach in the community, and to build upon the existing infrastructure through a referral tiered system to meet the proposed efforts.

COMMUNITY IMPACTS FROM THE WAR ON DRUGS (WOD)

4. How has the geographical area your organization is proposing to serve with the grant funds requested been disproportionately impacted by the WoD?

At 6,000 square miles, Fresno County is the sixth largest county by land mass and tenth largest county by population in California. Having one of the fastest growing and most diverse populations, the County has been growing at a rate nearly twice that of California. In addition, according to the United States Census Bureau, Fresno County has a population estimate of 1,022,707 and growing.

More than half of Fresno County residents live in a single metropolitan area (nearly 60%) and the rest (approximately 40%) live within rural communities and in unincorporated areas. Additionally, according to Fresno County's HPI, as of 2021, close to 70% of the population live in HPI Quartile 1. Individuals at higher risk for poor health outcomes experience a range of health disparities barriers, such as low-income, food deserts, exposure to specific environmental hazards, transportation barriers, access to health, and less physical activity. Fresno County's HPI (2015) identifies census tracts that are above 2x and 4x the National Crime Rate which aligns with higher health burden areas within Fresno County. In addition, when compared to CHW Network outcomes, the SDoH barriers listed previously are in alignment with the top barriers being identified which includes transportation, access to healthy affordable food, access to housing, low health literacy, access to health care or lack of a primary care provider, and financial and economic stability. These health outcomes are also an indication of the need for migration strategies and areas in which FCDPH is working to close the health burdened gap in the community, especially those who are disproportionately impacted by the WoD.

5. How have the individuals your organization is proposing to serve with the grant funds requested been disproportionately impacted by the WoD?

The WoD contributes to challenging systemic and economic barriers for many in Fresno County. Fresno County has a per capita drug related arrest rate higher than the state's per capita drug related arrest rate. Fresno County's HPI (2015) identifies census tracts that are above 2x and 4x the National Crime Rate which aligns with higher health burden areas within Fresno County. According to the most recent FCDPH's 2023 CHA, 21% of Fresno County residents live in poverty compared to California at 13%, and 43% of Fresno County residents are considered low-income, in comparison to California at 29%. Nearly 1 in 10 Fresno County adults are unemployed, which is higher than the state rate of 6%. More than twice as many Fresno County households access the Supplemental Nutrition Assistance Program (SNAP) benefits as California households, with food insecurity increasing by 3% since the 2020 pandemic. Additionally, Fresno County experiences higher levels of Medi-Cal insurance than the state, while lower levels of employment-based, Medicare, and private insurance purchase and less access to primary, dental, and vision care providers than California overall.

These statistics are indicative of the need for intervention approaches that address social determinants of health through a multi-system level approach. This proposal addresses these needs by helping to close these gaps and removing barriers of access to care. The targeted communities in this proposal will be those with the highest level of health, social, and economic burden as identified in the Fresno County's HPI through targeted enrollment approaches to an already economically and health burdened County.

6. Describe the characteristics of the major populations or clients that your organization has served historically, particularly in the past year. Include information about their demographics, social and economic wellbeing, and family or individual challenges.

FCDPH serves a diverse population of just over 1 million people, with its population increasing at a greater rate of 1.4% than California from 2020 to 2023. It is a minority majority County with more than 53% of the population being Hispanic or Latino(a), 10% Asian, 4.0%, Black/African American, 2.0% multi-racial, 0.5% American Indian/AK Native, 0.2% Other, 0.1% Native HI/Pacific Islander, and 29% are White, according to FCDPH's 2023 CHA. Additionally, half of Fresno County's population are adults aged 25 to 64 years old.

According to the California Healthy Places Index, Fresno County ranks less healthy than 87.5% of California Counties and the overall mortality rate is 31% higher than California's mortality rate. FCDPH is committed to providing culturally and linguistically appropriate services and serving the most underserved communities throughout Fresno County. During the 2023-2024 period, over 64% of enrolled clients in the FCDPH's Health Disparities Program, which is part of the CHW Network, were Spanish speaking residents and 9 out of 10 clients enrolled were people of color. Additionally, more than half of enrolled clients (61%) were 21 to 49 years of age, which is reflective of Fresno County's population age range and all clients served were within zip codes with the highest needs in accordance with the Fresno's HPI. During this reporting period, the top 5 needs tracked from enrolled clients were social services referrals, learning/education services, food security, LMC, and healthcare coverage. All of these tracked needs are a reflection of the health disparities found in Fresno County and the need for migration strategies that address economic and social drivers through a multi-system level approach.

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