

Application for Federal Assistance SF-424		
* 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: Completed by Grants.gov upon submission.	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: Fresno County Department of Public Health		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000512	* c. Organizational DUNS: 5561976550000	
d. Address:		
* Street1: P.O. Box 11867	_____	
Street2:	_____	
* City: Fresno	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 93775-1867	_____	
e. Organizational Unit:		
Department Name: Department of Public Health	Division Name: Off. of Health Policy & Wellne	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Melanie	
Middle Name: _____	_____	
* Last Name: Ruvalcaba	_____	
Suffix: _____	_____	
Title: Program Manager		
Organizational Affiliation: Fresno County Department of Public Health		
* Telephone Number: 559-600-6449	Fax Number: 559-600-3543	
* Email: mruvalcaba@fresnocountyca.gov		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County 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 - NCCDPHP

11. Catalog of Federal Domestic Assistance Number:

93.495

CFDA Title:

Community Health Workers for Public Health Response and Resilient

*** 12. Funding Opportunity Number:**

CDC-RFA-DP21-2109

* Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)

13. Competition Identification Number:

CDC-RFA-DP21-2109

Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)

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

Add Attachment

Delete Attachment

View Attachment

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

Fresno County PCH Project to build community health worker capacity to increase community resilience.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

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="3,000,000.00"/>
* 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="3,000,000.00"/>

*** 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 in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

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:

BUDGET INFORMATION - Non-Construction Programs

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. Fresno Co. PCH Project - Year 1	93.495	\$	\$	\$ 1,000,000.00	\$	\$ 1,000,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 1,000,000.00	\$	\$ 1,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Fresno Co. PCH Project - Year 1				
a. Personnel	\$ 70,100.00				\$ 70,100.00
b. Fringe Benefits	48,369.00				48,369.00
c. Travel	500.00				500.00
d. Equipment	0.00				0.00
e. Supplies	720.00				720.00
f. Contractual	859,044.00				859,044.00
g. Construction	0.00				0.00
h. Other	6,180.00				6,180.00
i. Total Direct Charges (sum of 6a-6h)	984,913.00				\$ 984,913.00
j. Indirect Charges	15,086.90				\$ 15,086.90
k. TOTALS (sum of 6i and 6j)	\$ 999,999.90				\$ 999,999.90
7. Program Income	\$ 0.00				\$ 0.00

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Fresno Co. PCH Project - Year 1	\$ 0.00	0.00 \$	0.00 \$	0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ 0.00	0.00 \$	0.00 \$	0.00

SECTION D - FORECASTED CASH NEEDS

Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
\$ 999,999.90	250,000.00 \$	250,000.00 \$	250,000.00 \$	249,999.90
\$				
14. Non-Federal				
15. TOTAL (sum of lines 13 and 14)	\$ 999,999.90	250,000.00 \$	250,000.00 \$	249,999.90

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. Fresno Co. PCH Project - Year 1	\$ 250,000.00	250,000.00 \$	250,000.00 \$	249,999.90
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 250,000.00	250,000.00 \$	250,000.00 \$	249,999.90

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 985654	22. Indirect Charges: 150866.9
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23. Remarks: This is year 1 of a 3 year budget. We only prepared year 1 per NOPO instructions. Requesting \$1,000,000 per year for the 3 year period - total \$3,000,000.

DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013
Expiration Date: 02/28/2022

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: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="Fresno County Department of Public Health"/> * Street 1: <input type="text" value="1221 Fulton Street"/> Street 2: <input type="text"/> * City: <input type="text" value="Fresno"/> State: <input type="text" value="CA: California"/> Zip: <input type="text" value="93721"/> Congressional District, if known: <input type="text" value="16, 21"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="border: 1px solid black; height: 100px;"></div>		
6. * Federal Department/Agency: <input type="text" value="Center for Disease Control and Preventio"/>	7. * Federal Program Name/Description: <input type="text" value="Community Health Workers for Public Health Response and Resilient"/> CFDA Number, if applicable: <input type="text" value="93.495"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text" value="3,000,000.00"/>	
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
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: <input type="text" value="Completed on submission to Grants.gov"/> * Name: Prefix <input type="text"/> * First Name <input type="text" value="David"/> Middle Name <input type="text"/> * Last Name <input type="text" value="Luchini"/> Suffix <input type="text"/> Title: <input type="text" value="Interim Director"/> Telephone No.: <input type="text" value="559-600-3200"/> Date: <input type="text" value="Completed on submission to Grants.gov"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Attachment G PERFORMANCE PROGRESS and MONITORING REPORT OFR Risk Questionnaire



Risk Questionnaire		
<p>Instructions: Prior to making an award, the Centers for Disease Control (CDC) evaluates the degree of risk posed by an applicant.</p> <p>In filling out the Risk Questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to [Name of Contact].</p>		
General Information		
Legal Name of Organization	County of Fresno Department of Public Health	
In which country (or countries) does your organization propose to operate for this NOFO? Please list all separated by commas.	USA	
In which country is the headquarters or general office of your organization located?	USA	
Please identify what type of organization you are (non-profit, for-profit, educational institution, other)?	Government agency <input type="checkbox"/>	
Is your organization incorporated or legally registered?	Yes <input checked="" type="checkbox"/> If not, please explain:	
Operational Risk		
Personnel	Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer?	Yes <input checked="" type="checkbox"/> If not, please explain:
	Does your organization have written human resource (HR) policies and procedures?	Yes, enclosed <input checked="" type="checkbox"/> If not, please explain:
	List the number of employees within your organization.	Full Time Employees: 443 Part-time Employees: Volunteers:
Programmatic Performance	Has your organization managed U.S. Government grants or cooperative agreements within the last 36 months?	Received CDC grant within the last 3 years <input type="checkbox"/>
Financial Risk		
Accounting System	Does your organization have written accounting policies and procedures?	Yes, enclosed <input checked="" type="checkbox"/> Explanation:
	Can your accounting records separate the receipts and payments of a federal grant from the receipts and payments of your organization's other activities?	Yes <input checked="" type="checkbox"/>
	Can your accounting records summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies and equipment?	Yes <input checked="" type="checkbox"/>
Internal Controls	Does your organization have systems, policies, and procedures for tracking and approving hours worked by employees, contractors, and volunteers?	
	Does your organization have internal controls and anti-corruption ethics codes that are emphasized by leadership?	
	Does your organization have written project management policies, procedures, and systems?	Yes <input checked="" type="checkbox"/> If no, please provide an explanation:
	Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (Title 2, U.S. Code of Federal Regulations, Part 200, Subpart E)?	Yes <input checked="" type="checkbox"/>
Cash Management	Does your organization have a bank account registered in its name and that is capable of segregating grant funds from other funds?	Yes <input checked="" type="checkbox"/> If not, please explain how you plan to manage funds from a potential award?
Going Concern	What percent of your organization's capital is from federal funding? (percentage = total federal funding in previous FY/ organization's annual gross revenue in previous FY)	20%
	What is the dollar amount of your total current assets? (i.e. cash and other assets that are expected to be converted to cash within the next twelve months)	
	What is the dollar amount of your total current liabilities? (i.e. amounts due to be paid to creditors within the next twelve months)	\$ 103,474,189.00
	What is the dollar amount of your total debt?	\$ 103,474,189.00
	What is the dollar amount of your total assets? (e.g. cash, fixed assets, accounts receivable, etc.)	
Compliance Risk		
Audit	Does your organization have regular independent audits that you contract and pay for?	Yes <input checked="" type="checkbox"/>
	If yes, who performs the audit?	County Auditor's Office/Single Audit: Brown Armstrong
	What was the date of the most recent audit and what was the result?	Date: 12/30/2019 Opinion: Completed all material respects

Fresno County Department of Public Health

Fresno County PCH Project

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Fresno County Department of Public Health - 2109 Abstract Summary

Funding from CDC-RFA-DP21-2109 received by the Fresno County Department of Public Health (FCDPH) will be used to address Component A to build capacity for and deploy community health workers (CHWs) in Fresno County to build and strengthen community resilience to fight COVID-19 through address existing health disparities.

FCDPH will work utilize this funding to support the development of a local Pathways Community HUB (PCH), organized by the Fresno Community Health Improvement Partnership (FCHIP), to align recruitment and increase capacity of CHWs to address COVID-19 related chronic conditions and social determinants of health (SDoH) and improve uptake and access to health care services in Fresno County to reduce health disparities related to the COVID-19. The PCH will train and provide resources to local CBOs that engage CHWs to employ a uniform social needs assessment tool and data system to establish a baseline to more effectively and efficiently monitor improvements in health and reductions in preventable utilization, as well as to refer clients to needed services and resources. COVID-19 increases the urgency to address the root causes of health disparities.

Key strategies will include:

- In partnership with FCHIP, establish the PCH in Fresno County.
 - Identify common social needs assessment tool.
 - Identify and implement common core and specialized trainings for participating CHWs, including COVID-19 response activities.
 - Establish relationships and agreements with care coordinating agencies (CCAs)
- Increase sustainability of the PCH model in Fresno County by establishing a payment model for CHWs in order to continue services beyond the grant funding period.
- Increase community support and alignment by supporting the CHW Stakeholder group, currently facilitated by FCDPH.
- Increase the number of local CBOs, providers, and other types of organizations, that integrate CHWs in their organizations to identify, track and address SDoH needs to reduce health disparities.
- Engage with the CHW Stakeholder group to promote CHWs and their role in the community.
- Increased number of referrals of clients by CHWs to CCAs and other resources to address COVID-19 related issues, underlying health conditions, or other issues related to SDoH.
- Increased utilization of community resources and clinical services by those at highest risk for poor health outcomes among priority populations.
- Increased follow up with clients to ensure services were accessed or if other barriers were encountered. This will also be tied to the payment method through the PCH.
- Increased partnerships with State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers and health systems that provide resources and support for deploying CHWs.

Fresno County Department of Public Health - Project Narrative

A. Background

Fresno County Department of Public Health (FCDPH) is the health authority for the County, and its fifteen incorporated cities, under the leadership of David Luchini, Interim Director, and Rais Vohra, MD, Interim Health Officer. The mission of FCDPH is the promotion, preservation and protection of the community's health. We accomplish this through identifying community health needs, assuring the availability of quality health services, and providing effective leadership in developing public health policies. We are committed to working in partnership with our communities to eliminate health disparities.

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 2017, its estimated population was 989,255 (US Census). 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. Fresno County is a minority majority County with more than 50% of the population being Latino, 11% Asian, 5.8% African American, 3.0% American Indian/Alaska Native, and 0.3% Native Hawaiian and other Pacific Islander in 2017. 29.5% were White (non-Hispanic). Nearly 44.6% of the County population speaks a primary language other than English at home. Compared to the state, 73.8% of County residents versus 82.1% of Californians age 25 or older are high school graduates; only 19.7% of County residents versus 32.0% of Californians age 25 or older hold a bachelor's degree. In 2012, the agricultural industry provided an estimated 48,900 jobs, making up 14.7 percent of all classified industry jobs. The County continues to be one of the top agriculture producing regions in California and the nation.

During the period from 2015 to 2019, Fresno's unemployment rate was 8.3% compared to California at 5.7% and the US at 6.1%. The median household income was estimated at \$53,969 compared to \$75,235 for California and \$62,843 nationally. More than 22% of the County's population lives below the poverty line compared to 10% nationally.

Even though Fresno County is one of the nation's food baskets, the 2016 California Health Interview Survey (CHIS) estimated that 52.3% of Fresno County adults were not able to afford enough food versus 44.4% for California. A substantial number of County residents were either in or near USDA designated food deserts. Limited access to grocery stores results in fewer choices to quality food and restricts purchase of fresh fruits and vegetables. With few food options, families often depend on fast food or corner stores to feed their children, a diet that is rich in calories but offers little nutritional benefit. Consequently, obesity rates and chronic diseases, such as prediabetes, type 2 diabetes, and high blood pressure, are often higher in areas with high poverty and low access to quality food.

The 2020 Fresno County countywide health needs assessment identified 8 priorities which highlight the concern of community members, health care providers, academic experts, and community leaders for health challenges attributed to the region's socioeconomic and

environmental conditions. Public transportation, income, lack of economic stability and access to healthcare services emerged as the top priorities identified. All attest to the concentrated poverty in the county and its impact on community health. The marked poor health in Fresno County in comparison to California and the nation is the result of multifaceted issues that demand aligned intervention priorities and strategies from multi-sector partners. Many of the multiple community health challenges in Fresno County can be attributed to the region's socioeconomic and environmental conditions. Fresno, one of the poorest counties in California, is sometimes referred to as "the Appalachia of the West." Social determinants impact health care and health status and manifest as health inequities. The health challenges are far beyond what any one organization can address. The process of focusing priorities will allow for expanded opportunities to align limited resources and target strategies in communities where change is needed and people are primed for action.

COVID-19 has disproportionately impacted the County's communities of color, those who did not have access to healthcare or wrap-around services, those with underlying health conditions, and those who had other barriers related to social determinates of health (SDoH). The Fresno COVID-19 Equity Project incorporated the community health worker (CHW) model to successfully conduct outreach and provide education, testing, and vaccination. FCDPH would leverage this funding to further develop the CHW model to address SDoH at the individual, family, and community level build and strengthen community resilience to fight COVID-19 through addressing existing health disparities.

B. Approach

i. Purpose

FCDPH will utilize this grant to support the development of a local Pathways Community HUB (PCH), organized by the Fresno Community Health Improvement Partnership (FCHP), to scale up CHW actions by aligning recruitment and increasing capacity of community health workers (CHWs) to address COVID-19 related chronic conditions and social determinants of health (SDoH) and improve uptake and access to health care services in Fresno County to reduce health disparities related to the COVID-19. The PCH model, built around CHWs and an information exchange system that encompasses CBOs, health care providers, and governmental agencies, is designed to be a bridge to a sustainable value-based care program that addresses COVID-19 related SDoH and chronic conditions and State of California CalAIM objectives for Fresno County by the time grant funding ends. The PCH will train and provide resources to local CBOs that engage CHWs to employ a uniform social needs assessment tool and data system to establish a baseline to more effectively and efficiently monitor improvements in health and reductions in preventable utilization, as well as to refer clients to needed services and resources.

ii. Outcomes

FCDPH's strategies align with CDC's outcomes. As outlined in the logic model and the work plan, outcomes will include:

Train:

- Standardize and coordinate CHW training to build capacity for to improve outreach, education, and clinical linkages to improve continuity of care for COVID-19 and related issues, chronic conditions and SDoH.
- Increase policy efforts to establish a payment system to provide sustainability for the PCH model in Fresno County

Deploy:

- Increase the number of CHWs that have received comprehensive training through the PCH by providing stipends to community-based organizations (CBOs) to employ these CHWs to work in the community.
- Increase the number and types of partners that utilize CHWs in their organizations. Work with various types of organizations, such as clinical and faith-based partners, to employ CHWs to work in their organizations to reach more priority populations.

Engage:

- Increase the ability of CHWs to ensure that clients are accessing the resources they need or determine if additional barriers need to be addressed. The PCH will integrate and train CHWs in the use of a common data system. By aligning this resource, CHWs will more efficiently and effectively track referrals of clients to resources at care coordinating agencies (CCAs) and minimize/reduce duplication of services.
- Increase utilization of available resources and clinical services by more efficiently and effectively monitoring referrals through the use of a common data system.

Long term impacts of these efforts will lead to increased capacity and sustainability for CHWs in Fresno county, increased community resilience to COVID-19, decreased health disparities, and increased health equity.

iii. Strategies and Activities

Both research and experience have shown that making policy, systems and environment (PSE) changes to scale and sustain lifestyle change programs and community clinical links where people live, learn, work, and play contributes to improvements in short- and long-term health outcomes. The collaborative foundation of this project will leverage the assets of stakeholders across sectors to address health inequities among social and economically challenged populations in Fresno County.

FCDPH plans to partner with FCHIP for the entire project. FCHIP is an anchoring, health-focused initiative that works closely with the community, multi-sector partners, and local coalitions in Fresno County. -FCHIP's backbone function as facilitator and convener is an essential role for effective collaboration, alignment, and leveraging of resources. By effectively working together, there is more savings,

less duplication, and greater and more holistic impact on overall health outcomes, benefitting all partners and the community. FCHIP's membership includes CBOs, health care providers and governmental agencies including FCDPH, as well as health plans serving Medicaid patients in Fresno County.

Through this partnership, FCDPH and FCDHIP plan to achieve the following:

Strategy CB1: Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 priority populations within communities.

FCDPH/FCHIP, will establish the PCH in Fresno County to coordinate recruitment, training, and sustainability of CHWs. The PCH model of care coordination has been recognized by Academy Health (Jennie Bonney, 2018) and AHRQ as an effective means of assisting patients in addressing SDoH. The CMS, HRSA, AHRQ, CDC, state, national and local philanthropy have supported the development of Pathways HUBs across the country. Studies have demonstrated strong results and return on investment. This spring, the Association of Maternal and Child Health Programs (AMCHP) recognized the Pathways HUB Model as a best practice.

The PCH model involves the collaboration of all community resources to reduce both medical and social barriers to care, like access to COVID-19 testing, vaccination sites, employment, housing and transportation, for individuals with complex health needs, which is especially critical in reaching and ensuring the needs of individuals at higher risk of COVID-19 are addressed. The PCH serves as a care coordination system for the many local agencies currently addressing health and social service needs. More than 40 communities across the nation have implemented PCH models. PCHs partner with local care coordination agencies (CCAs) that employ CHWs to find and connect at-risk individuals for COVID-19 to needed services related to testing, vaccination, transportation, family support, and education. The CHWs meet with clients face-to-face, then guide them through the Pathways designed to address their needs.

The PCH will be a neutral, central convener that connects the most vulnerable people with community resources and creates accountability for outcomes around COVID-19 testing. A central organizing point and standardized procedures are used to align funders and service providers to holistically and efficiently address issues through care coordination. By adding organized Pathways for information flow and funding, the PCH brings increased efficiency and better outcomes for people accessing needed services.



- a. Increase the number and capacity of CHWs by providing core and supplemental training through the PCH, which may include: CHW principles, orientation to PCH, use of standardized assessment tool to identify barriers and pathways, data entry into a common data system, cultural competency, COVID-19 response activities, etc.
- b. Increase alignment and consistency of CHW activities by using a common assessment tool and data infrastructure system through the PCH.
- c. Increase sustainability of the PCH model in Fresno County by establishing a payment model for CHWs to continue services beyond the grant funding period.
- d. Increase community support and alignment by supporting the CHW Stakeholder group, currently facilitated by FCDPH. Engage with the stakeholder groups to identify training needs and assist with training and deployment efforts, and other program activities. Align with other CHW work in Fresno County that is not a part of the PCH.

Strategy CB3: Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.

FCDPH/FCHIP will provide stipends to community-based organizations, health care providers, schools, government agencies, etc. to recruit and integrate CHWs through the PCH to address the needs of the priority population.

- a. Increase the number of local CBOs, providers, and other types of organizations, that integrate CHWs in their organizations to identify, track and address SDoH needs to reduce health disparities.

Strategy CB5: Coordinate and/or promote opportunities such as messaging/education, within communities and clinical settings, to facilitate the

engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.

FCDPH/FCHIP will work with both local and statewide partners to promote already existing messaging, or create new messaging, regarding the use of CHWs to promote further integration into the community setting.

- a. Increase messaging in the community regarding CHWs and their role.
- b. Increase educational opportunities regarding integration of CHWs into various community settings to address community needs.
- c. Engage with the CHW Stakeholder group to promote CHWs and their role in the community.

Strategy CB6: Year 1: Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings or priority populations at highest risk for poor health outcomes, including those resulting from COVID-19. Year 2: Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.

A part of the PCH training will include use of a common data system, or community information exchange (CIE). By using a common system, CHWs will more efficiently and effectively track referrals to resources and Pathways. Additionally, CCAs will also have access to this system to facilitate more effective referrals and follow up. CHWs will be able to determine if clients were able to access services or if additional barriers were encountered. The identification, installation, and support of the CIE will be paid for with other funding.

- a. Increased number of referrals of clients by CHWs to CCAs and other resources to address COVID-19 related issues, underlying health conditions, or other issues related to SDoH.
- b. Increased utilization of community resources and clinical services by those at highest risk for poor health outcomes among priority populations.
- c. Increased follow up with clients to ensure services were accessed or if other barriers were encountered. This will also be tied to the payment method through the PCH.

Strategy CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health.

FCDPH/FCHIP will endeavor to create new partnerships with other types of organizations and agencies to increase support for deploying CHWs. FCDPH/FCHIP will also work with statewide partners to receive technical assistance in how to increase partnerships locally. Staff will engage with participating organizations that include managed health plans, and explicitly plan for the transition of grant-related activities to California Advancing & Innovating Medi-Cal (CalAIM) initiatives.

- a. Increased partnerships with State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers and health systems that provide resources and support for deploying CHWs.

1. Collaborations

- a. FCDPH will collaborate with the CDC for technical assistance and continued quality improvement in regard to national best practices and evidence-based programs. FCDH also works with the California Department of Public Health (CDPH) to ensure that activities are aligned throughout the region as well as the State level. CDPH does an excellent job of coordinating efforts throughout the State to ensure consistent messaging and leveraging of resources where possible. FCDPH is a recipient of both ELC funding, and CDC 1817 funding, both of which will be leveraged for this project where activities intersect.
- b. Additionally, FCDPH has several established community relationships that would be significant for this program. These collaborations include working with several local CBOs through the COVID Equity Project. These CBOs serve targeted hard-to-reach populations throughout the County. FCDPH would build upon these relationships to upscale the project to additional CBOs to expand the CHW network. This network also includes the CHW Stakeholder group which includes the local managed care plans, hospitals, and university. Several letters of support from partner agencies are included with this proposal.

2. Target Populations

While this project will be developed to serve any areas of Fresno County, there will be some emphasis on the Hispanic population in the southwest Fresno area, which has a high rate of COVID-19 and food insecurity.

- a. In southwest Fresno, 31% of adults are obese compared to 24% in California. The Centers for Disease Control and Prevention (CDC) states that people of any age with certain underlying medical conditions such as obesity (BMI ≥ 30 kg/m²) are at increased risk for severe illness from COVID-19.

iv. **Funding Strategy**

FCDPH serves the entire jurisdiction of Fresno County.

- a. According to the US Census Bureau, 24.1% of the population in Fresno County lives under the poverty level.
- b. According to the CDC COVID tracker, there is a reported 50.1-100 total cases per 100,000 for the week of May 14-20, 2021.
- c. According to the FCDPH COVID dashboard (<https://covid-19-cofgisonline.hub.arcgis.com/>), over 47% of reported cases were Hispanic.

C. Applicant Evaluation and Performance Measure Plan

Through a review for proposals (RFP) process, FCDPH will select an Evaluation contractor that will plan, implement, and report on a comprehensive performance management and evaluation for this project. With guidance from program staff, and key stakeholders and partners, the Evaluation contractor will, as directed by CDC, participate in implementing the evaluation plan and act on recommendations from CDC and contractors on how best to implement evaluation directives. The Evaluation contractor will assist Fresno County in all required reporting on program evaluation actions and findings as well as overall program activities, performance, and outcomes on a quarterly and annual basis.

The proposed approach includes both process and outcome evaluation activities, collection of key annual performance measures and other indicators of short-term outcomes and program reach for all proposed interventions and calculation of overall performance expressed as reach to individuals using intervention settings. The following sections describe partner roles, evaluation overview, key questions, performance measures, data sources, use of evaluation findings, potential contribution of the innovative strategy, and links to other site and national evaluations.

FCDPH and Evaluation contractor will determine the best method to collect data for each activity, which may include pre/post surveys, key informant interviews, database queries, etc. A geo-coded baseline assessment of patient care patterns will be conducted with a focus on Prevention Quality Indicators (PQIs) to highlight concentrations of preventable ED/inpatient utilization in sub-geographic areas in predominantly Medicaid and uninsured populations. Similar analyses have documented PQI rates 3-5 times higher than county averages in other communities across the country at the zip code level. These analyses provide the basis for alignment and sub-geographic focus of assets across both competitive lines and sectors. Of equal importance, this analysis demonstrates the potential return on investment to both providers and payers, which in turn provides a starting point for both the design of comprehensive evidence-informed interventions and the business case for sustainable financing of CHWs in an increasingly risk-based reimbursement environment.

Because the PCH model is place-based,¹ CHWs are in a position to intervene at the level of the patient to educate, support, and facilitate the coordination of clinical services, and at the level of linking patients to appropriate social support supports (and validate that the

¹ CHWs are employed through the establishment of PCHs, which contract with providers and payers for outreach, education, referrals, and support in specific geographic areas.

connections have been made). Of equal importance, and often overlooked, the CHWs, with support of appropriate analyses and guidance, can identify community level drivers of poor health such as mold, lead, asthma triggers, etc. in concentrated neighborhoods and help position health and related sector stakeholders to work with public sector agencies to develop solutions at scale.

Data collected will also be used to determine effectiveness of new trainings and resources, as well as how CHWs are perceived in the community. With a new common database infrastructure, FCDPH will be able to monitor the number of CHW referrals and the services received through the referrals, including those to a primary care physician to address chronic conditions and for COVID-19 testing and vaccination.

Program Partners' Roles in Evaluation and Performing Measurement Planning:

Throughout the planning of evaluation and performance management activities, and for the subsequent tracking and reporting of evaluation implementation and preliminary findings, FCDPH and the Evaluation contractor will work in close partnership. At least bi-weekly planned meetings between FCDPH and the Evaluation Contractor will support and ensure the continuity of this partnership. The approaches described here will be further articulated and reviewed at program steering committee/stakeholder meetings. Throughout the three-year project period, there will be regular reporting to community partners and stakeholders on evaluation implementation and process/outcome evaluation findings. Their guidance will be sought on potential improvements or supplements to evaluation activities based on this ongoing consultation.

Data Sources and Data Collection (data management plan): FCDPH and evaluators will track the completion of program activities and achievement of milestones through activity logs, event summaries, and document reviews. These data and qualitative interviews will be collected along with tracking data to address barriers and facilitators of milestone achievement. Data on the number of patients receiving care from a CHW model and referral partners will be collected from the data infrastructure system and from CBO partners using queries to ensure integration of the data system. All data will be de-identified. FCDPH staff will work with the Evaluation contractor to determine standards to be used for the collected or generated data and to establish a means to store, access, and archive the data.

Proposed performance measures include:

- Providing stipends to community partners and CCAs to recruit, train, and deploy CHWs in the community to address COVID-19 related health disparities.
- Number and types of community organization, clinical practices, government agencies, etc. that integrate CHWs into their systems.
- Training and use of a common data system for improved efficiency and tracking of referrals.
- Common training and resources for all CHWs in the community so that services are more aligned and thorough. Trainings will address COVID-19 response activities as

well as other resources that address specific chronic illnesses and the social determinants of health.

- Increased referrals to partner agencies by CHWs for wrap-around services.
- Reductions in preventable ED/inpatient utilization and associated reductions in cost, improved health and functioning (including metrics such as reduced absenteeism)
- Expanded capacity among social support CBOs in low income communities.
- Integration of CHWs in the community through CBOs.
- Integration of CHWs in the clinical setting.
- Policy work to provide stable, ongoing funding for the CHW positions, including billing for services.
- Measurement of complete, incomplete, and active Pathways and the length of time required to complete Pathways or close pathways as incomplete.

Using Evaluation Findings for Continuous Program and Quality Improvement: Based on relationships established through prior collaborations, the Evaluation contractor will be in frequent and regular contact with the FCDPH about implementation and early findings from the evaluation. On a quarterly basis, the Evaluation contractor will review activity completion and milestone achievement documentation to observe opportunities for adjustments to program activities and quality improvement. Preliminary findings on performance measurement and other indicators will be shared and reviewed for possible program improvements as they become available.

D. Organizational Capacity

Fresno County is a “large county” with a mix of big city challenges and a small town atmosphere. The Department specifically prioritizes health equity, system change, and policy-level work to address a broad spectrum of local health challenges, including chronic disease prevention, maternal, child and adolescent health, and communicable disease prevention. Capacity building activities will take place in urban and rural areas across Fresno County, will concentrate in areas with identified COVID-19 related health disparities, and will engage subpopulations including low-income Hispanic, Southeast Asian and African American families, farmers and farmworkers, and the medically underserved. The Department serves the entire jurisdiction of Fresno County.

FCDPH has a long history of engaging community, local, regional and statewide agencies to identify and develop environmental, policy and systems change strategies to address obesity, tobacco use, and related chronic conditions. Through new, unique and existing partnerships, FCDPH continues to build capacity to address chronic diseases “upstream” and reduce the burden of obesity, diabetes, CVD, and other related chronic diseases utilizing Health in all Policies and the socio ecological models.

FCDPH has been actively working to address SDoH, health equity, planning and built environment, health in all policies, and similar environmental and system change work for at least the past two decades. FCDPH’s Office of Health Policy and Wellness is dedicated to chronic disease prevention program planning and development of strategies for reducing

health disparities in Fresno County through evidence and practice-based population-based policy/systems change. Through the SNAP-Ed Nutrition Education and Obesity Prevention Program (NEOP), Tobacco Prevention Program, Prevention Forward, and the Collaborating for Wellness program, staff have successfully implemented policy level/systems changes including increasing access to healthy foods, reducing exposure to unhealthy options, increasing physical activity opportunities, increasing access to smoke-free and tobacco-free environments, increasing access and coverage of diabetes and hypertension prevention programs, and improving clinical community linkages. Our role has included leadership and facilitation of county stakeholders in strategic planning, resource allocation, evaluation, implementation of key strategies, and reporting outcomes, and communicating formally and informally about the work being done. While many strides have been made, there are still many significant challenges to overcome to fully address Fresno's health equity disparities and to "make the healthy choice, the easy choice" for all Fresno County residents.

FCDPH is uniquely positioned and ready to lead and coordinate the proposed implementation. Using CARES funding, FCDPH has already built a foundation of CBOs who use the CHW model for COVID-19 outreach and education. This model will be upscaled and aligned to address social determinants of health and chronic underlying health conditions as related to COVID-19.

Through other funding sources, the FCHIP plans to create a PCH in Fresno County to provide resources, training, and technical assistance to CBOs using the model. Several agencies and organizations in the County are currently engaged in very creative work to improve the health status of the community. This collaborative group will continue to support, inform, and assist with coordinating resources and performing outreach to the community. Chronic Disease Community of Practice.

FCDPH provides core public health, environmental health, and emergency response programs. With more than 50 years of successful administration of agreements, contracts, and budgets, FCDPH currently administers more than 250 local, state and federal revenue agreements and contracts for services. FCDPH places a high priority on contracting for services through local vendors. FCDPH routinely works with local policy makers, agency representatives, community-based organizations, and resident groups as well as state and nationally recognized public health leaders.

The Office of Budget and Finance handles all aspects of budget development and monitoring, accounts payable, and accounts receivable for FCDPH's over \$83 million budget. Fresno County's financial management system is PeopleSoft, an integrated financial software package that provides a wide variety of business applications and reports. Each application, Financials, Customer Relationship Management, and Human Resources, interacts to offer an effective and efficient means of processing and reporting. Data derived from PeopleSoft queries will be utilized to fulfill grant requirements. FCDPH has in place a mechanism to track leveraged funds from additional sources.

Component A – Capacity Building

Train

Strategy	Activities	Responsible Party	Timeline	Deliverables
<p>CB1: Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations within communities.</p>	<p>CB1.1: Contract with local Pathways Community HUB (PCH) partner, Fresno Community Health Improvement Partnership (FCHIP) to serve as a local resource for training, collaboration, and lead policy development for local community health workers (CHWs) in Fresno County.</p>	<p>Program Staff (PM) and Staff Analyst (SA)</p>	<p>8/1/21-12/31/21</p>	<p>Contract with FCHIP as the lead agency.</p>
	<p>CB1.2: Program Staff and FCHIP will identify and integrate a standard social needs assessment tool that will be used by the PCH care coordinating agencies (CCAs).</p>	<p>PM and FCHIP</p>	<p>10/1/21-3/31/22</p>	<p>Identified social-needs assessment tool.</p>
	<p>CB1.3: FCHIP will be trained in the new data system infrastructure and will organize and facilitate training on this system for CHWs in the PCH CCAs.</p>	<p>FCHIP</p>	<p>1/1/2022-12/31/2022</p>	<p>Identified data system. List of names that completed the training</p>
	<p>CB1.4: Develop and implement a stipend program targeting additional community-based organizations (CBO) partners to employ CHWs that will go through the PCH for training and resources that meet the C3 National Association of Community Health Workers training recommendations. Training will include: basic community engagement strategies; COVID-19 vaccine hesitancy and response; data systems training; implicit bias; cultural humility and sensitivity training, etc.</p>	<p>PM, SA and FCHIP</p>	<p>10/1/21-4/30/2022</p>	<p>Agreements with various CBO partners.</p>
	<p>CB1.5: Provide training to at least 6 full time CHWs through the PCH.</p>	<p>FCHIP</p>	<p>1/1/2022-12/31/2022</p>	<p>List of names that completed the training.</p>
	<p>CB1.6: Program staff will have regular meetings with CHWs to address process and outcome issues to ensure appropriateness and completion of the referrals.</p>	<p>Program Staff, FCHIP, CHWs</p>	<p>10/1/21-7/31/24</p>	<p>Copies of meeting agendas</p>

Deploy

Strategy	Activities	Responsible Party	Timeline	Deliverables
<p>CB3: Integrate CHWs into organization and care teams to support the public health response to COVID-19 among priority populations within communities.</p>	<p>CB3.1: Work with contracted CBOs to deploy CHWs into the community to provide services to an agreed amount of clients. At least 2 organizations will be clinical-based.</p> <p>CB3.2: Program staff will have regular meetings with CCAs to address process and outcome issues related to the establishment and maintenance of the PCH.</p>	<p>Program staff, FCHIP, CBO agencies</p> <p>Program Staff, FCHIP, CCAs</p>	<p>3/1/2022-12/31/2023</p> <p>1/1/22-7/31/24</p>	<p>List of agencies with integrated CHWs and their targeted populations.</p> <p>Copies of meeting agendas</p>

Engage

Strategy	Activities	Responsible Party	Timeline	Deliverables
<p>CB5: Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes,</p>	<p>CB5.1: Program staff will work with County Public Health Communications Team, state and federal resources, and local CBOs to promote already existing messages or create new messages to recruit clients.</p>	<p>Program staff, CBOs</p>	<p>2/1/2022-7/31/2024</p>	<p>Existing messaging/education used.</p> <p>New messaging/education developed.</p> <p>List of marketing methods, venues, and ads.</p> <p>Number of clients reached through messaging.</p>

including those resulting from COVID-19.	CB5.2: Program staff and CBOs will identify at least 5 new partner resources available to at-risk populations and add them to the list of services that clients can be referred to.	Program staff, CBO's, FCHIP	1/1/2022-7/31/2024	List of new resources identified.
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Strategy	Activities	Responsible Party	Timeline	Deliverables
<p>CB6: Year1: Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings or priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.</p> <p>Year 2: Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for Poor health outcomes, including those resulting from COVID-19.</p>	<p>CB6.1: CHWs will refer clients to resources as identified using the social needs assessment tool. The referrals will be tracked using the data system through the PCH.</p>	Program Staff, CHWs	3/1/2022-12/31/2023	<p>Number of clients served.</p> <p>Number of referrals made for each resource/agency.</p> <p>Number of paths completed.</p>
	<p>CB6.2: CHWs will be expected to follow up with their clients to ensure follow-through. Should additional barriers/challenges occur, CHW will re-assess and re-direct. Documentation will be required for any resources that are not completed or that required additional assessment.</p>	Program Staff, CHWs	6/1/2023-7/31/2024	Number of clients that required additional resources/assessment.

Strategy	Activities	Responsible Party	Timeline	Deliverables
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<p>CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing insecurity, and homelessness, etc.).</p>	<p>CB7.1: Program staff will participate in the Fresno County CHW Stakeholder group currently led by FCDPH. Program staff will share resources and engage members to address policy issues to create a sustainable model for recruiting, training, and deploying CHWs in the County.</p> <p>CB7.2: Program Staff will reach out to Statewide agencies, such as CDPH and Visionary Compromiso, for TA in engaging with local partners to deploy CHWs in additional settings: provider offices, faith-based organizations, etc.</p> <p>CB7.3: Engage participating organizations, including local health plans, to transition the PCH and the network of CHWs through this proposal into a sustainable model of care addressing CalAIM objectives.</p>	<p>Program Staff, CHWs, FCHIP</p> <p>Program Staff, FCHIP</p> <p>Program Staff, FCHIP, CCAs</p>	<p>8/1/21-7/31/20204</p> <p>6/1/2022-7/31/2024</p> <p>7/31/2022-7/31/2024</p>	<p>List of meetings attended and copies of agendas.</p> <p>List of meetings with statewide agencies List of partnerships established</p> <p>List meetings attended and copies of agendas. Copies of agreements between FCHIP and health plans.</p>
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Budget Narrative – Fresno County Department of Public Health – Year 1

A. Salaries and Wages

Name	Position	Salary	FTE	Months	Amount Requested
Melanie Ruvalcaba	Principal Investigator	\$101,000	10%	12	\$10,100
Ana Cruz	Health Educator	\$65,000	50%	12	\$32,500
TBD	Staff Analyst I	\$55,000	50%	12	\$27,500
					\$70,100

Salaries and Wages Justification

Job Description: Principal Investigator - Melanie Ruvalcaba, MPH

This position acts as the project’s Principal Investigator and works closely with the program staff to direct the overall operation and evaluation of the project. 10% of her time will be allotted to responsibilities for overseeing the implementation of project activities, supervision of project lead staff, coordination with other agencies and subcontractors; development of materials, development of communication and media activities, provisions of in-service training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for assessment activities as well as overall program evaluation and for staff performance evaluation and subcontractor compliance; and is the responsible authority for ensuring necessary reports/documentation are submitted to CDC.

Job Description: Health Educator – Ana Cruz, MPH

This position serves as the Project Manager, coordinates the overall operation of the program. 50% of time will be allotted to program oversight, development and monitoring of program budget, leading implementation of activities, supervision and evaluation of program staff, coordination with other agencies and subcontractors, coordination of assessment efforts, including provider outreach, training and technical assistance, development of materials, assisting coordination and implementation of health communication and media activities, subcontractor compliance, and is responsible for ensuring necessary reports/ documentation are submitted to CDC.

Job Description: Staff Analyst I – TBD

The Staff Analyst position will allot 50% of their time to assist program staff and County management by performing a wide variety of research, analysis, planning, evaluation, and administrative duties. This position is supervised by Principal Investigator. Administrative job duties and responsibilities include: preparing program related agreements, sub-contracts, leases, and MOUs and monitoring for contract compliance assist with monitoring of budget and expenditures, preparing requests for proposals, requests for quotations, etc. to procure outside services and supplies for the department and program; preparing agenda

items and presentations to go before the Board of Supervisors; conducting administrative studies in collaboration with Principal Investigator, Project Manager and program staff to determine needs, preparing reports, and recommending implementation procedures for a variety of special studies and projects.

B. Fringe Benefits

Benefits are calculated at 69% of Salaries:

Total Salaries: \$70,100 x 69% = \$48,369

Total Personnel: \$118,469

C. Operating Expenses

Item	Type	Amount Requested
General Office Supplies	Office Supplies: pens, pencils, paper, toner, file folders, meeting folders, binders, paper clips, staples, and similar office supplies	\$720
Facilities	Facilities, security, utilities, maintenance	\$5,040
Network	Phones and computer network	\$1,140
		\$6,900

Justification: General supplies will be purchased under this category and will be used in completion of project activities, including supplies for meetings, outreach for primary and secondary data collection and daily office operations. Communication costs include phones, computers, and networking for program staff. Facilities costs include janitorial services, building maintenance, security and utilities.

D. Travel

In State Travel: Program staff are estimated to travel approximately 892 miles per year to attend multiple local collaborative meetings within Fresno County, to local outreach sites to monitor program implementation, and regional meetings throughout the central valley, as appropriate, to engage with partners conducting similar work.

892 miles x \$0.56/mile = \$500

Total Travel Requested - \$500

E. Contractual Costs

Pathways Community Hub (PCH) Contractor – Fresno Community Health Improvement Partnership (FCHIP) - \$859,785

FCHIP will organize and lead the PCH in Fresno County. FCHIP will oversee all PCH activities, agreements, and consultants to ensure that all SOW activities are met. FCDPH Project Manager

(Health Educator) will oversee all contractual activities and meet regularly to ensure sufficient progress is being made and to review deliverables. As the only license PCH in Fresno County, FCDPH will be able to directly contract with FCHIP.

Total Direct Costs: \$985,654

F. Indirect Costs: \$15,086.90

The indirect rate is the 10% de minimis of the modified total direct costs: \$150,869

G. Budget Summary

Category	Amount Requested
Salaries and Wages	\$70,100
Fringe	\$48,369
Operating Expenses	\$6,900
Contractual Expenses	\$859,044
Total Direct Expenses	\$985,654
Indirect: 10% of MTDC (\$150,869)	\$15,086.90
Total	\$1,000,000

H. Contractor Itemized Budget and Justification

Contractor Salaries and Wages

Position Title and name	Annual Salary	%FTE	Months	Amount Requested
ED, COO, Admin				\$20,000
Program Director – Sue Kincaid	\$81,600	75	12	61,200
Program Manager – Ashlee Hernandez	\$65,000	100	2	\$10,833
Program Coord. Admin – Belinda Diaz	\$47,840	100	2	\$7,973
Program Coord & Communications – Kristian House	\$35,360	75	12	\$26,520
Contracts and Finance Administrator	\$65,000	100	12	\$65,000
CHW Leads x2 – TBD	\$100,000	100	8	\$33,000
CHW Leads x2 – TBD	\$100,000	100	8	\$25,000
CCA CHWs x 5 – TBD	\$37,440	100	6	\$93,600
CHW x 3 – TBD	\$43,680	100	2	\$21,840
Total Personnel				\$364,966

Contractor Fringe – calculated at 30% of Total Salaries

Total Fringe - \$109,489.80

Total Contractor Personnel - \$474,455.80

Contractor Travel -1,784 miles x \$0.56/mile = \$1,000

Contractor Consultant Costs – Pathways Community HUB Institute (PCHI) Sustainable Model Experts - \$60,000

PCHI will assist with the early-stage planning for Development of a Pathways Community HUB in Fresno County; support the FCHIP Team in fund development and sustainability planning; provide grant strategic design and development assistance; and provide PCH design and development planning.

Contractor Supplies

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
CHW Leads Computer Workstation	Laptops	2	\$3,500	\$7,000
CHW Leads Word Processing Supplies	MS 365 Business Premium	2	\$240	\$480
HUB Educational pamphlets	TBD	10,000	\$1	\$10,000
HUB Educational Videos	TBD	2	\$8,000	\$16,000
HUB general office supplies	Pens, pencils, paper, copies, etc.	12 months	\$20/person/month x 5	\$1,200
General office supplies	Pens, pencils, paper, copies, etc.	8 months	\$20/person/month x 2	\$320
CCA CHW Computer workstations	Laptops	8	\$3,500	\$28,000
CCA CHW Word Processing Supplies	MS 365 Business Premium	8	\$240	\$1,920
CCA CHW general office supplies	Pens, pencils, paper, copies	6 months	\$20/month/person x 5	\$600
Total Supplies				\$65,520

Contractor Other

Item Requested	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
Facilities	12	1,000	N/A	\$12,000
Telephone	12	\$250	N/A	\$3,000
Staff Cell Phones	12	\$50	4	\$2,400
Postage	12	\$20	N/A	\$240
Website Page Design	N/A	N/A	N/A	\$10,000

Website Maintenance	12	N/A	N/A	\$3,800
Annual Report Design	N/A	N/A	N/A	\$2,000
Healthy Fresno County Community Dashboard subscription	12	N/A	N/A	\$33,000
Dues and Subscriptions – Comm and Marketing – Zoom, Adobe, Canva, etc.	12	\$318	N/A	\$3,836
Internet Provider Service	12	\$100	N/A	\$1,200
Printing – Annual Report and other	N/A	N/A	N/A	\$7,000
Printing – Other	N/A	N/A	N/A	\$12,000
CCA Stipend for Initialization	N/A	N/A	5	\$50,000
CCA Telephone	6	\$100	5	\$3,000
CCA Cell Phones	6	\$50	5	\$3,000
CCA Postage	6	\$20	5	\$240
CCA Dues and Subscriptions	N/A	N/A	5	\$852
CCA Internet Service Provider	6	\$100	5	\$3,000
Total Other				\$149,068

Contractor Sub-Contractors

Sub-Contractor	Nature of Service	Amount Requested
Data and Evaluation	Evaluation contractor will work closely with program staff, other subcontractors, and community partners to conduct all evaluation components of the program. The successful contractor will be required to work closely with program staff, key stakeholders, and CBO subcontractors to complete scope of work activities including creating all evaluation tools, designing the program logic model to align with CDC's logic model, and to evaluate overall program outcomes to determine effectiveness.	\$50,000
Trainers – TBD	Trainers will be contracted to train CHWs and CBOs on the PCH model and data system. Additional training will be provided for CHWs for onboarding and ongoing training on COVID-19, specific health conditions, SDoH, as well as ACES, public health, etc.	\$40,000
Translation Services	Translators and translation equipment for CCAs and HUB stakeholder meetings.	\$14,000
Total Sub-Contractors		\$104,000

Budget Narrative – Fresno County Department of Public Health – Year 1

A. Salaries and Wages

Name	Position	Salary	FTE	Months	Amount Requested
Melanie Ruvalcaba	Principal Investigator	\$101,000	10%	12	\$10,100
Ana Cruz	Health Educator	\$65,000	50%	12	\$32,500
TBD	Staff Analyst I	\$55,000	50%	12	\$27,500
					\$70,100

Salaries and Wages Justification

Job Description: Principal Investigator - Melanie Ruvalcaba, MPH

This position acts as the project’s Principal Investigator and works closely with the program staff to direct the overall operation and evaluation of the project. 10% of her time will be allotted to responsibilities for overseeing the implementation of project activities, supervision of project lead staff, coordination with other agencies and subcontractors; development of materials, development of communication and media activities, provisions of in-service training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for assessment activities as well as overall program evaluation and for staff performance evaluation and subcontractor compliance; and is the responsible authority for ensuring necessary reports/documentation are submitted to CDC.

Job Description: Health Educator – Ana Cruz, MPH

This position serves as the Project Manager, coordinates the overall operation of the program. 50% of time will be allotted to program oversight, development and monitoring of program budget, leading implementation of activities, supervision and evaluation of program staff, coordination with other agencies and subcontractors, coordination of assessment efforts, including provider outreach, training and technical assistance, development of materials, assisting coordination and implementation of health communication and media activities, subcontractor compliance, and is responsible for ensuring necessary reports/ documentation are submitted to CDC.

Job Description: Staff Analyst I – TBD

The Staff Analyst position will allot 50% of their time to assist program staff and County management by performing a wide variety of research, analysis, planning, evaluation, and administrative duties. This position is supervised by Principal Investigator. Administrative job duties and responsibilities include: preparing program related agreements, sub-contracts, leases, and MOUs and monitoring for contract compliance (maintaining records and files, and preparing reports and monitoring contract deliverables); assist with monitoring of budget and expenditures, preparing requests for proposals, requests for quotations, etc. to procure outside services and supplies for the department and program; preparing agenda items and presentations to go before the Board of Supervisors; representing the County at various

meetings and before boards, commissions, and committees, as appropriate; conducting administrative studies in collaboration with Principal Investigator, Project Manager and program staff to determine needs, preparing reports, and recommending implementation procedures for a variety of special studies and projects; and assisting in the preparation of funding applications for local, state and federal funding opportunities.

B. Fringe Benefits

Benefits are calculated at 69% of Salaries:

Total Salaries: \$70,100 x 69% = \$48,369

Total Personnel: \$118,469

C. Operating Expenses

Item	Type	Amount Requested
General Office Supplies	Office Supplies: pens, pencils, paper, toner, file folders, meeting folders, binders, paper clips, staples, and similar office supplies	\$720
Facilities	Facilities, security, utilities, maintenance	\$5,040
Network	Phones and computer network	\$1,140
		\$6,900

Justification: General supplies will be purchased under this category and will be used in completion of project activities, including supplies for meetings, outreach for primary and secondary data collection and daily office operations. Communication costs include phones, computers, and networking for program staff. Facilities costs include janitorial services, building maintenance, security and utilities.

D. Travel

In State Travel: Program staff are estimated to travel approximately 892 miles per year to attend multiple local collaborative meetings within Fresno County, to local outreach sites to monitor program implementation, and regional meetings throughout the central valley, as appropriate, to engage with partners conducting similar work.

892 miles x \$0.56/mile = \$500

Total Travel Requested - \$500

E. Contractual Costs

Pathways Community Hub (PCH) Contractor – Fresno Community Health Improvement Partnership (FCHIP) - \$859,785

FCHIP will organize and lead the PCH in Fresno County. FCHIP will oversee all PCH activities, agreements, and consultants to ensure that all SOW activities are met. FCDPH Project Manger (Health Educator) will oversee all contractual activities and meet regularly to ensure sufficient

progress is being made and to review deliverables. As the only license PCH in Fresno County, FCDPH will be able to directly contract with FCHIP.

Total Direct Costs: \$985,654

F. Indirect Costs: \$15,086.90

The indirect rate is the 10% de minimis of the modified total direct costs: \$150,869

G. Budget Summary

Category	Amount Requested
Salaries and Wages	\$70,100
Fringe	\$48,369
Operating Expenses	\$6,900
Contractual Expenses	\$859,044
Total Direct Expenses	\$985,654
Indirect: 10% of MTDC (\$150,869)	\$15,086.90
Total	\$1,000,000

H. Contractor Itemized Budget and Justification

Contractor Salaries and Wages

Position Title and name	Annual Salary	%FTE	Months	Amount Requested
ED, COO, Admin				\$20,000
Program Director – Sue Kincaid	\$81,600	75	12	61,200
Program Manager – Ashlee Hernandez	\$65,000	100	2	\$10,833
Program Coord. Admin – Belinda Diaz	\$47,840	100	2	\$7,973
Program Coord & Communications – Kristian House	\$35,360	75	12	\$26,520
Contracts and Finance Administrator	\$65,000	100	12	\$65,000
CHW Leads x2 – TBD	\$100,000	100	8	\$33,000
CHW Leads x2 – tBD	\$100,000	100	8	\$25,000
CCA CHWs x 5 – TBD	\$37,440	100	6	\$93,600
CHW x 3 – TBD	\$43,680	100	2	\$21,840
Total Personnel				\$364,966

Contractor Fringe – calculated at 30% of Total Salaries

Total Fringe - \$109,489.80

Total Contractor Personnel - \$474,455.80

Contractor Travel -1,784 miles x \$0.56/mile = \$1,000

Contractor Consultant Costs – Pathways Community HUB Institute (PCHI) Sustainable Model Experts - \$60,000

PCHI will assist with the early-stage planning for Development of a Pathways Community HUB in Fresno County; support the FCHIP Team in fund development and sustainability planning; provide grant strategic design and development assistance; and provide PCH design and development planning.

Contractor Supplies

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
CHW Leads Computer Workstation	Laptops	2	\$3,500	\$7,000
CHW Leads Word Processing Supplies	MS 365 Business Premium	2	\$240	\$480
HUB Educational pamphlets	TBD	10,000	\$1	\$10,000
HUB Educational Videos	TBD	2	\$8,000	\$16,000
HUB general office supplies	Pens, pencils, paper, copies, etc.	12 months	\$20/person/month x 5	\$1,200
General office supplies	Pens, pencils, paper, copies, etc.	8 months	\$20/person/month x 2	\$320
CCA CHW Computer workstations	Laptops	8	\$3,500	\$28,000
CCA CHW Word Processing Supplies	MS 365 Business Premium	8	\$240	\$1,920
CCA CHW general office supplies	Pens, pencils, paper, copies	6 months	\$20/month/person x 5	\$600
Total Supplies				\$65,520

Contractor Other

Item Requested	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
Facilities	12	1,000	N/A	\$12,000
Telephone	12	\$250	N/A	\$3,000
Staff Cell Phones	12	\$50	4	\$2,400
Postage	12	\$20	N/A	\$240
Website Page Design	N/A	N/A	N/A	\$10,000
Website Maintenance	12	N/A	N/A	\$3,800
Annual Report Design	N/A	N/A	N/A	\$2,000
Data Dashboard Subscription – Healthy Fresno County Community Dashboard	12	N/A	N/A	\$33,000
Dues and Subscriptions – Comm and	12	\$318	N/A	\$3,836

Marketing – Zoom, Adobe, Canva, etc.				
Internet Provider Service	12	\$100	N/A	\$1,200
Printing – Annual Report and other	N/A	N/A	N/A	\$7,000
Printing – Other	N/A	N/A	N/A	\$12,000
CCA Stipend for Initialization	N/A	N/A	5	\$50,000
CCA Telephone	6	\$100	5	\$3,000
CCA Cell Phones	6	\$50	5	\$3,000
CCA Postage	6	\$20	5	\$240
CCA Dues and Subscriptions	N/A	N/A	5	\$852
CCA Internet Service Provider	6	\$100	5	\$3,000
Total Other				\$149,068

Contractor Sub-Contractors

Sub-Contractor	Nature of Service	Amount Requested
Data and Evaluation	Evaluation contractor will work closely with program staff, other subcontractors, and community partners to conduct all evaluation components of the program. The successful contractor will be required to work closely with program staff, key stakeholders, and CBO subcontractors to complete scope of work activities including creating all evaluation tools, designing the program logic model to align with CDC’s logic model, and to evaluate overall program outcomes to determine effectiveness.	\$50,000
Trainers – TBD	Trainers will be contracted to train CHWs and CBOs on the PCH model and data system. Additional training will be provided for CHWs for onboarding and ongoing training on COVID-19, specific health conditions, SDoH, as well as ACES, public health, etc.	\$40,000
Translation Services	Translators and translation equipment for CCAs and HUB stakeholder meetings.	\$14,000
Total Sub-Contractors		\$104,000

Fresno County Department of Public Health

Areas affected by Project:

County of Fresno, with some emphasis on the southwest are of the City of Fresno

Health Officer
Vacant

Deputy Health Officers
Ken Bird, MD
Rais Vohra, MD
Rajeev Verma, MD

Indigent Health
MISP
Non-Resident
Specialty Care

Director
Public Health
David Pomaville

Administrative Secretary
Stephanie Shaw

Public Health Communication Unit

Business Manager
Bruna Chavez
Finance and Budget

Principal Analyst
Pilar Vasquez
Administrative Support Unit

Assistant Director
David Luchini

Public Health Nursing
Rose Mary Rahn
Division Manager

Community Health
Joe Prado
Division Manager

Environmental Health
Wayne Fox
Division Manager

Emergency Services
Daniel Lynch
Division Manager

Office of Health Policy and Wellness
Melanie Ruvalcaba
Program Manager

Children's Medical Svcs.
Vacant
Division Manager

Correctional Health
Wellpath

Jail Medical Services
Jail Psychiatric Services
JJC Medical Services
JJC Psychiatric Services

Fresno County Operations
Kings County Operations
Madera County Operations
Tulare County Operations
EMS Communications
EMS Certification Training & Education
Continuous Quality Improvement
Disaster Medical Services
County Office of Emergency Services
Public Health Emergency Preparedness

Consumer Food Protection
Emergency Response Team
Hazardous Materials and Waste
Housing & Lead Program
Land Use
Milk and Dairy
Rabies/Animal Control
Recreational Health
Solid & Liquid Waste
Tattoo & Body Art
Vector Control
Waste Tire Enforcement
Water Well Installations

High Risk Infant Program
Nurse-Family Partnership
Babies First Program
Comprehensive Perinatal Services Program
West Fresno – High Risk Perinatal Nurse Home Visiting
Black Infant Health
Fetal Infant Mortality Review & SIDS
In-Home Supportive Services
Child Care Health Linkages
Nurse Liaison
Health Care Program for Children in Foster Care
Adolescent Family Life Program
Child Health & Disability Prevention
Child Ride Safe Program

Tuberculosis Control Program
HIV/AIDS/STD Prevention & Client Services
Epidemiology
Public Health Laboratory
Vital Statistics
Immunization Program
Communicable Disease Investigations
Childhood Lead Poisoning Prevention
Medicinal Marijuana ID Card Program

California Children's Services Administration
California Children's Services Medical Therapy Program
Ginsburg Elementary
Garfield Elementary
Storey Elementary

Health Policy & Planning
Partnerships to Improve Community Health
Lifestyle of Wellness, Communities in Action
Obesity Prevention
Tobacco Prevention
Accreditation Preparedness
Quality Improvement

