



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

June 30, 2022

Dr. Rais Vohra, Health Officer
County of Fresno
1221 Fulton Street, 6th Floor
Fresno, CA 93721

David Luchini, Health Director
County of Fresno
1221 Fulton Mall
Fresno, CA 93721

Future of Public Health Funding
Award Number FoPH-011
County of Fresno

Authority:

Budget Act of 2022 for budget year 2022-2023, H&S Code 101321, 101320.3 and 101320.5

Dear Dr. Rais Vohra, David Luchini:

The Budget Act of 2022 for budget year 2022-2023 [Health and Safety Code 101320, 101320.3, and 101320.5] provides \$200,400,000 annually to local health jurisdictions for public health workforce and infrastructure, referred to in this letter as the Future of Public Health Funding. These funds are considered ongoing funds and part of the ongoing baseline state budget. The California Department of Public Health (CDPH) is allocating **\$6,126,172** to **County of Fresno**.

As a condition of the funding, each local health jurisdiction shall, by Dec 30, 2023 and every three years thereafter, be required to submit a public health plan to CDPH pursuant to the requirements.

This letter provides submission requirements for the period of **July 1, 2022 to June 30, 2023**. Funds allocated for this period are available for encumbrance or expenditure until June 30, 2024 to support local health jurisdictions and strengthen local infrastructure.

Funding:

For the period of July 1, 2022 to June 30, 2023. CDPH will evaluate spending at the local level in January 2023. CDPH, in consultation with the California Conference of Local Health Officers, the California Health Executives Association of California, and the



Service Employees International Union (SEIU), will consider options for possible redirection of funds at that time.

The methodology for allocating these funds as set by statute are as follows:

1. Each Local Health Jurisdiction will receive a base funding amount of \$350,000 per year.
2. The remaining balance of the appropriation will be provided to Local Health Jurisdiction proportionally as follows:
 - a. 50 percent based on 2019, or most recent, population data
 - b. 25 percent based on 2019, or most recent, poverty data
 - c. 25 percent based on 2019, or most recent, the share of the population that is Black/African-American/Latinx/or Native Hawaiian/Pacific Islander.

Allocations to Local Health Jurisdictions are included in Attachment 1.

Funding Requirement:

Non-Supplantation

The funds allocated to each Local Health Jurisdiction may only be used to supplement, rather than supplant, existing levels of services provided by the Local Health Jurisdiction.

Each Local Health Jurisdiction receiving funds shall annually certify to the department that its portion of this funding shall be used to supplement and not supplant all other specific local city, county, or city and county funds including, but not limited to, 1991 health local realignment and city, county, or city and county general fund resources utilized for Local Health Jurisdiction purposes, and excluding federal funds in this determination. See Attachment 2 for certification form.

Required Use of Funding

1. Each Local Health Jurisdiction must dedicate at least 70 percent of funds to support the hiring of permanent city or county staff, including benefits and training.
2. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, and travel.

Workplan/Spend Plan Requirements

1. Each Workplan should be informed by a Community Health Assessment, Community Health Improvement Plan, and/or local Strategic Plan.
2. If a current Community Health Assessment and Community Health Improvement Plan has not yet been completed by your Local Health Jurisdiction, the state fiscal year 2022-2023 Workplan should describe how the Local Health Jurisdiction will identify and address relevant community health issues and provide a plan and target date for completion of a Community Health Assessment and Community Health Improvement Plan. A Community Health Assessment and Community Health Plan should be completed by December 30, 2023. Local Health Jurisdictions should

describe in the Workplan and Spend Plan what positions your Agency plans to hire and how it will support your local objectives in which you have direct influence in achieving.

3. The Workplan should include an evaluation plan and metrics.
4. All Local Health Jurisdictions will be required to measure and evaluate the process and outcome of hiring permanent staff.

Redirection of Funding

A Local Health Jurisdiction may direct a portion of their funds to another local health jurisdiction in support of regional capacity. The Local Health Jurisdiction should submit a letter of support to CDPH from the Local Health Jurisdiction in which these funds are directed to, along with a description of the regional capacity the funds will support. The letter should be included as an additional attachment to the submission package.

Submission Requirements:

1. Complete a Workplan and Spend Plan by September 15, 2022 and submit to CDPH at: FoPHfunding@cdph.ca.gov. See *Attachments 3 and 4*. Your Agency should consider the following when developing your Workplan and Spend Plan:
 - It is recommended that your Agency fund an administrative position to ensure fiscal accountability and reporting requirements of the various Future of Public Health funds. At least seventy (70%) percent of your Agency funds must go towards the hiring of permanent city or county staff. Your agency must complete the table in Attachment 3 (Workplan and Reporting) to indicate how many positions in each type of classification across the listed public health areas your Agency plans to hire.
 - Your Agency may dedicate up to 30% of the allocated funding to fund partners and/or contractors, or used for equipment, supplies and other administrative purposes such as current staff compensation, staff development, facility space, furnishings, and travel.
 - Your Agency is encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and a diversity of applicants from local communities who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community.
 - Your Agency is encouraged to explore transitioning limited-term or contracted staff/positions previously funded through limited term federal funding into permanent positions for the city; county; or city and county
 - If your Agency will be dedicating a portion of your funds to another Local Health Jurisdiction to increase regional capacity, your Agency should submit a letter of support from the Local Health Jurisdiction receiving those funds. Adjustments should be reflected in the workplan and spend plan that is

submitted to CDPH for review and approval. The letter should be included as an additional attachment to the submission package.

2. Your Agency must also meet the following minimum requirements for these funds and include descriptions in your Agency's Workplan:
 - i. A description of how your Agency will achieve 24/7 health officer coverage.
 - ii. A description of how your Agency will meet your Community Health Assessment (CHA)/Community Health Improvement plan (CHIP) and/or local Strategic plan goals. How do you plan to measure/evaluate the impact of these funds? Please either attach a copy or provide links to your CHA, CHIP, and Strategic Plan or provide a date when these will become available.
 - iii. A description of how your Agency will use these funds to meet your local Health Jurisdiction equity goals.
 - iv. A description of how your Agency will use these funds to become or sustain capacity as a learning organization including continuous quality improvement and Results-Based Accountability/evaluation.
 - v. Commit to Health Officer and Health Director participation in Regional Public Health Office monthly or quarterly meetings as determined by the Region and CDPH
3. In advance of the Workplan and Spend Plan due date, your Agency should respond to CDPH acknowledging that you accept the allocation funds outlined in this letter.

Reporting Requirements:

As a recipient of the Future of Public Health Funding, the following reporting documents will be required:

For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports on hiring progress to CDPH following the schedule below. Starting with the quarter 2 progress report, provide status of timelines, goals, and objectives outlined in your workplan. See *Attachment 3*. Note, if your workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

- Submit quarterly expenditure reports to CDPH following the schedule below. Expenditure reporting should be completed within your Spend Plan. Note, if your spend plan is under review by CDPH and has not been approved by the reporting due date, you are still required to submit your expenditure report to CDPH. See Attachment 4.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

- CDPH will provide a template to use to facilitate the reporting of these data metrics.

Reimbursement/Invoicing:

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) to:

FoPHfunding@cdph.ca.gov. See Attachment 5.

- First Quarter Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
- Future payments will be based on reimbursement of expenditures once the 25% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 3 and 4 following the due dates above within Reporting Requirements.
- Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has invested to strengthen public health capacity and preparedness to respond to future emergencies throughout California communities. We are hopeful that this funding will collectively achieve the goal of developing and strengthening California's public health workforce. CDPH is hosting a webinar on **July 14, 2022 from 11:00 AM – 12:00 PM** to go over the requirements and activities of this funding. If you have any questions or need further clarification, please reach out to FoPHfunding@cdph.ca.gov.

Sincerely,

A handwritten signature in blue ink that reads "Susan Fanelli".

Susan Fanelli
Chief Deputy Director
California Department of Public Health

Acknowledgement of Allocation Letter

Instruction: Please check one statement below, sign, and return to FoPHfunding@cdph.ca.gov

County of Fresno acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section.

County of Fresno acknowledges receipt of this Allocation letter and does not accept the funds. **County of Fresno** understands that these funds cannot be delegated to another Agency and CDPH will redistribute funds.

Name of Local Health Jurisdiction designated signee(s): David Luchini, contingent upon approval by the Board of Supervisors of the County of Fresno

Title/Role: Director of Public Health

Signature of Local Health Jurisdiction designee:



Date: 7/27/2022

Attachments

- Attachment 1: Local Allocations Table
- Attachment 2: Certification Form
- Attachment 3: Workplan and Reporting
- Attachment 4: Spend Plan
- Attachment 5: Invoice

Local Health Jurisdiction (LHJ) funding distribution for the FoPH

Population, Poverty and Race/Ethnicity

Description of funding formula: Each California LHJ, including Los Angeles, Long Beach, and Pasadena, is awarded a base amount of \$350,000. The balance of funds are distributed based on the proportion each LHJ contributes to the 2020 population (50% of allocation), the proportion each LHJ contributes to the 2019 population in poverty (25% of allocation), and the proportion each LHJ contributes to the population that is **Black/African American, Latinx, or Native Hawaiian/Pacific Islander** (25% of allocation). Population and race/ethnicity data are from the Department of Finance; and population in poverty are calculated using 2019 Census Estimates.

LHJ	\$350,000 Base
Alameda HD ¹	6,537,374
Alpine	354,669
Amador	487,482
Berkeley	912,213
Butte	1,224,383
Calaveras	515,889
Colusa	459,468
Contra Costa	4,844,667
Del Norte	474,087
El Dorado	1,015,644
Fresno	6,126,172
Glenn	482,368
Humboldt	938,349
Imperial	1,568,105
Inyo	423,621
Kern	5,381,815
Kings	1,175,830
Lake	641,433
Lassen	481,278
Long Beach ²	2,807,624
Los Angeles HD ²	47,328,331
Madera	1,217,976
Marin	1,241,952
Mariposa	421,598
Mendocino	723,894
Merced	1,882,112
Modoc	394,124
Mono	403,629
Monterey	2,563,477
Napa	896,612
Nevada	690,079
Orange	13,351,733
Pasadena ²	1,033,025
Placer	1,661,462
Plumas	420,397

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Riverside	11,782,061
Sacramento	7,072,450
San Benito	647,267
San Bernardino	11,284,416
San Diego	14,356,108
San Francisco	3,639,888
San Joaquin	4,031,505
San Luis Obispo	1,459,610
San Mateo	3,141,653
Santa Barbara	2,433,999
Santa Clara	7,296,326
Santa Cruz	1,475,452
Shasta	1,031,180
Sierra	362,059
Siskiyou	538,801
Solano	2,186,187
Sonoma	2,174,091
Stanislaus	2,975,808
Sutter	787,927
Tehama	642,801
Trinity	405,254
Tulare	3,085,604
Tuolumne	543,960
Ventura	3,857,269
Yolo	1,397,659
Yuba	707,793
Total	200,400,000
Miniumum Award:	354,669
Maximum Award:	47,328,331

- 1 - Alameda Health Department (HD) excludes City of Berkeley
- 2 - Los Angeles HD excludes Cities of Long Beach and Pasadena



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Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



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FUTURE OF PUBLIC HEALTH FUNDING
ANNUAL CERTIFICATION

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the Future of Public Health Funding Award Agreement. The undersigned certifies:

1. That the funding provided under this agreement shall be used to supplement and not supplant all other specific local county funds.
2. That at least 70 percent of funds to support the hiring of permanent city; county; or city and county staff, including benefits and training.
3. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, travel.

Designee authorized to commit the Local Health Jurisdiction to this Agreement

Brian Pacheco

Chairman of the Board of Supervisors of the County of Fresno

Name (Print) Title

[Handwritten Signature]

9-6-2022

Signature Date

County of Fresno

Local Health Jurisdiction Name

FoPH-011

Agreement Number

ATTEST:

BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By *[Handwritten Signature]*
Deputy



CDPH Future of Public Health (FoPH) Funding Local Objectives & Quarterly Progress Report

Local Health Jurisdiction Name:	County of Fresno
Agreement Number:	FoPH-011

Local Objective #1		
Objective (SMART Objective)	Improve recruitment and retention of LHJ's workforce.	
Implementation Plan (Bulleted items or brief sentences)	Workforce Development team to improve training, onboarding & increased employee communication with LHJ administration. Propose to the County's Human Resources (HR) department to conduct a classification study to increase salaries of all LHJ positions while prioritizing the higher vacancy positions. Evaluate additional compensation opportunities to LHJ positions in collaboration with the County Administrative Office and County HR. Implement wellness activities throughout the County Department of Public Health (DPH) to improve employee morale.	
Evaluation Plan: How will LHJ measure and track this objective?	Decrease DPH vacancy rate in future fiscal years from the current FY 2021-22 vacancy rate of over 20%. Evaluate vacancy rate within certain classifications and divisions. Establish a baseline measure through the Workforce Development subcommittee for documentation and tracking of employee communication on improving recruitment and retention. Increase the number of exit interviews completed from the current rate of 68% and analyze results collected in order to accurately understand reasons for leaving. Evaluate a tracking system on the length of retention of LHJ employees. Evaluate wellness activities conducted throughout DPH, collecting participation rate and post-activity satisfaction surveys.	
Issue Area (select from drop down)	Issue Area 1	Other Core LHJ Infrastructure
	Issue Area 2	Prevention and Health Promotion
	Issue Area 3	Mental and Behavioral Health
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	Build and support a diverse and skilled public health workforce
	Strategy Area 2	Build and maintain a strong organizational infrastructure for public health
	Strategy Area 3	Create, champion and implement policies, plans and laws that impact health
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

Local Objective #2		
Objective (SMART Objective)	Improve health access to local disadvantaged communities.	
Implementation Plan (Bulleted items or brief sentences)	Coordinate and support local university in a physician residency program. Evaluate Emergency Medical Services (EMS) division for new location to better support all division functions including but not limited to training new Emergency Medical Technicians (EMT) servicing the entire central valley. Create a new paramedic stipend program to address the existing shortage of paramedics in the EMS system. Continue to improve on Fresno's Health Priority Index (HPI) in identifying the most health burden areas that will benefit from additional health and economic mobility infrastructure being built in those areas. Continue to develop and expand the community health worker (CHW) network with local community-based organizations that provide culturally competent and linguistically appropriate services to connect our disadvantaged neighborhoods to healthcare. Improve community awareness of California Children's Services (CCS) program and utilization of services through targeted outreach to healthcare providers and disadvantaged communities. Increase Public Health Nursing (PHN) division's capacity in targeted geographic areas to improve access to health care, health literacy, and address social determinants of health that prevent access to health care. Develop rural mobile health program in collaboration with local medical providers.	
Evaluation Plan: How will LHJ measure and track this objective?	Establishment of a residency program with local university. Utilize EMS evaluation in planning and acquisition of new EMS lease. Track EMT training participants completion rate and recruitment outreach efforts. Conduct trainings to local stakeholders on Fresno's HPI, track number of training participants, and track adoption of HPI in any infrastructure criteria decision making process. Establishment of the infrastructure to manage the CHW network, track the amount of services provided by the network, track outcomes provided by the network, and cost/benefit analysis. Track the additional CCS applications received annually compared to prior year. Identify CCS applications in HPI Q1 area compared to prior year. Track the number and location of PHN visits. Implement rural mobile health program.	
Issue Area (select from drop down)	Issue Area 1	Access, Availability and Utilization of Health Services

		Issue Area 2	Accessible Built Environment
		Issue Area 3	Prevention and Health Promotion
		Issue Area 4	High Quality, Patient-Centered Care
		Issue Area 5	Other Core LHJ Infrastructure
		Specify if "other" Selected	
	Strategy Area (select from drop down)	Strategy Area 1	Assess and monitor population health status, factors that influence health, and community needs and assets
		Strategy Area 2	Assure an effective system that enables equitable access to the individual services and care needed to be healthy
		Strategy Area 3	Build and maintain a strong organizational infrastructure for public health
		Strategy Area 4	Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
		Strategy Area 5	Strengthen, support and mobilize communities and partnerships to improve health
		Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)			

Local Objective #3		
Objective (SMART Objective)	Improve local surveillance and detection of communicable diseases.	
Implementation Plan (Bulleted items or brief sentences)	Add support to improve epidemiology capabilities including but not limited to increased access to local health data. Increase the amount of FTE support for communicable disease (CD) investigation and contact tracing. Increase public health laboratory personnel and equipment to expand existing testing capacity. Assist the County in development of a County integrated data system that will support County departments and provide backbone IT infrastructure or a community information exchange.	
Evaluation Plan: How will LHJ measure and track this objective?	Identify local health data that is currently available to the LHJ and note any additional local health data infrastructure being added (e.g. syndromic surveillance, health information exchange). Increase the amount of epidemiology reports. Increase the amount of CDs investigated by the local LHJ. Decrease vacancy rate for CD investigators, increase cross-training of multiple CDs, increase phlebotomy certified investigators. Develop a public health microbiologist trainee program. Evaluate laboratory equipment that can conduct a diverse panel of testing for CDs.	
Issue Area (select from drop down)	Issue Area 1	Other Core LHJ Infrastructure
	Issue Area 2	Prevention and Health Promotion: STD
	Issue Area 3	Prevention and Health Promotion: COVID-19
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	Assess and monitor population health status, factors that influence health, and community needs and assets
	Strategy Area 2	Investigate, diagnose, and address health problems and hazards affecting the population
	Strategy Area 3	Assure an effective system that enables equitable access to the individual services and care needed to be healthy
	Strategy Area 4	Build and support a diverse and skilled public health workforce
	Strategy Area 5	Build and maintain a strong organizational infrastructure for public health
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

Local Objective #4		
Objective (SMART Objective)	Improve overall population health through evaluation of policies and systems in place.	
Implementation Plan (Bulleeted items or brief sentences)	Utilize the Healthy Places Index and Fresno County Health Priority Index to assess overall population health. Health Policy and Wellness (HPW) division will focus activities on evaluating local health and general policies for potential improvement in addressing local health disparities. Environmental Health (EH) division will increase capacity to evaluate and address illegal dumping, housing, identification of new CUPA facilities, tobacco retail inspections, pool inspections, and water well program resources. Evaluate existing environmental data and assess impact to population health.	
Evaluation Plan: How will LHJ measure and track this objective?	Evaluate the amount of County population categorized in HPI Q1 from year to year. Epidemiology team will annually report on studies and/or publications completed with local, state, and federal stakeholders on assessing environmental impacts to Fresno County population. Increase the number of inspections, outreach, and other activities completed by the EH division. HPW division will track the amount of local policies evaluated annually and the number of recommended changes adopted by the jurisdictions/organizations.	
Issue Area (select from drop down)	Issue Area 1	Equitable Outcomes
	Issue Area 2	Environmental Quality and Climate Change
	Issue Area 3	Neighborhood Safety and Collective Efficacy
	Issue Area 4	Prevention and Health Promotion: Tobacco Use
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	Assess and monitor population health status, factors that influence health, and community needs and assets
	Strategy Area 2	Investigate, diagnose, and address health problems and hazards affecting the population
	Strategy Area 3	Strengthen, support and mobilize communities and partnerships to improve health
	Strategy Area 4	Create, champion and implement policies, plans and laws that impact health
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

CDPH Future of Public Health (FoPH) Funding Minimum Requirements

Local Health Jurisdiction Name:	County of Fresno
Agreement Number:	FoPH-011

Future of Public Health (FoPH) Minimum Requirements	LHJ Response
<p>1. Describe how your local health jurisdiction achieves 24/7 health officer coverage. Include backup plans for times when the health officer is unavailable, such as Deputy Health Officer positions, contracts, or regional coverage agreements.</p>	<p>The County currently has an Interim Health Officer and a Deputy Health Officer position filled. In addition the County has an agreement with UC Merced for emergency coverage when the Deputy Health Officer is also not available.</p>
<p>2. Describe how these new funds will assist your jurisdiction in meeting your community health assessment/community health improvement plan and strategic plan goals. How do you plan to measure/evaluate the impact of these funds? Please either attach a copy or provide links to your CHA, CHIP and Strategic Plan or provide a date when these will become available.</p>	<p>Fresno County Community Health Needs Assessment 2020: https://www.co.fresno.ca.us/home/showpublisheddocument/44681/637273059301000000 Ensure Implementation and Evaluation Plans selected allow for relevant measurement of the impact of these funds consistent with population health metrics, along with programmatic goals. These funds will be utilized to directly support updating the Fresno County Department of Public Health's Strategic Plan (2008) and the development of the CHIP.</p>
<p>3. Describe how these new funds will assist your jurisdiction in meeting equity goals.</p>	<p>Funds will help improve Fresno's Health Priority Index (HPI) in identifying the most health burden areas that will benefit from additional health and economic mobility infrastructure being built in those areas. FCDPH will fund a Health Equity Office that will focus on increasing departmental collaboration and coordination with FCDPH will start building the infrastructure for accreditation that builds the foundation for continuous quality improvement. FCDPH Administration will start with this process to establish the infrastructure each division will need to mirror and align with its quality improvement. FoPH initial investment will support the foundation and then it will become a new "operating system" for FCDPH so that shifts from other funding sources may be done systematically to ensure incorporation and ongoing funding is available for continuous improvement</p>
<p>4. Describe efforts your jurisdiction will take in becoming or sustaining capacity as a learning organization including continuous quality improvement and results-based accountability/evaluation.</p>	<p>Yes</p>
<p>5. Commit to Health Officer and Health Director participation in the Regional Public Office monthly/quarterly meetings as determined by the Region and CDPH. (Select from dropdown)</p>	<p>Yes</p>

<p>YR1/Q1 Progress Update (July 1 - September 30, 2022)</p> <p>Progress Status: <small>(Select from drop down)</small></p> <p><i>Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."</i></p>	<p>YR1/Q2 Progress Update (October 1, 2022 - December 31, 2022)</p> <p>Progress Status: <small>(Select from drop down)</small></p> <p><i>Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.</i></p>	<p>YR1/Q3 Progress Update (January 1 - March 31, 2023)</p> <p>Progress Status: <small>(Select from drop down)</small></p> <p><i>Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.</i></p>	<p>YR1/Q4 Progress Update (April 1 - June 30, 2023)</p> <p>Progress Status: <small>(Select from drop down)</small></p> <p><i>Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.</i></p>
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YR1/Q1 Progress Update (July 1 - September 30, 2022)	YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)	YR1/Q3 Progress Update (January 1 – March 31, 2023)	YR1/Q4 Progress Update (April 1 – June 30, 2023)
Progress Status: (Select from drop down)	Progress Status: (Select from drop down)	Progress Status: (Select from drop down)	Progress Status: (Select from drop down)
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CDPH Future of Public Health (FoPH) Funding
Staffing Plan

Local Health Jurisdiction Name:	County of Fresno
Agreement Number:	FoPH-011

Workplan Staffing Considerations	LHJ Response
List any anticipated challenges and/or barriers to hiring and/or technical assistance needs from CDPH.	Recruitment and retention will be challenging based on our exit interviews with staff and potential applicants turning down positions due to salary and parking. The departments' classifications can improve from increased salaries to become competitive with other local agencies.
If applicable, describe your strategies to overcome potential hiring barriers.	Collaborate with County Human Resources Department to evaluate contracting with a consultant to conduct salary surveys. Coordinate with County Administrative Officer on evaluating parking solutions.

Progress Report*	YR1/Q1 Progress Update (July 1, 2022 - September 30, 2022)	YR1/Q2 Progress Update (October 1, 2022 - December 31, 2022)	YR1/Q3 Progress Update (January 1, 2023 - March 31, 2023)	YR1/Q4 Progress Update (April 1, 2023 - June 30, 2023)
Briefly describe progress to date and challenges on your proposed staffing plan.				

Type of Position/Classification	Public Health Topics									# of Positions (Total FTE)	Notes
	Infectious Diseases	Chronic Diseases/Community Health	Family Health	Environmental Health	Public Health Lab	Emergency Preparedness	Communications	Vital Records	IT		
1. Professional or clinical staff, including public health physicians and nurses (not Public Health Nurses, but Registered Nurses working in clinical capacity at a public health clinic); mental or behavioral health specialists to support workforce and community resilience; social service specialists; vaccinators;	1.1875	0.4375	1.5				0.1875			3.3125	There are 39 positions but the column notes Total FTE so we completed the table based on total FTE of 29.
2. Public Health Nurses			1.5							1.5	
3. Research, evaluation, and surveillance specialists and scientists such as population Health and Disease investigation staff, epidemiologists, surveillance specialists, program evaluators, case investigators, contact tracers; or disease intervention specialists; data management and informatics staff,	3.75	0.75	0.75							5.25	
4. Laboratory scientists or technicians	0.75									0.75	
5. Program development and implementation staff, including program managers; health program specialists, communications and policy staff; translation and trans-adaptation services; training development staff, trainers or health educators; or other community health workers; emergency preparedness and response coordinators to support planning, exercises, and response and identify lessons learned to help prepare for possible future disease outbreaks; health equity officers or teams;	2.625	3.375	1.5							7.5	
6. Environmental Health Investigators	0.75			3						3.75	
7. Administrative staff, including human resources personnel; fiscal or grant managers; grant writers, clerical staff; or others needed to ensure rapid hiring and procurement of goods and services and other administrative services associated with successfully managing multiple funding streams that have been leveraged and/or braided across multiple programs	0.75	1.125	0.75				2.625	0.75		6	
8. Other positions that support strategic alignment, coordination, collaboration or facilitation of cross-cutting programmatic work in your jurisdiction, particularly across public health programs										0	
9. Policy Development	0.75			0.1875						0.9375	
Total	29	9.8125	6.4375	6	3.1875	0	0	2.8125	0	0.75	

Future of Public Health (FoPH) Spend Plan

Local Health Jurisdiction Name:	County of Fresno
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Position Title*	Annual Salary	Budgeted Months (1-12) Months)	FTE %	Total Salary	Benefit Rate	Total Benefits	Combined Salary and Benefits
Program Technician I - Filled (ADMIN)	\$ 44,166.00	9.00	75%	\$ 33,124.50	80.71%	\$ 26,735.25	\$ 59,859.75
Staff Analyst I - Filled (ADMIN)	\$ 61,930.00	9.00	75%	\$ 46,447.50	87.88%	\$ 40,820.25	\$ 87,267.75
Administrative Assistant I-C - Filled (ADMIN)	\$ 51,199.00	9.00	75%	\$ 38,399.25	91.41%	\$ 35,102.25	\$ 73,501.50
Health Educator - Filled (ADMIN)	\$ 63,710.00	9.00	75%	\$ 47,782.50	72.96%	\$ 34,863.75	\$ 82,646.25
Deputy Public Health Officer - Filled (ADMIN)	\$ 226,779.00	9.00	75%	\$ 170,084.25	60.65%	\$ 103,161.75	\$ 273,246.00
Staff Analyst I - Vacant (ADMIN)	\$ 55,370.00	9.00	75%	\$ 41,527.50	75.86%	\$ 31,502.25	\$ 73,029.75
Business Systems Analyst I - Vacant (ADMIN)	\$ 52,193.00	9.00	75%	\$ 39,144.75	77.09%	\$ 30,177.00	\$ 69,321.75
Public Health Physician - Vacant (ADMIN)	\$ 192,884.00	6.00	50%	\$ 96,442.00	64.85%	\$ 62,540.00	\$ 158,982.00
Health Education Specialist - Vacant (HPW)	\$ 52,348.00	9.00	75%	\$ 39,261.00	76.76%	\$ 30,138.00	\$ 69,399.00
Health Educator - Filled (HPW)	\$ 63,710.00	9.00	75%	\$ 47,782.50	72.96%	\$ 34,863.75	\$ 82,646.25
Public Health Program Manager - Filled (HPW)	\$ 100,536.00	9.00	75%	\$ 75,402.00	66.98%	\$ 50,500.50	\$ 125,902.50
Health Education Specialist - Vacant (HPW)	\$ 52,348.00	9.00	75%	\$ 39,261.00	76.76%	\$ 30,138.00	\$ 69,399.00
Health Education Specialist - Vacant (HPW)	\$ 52,348.00	9.00	75%	\$ 39,261.00	76.76%	\$ 30,138.00	\$ 69,399.00
Program Technician - Vacant (CMS)	\$ 54,470.00	9.00	75%	\$ 40,852.50	75.93%	\$ 31,020.00	\$ 71,872.50
Staff Nurse - Vacant (CMS)	\$ 66,554.00	9.00	75%	\$ 49,915.50	72.22%	\$ 36,047.25	\$ 85,962.75
Senior Administrative Case Worker - Vacant (CMS)	\$ 54,696.00	9.00	75%	\$ 41,022.00	75.85%	\$ 31,114.50	\$ 72,136.50
Public Health Nurse - Vacant (PHN)	\$ 105,019.00	9.00	75%	\$ 78,764.25	86.55%	\$ 68,172.75	\$ 146,937.00
Public Health Nurse - Vacant (PHN)	\$ 105,019.00	9.00	75%	\$ 78,764.25	86.55%	\$ 68,172.75	\$ 146,937.00
Medical Social Worker - Vacant (PHN)	\$ 78,661.00	9.00	75%	\$ 58,995.75	80.79%	\$ 47,661.00	\$ 106,656.75
Health Education Assistant - Vacant (PHN)	\$ 42,607.00	9.00	75%	\$ 31,955.25	81.63%	\$ 26,086.50	\$ 58,041.75
Health Education Assistant - Vacant (PHN)	\$ 42,607.00	9.00	75%	\$ 31,955.25	81.63%	\$ 26,086.50	\$ 58,041.75
Program Technician - Vacant (CH)	\$ 54,470.00	9.00	75%	\$ 40,852.50	75.93%	\$ 31,020.00	\$ 71,872.50
Program Technician - Vacant (CH)	\$ 54,470.00	9.00	75%	\$ 40,852.50	75.93%	\$ 31,020.00	\$ 71,872.50
Health Education Specialist - Vacant (CH)	\$ 52,348.00	9.00	75%	\$ 39,261.00	76.76%	\$ 30,138.00	\$ 69,399.00
Health Education Specialist - Vacant (CH)	\$ 52,348.00	9.00	75%	\$ 39,261.00	76.76%	\$ 30,138.00	\$ 69,399.00
Licensed Vocational Nurse - Vacant (CH)	\$ 42,497.00	9.00	75%	\$ 31,872.75	81.70%	\$ 26,040.00	\$ 57,912.75
Communicable Disease Specialist - Vacant (CH)	\$ 58,675.00	9.00	75%	\$ 44,006.25	88.64%	\$ 39,005.25	\$ 83,011.50
Communicable Disease Specialist - Vacant (CH)	\$ 58,675.00	9.00	75%	\$ 44,006.25	88.64%	\$ 39,005.25	\$ 83,011.50
Supervising Communicable Disease Specialist - Vacant	\$ 63,868.00	9.00	75%	\$ 47,901.00	87.09%	\$ 41,717.25	\$ 89,618.25
Division Manager - Public Health Services (ESDM) - V	\$ 111,852.00	9.00	75%	\$ 83,889.00	65.83%	\$ 55,220.25	\$ 139,109.25
Epidemiologist - Filled (ESDM)	\$ 80,664.00	9.00	75%	\$ 60,498.00	69.29%	\$ 41,916.75	\$ 102,414.75
Program Technician II - Filled (ESDM)	\$ 47,185.00	9.00	75%	\$ 35,388.75	85.18%	\$ 30,143.25	\$ 65,532.00
Office Assistant II - Vacant (ESDM)	\$ 36,748.00	9.00	75%	\$ 27,561.00	85.81%	\$ 23,649.00	\$ 51,210.00
Public Health Microbiologist Trainee - Filled (ESDM)	\$ 53,805.33	9.00	75%	\$ 40,354.00	76.19%	\$ 30,744.00	\$ 71,098.00

CDPH Future of Public Health (FoPH) Funding

California Department of Public Health
 Email Invoice to: FoPHfunding@cdph.ca.gov

Date:

LHJ Name/Address (to send warrant)

Contract Number:
 Contract Term: July 1, 2022 to June 30, 2023
 Billing Period:
 Invoice Number: State Use Only
 County Invoice #: Optional

*Check if remittance address changed
 since last Invoice*

Telephone #:
 Supplier ID #: State Use Only

Budget Line-Item	Expenditures This Period
Personnel	
Supplies	
Travel	
Equipment	
Other	
Subcontracts	
Indirect	
Total	\$

State Certification: I hereby certify that the above referenced local health department has met all requirements for submission of its application, related documents, and certifications and is eligible to receive this payment. The application, related documents, approvals, and requests for payment are maintained by CDPH, for five (5) years for audit purposes as required by the State Controller's Office.

CDPH Use Only	
Service Location:	Please Pay:
TBD	\$-

 Signature
Caroline Kurtz, Program Director