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1b.	SF424A Budget Information (1b)
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6.	Work Plan
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8.	Disclosure of Lobbying Activities

### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☒ Preapplication  
☐ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ 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:**

San Bernardino County, Department of Public Health

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

95-6002748

**\* c. Organizational DUNS:**

1063768610000

**d. Address:****\* Street1:**

351 N. Mt. View

**Street2:****\* City:**

San Bernardino

**County/Parish:****\* State:**

CA

**Province:****\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92415

**e. Organizational Unit:****Department Name:****Division Name:****f. Name and contact information of person to be contacted on matters involving this application:****Prefix:****\* First Name:**

Joshua

**Middle Name:****\* Last Name:**

Dugas

**Suffix:****Title:****Organizational Affiliation:****\* Telephone Number:**

(909) 387-6222

**Fax Number:****\* Email:**

jdugas@dph.sbcounty.gov

**Application for Federal Assistance SF-424**

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

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 and Prevention

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

ODC-RFA-OE22-2203

\* Title:

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Strengthening Public Health Infrastructure

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

CA-035

\* b. Program/Project

CA-008

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

11/1/22

\* b. End Date:

11/1/27

**18. Estimated Funding (\$):**

\* a. Federal

33,018,272

\* b. Applicant

0

\* c. State

0

\* d. Local

0

\* e. Other

0

\* f. Program Income

0

\* g. TOTAL

33,018,272

**\* 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

Add Attachment

Delete Attachment

View Attachment

**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:

Curt

Middle Name:

\* Last Name:

Hagman

Suffix:

\* Title:

Chairman, Board of Supervisors

\* Telephone Number:

(909) 387-4866

Fax Number:

\* Email:

Curt.Hagman@cao.sbcounty.gov

\* Signature of Authorized Representative:

\* Date Signed:

AUG 09 2022

# BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 02/28/2025

## 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. A1 Workforce	93.967	\$ 30,143,168	\$	\$	\$	\$ 30,143,168
2. A2 Foundational Capabilities		2,490,104				2,490,104
3. A3 Data Modernization		385,000				385,000
4.						
5. Totals		\$ 30,143,168	\$ 2,490,104	\$ 385,000	\$	\$ 33,018,272

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	A1 Workforce	A2 Foundational Capabilities	A3 Data Modernization		
a. Personnel	\$ 14,411,900	\$ 1,244,260	\$	\$	\$ 15,656,160
b. Fringe Benefits	7,290,980	629,471			7,920,451
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	5,700,000	390,000	350,000		6,440,000
i. Total Direct Charges (sum of 6a-6h)	27,402,880	2,263,731	350,000		\$ 30,016,611
j. Indirect Charges	2,740,288	226,373	35,000		\$ 3,001,661
k. TOTALS (sum of 6i and 6j)	\$ 30,143,168	\$ 2,490,104	\$ 385,000		\$ 33,018,272
7. Program Income	\$	\$	\$	\$	\$

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Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. A1 Workforce	\$	\$	\$	\$
9. A2 Foundational Capabilities				
10. A3 Data Modernization				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 33,018,272	\$ 33,018,272	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 33,018,272	\$ 33,018,272	\$	\$	\$

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. A1 Workforce	\$ 30,143,168	\$	\$	\$
17. A2 Foundational Capabilities	2,490,104			
18. A3 Data Modernization	385,000			
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 33,018,272	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: 30,016,611	22. Indirect Charges: 3,001,661
23. Remarks: Thank you for the opportunity to apply.	



## Attachment G

### PERFORMANCE PROGRESS and MONITORING REPORT OFR Risk Questionnaire



#### Risk Questionnaire

**Instructions:** Prior to making an award, the Centers for Disease Control (CDC) evaluates the degree of risk posed by an applicant.

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].

#### General Information

Legal Name of Organization	San Bernardino County, Department of Public Health
In which country (or countries) does your organization propose to operate for this NOFO? Please list all separated by commas.	United States of America
In which country is the headquarters or general office of your organization located?	United States of America
Please identify what type of organization you are (non-profit, for-profit, educational institution, other)?	Government agency
Is your organization incorporated or legally registered?	Yes      If not, please explain:

#### Operational Risk

Personnel	Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer?	Yes      If not, please explain:
	Does your organization have written human resource (HR) policies and procedures?	Yes, enclosed      If not, please explain: <a href="http://countyline.sbcounty.gov/cao/policy/">http://countyline.sbcounty.gov/cao/policy/</a>
	List the number of employees within your organization.	Full Time Employees: 1,613      Part-time Employees: 64 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

#### Financial Risk

Accounting System	Does your organization have written accounting policies and procedures?	Yes, enclosed Explanation: <a href="http://countyline.sbcounty.gov/cao/policy/">http://countyline.sbcounty.gov/cao/policy/</a>
	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
	Can your accounting records summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies and equipment?	Yes
Internal Controls	Does your organization have systems, policies, and procedures for tracking and approving hours worked by employees, contractors, and volunteers?	Yes
	Does your organization have internal controls and anti-corruption ethics codes that are emphasized by leadership?	Yes
	Does your organization have written project management policies, procedures, and systems?	Yes      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
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      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)	45%
	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)	
	What is the dollar amount of your total debt?	
	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
	If yes, who performs the audit?	Eide Bailly, LLP for FY 2021
	What was the date of the most recent audit and what was the result?	Date: 01/19/2022      Opinion: "the County complied, in all material respects"

**RESET**

**PRINT**

**EMAIL**



## **Project Abstract Summary**

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**Funding Opportunity Number:**

CDC-RFA-OE22-2203

**CFDA(s):**

93.967

**Applicant Name:**

San Bernardino County, Department of Public Health

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

Strengthening Public Health Infrastructure

**Project Abstract:**

The San Bernardino County, Department of Public Health (Department), is seeking funding to help meet critical staffing and infrastructure needs.

We are seeking Component A funding to improve our Workforce and Foundational Capabilities under Strategy A1 and A2, as well as funding under Strategy A3, Data Modernization, to make improvements to our data analytics infrastructure.

- Strategy A1, Workforce
- Strategy A2, Foundational Capabilities
- Strategy A3, Data Modernization

We appreciate the CDC and their flexibility in addressing workforce investments, including hiring, retaining, supporting, and training of the Public Health workforce. We also seek to improve our efficiency and effectiveness. Through the implementation of activities associated with this grant, we hope to improve client health outcomes and seek to improve overall Public Health services.

## **Project Narrative**

### **San Bernardino County, Department of Public Health Strengthening Public Health Infrastructure**

#### **a. Background**

As stated by the Centers for Disease Control and Prevention (CDC) in their application guidance document, the COVID-19 pandemic emphasized the critical importance of a robust public health system. Public Health departments, including our own continue to work to respond to COVID-19 and prepare for future Public Health emergencies.

The pandemic highlighted weaknesses and created new challenges for our Public Health infrastructure. Additionally, COVID-19 affected nearly every aspect of our healthcare and Public Health system. This highlighted gaps, highlights disparities, and exacerbated both to varying degrees.

The San Bernardino County, Department of Public Health (Department), is seeking funding to help meet critical staffing and infrastructure needs.

We are seeking Component A funding to improve our Workforce and Foundational Capabilities under Strategy A1 and A2, as well as funding under Strategy A3, Data Modernization, to make improvements to our data analytics infrastructure.

- Strategy A1, Workforce
- Strategy A2, Foundational Capabilities
- Strategy A3, Data Modernization

We appreciate the CDC and their flexibility in addressing workforce investments, including hiring, retaining, supporting, and training of the Public Health workforce. We also seek to improve our efficiency and effectiveness. Through the implementation of activities associated with this grant, we hope to improve client health outcomes and seek to improve overall Public Health services.

As such, we plan to utilize funding for almost all aspects of Strategy A1, A2, and A3 including:

#### **A1.1. Recruit and Hire New Public Health Staff**

- d. Conduct workforce needs assessments
- e. Expand and improve recruitment efforts
- f. Provide training
- g. Refine job descriptions

- h. Review pay scales
- i. Hire additional public health staff
- j. Hire or train staff to specifically support or expand telemedicine
- k. Offer a range of hiring incentives
- l. Work with and recruit from Public Health partners
- m. Expand internships
- n. Strengthen Public Health surge capacity
- o. Explore the creation of a Tribal Liaison
- p. Hire additional Health Education Specialists
- q. Hire Community Health Workers to support community involvement

#### **A1.2. Retain Public Health Staff**

- a. Identify and use hiring mechanisms to transition staff from one type of contract or mechanism to a new one
- b. Offer a range of retention incentives
- c. Review classification of existing jobs
- d. Create or expand new promotional opportunities
- e. Establish or strengthen supportive services available to the workforce

#### **A1.3. Support and Sustain the Public Health Workforce**

- a. Expand employee well-being programs
- b. Adopt new workplace programs that support staff emotional and physical well-being
- c. Strengthen workplace policies that support staff emotional, mental, and physical well-being
- d. Strengthen employee engagement programs
- e. Expand employee involvement in professional networks
- f. Conduct staff surveys
- g. Share and use employee input in strategic planning
- h. Implement programs that allow staff to learn, while remaining in the workforce

#### **A1.4. Train New and Existing Public Health Staff**

- a. Conduct training needs assessments
- b. Establish or expand contracts or partnership with training partners
- c. Revise and upgrade existing training programs
- d. Establish or expand contracts or partnership with accreditation providers
- e. Create or enhance incentive programs for staff
- f. Establish or revise training tracks or certificate programs
- g. Expand leadership development programs
- h. Support staff to enroll in internal (County PERC - Performance, Education, and Resource Centers) and external (local colleges and other educational institutions) for training
- i. Establish follow-up support programs that provide opportunities for continued learning
- j. Strengthen training evaluation capacity
- k. Promote learning opportunities

**A1.5. Strengthen Workforce Planning, Systems, Processes, and Policies**

- a. Create or revise a comprehensive workforce development strategy
- b. Explore create of a workforce development board or other mechanism
- c. Create or modify positions to focus on key crosscutting workforce issues
- d. Catalyze the collection and use of workforce data, to guide workforce planning
- e. Upgrade systems and improve interoperability among systems to improve equity
- f. Refresh recruitment and hiring processes
- g. Strengthen policies related to hybrid work environments
- h. Identify opportunities to modify or amend internal policies
- i. Identify opportunities to educate policy makers
- j. Conduct quality improvement on existing systems or processes
- k. Strengthen partnerships with relevant labor unions
- l. Establish or strengthen partnerships with human resource

**A1.6. Strengthen Support for Implementation of this Grant**

- a. Hire staff to manage this grant
- b. Hire staff to support this and other grant opportunities

**A2.1. Strengthen Accountability and Performance Management Including Accreditation**

- a. Support efforts to re-apply for Public Health Accreditation
- b. Support efforts required to address identified gaps or areas for improvement
- c. Establish and/or support statewide activities
- d. Develop and maintain a performance management system
- e. Develop processes to identify and use evidence-based and/or promising practices
- f. Procure assistance to improve or maintain a culture of continuous quality improvement
- g. Develop and improve recruitment, retention, and succession planning
- h. Develop a workforce surge plans to address all-hazard emergencies and outbreaks
- i. Develop a workforce development plan that assesses workforce capacity and gaps

**A2.2. Strengthen Organizational Competencies Addressing Information Technology, Human Resources, Financial Management, Contract, and Procurement Services**

- a. Upgrade human resource and other administrative information systems, where applicable
- b. Develop standard policies and practices
- c. Upgrade and/or improve financial management, contract, and procurement systems or processes
- d. Improve all systems and processes to procure, maintain, and manage safe facilities
- e. Develop tools to improve management of financial, information, and human resources
- f. Expand EPIC, as an electronic medical record system, into Public Health clinics
- g. Advance information technology services, including privacy and security
- h. Develop policies and practices that will improve financial systems
- i. Develop policies and practices to include an equity lens

**A2.3. Enhance Communications**

- a. Improve, develop, and implement strong communications capability and products
- b. Work with partners in developing culturally/linguistically relevant and responsive communication
- c. Develop and use health communication strategies to support prevention and well-being
- d. Develop or enhance the Department's ability to use social media platforms
- e. Upgrade or maintain communication technologies needed to interact with community residents
- f. Provide information through multiple methods, languages, and media to a variety of audiences

**A2.4. Enhance or Increase Policy Development and Legal Services and Analysis**

- a. Develop, implement, or maintain strong policy development and support capabilities
- b. Invest in legal services and analysis to access and appropriately use legal services in planning
- c. Create, champion, and implement policies, plans, and laws that impact health
- d. Promote compliance of affected individuals or organizations
- e. Conduct assessment of existing public health policies and their impact

**A2.5. Strengthen Community Partnership Development and Engagement**

- a. Set up processes and systems to better collaborate with behavioral health partners
- b. Support efforts to create, convene, and sustain strategic, non-program specific relationships
- c. Provide forums and opportunities for direct access, conversation, and engagement
- d. Support leadership efforts to convene external partners
- e. Lead a cross-sector collaborative process resulting in a comprehensive Community Health Improvement Plan via the Community Vital Signs initiative
- g. Engage with partners in the health care system to assess and improve health
- h. Develop and implement multisector or system strategies to increase access to services
- i. Build relationships with programs that promote the development of future public health workers
- j. Connect communities to services
- k. Support resources to strengthen and deliver environmental health services

**A2.6. Improve Equity and Organizational Competencies Addressing Leadership, Governance, and Strategic Planning**

- a. Support all efforts to strategically coordinate health equity programming
- b. Conduct a department-wide strategic planning process
- c. Support organizational improvement efforts
- d. Develop policies that foster accountability and transparency within the organizational

**A2.7. Implement Plans to Transition from COVID-19 Emergency Response**

- a. Explore the retention of Contact Tracing staff to other positions
- b. Explore the training of Contact Tracing staff for other positions

It is hoped that a combination of these items will help to reduce our current vacancy rate which stands at slightly over 25 percent, improve retention, and improve services to the community.

**A3.1. Identify a Data Modernization Director and Supporting Team**

- a. Hire staff to lead implementation of new Electronic Health Record (EHR) system (EPIC)
  - a. To be funded under Strategy A1 (allowable per the guidance)
- b. Plan and implement new Electronic Health Records system (EPIC)
- c. Review and purchase relevant software
- d. Build a support team to assist with above
  - a. To be funded under Strategy A 1 (allowable per the guidance)

**A3.2. Assess and Report Current Capacity Gaps**

- a. Complete assessment of current capacity and gaps

**A3.3. Create Implementation Plans**

- a. Identify enterprise-wide goals for data modernization
- b. Define technical standards
- c. Incorporate services and resources available from the CDC and other public health partners
- d. Plan towards outcomes that focus on addressing problems of highest public health value

**A3.4. Implement Data Infrastructure Enhancements and Improvements**

- a. Address prioritized areas of focus such as an EHR (EPIC)

**A3.5. Accelerate Implementation**

- a. Begin implementation of a new EHR upon receipt of award

**b. Approach**

Our approach will be grounded on key principles that include:

- The need for data and evidence to drive planning and implementation
- The critical role that partnerships play in success, and
- The imperative to direct these resources in a way that supports health equity

And while our employees are generally satisfied with their employment, we are anticipating a large number of retirements in the coming years, as illustrated below.

**Employees Planning to Retire by Year**

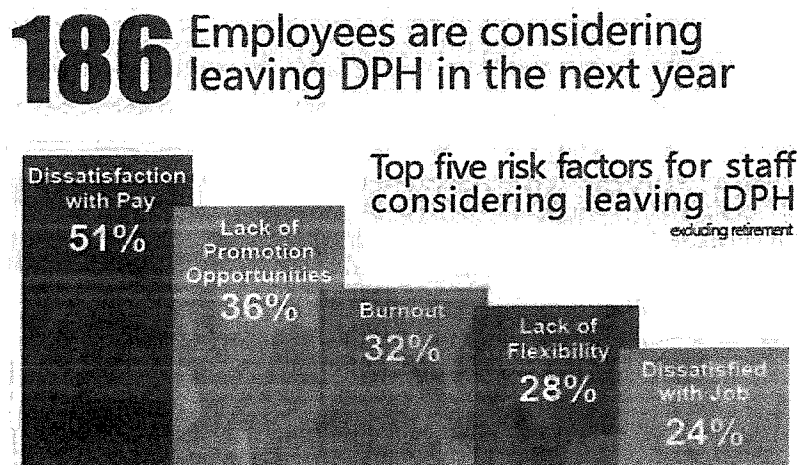
2022	2023	2024	2025	2026
31	21	13	18	26



With a current workforces of 1,613 full-time budgeted positions, this represents almost 7 percent.

We have also experienced a large number of staff leaving or considering leaving the Department of Public Health (DPH) for a variety of reasons, as illustrated below. Reasons include a combination, one or more, of:

- Dissatisfaction with pay – 51%
- Lack of promotional opportunities – 36%
- Burnout – 32%
- Lack of flexibility – 28%
- Dissatisfaction – 24%

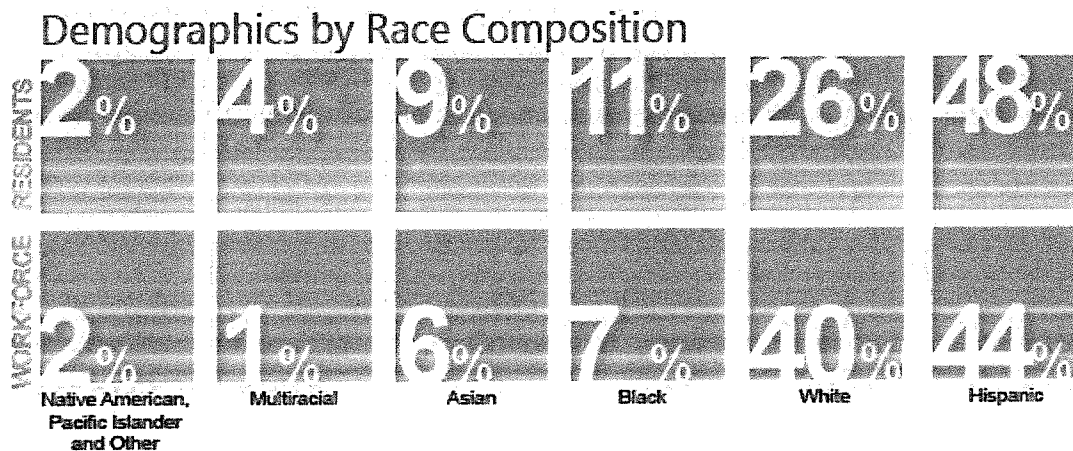


**i. Purpose**

The San Bernardino County, Department of Public Health, is seeking funding to help meet critical staffing and infrastructure needs. We are seeking Component A funding to improve our Workforce and Foundational Capabilities under Strategy A1 and A2. This includes Strategy A1, Workforce, and Strategy A2, Foundational Capabilities as well as funding under Strategy A3, Data Modernization, to make improvements to our data analytics infrastructure.

We have a workforce reflective of the community served, as illustrated on the following page, yet more can be done to improve this reflectiveness.

# DPH Workforce Data 2021



## ii. Outcomes

We are seeking Component A funding to improve our Workforce and Foundational Capabilities under Strategy A1 and A2, as well as funding under Strategy A3, Data Modernization, to make improvements to our data analytics infrastructure.

Outcomes associated with these Strategies will include short, intermediate, and long-term outcomes.

Under Component A, Strategy A1 Workforce, the key outcomes achieved by the end of the period of performance will include increased hiring of diverse staff and increased size and capabilities of the public health workforce.

For Strategy A2, Foundational Capabilities, the key outcomes achieved by the end of the period of performance will include improved organizational systems and processes and evidence of stronger public health foundational capabilities.

For Strategy A3, Data Modernization, the key outcomes achieved by the end of the period of performance will include hiring staff to lead and support (under Strategy A1, as allowable per the guidance) data modernization and implementation of a new Electronic Health Record (EHR).

- A1 Short-Term Outcomes will include increased hiring of diverse staff
- A2 Short-Term Outcomes will include improved systems and processes
- A3 Short-Term Outcomes will include hiring and implementation planning

- A1 Intermediate-Term Outcomes include increased size and capability
- A2 Intermediate-Term Outcomes include enhanced foundational capabilities
- A3 Intermediate-Term Outcomes include data infrastructure assessment
- A1 Long-Term Outcomes include an ability to address new and emerging threats
- A2 Long-Term Outcomes will also include an ability to address new and emerging threats
- A3 Long-Term Outcomes will include full implementation of a new EHR

As previously stated, it is hoped that a combination of these efforts will help to reduce our current vacancy rate which stands at slightly over 25 percent, improve retention, and improve services to the community.

#### **Strategy A1**

Performance measures to be utilized by the Department to address Strategy A1 may include, but are not limited to:

- Number and type of current vacancies, or reduction in
- Number and type of hiring mechanisms used to hire new staff
- Number and type of incentives or programs used to retain existing public health staff
- Number and type of workplace programs or services newly available and used by staff
- Number and type of workforce, training, and other assessments conducted
- Number and type of improvements to workforce systems and processes
- Number of staff employed overall and by job type or classification
- Total size of the workforce
- Proportions of public health staff who report being satisfied with their job

#### **Strategy A2**

Performance measures to be utilized by the Department to address Strategy A2 may include, but are not limited to:

- Number and type of improvements to foundational systems and processes
- Number and type of innovations to foundational systems and processes
- Successes and challenges to implementation of specific new processes
- Number and type of quality improvements
- Meeting of accreditation standards and measures

### **Strategy A3**

Performance measures to be utilized by the Department to address Strategy A3 may include, but are not limited to:

- Identification of staff to lead and support data modernization efforts
- Establishment of needs or conducting needs assessment
- Successes to be measured by full implementation of new EHR

A comprehensive Evaluation and Performance Measurement Plan will be submitted in consultation with the CDC within 6 months of award.

#### **iii. Strategies and Activities**

A detailed list of strategies and activities are listed on pages 1 through 4 and therefore not repeated here. Our Collaborations, our Target Population, and Health Disparities are detailed below.

##### **1) Collaborations**

We, as a Health Department, will collaborate with a multitude of organizations and entities while implementing this grant. Community Based Organizations (CBOs), Tribal Nations, Faith Based Organizations (FBOs), community partners, staff, educational institutions, and other county departments will be engaged throughout implementation. The Department will leverage current relationships and foster new relationships in addressing our workforce and infrastructure needs.

Collaboration will also take place at the regional level, as we often work with the Public Health Alliance of Southern California and near or neighboring health departments.

Due to county procurement policies, vendors or other potential partners are not selected prior to procurement. However, the Department maintains lists of potential community partners and vendors for usage.

##### **2) Target Populations and Health Disparities**

Specific target populations impacted under this grant will include African American, Hispanic, Asian American, Pacific Islander, Native American, and/or other racial and ethnic minority groups. This includes employees, future employees, clients, and future clients.

Other target populations will include those experiencing homelessness, persons with disabilities, Non-US born persons, religious minorities, the LGBTQ community, and those who live in the most rural areas of the county.

As a department, we have a long history of working with underserved populations and funds will be used to address their needs and advance health equity. We will also work to address needs in both urban and rural communities throughout the entire county. It should be noted that San Bernardino County is the largest county in the contiguous United States, in excess of 20,000 square miles.

And while this vast size presents unique challenges, it also provides for unique opportunities.

The department also maintains a Health Equity Committee to work closely with leadership and staff to implement diversity and inclusion activities, and to create a workforce that reflects the population we serve.

Its Mission is to:

*Strengthen the workforce by fostering a culture of diversity and inclusion through the institution of education activities, events and outreach.*

- Formed in 2017
- Meets monthly
- Comprised of staff from various programs



And its Vision of a:

*A talented workforce that recognizes, promotes, and celebrates the differences of its employees and the people the community serves.*

#### **c. Applicant Evaluation and Performance Measurement Plan**

A comprehensive Evaluation and Performance Measurement Plan will be submitted in consultation with the CDC within 6 months of award.

The Department achieved Public Health Accreditation Board Accreditation in 2019 and currently works with multiple regional and national assessment partners on a regular basis and will do so in the future.

We are currently participating in the National Association of County and City Health Officials (NACCHO) National Profile of Local Health Departments Study (Study). This Study is the only national-level data source on local health departments and their infrastructure. Our participation in this study will support national research to inform Public Health programs and policy, help advocate for needed local resources, and help to support this grant, if awarded.

We will also work with the selected Strategy B2, Grant Program Evaluation, recipient or recipients to meet the needs of the CDC.

As per the guidance, we will work with the CDC to develop a comprehensive Evaluation and Performance Measurement Plan within 6 months of award.

At a minimum, the plan will describe:

- How we will collect the performance measures
- How key program partners will participate
- Available data sources, and
- Plans for updating the Data Management Plan, if applicable

It should also be noted that the Department has a history of conducting internal evaluation and working with external partners for the completion of program evaluation. The Department may choose to approach the evaluation process internally or externally, in consult with the CDC.

We will also develop robust outcome performance measures as illustrated previously in the application and in consult with the CDC in an effort to meet both their and our needs, while simultaneously addressing health equity. A Work Plan is also included as an attached to our application.

#### **d. Organizational Capacity of Applicant to Implement the Approach**

Our Vision is:

*Healthy People in vibrant communities.*

Our mission is:

*Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County.*

Our values are:

*Collaboration, Diversity, Equity, Innovation, and Transparency*

And from our Countywide Vision:

*We envision a complete county that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play.*

*We envision a vibrant economy with a skilled workforce that attracts employers who*



*seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.*

*We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.*

*We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.*

*From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.*

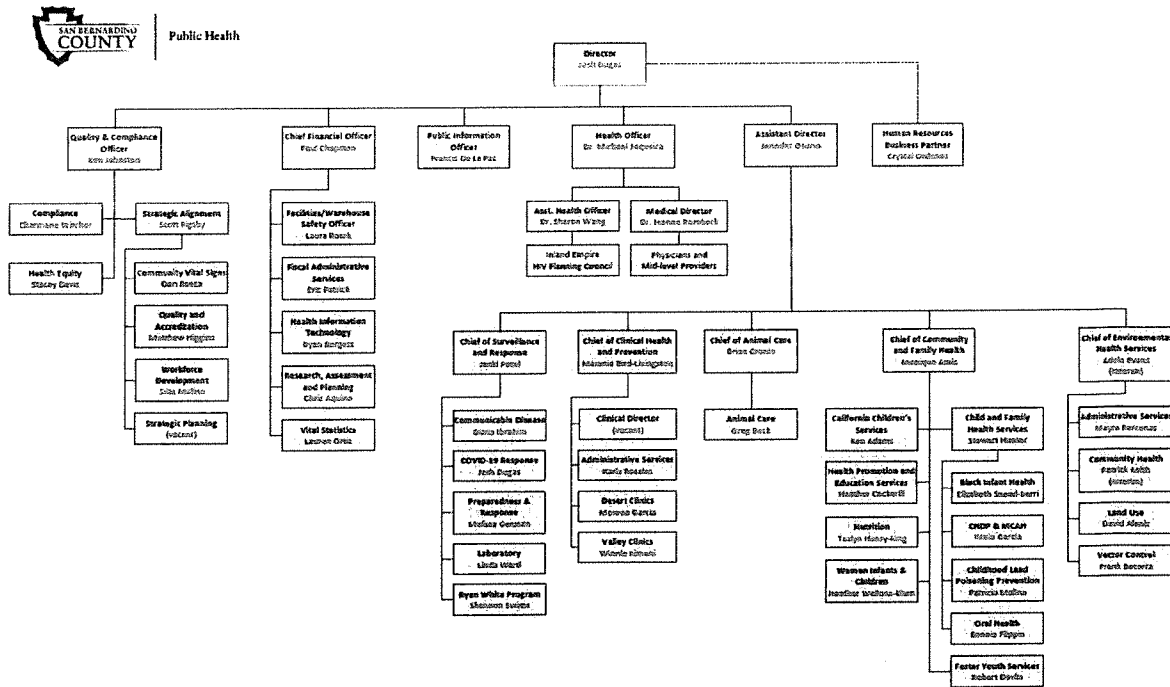
As per the guidance, our organizational capacity is illustrated below and on the following pages, in the form of a narrative, multiple letters from our Director, and organizational chart.

Five letters from our Director include:

- One to support that we can maintain services and a comprehensive Public Health infrastructure, including all Public Health foundational capabilities, including a robust human resources capacity.
  - Attachment 5a - Organizational Capacity, Component A, Services
- One to support that we can hire and retain competent Public Health staff to meet the needs of our clients.
  - Attachment 5b - Organizational Capacity, Component A, Hiring
- One to support that we are accredited by the Public Health Accreditation Board.
  - Attachment 5c - Organizational Capacity, Component A, Accreditation
- One to support our ability to manage a large County Public Health agency serving a population of 400,000 or more. The current population of San Bernardino County is 2,181,654 per the 2020 United States Census.
  - Attachment 5d - Organizational Capacity, Component A, Population Size
- One to support our receipt of CDC Epidemiology and Laboratory Capacity (ELC) Funding
  - Attachment 5e - Organizational Capacity, Component A, ELC, Support

## Department Organizational Chart

Below is an organizational chart which further illustrate our Department's capability in meeting the requirements of this grant. We have a diverse staff, covering a diverse set of programs, providing services to a diverse population.



Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County

Rev. 04/29/22

## Key Personnel Positions

As detailed in the attached Budget Narrative attachment, the Department plans to hire several key staff if awarded funds. These positions are detailed in the attached Work Plan, and include:

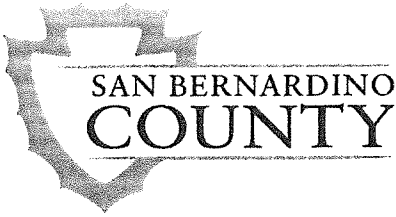
- Workforce Development Director/Manager
  - Minimum grant requirement for selected Strategies
- Evaluation Director/Statistical Analyst
  - Minimum grant requirement for selected Strategies
- Data Modernization Director/Business Systems Analyst II
  - Minimum grant requirement for selected Strategies

## **Other Key Positions**

Other key positions and personnel include:

- Training and Development Specialist
- Staff Training Instructor
- Ethics and Compliance Coordinator
- Public Health Project Coordinator
- Statistical Analyst (one to function as Evaluation Director)
- Program Specialist I
- Public Health Program Manager (to function as Workforce Development Director)
- Staff Analyst I (Engagement Analyst)
- Staff Analyst II
- Applications Specialist
- Human Resources Business Partner
- Human Resources Analyst I
- Business Systems Analyst II (one to function as Data Modernization Director)
- Automated Systems Analyst II
- Automated Systems Technician
- Public Health Epidemiologist
- Media Specialist I
- Office Specialist

In addition, key personnel such as the Director, Assistant Director, Health Officer, Chief Financial Officer, and Quality and Compliance Officer will be involved in this grant, yet not be funded by the grant, as well as many others, including those listed under Quality and Compliance and others listed throughout the organizational chart in supporting capacities such as Fiscal and Administrative Services and many others.



## Public Health Administration

**Joshua Dugas, MBA, REHS**  
Director

**Jennifer Osorio, REHS**  
Interim Assistant Director

**Michael A. Sequeira, M.D.**  
Health Officer

**July 17, 2022**

**Department of Health and Human Services  
Centers for Disease Control and Prevention  
Center for Surveillance, Epidemiology, and Laboratory Services Territorial Support  
Division of Scientific Education and Professional Development  
2400 Century Center Blvd., Mailstop V24-5  
Atlanta, GA 30345**

**RE: CDC-RFA-OE22-2203 - Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems**

### **Organizational Capacity – Services**

The San Bernardino County, Department of Public Health (Department), is fully capable of fulfilling the scope of services as outlined within our grant application.

The Department has a long history of providing high quality services to the community. However, this service provision can always be improved. The Department appreciates the opportunity to apply for funds to expand our:

- Strategy A1, Workforce
- Strategy A2, Foundational Capabilities
- Strategy A3, Data Modernization

Further, funds will be used to address issues and opportunities that came to light throughout the COVID-19 pandemic and advance health equity throughout the county (the largest county in the contiguous United States, in excess of 20,000 square miles).

If awarded, the Department looks forward to working with the Centers for Disease Control and Prevention, as well as our network of community partners, in strengthening our workforce and addressing community needs.

**Respectfully,**

**Joshua Dugas**  
Director

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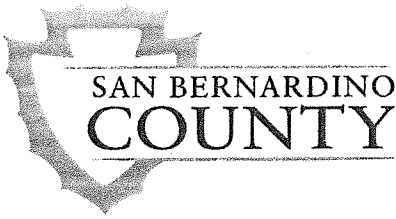
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RE: CDC-RFA-OE22-2203 - Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

### Organizational Capacity – Hiring

The San Bernardino County, Department of Public Health (Department), is fully capable of fulfilling the scope of services as outlined within our grant application.

The Department has a long history of hiring skilled workers to address Public Health needs. We have a skilled workforce of 1,613 full-time budgeted positions, ranging from clerical, to clinical, to executive. However, this workforce can and should be expanded. The Department appreciates the opportunity to apply for funds to expand our:

- Strategy A1, Workforce
- Strategy A2, Foundational Capabilities
- Strategy A3, Data Modernization

Further, funds will be used to address issues and opportunities that came to light throughout the COVID-19 pandemic and advance health equity throughout the county (the largest county in the contiguous United States, in excess of 20,000 square miles).

If awarded, the Department looks forward to working with the Centers for Disease Control and Prevention, as well as our network of community partners, in strengthening our workforce and addressing community needs.

Respectfully,

Joshua Dugas  
Director

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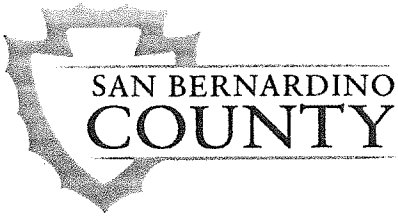
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**RE: CDC-RFA-OE22-2203 - Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems**

### **Organizational Capacity – Accreditation**

The San Bernardino County, Department of Public Health (Department), is fully capable of fulfilling the scope of services as outlined within our grant application.

The Public Health Accreditation Board (PHAB) notified the Department on March 21, 2019 that the PHAB Accreditation Committee made its decision to confer Accreditation upon the Department. It was determined that the Department met or exceed the standards and measures for maintaining a competent public health workforce and has the ability to competently support Public Health activities.

This achievement can be verified on the PHAB website at:

[https://phaboard.org/accreditation-recognition/accreditation-activity/#\\_California](https://phaboard.org/accreditation-recognition/accreditation-activity/#_California)

The Department will be working toward reaccreditation over the next few years, with anticipated reaccreditation in 2024.

If awarded, the Department looks forward to working with the Centers for Disease Control and Prevention, as well as our network of community partners, in strengthening our workforce and addressing community needs.

**Respectfully,**

**Joshua Dugas**  
Director

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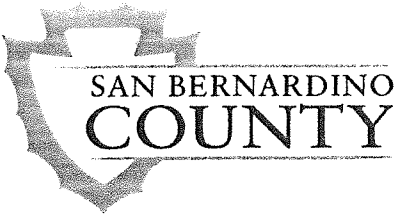
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**RE: CDC-RFA-OE22-2203 - Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems**

### **Organizational Capacity – Population Size**

The San Bernardino County, Department of Public Health (Department), is fully capable of fulfilling the scope of services as outlined within our grant application.

The Department has the capacity and capability to reach a broad population of 400,000 or greater throughout a large coverage area. The current population of San Bernardino County is over 2.1 million and the County is the largest in the contiguous United States, at over 20,000 square miles. This includes a diverse urban and rural population.

- San Bernardino County Population: 2,181,654
- Source: 2020 United States Census
- <https://www.census.gov/quickfacts/fact/table/sanbernardinocountycalifornia/AFN120217>

If awarded, the Department looks forward to working with the Centers for Disease Control and Prevention, as well as our network of community partners, in strengthening our workforce and addressing community needs.

**Respectfully,**

**Joshua Dugas**  
Director

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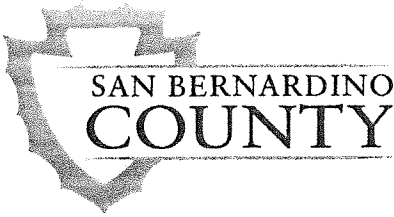
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RE: CDC-RFA-OE22-2203 - Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

### Organizational Capacity – Epidemiology and Laboratory Capacity (ELC) Funding

The San Bernardino County, Department of Public Health (Department), is fully capable of fulfilling the scope of services as outlined within our grant application and is a recipient of ELC funding.

On August 11, 2020, we received Award No. COVID-19ELC36 from the California Department of Public Health (CDPH) for ELC funding and on March 2, 2021, we received Award No. COVID-19ELC94 for expansion funding.

These funds were not awarded directly from the Centers for Disease Control and Prevention (CDC), but from the CDPH, who was the applicant to the CDC. We then applied to the CDPH for pass-through funding.

The Department appreciates the opportunity to apply for funds to expand our:

- Strategy A1, Workforce
- Strategy A2, Foundational Capabilities
- Strategy A3, Data Modernization

If awarded, the Department looks forward to working with the Centers for Disease Control and Prevention, as well as our network of community partners, in strengthening our workforce and addressing community needs.

Respectfully,

Joshua Dugas  
Director

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## Instructions to Complete "Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems" Component A Work Plan

Year 1

Enter applicant agency name and the date this file is submitted.

Applicant Name: San Bernardino County, Department of Public Health  
Submission Date:

Click the navigation bar below or a tab at the bottom of the workbook to jump to the corresponding worksheet.

The following navigation bar outlining each strategy for Component A is available on the top of all worksheets.

Home Page	Hiring Summary	A1: Workforce	A2: Foundational Capabilities	A3: Data Modernization
-----------	----------------	---------------	-------------------------------	------------------------

### Instructions

Use this template to prepare an initial work plan for Component A of this NOFO. Please refer to the website for more information. If you need technical support at any time, please send an email with a detailed description of your needs to the following address:

<https://www.cdc.gov/echnofore/technical-information.html>  
[Proct@surgeon@cdc.gov](mailto:Proct@surgeon@cdc.gov)

#### Notes on Data Entry

You can type your responses directly into cells that do not contain drop-down menus or check boxes, or copy and paste responses from another document into the cells. Press ALT+Enter to type on a new line in the same Excel cell. Drop-down menus and check boxes are included on each tab. Drop-down menus are included for single-select responses and check boxes are included for multi-select responses. Please do not attempt to lock, unlock, or remove any of the tabs/worksheets. Please do not remove any data validation, change any data pre-populated in a cell, and please do not revise any of the formulas.

#### Saving and Submitting Your Work

Please save this file as "ApplicantName\_PHWorplan\_CompA\_YYYYMMDD" and as an .xlsx version. To submit this document, upload it as part of your application package to [www.grants.gov](http://www.grants.gov).

#### Worksheet Content Instructions

**Hiring Summary Worksheet:** Complete this section to project the number of staff that you plan to hire for each job classification and program area category under this grant. By the six-month review, recipients will be required to quantify the number of employees they plan to hire per job title listed in the Workforce Positions Appendix. Please include all regular full-time, part-time, contractual, and seasonal employees in the current staff numbers as well as projected hires. If exact counts for the hiring summary are not accessible, please estimate.

**Strategies Worksheets:** Complete the strategy worksheets for each strategy you propose implementing with the grant funds. You will be asked to identify TA needs, activities, milestones, parties responsible at your agency, key contracts/subawards/collaborations, milestone due dates, and measures of success that will support the achievement of the NOFO goals. If you are not proposing to implement a particular strategy, you can leave that worksheet blank. Strategies and activities should be based on local needs and priorities. See below for instructions on what to enter for each section.

Strategy Description	Corresponding strategy description from NOFO (provided for you)
----------------------	---

What are your immediate technical assistance needs from a national partner to support your work in this strategy?

TA Needs (select all that apply)	Please select checkboxes of all technical assistance needs that apply to your agency.
----------------------------------	---

In order to achieve the NOFO logic model outcome(s), you will implement one or more activities. Include each activity you plan to implement in the tables with the following information. Any activity titles/focuses that are pre-populated are necessary to complete in order to ensure adequate oversight and management, and efficient and effective implementation. All other activities are yours to propose based on the NOFO outcomes. The below table contains instructions containing information to include complete activity tables.

Activity Title		Indicate complete activity name				
Activity Focus (select one)		Enter a brief title for the activity				
Other Activity Focus (if applicable)		Select the focus area for your proposed activity from the drop-down				
		Enter other focus area for the activity if not captured in the provided drop-down				
		Milestone	Party Responsible	Key Contracts, Subawards, and Collaborations	Due Date	Measures of Success
In order to achieve the NOFO outcomes, you will implement one or more activities that you will achieve by tracking activity milestones. Each milestone must include an action and an output. Please include at least three milestones for each activity. Enter each milestone on a separate line.			Name party responsible at your agency for work in this milestone (e.g. "Workforce Development Coordinator")	Please specify any anticipated key contracts and subawards, as well as name key collaborations (with CDC programs and CDC-funded organizations, and with organizations not funded by CDC) in support of this activity	Indicate the anticipated milestone and date. All dates must occur after the Notice of Award. Please use MM/DD/YYYY format.	Indicate measures of success that can be used to evaluate milestone achievement. You may choose to align measures of success with the performance measures listed in the NOFO

Home Page	Hiring Summary	A1. Workforce	A2. Foundational Capabilities	A3. Data Modernization
-----------	----------------	---------------	-------------------------------	------------------------

Applicants must enter current staffing total estimate for their agency in cell D9. Please include all regular full-time, part-time, contractual, and seasonal employees in the current staff count as well as all projected hire counts.

Strategy Description	A1. Reinforce and expand the public health workforce by hiring, retaining, supporting, and training the workforce and by strengthening relevant workforce planning, systems, processes, and policies.				
Activity Description	Recruit and Hire: Expand the public health workforce through recruiting and hiring diverse staff from the community and population served.				
5-Year Goals	Enter Current # of Workforce Positions Filled:	1,207	Projected # of Staff Hired by Year 5:	37	Total Workforce by Year 5: 1244

Please use Table 1 and Table 2 below to estimate one and five year staffing projections by job classification category and program area. If you do not anticipate hiring for a job or program, please enter 0. Ideally, the totals for each table should be equal. If you do not know how many people you plan on hiring for each category, please enter an estimate.

Refer to the "Workforce Positions Appendix" reference tab to organize workforce expansion by job classification category and program areas. The breakdown of job classifications and program areas will be required by the six month progress review. Link to the right: [Workforce Positions Appendix](#)

For column 2 of both tables, indicate if you plan to hire for this category by choosing "Yes" or "No". For column 3 and 4, please estimate how many people you plan on hiring by year 1 and by year 5 for each category. Totals are calculated for you.

Table 1. Projected Workforce Expansion by Job Classification

Job Classification Category	Do you anticipate hiring for this category? (Y/N)	# Staff Hired By Year 1	# Staff Hired by Year 5
1. Agency leadership and management	Yes	6	6
2. Business and financial operations staff	No		
3. Office and administrative support staff	Yes	3	3
4. Information technology and data systems staff	Yes	5	5
5. Public information and public policy staff	Yes	5	5
6. Epidemiologists, statisticians, data scientists, other data analysts	Yes	5	5
7. Behavioral health and social services staff	No		
8. Community health workers and health educators	No		
9. Laboratory workers	No		
10. Public health physician, nurse, other health care providers	No		
11. Preparedness staff	No		
12. Environmental health workers	No		
13. Animal control and compliance/ inspection staff	No		
14. Other (not categorized)	Yes	7	7
<b>Totals</b>		<b>37</b>	<b>37</b>

Please use this field to make any additional comments about Table 1, including descriptions of 'other' job classifications not categorized in this table, any areas that your agency is prioritizing staffing for, or anticipated obstacles.

<b>Additional Table 1 Comments</b>	All staffing was captured in Table 1, with Training staff captured as item 14, Other.
------------------------------------	---

**Table 2. Projected Workforce Expansion by Program Area**

Program Area Category	Do you anticipate hiring for this program area? (Y/N)	# Staff Hired by Year 1	# Staff Hired by Year 3
1. All Hazards			
2. Assessment			
3. Chronic Disease & Injury			
4. Communicable Disease			
5. Communications			
6. Environmental Health			
7. Maternal and Child Health			
8. Organizational Competencies			
9. Other			
10. Other Health Care			
<b>Totals</b>		0	0

Please use this field to make any additional comments on Table 2 including descriptions of 'other' job program areas not categorized in this table, any areas that your agency is prioritizing staffing for, or anticipated obstacles.

<b>Additional Table 2 Comments</b>	All staffing was captured in Table 1. We have 1,613 full-time budgeted positions, with 1,207 currently filled.
------------------------------------	--

Home Page	Hiring Summary	A1. Workforce	A2. Foundational Capabilities	A3. Data Modernization
-----------	----------------	---------------	-------------------------------	------------------------

Strategy Description	A1. Reinforce and expand the public health workforce by hiring, retaining, supporting, and training the workforce and by strengthening relevant workforce planning, systems, processes, and policies.
----------------------	---

**(For States Only)** Describe your funding strategy for subcontracting or allocating funds to all local health departments (LHD) in the State. Enter the percent of funds that will be allocated to LHDs in the cell below. At least 40% must be allocated to LHDs. Please also include any additional comments about local health department fund allocation in the cell below.

% Allocation of strategy A1 funds to LHDs (select one)	
LHD Fund Allocation Additional Comments	

What are your immediate technical assistance needs from a national partner to support your work in this strategy?

TA Needs (select all that apply)	<input checked="" type="checkbox"/> No clear TA need identified at this time <input type="checkbox"/> Yes, assistance with implementation <input type="checkbox"/> Yes, increased access to available and developed trainings
	<input type="checkbox"/> Yes, assistance with planning and needs identification <input type="checkbox"/> Yes, access to centralized contracts or mechanisms

Activity 1 - Activity 3 are required and necessary to ensure adequate oversight and management and efficient and effective implementation. Please complete the activity tables for these required activities. Starting at Activity 4, please refer to Appendix 1\_Sample Activities for Component A to propose additional activities and complete activity tables.

Activity 1 Title	Identify or hire a workforce development coordinator (See position description in Appendix 2).				
Activity Focus (select one)	Strengthen support for grant implementation				
Other Activity Focus (if applicable)					
Milestone Descriptions	Party Responsible	Key Contracts, Subawards, and Collaborations	Due Date	Measures of Success	
Hire Workforce Development Director or similar capacity (Coordinator or Manager)	Department of Public Health	HR and Department of Public Health	11/30/2023	Filling of position	

Activity 2 Title	Dedicate at least 1.0 FTE for program evaluation and performance measures for all work proposed under Strategies A1-A3.				
Activity Focus (select one)	Strengthen support for grant implementation				
Other Activity Focus (if applicable)					



<b>Activity 4 Title</b>	Workforce - Recruit and Hire				
<b>Activity Focus (select one)</b>	Recruit and Hire Staff				
<b>Other Activity Focus (if applicable)</b>					
<b>Milestone Descriptions</b>	<b>Party Responsible</b>	<b>Key Contracts, Subawards, and Collaborations</b>	<b>Due Date</b>	<b>Measures of Success</b>	
Hire all staff as detailed in the Budget Narrative	Department of Public Health	HR and Department of Public Health	11/1/2027	Filling of position	

<b>Activity 5 Title</b>	Workforce - Retain				
<b>Activity Focus (select one)</b>	Retain Staff				
<b>Other Activity Focus (if applicable)</b>					
<b>Milestone Descriptions</b>	<b>Party Responsible</b>	<b>Key Contracts, Subawards, and Collaborations</b>	<b>Due Date</b>	<b>Measures of Success</b>	
Retain department staff	Department of Public Health	HR and Department of Public Health	11/1/2027	Sustained number of filled positions	

<b>Activity 6 Title</b>	Workforce - Training				
<b>Activity Focus (select one)</b>	Train Staff				
<b>Other Activity Focus (if applicable)</b>					
<b>Milestone Descriptions</b>	<b>Party Responsible</b>	<b>Key Contracts, Subawards, and Collaborations</b>	<b>Due Date</b>	<b>Measures of Success</b>	
Provide various trainings to department staff	Department of Public Health	HR and Department of Public Health	11/1/2027	Number of training provided	





Home Page	Hiring Summary	A1. Workforce	A2. Foundational Capabilities	A3. Data Modernization
-----------	----------------	---------------	-------------------------------	------------------------

Strategy Description	A2. Strengthen recipients' overall systems, processes, and policies to ensure a strong core infrastructure needed to protect health and provide fair opportunities for all.	
Accreditation Status	Please select your agency's accreditation status from the drop-down:	Accredited

What are your immediate technical assistance needs from a national partner to support your work in this strategy?

TA Needs (select all that apply)	<input checked="" type="checkbox"/> No clear TA need identified at this time <input type="checkbox"/> Yes, assistance with planning and needs identification	<input type="checkbox"/> Yes, assistance with implementation <input type="checkbox"/> Yes, access to centralized contracts or mechanisms	<input type="checkbox"/> Yes, increased access to available and developed trainings
----------------------------------	---	---	---

Please refer to the Foundational Capabilities Factsheet to the right for guidance on proposing activities and implementing this strategy: [FPHS Factsheet](#)

Please also refer to Appendix 1\_Sample Activities for Component A to propose activities and complete activity tables.

Activity 1 Title	Foundational Capabilities - Accreditation				
Activity Focus (select one)	Accountability/Performance Management/Agency Accreditation				
Other Activity Focus (if applicable)					
Milestone Descriptions	Party Responsible	Key Contracts, Subawards, and Collaborations	Due Date	Measures of Success	
Reaccreditation	Department of Public Health	Department and Public Health Accreditation Board	6/30/2024	Reaccreditation	

Activity 2 Title	Foundational Capabilities - Community Vital Signs				
Activity Focus (select one)	Community Partnership				
Other Activity Focus (if applicable)					
Milestone Descriptions	Party Responsible	Key Contracts, Subawards, and Collaborations	Due Date	Measures of Success	
Expand communication staffing	Department of Public Health	HR and Department of Public Health	11/30/2023	Filling of positions	




[illegible]

[illegible][illegible]

**By Job Classification Category/Type:**

1. Agency leadership and management
  - a. Department/Bureau Director
  - b. Deputy Director
  - c. Public Health Agency Director
  - d. Program Director
  - e. Public Health Manager or Program Manager
  - f. Training Developer/Manager
2. Business and financial operations staff
  - a. Attorney or Legal Counsel
  - b. Business Support - Accountant/Fiscal
  - c. Business Support services - Administrator
  - d. Business Support services - Coordinator
  - e. Workforce development staff
  - f. Grants or Contracts Specialist
  - g. Other Business Support Services
3. Office and administrative support staff
  - a. Clerical Personnel - Administrative Assistant
  - b. Clerical Personnel - Secretary
  - c. Customer Service/Support Professional
  - d. Other Facilities or Operations Worker
  - e. Implementation Specialist
  - f. Medical/Vital Records Staff
  - g. Custodian
  - h. Health Officer
  - i. Human Resources Personnel
4. Information technology and data systems staff
  - a. Information Systems Manager/Information Technology Specialist
  - b. IT Support Staff
  - c. Public Health Informatics Specialist
  - d. Informatics staff
5. Public information and public policy staff
  - a. Public Information Specialist
  - b. Policy Analyst
  - c. Communications specialist / Web Developer
6. Laboratory workers
  - a. Laboratory Technician
  - b. Laboratory Quality Control Worker
  - c. Laboratory Scientist/Medical Technologist
  - d. Laboratory Aide or Assistant
7. Epidemiologists, statisticians, data scientists, other data analysts
  - a. Epidemiologist
  - b. Population Health Specialist
  - c. Statistician
  - d. Economist
  - e. Data or research analyst

- f. Data Scientist
  - g. Program Evaluator
  - h. Quality Improvement Worker
- 8. Behavioral health and social services staff
  - a. Behavioral Health Professional
  - b. Disease Intervention Specialist/Contact Tracer
  - c. Peer Counselor
  - d. Health Navigator
  - e. Social Worker/Social Services Professional
  - f. Disability claims/benefits examiner or adjudicator
- 9. Community health workers and health educators
  - a. Health Educator
  - b. Community Health Worker
- 10. Public health physician, nurse, other health care providers
  - a. Medical Examiner
  - b. Nursing and Home Health Aide
  - c. Nutritionist or Dietitian
  - d. Other Oral Health Professional
  - e. Other Nurse - Clinical Services
  - f. Physician Assistant
  - g. Public Health Dentist
  - h. Public Health/Preventive Medicine Physician
  - i. Registered Nurse - Public Health or Community Health Nurse
  - j. Registered Nurse - Unspecified
  - k. Pharmacist
  - l. Licensed practical or vocational nurse
  - m. Nurse Practitioner
  - n. Emergency Medical Technician/Advanced Emergency Medical Technician/Paramedic
  - o. Emergency Medical Services Worker
  - p. Other Health Professional/Clinical Support Staff
  - q. Physical/Occupational/Rehabilitation Therapist
  - r. Public Health Veterinarian
- 11. Preparedness staff
  - a. Emergency Preparedness/Management Worker
- 12. Environmental health workers
  - a. Environmental Health Worker
  - b. Environmental Health Technician
  - c. Environmental Health Physicist
  - d. Environmental Epidemiologist
  - e. Environmental Health Scientist
- 13. Animal control and compliance/ inspection staff
  - a. Licensure/Regulation/Enforcement Worker
  - b. Sanitarian or Inspector
  - c. Animal Control Worker
- 14. Other
  - a. Engineer
  - b. Student, Professional or Scientific



c. Other (not categorized)

**By Program Area Category/Program Area:**

1. All Hazards
  - a. Emergency Preparedness
2. Assessment
  - a. Community Health Assessment/Planning
  - b. Disability services, including disability determinations
  - c. Enforcement/Inspection/Licensing/Certification of Facilities
  - d. Epidemiology Surveillance
  - e. Informatics
  - f. Medical Examiner
  - g. Public Health Genetics
  - h. Public Health Laboratory
  - i. Vital Records
3. Chronic Disease & Injury
  - a. Non-Communicable Disease/Chronic Disease
  - b. Health Promotion/Wellness
  - c. Injury/Violence Prevention
4. Communicable Disease
  - a. COVID-19 Response
  - b. Communicable Disease - HIV
  - c. Communicable Disease - Influenza
  - d. Communicable Disease - STD
  - e. Communicable Disease - Tuberculosis
  - f. Communicable Disease - Viral Hepatitis
  - g. Health Education
  - h. Other Communicable Disease
5. Environmental Health
  - a. Environmental Health
  - b. Animal Control
6. Maternal and Child Health
  - a. Children and Youth with Special Health Care Needs
  - b. Maternal and Child Health - Family Planning
  - c. Maternal and Child Health - WIC
7. Organizational Competencies
  - a. Administration/Administrative Support
  - b. Information Technology (IT) Services
  - c. Minority Health/Health Disparities
  - d. Policy and Legislation
  - e. Program Evaluation
  - f. Training/Workforce Development
8. Other
  - a. Global Health
  - b. Other Program Area (specify)
9. Other Health Care

- a. Clinical Services (excluding TB, STD, family planning)
- b. Emergency Medical Services
- c. Immunizations - clinical
- d. Immunizations - non-clinical
- e. Mental Health
- f. Oral Health/Clinical Dental Services
- g. School Health
- h. Substance Abuse, including tobacco control programs

## Budget Narrative

### San Bernardino County, Department of Public Health Strengthening Public Health Infrastructure

Strategy A1, Workforce		Position Cost	Cost x FTE or Annual	5 Year Cost
FTE	Salaries and Wages			
2.00	<u>Training and Development Specialists</u> to develop department trainings.	\$83,346	\$166,692	\$833,460
4.00	<u>Staff Training Instructors</u> to conduct department trainings.	72,446	289,784	1,448,920
3.00	<u>Ethics and Compliance Coordinators</u> to support department internal compliance.	94,848	284,544	1,422,720
1.00	<u>Public Health Project Coordinator</u> to assist with grant implementation.	92,664	92,664	463,320
2.00	<u>Statistical Analysts</u> to support Workforce Development (Evaluation Director).	85,426	170,852	854,260
1.00	<u>Program Specialist I</u> to assist with facilitating trainings.	78,042	78,042	390,210
1.00	<u>Public Health Program Manager</u> (Workforce Development Director)	118,498	118,498	592,490
3.00	<u>Staff Analyst Is</u> (Engagement Analysts) to support Workforce Development.	72,446	217,338	1,086,690
2.00	<u>Staff Analyst IIs</u> to assist with grant goals and outcomes.	83,949	167,898	839,490
3.00	<u>Applications Specialists</u> to purchase, maintain, and improve systems.	78,042	234,126	1,170,630
2.00	<u>Human Resources Business Partners</u> to enhance leadership and staff development.	127,608	255,216	1,276,080
2.00	<u>Human Resources Analyst Is</u> to review and update job classification specifications.	94,494	188,988	944,940

2.00	<u>Business Systems Analyst IIs</u> to improve systems (Data Modernization Director).	99,653	199,306	996,530
1.00	<u>Automated Systems Analyst II</u> to expand and improve systems.	92,664	92,664	463,320
1.00	<u>Automated Systems Technician</u> to expand and improve systems.	62,566	62,566	312,830
3.00	<u>Public Health Epidemiologists</u> to expand emergency, outbreak, and equity capacity.	87,734	263,202	1,316,010
<b>Salaries</b>			<b>2,882,380</b>	<b>14,411,900</b>
<b>Benefits</b>			<b>1,458,196</b>	<b>7,290,980</b>
Retirement, Survivor Benefits, Short Term Disability, Workers Compensation, Group Health, etc. (50.59%)				
<b>Salary and Benefits</b>			<b>4,340,576</b>	<b>21,702,880</b>
Other - Incentives to attract and retain new employees.			80,000	400,000
Other - Recruiting and marketing to include social media and advertising.			60,000	300,000
Other - Software improvements for Public Health Finance, HR, IT, and Data.			300,000	1,500,000
Other - Consultants to support the department as Subject Matter Experts.			400,000	2,000,000
Other - System Improvements for Public Health Finance, HR, IT, and Data.			300,000	1,500,000
<b>Other - Total</b>			<b>1,140,000</b>	<b>5,700,000</b>

<b>Total Direct</b>	<b>27,402,880</b>
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<b>Indirect 10%</b>	<b>2,740,288</b>
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Indirect costs are based on a de minimis rate of ten (10) percent of Modified Total Direct Costs (MTDC) as defined in 45 CFR Part 75.2, effective June 1, 2021. We have applied 10% to direct salaries, benefits, other, consulting, excluding any equipment or capital expenditures.

<b>Total Strategy A1, Workforce</b>	<b>30,143,168</b>
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Strategy A2, Foundational Capabilities		Position Cost	Cost x FTE or Annual	5 Year Cost
FTE	Salaries and Wages			
2.00	<u>Media Specialist</u> Is to expand communication via social media and other channels.	74,194	148,388	741,940
2.00	<u>Office Specialists</u> support accreditation readiness efforts and training support.	50,232	100,464	502,320
	<b>Salaries</b>		<b>248,852</b>	<b>1,244,260</b>
	<b>Benefits</b>		<b>125,894</b>	<b>629,471</b>
	Retirement, Survivor Benefits, Short Term Disability, Workers Compensation, Group Health, etc. (50.59%)			
	<b>Salary and Benefits</b>		<b>374,746</b>	<b>1,873,731</b>

Other - Consultants for Accreditation and Quality Improvement	64,000	320,000
Other - Annual Accreditation Fees	14,000	70,000
<b>Total Other</b>	<b>78,000</b>	<b>390,000</b>

**Total Direct** 2,263,731

**Indirect 10%** 226,373

Indirect costs are based on a de minimis rate of ten (10) percent of Modified Total Direct Costs (MTDC) as defined in 45 CFR Part 75.2, effective June 1, 2021. We have applied 10% to direct salaries, benefits, other, consulting, excluding any equipment or capital expenditures.

**Total Strategy A2, Foundational Capabilities** 2,490,104

Strategy A3, Data Modernization		Position Cost	Cost x FTE or Annual	5 Year Cost
<b>FTE</b>	<b>Salaries and Wages</b>			
-	No Associated Staffing. The staffing costs of the Data Modernization Director and support are captured within Strategy A1 as allowable per the guidance.	-	-	-
	<b>Salaries</b>		-	-
	<b>Benefits</b>		-	-
	Retirement, Survivor Benefits, Short Term Disability, Workers Compensation, Group Health, etc. (50.59%)			

**Salary and Benefits**

- -

Other - Software to support implementation of a new Electronic Health Record.

70,000

350,000

**Total Other**

70,000

350,000

**Total Direct**

350,000

**Indirect 10%**

35,000

Indirect costs are based on a de minimis rate of ten (10) percent of Modified Total Direct Costs (MTDC) as defined in 45 CFR Part 75.2, effective June 1, 2021. We have applied 10% to direct salaries, benefits, other, consulting, excluding any equipment or capital expenditures.

**Total Strategy A3, Data Modernization**

385,000

**Total Strategy A1, Workforce**

30,143,168

**Total Strategy A2, Foundational Capabilities**

2,490,104

**Total Strategy A3, Data Modernization**

385,000

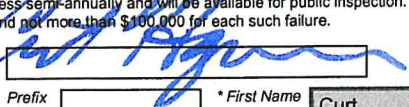
**Grand Total (Strategy A1, A2, and A3)**

\$33,018,272

# DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013  
Expiration Date: 02/28/2025

<b>1. * Type of Federal Action:</b> <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	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: San Bernardino County, Department of Public Health * Street 1: 351 N. Mt. View    Street 2: _____ * City: San Bernardino    State: CA    Zip: 92415 Congressional District, if known: _____		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>    		
<b>6. * Federal Department/Agency:</b> Centers for Disease Control and Prevention	<b>7. * Federal Program Name/Description:</b> Strengthening US Public Health Infrastructure CFDA Number, if applicable: 93.967	
<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix _____ * First Name: Dan    Middle Name: _____ * Last Name: Feliz    Suffix: _____ * Street 1: 700 Pennsylvania Ave. SE, Suite 320    Street 2: _____ * City: Washington    State: DC    Zip: 20003		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix _____ * First Name: Dan    Middle Name: _____ * Last Name: Feliz    Suffix: _____ * Street 1: 700 Pennsylvania Ave. SE, Suite 320    Street 2: _____ * City: Washington    State: DC    Zip: 20003		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.  * Signature:  * Name: Prefix _____ * First Name: Curt    Middle Name: _____ * Last Name: Hagman    Suffix: _____ Title: Chairman, Board of Supervisors    Telephone No.: (909) 387-4866    Date: Completed on submission to Grants.gov		
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