# SAN BERNARDINO COUNTY

## Public Health
### Administration

**Joshua Dugas, MBA, REHS**
Director

**Jennifer Osorio, REHS**
Assistant Director

**Janki Patel, MPH**
Assistant Director

**Sharon Wang, DO, MSHPE, FIDSA**
Health Officer

**August 12, 2025**

**Damond Barnes**
Centers for Disease Control and
Prevention Office of Grants Services
Re: Non-Competing Continuation (NCC) with Annual Performance Report (APR) for
**(Award #23NE11OE000070A2)**

NOFO Number and Title: CDC-RFA-OE22-2203 – Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

Dear Grant Management Specialist:

This letter is in response to the NCC with APR application due on August 25, 2025, in GrantSolutions.
**San Bernardino County Department of Public Health (SBCDPH)** is requesting the following:
- A2 Foundational Capabilities Budget Period Four (A2 BP4)
    - Funds in the amount of **$964,952**
    - Proposed Activities: The funds are requested to meet the following high-level outcomes/activities and milestones as noted in the A2 BP4 work plan: **To sustain a newly implemented Electronic Health Record (EHR) for Public Health. The outcome will be an electronic system to track and maintain patient files across Public Health clinic operations. Fees will also be paid for the annual Public Health Accreditation Board (PHAB), and Public Health Alliance memberships.**

Per the Budget Period 3 Progress Report NCC with APR guidance, San Bernardino County Department of Public Health is providing an estimated summary of how much funding was spent for each funded strategy from BP1, BP2, and currently through BP3 in Table 1 below. A high-level summary plan for the use of unspent funds is also included in this table by each strategy, as applicable.

Strategy A1 has an unspent cumulative fund of $16,998,466.11. SBCDPH will continue to fund positions and other approved projects. We will submit a request to reallocate unspent funds to the Electronic Health Record (EHR) project in BP4.

Budget Period 1 Strategy A2 unspent funds of $686,707 have been approved in a carryover revision to add new projects and redistribute allocations.

Budget Period 2 Strategy A2 unspent funds of $1,618,273 are in the process of being spent. A request to carryover unobligated funds from this budget period will be submitted separately as some projects will be executed under expanded authority.

Budget Period 3 Strategy A2 unspent funds of $1,634,751 are in the process of being spent.

**Table 1: Funding Summary by Strategy**

| Document Number | Strategy | Awarded Amount As of 31-May-25 | Amount Spent As of 31-May-25 | Amount Unspent As of 31-May-25 | Summary of Plan for the Use of Unspent Funds |
|---|---|---|---|---|---|
| 23NE11OE0000 **(Award # 23NE11OE000070A2)** A1C6 | **A1: Workforce** | **19,750,395.00** | **2,751,928.89** | **16,998,466.11** | $643,976.60 Drawdown payment is pending. |
| 23NE11OE0000 **(Award # 23NE11OE000070A2)** A2 | **A2: Foundational Capabilities** | **4,342,254.00** | **402,523.00** | **3,939,731.00** | $145,648 invoice is currently pending approval for submission. |

If you have any questions regarding this request, please feel free to contact Melissa German at (909) 841-5871, or by email at mgerman@dph.sbcounty.gov.

Sincerely,

**Joshua Dugas**
Public Health Director
Authorized Organizational Representative (AOR)
San Bernardino County
Department of Public Health

Cc:
**Damond Barnes, CDC Grants Management Officer**
**Padideh Asgari, CDC Project Officer**

## 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):**

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**\* 3. Date Received:**
08/25/2025

**4. Applicant Identifier:**

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**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**
NE110E000070

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**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

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**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** San Bernardino County Department of Public Health

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**
95-6002748

**\* c. UEI:**
PD18A8XKE7B6

**d. Address:**

**\* Street1:** 451 E. Vanderbilt Way

**Street2:**

**\* City:** San Bernardino

**County/Parish:**

**\* State:** CA: California

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 92408-3614

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Ms.

**\* First Name:** Melissa

**Middle Name:** Gidget

**\* Last Name:** German

**Suffix:**

**Title:** Public Health Program Manager

**Organizational Affiliation:**
San Bernardino County Department of Public Health

**\* Telephone Number:** 909-841-5871

**Fax Number:**

**\* Email:** mgerman@dph.sbcounty.gov

## Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Center for Disease Control and Prevention- CDC

**11.  Assistance Listing Number:**

Assistance Listing Title:

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

CDC-RFA-OE22-2203CONT24

**\* 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 Grant

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: `12/01/2025`　　　　　　　　* b. End Date: `11/30/2026`

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

* a. Federal　　　　`964,952.00`

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL　　　　`964,952.00`

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ⬚ .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt?  (If "Yes," provide explanation in attachment.)**

☐ Yes　　　☒ No

If "Yes", provide explanation and attach

| | 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 18, 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: `Mr.`　　　　　　* First Name: `Joshua`

Middle Name:

* Last Name: `Dugas`

Suffix:

* Title: `Director, Department of Public Health`

* Telephone Number: `909-387-9146`　　　　Fax Number:

* Email: `Joshua.dugas@dph.sbcounty.gov`

* Signature of Authorized Representative: 　　　　* Date Signed:

# 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

**1. * Type of Federal Action:**
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

**2. * Status of Federal Action:**
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

**3. * Report Type:**
- [x] a. initial filing
- [ ] b. material change

**4. Name and Address of Reporting Entity:**

- [x] Prime    [ ] SubAwardee

* Name: San Bernardino County Department of Public Health

* Street 1: 451 E. Vanderbilt Way, Suite 400    Street 2:

* City: San Bernardino    State: CA: California    Zip: 92408

Congressional District, if known:

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

**6. * Federal Department/Agency:**

Centers for Disease Control & Prevention

**7. * Federal Program Name/Description:**

Strengthening US Public Health Infrastructure

Assistance Listing Number, *if applicable:* 93.967

**8. Federal Action Number, *if known:***

**9. Award Amount, *if known:***

$

**10. a. Name and Address of Lobbying Registrant:**

Prefix:    * First Name: Richard    Middle Name:

* Last Name: Acalde    Suffix:

* Street 1: 210 D. Street SE    Street 2:

* City: Washington    State: DC: District of Columbia    Zip: 20003-1921

**b. Individual Performing Services** (including address if different from No. 10a)

Prefix:    * First Name: Richard    Middle Name:

* Last Name: Acalde    Suffix:

* Street 1:    Street 2:

* City:    State:    Zip:

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

* Signature:

*Name:    Prefix:    * First Name: Joshua    Middle Name:

* Last Name: Dugas    Suffix:

Title: Public Health Director    Telephone No.: 909-387-9146    Date:

**Federal Use Only:**

# Performance Progress and Monitoring Report

OMB Approval Number: 0920-1132
Expiration Date: 3/31/2026

| Page | of Pages |
|---|---|
| 1 | 2 |

| 1.Federal Agency and Organization Element to Which Report is Submitted | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | 3a. DUNS Number |
|---|---|---|
| Centers for Disease Control and Prevention | 1NE11OE000070 | 1063768610000 |

3b. EIN

95-6002748

| 4. Recipient Organization (Name and complete address including zip code) | 5. Recipient Identifying Number or Account Number |
|---|---|
| San Bernardino County Department of Public Health 451 E. Vanderbilt Way, Suite 400, San Bernardino, CA 92408 | N/A |

| 6. Project/Grant Period | | 7. Reporting Period End Date | 8. Final Report? |
|---|---|---|---|
| Start Date: *(Month, Day, Year)* | End Date: *(Month, Day, Year)* | *(Month, Day, Year)* | ☐ Yes |
| | | | ✔ No |
| 12/01/2024 | 11/30/2025 | 05/31/2025 | |

9. Report Frequency  ✔ *semi*  ☐ *annual*  ☐ *quarterly*  other, (if other, describe)

**10. Performance Narrative** *(attach performance narrative as instructed by the awarding Federal Agency)*

**11. Other Attachments** *(attach other documents as needed or as instructed by the awarding Federal Agency)*

**12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.**

# Performance Progress and Monitoring Report

| 12a. Typed or Printed Name and Title of Authorized Certifying Official | 12c. Telephone *(area code, number and extension)* |
|---|---|
| Joshua Dugas<br>Director, Department of Public Health | (909) 387-9146 |
| | **12d. Email Address**<br><br>Joshua.Dugas@dph.sbcounty.gov |
| **12b. Signature of Authorized Certifying Official** | 12e. Date Report Submitted *(Month, Day, Year)* |
| | 13. Agency use only |

# Performance Progress and Monitoring Report

The *Performance Progress and Monitoring Report (PPMR)* is a standard, CDC-wide performance progress and evaluation reporting format used by the Office of Grants Services (OGS) to collect performance information from recipients of CDC funds awarded under all CDC programs, excluding those that support research. General instructions for completing the *PPMR* are contained below. For further instructions on completing the *PPMR,* please contact the agency's points of contact specified in the "Agency Contacts" section of your award document.

## Report Submissions

1. The recipient must submit the *PPMR* cover page and any of the forms (*PPMR A-F*), which CDC requires, as specified in the award terms and conditions.

2. The *PPMR* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.

3. If additional space is needed to support the *PPMR*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

## Reporting Requirements

1. All recipients of grants or cooperative agreements awarded under all CDC programs, excluding those that support research, are required to submit a *PPMR* in accordance with the terms established in the award document.

2. The *PPMR* will be submitted in accordance with program guidance and award terms and conditions which may be quarterly, semi-annual, or annual. A final *PPMR* shall be required at the completion of the award agreement.

3. For interim *PPMRs*, due dates will be in accordance with program guidance based on required reporting frequency and budget period start dates.

4. For final *PPMRs* due dates are required not later than 90 days after the end of the reporting period end date.

## Performance Progress and Monitoring Report

| Item | Data Elements | Line Item Instructions for PPMR |
|---|---|---|
| 1 | Awarding Federal agency and Organizational Element to Which Report is Submitted | Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency. |
| 2 | Federal Grant or Other Identifying Number Assigned by the awarding Federal agency | Enter the grant/award number contained in the award document. |
| 3a | DUNS Number | Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number. |
| 3b | EIN | Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service. |
| 4 | Recipient Organization | Enter the name of recipient organization and address, including zip code. |
| 5 | Recipient Account Number or Account Number | Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency. |
| 6 | Project/Grant Period | Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period. |
| 7 | Reporting Period End Date | Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPMRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document. |
| 8 | Final Report | Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6. |
| 9 | Report or Frequency | Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A110. |
| 10 | Performance Narrative | Attach performance narrative as instructed by the awarding Federal agency. |
| 11 | Other Attachments | Attach other documents as needed or as instructed by the awarding Federal agency. |

## Performance Progress and Monitoring Report

| Item | Data Elements | Line Item Instructions for PPMR |
|------|---------------|--------------------------------|
| Remarks, Certification, and Agency Use Only | | |
| 12a | Typed or Printed Name and Title of Authorized Certifying Representative | Authorized certifying official of the recipient. |
| 12b | Signature of Authorized Certifying Official | Original signature of the recipient's authorizing official. |
| 12c | Telephone (area code, number and extension) | Enter authorized official's telephone number. |
| 12d | Email Address | Enter authorized official's email address. |
| 12e | Date Report Submitted (Month, Day, Year) | Enter date submitted to the awarding Federal agency.  Note:  Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period. |
| 13 | Agency Use Only | This section is reserved for the awarding Federal agency use. |

# Public Health
## Administration

**Joshua Dugas, MBA, REHS**
Director

**Jennifer Osorio, REHS**
Assistant Director

**Janki Patel, MPH**
Assistant Director

**Sharon Wang, DO, MSHPE, FIDSA**
Health Officer

July 1, 2025

Paddy Asgari, MPH CPH
Public Health Advisor and Project Officer
Centers for Disease Control and Prevention (CDC)
Center for Surveillance, Epidemiology and Laboratory Services

Ms. Asgari:

As we do not have a federally negotiated indirect cost rate, we are electing to utilize the de minimis rate. This is being done per CDC guidance abd 45 CFR Part 75.414 concerning indirect costs and the de miminis rate of 10%.

We appreciate CDC's willingness to work with us as we address our infrastructure needs. Should you have any questions, please contact Melissa German, Workforce Director, at 909-841-5871. Thank you.

Sincerely,

Joshua Dugas
Public Health Director

# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|---|---|---|---|---|---|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. Strategy A2:BP4 Foundational Capabilities | 93.967 | $ | $ | $ 964,952.00 | $ | $ 964,952.00 |
| 2. Strategy A2:BP3 Foundational Capabilities | 93.967 | 1,634,751.00 | | | | 1,634,751.00 |
| 3. Strategy A2:BP2 Foundational Capabilities | 93.967 | 1,618,273.00 | | | | 1,618,273.00 |
| 4. Strategy A2:BP1 Foundational Capabilities | | 686,707.00 | | | | 686,707.00 |
| 5. Totals | | $ 3,939,731.00 | $ | $ 964,952.00 | $ | $ 4,904,683.00 |

## SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total |
|---|---|---|---|---|---|
| | (1) Strategy A2:BP4 Foundational Capabilities | (2) Strategy A2:BP3 Foundational Capabilities | (3) Strategy A2:BP2 Foundational Capabilities | (4) Strategy A2:BP1 Foundational Capabilities | (5) |
| a. Personnel | $ | $ | $ | $ | $ |
| b. Fringe Benefits | | | | | |
| c. Travel | | | | | |
| d. Equipment | | 1,524,751.00 | 132,408.00 | | 1,657,159.00 |
| e. Supplies | | | | | |
| f. Contractual | 828,229.00 | 100,000.00 | 1,350,786.00 | 624,279.00 | 2,903,294.00 |
| g. Construction | | | | | |
| h. Other | 49,000.00 | 0.00 | | | 49,000.00 |
| i. Total Direct Charges (sum of 6a-6h) | 877,229.00 | 1,624,751.00 | 1,483,194.00 | 624,279.00 | $ 4,609,453.00 |
| j. Indirect Charges | 87,723.00 | 10,000.00 | 135,079.00 | 62,428.00 | $ 295,230.00 |
| k. TOTALS (sum of 6i and 6j) | $ 964,952.00 | $ 1,634,751.00 | $ 1,618,273.00 | $ 686,707.00 | $ 4,904,683.00 |
| | | | | | |
| 7. Program Income | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

**Authorized for Local Reproduction**

## SECTION C - NON-FEDERAL RESOURCES

| | (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e)TOTALS |
|---|---|---|---|---|---|
| 8. | Strategy A2:BP4 Foundational Capabilities | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| 9. | Strategy A2:BP3 Foundational Capabilities | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. | Strategy A2:BP2 Foundational Capabilities | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. | Strategy A2:BP1 Foundational Capabilities | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. TOTAL (sum of lines 8-11) | | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

## SECTION D - FORECASTED CASH NEEDS

| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|---|---|---|---|---|---|
| 13. Federal | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| 14. Non-Federal | $ 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15. TOTAL (sum of lines 13 and 14) | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

## 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. | Strategy A2:BP4 Foundational Capabilities | $ 482,476.00 | $ 482,476.00 | $ | $ |
| 17. | Strategy A2:BP3 Foundational Capabilities | 1,634,751.00 | | | |
| 18. | Strategy A2:BP2 Foundational Capabilities | 1,618,273.00 | | | |
| 19. | Strategy A2:BP1 Foundational Capabilities | 686,707.00 | | | |
| 20. TOTAL (sum of lines 16 - 19) | | $ 4,422,207.00 | $ 482,476.00 | $ | $ |

## SECTION F - OTHER BUDGET INFORMATION

**21. Direct Charges:** Accreditation,Salaries,Benefits,Supplies,Software

**22. Indirect Charges:** 10% MTDC

**23. Remarks:**

07-09-2025

## Budget Period (BP)4 Strategy A2 Budget Proposal:

The San Bernardino County Department of Public Health (SBCDPH) is applying for BP4 Strategy A2 Strengthening Public Health Infrastructure (PHIG) projects. The proposed projects and budget includes: 1) Electronic Health Record consultant- $828,229 2) annual Public Health Accreditation Board (PHAB) fees- $14,000 3) Public Health Alliance of Southern California Membership fees- $35,000; and 4) Indirect Costs in the amount of $87,723.

## Total Grant Costs – Strategy A2 BP4

| Costs | BP4 budget | Total |
|---|---|---|
| Consultant Costs | 828,229 | 828,229 |
| Equipment | N/A | N/A |
| Other | 49,000 | 49,000 |
| Indirect Costs | 87,723 | 87,723 |
| Total | 964,952 | 964,952 |

## Consultant Costs – A2

**Consultant: Arrowhead Regional Medical Center (ARMC) and Tegria Electronic Health Record (EHR)** We are seeking to continue to support an ongoing project for consulting services to maintain the Electronic Health Record (EHR) at SBCDPH.

1. **Name of Consultant:** To ensure compatibility and competency, Arrowhead Regional Medical Center (ARMC) was chosen.

2. **Organizational Affiliation:** ARMC is a 456-bed County hospital licensed by the California Department of Public Health, operated by San Bernardino County, and governed by the San Bernardino County Board of Supervisors. ARMC maintains a consulting team of EHR subject matter experts with tremendous experience implementing and operating their own EPIC EHR system at the County hospital.

3. **Nature of Services to Be Rendered:** ARMC would provide the all-inclusive project to include: a consulting team, training team, data prep and technology team, post-live support cost analysis, ongoing annual costs, software, hardware, staffing, 261 end user accounts, chart abstraction, management of 60,000 unique patients, and training. ARMC's EPIC consulting

07-03-2025 Revised

team will recommend best practices, provide technical assistance, and work with SBCDPH staff to develop and implement the SBCDPH EHR system for County Health Centers.

4. **Relevance of Service to the Project**: SBCDPH operates four (4) Federally Qualified Health Centers (FQHC), three (3) reproductive health clinics, and nine (9) medical therapy units. Clients may visit one (1) or more of these facilities to access services. Many of these patients also utilize ARMC's services. By utilizing the same EHR system as ARMC, SBCDPH will experience increased interoperability and enhance continuity of care. Efficiencies will be gained and patient health outcomes improved. Healthcare providers from SBCDPH and ARMC will be able to review documentation of prior visits, diagnosis and treatment, thus better serving the clientele.

The consulting project consists of customer and technical support for Program Connect; an EPIC Clinical Applications Team; EPIC Patient Throughput and Revenue Cycle Application Team; EPIC Infrastructure/IT/Help Desk; EPIC Training and Tech Support, Cross Application, and Security. Implementation costs were funded in previous PHIG budget period years. BP4 funding will support ongoing training, technical assistance, annual fees for user profiles, and maintenance of the new EHR.

The consulting team will train SBCDPH staff on clinical applications such as Healthy Planet, Core Ambulatory, Willow, Wisdom, and patient experience. Training will also include MyChart, professional billing, HIM Coding/ROI/Def, BI reporting, interfaces, and other management aspects unique to the system.

The SBCDPH EHR aims to effectively manage patient health data and meet Federal, State, and Local reporting requirements. Further expense details will be provided via grant note as we proceed with our assessment of EHR needs.

5. **Number of Days of Consultation** (basis for fee): approximately 260 business days (5 days per 52 weeks x 1 year). Cost will be based on the work conducted by the various support teams and their activities. The scope of work may vary on a daily basis.

6. **Expected Rate of Compensation:** $828,229. ARMC's rate will be contingent upon services rendered based on an agreement between the two entities.

7. **Method of Accountability:** Fiscal, program, and internal cost transfers will be monitored. Payments will be conducted through internal County transfers between Departments.

07-03-2025 Revised

## Contractor/Consultant Summary

| Item Requested | Amount Requested |
|---|---|
| EHR Support and Training Consultant | $828,229 |
| TOTAL Consultant Cost | $828,229 |

## Equipment Costs- A2

There are no proposed equipment projects for BP4.

## Equipment Summary

| Item Requested | Number Needed | Unit Cost | Amount Requested |
|---|---|---|---|
| N/A | N/A | N/A | $0 |
| TOTAL Equipment Cost | | | $0 |

## Other Costs- A2

### Annual Accreditation/Reaccreditation Fee

SBCDPH has submitted an application for reaccreditation to the Public Health Accreditation Board (PHAB). Reaccreditation helps us document and showcase our commitment to community health and demonstrates that we are meeting rigorous standards to the community, policy makers, and grantors. Fees cost is $14,000 per year, as required by PHAB. This will allow SBCDPH to seek and obtain annual reaccreditation. By retaining national accreditation status, the Department will be able to qualify for additional grants and better serve the community and constituents.

### Public Health Alliance of Southern California Membership

SBCDPH is a member of the Public Health Alliance of Southern California. The Alliance is an active coalition of executive leadership of 11 local health jurisdictions committed to supporting a healthier California. Membership affords the Department access to resources and policies regarding public health practices and strategies. The Public Health Alliance facilitates collaboration with other local health departments and communities for regional transformation

through key strategies, including championing disease prevention funding; promoting healthy communities; elevating a climate and health nexus; and moving data into action.

## Other Summary

| Item Requested | Number of Months | Estimated Cost / month | Amount Requested |
|---|---|---|---|
| Annual Accreditation Fees | N/A - Annual | N/A - Annual | $14,000 |
| Public Health Alliance of Southern California Membership | N/A - Annual | N/A - Annual | $35,000 |
| **Total Other Costs** | | | **$49,000** |

## Indirect Costs – A2

CDC approved 10% Indirect Cost of Modified Total Direct Cost (MTDC). MTDC incorporates all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

**CDC's**
**PUBLIC HEALTH**
INFRASTRUCTURE CENTER

# PHIG Offline Performance Measure Collection Template

## Purpose
This template is an optional resource to assist with data collection for PHIG performance measures. Final performance measures will be entered and submitted to CDC through PHIVE.

## How to Use
You may use this optional Excel workbook to prepare for reporting these data in PHIVE. You do not need to submit this workbook to CDC.

## Limitations
This template will not be loaded into PHIVE. All data will need to be re-entered in PHIVE. Please reference the PHIVE user guide on the PHIVE home page for more information on entering your performance measures in PHIVE.

Updated for August 2025

## A1.1 Hiring

*Number of PHIG-funded positions filled by job classification and program area*

### Hiring by Job Classification

| Job Classification | REQUIRED Year 5 Target for recipient agencies (include positions filled by indirectly funded LHDs and through MIIS funding, if applicable) | Recipient agency – Internal Staff (including full-time, part-time, contractual, and seasonal) | LHDs funded by state recipient - Internal Staff (including full-time, part-time, contractual, and seasonal) | Recipient agency – External Hires (including full-time, part-time, contractual, and seasonal) | LHDs funded by state recipients – External Hires (including full-time, part-time, contractual, and seasonal) | Recipient Total | LHD Total |
|---|---|---|---|---|---|---|---|
| 01. Agency leadership and management | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 02. Program Manager | 2 | 2 | 0 | 0 | 0 | 2 | 0 |
| 03. Business, improvement, and financial operations staff | 4 | 2 | 0 | 2 | 0 | 4 | 0 |
| 04. Office and administrative support staff | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 05. Information technology and data system staff | 3 | 3 | 0 | 0 | 0 | 3 | 0 |
| 06. Public information, communication, and policy staff | 1 | 0 | 0 | 1 | 0 | 1 | 0 |
| 07. Laboratory workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 08. Epidemiologists, statisticians, data scientists, other data analysts | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09. Behavioral health and social services staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Community health workers and health educators | 8 | 0 | 0 | 8 | 0 | 8 | 0 |
| 11. Public health physician, nurse and other health care providers | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Preparedness staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Environmental health workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Animal control and compliance/inspection staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Other Job Classification | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 22 | 7 | 0 | 11 | 0 | 18 | 0 |

*If "Other" Job Classification, provide description:*

### Hiring by Program Area

| Program Area | | | | | | Recipient Total | LHD Total |
|---|---|---|---|---|---|---|---|
| 16. Access to and Linkage with Clinical Care | | | | | | 0 | 0 |
| 17. Accountability and Performance Management | | | | | | 0 | 0 |
| 18. Assessment and Surveillance | | | | | | 0 | 0 |
| 19. Chronic Disease & Injury Prevention | | | | | | 0 | 0 |
| 20. Communicable Disease Control | | | | | | 0 | 0 |
| 21. Communications | | | | | | 0 | 0 |
| 22. Community Partnership Development | | | | | | 0 | 0 |
| 23. Emergency Preparedness and Response | | | | | | 0 | 0 |
| 24. Environmental Public Health | | | | | | 0 | 0 |
| 26. Maternal, Child, and Family Health | | | | | | 0 | 0 |
| 27. Organizational Competencies | | | | | | 0 | 0 |
| 28. Policy Development and Support | | | | | | 0 | 0 |
| 29. Other Program Area | | | | | | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

*If "Other" Program Area, provide description:*

### Data Quality and Context

**Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.**

Yes

**Are the data provided questionable or low/poor quality?**

No

*Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.*

**Does the data provided adhere to the definitions established by CDC in the performance measure guidance?**

Yes

**Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.**

None to report

**Does this performance measure reflect one of your agency's priorities for this grant?**

Yes

**Provide any additional context or information related to this measure.**

The Public Health Physician and Quality Improvement Coordinator for Clinic Operations have been difficult to fill. Two Office Specialist are newly added to the PHIG grant during this Reporting Period 5.

## A1.2 Retention

*Overall agency staff retention rate*

### *Retention rate for all staff, including permanent and temporary/contract staff*

| | |
|---|---|
| **Staff on Last Day of Reporting Period (5/31/2025)** | 1066 |
| **External Hires During Reporting Period (6/1/2024 to 5/31/2025, inclusive)** | Did not have this info. |
| **Staff on Day 1 of Previous Reporting Period (6/1/2024)** | 1014 |
| **Retention Rate:** | |
| **Year 5 Target (Optional):** | |

### *Retention rate for permanent staff only*

| | |
|---|---|
| **Staff on Last Day of Reporting Period (5/31/2025)** | 953 |
| **External Hires During Reporting Period (6/1/2024 to 5/31/2025, inclusive)** | Did not have this info |
| **Staff on Day 1 of Previous Reporting Period (6/1/2024)** | 859 |
| **Retention Rate:** | |
| **Year 5 Target (Optional):** | |

## *Data Quality and Context*

**Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.**

Yes

**Are the data provided questionable or low/poor quality?**

No

*Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.*

**Does the data provided adhere to the definitions established by CDC in the performance measure guidance?**

Yes

**Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.**

N/A

**Does this performance measure reflect one of your agency's priorities for this grant?**

Yes

**Provide any additional context or information related to this measure.**

N/A

## A2.1 Hiring Timeliness

*Time-to-fill position (i.e., from job posting date to first day of work)*

| | |
|---|---|
| **Median Days to Fill Position:** | 73.68 |
| **Minimum Days to Fill Position:** | 36.58 |
| **Maximum Days to Fill Position:** | 79.05 |
| **Number of Employees:** | 63 |
| **Year 5 Target (Optional):** | |

## *Data Quality and Context*

**Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.**

Yes

**Are the data provided questionable or low/poor quality?**

No

*Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.*

**Does the data provided adhere to the definitions established by CDC in the performance measure guidance?**

Yes

**Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.**

N/A

**Does this performance measure reflect one of your agency's priorities for this grant?**

Yes

**Provide any additional context or information related to this measure.**

N/A

*If reporting on a sample, use the number of procurements in the sample, not the total number. Your sample size (i.e., number of procurements reported) should be between 50 and 150 (inclusive)."*

**Year 5 Target (Optional):** | N/A

**Purchase Orders?** | No

*Purchase orders may or may not include equipment like electronic devices (e.g., laptops, tablets), software, hardware, and other tech solutions. If these are typically considered part of your procurement, please include them in your tracking. If they are not, do not include them.*

## *Data Quality and Context*

**Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.** | Yes

**Are the data provided questionable or low/poor quality?** | No

*Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.*

**Does the data provided adhere to the definitions established by CDC in the performance measure guidance?** | Yes

**Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.** | N/A

**Does this performance measure reflect one of your agency's priorities for this grant?** | Yes

**Provide any additional context or information related to this measure.** |
- Perinatal Equity Initiative - Maternal Mental Health Services - Fatherhood Service Part 2 (San Bernardino Area)- 34 days
- Adult Primary Care Services – 182 days
- Pediatric Care Services – 182 days

## A2.3. Accreditation Involvement & Readiness

*Level of involvement with Public Health Accreditation Board (PHAB) accreditation*

**Accreditation Readiness & Timeliness; please select one of the following options:**

- ☑ Accredited: My agency has achieved initial accreditation and plans to, or is in the process of, applying for reaccreditation (this includes those working on an ACAR for reaccreditation

- ☐ Accredited: My agency has achieved initial accreditation but does not plan to apply for reaccreditation

- ☐ Accredited: My agency has achieved initial accreditation but is undecided about intent to apply for reaccreditation

- ☐ Reaccredited: My agency has achieved reaccreditation and plans to maintain our accreditation status in the future

- ☐ Reaccredited: My agency has achieved reaccreditation and is undecided (or does not know) whether we will maintain our accreditation status in the future

- ☐ Reaccredited: My agency has achieved reaccreditation and will not maintain our accreditation status in the future

- ☐ Not accredited: My agency achieved accreditation but is no longer accredited (e.g., didn't apply for or receive reaccreditation or did not maintain accreditation status)

- ☐ Not accredited: My agency intends to apply and is working to meet the standards (including working on required plans and processes or addressing other gaps)

- ☐ Not accredited: My agency has registered for the PHAB Readiness and Training process

- ☐ Not accredited: My agency is working towards accreditation using the Pathways Recognition Program

- ☐ Not accredited: My agency has applied and is in the accreditation process (i.e., submitting, documentation, awaiting site visit, completed site visit, working on an ACAR, or pending accreditation status decision)

- ☐ Not accredited: My agency is undecided about intent to apply for accreditation

- ☐ Not accredited: My agency is not planning or preparing to apply for accreditation

**Year 5 Target (Optional); please select one of the following options:**

- ☑ Accredited: My agency has achieved initial accreditation and plans to, or is in the process of, applying for reaccreditation (this includes those working on an ACAR for reaccreditation

- ☐ Accredited: My agency has achieved initial accreditation but does not plan to apply for reaccreditation

- ☐ Accredited: My agency has achieved initial accreditation but is undecided about intent to apply for reaccreditation

- ☐ Reaccredited: My agency has achieved reaccreditation and plans to maintain our accreditation status in the future

- ☐ Reaccredited: My agency has achieved reaccreditation and is undecided (or does not know) whether we will maintain our accreditation status in the future

- ☐ Reaccredited: My agency has achieved reaccreditation and will not maintain our accreditation status in the future

- ☐ Not accredited: My agency achieved accreditation but is no longer accredited (e.g., didn't apply for or receive reaccreditation or did not maintain accreditation status)

- ☐ Not accredited: My agency intends to apply and is working to meet the standards (including working on required plans and processes or addressing other gaps)
- ☐ Not accredited: My agency has registered for the PHAB Readiness and Training process
- ☐ Not accredited: My agency is working towards accreditation using the Pathways Recognition Program
- ☐ Not accredited: My agency has applied and is in the accreditation process (i.e., submitting, documentation, awaiting site visit, completed site visit, working on an ACAR, or pending accreditation status decision)
- ☐ Not accredited: My agency is undecided about intent to apply for accreditation
- ☐ Not accredited: My agency is not planning or preparing to apply for accreditation

## *Data Quality and Context*

**Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.**

Yes

**Are the data provided questionable or low/poor quality?**

No

*Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.*

**Does the data provided adhere to the definitions established by CDC in the performance measure guidance?**

Yes

**Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.**

Not applicable.

**Does this performance measure reflect one of your agency's priorities for this grant?**

Yes

**Provide any additional context or information related to this measure.**

•Documentation for Reaccreditation was submitted on April 23, 2025.
•As of June 20, 2025, our assigned Accreditation Specialist reported that she will be conducting the initial Pre-Site Visit Review for our department. This step of the process may take 90 business days, give or take. Once the Pre-Site Visit is completed, we will have

## Counts for 5/31/25

| Dept Id | # of All Employees | | Dept Id | # of Permanent Employees |
|---|---|---|---|---|
| 93000 | 75 | | 93000 | 28 |
| 93010 | 9 | | 93010 | 9 |
| 93100 | 28 | | 93100 | 27 |
| 93110 | 25 | | 93110 | 23 |
| 93120 | 8 | | 93120 | 8 |
| 93130 | 86 | | 93130 | 82 |
| 93140 | 57 | | 93140 | 55 |
| 93150 | 24 | | 93150 | 23 |
| 93160 | 4 | | 93160 | 4 |
| 93200 | 24 | | 93200 | 14 |
| 93210 | 51 | | 93210 | 49 |
| 93220 | 34 | | 93220 | 34 |
| 93230 | 28 | | 93230 | 28 |
| 93310 | 82 | | 93310 | 58 |
| 93320 | 2 | | 93320 | 2 |
| 93330 | 20 | | 93330 | 18 |
| 93340 | 164 | | 93340 | 164 |
| 93350 | 3 | | 93350 | 2 |
| 93370 | 14 | | 93370 | 2 |
| 93390 | 101 | | 93390 | 101 |
| 93410 | 57 | | 93410 | 56 |
| 93450 | 8 | | 93450 | 6 |
| 93470 | 20 | | 93470 | 20 |
| 93480 | 10 | | 93480 | 10 |
| 93490 | 11 | | 93490 | 11 |
| 93510 | 110 | | 93510 | 107 |
| 93540 | 11 | | 93540 | 11 |
| Grand Total | 1066 | | Grand Total | 953 |

## Counts for 06/01/2024

| Dept Id | # of All Employees | | Dept Id | # of Permanent Employees |
|---|---|---|---|---|
| 93000 | 151 | | 93000 | 30 |
| 93010 | 10 | | 93010 | 10 |
| 93100 | 29 | | 93100 | 29 |
| 93110 | 39 | | 93110 | 39 |
| 93120 | 8 | | 93120 | 8 |
| 93130 | 59 | | 93130 | 56 |
| 93140 | 44 | | 93140 | 43 |
| 93150 | 22 | | 93150 | 22 |
| 93160 | 3 | | 93160 | 3 |
| 93200 | 23 | | 93200 | 12 |
| 93210 | 45 | | 93210 | 45 |
| 93220 | 34 | | 93220 | 34 |
| 93310 | 50 | | 93310 | 49 |
| 93320 | 2 | | 93320 | 2 |
| 93330 | 18 | | 93330 | 14 |
| 93340 | 153 | | 93340 | 153 |
| 93370 | 5 | | 93390 | 100 |
| 93390 | 100 | | 93410 | 50 |
| 93410 | 60 | | 93450 | 7 |
| 93450 | 9 | | 93470 | 15 |
| 93470 | 17 | | 93480 | 11 |
| 93480 | 11 | | 93510 | 98 |
| 93490 | 9 | | 93540 | 11 |
| 93510 | 102 | | Grand Tota | 859 |
| 93540 | 11 | | | |
| Grand Tot | 1014 | | | |

## Hires between 6/1/24-5/31/25

| Dept Id | # of All Employees | | Dept Id | # of Permanent Employees |
|---|---|---|---|---|
| 93000 | 49 | | 93000 | 2 |
| 93010 | 1 | | 93010 | 1 |
| 93100 | 4 | | 93100 | 4 |
| 93110 | 2 | | 93110 | 2 |
| 93130 | 40 | | 93130 | 34 |
| 93140 | 7 | | 93140 | 7 |
| 93150 | 4 | | 93150 | 4 |
| 93200 | 5 | | 93200 | 4 |
| 93210 | 20 | | 93210 | 18 |
| 93220 | 7 | | 93220 | 7 |
| 93230 | 1 | | 93230 | 1 |
| 93310 | 6 | | 93310 | 5 |
| 93330 | 2 | | 93330 | 2 |
| 93340 | 21 | | 93340 | 21 |
| 93370 | 6 | | 93390 | 10 |
| 93390 | 10 | | 93410 | 8 |
| 93410 | 8 | | 93450 | 1 |
| 93450 | 1 | | 93470 | 3 |
| 93470 | 3 | | 93510 | 17 |
| 93510 | 17 | | 93540 | 1 |
| 93540 | 1 | | Grand Total | 152 |
| Grand Total | 215 | | | |

Totals | 5-31-25 All EEs | Perm EEs 5-31-25 | Hires 6-1-24 thru 5-31-25 All | Perm Hires | 6-1-24 All EEs | Perm EEs 6-1-24 | +

**County Time to Fill Average:** 73.68
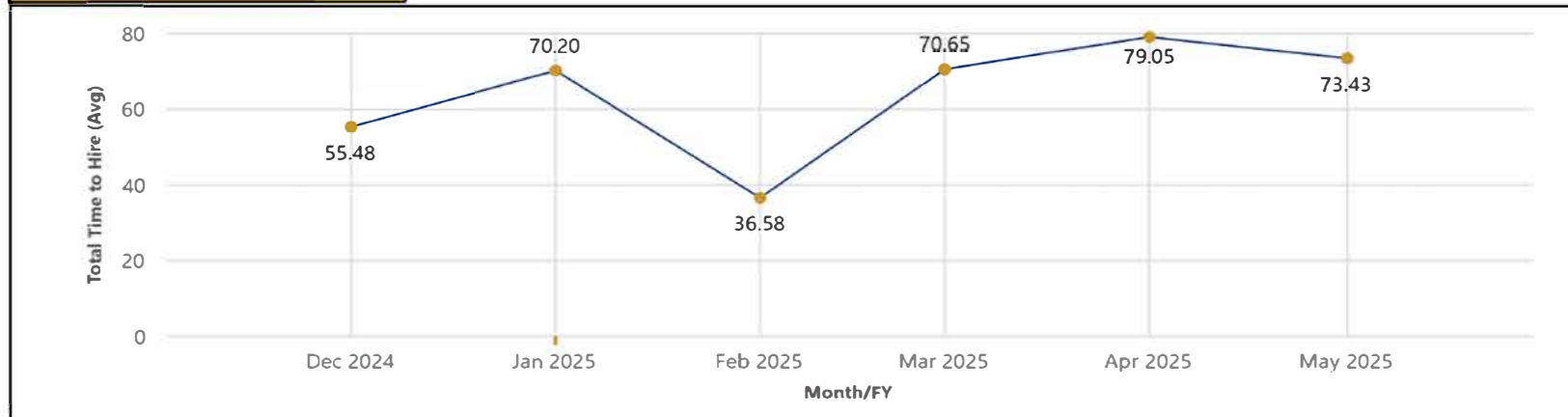


| Department Name | Total Number of Recruitments | Hires from New Recruitments | Hires from Previous List | PR to Eligible List (Analyst) | Certification List to Hire (Dept) | Total Time To Hire (TTH) (PR to Hire) |
|---|---|---|---|---|---|---|
| Public Health | 63 | 20 | 91 | 11.71 | 54.16 | 65.87 |
| Overall - Total | 63 | 20 | 91 | | | |

| Department Name | Division Name | Total Number of Recruitments | Hires From New Recruitment | Hires from Previous List | PR to Eligibility List (Analyst) | Certification To Hire (Dept) | TTH (PR to Hire) | TTH Dept Avg | Diff to Dept Avg | TTH County Avg | Diff to County Avg |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Public Health | 93000-Public Health | 3 | 0 | 3 | All Hires From Previous Lists | 54.33 | 54.33 | 65.87 | 27% | 73.68 | -36% |
| | 93010-Admin - Emerg Medical Services | 2 | 1 | 1 | 19.00 | 59.00 | 78.00 | 65.87 | 16% | 73.68 | 6% |
| | 93100-Admin- Information Technology | 4 | 0 | 6 | All Hires From Previous Lists | 30.50 | 30.50 | 65.87 | -116% | 73.68 | -142% |
| | 93110-Admin - Fiscal & Admin Svcs | 4 | 0 | 6 | All Hires From Previous Lists | 12.67 | 12.67 | 65.87 | -420% | 73.68 | -482% |
| | 93130- Animal Care | 2 | 2 | 1 | 66.00 | 108.67 | 174.67 | 65.87 | 27% | 73.68 | 58% |
| | 93140-Admin - Office Of Health Education | 6 | 4 | 4 | 58.00 | 37.88 | 95.88 | 65.87 | 31% | 73.68 | 23% |
| | 93150- Ethics and Compliance | 2 | 0 | 3 | All Hires From Previous Lists | 46.00 | 46.00 | 65.87 | -43% | 73.68 | -60% |
| | 93200-Clinic Ops- Administration | 1 | 1 | 0 | 69.00 | 228.00 | 297.00 | 65.87 | 78% | 73.68 | 75% |
| | 93210-Clinic Ops-Central Valley | 9 | 2 | 20 | 3.55 | 46.00 | 49.55 | 65.87 | -33% | 73.68 | -49% |
| | 93220-Clinic Ops-Desert | 7 | 1 | 8 | 3.11 | 49.56 | 52.67 | 65.87 | -25% | 73.68 | -40% |

# *OE22-2203 BP3 A1 Progress Report 5: San Bernardino, County of*

| | |
|---|---|
| **Strategy Name:** | Strategy A1: Workforce |
| **Activity Name:** | Identify or hire a workforce director |

**Description:**

| | |
|---|---|
| **Activity Focus:** | Strengthen support for implementation of this grant |
| **Outcomes/Outputs:** | |
| **Successes:** | The position has been filled since the inception of the grant. |
| | The current Workforce Director started in her role in June |
| | 2024. |
| **Challenges:** | There are no current challenges. The position is filled. |
| **Support for Recipients:** | The new Workforce Director trained with the CDC Project Officer and Grants Management Specialist during the transition phase between the previous Workforce Director. |

| | |
|---|---|
| **Milestone:** | Hire Workforce Director or similar capacity (Coordinator or Manager) that will work collaboratively with Program Managers, workforce development staff, and other project staff across the department.  This position will also focus on grant monitoring and administration. |
| **Responsible Party:** | San Bernardino County Department of Public Health (SBCDPH) |
| **Criteria for Completion:** | Filling of position and maintaining filled position, as the position is now filled. |
| **Contracts/Subawards:** | SBCDPH and Human Resources (HR) |
| **Achieve-by Date:** | 01/01/2023 |
| **Milestone Progress:** | 100% |
| **Milestone Notes/Updates:** | A Workforce Director (Program Manager) was in place, effective December 1, 2022. This role transitioned to a different Program Manager effective as of June 2024. The position was filled with an existing regular status Public Health Manager. |

| | |
|---|---|
| **Activity Name:** | Dedicate at least 1.0 FTE for program evaluation and performance measures. |
| **Description:** | A Program Specialist II was hired to fill the role of the program evaluator. The position coordinates with program leadership to assess project progress and provide support where needed. |
| **Activity Focus:** | Strengthen support for implementation of this grant |

| | |
|---|---|
| **Outcomes/Outputs:** | Since the position has been filled with a new hire, coordination with program leadership is consistent. Activities have been monitored by the Program Specialist. |
| **Successes:** | The position has been staffed since the inception of the grant (see milestone below). |
| **Challenges:** | Throughout BP1 and BP2, the position was staffed on an interim basis. A dedicated evaluation lead was identified at the end of BP2 (November 2024 and has been sustained with a dedicated staff member. |
| **Support for Recipients:** | No additional support is needed at this time. The position has been filled. |

| | |
|---|---|
| **Milestone:** | Hire Workforce Evaluation Director or similar capacity (Program Specialist II) to fulfill the role of conducting evaluation in related to the grant and other workforce development activities.  This position will work collaboratively with the SBCDPH Program Managers, IT Management, Compliance Unit, Human Resource Analyst, workforce development staff, and other support staff across the department. |
| **Responsible Party:** | SBCDPH |
| **Criteria for Completion:** | Filling of position to support both the grant, in terms of evaluation, and Workforce Director with administering the grant (reports in relation to evaluation) for all progress report deadlines. |
| **Contracts/Subawards:** | Department of Public Health and Human Resources |
| **Achieve-by Date:** | 11/30/2024 |
| **Milestone Progress:** | 100% |
| **Milestone Notes/Updates:** | We currently have a Workforce Evaluation Director (Program Specialist II) assisting with the grant for program evaluation. The SBCDPH Program Manager overseeing the work of the Community Health Workers is also supporting our Targeted Evaluation Plan (TEP) as she is leading implementation. |

| | |
|---|---|
| **Activity Name:** | Workforce - Recruit and Hire |
| **Description:** | Recruit and hire Public Health employees to fill PHIG vacancies. |
| **Activity Focus:** | Recruit and hire staff |
| **Outcomes/Outputs:** | Onboard new hires or place current employees into vacant positions. New hires may be regular status employees, temporary staff, contractor staff, and/or per diem staff. Nineteen (19) of the 22 approved PHIG positions have been filled. |

| | |
|---|---|
| **Successes:** | We now have employment contract templates in place through November 2027. As of May 31, 2025, 86% of the PHIG budgeted positions have been filled. |
| **Challenges:** | Some candidates are hesitant to accept contract positions, as opposed to regular status positions. |
| | The Public Health Physician position was filled during BP1 and part of BP2. Since the incumbent left the position, we have not been able to replace the Physician. |
| | It has been difficult to recruit for the Quality Improvement Coordinator. |
| **Support for Recipients:** | No additional support is needed currently. We anticipate filling the remaining vacant positions in the beginning of 2026. |

| | |
|---|---|
| **Milestone:** | Hire all staff as detailed in the Budget Narrative and hiring plan. |

| | |
|---|---|
| **Responsible Party:** | SBCDPH and HR |
| **Criteria for Completion:** | Filling all positions as detailed in the A1 Budget Narrative and hiring plan. |
| **Contracts/Subawards:** | SBCDPH and HR |
| **Achieve-by Date:** | 11/30/2027 |
| **Milestone Progress:** | 51-75% |
| **Milestone Notes/Updates:** | Contract templates are currently approved for all positions. There are 19 of 22 total positions filled as of May 2025. The Public Health Physician, Quality Improvement Coordinator, and one Program Specialist II position are currently vacant. SBCDPH will submit a grant note to delete the unfilled Program Specialist II. Public Health is working to recruit and fill the Public Health Physician and Quality Improvement Coordinator position for Clinic Operations. |

| | |
|---|---|
| **Activity Name:** | Workforce - Retain |

| | |
|---|---|
| **Description:** | Retain Public Health employees, including regular status, temporary staff, contract staff, and per diem. |
| **Activity Focus:** | Retain staff |
| **Outcomes/Outputs:** | Sustain number of staff from beginning to end of reporting period (06/01/2024 through 05/31/2025). |
| **Successes:** | We are continuing to track the department's retention rate and have included SMART objectives in the department's 2024 – 2026 Strategic Plan to improve staff retention. |

Public Health has conducted interviews with Public Health staff.

| | |
|---|---|
| **Challenges:** | No significant challenges are noted at this time. |
| **Support for Recipients:** | No additional support is needed at this time. |

| **Milestone:** | Retain department staff, evident by maintaining or improving the current number of staff from 12/01/2024 to 05/31/2025. |
|---|---|
| **Responsible Party:** | SBCDPH |
| **Criteria for Completion:** | Sustained number of positions filled within the last 12 months. For Reporting Period 5, guidance requests a 12-month range (06/01/2024 through 05/31/2025) to calculate the retention rate. Retention rates will be tracked over time and throughout the grant term. |
| **Contracts/Subawards:** | SBCDPH and HR |
| **Achieve-by Date:** | 11/30/2027 |
| **Milestone Progress:** | 100% |
| **Milestone Notes/Updates:** | The number of total employees (regular, temporary, and contract) in our department increased from 1014 employees as of 06/01/2024 to 1066 employees on 05/31/2025. The number of regular status or permanent staff increased from 859 employees on 06/01/2024 to 953 employees on 05/31/2025. We are continuing to monitor retention ongoing. |

| **Activity Name:** | Workforce - Training |
|---|---|
| **Description:** | Provide relevant public health training to Public Health employees to enrich professional development. |
| **Activity Focus:** | Train staff |
| **Outcomes/Outputs:** | Public Health staff will be evaluated utilizing training objectives to determine proficiency in public health related competencies. This will be measured by pre and post evaluation surveys. |
| **Successes:** | We have included a public health staff development training series in our TEP. SBCDPH and the Public Health Alliance have initiated training development with key PHIG Community Health Workers. The training will be provided for all department staff by 12/31/2025. The TEP end goal will be extended from 06/30/2025 to 12/31/2025 due to reformatting and redirection of the public health training. |
| **Challenges:** | It took significant time to obtain a formal vendor procurement. |
| **Support for Recipients:** | No additional support is needed at this time. |

07/11/2025

| Milestone: | Provide various trainings to department staff which may include topics of Program Planning, Grant Writing, Budgeting, Data Analytics, System Thinking, Mental Health, Stress Management, Leadership, Communication, Community Engagement, Evaluation, Resiliency, Customer Service, Motivation, and Teamwork.<br>Community Health Workers with collaborate with the procured vendor to develop videos, and content relevant to the San Bernardino County Department of Public Health. An online training format will be developed within our learning management system in collaboration with the County Performance, Education and Resource Center (PERC). |
|---|---|
| **Responsible Party:** | SBCDPH, PERC and Public Health Alliance |
| **Criteria for Completion:** | The number of training courses provided will be tracked over time and throughout the term of the award. |
| **Contracts/Subawards:** | SBCDPH |
| **Achieve-by Date:** | 11/30/2027 |
| **Milestone Progress:** | 50-75% |
| **Milestone Notes/Updates:** | In relation to our Targeted Evaluation Plan (TEP), SBCDPH is planning to provide all Public Health staff with ==a public health staff development training series==.  This will align with the grant and our Strategic Plan.  Our target date for this training is to begin by 09/01/2025, and to be completed by 12/31/2025.<br><br>As of 05/31/2025, the public health team has worked with the vendor to develop learning objectives; outline for the training; videos and content relevant to our county; baseline survey for facilitators; outline for facilitator (Train the Trainer) training; and a draft plan for hosting in-person discussion sessions. We have also worked with PERC to format transition material for the Accelerate 360 platform. |

| Activity Name: | Workforce - Systems |
|---|---|
| **Description:** | Procure new technology and platforms to manage and organize business operations digitally. |
| **Activity Focus:** | Strengthen workforce related planning, systems, processes, and policies. The Questica, and EHR systems will enhance business operations by providing digital management of daily operations. |
| **Outcomes/Outputs:** | Implement workforce systems |

| | |
|---|---|
| **Successes:** | We have procured, and implemented a new budget system, Questica. This system is now being utilized by the department fiscal and administrative team. |
| | The EHR contract agreement between SBCDPH and Arrowhead Regional Medical Center (ARMC), the County hospital is now active. Implementation strategies are in process. Meetings and planning are being conducted with SBCDPH, ARMC, and Tegria. An implementation and training plan has been outlined in the Total Cost Ownership (TCO). Evaluation of software and hardware has been completed. |
| **Challenges:** | Procurement of a contractor for a new Electronic Health Record (EHR) took longer than expected. |
| **Support for Recipients:** | No additional support is needed at this time. |

| | |
|---|---|
| **Milestone:** | Improvement to systems such as those used by, or in relation to IT, fiscal, data, specifically implementation of a department Electronic Health Record (EHR) system. |
| **Responsible Party:** | SBCDPH |
| **Criteria for Completion:** | Improvements to IT, fiscal, or data systems with a specific desire to implement a new EHR and financial management data system.  This will be tracked and reported throughout the term of the award, through November 30, 2027. |
| **Contracts/Subawards:** | SBCDPH |
| **Achieve-by Date:** | 11/30/2027 |
| **Milestone Progress:** | 1-25% |
| **Milestone Notes/Updates:** | Our department is implementing a new EHR and Finance/Budget system with PHIG funding.  As of June 2024, we have purchased a new finance/budget system named Questica.  The department is implementing the system for budgeting, financial tracking, and reporting. The department is also in the process of implementing a new EHR. ARMC, the vendor, and SBCDPH have begun planning and implementation. |

## *OE22-2203 BP4 A2 Workplan: San Bernardino, County of*

| Activity Name: | Electronic Health Record (EHR) |
|---|---|

| | |
|---|---|
| **Description:** | Sustain newly procured technology and platforms to manage and organize Public Health Clinic Operations and California Children Services' (CCS) patient files digitally. |
| **Activity Focus:** | The EHR systems will enhance clinical operations by providing digital management of patient files and protected health information. |
| **Outcomes/Outputs:** | Support the full transition from our current EHR system to a new EHR system in Public Health Clinics and CCS medical mobile units. The initiation and implementation process was funded through previous budget periods. This activity is to sustain the system, training, technical support, and user profiles. |
| **Successes:** | The San Bernardino County Department of Public Health (SBCDPH) has executed an agreement with Arrowhead Regional Medical Center, County hospital, to implement, train, and provide technical assistance to SBCDPH during the transition of the previous EHR system to the new EPIC EHS system. |
| | Implementation strategies are in process. Planning meetings are being conducted with SBCDPH, ARMC, and Tegria. An implementation and training plan has been outlined in the Total Cost Ownership (TCO). Evaluation of software and hardware has been completed. |
| **Challenges:** | Procurement of a contractor for a new Electronic Health Record (EHR) took longer than expected. |
| **Support for Recipients:** | No additional support is needed at this time. |

| Milestone: | Will be reported throughout grant year, however the initial implementation phase has begun. |
|---|---|

| | |
|---|---|
| **Responsible Party:** | Melissa German |
| **Criteria for Completion:** | Success will be determined by a full functioning EHR system for Public Health. This will be tracked and reported throughout the term of the award, through November 30, 2027. |
| **Contracts/Subawards:** | Arrowhead Regional Medical Center (ARMC) |
| **Achieve-by Date:** | 11/30/2027 |

| Milestone Progress: | 1-25% |
|---|---|
| Milestone Notes/Updates: | N/A. Beginning of grant period. |

| Activity Name: | Reaccreditation |
|---|---|
| Description: | Annual fees paid to the Public Health Accreditation Board (PHAB) to maintain public health accreditation. |
| Activity Focus: | Accountability/Performance Management/Agency Accreditation |
| Outcomes/Outputs: | These fees will be paid on an annual basis to the Public Health Accreditation Board (PHAB).  We have submitted our application and documentation to PHAB for reaccreditation. |
| Successes: | The SBCDPH has successfully submitted the application for reaccreditation review by PHAB. |
| Challenges: | None to report at this time. |
| Support for Recipients: | None needed at this time. |

| Milestone: | Achieving reaccreditation. The department applied for reaccreditation from the Public Health Accreditation Board (PHAB) in 2024. We expect our site visit from PHAB to take place in 2025.  This date will be determined by PHAB and not the department. |
|---|---|
| Responsible Party: | Melissa German |
| Criteria for Completion: | Success will be measured by the department obtaining reaccreditation in 2025 (yes/no) and reporting this to the CDC. |
| Contracts/Subawards: | No sub awards will be made under this milestone. |
| Achieve-by Date: | 11/30/2025 |
| Milestone Progress: | None to report at this time. |
| Milestone Notes/Updates: | N/A. Beginning grant period. |

| Activity Name: | Public Health Alliance |
|---|---|
| Description: | Annual membership fee for the Public Health Alliance of Southern California. |
| Activity Focus: | Organizational Administrative Competencies |
| Outcomes/Outputs: | These fees will be paid on an annual basis to the Public Health Alliance of Southern California.  This will allow us to |

maintain membership and avail our department of services detailed in our Milestones below.

**Successes**: SBCDPH has continued to be a part of the Alliance and has utilized several tools and resources provided by other members and partners.

**Challenges:** None to report at this time.

**Support for Recipients:** None needed at this time.

| Milestone: | Will be reported throughout grant year. |
|---|---|

**Responsible Party:** Melissa German

**Criteria for Completion:** Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.

**Contracts/Subawards:** No sub awards will be made under this milestone.

**Achieve-by Date:** 11/30/2026

**Milestone Progress:** None to report at this time.

**Milestone Notes/Updates:**  N/A. Beginning of grant period.

**CDC's PUBLIC HEALTH** INFRASTRUCTURE CENTER

# Public Health Infrastructure Grant (PHIG) Targeted Evaluation Projects (TEPs)

## Purpose

Each recipient receiving funding through PHIG is required to submit an evaluation plan, otherwise known as a Targeted Evaluation Plan (TEP.) The purpose of this Excel workbook is for recipients to (1) submit their TEP plan, and (2) report progress on the implementation and (3) completion of their TEP to CDC.

## How to Use

You may use this optional workbook to submit your TEP plan, Progress Report and Completion Report. Instructions and an outline for the following Excel sheets is provided below to help you navigate the workbook.

**1. Please fil out this section if you have a new TEP or an updated TEP (Section 1, blue tabs 1-A through 1-D.)**

### Table of Contents

A. Background Details
Date submitted, recipient name, and Evaluation POC

B. Evaluation Users and Focus
Project description, purpose, intended users, applicable strategies, type of evaluation, and evaluation product

C. Evaluation Questions, Methods, and Implementation Plan
Evaluation questions, methods, and timeline

D. Optional Activities
Technical assistance, community of practice, and participation in the PHIG National Evaluation Plan

**2. Please fill out this section if your TEP is still in progress (Section 2, green tabs 2-A through 2-C.) If your TEP has been revised substantially since the last reporting period, please also fill out the TEP plan (Section 1.).**

### Table of Contents

A. Progress
Stage of completion, progress to date, anticipated completion date, barriers or setbacks

B. Revisions
Updates or changes to TEP (if any) and rationale for changes

C. Preliminary Findings
Preliminary or interim findings (if applicable) and projected date for findings

**3. Please fill out this section if you have completed your TEP. TEP Completion Forms are due in GrantSolutions 60 days after completion of the TEP (Section 3, orange tab 3-A.)**

### Table of Contents

A. Implementation
B. Program Insights and Use
C. Dissemination and Sharing

# A. Background Details

**1. Date submitted:**

8/25/2025

**2. Recipient name:**

San Bernardino County, CA

**3. Evaluation POC**

Name:

Melissa German

Title:

Public Health Program Manager

E-mail address:

mgerman@dph.sbcounty.gov

## B. Evaluation Users and Focus

**1. Name of evaluation project**

The project has not been executed and evaluated. The training program will begin in fall 2025. Trainings will be completed by December 2025. Evaluation results will be available February 2026.

**2. What's the purpose of this evaluation?**

To assess employees knowledge and understanding of Public Health pratices and essential functions.

**3. Who will use the information that comes out of this evaluation (i.e., intended users of the evaluation)?**

To be determined.

**4. What will the intended users of the evaluation do with the findings (e.g., inform program improvement, monitor progress, make changes to activities, allocate resources, etc.)?**

To be determined.

**5. Describe what are you evaluating. Recipients should provide a succinct and clear written description (e.g., intended outputs, outcomes, etc.) of what is to be evaluated. A full logic model may be helpful for clarifying the scope of the evaluation project and can be added as a supplemental document, but it is not required.**

To be determined.

**6. What strategy or activity is this evaluation associated with? (Please only select up to three.):**

***Strategy A1 - Workforce***

| | |
|---|---|
| Strategy A1.1 - Recruit and hire new public health staff | ☐ |
| Strategy A1.2 - Retain public health staff | ☑ |
| Strategy A1.3 - Support and sustain the public health workforce | ☐ |
| Strategy A1.4 - Train new and existing public health staff | ☑ |
| Strategy A1.5 - Strengthen workforce planning, systems, processes, and policies | ☑ |
| Strategy A1.6 - Strengthen support for implmentation of this grant | ☐ |
| Strategy A1 - Other | ☐ |

***Strategy A2 - Foundational Capabilities***

| | |
|---|---|
| Strategy A2.1 - Strengthen accountability/performance management, including accreditation | ☐ |
| Strategy A2.2 - Strengthen organizational competencies (e.g., IT, financial management, HR) | ☑ |
| Strategy A2.3 - Enhance communications | ☐ |
| Strategy A2.4 - Enhance or increase policy development and legal services and analysis | ☐ |
| Strategy A2.5 - Strengthen community partnership development and engagement | ☑ |
| Strategy A2.6 - Improve health equity and organizational competencies addressing leadership, governance, and strategic planning | ☐ |
| Strategy A2.7 - Implement plans to transition from COVID-19 response and other emergency response projects | ☐ |
| Strategy A2 - Other | ☐ |

***Strategy A3 - Data Modernization***

| | |
|---|---|
| Strategy A3.1 - Build the foundation to increase scalability, flexibility, reusability, sustainability, and interoperability of public health applications and data sources | ☐ |
| Strategy A3.2 - Accelerate data into action by leveraging modern data standards and reusable processing approaches that make it easier to link data and more intuitive to troubleshoot issues | ☐ |
| Strategy A3.3 - Develop a state-of-the-art workforce equipped with data science skillsets to be able to leverage modern tools | ☐ |
| Strategy A3.4 - Support and extend partnerships to accelerate the exchange and use of data across the public health ecosystem and the identification and use of shared services | ☐ |
| Strategy A3.5 - Manage change and governance by implementing modern best practices and guardrails for data and IT procurement, development, and governance | ☐ |
| Strategy A3.6 - Advancing Electronic Laboratory Data Exchange | ☐ |
| Strategy A3.7 - Sustain, enhance, or implement new laboratory information systems | ☐ |
| Strategy A3.8 - Other | ☐ |

**7. Describe the type of evaluation to be conducted (e.g., process and/or quality improvement, outcome, process and outcome, impact, economic, etc.)**

To be determined.

**8. Describe one evaluation translational product to be developed and describe the potential dissemination channels and intended audiences of the product. (Evaluation translational products can include but are not limited to reports, presentations, training or technical assistance resources, case studies, white papers, gray literature, or peer-reviewed publications.)**

To be determined.

## C. Evaluation Questions, Methods, and Implementation Plan

**1. What are your evaluation questions?**

> To be determined.

**2. What methods will you use to answer the evaluation questions? You may use the table below or use the open text box to describe the methods you will be employing to answer the evaluation questions.**

> To be determined.

| Evaluation Questions | Indicators | Data Source | Data Collection Methods | Analytical Plans |
|---|---|---|---|---|
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**3. Describe the timeline of key steps for conducting the evaluation project. The table below shows a high-level workplan for carrying out the TEP – who is doing what, when, etc. You may also add more information in this text box.**

> To be determined.

| Key Steps for TEP Implementation | Activity Timeframe | Output Indicator | Assigned To (e.g., title, role) |
|---|---|---|---|
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# D. Optional Activities

**1. What assistance do you anticipate needing to implement the TEP, and/or use the findings from the evaluation?**

Not known at this time.

**2. Please indicate your interest in the following (Yes, No, Unsure)**

Receiving assistance from evaluation TA providers

Unsure

Participating in an evaluation community of practice (CoP) with other recipients

Unsure

Developing and implementing an evaluation project that will help support the National Evaluation Plan (being developed by the national evaluation team (NET), coordinated by the national partners.)[1]

Unsure

[1]*This might entail, for example, being part of an evaluation project where multiple recipients who are working to evaluate a similar intervention might work together to engage in more aligned and standardized data collection or be engaged in writing up a case study. The National Evaluation Team (NET) may reach out to recipients who express interest in this and whose proposed evaluation topics fit with the national evaluation plan. At that time, the NET will provide additional information about what it would entail, and recipients can decide whether to participate.*

## A. Progress

**1. Please select the status that best describes the state of completion of your TEP. If you have multiple projects with a TEP, select the response that best represents the progress across all projects.**

In early stages of TEP implementation

**2. Please provide additional information to support the selected status above, including examples of progress (e.g., created a logic model, developed surveys or other data collection instruments, conducted document review, identified participants, began data collection).**

Our TEP is intended to assess the implementation and immediate outcomes of providing required Health Equity 101 training to all Department of Public Health staff. It is being conducted by our Health Equity Program. The program is performing a BARHII assessment and one

**3. When is your anticipated TEP completion date? (MM/DD/YYYY)**

12/31/2025

**4. What barriers or setbacks are you experiencing as you continue planning and/or implementing your TEP, if any? Please select all that apply.**

Hiring or retaining evaluation staff (e.g., evaluation staff not hired, staff turnover) ☑
Insufficient capacity of current staff to conduct TEP ☐
Obtaining leadership buy-in ☐
Accessing data (e.g., HR data) ☐
Other ☑

If "Other" was selected, please describe:

Procuring the vendor for training development.

## B. Revisions

**1. Has the TEP been updated or revised since you originally submitted it in November 2023? Please select all that apply.**
*If you select any of the "Yes" options, please edit the TEP template and submit it with this progress report.*

| | |
|---|---|
| No, our plans have not changed | ☑ |
| Yes, updated or revised our topic | ☐ |
| Yes, updated or revised our evaluation questions | ☐ |
| Yes, updated or revised our methods | ☐ |
| Yes, updated or revised something else | ☑ |

If you selected "updated or revised something else," please describe:

Goal date to train all Public Health staff has been moved from 06/30/2025 to 12/31/2025.

**2. If you selected any of the "Yes" options above, please provide the rationale for changes.**

Postponed due to the procurement of vendor to develop and customize training for San Bernardino County. Start date for training is now 09/01/2025.

## C. Preliminary Findings

**1. Do you have any preliminary or interim findings from your TEP to share with CDC? Select yes or no.**

Yes

**2. If yes, please describe.**

We have found that the majority of staff agree or strongly agree that: 1) Being aware of their own beliefs, values, and privilege helps them

**3. If no, when do you anticipate having preliminary or interim findings available to share with CDC? (MM/DD/YYYY)**

## A. Implementation

**1. How would you describe the completion status of your TEP?**



**2. Please explain your response for your completion status.**

There has been six month delay to the project. Trainings will be completed by December 2025.

## B. Program Insights and Use

**3. To what extent did the TEP help evaluation users gain important insights into PHIG activities?**



**4. Please explain your response, including any important insights gained.**

Still in progress.

**5. To what extent did the TEP help propel or justify changes to PHIG activities?**



**6. Please explain your response, including any changes that were implemented to PHIG activities.**

Still in progress.

## C. Dissemination and Sharing

**7. What types of evaluation translational products have you created (or plan to create) from your TEP?**

As a reminder, these can include, but are not limited to reports, case studies, technical assistance resources, white papers, peer-reviewed manuscripts, presentations, etc.

To be determined.

**8. Which product(s) do you plan to submit/are you submitting to CDC?**

Attach any products that are ready for submission. Please remember to submit to CDC no later than 60 days after TEP completion.

To be determined.