

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: August 16, 2023

SUBJECT: NC Division of Public Health - Local Workforce Development Funds

PRESENTER: Steve Smith, Health Director

ATTACHMENTS: 1. NC Division of Public Health Agreement Addendum 117

SUMMARY OF REQUEST:

The Henderson County Department of Public Health received an additional agreement addendum for FY 24 which expands our aid-to-county funding under the Consolidated Agreement with the NC Department of Health and Human Services. The agreement provides funding and technical support for public health specific to local workforce development. The deliverables outlined in the agreement are aligned with many of our existing priorities within our current workforce development policy. The total amount of funding is \$334,192 with a service period that can span 5 years if needed.

The agreement was reviewed by the Henderson County Board of Health at their May 9, 2023 meeting and they endorsed its acceptance with the stipulation that it be forwarded to the Henderson County Board of Commissioners for consideration and final approval.

BOARD ACTION REQUESTED:

The Board is requested to approve acceptance of Agreement Addendum 117 for the purpose of enhancing local workforce development strategies within the Henderson County Department of Public Health and to authorize the appropriate budgetary actions necessary to implement subject to the funding limitations of the agreement.

Suggested Motion:

I move the Board approve acceptance of Agreement Addendum 117 for the Henderson County Department of Public Health and authorize the necessary budgetary actions to implement subject to the funding limitations of the agreement.

Division of Public Health

Agreement Addendum

FY 23-24

Henderson County Department of Public Health
Local Health Department Legal Name

Local and Community Support Section
DPH Section / Branch Name

117 Public Health Infrastructure: Local Workforce Development
Activity Number and Description

Stacie Turpin Saunders, 919-707-5101
 stacie.turpinsaunders@dhhs.nc.gov
DPH Program Contact
 (name, phone number, and email)

06/01/2023 – 05/31/2024
Service Period

DPH Program Signature **Date**
 (only required for a negotiable Agreement Addendum)

07/01/2023 – 06/30/2024
Payment Period

- Original Agreement Addendum
 Agreement Addendum Revision # _____

I. Background:

The pandemic emphasized the critical importance of a robust public health system. Public health departments need to continue their response work, apply lessons learned, and prepare for future public health emergencies. The pandemic accentuated long-standing weaknesses and created new challenges to the public health infrastructure. This Centers for Disease Control and Prevention (CDC) funding, awarded to the North Carolina Division of Public Health for a five-year period ending October 31, 2027, recognizes a history of underinvestment in the public health system and the foundational services it provides.

The Foundational Public Health Services (FPHS) framework was developed in 2013 to define a minimum package of core public health services areas that no public health jurisdiction can be without. The FPHS framework outlines the unique responsibilities of governmental public health and the vital role of governmental public health in a thriving community. These foundational service areas are core functions of local health departments and include 1) preventing the spread of communicable disease, 2) ensuring food, air, and water quality are safe, 3) supporting maternal and child health, 4) improving access and linkages to clinical care services, and 5) preventing chronic disease and injury. In addition to these foundational services, public health departments provide local protections and services unique to their community's needs.

Foundational Capabilities are the cross-cutting skills, knowledge, and practice needed in order to support and provide core public health functions, programs, and activities which are key to ensuring opportunities for health, promoting wellbeing and achieving health outcomes across a community. (<https://phnci.org/uploads/resource-files/FPHS-Factsheet-2022.pdf>)

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete: [For DPH to contact in case follow-up information is needed.]	LHD program contact name: _____ Phone and email address: _____
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Signature on this page signifies you have read and accepted all pages of this document.

Funding is distributed to each individual local health department based on county population, social vulnerability, and equity indices.

II. Purpose:

This funding is to help meet the short-term critical infrastructure needs and to make strategic investments which will have lasting effects on local public health departments in North Carolina. This funding will support the foundational capabilities and the local health department workforce needed to support service areas. Investments and improvements to foundational capabilities will help rebuild and modernize public health departments, positioning local health departments to better serve their communities. The scope of workforce investment to support these foundational capabilities is wide and includes hiring, retaining, supporting, and training the workforce. Short-term outcomes will include increased hiring, training, and improvement in operational processes. Long-term outcomes will include increasing the size of the public health workforce equipped with stronger foundational capabilities in order to better serve and protect the health of communities.

III. Scope of Work and Deliverables:

To ensure local public health is prepared and capable to respond to the communities health needs and emerging health threats, the Local Health Department (LHD) will invest in workforce and resources to meet the foundational services areas and needs of their communities. The LHD is encouraged to utilize the North Carolina Institute for Public Health's LHD Regional Foundational Capabilities Gap Analysis reports to inform its workforce investment activities. Regional Foundational Capabilities Gap Analysis reports are available in the Smartsheet dashboard for this activity at <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>.

1. The LHD shall invest in one or more of these CDC-stated program areas:
 - a. **Recruit and hire new public health staff**, such as expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
 - b. **Retain public health staff**, such as by providing retention bonuses and creating opportunities for promotion.
 - c. **Support and sustain public health staff**, such as creating or strengthening workplace well-being and resilience programs, and creating or expanding workforce engagement.
 - d. **Train new and existing public health staff**, such as creating and expanding professional development opportunities.
 - e. **Strengthen public health workforce planning, systems, processes, and policies**, such as maintaining and upgrading human resources systems, creating or improving workforce data collection, and creating or revising policies to facilitate workforce development and management.
2. The LHD shall participate in an annual assessment conducted no later than March 31, 2024 by the North Carolina Institute of Public Health to evaluate progress in addressing Foundational Capabilities.

IV. Performance Measures / Reporting Requirements:

1. In its first quarterly Performance Report, the LHD shall indicate its baseline number and type of current workforce positions as of June 1, 2023.
2. In each quarterly Performance Report, the LHD shall indicate in which of the CDC-stated program areas funds were invested and investment efforts including:
 - a. Number and type of positions hired

- b. Number and type of retention efforts
 - c. Number and type of staff support programs
 - d. Number and type of training opportunities
 - e. Number and type of workforce systems improvements
3. The LHD shall complete the following reports via the Smartsheet dashboard, at <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>. All of the due dates for these reports are posted on the Smartsheet dashboard.
- a. **Monthly Financial Reports:** The monthly financial report will report on the prior month to document expenditures. The first financial report is for June 2023 and is due by July 24, 2023.
 - b. **Quarterly Performance Reports:** The quarterly performance reports will report on the service quarters and by the deadlines as indicated below:

<u>Service Quarter</u>	<u>Report Submission Deadline</u>
June – August 2023	September 22, 2023
September – November 2023	December 22, 2023
December 2023 – February 2024	March 22, 2024
March – May 2024	June 24, 2024

V. Performance Monitoring and Quality Assurance:

The Local and Community Support Section’s LHD Liaison will monitor the Local Health Department’s performance by reviewing the financial reports monthly and the performance reports quarterly, as received from the LHD through Smartsheet.

If the LHD is deemed out of compliance with deliverables, the program staff shall provide technical assistance to support the LHD in meeting the deliverables.

As contracted for by the Division of Public Health (DPH), the North Carolina Institute of Public Health will conduct an annual foundational capabilities assessment of the LHD. The assessment results will be presented to the DPH Public Health Infrastructure leadership and to each LHD participating in the assessment.

VI. Funding Guidelines or Restrictions:

- 1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

2. Funds may be used for reasonable program purposes including personnel, travel, supplies, and services.
3. Unallowable costs:
 - a. Research
 - b. Clinical care
 - c. Furniture or equipment
 - d. Publicity, propaganda, and lobbying:
 1. Other than for normal and recognized executive-legislative relationships, no funds may be used for publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 2. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 3. See Additional Requirement (AR) 12 (<https://www.cdc.gov/grants/additional-requirements/ar-12.html>) for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

DPH-Aid-To-Counties

For Fiscal Year: 23/24

Budgetary Estimate Number : 0

Activity 117	AA	1161 SGLH F8	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31			
Payment Period		07/01-06/30			
01 Alamance	*	505,781	\$0.00	505,781	505,781
D1 Albemarle	*	914,772	\$0.00	914,772	914,772
02 Alexander	*	150,127	\$0.00	150,127	150,127
04 Anson	*	171,798	\$0.00	171,798	171,798
D2 Appalachian	*	373,100	\$0.00	373,100	373,100
07 Beaufort	*	201,741	\$0.00	201,741	201,741
09 Bladen	*	205,550	\$0.00	205,550	205,550
10 Brunswick	*	410,434	\$0.00	410,434	410,434
11 Buncombe	*	684,061	\$0.00	684,061	684,061
12 Burke	*	329,871	\$0.00	329,871	329,871
13 Cabarrus	*	548,189	\$0.00	548,189	548,189
14 Caldwell	*	254,518	\$0.00	254,518	254,518
16 Carteret	*	213,412	\$0.00	213,412	213,412
17 Caswell	*	141,559	\$0.00	141,559	141,559
18 Catawba	*	453,371	\$0.00	453,371	453,371
19 Chatham	*	237,243	\$0.00	237,243	237,243
20 Cherokee	*	120,938	\$0.00	120,938	120,938
22 Clay	*	52,981	\$0.00	52,981	52,981
23 Cleveland	*	346,148	\$0.00	346,148	346,148
24 Columbus	*	264,924	\$0.00	264,924	264,924
25 Craven	*	344,667	\$0.00	344,667	344,667
26 Cumberland	*	910,798	\$0.00	910,798	910,798
28 Dare	*	109,623	\$0.00	109,623	109,623
29 Davidson	*	489,625	\$0.00	489,625	489,625
30 Davie	*	147,912	\$0.00	147,912	147,912
31 Duplin	*	294,886	\$0.00	294,886	294,886
32 Durham	*	862,450	\$0.00	862,450	862,450
33 Edgecombe	*	264,835	\$0.00	264,835	264,835
D7 Foothills	*	442,189	\$0.00	442,189	442,189
34 Forsyth	*	1,008,877	\$0.00	1,008,877	1,008,877
35 Franklin	*	233,039	\$0.00	233,039	233,039
36 Gaston	*	595,762	\$0.00	595,762	595,762
38 Graham	*	80,899	\$0.00	80,899	80,899
D3 Gran-Vance	*	476,021	\$0.00	476,021	476,021
40 Greene	*	194,586	\$0.00	194,586	194,586
41 Guilford	*	1,413,671	\$0.00	1,413,671	1,413,671
42 Halifax	*	257,609	\$0.00	257,609	257,609
43 Harnett	*	419,270	\$0.00	419,270	419,270
44 Haywood	*	184,815	\$0.00	184,815	184,815
45 Henderson	*	334,192	\$0.00	334,192	334,192
47 Hoke	*	244,104	\$0.00	244,104	244,104
48 Hyde	*	104,711	\$0.00	104,711	104,711
49 Iredell	*	462,321	\$0.00	462,321	462,321
50 Jackson	*	172,192	\$0.00	172,192	172,192
51 Johnston	*	588,501	\$0.00	588,501	588,501
52 Jones	*	124,467	\$0.00	124,467	124,467

53 Lee	*	256,360	\$0.00	256,360	256,360
54 Lenoir	*	286,057	\$0.00	286,057	286,057
55 Lincoln	*	227,415	\$0.00	227,415	227,415
56 Macon	*	128,315	\$0.00	128,315	128,315
57 Madison	*	89,997	\$0.00	89,997	89,997
D4 M-T-W	*	372,841	\$0.00	372,841	372,841
60 Mecklenburg	*	0	\$0.00	0	0
62 Montgomery	*	176,233	\$0.00	176,233	176,233
63 Moore	*	293,828	\$0.00	293,828	293,828
64 Nash	*	340,209	\$0.00	340,209	340,209
65 New Hanover	*	591,276	\$0.00	591,276	591,276
66 Northampton	*	153,426	\$0.00	153,426	153,426
67 Onslow	*	520,602	\$0.00	520,602	520,602
68 Orange	*	384,477	\$0.00	384,477	384,477
69 Pamlico	*	105,329	\$0.00	105,329	105,329
71 Pender	*	207,202	\$0.00	207,202	207,202
73 Person	*	180,796	\$0.00	180,796	180,796
74 Pitt	*	532,303	\$0.00	532,303	532,303
75 Polk	*	95,259	\$0.00	95,259	95,259
76 Randolph	*	447,563	\$0.00	447,563	447,563
77 Richmond	*	247,284	\$0.00	247,284	247,284
78 Robeson	*	517,485	\$0.00	517,485	517,485
79 Rockingham	*	311,784	\$0.00	311,784	311,784
80 Rowan	*	434,537	\$0.00	434,537	434,537
82 Sampson	*	295,150	\$0.00	295,150	295,150
83 Scotland	*	220,053	\$0.00	220,053	220,053
84 Stanly	*	205,446	\$0.00	205,446	205,446
85 Stokes	*	139,484	\$0.00	139,484	139,484
86 Surry	*	270,785	\$0.00	270,785	270,785
87 Swain	*	119,064	\$0.00	119,064	119,064
D6 Toe River	*	171,351	\$0.00	171,351	171,351
88 Transylvania	*	110,442	\$0.00	110,442	110,442
90 Union	*	568,902	\$0.00	568,902	568,902
92 Wake	*	0	\$0.00	0	0
93 Warren	*	162,048	\$0.00	162,048	162,048
96 Wayne	*	439,155	\$0.00	439,155	439,155
97 Wilkes	*	249,198	\$0.00	249,198	249,198
98 Wilson	*	337,939	\$0.00	337,939	337,939
99 Yadkin	*	168,997	\$0.00	168,997	168,997
00 Yancey	*	96,682	\$0.00	96,682	96,682
Totals		27,797,814	0	27,797,814	27,797,814

Sign and Date - DPH Program Administrator <i>M. Anderson</i> 03/24/23 2:09 PM EDT	Sign and Date - DPH Section Chief <i>Paula Jorg</i> 03/29/23 2:48 PM EDT
Sign and Date - DPH Budget Office - ATC Coordinator <i>Sarah Muffin</i> 3/30/2023	Sign and Date - DPH Budget Officer <i>S. Kordis</i> 4/3/2023