

## Future of Public Health (FoPH) Review Checklist

Local Health Jurisdiction Name: San Francisco Department of Public Health

Review Date: 10/14/2022

### Initial Administrative Review:

#### **Submission Requirements due by September 15, 2022:**

Required Documents	Received/Not Received	Comments
Acknowledgment of Allocation Letter	received	Harbi-9/14
Annual Certification Form	received	Harbi-9/14
Workplan	received	Harbi-9/14
Minimum Requirements Responses Included	received	Harbi-9/14
Spend Plan	received	Harbi-9/14

### Workplan Content:

#### **1. FoPH Minimum Requirements**

- Review Status
  - Approved – response meets all requirements and is approved as is, reviewer has no edits or recommendations.
  - Approved w/ Recommendations – response meets all requirements, but reviewer has recommendations/minor edits.
  - Needs Revision – the response is incomplete/missing, and more information/clarification is needed. **Highlight text in yellow for those that need revision.**

FoPH Minimum Requirements	Review Status (Approved, Approved w/ Recommendations, Needs Revision)	Comments
1. Describe how your local health jurisdiction achieves 24/7/ health office coverage. Include backup plans for times when the health officer is unavailable, such a Deputy Health Officer positions, contracts, or regional coverage agreements.	<b>Approved</b>	
2. Describe how these new funds will assist your jurisdiction in meeting your community health assessment/community health improvement plan and strategic plan goals. How do you plan to measure/evaluate the impact of these funds? Please either attach a copy or	<b>Approved</b>	

provide links to your CHA, CHIP and Strategic Plan or provide a date when these will become available.		
3. Describe how these new funds will assist your jurisdiction in meeting equity goals.	<b>Approved</b>	
4. Describe efforts your jurisdiction will take in becoming or sustaining capacity as a learning organization including continuous quality improvement and results-based accountability/evaluation.	<b>Approved</b>	
5. Commit to Health Officer and Health Director participation in the Regional Public Office monthly/quarterly meeting as determined by the Region and CDPH. (Select from dropdown)	<b>Approved</b>	
<b>LHJ Questions and Comments</b>		

**General Feedback:**

N/A
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**2. Staffing Plan**

- Review Status
  - Approved – response meets all requirements and is approved as is, reviewer has no edits or recommendations.
  - Approved w/ Recommendations – response meets all requirements, but reviewer has recommendations/minor edits.
  - Needs Revision – the response is incomplete/missing, and more information/clarification is needed. **Highlight text in yellow for those that need revision.**

<b>Workplan Staffing Considerations</b>	<b>Review Status</b> (Approved/ Approved with Recommendations/Needs Revision)	<b>Comments</b>
List any anticipated challenges and/or barriers to hiring and/or technical assistance needs from CDPH	<b>Approved</b>	
If applicable, describe your strategies to overcome potential hiring barriers	<b>Approved</b>	

LHJ Questions and Comments

**General Feedback:**

N/A

**3. Local Objectives & Quarterly Progress Report**

- Review Status
  - Approved – response meets all requirements and is approved as is, reviewer has no edits or recommendations.
  - Approved w/ Recommendations – response meets all requirements, but reviewer has recommendations/minor edits.
  - Needs Revision – the response is incomplete/missing, and more information/clarification is needed. Highlight text in yellow for those that need revision.

Local Objective 1

	<b>Review Status</b> (Approved/Approved with Recommendations/Needs Revision)	<b>Comments</b>
<b>SMART Objective</b>	<b>Needs Revision</b>	<b>SMART Objectives are time based. Please add an expected completion date within this objective statement.</b>
<b>Implementation Plan</b>	<b>Approved</b>	
<b>Evaluation Plan</b>	<b>Approved</b>	
<b>Issue Area/s</b>	<b>Approved</b>	
<b>Expected Achieve By Date</b>	<b>Approved</b>	
<b>LHJ Questions and Comments</b>		

**Objective 1 General Feedback:**

N/A

Local Objective 2

	<b>Review Status</b> (Approved/Approved with	<b>Comments</b>
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	Recommendations/Needs Revision)	
<b>SMART Objective</b>	<b>Approved</b>	
<b>Implementation Plan</b>	<b>Approved</b>	
<b>Evaluation Plan</b>	<b>Approved</b>	
<b>Issue Area/s</b>	<b>Approved</b>	
<b>Expected Achieve By Date</b>	<b>Approved</b>	
<b>LHJ Questions and Comments</b>		

**Objective 2 General Feedback:**

N/A
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Local Objective 3

	<b>Review Status</b> (Approved/Approved with Recommendations/Needs Revision)	<b>Comments</b>
<b>SMART Objective</b>	<b>Needs Revision</b>	<b>SMART Objectives are time based. Please add an expected completion date within this objective statement.</b>
<b>Implementation Plan</b>	<b>Approved</b>	
<b>Evaluation Plan</b>	<b>Approved</b>	
<b>Issue Area/s</b>	<b>Approved</b>	
<b>Expected Achieve By Date</b>	<b>Approved</b>	
<b>LHJ Questions and Comments</b>		

**Objective 3 General Feedback:**

N/A
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