

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.	Approved	
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	Approved	

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.	Approved	
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.	Approved	
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)	Approved	
LHJ Questions and Comments		

General Feedback:

N/A

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.**

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

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

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

Objective 1 General Feedback:

N/A

Local Objective 2

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

Objective 2 General Feedback:

N/A

Local Objective 3

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

Objective 3 General Feedback:

N/A
