



SUMMARY REPORT

Agenda Date: 4/4/2023

To: Board of Supervisors of Sonoma County
Department or Agency Name(s): Department of Health Services
Staff Name and Phone Number: Gabriel Kaplan, 707-565-6622
Vote Requirement: 4/5th
Supervisorial District(s): Countywide

Title:

Department of Health Services Public Health Staffing Allocations - Future of Public Health

Recommended Action:

- A) Adopt a personnel resolution amending the Department of Health Services position allocation list to add 11.20 full-time equivalent position allocations and to convert 1.0 full-time equivalent time-limited position allocation to ongoing, as detailed in the attached resolution, effective April 4, 2023.
- B) Adopt a budget resolution authorizing budgetary adjustments to the fiscal year 2022-2023 adopted budget to reflect additional revenues and expenditures associated with the requested position allocations in the amount of \$775,815 within the Department of Health Services. (4/5th Vote Required)

Executive Summary:

The Department of Health Services (hereinafter “DHS” or “the Department”) Public Health Division has an immediate need for additional staffing to remedy staffing shortages and service gaps. In order to address these imbalances the Department is looking to add 11.20 full-time equivalent positions and to convert 1.0 time-limited position to an ongoing allocation. State of California Budget Act of 2022 for budget year 2022-2023 (Health and Safety Code 101320, 101320.3, and 101320.5) provides a total of \$200,400,000 annually to local health jurisdictions throughout California for public health workforce and infrastructure, referred to as the Future of Public Health Funding. These funds are considered ongoing and part of the ongoing baseline state budget. The California Department of Public Health (CDPH) is allocating up to \$2,174,091 to Sonoma County Department of Health Services for fiscal year 2022-2023.

Appropriations for the additional position allocations are being requested via the attached budget resolution in the amount of \$775,815 for fiscal year 2022-2023.

Discussion:

Public Health Division - Occupational Therapy - 0.20 Full-Time Equivalent Occupational Therapist

The medical therapy program (MTP) is short staffed with Occupational Therapists and Physical Therapists. The clients served in the MTP have complex medical needs and each current OT already carries a full caseload. As a result, clients have to wait for mandated services until appointments are available and therapists are able to fully address their complex needs. Currently the program has 5.7 FTE Occupational Therapists. The county has been unable to recruit for the current .3 FTE Occupational Therapist position that has been available and by adding .20 FTE this will create a 20 hour per week Occupational Therapist position to enable the MTP to hire and meet the mandated services. Cost for the FY 2022-23 will be \$38,068.

The Occupational Therapist would be responsible for providing mandated therapy services to medically eligible clients in our Medical Therapy Program. The Occupational Therapist provides direct services under a medical doctor's prescription, in person at the Medical Therapy Clinic, as well as necessary documentation, consultation to schools per state and county Memoranda Of Understanding, evaluation of appropriate durable medical equipment and case management in conjunction with medical providers under the Whole Child Model.

The Occupational Therapists will be supervised primarily by the Supervising Pediatric Therapist. The training begins with the onboarding process and depending on the amount of training needed for the therapist, the improvements are realized in the first several weeks. The overall benefit is that all children, regardless of ethnicity or socioeconomic status, and regardless of medical insurance will receive the same services that qualifies them for the MTP.

Public Health Division - Administrative and Program Support Systems (APSS) - 1.00 Full-Time Equivalent Administrative Services Officer I and 1.00 Full-Time Equivalent Administrative Aide to PH Administration

Prior to 2019, Public Health had one Administrative Services Officer II, an Administrative Services Officer I, two Administrative Aides, two Senior Office Assistants and a Department Analyst in its administrative unit. Budget reductions in 2019 forced a contraction in the number of staff in this team and reduced its ability to provide support to programs with multiple administrative details in program management, such as grants and contracts management, preparation of Board items, managing operations, and assuring building safety. With the receipt of Future of Public Health funds, there is an opportunity to restore some of the administrative positions. This request would add one full time Administrative Services Officer I to the APSS unit and provide additional funds to increase the resource allocation from one Senior Office Assistant by adding a full time Administrative Aide in Public Health Administration for a cost of \$110,492 in the first year. This will increase the program support available in public health and assure better throughput of grants, contracts, and board items and increased support within public health.

This request meets the third pillar of Sonoma County's strategic plan - Organizational Excellence. Increased staffing to the APSS team will decrease financial and programmatic risk in public health by assuring higher quality support to grant applications, monitoring, contract writing and monitoring, and preparation of Board items. It will increase building safety, support to programs and accelerate and improve support to the hiring process.

Public Health Division - Healthy Communities - 1.00 Full-Time Equivalent Program Planning and Evaluation Analyst

The COVID pandemic highlighted the profound impacts that certain risk factors pose for the health of our population. It also highlighted that the inequities of American society and the injustices of the past have shaped the social, economic, and physical environment such that exposure to the risk factors for long term harms to physical and mental health are also distributed inequitably. The same groups which saw the highest incidence of infection, hospitalization, and death from COVID were also the same groups that smoke in the greatest percentages, and the same ones that are most likely to struggle with the chronic diseases of obesity, diabetes, cardiovascular disease, asthma, cancer, dementia, substance use and mental illness. Research has shown that a set of shared risk and protective factors influence the likelihood of one developing any of these diseases. Public health strategies to link resources across the programs tailored to respond to these diseases can advance protective factors that will reduce the risk of illness and injury. Public health strategies can also limit exposure to the risk factors that increase the likelihood of such illnesses. This approach is an emerging

practice in public health and it has been termed addressing shared risk and protective factors. More health departments are considering how to use a list of such shared risk and protective factors to pool resources across different programs and develop strategies that reduce the risks of multiple long-term, chronic conditions. This position will initiate efforts in Sonoma County to address shared risk and protective factors. This position will work to link programs that share such risk and protective factors and facilitate dialogue across them to explore pooling resources and planning joint strategies to address them. Many behavioral health issues, for instance, such as substance abuse, addiction, or depression, share risk factors with chronic diseases. The position will also work as a liaison between allied groups working in the community to address these outcomes to advance upstream prevention strategies.

This position will involve the Department of Health Services into shared strategies to reduce the risks of behavioral and physical unwellness and ill-health. The position exists to convene parties and programs to explore shared and mutually reinforcing efforts. The work is integrally aligned with the Board strategic priorities such as creating resilient communities, improving health and human well-being, and advancing racial equity and social justice. In the first year the position will share research showing the connections between shared risk and protective factors and examples of this work in other health departments. It will help the department and other partners in the county identify the risks or protective factors on which the county can focus and develop metrics to measure progress. Because this work links programs with similar root causes but different areas of focus, it can facilitate more creative and economical distribution of resources or pooling resources to leverage impact. The Program Planning and Evaluation Analyst will cost \$60,500 for 4 months of Fiscal Year 2022-23.

Public Health Division - Public Health Laboratory - 0.20 Full-Time Equivalent Senior Office Assistant

The Public Health Lab currently has a 0.8 FTE Senior Office Assistant which was cut from 1.0 FTE in 2019. Before COVID, the lab workload justified a full time Senior Office Assistant position. Phone and lobby support is needed from Monday through Friday, 8 am to 5 pm. Post-COVID, the Senior Office Assistant has taken on additional tasks: lab web portal administrative control (adding users, re-setting passwords, troubleshooting); the Senior Office Assistant coordinates distribution of collection kits and antigen kits.

The Senior Office Assistant supports public health lab operations. Counties with populations greater than 50,000 are required to have public health lab services under California health & safety regulations. Expense for the position in the first year will be \$24,698.

Public Health Division - Public Health Preparedness - 2.00 Full-Time Equivalent Department Analysts

As currently staffed, Public Health Preparedness does not have the personnel capacity to keep up with the Federal, State, Grant, Executive-Driven mandated Planning, Training, and Exercise needs in order to be effective during a disaster. The request for these 2.0 Department Analyst FTE for \$112,500 in FY 2022-23 will aid in the development of these services by setting forth two dedicated staff needed to focus on these crucial areas of response.

This request will benefit the department in the following ways:

- With the addition of a Department Analyst for Planning focused position: the development of mandated All-Hazards, and Infectious Disease Emergency Response Guides will be taken on by an individual point of performance and not shared throughout multiple employees on a part time basis. This will allow for both the focus these projects will require while also opening time for other employees on a part time basis. Other maintenance of mandated response plans (such as the DHS

Continuity of Operations Plan (COOP)) will also be taken on by this position.

Current demand and scope of work for development of plans and training schedule required both legislatively and executive-driven are too high for current PPEA, even with Admin Support. PHP has been directed to provide tabletop exercises, in-person and virtual training opportunities as well as subject specific other trainings (nursing at medical shelters, hazmat response, etc.). This requires additional staff support to identified functions.

- With the addition of a Department Analyst for Training and Exercise Coordinator, this position will be able to focus on the mandated required trainings needed to prepare the Department of Health Services for emergency response as well as the multiple annual exercises for both Department Operations Center (DOC) Responders and emergency strike teams needed to ensure that individuals understand and have practiced their roles ahead of emergency deployment.

The following are mandates required for services either federally, state-wide, or for grant related projects:

- FEMA Emergency Support Function 8 - Public Health and Medical Services Annex. This federal mandate proceeds that public health response plans and outlines services needed within those plans for local counties to adhere to. In order to best administer these functions; planning, training, and exercising of our functions are needed. Currently, the Public Health Preparedness team does not have the administrative capacity to take on the required planning, training, and exercise capacity needed to effectively meet this goal.
- California Code, Health and Safety Code - HSC § 1797.153 (MHOAC Functions): dictate specific planning and response activities for California Counties in which administration of functions during response would be greatly aided by through planning efforts and consistent training and exercising.
- Public Health Emergency Preparedness (PHEP), Pandemic Influenza (Pan Flu), Hospital Preparedness Program (HPP) Grants: within grant requirements for the three major grants funding PHP currently required multiple exercise (Medical Response & Surge Exercise (MRSE)) , Statewide Medical Health Exercises, Healthcare Coalition and DOC Roster Tabletop Exercises) and plans (All Hazards, Medical Countermeasures, Rad / Chem response Plan, IDER) of which Public Health Preparedness has struggled to create and maintain in the past.

Public Health Division - Vital Statistics - 0.40 Full-Time Equivalent Vital Statistics Technician

On multiple occasions over the past 5 years, there have been times when only one Vital Statistics Technician was available to work in the Office of Vital Statistics. This has resulted in a longer turnaround time for the processing of death and birth certificates, medical marijuana identification cards, and burial permits. Current total allocation of Vital Statistics Technician in the Department is 3.5 FTE.

Moreover, it is challenging to attract quality employees to the existing 0.6 FTE part-time position; and adding this 0.4 Vital Statistics Technician FTE for \$28,522 in FY 2022-23, increasing the vacancy to 1.0 FTE, will allow the hiring manager to more easily hire and retain a staff person.

Duties performed by Vital Statistics Technicians in the Office of Vital Statistics are essential functions of the Department of Health Services and are mandated by California's Health and Safety Code (division 102. Vital Records and Health Statistics). At least two full-time Vital Statistics Technicians are always needed in the office during normal operating hours (9:30 am - 4:30 pm) to assist the public with applications for vital records, with additional Vital Statistics Technician VST staff available in the back-office to perform routine registration

services. Increasing the FTE for the current vacancy will allow the Office of Vital Statistics to maintain necessary staffing levels to meet State mandates when staff are sick, on vacation or leave (such as maternity leave). The current Vital Statistics Technician staff have already taken on all the duties previously assigned to an Senior Office Assistant, which means they have more clerical responsibilities, and need additional support from a full-time technician who can perform essential Vital Statistics functions.

Public Health Division - Childhood Lead Poisoning Prevention Program - 1.00 Full-Time Equivalent Community Health Worker Specialist (CHWS)

Childhood Lead Poisoning Prevention Program (CLPPP) is funded by a grant from the State Childhood Lead Poisoning Prevention Branch. Currently, the grant funds Environmental Health inspection and abatement and Public Health Nurse Case Management (.25-.40 FTE) with a small percentage (under 2%) for Bilingual Community Health Worker Specialist education and outreach in support of the PHN. The Community Health Worker Specialist FTE is primarily dedicated to the Child Health & Disability Prevention program and Health Care Program for Children in Foster Care. Due to the increase in cases, including urgent ones in FY 21-22, the CLPPP budget was severely overdrawn. County CLPPPs are expected to respond to the Center for Disease Control's updated guidance for responding to Blood Lead Reference Values in children beginning in 2023. This will increase the number of cases to be monitored, necessitating additional funding in the amount of \$39,000 in FY 2022-23 to staff a 1.0 FTE Community Health Worker Specialist.

The Community Health Worker Specialist would be responsible for responding to reports of Blood Lead Reference Values from the Childhood Lead Poisoning Prevention Branch, community healthcare providers and at the PHN's request, to contact families, provide outreach and education, make referrals to Primary Care, and consult with Senior Public Health Nurse when inquiries regarding prevention and care are outside the scope of a Community Health Worker Specialist. The Community Health Worker Specialist's work will be supervised primarily by the Supervising Public Health Nurse in Health Care Coordination, and training and guidance will also be provided by the Senior Public Health Nurse. The overall benefit is that all children, regardless of ethnicity or socioeconomic status, will receive the same services in order to decrease their lead burden. Lead is a heavy metal that is also a neurotoxin that can have adverse effects on children's health, development, and educational outcomes.

The State Childhood Lead Poisoning Prevention Branch has informed local programs that for the next grant cycle (2023-2026), counties should expect to request additional funding for their Public Health Departments to fund the increased workload resulting from the revised BLRVs. No additional funding will be provided by the State Childhood Lead Poisoning Prevention Branch.

Public Health Division - Emergency Medical Services - 1.40 Full-Time Equivalent Emergency Medical Services Coordinator

Current staffing of the Coastal Valley Emergency Medical Services Agency (CVEMSA) is inadequate to meet one of the key Goals of the Board - organizational excellence. Additional staff will improve the ability of CVEMSA to adequately perform the duties required of a Local EMS Agency (LEMSA) as described in Division 2.5 of the California Health and Safety Code, California Code of Regulations Title 22 Division 9, as well as Sonoma County Code chapter 28. Addressing the need for additional staffing in Emergency Medical Services reduces the risks to the county that might grow from an understaffed regulatory entity. CVEMSA has been engaged with consultants on several occasions in recent years who have advised at least two additional staff are necessary for CVEMSA to be sized comparably with comparable counties in California and to achieve a LEMSA's organizational obligations. The current LEMSA budget does not include funding allocated for the positions

identified that would be sufficient to perform at a high level and meet the requirements and of the State of California for local administration of an EMS system. Funding for EMS includes a contract with Mendocino, CARES Funding, and other hospital fees.

A LEMSA serves primarily as a regulatory body to assure the most excellent care and timely transport of patients in medical transport units is available to all County residents. CVEMSA is required to promulgate administrative policy, develop patient care guidelines and administer various provider agency and individual credentialing programs. Every approval granted by the LEMSA or credential issued to an agency or individual provider obligates the LEMSA to hold that approved agency or individual accountable for regulated activity performed under LEMSA authorization. The LEMSA ability to meet these inherent obligations is limited by the number of Subject Matter Expert staff hours that are available for direct program work. Because of the unique nature of the work and background of the staff, other staff from the DHS cannot be moved to support these tasks. Emergency Medical Services Coordinators come to the LEMSA with years of experience in direct patient care as well as a history of leadership experience in an operational, clinical or educational capacity. Emergency Medical Services Coordinators must be comfortable dealing with a wide range of stakeholders in the public and private sectors of the emergency response community as well as hospital leadership at the executive level. Addition of 1.4 FTE Emergency Medical Services Coordinators for \$136,161 in FY2022-23 will increase the LEMSA bandwidth and help close the gap between existing capacity and the CVEMSA's organizational aspirations. It will improve the team's ability to provide complete and high-performance service for specialty care oversight, policy work including development, revision and enforcement, improvements in contract enforcement, provider agency monitoring, clinical quality improvement, and credential process auditing. All of these areas would be improved by additional staff.

California Health and Safety Code Div. 2.5 Emergency Medical Services. CCR Title 22 Div.9 Prehospital Emergency Medical Services. Sonoma County Code chapter 28 Emergency and Prehospital Medical Services System.

Administration Division - Health Policy, Planning and Equity - 1.00 Full-Time Equivalent Department Program Manager (existing position changing from Time Limited to Permanent), 1.00 Full-Time Equivalent Department Analyst, and 1.00 Full-Time Equivalent Administrative Aide

The Department of Health Services does not currently have a dedicated Health Equity team to coordinate equity efforts in the department. There is no central team to coordinate, oversee and plan efforts towards racial equity. This team will focus on the successful implementation of the California Equitable Recovery Initiative (CERI) Grant deliverables. The team will focus on four areas: 1) to normalize racial equity in DHS; 2) advance equity centered Results Based Accountability (RBA); 3) explore avenues to partner with local agencies to foster equitable communities; 4) inform the department's strategic plan.

By dedicating personnel to equity efforts, this will allow for intentional allocation of resources towards equity work. Having a dedicated team allows for a robust approach in connecting the racial equity and social justice pillar of the County's Strategic Plan as well as ensuring the department has the capacity to sustain and coordinate this work in alignment with the California Department of Public Health, California Department of Health Care Services, Center for Disease Control, and Bay Area Regional Health Inequities Initiative. The first initiatives are set to be delivered by end of 2024 in addition to delivering a health equity plan for the department.

By supporting the equity infrastructure, DHS is able to deeply strategize for better outcomes and improve wellbeing measures for residents in Sonoma County; this is a long-term investment strategy that other Local

Health Jurisdictions have embarked upon.

By increasing emphasis on the importance of integrating equity across all of the Department, these positions will help ensure the Department is able to meet mandates and requirements within DHS's many programs and services. The cost for adding these positions will be \$134,374 in FY 2022-23.

Administration Division - Epidemiology - 1.00 Full-Time Equivalent Biostatistician

In comparison to counties of a similar size and neighboring counties, Sonoma County's epidemiology team is understaffed. Sonoma County's epidemiology team currently consists of three (3) full time biostatisticians. In 2019, a position for a fourth biostatistician was cut from the Department of Health Services' budget. Solano County, a smaller but similarly sized county at 445,000 residents employs four (4) FTE biostatisticians and is in the process of adding a fifth. Marin County, with a population of 259,441 employs four (4) FTE biostatisticians-approximately 1 epidemiologist per 65,000 residents. To staff at a similar level, Sonoma County would have 7 FTE biostatisticians.

Epidemiological needs have expanded in Public Health over the past two years. At the height of COVID-19 surveillance, the data demands required the assistance of three extra help epidemiologists, one department analyst, two SOAs, and one community health worker in addition to FTE staff. With the demobilization of the COVID-19 response, the team reduced down to one extra help biostatistician and four data support staff. With the end of COVID-19 emergency funds, there will no longer be funds for these remaining extra help staff. As a result, the three FTE epidemiologists will be responsible for the data entry, cleaning, analysis and reporting of all COVID and other Public Health and Behavioral Health needs. Behavioral Health has budgeted the time of 1.0 FTE biostatistician, meaning that Public Health will have 2.0 FTE epidemiologists remaining to meet all COVID and non-COVID data needs.

In addition to the possibility of new COVID variants of concern, there are several other potential disease control situations on the horizon and a shortage of epidemiological time. Specifically,

- Monkeypox (MPX)
 - About 40% of diagnosed monkeypox infections have also had HIV infection. Sonoma County has the 9th highest prevalence of persons living with HIV infection in California.
 - Sonoma County has one of the few pediatric cases of MPX in the US.
- Polio
 - Sonoma County has several communities with high rates of vaccine hesitancy. Several school districts consistently reported 20-50% of kindergarteners with personal belief exemptions to vaccines each year. The Centers for Disease Control projected herd immunity threshold for polio is 80% - it is possible some school districts will fall below this mark.
- Influenza and COVID
 - Influenza remains an ongoing and recurrent threat with potential for extreme events.
 - Any resurgence in COVID with influenza could further strain hospital capacity.

All of these potential threats can be mitigated by vaccines and present a clear need for bolstered public health immunization team capacity with epidemiological support.

Given that the 2.00 FTE of epidemiological staffing currently available to Public Health is already being fully

utilized by Emergency Medical Services, Maternal Child and Adolescent Health, Disease Control and Environmental Health programs, it is a necessity to add additional staff to compensate for increased ongoing needs associated with COVID-19 and the oversight of a reoccurring community health needs assessment to inform the development of Public Health Improvement plans.

The Future of Public Health funding requires a periodic community health needs assessment and development of a data-informed Public Health Improvement Plan. Without bringing on this new epidemiologist position, the current FTE epidemiologist staff would be unable to meet the Future of Public Health requirements given the added COVID surveillance, data entry and quality management that will soon be added to their full-time workloads with the termination of COVID-19 emergency funds. The cost for adding the Biostatistician will be \$61,500 in the FY 2022-23.

Fiscal Year 2022-2023 Budget Appropriations

This item includes a request for approval of a resolution authorizing budgetary adjustments to the fiscal year 2022-2023 adopted budget to reflect additional revenues and expenditures associated with the requested position allocations and Services & Supply costs in the amount of \$775,815 (Staffing \$745,815, Services & Supply cost \$30,000).

Prior Board Actions:

None

FISCAL SUMMARY

Expenditures	FY 22-23 Adopted	FY 23-24 Projected	FY 24-25 Projected
Budgeted Expenses		\$2,189,472	\$2,277,051
Additional Appropriation Requested	\$775,815		
Total Expenditures	\$775,815	\$2,189,472	\$2,277,051
Funding Sources			
General Fund/WA GF			
State/Federal	\$775,815	\$2,189,472	\$2,277,051
Fees/Other:			
Use of Fund Balance:			
Contingencies			
Total Sources	\$775,815	\$2,189,472	\$2,277,051

Narrative Explanation of Fiscal Impacts:

Total staffing costs of \$745,815 and Service and Supply costs of \$30,000 for a total of \$775,815 of appropriations requested for the FY 2022-23 Adopted Budget.

Occupational Therapist - The total cost of \$38,068 for the additional 0.2 FTE will be funded through the Future of Public Health grant \$11,400 and draw down additional grant funding through California Children’s Services.

Administrative Services Officer and Administrative Aide - The total cost of \$110,492. In FY22/23 80% of the Administrative Aide position will be funded by Future of Public Health Funds 20%, and 1991 Health

Realignment. The ASO1 will be funded by the Future of Public Health grant. In FY23/24 and 24/25, the positions will be funded through the Future of Public Health grant.

Program Planning and Evaluation Analyst - The total cost of \$60,500 will be funded through the Future of Public Health grant.

Senior Office Assistant - The total cost of \$24,698 will be funded through the Future of Public Health grant \$7,400 and the existing .8 FTE will continue to be funded by the department administration allocation.

2 Department Analysts - The total cost \$112,500 will be funded through the Future of Public Health grant.

Vital Statistics Technician - The total cost of \$28,522 will be funded by the Future of Public Health grant.

Community Health Worker Specialist - The total cost of \$39,000 will be funded through the Future of Public Health grant.

Medical Services Coordinator - The total cost of \$136,161 for 1.4 FTE will be funded through the Future of Public Health grant.

Department Program Manager (existing position changing from Time Limited to Permanent), Department Analyst, and Administrative Aide - The total costs of \$134,374 for 3.0 FTE will be funded by direct charge to the division they are providing support. It is projected that support will be given at 45% Future of Public Health grant, 45% Behavioral Health, and 10% Homelessness Division.

Biostatistician - The total cost of \$61,500 will be funded through the Future of Public Health grant.

Staffing Impacts:			
Position Title (Payroll Classification)	Monthly Salary Range (A-I Step)	Additions (Number)	Deletions (Number)
Occupational Therapist II - Children's Therapy Program	\$7,028.38 - \$8,543.28	0.20	0
Administrative Services Officer I	\$7,367.53 - \$8,955.48	1.00	0
Administrative Aide	\$4,939.52 - \$6,003.95	2.00	0
Program Planning & Evaluation Analyst	\$6,753.57 - \$8,209.34	1.00	0
Senior Office Assistant	\$3,916.83 - \$4,760.37	0.20	0
Department Analyst	\$6,250.92 - \$7,598.86	3.00	0
Vital Statistics Technician	\$4,205.55 - \$5,111.70	0.40	0
Community Health Worker Specialist	\$4,177.72 - \$5,076.92	1.00	0
Emergency Medical Services Coordinator	\$6,990.11 - \$8,498.06	1.40	0
Biostatistician	\$6,884.02 - \$8,367.61	1.00	0

Narrative Explanation of Staffing Impacts (If Required):

Additional staffing is required to: 1) support mandated services, 2) support racial equity and social justice, and 3) fill staffing shortages. The Department will work with the Human Resources Department, as necessary, to fill the requested positions once approved.

Agenda Date: 4/4/2023

Attachments:

Attachment 1 - Personnel Resolution

Attachment 2 - Budget Resolution

Attachment 3 - Position Allocation Cost Table

Related Items "On File" with the Clerk of the Board:

None