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State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Date: June 30, 2023

To: California Local Health Jurisdictions

From: California Department of Public Health (CDPH)

Subject: Future of Public Health Funding, FY 2023-24 – FY 2025-26

I. Purpose

This memo provides Local Health Jurisdictions (LHJs) with an overview of the Future of Public Health (FoPH) funding allocation for fiscal years FY 2023-24, 2024-25, and 2025-26.

The Budget Act of 2022 (Chapter 249, Statutes of 2022), provides \$200,400,000 annually to LHJs for public health workforce and infrastructure, referred to in this letter as the FoPH funding. These funds are considered ongoing funds and part of the ongoing baseline state budget, which must be approved in the annual state budget process. Local assistance amount is pending annual budget approval for each upcoming state fiscal years. Additional parameters and requirements associated with the FoPH funding are detailed in the Health and Safety Code Sections 101320-101320.5. Below are anticipated total funding amounts over the next three fiscal years:

State Fiscal Year	Local Assistance Amount
2022-23	\$200.4 million
2023-24	\$200.4 million
2024-25	\$200.4 million
2025-26	\$200.4 million

The funding allocation methodology is explained below in section II.

II. FoPH Allocation Methodology

Funding

The methodology for allocating these funds as set by statute are as follows:

1. Each Local Health Jurisdiction (LHJ) will receive a base funding amount of \$350,000 per year.
2. The remaining balance of the appropriation will be provided to each LHJ proportionally as follows:



- 50 percent based on 2019, or most recent, population data
- 25 percent based on 2019, or most recent, poverty data
- 25 percent based on 2019, or most recent, the share of the population that is Black/African-American/Latino/or Native Hawaiian/Pacific Islander.

Details on the calculation of allocation amounts are outlined in the Attachment 1 – Local Allocations Table. Increases or decreases in the total funding and changes in the local allocation methodology would require legislative action.

Starting with the 2023-24 fiscal year, funds must be spent within the year allocated. Carryover of funds beyond the fiscal year in which funds were awarded will not be possible.

Carryover of 2022-23 Allocations

The funding period for the 2022-23 state fiscal year was July 1, 2022 – June 30, 2023. The funds allocated for this period are available for encumbrance or expenditure until June 30, 2024. An LHJ may elect to carryover part or all of the unspent funds remaining after the end of the 2022-23 state fiscal year. If an LHJ wishes to carryover any 2022-23 unspent funds, please send an e-mail to FoPHfunding@cdph.ca.gov indicating the amount that the LHJ wishes to carryover. Please note that carryover of unspent funds is only available for the 2022-23 allocation amount. In addition, carryover funds must be used for pre-approved Spend Plan activities and must follow the 70/30 split. (If an LHJ is using 2022-23 funding for development of a Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP)/ local Strategic Plan, including contracting for services, the LHJ is not required to follow the 70/30 split pursuant to Health and Safety Code 101320(d).)

III. Funding Requirements

Non-Supplantation

The funds allocated to each Local Health Jurisdiction (LHJ) may only be used to supplement, rather than supplant, existing levels of services provided by the LHJ.

Each LHJ receiving funds shall annually certify to the department that its portion of this funding shall be used to supplement and not supplant all other specific local city, county, or city and county funds including, but not limited to, 1991 Health Realignment and city, county, or city and county general fund resources utilized for LHJ purposes and excluding federal funds in this determination. See *Attachment 2 for Certification Form*.

Required Use of Funding

1. Each LHJ must dedicate at least 70 percent of funds to support the hiring of permanent city or county staff, including benefits and training.
2. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, and travel.

Local Public Health Workplan/Spend Plan Requirements

Starting in the 2023-24 state fiscal year, LHJs will be submitting a three-year Local Public Health Workplan and yearly Spend Plans to support Future of Public Health (FoPH) funding

requirements.

1. Each Workplan should be informed by a CHA, CHIP, and/or local Strategic Plan.
2. If a current CHA and CHIP has not yet been completed by your LHJ, the Workplan that spans state fiscal years 2023-26 should describe how the LHJ will identify and address relevant community health issues and provide a plan and target date for completion of a CHA and CHIP. In addition, LHJs should describe in the Workplan and Spend Plan what positions your Agency plans to hire and how it will support your local objectives in which you have direct influence in achieving.
3. The Workplan should include an evaluation plan and metrics.
4. All LHJs will be required to measure and evaluate the process and outcome of hiring permanent staff.

Per Health and Safety Code 101320(f), LHJs without a completed CHA, CHIP, or Strategic Plan shall have commenced planning activities by October 1, 2022, and have a completed Local Public Health Workplan by December 30, 2023.

Redirection of Funding for Regional Capacity

A LHJ has the option to direct a portion of their funds to another LHJ in support of regional capacity. The requesting LHJ shall submit a letter of support to CDPH from the recipient LHJ in which these funds are directed to, along with a description of the regional capacity the funds will support. The letter shall be included as an additional attachment to the submission package.

Timeline

CDPH anticipates issuing initial funding guidance, including the allocation tables, to LHJs by the end of June 2023. Workplan and Spend Plan templates and other required documents will be provided for LHJs to complete and return to CDPH. This funding memo, the templates, and additional related documents will be located on the [LHJ SharePoint](#) and will be posted on the CDPH website page that is currently in development.

Submission Requirements

1. Complete a Workplan and Spend Plan by July 31, 2023, and submit to CDPH at: FoPHfunding@cdph.ca.gov. See *Attachments 3 and 4*. Your Agency should consider the following when developing your Workplan and Spend Plan:
 - While not required, CDPH recommends that your agency may fund an administrative position to ensure fiscal accountability and reporting requirements of the various FoPH funding. At least 70% of your Agency funds must go towards the hiring, including benefits and training, of permanent city or county staff.
 - Your Agency may dedicate up to 30% of the allocated funding to support equipment, supplies and other administrative purposes such as, facility space, furnishings, and travel.
 - While not required, CDPH encourages your Agency to recruit and give hiring preference to unemployed workers, underemployed workers, and a diversity of applicants from local communities who are qualified to perform the work. In addition,

you are encouraged to work with applicants from your community.

- While not required, CDPH encourages your Agency to explore transitioning limited-term or contracted staff/positions previously funded through limited term federal funding into permanent positions for the city; county; or city and county.
 - If your Agency will be dedicating a portion of your funds to another LHJ to increase regional capacity, your Agency shall submit a letter of support from the LHJ receiving those funds. Adjustments shall be reflected in the Workplan and Spend Plan that is submitted to CDPH for review and approval. The letter shall be included as an additional attachment to the submission package.
2. Your Agency must also meet the following minimum requirements for the FoPH funding and include descriptions in your Agency's Workplan:
- A description of how your Agency will achieve 24/7 Health Officer's coverage.
 - A description of how these funds will assist your Agency in meeting your CHA/CHIP and/or local Strategic Plan goals. Please either attach a copy or provide links to your CHA, CHIP, and/or Strategic Plan and/or a date when these will become available. In addition, provide a description of how your agency will measure/evaluate the impact of the FoPH funding.
 - A description of how your Agency will use FoPH funding to meet your LHJ equity goals.
 - A description of how your Agency will use FoPH funding to become or sustain capacity as a learning organization including continuous quality improvement and Results-Based Accountability/evaluation.
 - Commit to Health Officer and Health Director's participation in Regional Public Health Office monthly or quarterly meetings as determined by the Region and CDPH.
3. In advance of the Workplan and Spend Plan due date, your Agency should respond to CDPH acknowledging that you accept the allocation funds outlined in the Acknowledgment of Allocation letter by July 31st, 2023. The Acknowledgement of Allocation Letter can be signed by any individual(s) in your jurisdiction designated to review and sign these types of forms.

IV. Reporting Requirements

As a condition of the funding, each Local Health Jurisdiction (LHJ) shall, by December 30, 2023, as required by statute, and by July 1 every three years thereafter, be required to submit a Local Public Health Workplan to CDPH pursuant to the requirements. For your convenience, your CDPH point of contact will issue reminders as these dates get closer.

As a recipient of the Future of Public Health (FoPH) funding the following reporting documents are required:

1. Submit quarterly progress reports on hiring progress to CDPH following the schedule below. Quarterly progress reports shall provide status of timelines, goals, and objectives outlined in your Workplan. *See Attachment 3.* Note, if your Workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.

State Fiscal Year 2023-24

Quarter	Reporting Period	Due Date
Q1	July 1, 2023 – September 30, 2023	October 30, 2023
Q2	October 1, 2023 – December 31, 2023	January 30, 2024
Q3	January 1, 2024 – March 31, 2024	April 30, 2024
Q4	April 1, 2024 – June 30, 2024	July 30, 2024

State Fiscal Year 2024-25

Quarter	Reporting Period	Due Date
Q1	July 1, 2024 – September 30, 2024	October 30, 2024
Q2	October 1, 2024 – December 31, 2024	January 30, 2025
Q3	January 1, 2025 – March 31, 2025	April 30, 2025
Q4	April 1, 2025 – June 30, 2025	July 30, 2025

State Fiscal Year 2025-26

Quarter	Reporting Period	Due Date
Q1	July 1, 2025 – September 30, 2025	October 30, 2025
Q2	October 1, 2025 – December 31, 2025	January 30, 2026
Q3	January 1, 2026 – March 31, 2026	April 30, 2026
Q4	April 1, 2026 – June 30, 2026	July 30, 2026

2. Submit quarterly expenditure reports to CDPH following the schedule above. Expenditure

reporting should be completed within your Spend Plan. Note, if your Spend Plan is under review by CDPH and has not been approved by the reporting due date, you are still required to submit your expenditure report to CDPH. See *Attachment 4*.

3. Submit FoPH Statewide Evaluation documents by the due dates. More information regarding this requirement and due dates will be sent out at a later time.

Annual Presentation to Governing Board

In addition to the above reporting requirements, participating LHJs must annually present updates to its Board of Supervisors or City Council, as applicable, on the state of the jurisdiction's public health.

Per Health and Safety Code 101320.5, LHJs must identify the jurisdiction's most prevalent current cases of morbidity and mortality, causes of morbidity and mortality with the most rapid three-year growth rate, and health disparities. The presentation shall also provide an update on progress addressing these issues through the strategies and programs identified in the LHJ's Local Public Health Workplan, as well as identify policy recommendations for addressing these issues.

Contact Information: For questions related to this funding stream, please email FoPHFunding@cdph.ca.gov

Sincerely,

Caroline Kurtz, PhD
Deputy Director
Regional Public Health Office
California Department of Public Health

Local Health Jurisdiction (LHJ) funding distribution for the FoPH

Population, Poverty and Race/Ethnicity

Description of funding formula: Each California LHJ, including Los Angeles, Long Beach, and Pasadena, is awarded a base amount of \$350,000. The balance of funds are distributed based on the proportion each LHJ contributes to the 2020 population (50% of allocation), the proportion each LHJ contributes to the 2019 population in poverty (25% of allocation), and the proportion each LHJ contributes to the population that is **Black/African American, Latinx, or Native Hawaiian/Pacific Islander** (25% of allocation). Population and race/ethnicity data are from the Department of Finance; and population in poverty are calculated using 2019 Census Estimates.

LHJ	\$350,000 Base
Alameda HD ¹	6,537,374
Alpine	354,669
Amador	487,482
Berkeley	912,213
Butte	1,224,383
Calaveras	515,889
Colusa	459,468
Contra Costa	4,844,667
Del Norte	474,087
El Dorado	1,015,644
Fresno	6,126,172
Glenn	482,368
Humboldt	938,349
Imperial	1,568,105
Inyo	423,621
Kern	5,381,815
Kings	1,175,830
Lake	641,433
Lassen	481,278
Long Beach ²	2,807,624
Los Angeles HD ²	47,328,331
Madera	1,217,976
Marin	1,241,952
Mariposa	421,598
Mendocino	723,894
Merced	1,882,112
Modoc	394,124
Mono	403,629
Monterey	2,563,477
Napa	896,612
Nevada	690,079
Orange	13,351,733
Pasadena ²	1,033,025
Placer	1,661,462
Plumas	420,397

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Riverside	11,782,061
Sacramento	7,072,450
San Benito	647,267
San Bernardino	11,284,416
San Diego	14,356,108
San Francisco	3,639,888
San Joaquin	4,031,505
San Luis Obispo	1,459,610
San Mateo	3,141,653
Santa Barbara	2,433,999
Santa Clara	7,296,326
Santa Cruz	1,475,452
Shasta	1,031,180
Sierra	362,059
Siskiyou	538,801
Solano	2,186,187
Sonoma	2,174,091
Stanislaus	2,975,808
Sutter	787,927
Tehama	642,801
Trinity	405,254
Tulare	3,085,604
Tuolumne	543,960
Ventura	3,857,269
Yolo	1,397,659
Yuba	707,793
Total	200,400,000
Miniumum Award:	354,669
Maximum Award:	47,328,331

1 - Alameda Health Department (HD) excludes City of Berkeley

2 - Los Angeles HD excludes Cities of Long Beach and Pasadena