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GAVIN NEWSOM
Governor

Date: March 29, 2024
To: All Californians
From: California Department of Public Health (CDPH)
Subject: Future of Public Health Funding (FoPH) Work and Spend Plan Summary:
Central California Region, Fiscal Year (FY) 2023-24 – FY 2025-26

I. Purpose and Background

This memo provides an overview of the FoPH spend plans for FY 2023-2024 and work plans for FY 2023-24, 2024-25, and 2025-26 in the Central California region.

The Budget Act of 2022 (Chapter 249, Statutes of 2022) provides \$200.4 million in FoPH funding annually to local health jurisdictions (LHJs) for public health workforce and infrastructure capacity building. These funds are considered ongoing funds and part of the ongoing baseline state budget, which must be approved in the annual state budget process. The local assistance amount is pending annual budget approval for each upcoming FY.

FoPH funding is overseen by the Regional Public Health Office (RPHO), a state office within CDPH. Built upon a long public health tradition of successful interagency collaboration and recent efforts in regional coordination for the development and implementation of policy and guidance, RPHO strives to enhance bidirectional communication and coordination across California to address a wide array of cross-cutting emerging public health concerns and issues. RPHO provides support to LHJs via a model of regional coordination. RPHO regions include Rural North, Greater Sierra Sacramento, Bay Area, Central California, Los Angeles, and Southern California.

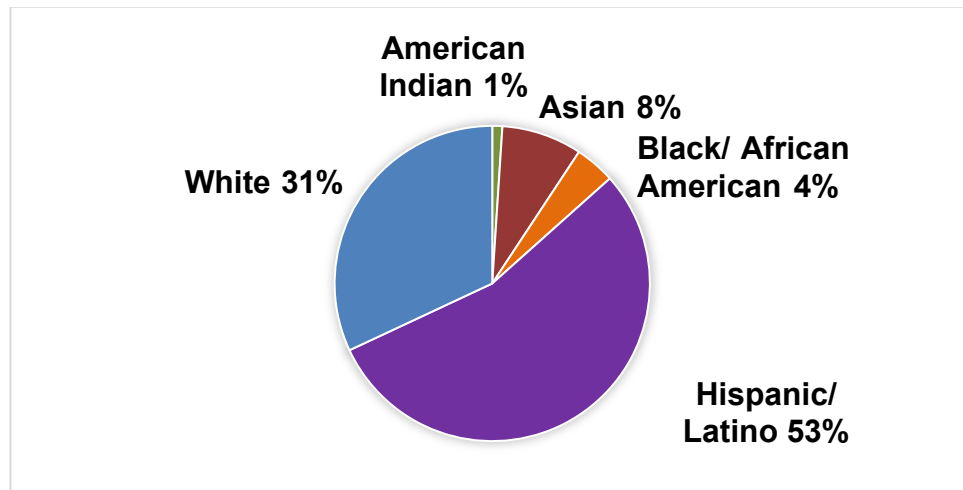
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II. Central California Region



The Central California region encompasses 11 LHJs: Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare, and Tuolumne. This region is known for its diverse landscape and significant contributions to California's economy. Bordered by the coastal counties to the west, it includes the northern portion of the San Joaquin Valley, the foothills and mountain areas of the central Sierra Nevada. California's top agricultural producer, the Central California region plays a crucial role in supplying food to the nation. Its fertile soil supports a wide variety of crops, including fruits, vegetables, nuts, and dairy products. The region's large farmworker community contributes significantly to this thriving industry. Central California is home to Yosemite National Park, which attracts visitors from around the world.

Regional Demographics



4,454,357 POPULATION
(2023)

67%
MEDI-CAL RECIPIENTS

7474
NUMBER OF LICENSED
HOSPITAL BEDS

56%
POPULATION IN HEALTHY PLACES
INDEX (HPI) QUARTILES 1 & 2

Footnote: Data obtained from the following sources: Department of Finance, Department of Health Care Services, Healthy Places Index, and CDPH.

III. FoPH Framework

Foundational Public Health Services (FPHS) Framework

California's public health infrastructure requires significant, long-term investment to modernize the state's public health system. California has adopted a modified FPHS framework outlined by the Public Health Accreditation Board (PHAB) to define a core set of capabilities and programs that are vital to all health jurisdictions in building a thriving community. This framework will be used to measure and evaluate progress on the proposed three-year work plan and yearly spend plans for FoPH investment. Measured progress in the following six key service areas will indicate growth and stability of the infrastructure across the California public health landscape.

6 Key Service Areas



IV. FoPH Spend Plan

The FoPH initiative aims to transform and modernize California to effectively handle public health threats. Funds were allocated to LHJs with the intent of disrupting the disproportionate burden of preventable diseases in populations historically impacted, encouraging collaboration across counties, and making sure funds are used to supplement, or fill in gaps that existed historically and were magnified by public health emergencies, rather than supplant existing resources. The allocation methodology focuses on the following four areas:

- **Workforce Expansion:** LHJs must leverage funding to fill critical public health positions, including those where gaps were identified by the pandemic. Each LHJ must certify that at least 70% of funds will be used to support permanent staff.
- **Reducing Health Disparities:** The funding methodology includes a base grant for each LHJ, and the remaining balance is appropriated based on population data and poverty data. Reference the funding methodology details below (in Section V).
- **Data Collection and Monitoring:** Each LHJ will be required to submit a plan to CDPH every three years that is informed by a Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and/or local strategic plan, including proposed evaluation methods and metrics.
- **Regional Public Health Department Partnership:** Funding may be used to establish regional public health partnerships.

Additional parameters and requirements associated with FoPH funding are detailed in Health and Safety Code Sections 101320-101320.5.

FoPH FY 2023-24 LHJ Allocations

As outlined in the statute, of the \$200.4 million allocated for local assistance, each LHJ will receive a base funding amount of \$350,000 per year. The remaining balance of the appropriation will be provided to LHJs proportionally as follows:

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

Central California Local Assistance Allocations — Fiscal Year 2023-24

LHJ	Total Allocation
Calaveras	\$515,889
Fresno	\$6,126,172
Kern	\$5,381,815
Kings	\$1,175,830
Madera	\$1,217,976
Mariposa	\$421,598
Merced	\$1,882,112
San Joaquin	\$4,031,505
Stanislaus	\$2,975,808
Tulare	\$3,085,604
Tuolumne	\$543,960

The funding period for the 2023-24 fiscal year is July 1, 2023-June 30, 2024. The funds allocated during the 2022-23 state fiscal period allowed for carryover of unspent funds through June 30, 2024. Carryover was only allowable by statute for FY 2022-23 funds. Starting in FY 2023-24, funds must be spent within the year allocated.

FoPH will provide ongoing state funding for LHJs through 2025-26. Future increase of the funding or changes in allocation would require legislative action.

V. FY 2023-2026 Work Plan Summary

At the time of this memo, LHJs have completed and reported on their first year of work funded by FoPH (FY 2022-23). In addition, they have submitted work plans for FYs 2023-24, 2024-25, and 2025-26. Finally, LHJs have submitted spending plans for FY 2023-24. As a result, the summary below will incorporate both completed work (FY 2022-23) and projected work (FYs 2023-24 through 2025-26) that is still in process, as well as completed spending (FY 2022-23) and projected spending (FY 2023-24).

Work Plan Minimum Requirements

Each LHJ must meet the following minimum requirements for the FoPH funding and describe how the LHJ plans to meet this requirement in the work plan:

- A description of how the agency will achieve 24/7 health officer's coverage.
- A description of how these funds will assist the agency in meeting your CHA/CHIP and/or local strategic plan goals. In addition, a description of how the agency will measure/evaluate the impact of FoPH funding.
- A description of how the agency will use FoPH funding to meet LHJ equity goals.
- A description of how the agency will use FoPH funding to become, or sustain capacity as, a learning organization including continuous quality improvement and results-based accountability/evaluation.
- Commitment to health officer and health director's participation in RPHO monthly or quarterly convenings as determined by the region and CDPH.

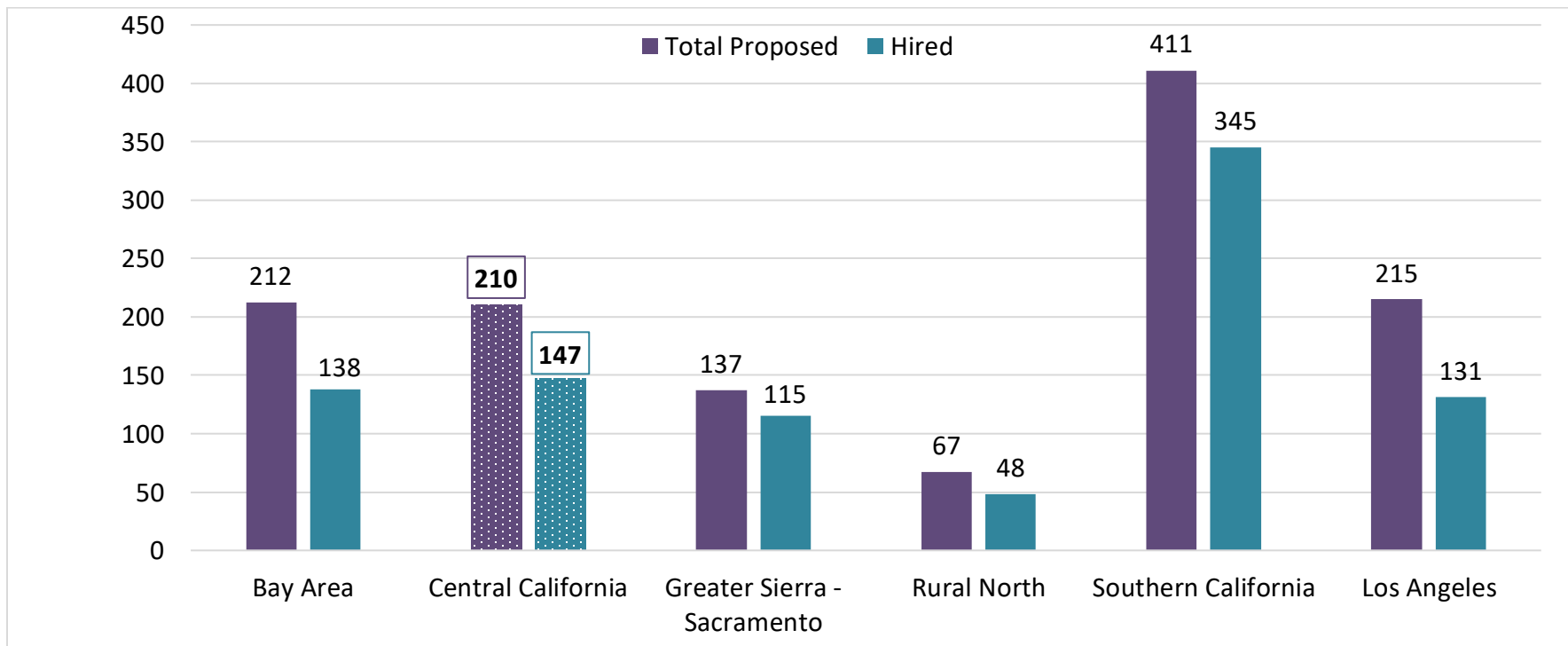
Workforce Expansion

A core pillar of FoPH investment is workforce development, recruitment, and training. Funding offers a unique opportunity to strengthen and expand the local public health workforce. To build public health capacity and increase the LHJ's ability to recruit, retain, and develop a diverse workforce, each LHJ must establish hiring goals. The personnel plan allows for LHJs to project the number of planned hires using FoPH funds.

Personnel Plan Summary (Figure 1)

Figure 1 indicates the proportion of FoPH positions that have been proposed for recruitment in the Central California region on the FoPH work plans and displays the progress on hiring. For FY 2022-23, FoPH efforts were focused on hiring and building infrastructure capacity, thus it is expected that a higher proportion of hiring activity may be indicated during this time frame. For context, the total proposed and hiring progress statewide and by region has been provided. 70% of Central California's FoPH funded positions have been hired as of October 30, 2023.

	Total Proposed	Hiring Progress
Statewide	1253	919
Central California Region	210	147

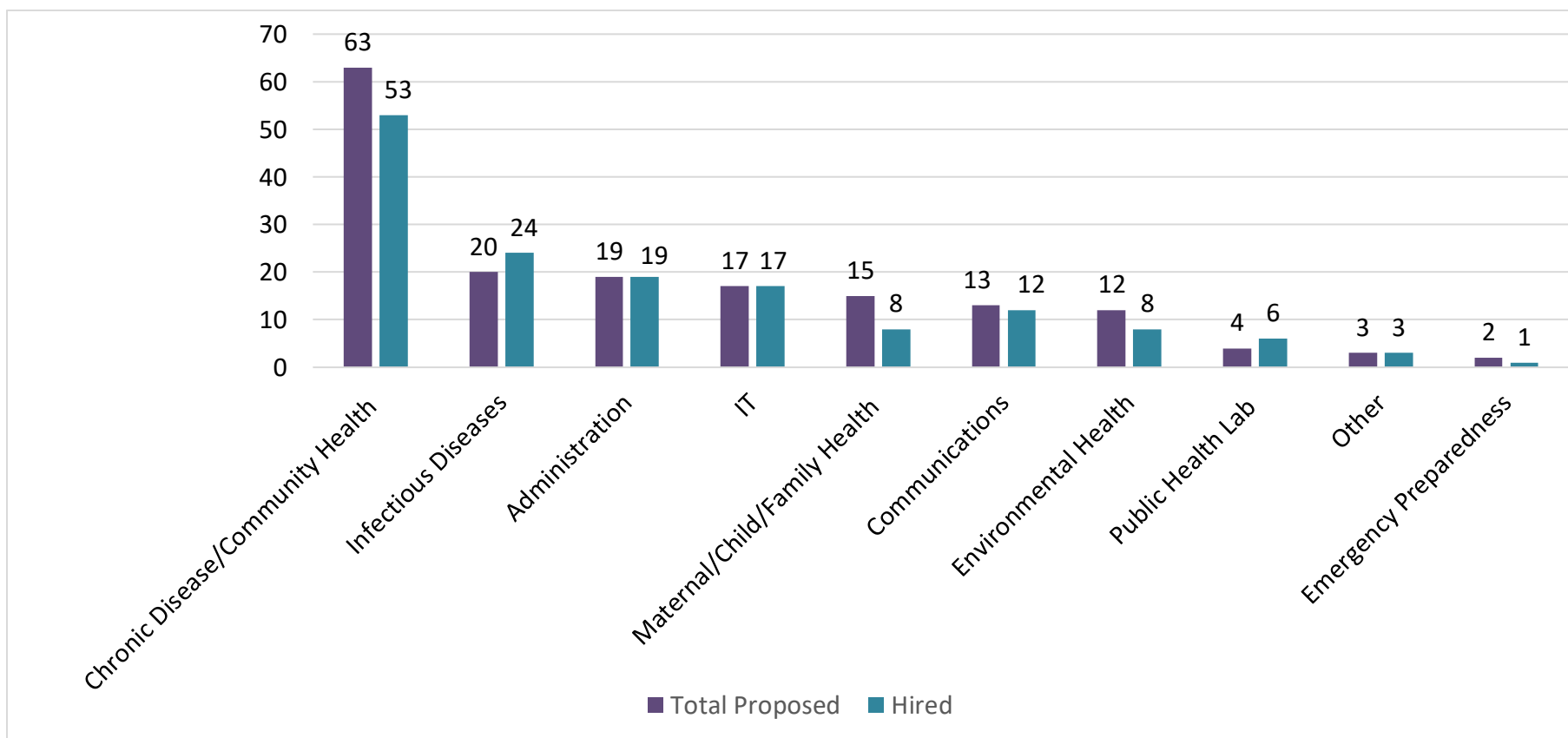


Data Source Figure 1: FoPH Spend Plans provided by LHJs

Footnote: The position data in this graph reflects total permanent positions and not full-time equivalent (FTE).

Staff Position Titles and Program Area Summary (Figure 2)

Figure 2 shows the top three program areas indicated by LHJs for recruitment and hiring staffing the Central California region: Chronic Disease/Community Health, Infectious Disease, and Administration. While these are the top three planned areas for recruitment among Central California LHJs, there has been hiring progress in other areas. The top three program areas with the highest percentage of staff hired include: Information Technology (IT), Administration, and Other. The program area with the lowest proportion of hired staff is in Central California is Maternal, Child & Family Health.



Data Source Figure 2: FoPH Spend Plans provided by LHJs

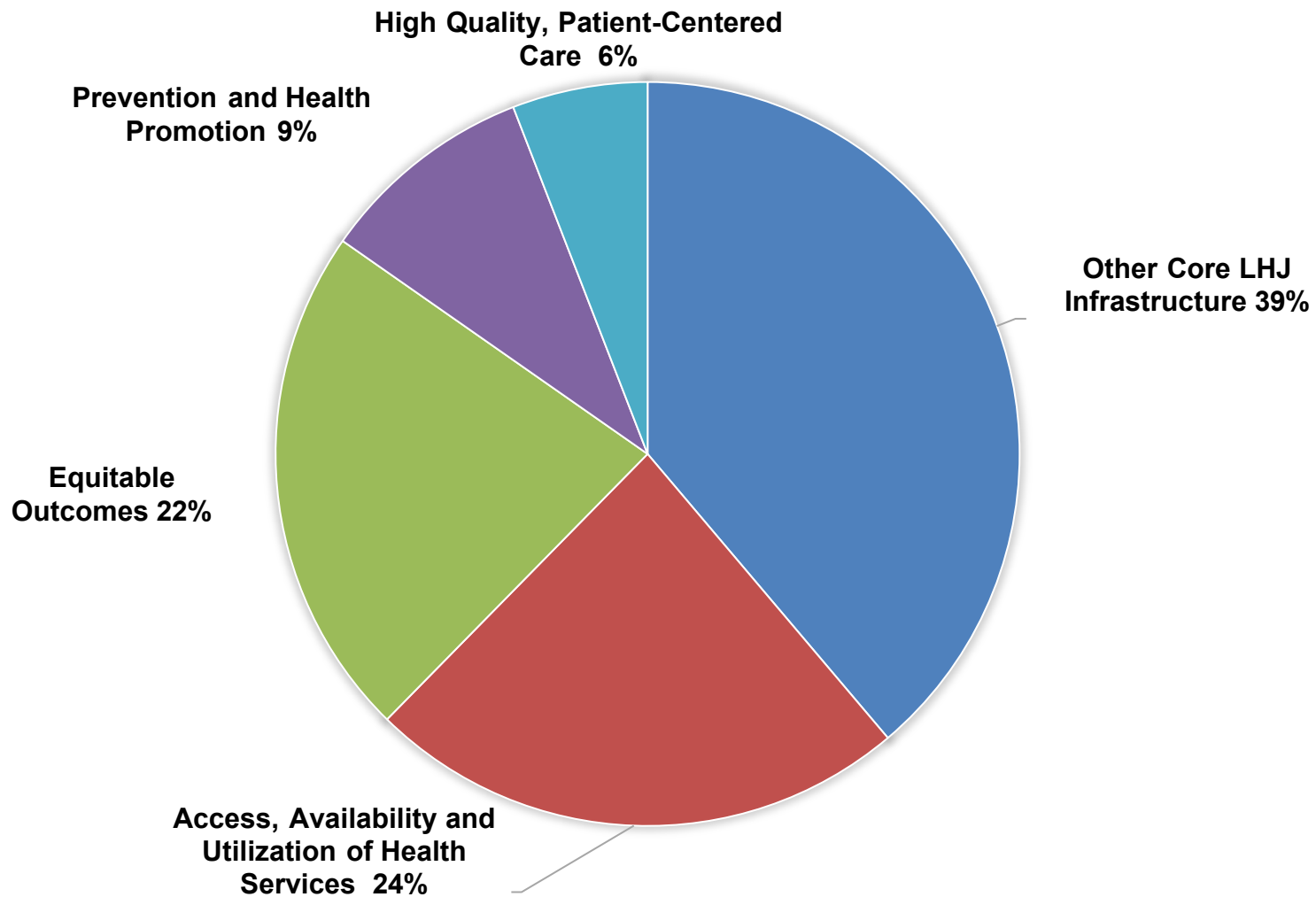
Footnote: The position data in this graph reflects total permanent positions and not FTE.

Issue Area Themes (Figure 3)

The top issue area themes identified across the Central California region are documented in the table below by total number of issue areas reported among all LHJs in the region and total percentage of reported themes. The top five issue areas identified (Figure 3) across the Central California region are: 1) other core LHJ infrastructure; 2) access, availability and utilization of healthcare services; 3) equitable outcomes; 4) prevention and health promotion; and 5) high-quality, patient centered care.

Central California Issue Area Summary	Total Number	Percentage
Other Core LHJ Infrastructure	33	33%
Access, Availability and Utilization of Health Services	20	20%
Equitable Outcomes	19	19%
Prevention and Health Promotion	8	8%
High Quality, Patient-Centered Care	5	5%
Prevention and Health Promotion Focus: Other	4	4%
Environmental Quality and Climate Change	2	2%
Prevention and Health Promotion: STD	2	2%
Accessible Built Environment	1	1%
Early Childhood Development and Resiliency	1	1%
Healthy Aging	1	1%
Mental and Behavioral Health	1	1%
Mental and Behavioral Health: Substance Use and Addiction	1	1%
Neighborhood Safety and Collective Efficacy	1	1%
Prevention and Health Promotion: COVID-19	1	1%

TOP ISSUE AREAS THEMES (FIGURE 3)



Data Source Figure 3: FoPH Spend Plans provided by LHJ

Footnote: The percentages reflected in this pie chart differs slightly from the percentages in the table above as some issue areas have been excluded from the graph.

Work Plan Objective Themes (Figure 4)

The work plan objectives reported by the LHJs in the Central California region were analyzed by the primary Strategy Areas. Figure 4 quantifies the total number of objectives proposed in each Strategy Area in the FY 2023-26 work plans across the region.

Additionally, a qualitative analysis was performed to identify common themes across objectives. The Central California region is set to improve public health outcomes through the following objective themes:

- Development of a proactive and organized infrastructure public health infrastructure with enhanced surveillance and response capabilities to address public health challenges and improve community health outcomes.
- Expand and strengthen the workforce to demonstrate an investment in human resources, with an emphasis on wellness initiatives to ensure a diverse, skilled, and healthy workforce in order to meet the region's health needs more effectively.
- Implement strategic approaches to quality improvement and performance management to bolster the region's public health services through operational advancements.
- Enhance media strategies to ensure public health services are customized to the diverse needs of the public and stakeholders.
- Execute the development and updating of CHA, CHIP, and county strategic plans in coordination with community partners.

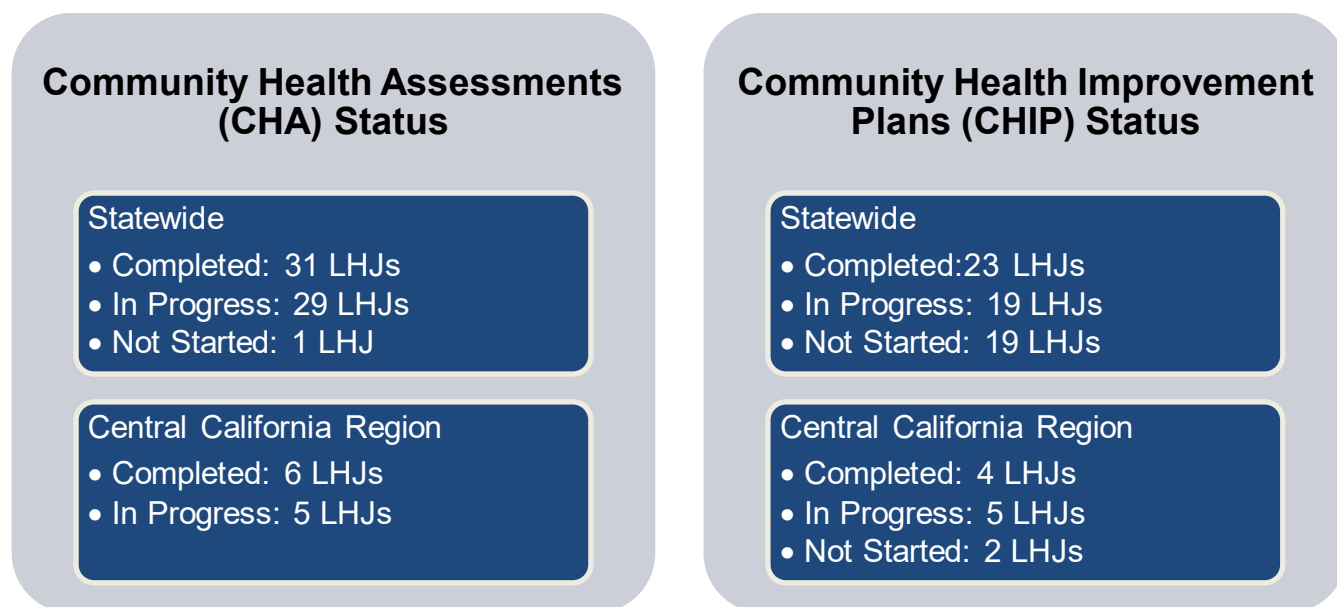
Primary Strategy Areas (Figure 4)



Data Source Figure 4: FoPH Work Plan Strategy Areas provided by LHJ

Data Collection and Monitoring

FoPH supports the development of CHAs, CHIPs, and other local public health plans. Completion of CHAs and CHIPs are not required as a condition of FoPH funding however if a CHA/CHIP and/or strategic plan has not been completed, the LHJ is required to begin coordination and planning activities by December 2023. Six of eleven LHJs in the Central California region indicated they've completed a CHA as part of their work plan objectives. Additionally, four LHJs in the Central California region indicated they've completed a CHIP. In the graphic below, the current status of CHA/CHIP completion and progress is displayed both from the statewide perspective as well as for the entire Central California region.



Regional Public Health Department Partnership

An LHJ may, upon submission of a letter of support to CDPH, direct a portion of their funds to another LHJ in support of regional capacity. The letter must provide a description of the regional capability being provided. Currently, no LHJs in the Central California region have elected to direct a portion of their funds to any other LHJs during the 2023-24 fiscal year.

VI. Impact of FoPH Funding

Testimonials on Impact

"Tuolumne County now has a full-time data-epidemiologist analyst on staff. The addition of this position through FoPH funds has been extremely valuable. They are investigating and developing data resources that have previously been unavailable to us as a small, rural county. In addition, they created the Tuolumne County Suicide Report which has informed the community in a sobering, but highly valuable way and has been used for agencies to support their procurement of grant funding. Over the last quarter, work has been ongoing related to our demographic data and coordinating with RPHO and the State."

“Fresno County has successfully executed contracts with two key Community-Based Organizations (CBOs) - the California Farmworker Foundation and Binalton of Central California. Their expertise in event coordination has significantly expanded the reach of Rural Mobile Health (RMH) events, bringing essential medical and vision services to rural and agricultural communities. The Tzu Chi Mobile Clinic, a contracted mobile vision services vendor, began their services in November, working closely with the Department of Public Health (DPH) team to schedule additional RMH events. With 30 RMH events completed, medical and vision care has been provided to 828 participants.”

Conclusion

Investing in a modern, innovative public health infrastructure is essential to ensuring the health and well-being of all Californians. The FoPH investments in the proposed capabilities and objectives by the Central California region outlined in this memo demonstrates progress in public health infrastructure. The Central California region has made significant progress in developing a diverse multi-disciplinary public health workforce through increasing permanent staffing in the areas of IT, Communications, and Chronic Disease/Community Health.

The Central California region exhibits a commitment to advancing core community health standards with FoPH funds for the development of CHA, CHIP, and public health accreditation efforts. The FoPH 2023-24 work and spend plans for the Central California region will begin the process of transforming our public health landscape and accelerating our progress towards a 21st century public health system.

Contact: For questions related to this summary, email us at RPHOadmin@cdph.ca.gov.

LHJ Website
Calaveras
Fresno
Kern
Kings
Madera
Mariposa
Merced
San Joaquin
Stanislaus
Tulare
Tuolumne

Sincerely,

Caroline Kurtz, PhD, Deputy Director
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