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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 (FoPH) Funding Work and Spend Plan Summary:  
Greater Sierra Sacramento Region, Fiscal Year (FY) 2023-24 – FY 2025-26

## **I. Purpose and Background**

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

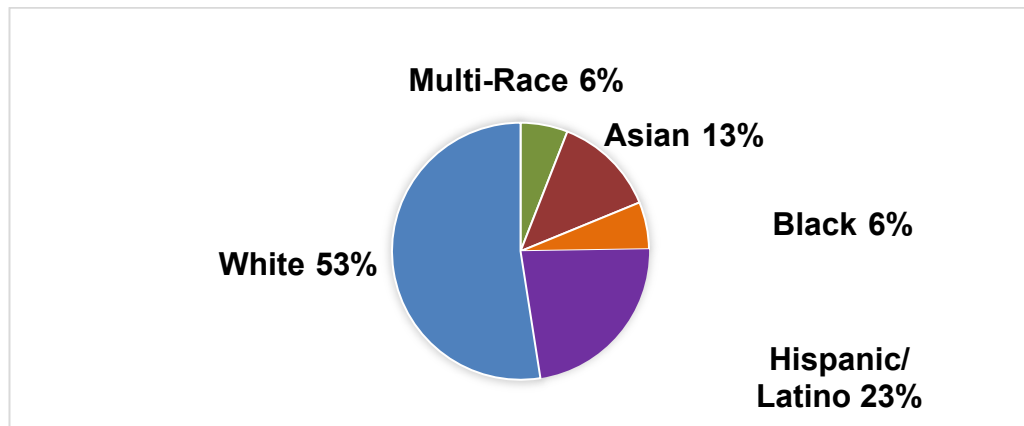
FoPH funding is overseen by the Regional Public Health Office (RPHO), a state office within CDPH. Built upon a long public health tradition of successful interagency collaboration and recent efforts in regional coordination for the development and implementation of policy and guidance, RPHO strives to 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.

## II. Greater Sierra Sacramento Region



The Greater Sierra Sacramento region encompasses 13 LHJs: Alpine, Amador, Butte, Colusa, El Dorado, Nevada, Placer, Plumas, Sacramento, Sierra, Sutter, Yolo, and Yuba. Home to diverse communities, including urban centers, suburban neighborhoods, and rural areas, the population varies across these counties, with Sacramento County being the most populous. The region's economy thrives on various sectors, including technology, agriculture, healthcare, and education. The Greater Sierra Sacramento Region celebrates cultural diversity, with residents from various backgrounds. The median age is 38.

### Regional Demographics



**2,967,428**  
POPULATION (2021)

**36%**  
MEDI-CAL RECIPIENTS

**4821**  
NUMBER OF LICENSED  
HOSPITAL BEDS

**13%**  
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 California Department of Public Health.*

### 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. Future of Public Health 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

### Greater Sierra Sacramento Local Assistance Allocations — Fiscal Year 2023-24

LHJ	Total Allocation
Alpine	\$354,669
Amador	\$487,482
Butte	\$1,224,383
Colusa	\$459,468
El Dorado	\$1,015,644
Nevada	\$690,079
Placer	\$1,661,462
Plumas	\$420,397
Sacramento	\$7,072,450
Sierra	\$362,059
Sutter	\$787,927
Yolo	\$1,397,659
Yuba	\$707,793

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.

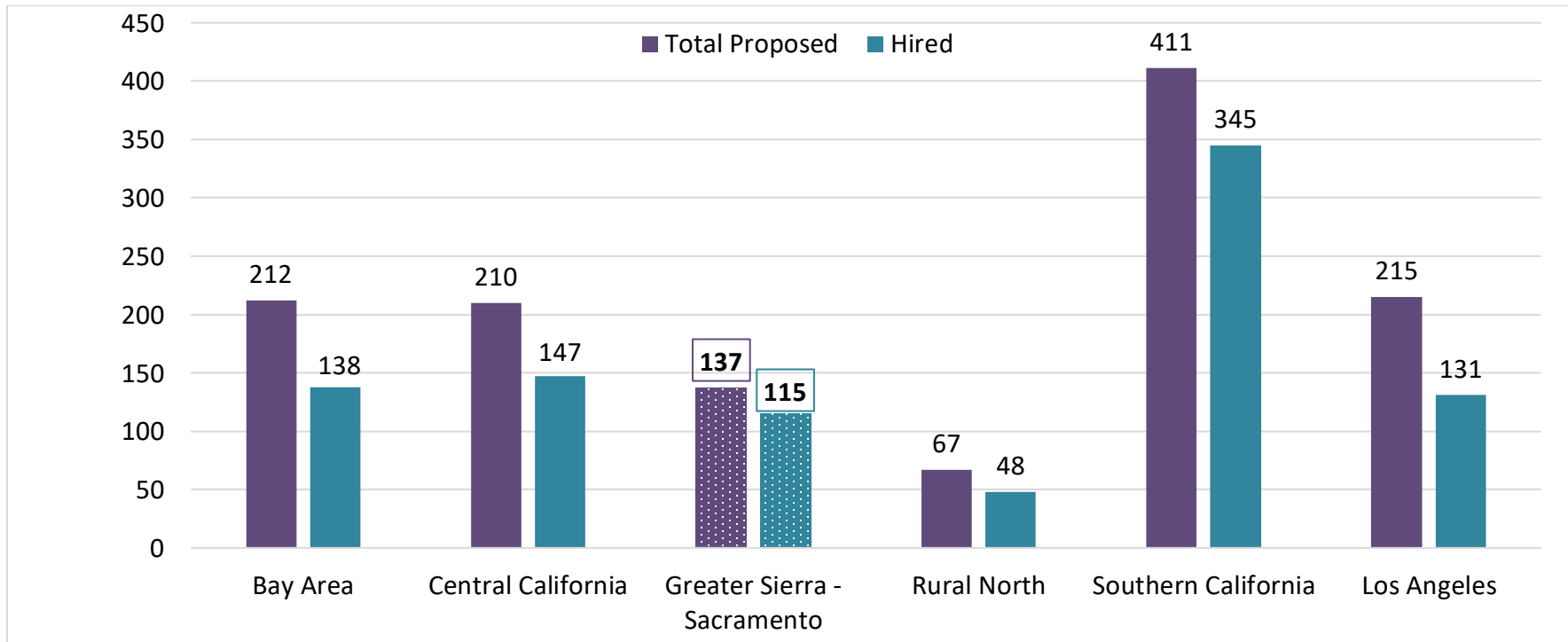
### **Workforce Expansion**

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 Greater Sierra Sacramento region on the FoPH work and spend 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. 81% of Greater Sierra Sacramento's FoPH funded positions have been hired as of October 30, 2023.

	Total Proposed	Hiring Progress
Statewide	1253	919
Greater Sierra Sacramento Region	137	115

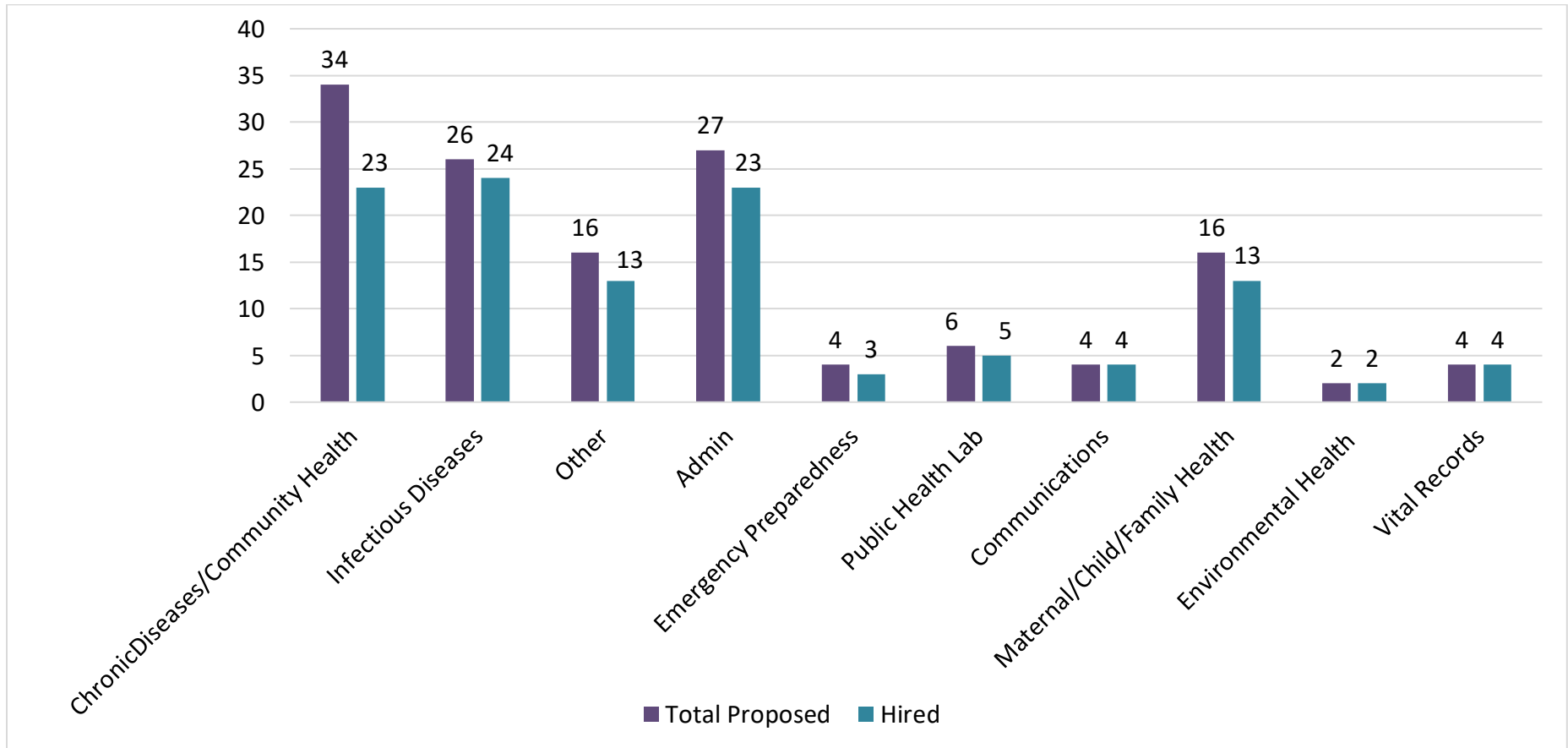


Data Source Figure 1: FoPH Spend Plans provided by LHJs

*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 Greater Sierra Sacramento region: Chronic Disease/Community Health, Administration, and Infectious Disease. While these are the top three planned areas for recruitment among Greater Sierra Sacramento LHJs, there has been hiring progress in other areas. The top three program areas with the highest percentage of staff hired include: Communications, Vital Records, and Environmental Health. The program area with the lowest proportion of hired staff is in Greater Sierra Sacramento is Maternal, Child and Family Health.



Data Source Figure 2: FoPH Spend Plans provided by LHJs

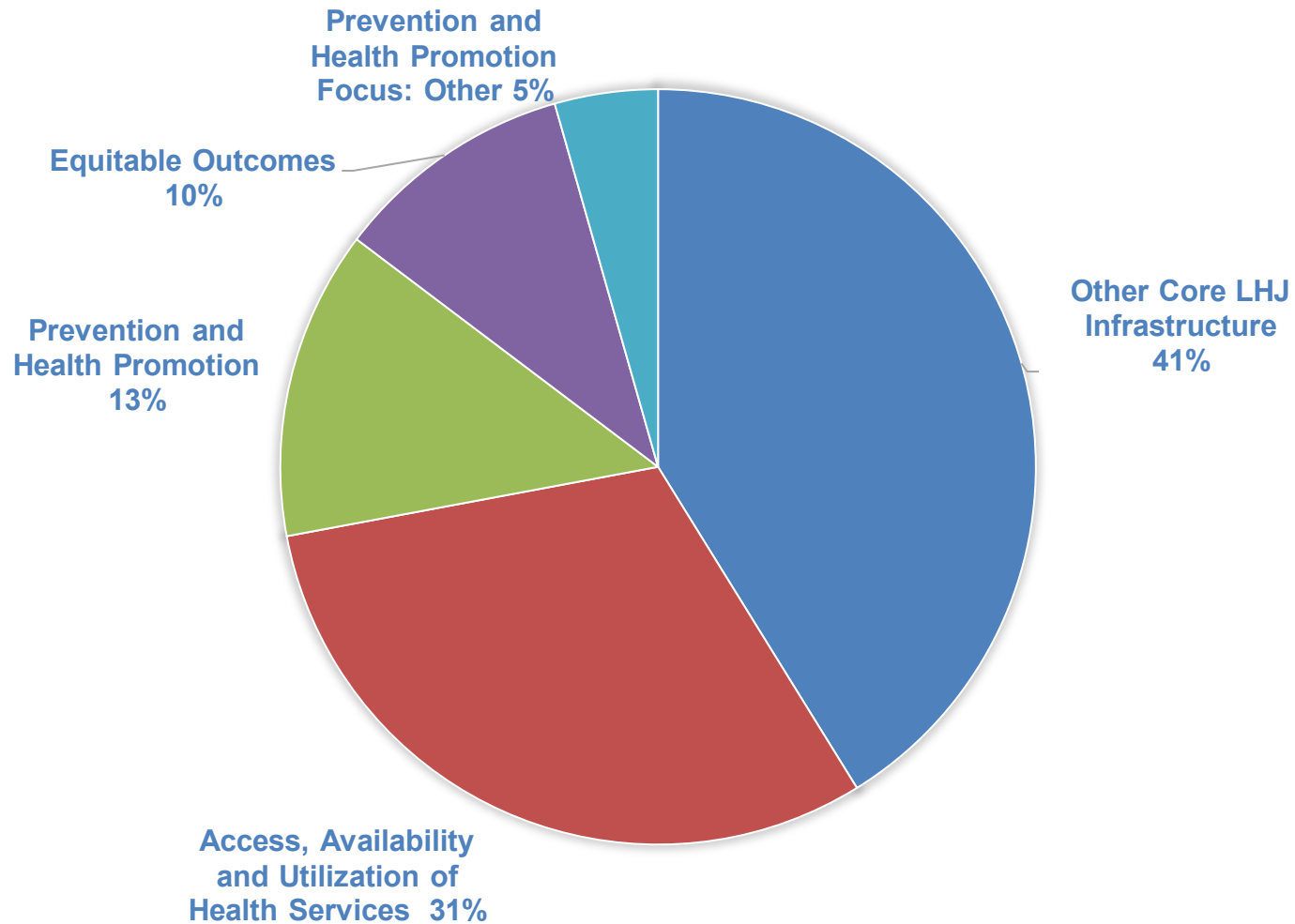
*Footnote: The position data in this graph reflects total permanent positions and not FTE.*

### Issue Area Themes (Figure 3)

The top issue area themes identified across the Greater Sierra Sacramento 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 Greater Sierra Sacramento region are: 1) other core LHJ infrastructure; 2) access, availability and utilization of healthcare services; 3) prevention and health promotion; 4) equitable outcomes; and 5) prevention and health promotion focus: other.

Greater Sierra Sacramento Issue Area Summary	Total Number	Percentage
Other Core LHJ Infrastructure	28	36%
Access, Availability and Utilization of Health Services	21	27%
Prevention and Health Promotion	9	12%
Equitable Outcomes	7	9%
Prevention and Health Promotion Focus: Other	3	4%
Environmental Quality and Climate Change	2	3%
Healthcare Coverage and Affordability	2	3%
High Quality, Patient-Centered Care	2	3%
Housing and Homelessness	2	3%
Maternal and Infant Health	2	3%

### 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.*

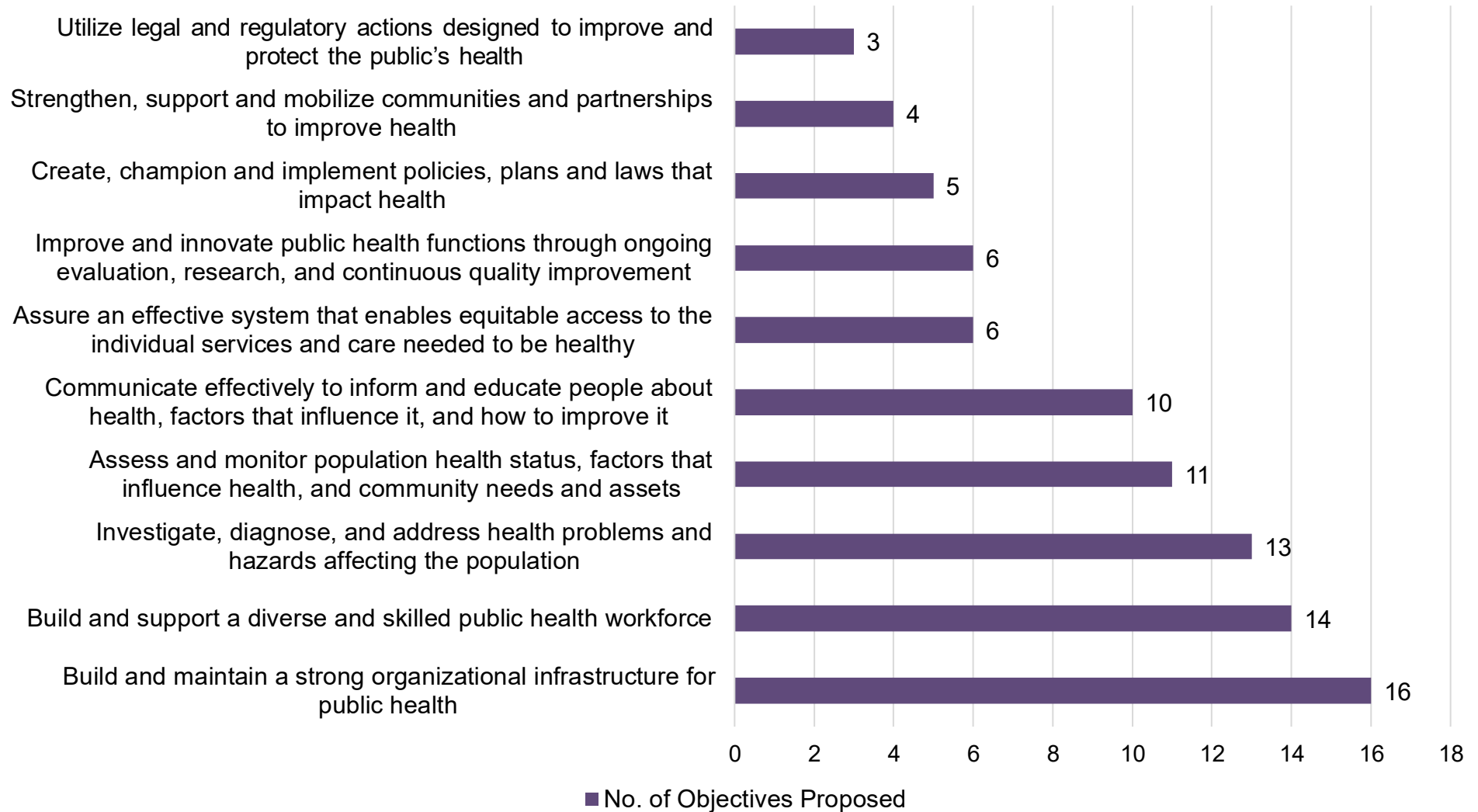
### **Work Plan Objective Themes (Figure 4)**

The work plan objectives reported by the LHJs in the Greater Sierra Sacramento region were analyzed by the primary Strategy Areas. The figure below 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 Greater Sierra Sacramento region is set to improve public health outcomes through the following objective themes:

- Enhancing community health services through targeted staffing and training initiatives to develop workforce capacity in specialized skill areas.
- Integrate and embed health equity considerations into public health infrastructure.
- Strengthening the environmental health sector with a commitment to addressing environmental health concerns, as critical component of public health.
- Expand and enhance communicable disease surveillance programs including in areas of Tuberculosis and Sexually Transmitted Infections (STIs) prevention.
- Execute the development and update of CHA, CHIP and county strategic plans in coordination with community partners.
- Modernizing data systems and implementing measures to evaluate and elevate overall health outcomes.
- Improve access to quality health services and enhance the general health service provision for the community.

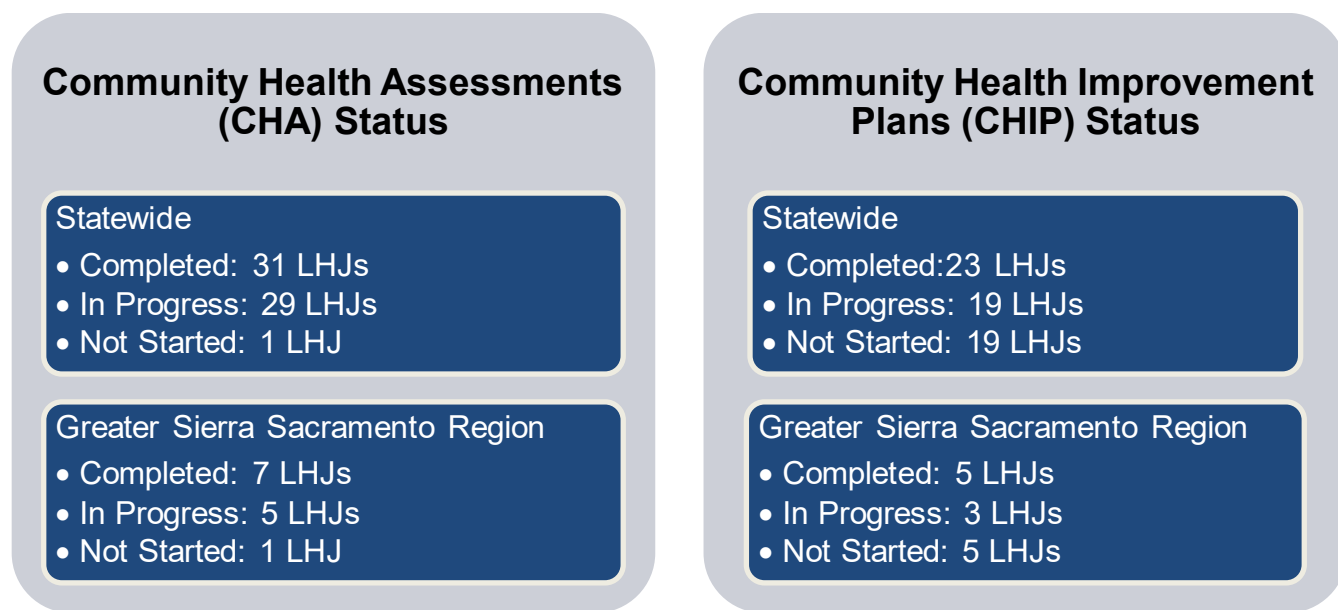
Primary Strategy Areas (Figure 4)



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. Seven of thirteen LHJs in the Greater Sierra Sacramento region indicated they've completed a CHA. Additionally, five LHJs in the Greater Sierra Sacramento 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 Greater Sierra Sacramento 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, one LHJs in the Greater Sierra Sacramento region has elected to direct a portion of their funds to one other LHJs during the 2023-24 fiscal year.

## VI. Impact of FoPH Funding

### Testimonials on Impact

*"Since the onset of the FoPH initiative, the department's engagement with health programs has expanded from not only a COVID-19 focus but a more compressive infectious disease, emergency preparedness and prevention control approach. Butte County has been able to establish a congregate living facility coalition to address and prioritize infectious disease prevention and mitigation planning."*

*“The Nevada County Public Health’s Office was able to extend the capacity to respond to outbreaks in hospitals, schools and long-term care facilities with the additional nursing staff and technical staff by utilizing the FoPH funding.”*

## 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 Greater Sierra Sacramento region outlined in this memo demonstrates progress in public health infrastructure. The Greater Sierra Sacramento 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 Greater Sierra Sacramento 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 plans and spend plans for the Greater Sierra Sacramento region will begin the process of transforming our public health landscape and accelerating our progress towards a 21<sup>st</sup> century public health system.

**Contact Information:** For questions to CDPH related to this summary, please contact [RPHOadmin@cdph.ca.gov](mailto:RPHOadmin@cdph.ca.gov).

LHJ Website
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<a href="#">Sierra</a>
<a href="#">Sutter</a>
<a href="#">Yolo</a>
<a href="#">Yuba</a>

Sincerely,

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