



Tomás Aragón, MD, DrPH
Director

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



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:
Rural North 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 Rural North 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, Southern California, and Los Angeles.

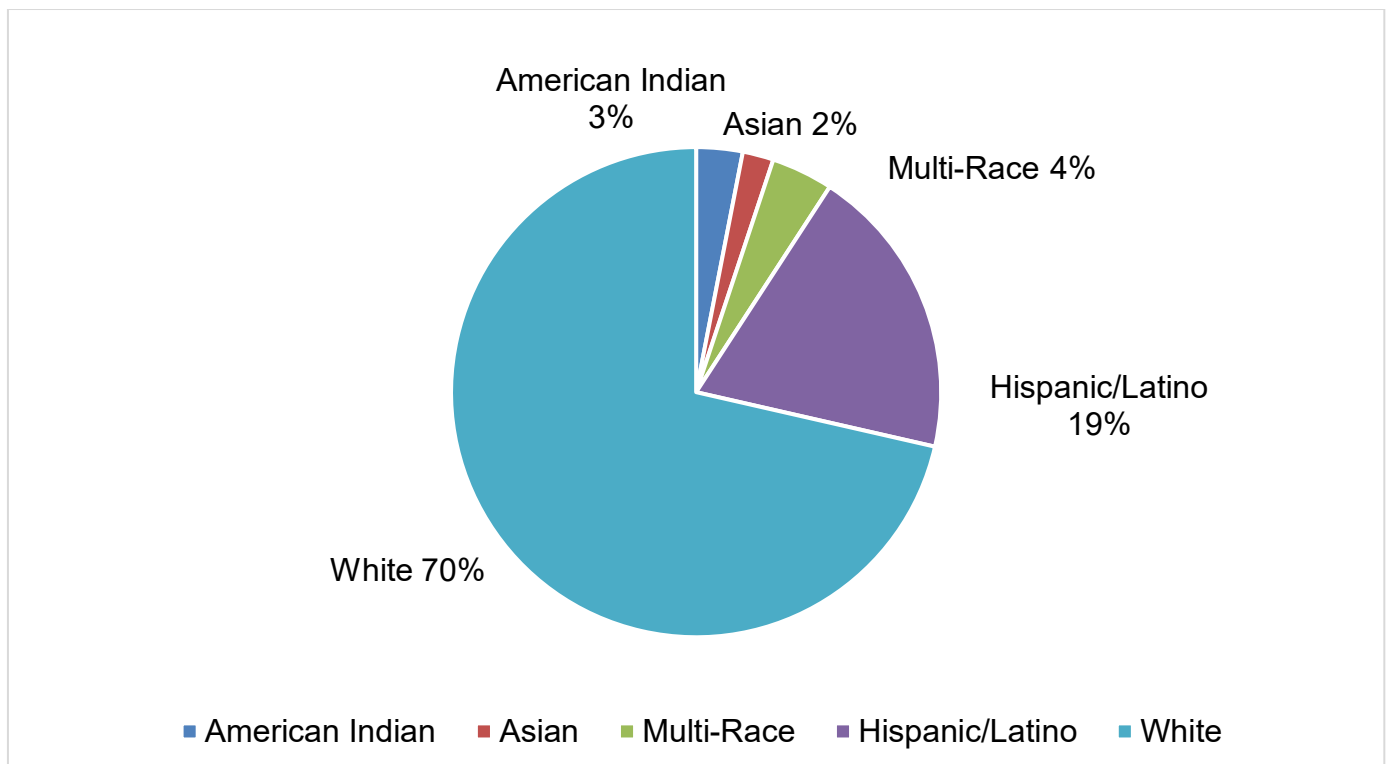
Regional Public Health Office
1615 Capitol Ave-MS 0499, P.O. Box 997377, Sacramento, CA 95899-7377
[RPHO Website](#)

II. Rural North Region



The Rural North region encompasses 11 LHJs: Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama, and Trinity. Together, these counties span approximately 35,291 square miles, constituting roughly 21.6% of California's total land area. The region's landscape is shaped by forests and mountains, including the Six Rivers, Klamath, Shasta-Trinity, Modoc, Mendocino, and Lassen National Forests, along with Lassen Peak, Klamath Mountains, Mount Linn, and Mount Eddy. It's home to Cal Poly Humboldt, the northernmost campus in the California State University system. The University offers dozens of majors and minors, including programs in natural resources that are considered among the best in the nation. The Rural North's population is older than that of California's average with the majority of counties having a median age of 40 or greater.

Regional Demographics



686,547
POPULATION (2021)

84%
MEDI-CAL RECIPIENTS

1357
NUMBER OF STAFFED
HOSPITAL BEDS

30%
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 5).
- **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) and 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

Rural North Local Assistance Allocations — Fiscal Year 2023-24

LHJ	Total Allocation
Del Norte	\$474,087
Glenn	\$482,368
Humboldt	\$938,349
Lake	\$641,433
Lassen	\$481,278
Mendocino	\$723,894
Modoc	\$394,124

LHJ	Total Allocation
Shasta	\$1,031,180
Siskiyou	\$538,801
Tehama	\$642,801
Trinity	\$405,254

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.

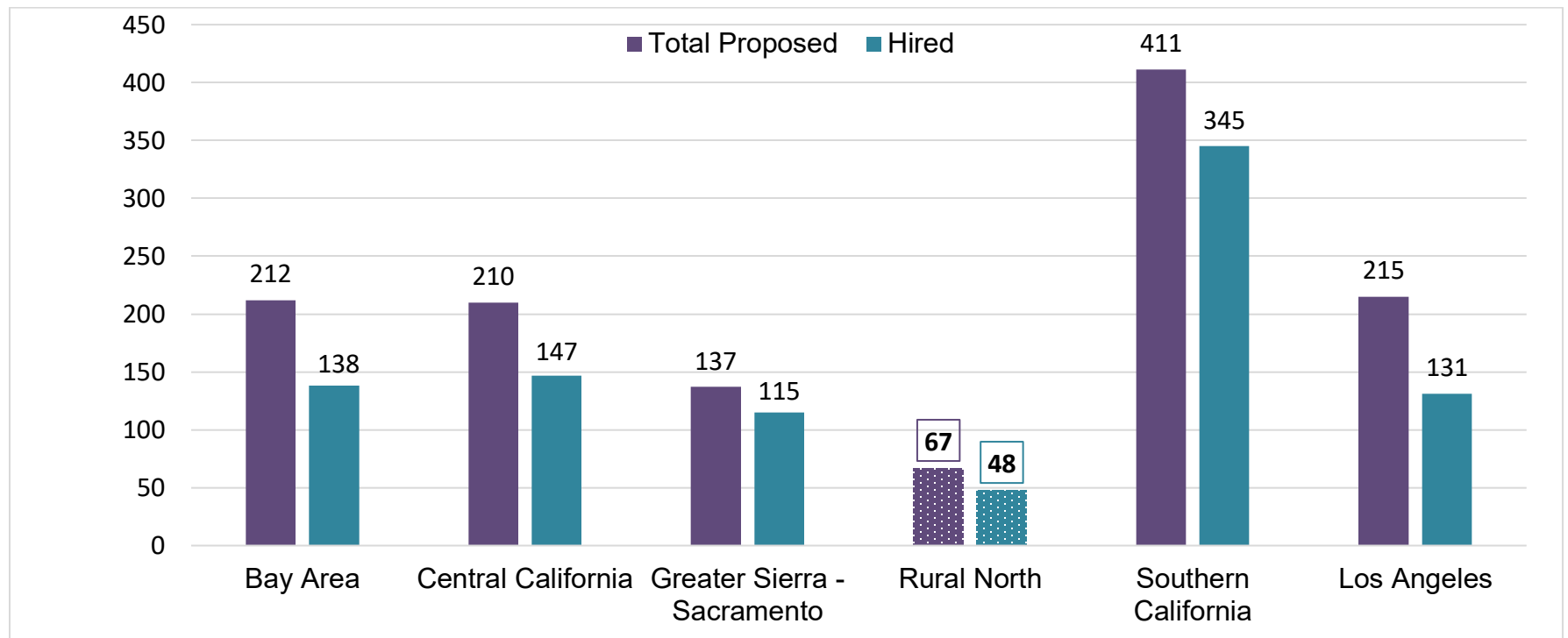
Workforce Expansion

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 at each LHJ in the Rural North 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 timeframe. For context, the total proposed and hiring progress statewide and across the region has been provided. 69% of Rural North's FoPH funded positions have been hired as of October 30, 2023.

	Total Proposed	Hiring Progress
Statewide	1253	919
Rural North Region	67	48

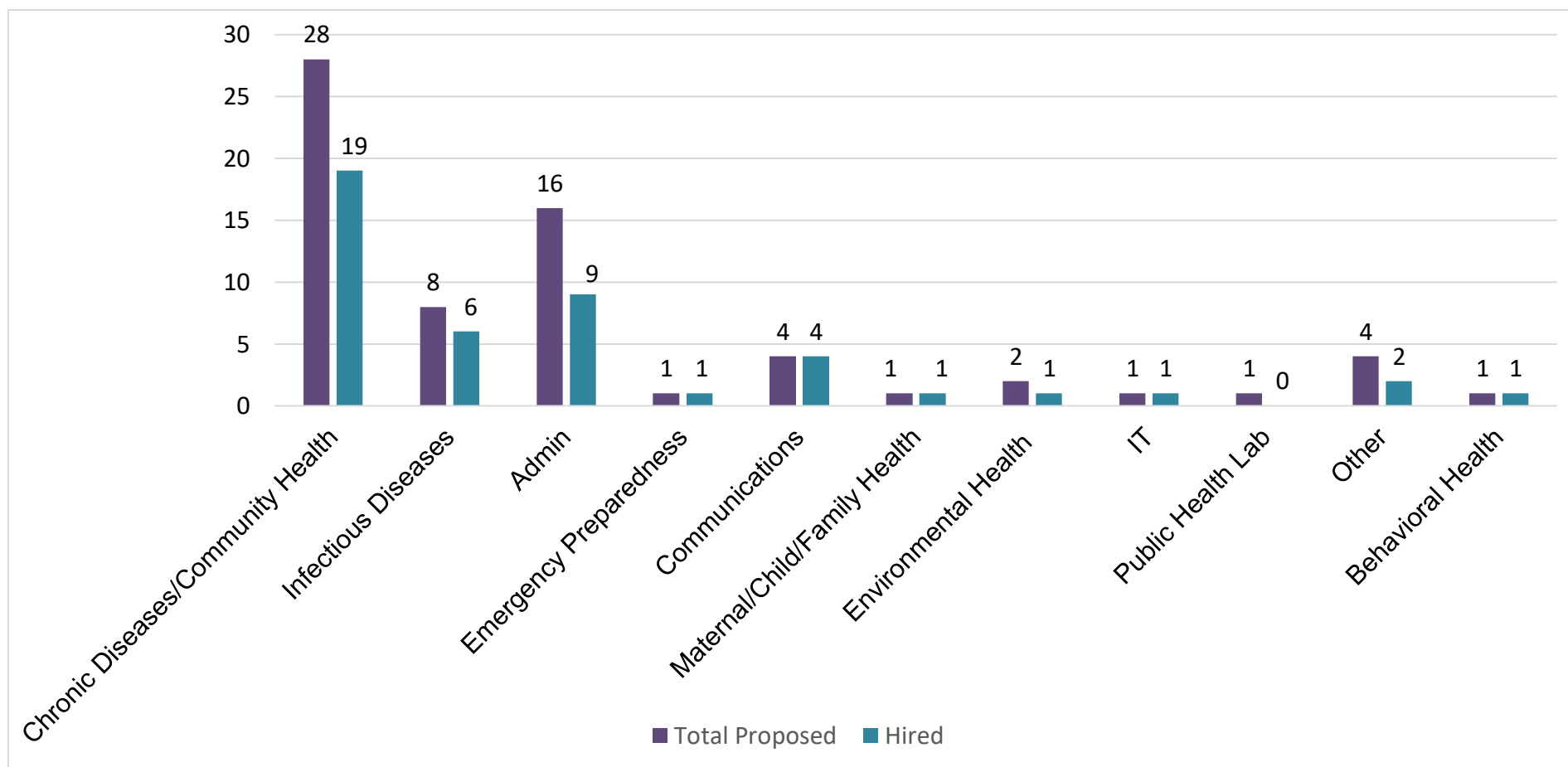


Data Source Figure 1: FoPH Spend Plans provided by LHJs

*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 Rural North region: Chronic Disease/Community Health, Administration, and Infectious Disease, Administration. While these are the top three planned areas for recruitment among Rural North LHJs, there has been hiring progress in other areas. The top program areas with the highest percentage of staff hired include: Emergency Preparedness, Communications, Maternal/Child/Family Health, IT, and Behavioral Health. The program area with the lowest proportion of hired staff is in Rural North is Public Health Lab.



Data Source Figure 2: FoPH Spend Plans provided by LHJs

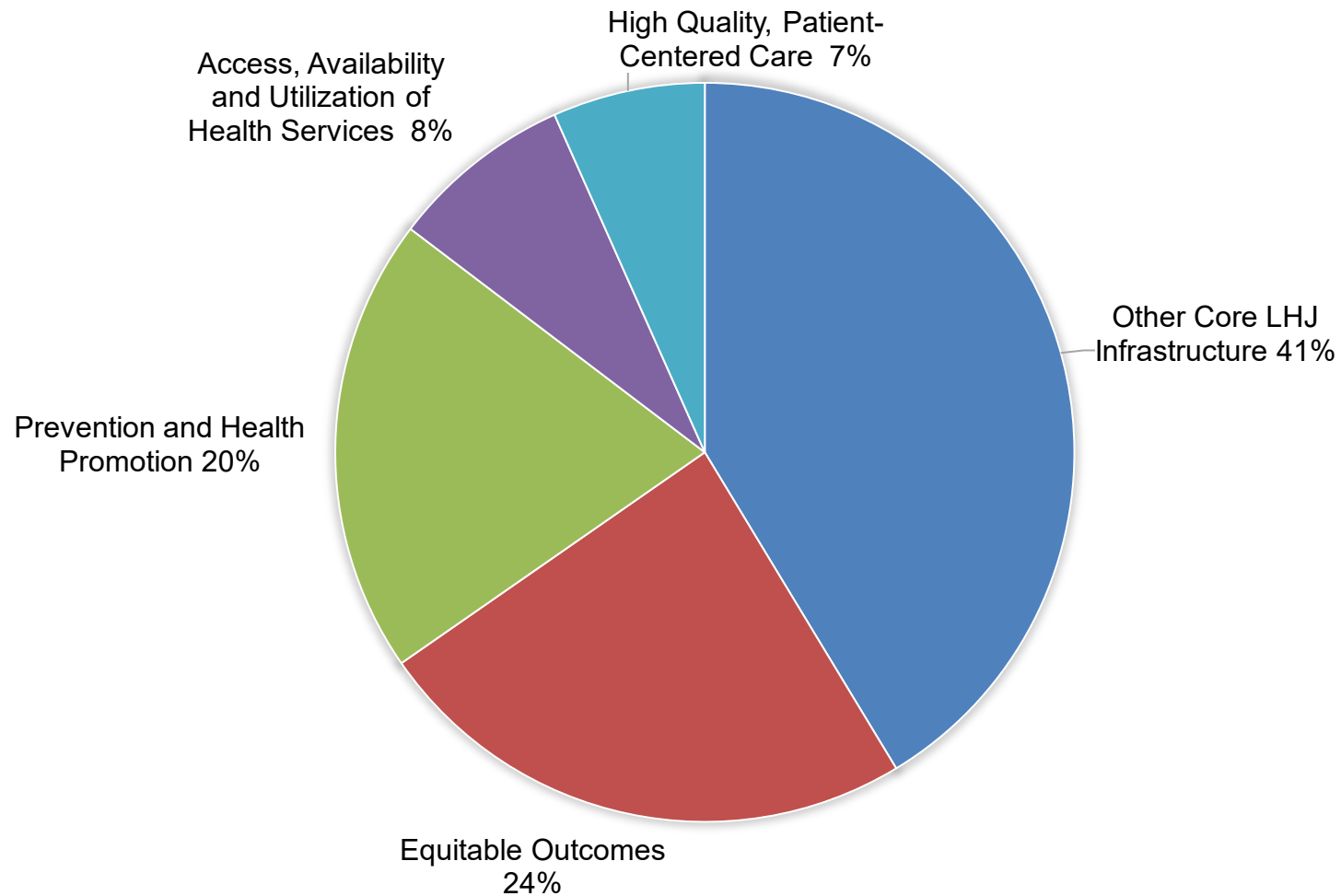
Footnote: The position data in this graph reflects total permanent positions and not FTE.

Issue Area Themes

The issue area themes identified across the Rural North region are documented in this table 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 Rural North region are: 1) other core LHJ infrastructure; 2) equitable outcomes; 3) prevention and health promotion; 4) access, availability, and utilization of healthcare services; and 5) high-quality, patient centered care.

Rural North Issue Area Summary	Total Number	Percentage
Other Core LHJ Infrastructure	31	37%
Equitable Outcomes	18	22%
Prevention and Health Promotion	15	18%
Access, Availability and Utilization of Health Services	6	7%
High Quality, Patient-Centered Care	5	6%
Environmental Quality and Climate Change	2	2%
Healthy Aging	2	2%
Mental and Behavioral Health: Suicide	2	2%
Maternal and Infant Health	1	1%
Prevention and Health Promotion: Obesity / Healthy Eating / Active Living	1	1%

TOP ISSUE AREA 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.

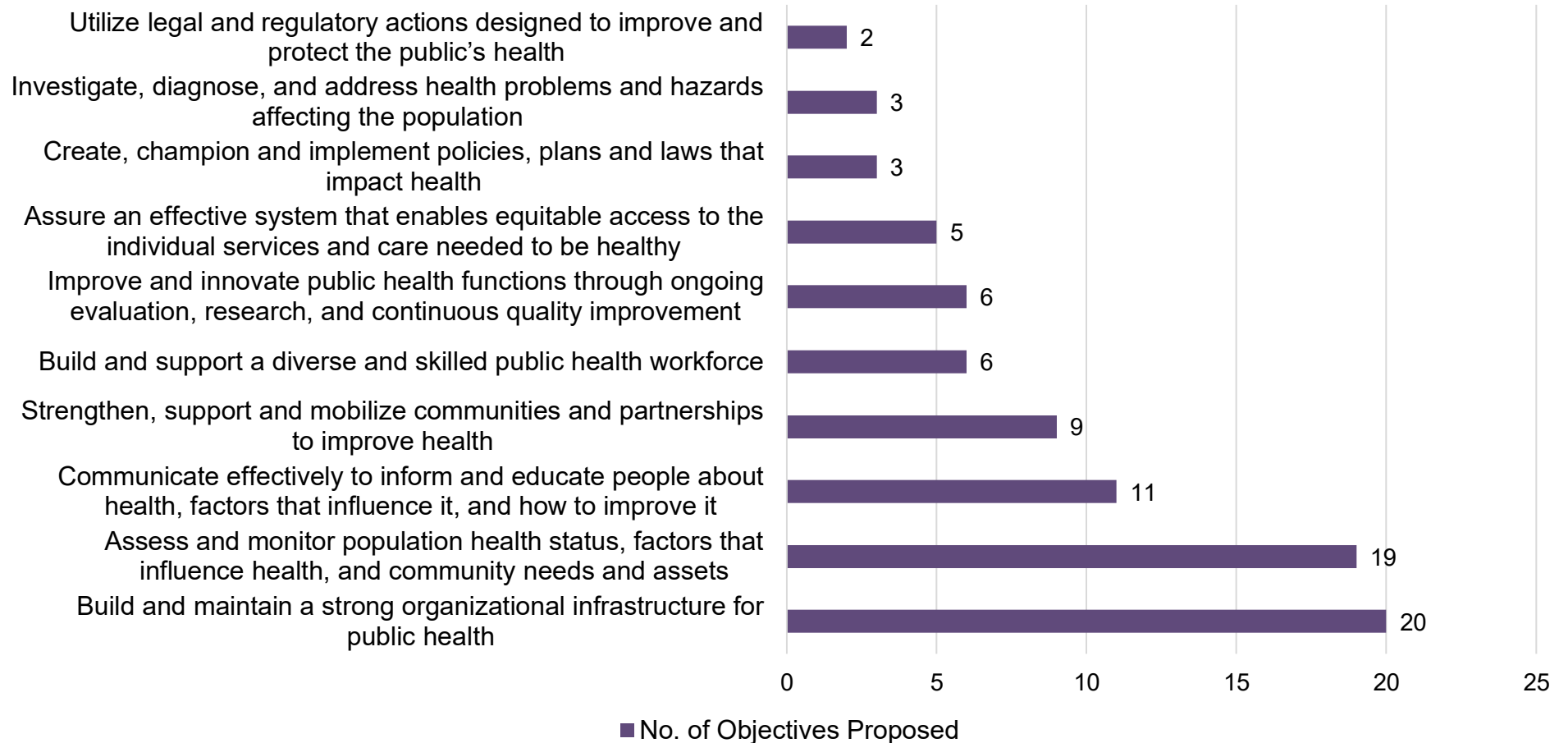
Work Plan Objective Themes

The work plan objectives reported by the LHJs in the Rural North 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 Rural North region is set to improve public health outcomes through the following objective themes:

- Development and implementation of equity-based strategies to address public health priorities, leveraging the strengths of various community partners and stakeholders.
- Execute the development and update of CHA, CHIP and county strategic plans and evaluation of data from CHA and CHIPs to identify public health priorities.
- Expand and strengthen the workforce through targeted staffing and training initiatives to develop workforce capacity in specialized skill areas.
- Enhanced media and public outreach strategies to address public health challenges among the community.
- Implement strategic approaches to quality improvement and performance management to enhance the region's operational infrastructure and prepare for public health accreditation.
- Employ a comprehensive data-driven approach to public health planning and intervention to create informed and cohesive response strategies to support the health needs of 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. Six of eleven LHJs in the Rural North region indicated they've completed a CHA as part of their work plan objectives. Additionally, five LHJs in the Rural North region indicated they've completed a CHIP. In the next graphic, the current status of CHA/CHIP completion and progress is displayed both from the statewide perspective as well as for the entire Rural North region.

Community Health Assessments (CHA) Status

Statewide

- Completed: 31 LHJs
- In Progress: 29 LHJs
- Not Started: 1 LHJ

Rural North Region

- Completed: 6 LHJs
- In Progress: 5 LHJs

Community Health Improvement Plans (CHIP) Status

Statewide

- Completed: 23 LHJs
- In Progress: 19 LHJs
- Not Started: 19 LHJs

Rural North Region

- Completed: 5 LHJs
- In Progress: 3 LHJs
- Not Started: 3 LHJs

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 Rural North 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

"Siskiyou County Public Health has utilized the FoPH funding to help create a Living Well program, which includes planning and implementing community activity events such as family health fairs to improve the quality of life through community interactions and health education opportunities."

“FoPH funds were used to fill positions including population health and local microbiologists. The funds are necessary to ensure a professional, responsive workforce to address the needs of our communities, as well as ensure continuous quality assurance and improvement through accreditation.”

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 Rural North region outlined in this memo demonstrates progress in public health infrastructure. The Rural North region has made significant progress in developing a diverse multi-disciplinary public health workforce through increasing permanent staffing in the areas of Emergency Preparedness, Communications, Maternal/Child/Family Health, IT, and Behavioral Health.

The Rural North 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 spend plans for the Rural North 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, contact RPHOadmin@cdph.ca.gov.

LHJ Website
Del Norte
Glenn
Humboldt
Lake
Lassen
Mendocino
Modoc
Shasta
Siskiyou
Tehama
Trinity

Sincerely,

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