

State of California—Health and Human Services Agency

California Department of Public Health



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:

Southern 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 Southern 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.

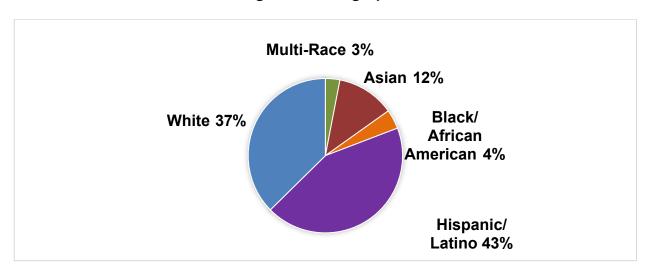
FoPH funding is overseen by the Regional Public Health Office (RPHO), a state office within CDPH. Built upon a long public health tradition of successful interagency collaboration and recent efforts in regional coordination for the development and implementation of policy and guidance, RPHO strives to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

II. Southern California Region



The Southern California region encompasses 10 LHJs: Imperial, Inyo, Mono, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura. Stretching from the Mexican border to the Central Coast, Southern California offers diverse landscapes ranging from sandy beaches and deserts to rugged mountains and lush valleys. The region is known for its thriving entertainment industry, such as the Disneyland Resort in Orange County. Southern California's economy is also supported by sectors such as aerospace, biotechnology, tourism, and international trade. Major cities like San Diego and Anaheim serve as cultural hubs, offering world-class dining, entertainment, and recreational opportunities. The region's mild climate and abundant sunshine make it a popular destination for outdoor activities, including surfing, hiking, and wine tasting.

Regional Demographics



12,834,197 POPULATION (2021)

23,133 NUMBER OF LICENSED HOSPITAL BEDS 28% MEDI-CAL RECIPIENTS

20%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. 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

Southern California Local Assistance Allocations — Fiscal Year 2023-24

LHJ	Total Allocation
Imperial	\$1,568,105
Inyo	\$423,621
Mono	\$403,629
Orange	\$13,351,733
Riverside	\$11,782,061
San Bernardino	\$11,284,416
San Diego	\$14,356,108
San Luis Obispo	\$1,459,610
Santa Barbara	\$2,433,999
Ventura	\$3,857,269

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.

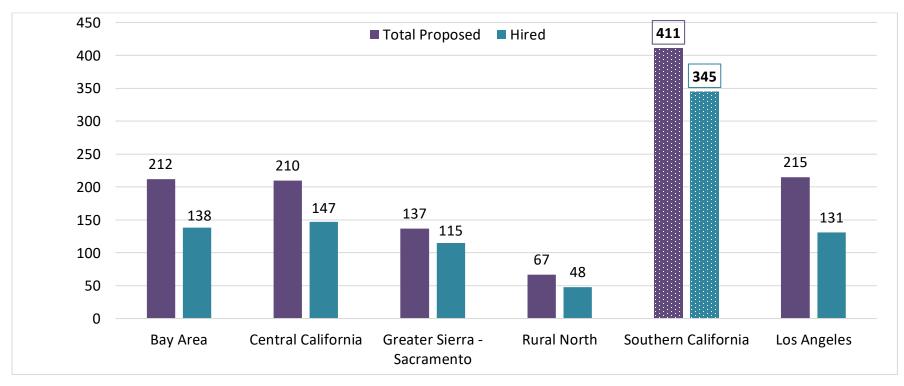
Workforce Expansion

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 Southern California 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 by region has been provided. 82% of Southern California's FoPH funded positions have been hired as of October 30, 2023.

	Total Proposed	Hiring Progress
Statewide	1253	919
Southern California	411	345
Region		

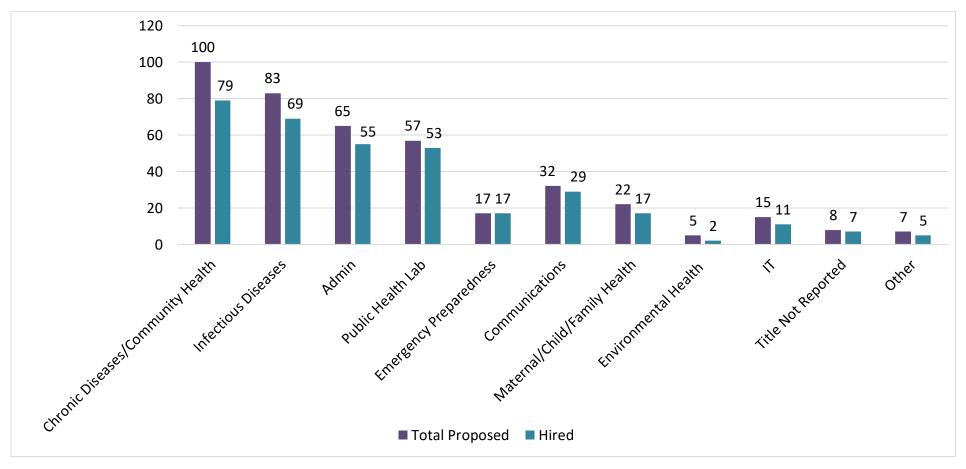


Data Source Figure 1: FoPH Spend Plans provided by LHJs

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



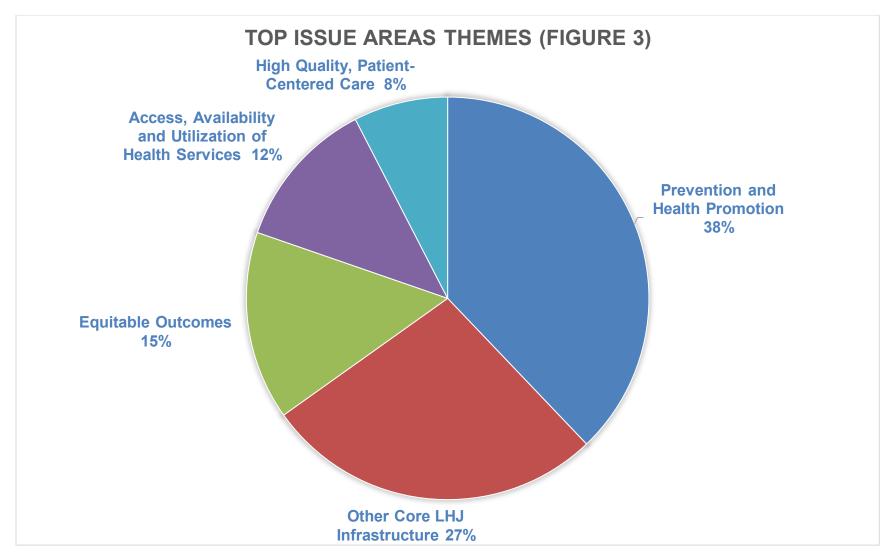
Data Source Figure 2: FoPH Spend Plans provided by LHJs

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

Issue Area Themes (Figure 3)

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

Southern California Issue Area Summary	Total Number	Percentage
Prevention and Health Promotion	25	34%
Other Core LHJ Infrastructure	18	25%
Equitable Outcomes	10	14%
Access, Availability and Utilization of Health Services	8	11%
High Quality, Patient-Centered Care	5	7%
Housing and Homelessness	2	3%
Prevention and Health Promotion Focus: Other	2	3%
Environmental Quality and Climate Change	1	1%
Mental and Behavioral Health: Suicide	1	1%
Prevention and Health Promotion: STD	1	1%



Data Source Figure 3: FoPH Spend Plans provided by LHJ

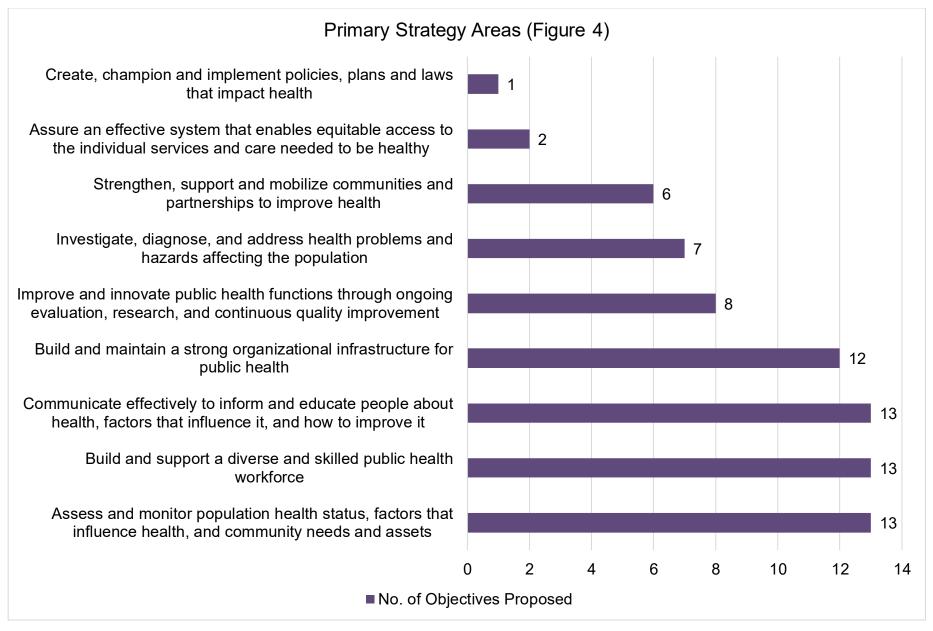
Footnote: The percentages reflected in this pie chart differs slightly from the percentages in the table above as some issue areas have been excluded from the graph.

Work Plan Objective Themes (Figure 4)

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

- Enhance organizational capacity through integrated and strategic approaches to modernize data systems and foster a resilient public health system capable of adapting to and addressing the evolving needs of the community.
- Expand and strengthen the workforce infrastructure through the implementation of hiring and training initiatives to ensure a diverse and skilled workforce that is able to meet the unique health needs of the community.
- Leveraging cross-functional collaboration and innovation to tackle public health challenges more effectively and efficiently.
- Building cohesive and unified strategies in public health planning and implementation to meet public health accreditation standards, ensuring that various local departments and services work in synergy.
- Execute the development and update of CHA, CHIP and county strategic plans in coordination with community partners.
- Expand and enhance communicable disease surveillance and outbreak analysis programs including in areas of Tuberculosis and other infectious diseases.
- Enhanced media and public outreach strategies to address population health challenges among the community.



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. Four of ten LHJs in the Southern California region indicated they use FoPH funds to complete a CHA as part of their work plan objectives. Additionally, three LHJs in the Southern 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 Southern California region.

Community Health Assessments (CHA) Status

Statewide

• Completed: 31 LHJs

In Progress: 29 LHJsNot Started: 1 LHJ

Southern California Region

• Completed: 5 LHJs

• In Progress: 5 LHJs

Community Health Improvement Plans (CHIP) Status

Statewide

Completed:23 LHJs

• In Progress: 19 LHJs

Not Started: 19 LHJs

Southern California Region

• Completed: 3 LHJs

• In Progress: 4 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 Southern 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

"With the addition of the positions from FoPH, Ventura County has been able to bolster our administrative operations, provide professional and technical development opportunities to the workforce and strengthen our state analysis infrastructure."

"San Diego county has been able to develop and deploy whole genome sequencing to identify two major sub clusters in our county. This helped us display a valuable example of collaboration and utilization of cutting-edge tools to help set a new standard of response practices allowing for proper intervention."

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 Southern California region outlined in this memo demonstrates progress in public health infrastructure. The Southern California region has made significant progress in developing a diverse multi-disciplinary public health workforce through increasing permanent staffing in the areas of Emergency Preparedness, Public Health Lab, and Communications.

The Southern 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 plans and spend plans for the Southern California region will begin the process of transforming our public health landscape and accelerating our progress towards a 21st century public health system.

Contact Information: For questions to CDPH related to this summary, contact RPHOadmin@cdph.ca.gov.

LHJ Website
<u>Imperial</u>
<u>Inyo</u>
<u>Mono</u>
<u>Orange</u>
<u>Riverside</u>
San Bernardino
<u>San Diego</u>
San Luis Obispo
Santa Barbara
<u>Ventura</u>

Sincerely,

Caroline Kurtz, PhD
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California Department of Public Health