



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

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



GAVIN NEWSOM
Governor

June 30, 2022

Dr. Nancy Williams, Health Officer
County of El Dorado
931 Spring Street
Placerville, CA 95667

Olivia Byron-Cooper, Health Director
County of El Dorado
931 Spring Street
Placerville, CA 95667

Future of Public Health Funding
Award Number FoPH-010
County of El Dorado

Authority:

Budget Act of 2022 for budget year 2022-2023, H&S Code 101321, 101320.3 and 101320.5

Dear Dr. Nancy Williams, Olivia Byron-Cooper:

The Budget Act of 2022 for budget year 2022-2023 [Health and Safety Code 101320, 101320.3, and 101320.5] provides \$200,400,000 annually to local health jurisdictions for public health workforce and infrastructure, referred to in this letter as the Future of Public Health Funding. These funds are considered ongoing funds and part of the ongoing baseline state budget. The California Department of Public Health (CDPH) is allocating **\$1,015,644** to **County of El Dorado**.

As a condition of the funding, each local health jurisdiction shall, by Dec 30, 2023 and every three years thereafter, be required to submit a public health plan to CDPH pursuant to the requirements.

This letter provides submission requirements for the period of **July 1, 2022 to June 30, 2023**. Funds allocated for this period are available for encumbrance or expenditure until June 30, 2024 to support local health jurisdictions and strengthen local infrastructure.

Funding:

For the period of July 1, 2022 to June 30, 2023. CDPH will evaluate spending at the local level in January 2023. CDPH, in consultation with the California Conference of Local Health Officers, the California Health Executives Association of California, and the



Service Employees International Union (SEIU), will consider options for possible redirection of funds at that time.

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

1. Each Local Health Jurisdiction will receive a base funding amount of \$350,000 per year.
2. The remaining balance of the appropriation will be provided to Local Health Jurisdiction proportionally as follows:
 - a. 50 percent based on 2019, or most recent, population data
 - b. 25 percent based on 2019, or most recent, poverty data
 - c. 25 percent based on 2019, or most recent, the share of the population that is Black/African-American/Latinx/or Native Hawaiian/Pacific Islander.

Allocations to Local Health Jurisdictions are included in Attachment 1.

Funding Requirement:

Non-Supplantation

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

Each Local Health Jurisdiction 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 local realignment and city, county, or city and county general fund resources utilized for Local Health Jurisdiction purposes, and excluding federal funds in this determination. See Attachment 2 for certification form.

Required Use of Funding

1. Each Local Health Jurisdiction 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.

Workplan/Spend Plan Requirements

1. Each Workplan should be informed by a Community Health Assessment, Community Health Improvement Plan, and/or local Strategic Plan.
2. If a current Community Health Assessment and Community Health Improvement Plan has not yet been completed by your Local Health Jurisdiction, the state fiscal year 2022-2023 Workplan should describe how the Local Health Jurisdiction will identify and address relevant community health issues and provide a plan and target date for completion of a Community Health Assessment and Community Health Improvement Plan. A Community Health Assessment and Community Health Plan should be completed by December 30, 2023. Local Health Jurisdictions 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 Local Health Jurisdictions will be required to measure and evaluate the process and outcome of hiring permanent staff.

Redirection of Funding

A Local Health Jurisdiction may direct a portion of their funds to another local health jurisdiction in support of regional capacity. The Local Health Jurisdiction should submit a letter of support to CDPH from the Local Health Jurisdiction in which these funds are directed to, along with a description of the regional capacity the funds will support. The letter should be included as an additional attachment to the submission package.

Submission Requirements:

1. Complete a Workplan and Spend Plan by September 15, 2022 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:
 - It is recommended that your Agency fund an administrative position to ensure fiscal accountability and reporting requirements of the various Future of Public Health funds. At least seventy (70%) percent of your Agency funds must go towards the hiring of permanent city or county staff. Your agency must complete the table in Attachment 3 (Workplan and Reporting) to indicate how many positions in each type of classification across the listed public health areas your Agency plans to hire.
 - Your Agency may dedicate up to 30% of the allocated funding to fund partners and/or contractors, or used for equipment, supplies and other administrative purposes such as current staff compensation, staff development, facility space, furnishings, and travel.
 - Your Agency is encouraged 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.
 - Your Agency is encouraged 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 Local Health Jurisdiction to increase regional capacity, your Agency should submit a letter of support from the Local Health Jurisdiction receiving those funds. Adjustments should be reflected in the workplan and spend plan that is

submitted to CDPH for review and approval. The letter should be included as an additional attachment to the submission package.

2. Your Agency must also meet the following minimum requirements for these funds and include descriptions in your Agency's Workplan:
 - i. A description of how your Agency will achieve 24/7 health officer coverage.
 - ii. A description of how your Agency will meet your Community Health Assessment (CHA)/Community Health Improvement plan (CHIP) and/or local Strategic plan goals. How do you plan to measure/evaluate the impact of these funds? Please either attach a copy or provide links to your CHA, CHIP, and Strategic Plan or provide a date when these will become available.
 - iii. A description of how your Agency will use these funds to meet your local Health Jurisdiction equity goals.
 - iv. A description of how your Agency will use these funds to become or sustain capacity as a learning organization including continuous quality improvement and Results-Based Accountability/evaluation.
 - v. Commit to Health Officer and Health Director 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 this letter.

Reporting Requirements:

As a recipient of the Future of Public Health Funding, the following reporting documents will be required:

For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports on hiring progress to CDPH following the schedule below. Starting with the quarter 2 progress report, 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.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

2. Submit quarterly expenditure reports to CDPH following the schedule below. 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.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

3. CDPH will provide a template to use to facilitate the reporting of these data metrics.

Reimbursement/Invoicing:

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) to: FoPHfunding@cdph.ca.gov. See Attachment 5.

1. First Quarter Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
2. Future payments will be based on reimbursement of expenditures once the 25% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 3 and 4 following the due dates above within Reporting Requirements.
3. Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has invested to strengthen public health capacity and preparedness to respond to future emergencies throughout California communities. We are hopeful that this funding will collectively achieve the goal of developing and strengthening California's public health workforce. CDPH is hosting a webinar on **July 14, 2022 from 11:00 AM – 12:00 PM** to go over the requirements and activities of this funding. If you have any questions or need further clarification, please reach out to FoPHfunding@cdph.ca.gov.

Sincerely,

A handwritten signature in blue ink that reads "Susan Fanelli".

Susan Fanelli
Chief Deputy Director
California Department of Public Health

Acknowledgement of Allocation Letter

Instruction: Please check one statement below, sign, and return to FoPHfunding@cdph.ca.gov

County of El Dorado acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section.

County of El Dorado acknowledges receipt of this Allocation letter and does not accept the funds. **County of El Dorado** understands that these funds cannot be delegated to another Agency and CDPH will redistribute funds.

Name of Local Health Jurisdiction designated signee(s): Daniel Del Monte

Title/Role: Interim Director, Health and Human Services Agency, County of El Dorado

Signature of Local Health Jurisdiction designee: _____

Date: _____

Attachments

- Attachment 1: Local Allocations Table
- Attachment 2: Certification Form
- Attachment 3: Workplan and Reporting
- Attachment 4: Spend Plan
- Attachment 5: Invoice

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



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FUTURE OF PUBLIC HEALTH FUNDING ANNUAL CERTIFICATION

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the Future of Public Health Funding Award Agreement. The undersigned certifies:

1. That the funding provided under this agreement shall be used to supplement and not supplant all other specific local county funds.
2. That at least 70 percent of funds to support the hiring of permanent city; county; or city and county staff, including benefits and training.
3. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, travel.

Designee authorized to commit the Local Health Jurisdiction to this Agreement

Name (Print) Title

Signature Date

Local Health Jurisdiction Name

Agreement Number



Future of Public Health (FoPH) Funding Attachment 3 - Workplan & Progress Report

INSTRUCTIONS

Enter the name of the LHJ at the top of the page on each tab.
Enter data into unshaded areas only.

A. **The LHJ Future of Public Health (FoPH) Workplan is due on or before September 15, 2022 by COB.**
a. The workplan should be emailed to FoPHfunding@cdph.ca.gov.

B. **Quarterly Progress Reports**

a. Submit quarterly progress reports on hiring progress to CDPH following the schedule to the right. Progress reports starting quarter 2 should also provide status of timelines, goals, and objectives outlined in your workplan.

b. The progress reports are entered on the "Staffing Plan" (beginning on Column G) and "Objectives and Progress Report" tabs (beginning on Column H). For each objective, indicate progress to date in meeting objective and include a brief description of progress made toward the objective and any challenges, if applicable.

c. The progress report should be emailed by the due date to FoPHfunding@cdph.ca.gov.

C. **Workplan Sections**

1. **Future of Public Health Minimum Requirements**

- a. Complete each of the five questions addressing the minimum requirements for accepting FoPH funding.
- b. For question 5, select "Yes" or "No" from the dropdown.

2. **Staffing Plan**

- a. For each Classification or Position type, enter the total number of positions (by FTE) planned by Public Health Topic.
- b. Column K will auto sum the total number of classification type by Public Health Topic.
- c. In row 22, the table will auto sum the number of positions in each Public Health Topic.

Future of Public Health (FoPH) Spend Plan - Attachment #4 Spend Plan Instructions

Personnel	
Position Title	Please include the title of the position within this cell. If you know who the incumbent is, please also include their name. If unknown, please indicate TBD or Vacant.
Annual Salary	The annual salary should be the employee's true annual salary regardless of their FTE percentage and the number of months they will work on the Future of Public Health Funding.
Budgeted Months	Please indicate the number of months the employee is projected to work on the Future of Public Health Funding. The term of the funding is July 1, 2022 to June 30, 2023 which is 12 months.
FTE %	The FTE % will auto-populate based on the number of months the employee is working on the Future of Public Health Funding.
Total Salary	The Total Salary will auto-populate based on the Annual Salary and FTE % the employee is working on the Future of Public Health Funding.
Benefit Rate	Please indicate the percentage Benefit Rate for each position.
Total Benefits	The Total Benefits will auto-populate based on the Total Salary and Benefit Rate % for the employee.
Combined Salary and Benefits	The Combined Salary and Benefits will auto-populate based on the Total Salary + Total Benefits.
Supplies	
	General office supplies may be shown by an estimated amount per month times the number of months in this budget category. Major supply items (<\$5,000) should be justified and related to specific program objectives and personnel. Provide justification and relate it to specific program objectives.
Travel	

Provide details of what the travel is intended to accomplish. (e.g., advisory committees, review panels, etc.).
Include details such as airfare, mileage, hotel, per diem, etc.
Provide justification for both in-state and out-of-state travel.

Equipment

Useful life of more than one year AND a cost of \geq \$5,000 per unit. Consider maintenance costs in budget. Provide justification which includes the use and relationship to the specific program objectives.

Other

Contains items not included in previous budget categories. Provide justification which includes the use and relationship to the specific program objectives. Give unit cost and quantities when applicable.

Subcontracts:

Include the Subcontractor name(s) if known or you can put TBD; and you will also need to provide a brief description of the work they will perform. If possible, please tie your Subcontractors to the Activity within your Workplan.

Total Direct Costs

Direct Costs include:

Combined total of Personnel, Supplies, Travel, Equipment, Other, and Subcontracts. Should your Agency require a formula for Modified Direct Costs, please reach out to the Future of Public Health Funding mailbox (FoPHfunding@cdph.ca.gov) for assistance.

Indirect Cost

Please enter your Indirect Cost Rate (ICR) percentage within cell E138. Please enter the amount that your ICR should calculate from; this is normally Total Personnel or Total Direct Costs. Your Agency has an approved rate on file with CDPH. If you don't know your Agency's approved ICR, please reach out to Future of Public Health Funding mailbox (FoPHfunding@cdph.ca.gov) for assistance.

CDPH Future of Public Health (FoPH) Funding

California Department of Public Health
 Email Invoice to: FoPHfunding@cdph.ca.gov

Date:

LHJ Name/Address (to send warrant)

*Check if remittance address changed
 since last Invoice*

Contract Number:
Contract Term: July 1, 2022 to June 30, 2023
Billing Period:
Invoice Number:
County Invoice #:
Optional

Telephone #:
Supplier ID #:

Budget Line-Item	Expenditures This Period
Personnel	
Supplies	
Travel	
Equipment	
Other	
Subcontracts	
Indirect	
Total	\$

State Certification: I hereby certify that the above referenced local health department has met all requirements for submission of its application, related documents, and certifications and is eligible to receive this payment. The application, related documents, approvals, and requests for payment are maintained by CDPH, for five (5) years for audit purposes as required by the State Controller's Office.

CDPH Use Only

Service Location:	Please Pay:
TBD	\$-

Signature

Caroline Kurtz, Program Director