

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.48  
(ID # 23626)

**MEETING DATE:**  
Tuesday, December 12, 2023

**FROM :** RUHS-PUBLIC HEALTH:

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM-PUBLIC HEALTH: Ratify and Authorize Acceptance of the Additional Future of Public Health Funding Allocation from the California Department of Public Health (CDPH) for Public Health Workforce and Infrastructure and Extend the Period of Performance for Two Additional Years through June 30, 2026; All Districts. [Total increased aggregate allocation: \$35,346,183; up to \$4,712,824 in additional funding – 100% State]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify and authorize the acceptance of the additional Future of Public Health Funding Allocation from the California Department of Public Health (CDPH) for Public Health Workforce and Infrastructure in the additional aggregate amount of \$35,346,183 and extended the period of performance for two additional years through June 30, 2026;
2. Authorize the Director of Public Health, or designee, based on the availability of fiscal funding and as approved as to form by County Counsel, to: (a) sign all reports, certifications, forms, and subsequent amendments to the allocation that exercise the options of the allocation, including modifications of the statement of work that stay within the intent of the allocation; and (b) sign amendments to the compensation provisions that do not exceed the sum total of \$4,712,824 in additional funding.

**ACTION:Policy**

  
Kim Saruwatari, Director of Public Health 12/5/2023

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Gutierrez, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: December 12, 2023  
xc: RUHS-Public Health

Kimberly A. Rector  
Clerk of the Board

By:   
Deputy

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<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$11,782,061	\$11,782,061	\$35,346,183	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS:</b> 100% State			<b>Budget Adjustment:</b> No	
			<b>For Fiscal Year:</b> 23/24-25/26	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

Riverside University Health System – Public Health (RUHS-PH) is seeking approval for the additional funding allocation through the Future of Public Health Funding from the California Department of Public Health (CDPH) for public health workforce and infrastructure. In addition to the increased allocation to Local Health Jurisdictions (LHJs), the period of performance has also been extended for two (2) additional years through June 30, 2026. CDPH has allocated \$11,782,061 to RUHS-PH for each year, for a total increase in funding of \$35,346,183 for a 3-year funding cycle.

**Impact on Residents and Businesses**

The Future of Public Health Funding award allows RUHS-PH to build and maintain a robust workforce. The RUHS-PH workforce will have a positive impact on the residents of Riverside County by ensuring information and services are more readily available. The increase in accessibility to resources and services allows residents to be more proactive in the prevention of serious health conditions. Additionally, this workforce will ensure the safety and overall health improvements for Riverside County residents and businesses through research, analytical evaluation, and the implementation of solutions to public health concerns and conditions.

**Additional Fiscal Information**

CDPH is allocating to RUHS-PH; \$11,782,061 to be awarded annually to LHJs for public health workforce and infrastructure. These funds are considered ongoing funds and part of the ongoing baseline state budget. There is no impact to County General Funds. Any unspent funds from the previous allocation for FY22/23 may be rolled over for use throughout the FY 23/24 performance period; rollover funds will not be permitted for FY23/24 through FY25/26. The allocation will be distributed for each fiscal year as follows, including prior fiscal year allocations:

**County Fiscal Year**

<b>Year</b>	<b>Amount</b>
FY 22/23	\$11,782,061
FY 23/24	\$11,782,061



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FY 24/25	\$11,782,061
FY 25/26	\$11,782,061
<b>Total aggregate allocation:</b>	<b>\$47,128,244</b>

**Contract History and Price Reasonableness**

The Board of Supervisors approved the original allocation from CDPH on December 13, 2022, on Agenda Item 3.34 in the amount of \$11,782,061 through June 30, 2024. CDPH has advised that the allocation will continue on an annual basis through FY 25/26. Any unspent funds from FY 22/23 may be rolled over into FY 23/24; rollover funding will not be permitted after FY 23/24. RUHS-PH is requesting authorization to accept additional funding from CDPH in the amount of \$35,346,183 for a total allocation of \$47,128,244. Additionally, RUHS-PH is requesting authorization to accept up to ten percent (10%) of the total aggregate allocation amount in the event that additional funding becomes available from CDPH. This additional contingency would not exceed \$4,712,824 without approval from the Board of Supervisors.

**ATTACHMENTS:**

**ATTACHMENT A.** Future of Public Health Funding, FY 2023-24 – FY 2025-26 Memo

**ATTACHMENT B.** Local Health Jurisdiction Allocations Table

  
Douglas Cordonez Jr.



  
12/5/2023



Tomás Aragón, MD, DrPH  
Director

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



GAVIN NEWSOM  
Governor

Date: June 30, 2023  
To: California Local Health Jurisdictions  
From: California Department of Public Health (CDPH)  
Subject: Future of Public Health Funding, FY 2023-24 – FY 2025-26

**I. Purpose**

This memo provides Local Health Jurisdictions (LHJs) with an overview of the Future of Public Health (FoPH) funding allocation for fiscal years FY 2023-24, 2024-25, and 2025-26.

The Budget Act of 2022 (Chapter 249, Statutes of 2022), provides \$200,400,000 annually to LHJs for public health workforce and infrastructure, referred to in this letter as the FoPH funding. These funds are considered ongoing funds and part of the ongoing baseline state budget, which must be approved in the annual state budget process. Local assistance amount is pending annual budget approval for each upcoming state fiscal years. Additional parameters and requirements associated with the FoPH funding are detailed in the Health and Safety Code Sections 101320-101320.5. Below are anticipated total funding amounts over the next three fiscal years:

State Fiscal Year	Local Assistance Amount
2022-23	\$200.4 million
2023-24	\$200.4 million
2024-25	\$200.4 million
2025-26	\$200.4 million

The funding allocation methodology is explained below in section II.

**II. FoPH Allocation Methodology**

**Funding**

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

1. Each Local Health Jurisdiction (LHJ) will receive a base funding amount of \$350,000 per year.
2. The remaining balance of the appropriation will be provided to each LHJ proportionally as follows:

Regional Public Health Office ♦ MS 0500, P.O. Box 997377, Sacramento, CA 95899-7377  
♦ Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)





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

Details on the calculation of allocation amounts are outlined in the Attachment 1 – Local Allocations Table. Increases or decreases in the total funding and changes in the local allocation methodology would require legislative action.

Starting with the 2023-24 fiscal year, funds must be spent within the year allocated. Carryover of funds beyond the fiscal year in which funds were awarded will not be possible.

### **Carryover of 2022-23 Allocations**

The funding period for the 2022-23 state fiscal year was July 1, 2022 – June 30, 2023. The funds allocated for this period are available for encumbrance or expenditure until June 30, 2024. An LHJ may elect to carryover part or all of the unspent funds remaining after the end of the 2022-23 state fiscal year. If an LHJ wishes to carryover any 2022-23 unspent funds, please send an e-mail to [FoPHfunding@cdph.ca.gov](mailto:FoPHfunding@cdph.ca.gov) indicating the amount that the LHJ wishes to carryover. Please note that carryover of unspent funds is only available for the 2022-23 allocation amount. In addition, carryover funds must be used for pre-approved Spend Plan activities and must follow the 70/30 split. (If an LHJ is using 2022-23 funding for development of a Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP)/ local Strategic Plan, including contracting for services, the LHJ is not required to follow the 70/30 split pursuant to Health and Safety Code 101320(d).)

## **III. Funding Requirements**

### **Non-Supplantation**

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

Each LHJ 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 Realignment and city, county, or city and county general fund resources utilized for LHJ purposes and excluding federal funds in this determination. See *Attachment 2 for Certification Form*.

### **Required Use of Funding**

1. Each LHJ 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.

### **Local Public Health Workplan/Spend Plan Requirements**

Starting in the 2023-24 state fiscal year, LHJs will be submitting a three-year Local Public Health Workplan and yearly Spend Plans to support Future of Public Health (FoPH) funding



requirements.

1. Each Workplan should be informed by a CHA, CHIP, and/or local Strategic Plan.
2. If a current CHA and CHIP has not yet been completed by your LHJ, the Workplan that spans state fiscal years 2023-26 should describe how the LHJ will identify and address relevant community health issues and provide a plan and target date for completion of a CHA and CHIP. In addition, LHJs 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 LHJs will be required to measure and evaluate the process and outcome of hiring permanent staff.

Per Health and Safety Code 101320(f), LHJs without a completed CHA, CHIP, or Strategic Plan shall have commenced planning activities by October 1, 2022, and have a completed Local Public Health Workplan by December 30, 2023.

### **Redirection of Funding for Regional Capacity**

A LHJ has the option to direct a portion of their funds to another LHJ in support of regional capacity. The requesting LHJ shall submit a letter of support to CDPH from the recipient LHJ in which these funds are directed to, along with a description of the regional capacity the funds will support. The letter shall be included as an additional attachment to the submission package.

### **Timeline**

CDPH anticipates issuing initial funding guidance, including the allocation tables, to LHJs by the end of June 2023. Workplan and Spend Plan templates and other required documents will be provided for LHJs to complete and return to CDPH. This funding memo, the templates, and additional related documents will be located on the [LHJ SharePoint](#) and will be posted on the CDPH website page that is currently in development.

### **Submission Requirements**

1. Complete a Workplan and Spend Plan by July 31, 2023, and submit to CDPH at: [FoPHfunding@cdph.ca.gov](mailto:FoPHfunding@cdph.ca.gov). See *Attachments 3 and 4*. Your Agency should consider the following when developing your Workplan and Spend Plan:
  - While not required, CDPH recommends that your agency may fund an administrative position to ensure fiscal accountability and reporting requirements of the various FoPH funding. At least 70% of your Agency funds must go towards the hiring, including benefits and training, of permanent city or county staff.
  - Your Agency may dedicate up to 30% of the allocated funding to support equipment, supplies and other administrative purposes such as, facility space, furnishings, and travel.
  - While not required, CDPH encourages your Agency 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.

- While not required, CDPH encourages your Agency 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 LHJ to increase regional capacity, your Agency shall submit a letter of support from the LHJ receiving those funds. Adjustments shall be reflected in the Workplan and Spend Plan that is submitted to CDPH for review and approval. The letter shall be included as an additional attachment to the submission package.
2. Your Agency must also meet the following minimum requirements for the FoPH funding and include descriptions in your Agency's Workplan:
- A description of how your Agency will achieve 24/7 Health Officer's coverage.
  - A description of how these funds will assist your Agency in meeting your CHA/CHIP and/or local Strategic Plan goals. Please either attach a copy or provide links to your CHA, CHIP, and/or Strategic Plan and/or a date when these will become available. In addition, provide a description of how your agency will measure/evaluate the impact of the FoPH funding.
  - A description of how your Agency will use FoPH funding to meet your LHJ equity goals.
  - A description of how your Agency will use FoPH funding to become or sustain capacity as a learning organization including continuous quality improvement and Results-Based Accountability/evaluation.
  - Commit to Health Officer and Health Director's 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 the Acknowledgment of Allocation letter by July 31<sup>st</sup>, 2023. The Acknowledgement of Allocation Letter can be signed by any individual(s) in your jurisdiction designated to review and sign these types of forms.

#### **IV. Reporting Requirements**

As a condition of the funding, each Local Health Jurisdiction (LHJ) shall, by December 30, 2023, as required by statute, and by July 1 every three years thereafter, be required to submit a Local Public Health Workplan to CDPH pursuant to the requirements. For your convenience, your CDPH point of contact will issue reminders as these dates get closer.

As a recipient of the Future of Public Health (FoPH) funding the following reporting documents are required:

Regional Public Health Office ♦ MS 0500, P.O. Box 997377, Sacramento, CA 95899-7377  
♦ Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)





1. Submit quarterly progress reports on hiring progress to CDPH following the schedule below. Quarterly progress reports shall 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.

**State Fiscal Year 2023-24**

Quarter	Reporting Period	Due Date
Q1	July 1, 2023 – September 30, 2023	October 30, 2023
Q2	October 1, 2023 – December 31, 2023	January 30, 2024
Q3	January 1, 2024 – March 31, 2024	April 30, 2024
Q4	April 1, 2024 – June 30, 2024	July 30, 2024

**State Fiscal Year 2024-25**

Quarter	Reporting Period	Due Date
Q1	July 1, 2024 – September 30, 2024	October 30, 2024
Q2	October 1, 2024 – December 31, 2024	January 30, 2025
Q3	January 1, 2025 – March 31, 2025	April 30, 2025
Q4	April 1, 2025 – June 30, 2025	July 30, 2025

**State Fiscal Year 2025-26**

Quarter	Reporting Period	Due Date
Q1	July 1, 2025 – September 30, 2025	October 30, 2025
Q2	October 1, 2025 – December 31, 2025	January 30, 2026
Q3	January 1, 2026 – March 31, 2026	April 30, 2026
Q4	April 1, 2026 – June 30, 2026	July 30, 2026

2. Submit quarterly expenditure reports to CDPH following the schedule above. 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*.

3. Submit FoPH Statewide Evaluation documents by the due dates. More information regarding this requirement and due dates will be sent out at a later time.

### **Annual Presentation to Governing Board**

In addition to the above reporting requirements, participating LHJs must annually present updates to its Board of Supervisors or City Council, as applicable, on the state of the jurisdiction's public health.

Per Health and Safety Code 101320.5, LHJs must identify the jurisdiction's most prevalent current cases of morbidity and mortality, causes of morbidity and mortality with the most rapid three-year growth rate, and health disparities. The presentation shall also provide an update on progress addressing these issues through the strategies and programs identified in the LHJ's Local Public Health Workplan, as well as identify policy recommendations for addressing these issues.

**Contact Information:** For questions related to this funding stream, please email [FoPHFunding@cdph.ca.gov](mailto:FoPHFunding@cdph.ca.gov)

Sincerely,

Caroline  
Kurtz

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Caroline Kurtz  
Date: 2023.06.30  
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Caroline Kurtz, PhD  
Deputy Director  
Regional Public Health Office  
California Department of Public Health

## 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 <sup>1</sup>	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 <sup>2</sup>	2,807,624
Los Angeles HD <sup>2</sup>	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 <sup>2</sup>	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
<b>Total</b>	<b>200,400,000</b>
<b>Miniumum Award:</b>	<b>354,669</b>
<b>Maximum Award:</b>	<b>47,328,331</b>

1 - Alameda Health Department (HD) excludes City of Berkeley

2 - Los Angeles HD excludes Cities of Long Beach and Pasadena