

**RESOLUTION NO. 23- 8795**

**APPROVE AND ACCEPT GRANT AWARD NUMBER CASPHI0030, AWARDED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, GRANT FUNDING PERIOD IS DECEMBER 1, 2022 THROUGH NOVEMBER 30, 2027, IN THE AMOUNT OF \$567,056.00.**

**WHEREAS** the Plumas County Public Health Agency (“County”) desires to utilize the California Strengthening Public Health Initiative (CASPPI) Grant funding awarded by the Centers for Disease Control and Prevention (CDC) to be used for Strengthening Public Health Infrastructure, Workforce, and Data Systems; and

**WHEREAS** the requirements for approving this agreement require a resolution, from the County Board of Supervisors, which specifically approves and authorizes execution of this grant agreement and to authorize an individual to bind the County to the Agreement.

**NOW, THEREFORE, BE IT RESOLVED** by the Plumas County Board of Supervisors, County of Plumas, State of California as follows:

Approves and accepts Grant Award Number CASPHI0030 from the California Department of Public Health, funding as part of the A1 Workforce strategy.

**BE IF FURTHER RESOLVED** that the Director of Plumas County Public Health Agency has full and binding authority to the commitments under the Submission Requirements section on behalf of the Board of Supervisors, and is the authorized representative for County in regard to the Grant Award Number CASPHI0030.

**The forgoing Resolution was duly passed and adopted by the Board of Supervisors, County of Plumas, State of California, at a regular meeting of said Board held on the day of June 6, 2023, by the following vote:**

**Ayes:** Supervisor(s) Goss, McGowan, Hagwood, Engel, Ceresola

**Noes:** None

**Absent:** None

**Abstain:** None



Dwight Ceresola

Chair, Plumas County Board of Supervisors

**Attest:**



Clerk, Plumas County Board of Supervisors

Approved as to form:

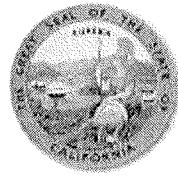


Joshua Brechiel  
Deputy County Counsel



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

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



GAVIN NEWSOM  
Governor

February 23, 2023

Dr. Mark Satterfield, Health Officer  
County of Plumas  
270 Hospital Road, Suite 111  
Quincy, CA 95971

Dana Loomis, Health Director  
County of Plumas  
270 County Hospital Road, Suite 206  
Quincy, CA 95971

**Re: California Strengthening Public Health Initiative LHJ Allocation Letter  
Award Number: CASPHI0030**

**County of Plumas**

Dear Dr. Mark Satterfield, Dana Loomis:

On December 4, 2022, CDPH received a Notice of Award (NOA) from CDC for the California Strengthening Public Health Initiative (CASPPI). Please refer to the CDPH CASPHI Funding Memo dated 2/14/23 for a broader description of that award to California. CDPH is allocating funds to participating local health jurisdictions and this letter specifies your LHJ's specific allocation amount below and the LHJ Allocation Table (Attachment 1 CASPHI Allocation Table - Final). This allocation is for a full five years.

Your allocation of the CASPHI funds is below:

Annual Award Amount	\$113,411.00
Full Award Amount (five years)	\$567,056.00

This letter provides submission requirements for the period of **December 1, 2022 to November 30, 2027**.

**Funding:**

- a. Any local health jurisdiction that did not apply for direct CDC funding will be included in CDPH's allocation process. CDPH collaborated with the County Health Executives Association of California (CHEAC), the California Conference of Local Health Officers (CCLHO), and other stakeholders to finalize funding formulas for this allocation.

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

CDPH Director's Office • P.O. Box 997377 • Sacramento, CA 95899-7377  
(916) 650-6416 • (916) 650-6420 FAX  
Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



- a. The funding base of \$495,000 has been set in order to cover a 1.0 FTE Equity Staff position for approximately 3.3 years at \$150,000 [with the first two years of equity staffing previously funded as part of the California Equitable Recovery Initiative (CERI), Future of Public Health (FoPH) or other funds]. Additional funding through the formula-based allocation is available to support additional workforce development activities including training, recruitment, and incentives.

NOTE: If LHJ has funding allocated for up to five years of 1.0 FTE Equity Staffing under other funding sources, the base allocation of \$150,000 can be utilized for other Workforce Development Activities.

- b. The formula-based allocation is designed to emphasize a focus on equity based on several factors. The formula-based allocation is using three weighted inputs:

<b>Total Funding Base Allocation (Weight)</b>	<b>Percentage</b>
Population	30%
Race/Ethnicity	35%
Poverty	35%

- c. These inputs are calculated using hybrid weighting that incorporates the proportion of the total statewide population (at 30%) and the percentage of the total LHJ population (at 70%) for which these inputs apply.
- d. In addition to the direct allocation of funds to the 50 participating LHJs, CDPH's State Operations will also utilize the following funds to support all 61 local health jurisdictions with the following activities:
  - a. Hire a vendor to conduct a Local Public Health Workforce Assessment: \$2,000,000
    - i. Potential areas of focus for this assessment will include a compensation study comparing salary rates across local public health agencies as well as private sector and health care rates for similar positions, identifying recommended staffing levels for foundational capabilities as well as expanded multisector functions of public health, and workforce diversity.
  - b. Support Public Health Capacity Building: \$1,010,404

- i. Targeted local assistance contract funding for equity-focused community-based organizations to provide capacity building support to local health jurisdictions.
- c. Community Health Assessment and Improvement Plan Support: \$1,080,000
  - i. Four years of funding (yrs. 2-5) of statewide and targeted training and technical assistance activities to support LHJs working to develop or update CHA/CHIPs.
- e. Allocations to Local Health Jurisdictions are included in Attachment 1: CASPHI Allocation Table: Final.

**Funding Requirements:**

**Non-Supplantation**

- a. 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.
- b. 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. Please submit Attachment 5 by April 7, 2023. See Attachment 5 Certification Form.

**Required Staffing:**

- a. As a condition of receiving this funding, all recipients are required to have a minimum of 1.0 FTE of staff capacity with roles and responsibilities dedicated to advancing health equity and/or eliminating health disparities.
  - a. At the discretion of the LHJ, the 1.0 FTE equity staffing threshold may be spread over multiple positions, with a minimum of 0.5 fully dedicated FTE and the remaining 0.5 FTE spread across additional positions.
  - b. LHJs may also demonstrate that they already have a 1.0 FTE dedicated role for this purpose through other funding sources.
- b. A wide range of staff roles can fulfill this requirement, including leadership roles, policy, program, data and community engagement functions. An equity focus includes understanding and addressing health disparities affecting disproportionately impacted populations that are higher risk and underserved, including racial and ethnic groups, rural populations, those experiencing socioeconomic disparities and other underserved communities. Activities related to improving policies, systems and environments to more effectively serve communities

and address structural and social determinants of health would also address this requirement. (Additional details and examples will be incorporated in the Funding Reference Guide.) LHJs will determine the focus and position title based on local needs.

- c. The funding base of \$495,000 has been set in order to cover a 1.0 FTE Equity Staff position for approximately 3.3 years at \$150,000 [with the first two years of equity staffing previously funded as part of the California Equitable Recovery Initiative (CERI), Future of Public Health (FoPH) or other funds]. Additional funding through the formula-based allocation is available to support additional workforce development activities including training, recruitment, and incentives (additional details below).
- d. Per CDC, all work under this funding initiative should be grounded in three key principles:
  - a. The need for data and evidence to drive planning and implementation
  - b. The critical role that partnerships will play in success, and
  - c. The imperative to direct these resources in a way that supports health equity

**CDC Funding Restrictions:**

- a. Recipients may not use funds for research.
- b. Recipients may not use funds for clinical care except as allowed by law.
- c. Generally, recipients may not use funds to purchase furniture or equipment.
- d. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - a. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - b. The salary or expenses of any contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before any legislative body

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

See CDC's [Funding Restrictions and Limitations](#) for additional guidance and [additional guidance on lobbying for recipients](#).

**Submission Requirements:**

- a. Complete and submit the Acknowledgement Letter on page 8 of this document by March 3, 2023 and submit to CDPH at: [CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov).
- b. Complete and submit verification of information in the CDPH Form 9083 to [CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov) (these documents will be emailed out in a separate email with its own timeline).
- c. Complete and submit a Workplan and Spend Plan by April 7, 2023, and submit to CDPH at: [CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov). See Attachment 2 CASPHI Work Plan and Reporting and Attachment 3 CASPHI Spend Plan. Your Agency should consider the following when developing your Workplan and Spend Plan:
  - a. Below is a list of sample activities that could be completed utilizing these CASPHI funds:
    - i. Recruit and hire new public health staff. For example, this could include expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
    - ii. Retain public health staff. For example, this could include strengthening retention incentives, creating promotional opportunities, and transitioning staff to other hiring mechanisms.
    - iii. Support and sustain the public health workforce. For example, this could include strengthening workplace well-being programs and expanding engagement with the workforce to address their mental, emotional, and physical well-being.
    - iv. Train new and existing public health staff. For example, this could include improving the quality and scope of training and professional development opportunities for all staff.
    - v. Strengthen workforce planning, systems, processes, and policies. For example, this could include maintaining and upgrading human resource systems, identifying ways to better collect and use workforce data, and identifying policies that could facilitate more efficient and effective workforce development and management.

**Reporting Requirements:**

- a. CDC requires semi-annual progress reporting from all recipients and subrecipients (including CA LHJs). The report requires a hiring update in addition to progress on all proposed activities in workplans and spend plans.

- b. The initial progress report is tentatively projected to be due from CDPH to CDC by the end of May 2023. Based upon this due date, please provide the first report by **May 26, 2023**. **Note**, the dates in the below table may be adjusted based on CDC submission requirements. We will notify you as soon as we know of any adjustments to the below dates.
- c. As a recipient of the California Strengthening Public Health Initiative funding, the following reporting documents will be required:
  - a. Submit semi-annual progress reports on objective progress to CDPH following the schedule below. Provide status of timelines, goals, and objectives outlined in your workplan. **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. See Attachment 2 CASPHI Work Plan and Reporting.

<b>Year/Quarter</b>	<b>Reporting Period</b>	<b>Due Date</b>
Year 1/Report 1	December 1, 2022 – April 30, 2023	May 26, 2023
Year 1/Report 2	May 1, 2023 – October 31, 2023	November 21, 2023
Year 2/Report 1	November 1, 2023 – April 30, 2024	May 24, 2024
Year 2/Report 2	May 1, 2024 – October 31, 2024	November 26, 2024
Year 3/Report 1	November 1, 2024 – April 30, 2025	May 30, 2025
Year 3/Report 2	May 1, 2025 – October 31, 2025	November 25, 2025
Year 4/Report 1	November 1, 2025 – April 30, 2026	May 29, 2026
Year 4/Report 2	May 1, 2026 – October 31, 2026	November 24, 2026
Year 5/Report 1	November 1, 2026 – April 30, 2027	May 28, 2027
Year 5/Report 2	May 1, 2027 – November 30, 2027	December 17, 2027

- b. Submit semi-annual expenditure and hiring reports to CDPH following the schedule below. Expenditure and hiring 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 3 CASPHI Spend Plan.

<b>Year/Quarter</b>	<b>Reporting Period</b>	<b>Due Date</b>
Year 1/Report 1	December 1, 2022 – April 30, 2023	May 26, 2023
Year 1/Report 2	May 1, 2023 – October 31, 2023	November 24, 2023
Year 2/Report 1	November 1, 2023 – April 30, 2024	May 24, 2024
Year 2/Report 2	May 1, 2024 – October 31, 2024	November 26, 2024
Year 3/Report 1	November 1, 2024 – April 30, 2025	May 30, 2025
Year 3/Report 2	May 1, 2025 – October 31, 2025	November 25, 2025
Year 4/Report 1	November 1, 2025 – April 30, 2026	May 29, 2026
Year 4/Report 2	May 1, 2026 – October 31, 2026	November 24, 2026
Year 5/Report 1	November 1, 2026 – April 30, 2027	May 28, 2027

Year 5/Report 2	May 1, 2027 – November 30, 2027	December 17, 2027
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- c. A CDPH representative will issue reminders as these dates get closer.
- d. 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: [CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov). See Attachment 4 Invoice.

- a. First Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
- b. 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 Attachment 2 CASPHI Work Plan and Reporting and Attachment 3 CASPHI Spend Plan following the due dates above within Reporting Requirements.
- c. 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 our State's public health infrastructure throughout our diverse communities. CDPH is hosting a webinar on **March 20, 2023 from 4:00 PM – 5:00 PM** to go over the requirements and activities of this funding. A meeting notice will be sent through the CCLHO and CHEAC distribution lists . If you have any questions or need further clarification, please reach out to [CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov).

Sincerely,



Susan Fanelli  
Chief Deputy Director  
California Department of Public Health

### **Acknowledgement of Allocation Letter**

**Instructions: Please check one statement below, sign, and return to**  
CASPHILocalFunding@cdph.ca.gov

**County of Plumas** acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section. **County of Plumas** understands that these funds cannot be delegated to another Agency.

**County of Plumas** acknowledges receipt of this Allocation letter and does not accept the funds. **County of Plumas** understands that CDPH will redistribute these funds.

**Name of Local Health Jurisdiction designated signee(s):** DANA LOOMIS

**Title/Role:** DIRECTOR

**Signature of Local Health Jurisdiction designee(s):** 

**Date:** 3/02/23

### **Attachments**

- Attachment 1: CASPHI Allocation Table - Final
- Attachment 2: CASPHI Work Plan and Reporting
- Attachment 3: CASPHI Spend Plan
- Attachment 4: Invoice
- Attachment 5: Certification Form



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



**Tomás Aragón, MD, DrPH**  
Director

**GAVIN NEWSOM**  
Governor

Date: February 14, 2023  
To: California Local Health Jurisdictions (LHJs)  
From: California Department of Public Health (CDPH)  
Subject: Overview of Centers for Disease Control and Prevention (CDC) *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems* Grant Award

### I. Purpose

This memo provides LHJs with an overview of the CDC award for the above-mentioned grant funding, which is for a full five years. California's infrastructure funding is the *California Strengthening Public Health Initiative* (CASPHI).

On December 4, 2022, CDPH received a Notice of Award (NOA) from CDC for CASPHI. CDPH applied for funding in all three strategies (A1 Workforce, A2 Foundational Capabilities, and A3 Data Modernization) and was approved for all three strategies. However, the A3 Data Modernization strategy funding is still pending and is currently unfunded by CDC. CDPH will allocate funds to LHJs as part of the A1 Workforce strategy.

### II. CASPHI Grants

The grant award start date was December 1, 2022. The annual grant periods are below:

Year 1	December 1, 2022 – November 30, 2023
Year 2	December 1, 2023 – November 30, 2024
Year 3	December 1, 2024 – November 30, 2025
Year 4	December 1, 2025 – November 30, 2026
Year 5	December 1, 2026 – November 30, 2027

**Funding:** The *California Strengthening Public Health Initiative* (CASPHI) includes \$36,822,154 million for direct allocation to participating local health jurisdictions.

Here is a [link](#) to the funding allocation spreadsheet which lists the amount of annual and five-year total award amounts for each eligible and participating LHJ.

### Required Staffing:

As a condition of receiving this funding, all recipients are required to have a minimum of 1.0 FTE of staff capacity with roles and responsibilities dedicated advancing health equity and/or eliminating health disparities.

Office of Policy and Planning ♦ MS 0514, P.O. Box 997377, Sacramento, CA 95899-7377  
(916) 552-9800 ♦ FAX (916) 552-9810 ♦ Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



A wide range of staff roles can fulfill this requirement, including leadership roles, policy, program, data, and community engagement functions. An equity focus includes understanding and addressing health disparities affecting disproportionately impacted populations that are higher risk and underserved, including racial and ethnic groups, rural populations, those experiencing socioeconomic disparities and other underserved communities. Activities related to improving policies, systems and environments to more effectively serve communities and address structural and social determinants of health would also address this requirement. (Additional details and examples will be incorporated in the Funding Reference Guide.) LHJs will determine the focus and position title based on local needs.

The funding base of \$495,000 has been set in order to cover a 1.0 FTE Equity Staff position for approximately 3.3 years at \$150,000 [with the first two years of equity staffing previously funded as part of the California Equitable Recovery Initiative (CERI), Future of Public Health (FoPH) or other funds]. Additional funding through the formula-based allocation is available to support additional workforce development activities including training, recruitment, and incentives (additional details below).

**Additional Details:**

- At the discretion of the LHJ, the 1.0 FTE equity staffing threshold may be spread over multiple positions, with a minimum of 0.5 fully dedicated FTE and the remaining 0.5 FTE spread across additional positions.
- LHJs may also demonstrate that they already have a 1.0 FTE dedicated role for this purpose through other funding sources.
- Per CDC, all work under this funding initiative should be grounded in three key principles:
  - The need for data and evidence to drive planning and implementation
  - The critical role that partnerships will play in success, and
  - The imperative to direct these resources in a way that supports health equity

**CDPH plans to issue a 25% advanced payment to eligible and participating LHJs.** If an LHJ wishes to decline the advance payment, please send an email to [CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov) stating "no advance payment". If an advance payment is declined, the LHJ is still eligible to receive the full allocation and would follow CDPH invoicing processes.

**LHJ Eligibility Criteria:** Any LHJ that did not receive direct CDC funding will be included in CDPH's allocation process. CDPH collaborated with the County Health Executives Association of California (CHEAC), the California Conference of Local Health Officers (CCLHO), and other stakeholders to finalize funding formulas for this allocation. Per CDC, local governments (includes county, city, and townships) serving a 1) a county population of 2,000,000 or more or a city population of 400,000 or more were eligible to apply to the CDC for direct funding.

**Number of LHJ allocation recipients:** Effective FY 2022-23, \$36,822,154 will be allocated to fifty (50) of the sixty-one (61) LHJs in California. Eleven (11) LHJs are receiving funding directly from the CDC and will not be part of this CDPH allocation process. Below are the LHJs receiving direct funding from the CDC.



<b>List of LHJs who will receive direct funding from CDC</b>
1. Alameda County Health Department
2. County of Riverside Department of Public Health
3. County of San Diego Health and Human Services Agency
4. Long Beach Health Department
5. Los Angeles County Department of Public Health (Includes the City of Pasadena)
6. Orange County Health Care Agency
7. Sacramento County Health Department
8. San Bernardino County-Department of Public Health
9. San Francisco Department of Public Health
10. Santa Clara County Health Department

**Timeline:** CDPH anticipates issuing individual allocation letters and funding guidance to LHJs by the end of February 2023. Work plan and spend plan templates will be provided with the allocation package for LHJs to complete and return to CDPH.

In addition to the direct allocation of funds to the 50 participating LHJs, CDPH will also coordinate the use of additional CASPHI grant funds for statewide activities to support all 61 local health jurisdictions.

1. Hire a vendor to conduct a Local Public Health Workforce Assessment Potential areas of focus for this assessment will include a compensation study comparing salary rates across local public health agencies as well as private sector and health care rates for similar positions, identifying recommended staffing levels for foundational capabilities as well as expanded multisector functions of public health, and workforce diversity.	\$2,000,000
2. Support Public Health Capacity Building Targeted local assistance contract funding for equity-focused community-based organizations to provide capacity building support to local health jurisdictions.	\$1,010,404
3. Community Health Assessment and Improvement Plan Support Four years of funding (YRs 2-5) of statewide and targeted training and technical assistance activities support LHJs working to develop or update CHA/CHIPs	\$1,080,000

**CASPHI Informational Webinar:** CDPH is planning to hold an informational webinar to provide additional details once all allocation letters have been distributed. The date and time of the webinar will be provided with individual LHJ allocation letters.

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

### III. Reporting Requirements

The CDC is requiring semi-annual progress reporting from all recipients and subrecipients (including California LHJs). The report will require progress updates on all proposed activities in workplans, and progress on expenditures identified in spend plans.

The initial progress report is tentatively projected to be due to from CDPH to the CDC by the end of June 2023. Based upon this due date, CDPH anticipates requesting a hiring status update from all participating LHJs by mid-May 2023. Additional information on progress reporting dates and reporting templates will be provided in the individual allocation letters.

### IV. Formula-Based Allocation Details

The formula-based allocation is designed to emphasize a focus on equity based on several factors. The formula-based allocation is using three weighted inputs: 30% population, 35% poverty, and 35% demographic diversity. These inputs are calculated using hybrid weighting that incorporate the proportion of the total statewide population (at 30%) and the percentage of the total LHJ population (at 70%) for which these inputs apply.

The overall allocation funding model has been developed to address the CDC grant focus on strengthening public health infrastructure and advancing capacity to address equity.

Both the level of the base and the formula structure are set in order to provide a stable funding level LHJs with smaller populations and a high percentage of residents experiencing disadvantage, as well as to augment funding for LHJs which may represent a large proportion of the statewide population experiencing disadvantage.

### V. CDC Grants Sample Activities and Funding Restrictions

Below is a list of sample activities that could be completed utilizing these CASPHI grant funds:

1. **Recruit and hire new public health staff.** For example, this could include expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
2. **Retain public health staff.** For example, this could include strengthening retention incentives, creating promotional opportunities, and transitioning staff to other hiring mechanisms.
3. **Support and sustain the public health workforce.** For example, this could include strengthening workplace well-being programs and expanding engagement with the workforce to address their mental, emotional, and physical well-being.
4. **Train new and existing public health staff.** For example, this could include improving the quality and scope of training and professional development opportunities for all staff.
5. **Strengthen workforce planning, systems, processes, and policies.** For example, this could include maintaining and upgrading human resource systems, identifying ways to better collect and use workforce data, and identifying policies that could facilitate more efficient and effective workforce development and management.

### **CDC Funding Restrictions**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Generally, recipients may not use funds to purchase furniture or equipment. (Equipment is defined as a single unit cost exceeding \$5,000.)
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

See CDC's Funding Restrictions and Limitations for additional guidance and additional guidance on lobbying for recipients.



# California Strengthening Public Health Infrastructure (CASPHI) Reference Guide



Fiscal Year 2022-23

This document is intended to serve as a reference guide for the California Strengthening Public Health Infrastructure (CASPHI) funding & will be updated on a monthly basis. The latest version will be available on the [LHJ SharePoint](#). Any example activities provided in this document are non-exhaustive and for reference purposes only. Inquiries received by CDPH, as well as any applicable updates, will be incorporated into this document.

Please note – strikethrough in red denotes a deletion, *blue italics* denote an addition

## SCOPE & PURPOSE

### Background

On December 4, 2022, CDPH received a Notice of Award (NOA) from Center for Disease Control (CDC) for the California Strengthening Public Health Initiative (CASPHI). CDPH applied for funding in all three strategies (A1 Workforce, A2 Foundational Capabilities, and A3 Data Modernization) and was approved for all three strategies. However, the A3 Data Modernization strategy funding is still pending and is currently unfunded by CDC. CDPH will allocate funds to LHJs as part of the A1 Workforce strategy.

### Funding Allocation

**Funding:** The *California Strengthening Public Health Initiative (CASPHI)* includes \$36,822,154 direct allocation to participating local health jurisdictions (LHJs).

**LHJ Eligibility Criteria:** Any LHJ that did not receive direct CDC funding are eligible to receive funds through CDPH's allocation process. CDPH collaborated with the County Health Executives Association of California (CHEAC), the California Conference of Local Health Officers (CCLHO), and other stakeholders to finalize funding formulas for this allocation. Per CDC, local governments (includes county, city, and townships) serving a county population of 2,000,000 or more or a city population of 400,000 or more were eligible to apply to the CDC for direct funding.

#### List of LHJs receiving direct funding from CDC

1. Alameda County Health Department
2. County of Riverside Department of Public Health
3. County of San Diego Health and Human Services Agency
4. Long Beach Health Department
5. Los Angeles County Department of Public Health (Includes the City of Pasadena)
6. Orange County Health Care Agency
7. Sacramento County Health Department
8. San Bernardino County-Department of Public Health
9. San Francisco Department of Public Health

## 10. Santa Clara County Health Department

Funding allocation information, including the amount of annual and five-year total award amounts for each eligible and participating LHJ, is located in the [CDPH CASPHI Allocation Table](#).

### Funding Period for Local Assistance

The grant award start date was December 1, 2022. The annual grant periods are below:

Year 1	December 1, 2022 – November 30, 2023
Year 2	December 1, 2023 – November 30, 2024
Year 3	December 1, 2024 – November 30, 2025
Year 4	December 1, 2025 – November 30, 2026
Year 5	December 1, 2026 – November 30, 2027

### Funded Activities

**Required Staffing:** As a condition of receiving this funding, all recipients are required to have a minimum of 1.0 FTE of staff capacity with roles and responsibilities dedicated to advancing health equity and/or eliminating health disparities.

The funding base of \$495,000 has been set in order to cover a 1.0 FTE Equity Staff position for approximately 3.3 years at \$150,000 [with the first two years of equity staffing previously funded as part of the California Equitable Recovery Initiative (CERI), Future of Public Health (FoPH), or other funds]. Additional funding through the formula-based allocation is available to support additional workforce development activities including training, recruitment, and incentives (additional details below).

A wide range of staff roles can fulfill this requirement, including leadership roles, policy, program, data, and community engagement functions. An equity focus includes understanding and addressing health disparities affecting disproportionately impacted populations that are higher risk and underserved, including racial and ethnic groups, rural populations, those experiencing socioeconomic disparities and other underserved communities. Activities related to improving policies, systems, and environments to more effectively serve communities and address structural and social determinants of health would also address this requirement. LHJs can determine the focus and position title based on local needs.

### Additional Details:

- At the discretion of the LHJ, the 1.0 FTE equity staffing threshold may be spread over multiple positions, with a minimum of 0.5 fully dedicated FTE and the remaining 0.5 FTE spread across additional positions.
- LHJs may also demonstrate that they already have a 1.0 FTE dedicated role for this purpose through other funding sources.
- Per CDC, all work under this funding initiative should be grounded in three key principles:
  - The need for data and evidence to drive planning and implementation

- The critical role that partnerships will play in success, and
- The imperative to direct these resources in a way that supports health equity

## Reporting Requirements

LHJs are required to submit semi-annual progress reports. Progress reports will include information regarding hiring progress, expenditure reports, and workplan/objectives progress.

The table below outlines the reporting periods and due dates. Note: Due dates are subject to change based on CDC requirements.

Year/Quarter	Reporting Period	Due Date
Year 1/Report 1	December 1, 2022 – April 30, 2023	May 26, 2023
Year 1/Report 2	May 1, 2023 – October 31, 2023	November 21, 2023
Year 2/Report 1	November 1, 2023 – April 30, 2024	May 24, 2024
Year 2/Report 2	May 1, 2024 – October 31, 2024	November 26, 2024
Year 3/Report 1	November 1, 2024 – April 30, 2025	May 30, 2025
Year 3/Report 2	May 1, 2025 – October 31, 2025	November 25, 2025
Year 4/Report 1	November 1, 2025 – April 30, 2026	May 29, 2026
Year 4/Report 2	May 1, 2026 – October 31, 2026	November 24, 2026
Year 5/Report 1	November 1, 2026 – April 30, 2027	May 28, 2027
Year 5/Report 2	May 1, 2027 – November 30, 2027	December 17, 2027

## 1. Acknowledgement of Allocation Letter

### 1.1. Who can sign the Acknowledgement of Allocation Letter?

The acknowledge form can be signed by any individual(s) in your jurisdiction designated to review and sign these types of forms.

## 2. Certification Form

### 2.1. Who can sign the Certification form?

The Certification form can be signed by any individual(s) in your jurisdiction designated to review and sign these types of forms.

### 2.2. Where can LHJs locate the agreement number?

The allocation letter constitutes the agreement notice for the allocation. The agreement number is referenced on the Allocation Letter as the award number (CASPHI-xxxx).

### 3. Workplan and Reporting

#### Minimum Requirements

##### **3.1. What are the minimum requirements for the Workplan?**

As a condition of receiving this funding, all recipients are required to have a minimum of 1.0 FTE of staff capacity with roles and responsibilities dedicated to advancing health equity and/or eliminating health disparities.

##### **3.2. If the equity position is already covered under another grant, can CASPHI funding be used for 100% workforce development?**

Yes, if the health equity position requirement is fulfilled, the CASPHI funding can be used for other approved activities.

##### **3.3. Can an LHJ hire an equity position that not only looks at health equity but equity in a larger scope?**

Yes, the equity position requirement was designed to be flexible.

Below is a list of example activities/roles for this position (non-exhaustive):

- Community engagement
- Mobilizing partners and collaborators
- Increase/improve data collection and reporting
- Expand infrastructure support
- Establishing multisector teams to address community needs
- Address structural and/or social determinants of health
- Embed equity in organizational policy and support
- Engagement and shared decision making with communities
- Establishing equity action plans
- Develop strategic health initiatives
- Prioritize health outcomes for greater impact in diverse communities
- Leverage LHO health equity expertise to support external advisory groups
- Lead collaboration for health in all policies
- Accreditation
- Community Health Assessment and Improvement Planning

##### **3.4. Can an LHJ split the 1.0 FTE equity requirement across multiple funding sources (e.g., 0.75 FTE CASPHI/ 0.25 FTE Future of Public Health)?**

Yes, the 1.0 FTE equity staffing threshold may be spread over multiple positions, with a minimum of 0.5 fully dedicated FTE and the remaining 0.5 FTE spread across additional positions. CDPH recommends at least .10 FTE per person for the remaining 0.5 FTE being split across multiple positions.

#### CASPHI Workplan

##### **3.5. How many objectives can LHJs include in the Workplan?**

LHJs may include up to 20 objectives (no minimum amount):

- Objectives should be SMART (Specific, Measurable, Achievable, Relevant, Timely).

- The implementation plan should list steps to show how LHJs will meet objectives.
- The evaluation plan should demonstrate how LHJs will measure progress on objectives.
- Each objective should have a primary issue area and a primary strategy area.
- Each objective should identify a program area.
- Each objective should have an expected completion date.

## 4. Spend Plan

### CASPHI Personnel Plan

The personnel plan allows for LHJs to project the number of planned hires using CASPHI funds. LHJs should provide details on types of positions and projected numbers of each position in the CASPHI Spend plan.

#### **4.1. If LHJs have an equity position that is crosscutting, which of the Program Areas should be selected?**

This type of position should be under the “Other” category.

#### **4.2. Will rollover be allowed for this funding source?**

LHJs will receive access to their allocation in the first year and can choose how to spend it in the five-year period.

#### **4.3. Is there a limit for indirect costs?**

Indirect cost should not exceed CDPH's approved rates.

#### **4.4 Will LHJs receive an augment once the A3 (data modernization) funding gets approved?**

There will not be an augment once the data modernization component is funded. It is for directly funded entities only. It is limited in scope and funding.

## 5. Allowable & Unallowable Spending Activities

#### **5.1. What are required and allowable activities for this funding?**

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

Per CDC, all work under this funding initiative should be grounded in three key principles:

- The need for data and evidence to drive planning and implementation,
- The critical role that partnerships will play in success, and
- The imperative to direct these resources in a way that supports health equity.

Example activities that may be completed utilizing CASPHI funds:

- **Recruit and hire new public health staff.** For example, this could include expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
- **Retain public health staff.** For example, this could include strengthening retention incentives, creating promotional opportunities, and transitioning staff to other hiring mechanisms.
- **Support and sustain the public health workforce.** For example, this could include strengthening workplace well-being programs and expanding engagement with the workforce to address their mental, emotional, and physical well-being.
- **Train new and existing public health staff.** For example, this could include improving the quality and scope of training and professional development opportunities for all staff.
- **Strengthen workforce planning, systems, processes, and policies.** For example, this could include maintaining and upgrading human resource systems, identifying ways to better collect and use workforce data, and identifying policies that could facilitate more efficient and effective workforce development and management.

## 5.2. What are some examples of allowable incentive expenses relating to employee recognition?

Some examples of incentives are recruitment and retention bonuses, student loan repayment, support for continuing education credits to maintain licensure, and education reimbursements such as courses, certifications that directly relate to their position, or, if they are an intern, would qualify them for a new hire/permanent position with the health department. Cash or gift card incentives can be allowable. In general, all expenses should tie back to the intended outcomes of the grant and the strategies the activities are funded under.

## 5.3. Can LHJs utilize CASPHI funding to pay for accreditation fees?

Yes, support for accreditation fees is allowed.

## 5.4. Is there a minimum percentage of this funding that must be spent to hire staff?

If the equity position requirement is met, the remaining funds may be used for other allowable activities.

## 5.5. What are unallowable activities for this funding?

This funding is CDC funding, so it is subject to the following CDC funding restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designated to support or defeat the enactment of legislation before any legislative body.

- The salary or expenses of any contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation administrative action, or Executive Order proposed or pending before any legislative body.

See CDC's [Funding Restrictions and Limitations](#) for additional guidance and [additional guidance on lobbying for recipients](#).

## **5.6. Can LHJs use CASPHI funds to cover equity staff that is now under another funding stream (e.g., CERI), or is that considered supplanting?**

We recommend that equity staff continue to be funded through the end of the other funding stream. Upon the completion of the other funding stream, that staff person could be funded by CASPHI (or another funding stream).

# **6. Invoicing & Reimbursement**

## **6.1. How will funding be disbursed?**

CDPH will reimburse your Agency upon receipt of invoice. To support the commencement of local infrastructure-building activities, CDPH will issue an advance payment for 25% of the LHJ's total allocation.

Once 25% advance payment is fully expended, CDPH will issue reimbursement upon receipt of invoices. Invoice(s) should be completed using the provided template (see Attachment 4 – Invoice of allocation package) and submitted to the CASPHI Inbox ([CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov)).

## **6.2. What is the process of receiving the advance payment for 25% of the total allocation?**

CDPH will be issuing the advance payment upon receipt of the completed CDPH 9083 – Government Agency Taxpayer ID form. The remaining remittance check will be mailed to the address provided on the CDPH 9083 form.

For a copy of the CDPH 9083 form, please email the CASPHI ([CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov)) for assistance.

## **6.3. What is the process of declining the advance payment for the 25% of the allocation?**

Please email the CASPHI inbox ([CASPHILocalFunding@cdph.ca.gov](mailto:CASPHILocalFunding@cdph.ca.gov)) indicating that you choose to decline the advance payment. LHJs will still need to submit the CDPH 9083 form for the processing of invoices and reimbursement.