

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

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).

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) 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) 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.