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Director and State Public Health Officer

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



GAVIN NEWSOM  
Governor

## Memorandum

DATE: October 24, 2023

FROM: Susan Fanelli, California Department of Public Health (CDPH)

TO: Local Health Department Directors and Health Officers

RE: **Sexually Transmitted Infection (STI) Allocations - Fiscal Year 2024-25 and 2025-26 Funding for LHJs**

The purpose of this memo is to detail funding updates to existing State General Fund allocations to local health jurisdictions to support sexually transmitted infection prevention and control activities. **Effective July 1, 2024, the CDPH STD Control Branch will combine the following funding sources into a single allocation:**

- **STD Prevention & Collaboration Allocations (\$13.6 million ongoing)**
  - \$4.5 million, appropriated in FY 2019-20
  - \$3.6 million, appropriated in FY 2021-22
  - \$5.5 million, appropriated in 2022-23
- **STD Core Allocations (\$3.6 million ongoing)**
  - Base funding with current funding formula established in FY 2018-19

The two allocations have differing funding formulas and a significant overlap in scopes of work. Current funding formula inputs for these two allocations are provided in the appendix below.

CDPH met with the Executive Committees of CHEAC and CCLHO in September 2023 to determine funding plans for the next budget cycle beginning July 1, 2024. The following decisions were made:

- To reduce administrative burden, the STD Prevention and Collaboration and STD Core allocations will be combined and renamed the **STI Prevention and Collaboration Allocations** beginning FY 2024/2025.
- Based on the agreement between CDPH, CCLHO, and CHEAC, funding formulas for both the STD Prevention & Collaboration Allocations (methodology established FY 2021-22) and STD Core Allocations (methodology established FY 2018-19) will remain unchanged.
- All LHJs will receive the same funding amount for both the STD Core and STD Prevention and Collaboration as they have in the current FY, as shown in the table below. This includes base





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funding of \$250,000 for recipients of the STD Collaboration allocation. LHJs receiving only the STD Core allocation will not receive the \$250,000 base (i.e., Berkeley, Pasadena, Santa Cruz, Yolo).

- Per the authorizing statute ([HSC Section 120511](#)), no less than fifty percent of STD Prevention and Collaboration awards must be provided to community-based organizations (CBOs) through direct funding or in-kind support. This requirement does not apply to the STD Core component of the combined STI Prevention and Collaboration awards.
- CDPH will revisit statewide allocations for FY 2026-2027 to adjust for increasing syphilis and congenital syphilis cases, and present to CHEAC and CCLHO Executive Committees for input and approval.
- If additional State General Fund is allocated through the state budget process, CDPH will work with CHEAC and CCLHO Executive Committees to determine funding approaches, including whether additional LHJs may be funded utilizing the combined methodology.

**Table 1: Awards for Combined STI Prevention and Collaboration Funding (FY24/25 - FY25/26)**

Local Health Jurisdiction	Current STD Core Funding	Current STD Prevention and Collaboration Funding*	Total Combined STI Prevention and Collaboration Funding (Beginning FY 24/25)	Total Amount LHJs Must Use to Support CBOs*
Alameda HD**	125,603	473,756	599,359	236,878
Berkeley	13,625	0	13,625	0
Butte	23,782	282,054	305,836	141,027
Contra Costa	79,724	412,808	492,532	206,404
Fresno	252,182	459,883	712,065	229,942
Imperial	16,777	294,165	310,942	147,083
Kern	211,352	432,802	644,154	216,401
Kings	23,929	279,903	303,832	139,952
Long Beach	91,010	338,746	429,756	169,373
Los Angeles HD**	547,050	1,952,013	2,499,063	976,007
Madera	38,784	281,584	320,368	140,792
Merced	32,874	305,549	338,423	152,775
Monterey	29,721	330,038	359,759	165,019
Orange	231,622	721,828	953,450	360,914
Pasadena	13,541	0	13,541	0
Placer**	13,565	297,834	311,399	148,917
Riverside	210,326	664,594	874,920	332,297





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Local Health Jurisdiction	Current STD Core Funding	Current STD Prevention and Collaboration Funding*	Total Combined STI Prevention and Collaboration Funding (Beginning FY 24/25)	Total Amount LHJs Must Use to Support CBOs*
Sacramento	161,204	493,538	654,742	246,769
San Bernardino	246,335	646,194	892,529	323,097
San Diego	323,689	758,630	1,082,319	379,315
San Francisco	268,666	369,754	638,420	184,877
San Joaquin	165,234	383,446	548,680	191,723
San Mateo	43,740	350,560	394,300	175,280
Santa Barbara	32,237	325,622	357,859	162,811
Santa Clara	147,955	502,002	649,957	251,001
Santa Cruz	20,539	0	20,539	0
Shasta	17,346	275,240	292,586	137,620
Solano	37,066	316,360	353,426	158,180
Sonoma	35,715	316,397	352,112	158,199
Stanislaus	80,093	345,114	425,207	172,557
Tulare	45,509	349,311	394,820	174,656
Ventura	49,684	377,195	426,879	188,598
Yolo	16,521	0	16,521	0
Yuba	0	263,080	263,080	131,540
<b>Total</b>	<b>3,647,000</b>	<b>13,600,000</b>	<b>17,247,000</b>	<b>6,800,000</b>

\*50% of LHJ STD Prevention & Collaboration funds must support CBOs via direct funding or in-kind support.

\*\*HD=health department. Alameda HD excludes Berkeley. Los Angeles HD excludes Pasadena and Long Beach.

## Appendix: Current Funding Formulas

### STD Core funding formula:

- All local health jurisdictions (LHJs) were eligible to receive funds, with a floor of \$10,000 and a ceiling of 15% of the total amount of STD core local assistance funds available. The formula was applied to all LHJs and then reviewed to determine if they met the floor or exceeded the ceiling.
- Funds allocated to LHJs that were less than the floor or greater than the ceiling were proportionally reallocated to the remaining funded LHJs.





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- Funding formula inputs:
  - 10% of the allocation was based on 3-year mean population estimates for persons 12-30 years of age in the LHJ using California Department of Finance (DoF) estimates (2016-2018).
  - 10% of the allocation was based on 3-year mean population estimates in the LHJ for African American/Black and Hispanic/Latinx individuals using DoF estimates (2016-2018).
  - 80% of the allocation was based on weighted, 3-year mean gonorrhea and syphilis case counts (2016-2018) in the LHJ, with the following weights:
    - Gonorrhea = 1
    - Primary, secondary, and early latent syphilis cases among males = 25
    - All syphilis cases among non-pregnant females 15-44 years of age = 50
    - All syphilis cases among pregnant females = 100

## *STD Prevention and Collaboration funding formula:*

- All LHJs accounting for 95% of the total congenital syphilis and/or early syphilis morbidity for 2019 were considered eligible (N=30).
- Eligible LHJs received a floor of \$250,000. Remaining funds were distributed using LHJ-specific estimates of population (50%), poverty (25%), and race/ethnicity of populations disproportionately affected by syphilis and congenital syphilis in California (25%).
- Population calculations used 2020 DoF estimates. Poverty was calculated using 2019 US Census Data (percent in poverty) applied to the 2020 DoF population estimates. Race/ethnicity included populations with the highest rates (Black/African American, American Indian/Alaska Native) and with the highest number of cases (Hispanic/Latinx) of early and congenital syphilis.
- Funding formula was developed in collaboration with CHEAC, CCLHO, and other stakeholders.

## **Contact Information**

Questions related to these funding streams may be directed to CDPH STD Control Branch at [STDLHJContracts@cdph.ca.gov](mailto:STDLHJContracts@cdph.ca.gov).

