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HEALTH AND SAFETY CODE - HSC

DIVISION 101. ADMINISTRATION OF PUBLIC HEALTH [100100 - 101997] (*Division 101 added by Stats. 1995, Ch. 415, Sec. 3.*)

PART 3. LOCAL HEALTH DEPARTMENTS [101000 - 101490] (*Part 3 added by Stats. 1995, Ch. 415, Sec. 3.*)

CHAPTER 3. State Aid for Local Health Administration [101175 - 101320.5] (*Chapter 3 added by Stats. 1995, Ch. 415, Sec. 3.*)

ARTICLE 7. Support for Vital Public Health Activities [101320 - 101320.5] (*Article 7 added by Stats. 2022, Ch. 47, Sec. 12.*)

101320. (a) Upon appropriation by the Legislature for this purpose, the department shall develop and implement a program to fund and support vital public health activities and services provided by the 61 local health jurisdictions in California.

(b) As a condition of funding, each local health jurisdiction shall, by December 30, 2023, and by July 1 every three years thereafter, be required to submit a public health plan to the department consistent with the requirements of subdivision (c). Each local public health plan shall be informed by the jurisdiction's most recent community health assessment, community health improvement plan, or strategic plan, and shall include proposed evaluation methods and metrics.

(c) The funds provided for this program shall be used to supplement, rather than supplant, existing levels of the services provided by qualifying local health jurisdictions. Each local health jurisdiction receiving funds through this article shall annually certify to the department that its portion of this funding shall be used to supplement and not supplant all other specific local county funds, including, but not limited to, local realignment and county general fund resources utilized for local health jurisdiction purposes, and excluding federal funds in this determination. In addition, each local health jurisdiction shall certify that 70 percent of funds will be used to support staff, including benefits and training, and that remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes, such as facility space, furnishings, travel, and similar activities.

(d) Notwithstanding subdivision (c), in the 2022–23 fiscal year, each local health jurisdiction may use funds to develop the plan required by subdivision (b), including contracting for services to support the development of the public health plans, community health assessments, community health improvement plans, and strategic plans.

(e) Each participating local health jurisdiction shall receive a base grant of three hundred fifty thousand dollars (\$350,000). The remaining balance of the funding shall be provided to local health jurisdictions proportionally as follows: (1) 50 percent based on 2019, or most recent, population data, (2) 25 percent based on 2019, or most recent, poverty data, and (3) 25 percent based on the 2019, or the most recent, portion of the population that is Black/African American, Latinx, or Native Hawaiian or Pacific Islander.

(f) A participating local health jurisdiction that does not have a completed community health needs assessment, community health improvement plan or strategic plan, shall commence coordination and planning activities by no later than October 1, 2022, and complete its triennial public health plan by December 30, 2023.

(g) In addition to local evaluation plans and metrics, the department shall work in collaboration with the County Health Executives Association of California, California Conference of Local Health Officers, and Service Employees International Union to determine any minimum requirements for the funding and to establish statewide metrics to evaluate the impact of the investment of these funds on public health outcomes.

(h) A local health jurisdiction may, upon submission of a letter of support to the department with a description of the regional capability being provided, direct a portion of its funds to another local health jurisdiction in support of regional capacity.

(*Added by Stats. 2022, Ch. 47, Sec. 12. (SB 184) Effective June 30, 2022.*)

101320.3. (a) On or before February 1 of every other year, beginning in calendar year 2024, the State Public Health Officer shall submit a written report to the Governor and the Legislature on the state of public health in California. The State Public Health Officer shall present an update annually to the Assembly Committee on Budget and Senate Committee on Budget and Fiscal Review, or relevant subcommittees, during legislative budget hearings.

(b) The written report shall include all of the following:

(1) Information on key public health indicators that California is experiencing, as determined to be relevant by the State Public Health Officer.

(2) Information on health disparities identified as part of the indicators and trends, if any.

(3) The leading causes of morbidity and mortality in California and evidence of increasing or decreasing rates of morbidity and mortality over the prior three to five years, inclusive.

(4) Data on the incidence and prevalence of communicable and noncommunicable chronic diseases and conditions.

(5) Data on the incidence and prevalence of intentional and unintentional injuries, including data specific to suicides and gun violence.

(6) Data on the prevalence of morbidity and mortality related to mental illness and substance abuse.

(c) The department shall annually seek input from stakeholders, including legislative staff, on which public health issues to address in a written report.

(Added by Stats. 2022, Ch. 47, Sec. 12. (SB 184) Effective June 30, 2022.)

101320.5. (a) As a condition of the funding authorized pursuant to subdivision (a) of Section 101320, a local health jurisdiction administered by a city shall annually present updates on the public health status to its city council on the state of the city's public health. The presentation shall identify the city's most prevalent current causes 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 local health jurisdiction's triennial public health planning document, as well as identify policy recommendations for addressing these issues.

(b) As a condition of the funding authorized pursuant to subdivision (a) of Section 101320, a local health jurisdiction administered by a county, or a city and county, shall annually present updates to its board of supervisors on the state of the county's public health. The presentation shall identify the county's most prevalent current causes 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 local health jurisdiction's triennial public health planning document, as well as identify policy recommendations for addressing these issues.

(Added by Stats. 2022, Ch. 47, Sec. 12. (SB 184) Effective June 30, 2022.)