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. Andy Coren, Health Officer
County of Mendocino
1120 South Dora Street
Ukiah, CA 95482

Anne Molgard, Health Director
County of Mendocino
1120 S. Dora Street
Ukiah, CA 95482

Re: California Strengthening Public Health Initiative LHJ Allocation Letter
Award Number: CASPHI0022

County of Mendocino

Dear Dr. Andy Coren, Anne Molgard:

On December 4, 2022, CDPH received a Notice of Award (NOA) from CDC for the California Strengthening Public Health Initiative (CASPHI). 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	$130,530.00
Full Award Amount (five years)	$652,649.00

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:

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:

Total Funding Base Allocation (Weight)	Percentage
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 heath 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.

b. Complete and submit verification of information in the CDPH Form 9083 to 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. 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.

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

   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.

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 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

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. 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.

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 Mendocino*** *acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section.* ***County of Mendocino*** *understands that these funds cannot be delegated to another Agency.*
☐ ***County of Mendocino*** *acknowledges receipt of this Allocation letter and does not accept the funds.* ***County of Mendocino*** *understands that CDPH will redistribute these funds.*

Name of Local Health Jurisdiction designated signee(s): Darcie Antle

Title/Role: CEO

Signature of Local Health Jurisdiction designee(s): Darcie Antle

Date: 3/7/23

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
1616 Capitol Ave., Suite 74.262
P.O. Box 997377, MS 1800
Sacramento, CA 95899-7377
www.cdph.ca.gov

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name: County of Mendocino

Remit-To Address (Street or PO Box): 501 Low Gap Road Room 1010

City: Ukiah State: CA Zip Code+4: 95482

Government Type:
- ☐ City
- ☐ Special District
- ☐ Other (Specify)
- ■ County
- ☐ Federal

Federal Employer Identification Number (FEIN): 94-6000520

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address
	County of Mendocino Public Health	1120 South Dora St, Ukiah CA 95482
	County of Mendocino Behavioral Health	1120 South Dora St, Ukiah CA 95482
	County of Mendocino	501 Low Gap Road Room 1010, Ukiah CA 95482

Contact Person: Sara Pierce Title: Deputy CEO

Phone number: 707-463-4441 E-mail address: pierces@mendocinocounty.org

Signature: Sara Pierce Date: 03.30.23

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

TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

GAVIN NEWSOM
Governor

CALIFORNIA STRENGTHENING PUBLIC HEALTH INITIATIVE FUNDING CERTIFICATION

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the California Strengthening Public Health Initiative Agreement. The undersigned certifies:

1. That the funding provided under this agreement shall be used to supplement and not supplant all other specific local county funds.

Designee authorized to commit the Local Health Jurisdiction to this Agreement

Sara Pierce — Name (Print)

Deputy CEO — Title

Sara Pierce — Signature

4/4/23 — Date

County of Mendocino
Local Health Jurisdiction Name

CASPHI002
Agreement Number

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: _____
DEPARTMENT HEAD

Date: 05/09/2023

Budgeted: No
Budget Unit: TBD
Line Item: TBD
Org/Object Code:
Grant: Yes
Grant No.: Allocation Award No. CASPHI0022

COUNTY OF MENDOCINO

By: _____
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:
DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

INSURANCE REVIEW:

By: _____
Risk Management

Date: 05/09/2023

CONTRACTOR/COMPANY NAME

By: _____
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Public Health
CDPH Director's Office
P.O. Box 997377
Sacramento, CA 95899-7377

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: _____
Deputy

Date: 05/09/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: _____
Deputy CEO or Designee

Date: 05/09/2023

Signatory Authority: $0-25,000 Department; $25,001- 50,000 Purchasing Agent; **$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed ☐ 'N/A'
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: State entity