



TOMAS ARAGON, M.D., Dr.P.H.
Director and State Health Officer

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



GAVIN NEWSOM
Governor

September 3, 2021

Andy Coren, MD
Mendocino County Public Health
1120 South Dora Street
Ukiah, CA 95482
corena@mendocinocounty.org

Addressing COVID-19 Health Disparities Award Number CERI-21-23-22 Mendocino County

Authority:

Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2)]

Consolidated Appropriations Act, 2021 (P.L. 116-260)

Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M, Title III)

Dear Dr. Coren:

This letter covers the California Equitable Recovery Initiative (CERI) which is being funded by the Centers for Disease Control and Prevention (CDC) *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities* grant. Funding for these activities is covered for the period September 1, 2021 to May 31, 2023. The California Department of Public Health (CDPH) is allocating \$ 300,000 to Mendocino County. These funds are intended to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) for disproportionately impacted racial and ethnic groups, rural populations, those experiencing socioeconomic disparities, and other underserved communities within state and local health jurisdictions.

This allocation will be used to implement one or more of four distinct CDC strategies that collectively build upon current investments, better position California to meet COVID-19 response and recovery needs over the next 24 months, and allow the state to prioritize and target resources to those most vulnerable to the impacts of the pandemic. The four CDC strategies are:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.
2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.



4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

Expanding Resources to Address Equity

All activities should aim to build infrastructure to address disparities in the current COVID-19 pandemic and set the foundation to address future responses in the following ways:

1. Build infrastructure and organizational capacity – establish core staffing, embed equity into internal policies and practices, such as workforce equity; budgeting and contracting equity; data policy; communications and engagement practices, etc.
2. Leverage strategies and practices aligned with the [COVID-19 Health Equity Playbook for Communities](#)
3. Support prevention and mitigation of disparities in COVID-19 and other health outcomes (direct and secondary impacts of the pandemic)
4. Address structural and/or social determinants of health (housing and homelessness, wraparound services, economic security, schools and childcare, transportation, climate change, isolation support, community safety, etc.)

Funding Levels:

The base award funding to be distributed among LHJs for local equity infrastructure is \$300,000. Additional funds above base funding will be awarded using a formula-based allocation model (weighted at 40% population size, 30% population living in poverty, and 30% communities of color), with a minimum threshold of \$100,000, to conduct targeted activities to address health disparities in COVID-19 and other health outcomes, with an emphasis on addressing upstream factors.

Funding Term:

The funding term is September 1, 2021 to May 31, 2023. CDPH plans to evaluate spending at the local level after a ten-month period from the date of this letter. CDPH, in consultation with the California Conference of Local Health Officers and California Health Executives Association of California, will consider options for possible redirection of funds at that time.

The CDC has stated that they will review requests for no-cost-extensions beyond this term in 2023. CDPH will request this option with the goal of allowing LHJs a full two years for implementation of the funding award and will notify LHJs as soon as the CDC provides a response. CDPH will also collaborate with LHJs on exploring options for long term sustainable funding for equity infrastructure.

Funded Activities:

LHJs will receive a base level allocation to support equity infrastructure and core activities, including:

1. Establish a dedicated Equity Lead (e.g., leadership level role, reporting to the director). Funding may also be used to support other equity staff positions and/or engage in equity-focused organizational capacity building activities such as equity trainings and the development and utilization of equity tools and resources to embed equity in organizational policy and support engagement and shared decision making with communities.
2. Conduct an equity-focused organizational capacity assessment
3. Contribute to the Statewide Health Equity Plan
4. Participate in engagement activities with other LHJs including a learning collaborative/community of practice and one statewide convening

5. Implement targeted local equity activities; examples include establishing multisector teams to address community needs, establishing equity action plans, engagement and relationship building with disproportionately impacted communities

For LHJs receiving base funding only, the priority for this funding is to “Establish a dedicated Equity Lead and/or other equity-focused organizational capacity building activities.” If your organization already has existing staff and organizational capacity funding may be used to expand existing or to initiate new equity activities. Further details about core activities are included in the Work Plan guidelines.

CDPH recognizes that community needs, challenges, and infrastructure are different for each LHJ. The intent is for these resources to be used flexibly in ways that are appropriate for each local context – rural and urban, large and small populations, newly developing equity programs or expanding on current efforts – while building collective capacity and alignment for advancing equity statewide.

This grant offers a unique opportunity to focus resources on efforts to address upstream drivers for health and equity efforts. LHJs are encouraged to identify ways to use this funding toward structural and systemic change.

Statewide Health Equity Plan Process:

The Statewide Health Equity Plan will leverage a Results Based Accountability model to align state and local performance metrics with shared population results in a common equity framework. This plan will be complimentary to and strategically integrated with [Let's Get Healthy California](#) – the state health improvement plan – and align with the [Office of Health Equity's Portrait of Promise](#) and other racial and health equity initiatives. It will be used to support coordination, alignment, and learning across all work streams and define a shared direction toward achieving equitable recovery. LHJs will be engaged in informing the framework for this shared plan and identifying performance metrics to track progress.

Submission Requirements:

LHJs are required to complete a Spend Plan and Work Plan by **October 1, 2021** and submit it to the California Department of Public Health at EquityTeam@cdph.ca.gov. See *Attachments 1 & 2*.

CDPH will commit to review all initial Spend Plan and Work Plan materials within 1-2 weeks of receipt to notify LHJs of any questions or clarifications needed and/or to confirm approval.

Your Agency should consider the following when developing your Spend Plan and Work Plan:

- Staffing: LHJs are encouraged to hire an Equity Officer/Lead or other equity-related staff (1 FTE).
- LHJs are strongly encouraged to engage tribal governments, community-based organizations, and/or faith-based organizations, particularly those with experience with priority populations. There is no explicit cap or percentage that must go to these partners; however, LHJs should meaningfully engage them and enlist their help as appropriate. Community engagement activities to involve relevant groups should be noted in the Work Plan.

- LHJs are encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and applicants from local communities disproportionately affected by COVID-19, who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community when executing contracts and other services.
- Technical Assistance consultation is available for any LHJs who have questions or would like to discuss strategy for Work Plan and Spend Plan development. Sample duty statements for a range of equity staff roles will be circulated as a resource. Contact EquityTeam@cdph.ca.gov

Work Plan and Spend Plan Revisions:

- CDPH recognizes that initial Work Plans may be more general and then LHJs will make revisions based on insights garnered from organizational assessment activities and through the contributions of newly hired equity lead staff.
- Work Plan updates that do not result in changes to the focus of activities, but provide greater specificity based on local work underway, may be incorporated in the regular Semi-Annual Progress Report.
- Work Plan and Spend Plan Revisions which do relate to changes in focus of activities or use of funds may be submitted at any time during the grant period to the EquityTeam@cdph.ca.gov email inbox.
- Spend Plan revisions which result in a difference of greater than 5% from the original plan must be pre-approved before the expenditures for the associated changes occur.

Reporting Requirements:

As a subrecipient of the Addressing COVID-19 Health Disparities Among Populations at High-Risk and Underserved funding, the following reporting documents are required to be submitted to CDPH. For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly expenditure reports as updates to the Spend Plan following the dates listed in the table below. See *Attachment 1*.
2. Submit semi-annual progress reports on status of timelines, goals, and objectives in the approved Work Plan. Such reports should include note of the tribal governments, community-based organizations, and/or faith-based organizations that the county has included in its efforts. A final report in this format will be required at the end of the grant term. See *Attachment 2*.
3. Submit data relevant to CDC outcome reporting requirements. The CDC has requested data reflecting progress on the identified priority populations for this funding opportunity. As part of the semi-annual progress report, LHJs will be asked to provide updates on selected CDC performance measures, and available data (where applicable) documenting improvements for these populations based on the focus of local interventions.
4. LHJs will also be requested to report on performance measures developed through the State Health Equity Plan process. The interval for this reporting will be determined through the plan process, which will include LHJ input.

Quarter	Reporting Period	Due Date
Year 1/Q1	September 1, 2021 – September 30, 2021 Quarterly Spend Plan Update	January 14, 2022
Year 1/Q2	October 1, 2021 – December 31, 2021 Quarterly Spend Plan Update	
	August 1- December 31, 2021 Semi-Annual Work Plan Progress Report #1	
Year 1/Q3	January 1, 2022 – March 31, 2022 Quarterly Spend Plan Report	April 15, 2022
Year 1/Q4	April 1, 2022 – June 30, 2022 Quarterly Spend Plan Update	July 15, 2022
	January 1, 2022 – June 30, 2022 Semi-Annual Work Plan Progress Report #2	
Year 2/Q1	July 1, 2022 – September 30, 2022 Quarterly Spend Plan Update	October 14, 2022
Year 2/Q2	October 1, 2022 – December 31, 2022 Quarterly Spend Plan Update	January 17, 2023
	July 1, 2022 – December 31, 2022 Semi-Annual Work Plan Progress Report #3	
Year 2/Q3	January 1, 2023 – March 31, 2023* Quarterly Spend Plan Update	April 14, 2023
Year 2/Q4	January 1, 2023 – May 31, 2023 Final Report	June 15, 2023

Reimbursement/Invoicing:

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoices to: EquityTeam@cdph.ca.gov. See *Attachment 3* for more information regarding CDPH invoicing requirements.

1. First Quarter Payment: Upon receipt, review and approval of the Spend Plan and Work Plan, CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
2. Future Payments: Future payments will be based on reimbursement of expenditures. In order to receive future payments, your Agency must complete and submit reporting documentation within *Attachments 1 and 2* following the due dates in the table above.
3. 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 your Contract Manager. Documentation should be maintained for five years.

Funding Restrictions:

All LHJ recipients are bound by the provisions of the federal grant, see the [CDC COVID-19 Health Disparities grant webpage](#) and [CDC General Terms and Conditions for Non-Research Awards](#). For an outline of items not funded under this grant, please see the *Attachment 5: Funding Restrictions*. If you have questions about whether an activity is an allowable cost, contact EquityTeam@cdph.ca.gov.

Technical Assistance, Resources, and Peer Support

California is leveraging this funding opportunity for a statewide process of equity capacity building. CDPH will be organizing several levels of technical assistance activities based on the needs identified. This support may include regional venues for LHJ collaboration and support, equity-focused technical assistance with CDPH Equity Technical Assistance team, topical learning collaboratives and trainings on themes such as recruitment, organizational assessment (based on identified needs), and exploring LHJ regional and peer mentorship partnerships. A grant [Q&A page](#) has also been posted and will be periodically updated with new information.

Thank you for the time your Agency has and will continue to invest in this California's pandemic response and recovery. We are hopeful that this additional funding can support the needs of your local health department and that it provides adequate resources for your participation in this grant. We have made our strongest attempt to keep reporting requirements minimal and incorporated statewide LHJ survey feedback to make this process participatory and impactful. If you have any questions or need further clarification regarding this funding, please reach out to EquityTeam@cdph.ca.gov.

Sincerely,



Rohan Radhakrishna, MD, MPH, MS
Deputy Director
Office of Health Equity
California Department of Public Health

Attachments

Attachment 1: Spend Plan and Expenditure
Report Attachment 2: Work Plan and Progress
Report Attachment 3: Invoice Template
Attachment 4: Local Allocations
Attachment 5: Funding Restrictions

Cc: Darcie Antle
Mary Alice Willeford
Jenine Miller

Local Health Jurisdiction Name:

[illegible]

**Personnel supported with this funding should not duplicate efforts across other federal grants; exceed 1.0 FTE across all funding sources.*

Reporting Timelines									
Due Date	Jan 14, 2022*	April 15, 2022	July 15, 2022	Oct 14, 2022	Jan 17, 2023	Apr 14, 2023			Jun 15, 2023**
Quarter Expenditures Included	Sept 2021 Oct-Dec 2021	Jan - Mar 2022	Apr-Jun 2022	Jul-Sep 2022	Oct-Dec 2022	Jan-Mar 2023			Apr-May 2023
* First report includes Q1 (Sept) as well as Q2 (Oct-Dec), please break out totals for each, both due Jan 2022.									
** Last report includes only two months (Apr-May), due June 15.									

California Equitable Recovery Initiative (CERI) Local Health Jurisdiction (LHJ) Work Plan & Progress Report

Funded by the CDC Grant: Addressing COVID-19 Health Disparities Among Populations
at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

INSTRUCTIONS

1. The LHJ Work Plan is due on or before October 1, 2021 by COB

- a. The Work Plan should be emailed to EquityTeam@cdph.ca.gov
- b. Enter the required information for Tabs #1, 2, and 4 for initial Work Plan Submission. (See Work Plan Tabs detail below)
- c. Tab #3 is included for information only, no entries are required for the initial Work Plan submission.
- c. Sections are color coded (see below). For the **Work Plan** due Oct 1, enter content in **blue** sections only.
Blue sections are for the Work Plan. **Grey** sections are instructions and examples.
Yellow sections are informational. **Green** are for progress reporting (beginning in January).

Work Plan Tabs:		
Tab #1	Required	Describe your planned activities to improve local Equity Infrastructure.
Tab #2	Required	Describe your planned Targeted Equity Activities.
Tab #3	Informational only No action needed on this tab until Jan 2022	This tab provides information about shared activities that all LHJs will participate in to contribute to the Statewide Equity Plan. No entries are needed for the Work Plan submission. LHJs will be asked to report on progress with each Semi-Annual Report.
Tab #4	Required	Select the performance measures related to your activities for CDC reporting.

2. Progress reports are due on a semi-annual basis.

- a. Progress reports are due on a semi-annual basis in accordance with the due dates within your Allocation Letter. (January 14, 2022; July 15, 2022; January 17, 2023) A final report will be due June 15, 2023.
- b. Progress reports are entered for all activities on Tabs #1-3, beginning on Column E.
- c. Updates should also be entered for Tab #4 to note progress on performance measures in Columns H-J
- d. Progress reports should be emailed by the due date to EquityTeam@cdph.ca.gov.

3. Work Plan Updates

Work Plan updates may be submitted at any time, or revised during Semi-Annual Reporting.

For questions and technical assistance, please reach out to EquityTeam@cdph.ca.gov

INSTRUCTIONS FOR TAB #1: Equity Infrastructure Establish or strengthen local equity infrastructure such as hiring a dedicated Equity Lead and/or other equity-focused organizational capacity building activities	
<p>This tab is required for all LHJs. Enter the requested information in Column C for initial Work Plan submission. Describe activities the LHJ will implement to establish or strengthen local equity infrastructure. Strategies and activities should be selected that best address the jurisdiction's priorities and needs. Strategies should engage representatives of populations and communities to be served by this funding.</p> <p>For each activity, note plans for community engagement activities and partners that you will involve. Select a target date to achieve the planned activity. You may add additional fields for activities if needed.</p> <p>LHJs are encouraged to target hiring equity lead staff by the end of Year 1, Quarter 2 (December 2021).</p> <p>Capacity developed through equity infrastructure activities will also contribute to the shared activities detailed on Tab #3 as a part of the Statewide Equity Plan process.</p>	

Work Plan (submit by <u>October 1, 2021</u>)	
Local Health Jurisdiction Name:	Mendocino County
Grant Number:	CERI-21-23-22
See top right of this page for examples.	
Activity 1	Equity Infrastructure: Establish dedicated Equity Lead and/or other equity-focused organizational capacity building activities.
	Planned Activity (Provide a title for this milestone)
	Implementation Plan (Bulleted items or brief sentences)
	Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.

	Expected Achieve By Date (select from drop down)	[LHJ enter content]
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Activity 2	Equity Infrastructure: Establish dedicated Equity Lead and/or other equity-focused organizational capacity building activities.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	
	Expected Achieve By Date (select from drop down)	

Activity 3	Equity Infrastructure: Establish dedicated Equity Lead and/or other equity-focused organizational capacity building activities.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	
	Expected Achieve By Date (select from drop down)	

Activity 4	Equity Infrastructure: Establish dedicated Equity Lead and/or other equity-focused organizational capacity building activities.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	
	Expected Achieve By Date (select from drop down)	

Activity 5	Equity Infrastructure: Establish dedicated Equity Lead and/or other equity-focused organizational capacity building activities.	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	
	Expected Achieve By Date (select from drop down)	

INSTRUCTIONS FOR TAB #2: Targeted Equity Activities	
Implement targeted local equity activities	
This tab is required for all LHJs. Enter the requested information in Column C for initial Work Plan submission. The scale for targeted equity activities may be modified based on the funding level and local capacity of each LHJ. For some jurisdictions this will reflect the initial activities undertaken with the support of the new infrastructure being established. For other jurisdictions this may include expansion of promising strategies or launching new programs and initiatives. These targeted activities should be selected based on local priorities and needs and engage the populations and communities of focus.	
Describe targeted local equity activities your LHJ will plan to implement and the supporting community engagement activities. You may add additional fields for activities if needed.	
For each activity, identify a category from the Equity Playbook that it aligns with, or propose a new category. If an activity relates to multiple categories, select the category you think is the strongest fit. You may note additional Playbook categories or provide detail on "Other" new categories as a part of your entry in the Implementation Plan section. Use the Outcome Focus field to note whether the activity is focused on: COVID-19 Outcomes, Intersecting Conditions/Secondary Impacts, or Social Determinants.	
Effective strategies and insights obtained through targeted equity activities will also contribute to the shared activities detailed on Tab #3 as a part of the Statewide Equity Plan process.	

Work Plan (submit by October 1, 2021)		
Local Health Jurisdiction Name: Mendocino County		
Grant Number: CERI-21-23-22		
See top right of this page for examples.		
Activity 1	Implement targeted local equity activities.	
	Planned Activity (Provide a title for this milestone)	[LHJ enter content]
	Implementation Plan (Bulleted items or brief sentences)	[LHJ enter content]
	Equity Playbook Category	[LHJ enter content]
	Outcome Focus Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	[LHJ enter content] [LHJ enter content]

	Expected Achieve By Date (select from drop down)	[LHJ enter content]
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Activity 2 -	Implement targeted local equity activities.	
	Planned Activity (Provide a title for this milestone) Implementation Plan (Bulleted items or brief sentences)	
	Equity Playbook Category	
	Outcome Focus Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	
	Expected Achieve By Date (select from drop down)	

Activity 3	Implement targeted local equity activities.	
	Planned Activity (Provide a title for this milestone) Implementation Plan (Bulleted items or brief sentences)	
	Equity Playbook Category	
	Outcome Focus Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	

	Expected Achieve By Date (select from drop down)	
Activity 4	Implement targeted local equity activities.	
	Planned Activity (Provide a title for this milestone) Implementation Plan (Bulleted items or brief sentences)	
	Equity Playbook Category	
	Outcome Focus Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	
	Expected Achieve By Date (select from drop down)	
Activity 5	Implement targeted local equity activities.	
	Planned Activity (Provide a title for this milestone) Implementation Plan (Bulleted items or brief sentences)	
	Equity Playbook Category	
	Outcome Focus Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	
	Expected Achieve By Date (select from drop down)	

INSTRUCTIONS FOR TAB #3: Shared Activities for Statewide Equity Plan	
Shared activities that all LHJs will contribute to as part of the Statewide Health Equity Plan Process.	
No action is required on this Tab until the Semi-Annual Report is submitted. This information is provided to outline the shared activities that all LHJs will participate in to contribute to the Statewide Equity Plan: conducting an organizational assessment, informing the development of the plan framework, and engaging in learning community with other LHJs to share progress on implementation.	
Examples of potential milestones for each shared activity are included. The intent is for LHJs to leverage their planned grant-funded activities, including expanded local equity infrastructure and targeted activities, to inform the Statewide Equity Plan process.	
These efforts will be iterative and can be customized to the needs, goals, and capacity of each LHJ, while also informing the Statewide Health Equity Plan.	
LHJs will be asked to report on progress for these activities at each Semi-Annual Report , beginning in January 2022.	

Shared Activities (Informational, no entry needed for Work Plan)

Shared Activity	
#1	Conduct an Equity-Focused Organizational Assessment CDPH will provide a common assessment tool which can be customized for your LHJ.
	<div> <div>Implementation Process (Examples of potential milestones and activities are included, specific steps will be developed in consultation with LHJs over the course of the grant.)</div> <div> Provide input to inform assessment tool. Conduct assessment for your LHJ (likely in Q2). Share findings to inform Statewide Equity Plan. Reassess toward the end of the grant period. </div> </div>

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Shared Activity #2	Inform and Apply the Statewide Health Equity Plan Framework	
	Implementation Process (Examples of potential milestones and activities are included, specific steps will be developed in consultation with LHJs over the course of the grant.)	<p>Provide input to inform Statewide Health Equity Plan framework.</p> <p>Participate in planning sessions to identify strategies and metrics.</p> <p>Recommend key principles for building equity capacity to be reflected.</p> <p>Share local data and community insights to inform planning.</p> <p>Select strategies from a menu of options to implement locally.</p> <p>Adopt relevant priorities and approaches into local level plans.</p> <p>Implement identified strategies and evaluate progress.</p> <p>Identify opportunities to leverage crosscutting strategies to address COVID-19 outcomes, intersecting conditions/secondary impacts, and social determinants of health.</p>

INSTRUCTIONS FOR TAB #4: SELECTING CDC GRANT PERFORMANCE MEASURES FOR THE WORK PLAN

The CDC performance metric identified for this grant is to capture the "number of improvements to equity infrastructure", defined as development of components and capacity that are new (developed or delivered something that did not exist previously), improved (made something that existed better), or expanded (increased something that previously existed) within LHIs and across community partners.

When submitting the [Work Plan](#) complete the [blue](#) section below. Identify which performance measures you will track for your planned equity infrastructure improvement activities. **Choose at least four performance measures.** Two required activities are preselected; add your LHD's target quantity for these items. Then select at least two additional items (or more) from the list below, or add other options in the space provided. For each item set a target (number of infrastructure improvements) for the term of the grant period.

You may select additional performance measures at each Semi-Annual report if new priorities are identified based on your local process. HHS will also have the opportunity to contribute to the development of additional community and systems performance measures for the Statewide Health Equity Plan.

Performance Measures			LW Selection (Check All that Apply)	LW Target
Establish and Strengthen Local Equity Infrastructure:				
# of dedicated health equity staff hired, or expand staff	(required for all LHUs, specify target # of staff)		X	
Conduct # of equity-focused organizational assessment	(required for all LHUs)		X	
# of equity trainings provided				
# of local-level health equity plans				
# of current community health improvement plans				
# of organizational policies updated to embed equity principles				
# of budgeting, contracting, and resource allocation processes updated to embed equity principles				
# of investments in equity zones (or comparable place-based models)				
# of active partnership initiatives with Tribes in the area of the LH				
# of local-level Health in All Policies initiatives (or other cross-sector collaboratives)				
# of community advisory committees (or other community engagement venues)				
[Other - specify]	[Other - specify]			
[Other - specify]	[Other - specify]			
[Other - specify]	[Other - specify]			

INSTRUCTIONS FOR PROGRESS REPORTING

During each [Semi-Annual Progress Report](#), beginning in January 2022, please update the status toward completion for each performance measure. Note the total number of improvements to equity infrastructure completed to date. Provide a brief description of the improvement activity.

Progress status (Example)	# of Improvements (Ex)	Description (Example)
In Progress	1	October 2024 - Hired Equity Lead; Still recruiting for Community Engagement Specialist
Completed	2	June 2023 - Department Wide Racial Equity Training, February 2023 - Collaboration Multiplier Training

Progress Reporting (update semi-annually, beginning in January 2022)

Progress status	# of Improvements to Infrastructure	Description
[First entry in January 2022]		[First entry in January 2022]
Total number of Infrastructure Improvements:	0	

California Equitable Recovery Initiative (CERI)

Funded by the CDC Addressing COVID-19 Health Disparities Grant

INVOICE

California Department of Public Health
Office of Health Equity (OHE)
Email Invoice to: EquityTeam@cdph.ca.gov

Date: _____

County Name/Address (to send warrant)

Contract Number: _____

Contract Term: September 1, 2021 - May 31, 2023

Billing Period: _____

CDPH OHE Invoice Number (State
Use Only): _____

County Invoice # (Optional): _____

Check if remittance address
changed since last invoice

Telephone #:
Supplier ID #
(State Use
Only):

Budget Line-Item	Description or Comments (Optional)	Expenditures This Period
Personnel		
Personnel Subtotal		\$0.00
Supplies		
Supplies Subtotal		\$0.00
In-State Travel		
In-State Travel Subtotal		\$0.00
Out-of-State Travel		
Out-of-State Travel Subtotal		\$0.00
Equipment		
Equipment Subtotal		\$0.00
Other		
Other Subtotal		\$0.00
Subcontracts		
Subcontracts Subtotal		\$0.00
Total Direct		\$0.00
Indirect		
Total Indirect		\$0.00
Total Invoice Amount		\$0.00

State Certification: I hereby certify that the above referenced local health department has met all requirements for submission of its application, related documents, and certifications and is eligible to receive this payment. The application, related documents, approvals, and requests for payment are maintained by CDPH, Office of Health Equity, for five (5) years for audit purposes as required by the State Controller's Office.

Printed Name and Title of Authorized Representative

Signature and Date of Authorized Representative

Signature
Amy Zhang, Section Chief
Office of Health Equity
California Department of Public Health

Instructions
<ol style="list-style-type: none">1. Refer to the Invoice Template Example. The highlighted cells indicate what was filled out in this example.2. Fill out the LHJ information at the top of the invoice. Cells that say "State Use Only" will be left blank by the LHJ.3. List out the individual line items in each category.4. Descriptions and comments are optional for each individual line item.5. Insert a dollar amount for each itemized item.6. Each category has a subtotal that will automatically sum up the items in that category. You may add extra rows if needed. You may delete any rows that are not being used. The formulas should stay intact with deletions and insertions of rows. You can also make sure that the formulas are still intact.7. The total expenditures will automatically sum up the subtotals of each category.8. Please convert the excel into a pdf when submitting to the TA team via email at equityteam@cdph.ca.gov9. You do not need to submit an invoice if you have not exceeded your advanced payment yet.

California Equitable Recovery Initiative (CERI)
 Funded by the CDC Addressing COVID-19 Health Disparities Grant
INVOICE

California Department of Public Health
 Office of Health Equity (OHE)
 Email Invoice to: EquityTeam@cdph.ca.gov

Date: 1/21/2022

County Name/Address (to send warrant)

CA Dept of Public Health
 1616 Capitol Ave
 Sacramento, CA 95814

Contract Number: 22-12345

Contract Term: September 1, 2021 - May 31, 2023

Billing Period: September 1, 2021 (Q1) - December 31, 2021 (Q2)

CDPH OHE Invoice Number (State
 Use Only):

County Invoice # (Optional): Invoice 123456

Telephone #:

Supplier ID #

(State Use

Only):

☐ Check if remittance address
 changed since last Invoice

916-123-1234

Budget Line-Item	Description or Comments (Optional)	Expenditures This Period
Personnel		
Equity Officer		\$10,000.00
Equity Liaison		\$3,000.00
	Personnel Subtotal	\$13,000.00
Supplies		
	Supplies Subtotal	\$0.00
Travel		
Equity Officer Site Visit	Visiting convening for local partners on 10.21.21	\$600.00
	Travel Subtotal	\$600.00
Equipment		
	Equipment Subtotal	\$0.00
Other		
Meeting with CBO Partners on 12.10.21	Creating equity plan	\$600.00
	Other Subtotal	\$600.00
Subcontracts		
Company 123	Promotora for outreach	\$10,000.00
Company XYZ	Videographer to make training vidoe	\$6,000.00
	Subcontracts Subtotal	\$16,000.00
Indirect		
	Indirect Subtotal	\$0.00
	Total Expenditures	\$30,200.00
25% Advance (Insert amount, if applicable, with first invoice only)		
To be paid		\$30,200.00

State Certification: I hereby certify that the above referenced local health department has met all requirements for submission of its application, related documents, and certifications and is eligible to receive this payment. The application, related documents, approvals, and requests for payment are maintained by CDPH, Office of Health Equity, for five (5) years for audit purposes as required by the State Controller's Office.

OHE Use Only	
Service Location:	Please Pay:
53106	

 Signature
 Amy Zhang, Section Chief
 Office of Health Equity
 California Department of Public Health

California Equitable Recovery Initiative (CERI)
Funded by the CDC Addressing COVID-19 Health Disparities Grant
Attachment 4 - Local Allocations

LHJs Receiving Base Funding (through CDPH Local Assistance Allocation)	
\$300,000 for the two-year program period	Funding Level
Alpine County	\$300,000
Amador County	\$300,000
City of Berkeley	\$300,000
Calaveras County	\$300,000
Colusa County	\$300,000
Del Norte County	\$300,000
El Dorado County	\$300,000
Glenn County	\$300,000
Humboldt County	\$300,000
Inyo County	\$300,000
Lake County	\$300,000
Lassen County	\$300,000
Marin County	\$300,000
Mariposa County	\$300,000
Mendocino County	\$300,000
Modoc County	\$300,000
Mono County	\$300,000
Napa County	\$300,000
Nevada County	\$300,000
Plumas County	\$300,000
San Benito County	\$300,000
Shasta County	\$300,000
Sierra County	\$300,000
Siskiyou County	\$300,000
Sutter County	\$300,000
Tehama County	\$300,000
Trinity County	\$300,000
Tuolumne County	\$300,000
Yuba County	\$300,000
LHJ's Receiving Base Funding and Additional Funding through Formula-Based Allocation	
The amounts shown comprise the base funding amount (\$300,000) plus an additional amount according to a weighted formula that takes into account population characteristics	Funding Level
Butte County	\$426,879
Contra Costa County	\$895,271
Imperial County	\$475,898
Kern County	\$1,025,870
Kings County	\$421,620
Madera County	\$427,544
Merced County	\$530,162
Monterey County	\$617,240
City of Pasadena (*co-funded via LA County and CDPH)	\$200,000
Placer County	\$465,580
San Joaquin County	\$809,213
San Luis Obispo County	\$450,753
San Mateo County	\$670,979

Santa Barbara County	\$590,951
Santa Cruz County	\$458,580
Solano County	\$541,218
Sonoma County	\$560,119
Stanislaus County	\$681,651
Tulare County	\$707,171
Ventura County	\$791,194
Yolo County	\$452,107

California Equitable Recovery Initiative (CERI)

Funded by the CDC Addressing COVID-19 Health Disparities Grant

Funding Restrictions Summary

All LHJ recipients are bound by the provisions of the federal grant, see the [CDC COVID-19 Health Disparities grant webpage](#) and [CDC General Terms and Conditions for Non-Research Awards](#). The list below is a non-exhaustive summary of major categories of funding restrictions. Additional information will be periodically posted on the CERI grant [Q&A page](#). For any additional questions related to proposed expenditures, please contact EquityTeam@cdph.ca.gov.

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- 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
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition of lobbying.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Coronavirus Disease 2019 (COVID-19) Funds

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136);

the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021, agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

Source: <https://www.grants.gov/web/grants/view-opportunity.html?oppld=332034>



Sample Characteristics for Equity Officer Duty Statements

Recognizing that local needs vary, the [CDPH Equity Team](#) is providing this document as a “menu of options” that local health jurisdictions (LHJs) can use to meet their own unique needs when developing Equity Officer duty statements/job descriptions. The language and sample duty statements shared below are meant to be viewed as suggestions, are not exhaustive, and are not required.

This document is organized into two sections:

1. Sample language of duties and desired qualifications for Equity Officers at the leadership, managerial or coordinator level (Sections A through C)
2. Links to equity positions posted by state, LHJ, and non-governmental organizations are shared in Section D: [Sample Duty Statements](#) at the end of this document

More information about the CDPH Office of Health Equity can be found here: [CDPH Office of Health Equity Statute](#).

For questions about duty statements or other technical assistance needs, please contact EquityTeam@cdph.ca.gov.

A. Sample Language: Equity Officer – Leadership Level

Sample duties:

- Leads organizational assessment process, uses findings to drive equity efforts throughout organization
- Leads the development of interventions to address specific inequities in the jurisdiction area such as systematic barriers to health resources and social determinants of health, and innovates new methods of assessing health equity
- Oversees diversity, equity, and inclusion (DEI) efforts and health equity strategic plans
- Coordinates with Emergency Response partners to ensure equity considerations are embedded throughout response planning, activities, and evaluations
- Cultivates long-lasting partnerships with community stakeholders and organizations to build and reach trust with underserved communities
- Plans and executes convenings with constituents to identify and advance shared equity goals, clarify challenges, develop strategies to build solutions, and assure progress through consensus agreements and actionable next steps
- Integrates health equity into strategic planning, guiding principles, current and future projects to make health equity a cornerstone of the jurisdiction’s mission
- Builds organizational capacity to elevate the importance of and to sustain health equity efforts

- Functions as an equity subject matter expert to internal stakeholders, such as other officers in the jurisdiction, as well as external stakeholders such as community partners

Sample qualifications:

- Passionate about the mission of the equity program with demonstrated experience working on previous equity-focused projects at a senior level
- Knowledge of organizational change management principles
- Ability to challenge others to approach all current and future work with an equity lens
- Experience planning and facilitating multidisciplinary meetings with diverse community groups, including residents and non-profit organizations
- Previous experience in public-facing positions, facilitating discussions between the public and public health authorities
- Ability to communicate with multiple diverse communities, with consideration of the culture, history, and specific needs of each community
- Proven experience developing and strengthening relationships with both internal and external stakeholders with the goal of creating a harmonious working environment between the jurisdiction and local community partners

B. Sample Language: Equity Officer – Management Level

Sample duties:

- Experience working in programs focused on the needs of underserved communities, addressing the social determinants of health, lifting up community assets, countering social inequalities, and/or increasing health equity
- In collaboration with senior leadership, guides organizational assessment process, uses findings to drive equity efforts throughout organization
- Integrates health equity into current and future projects, promotes health equity as a cornerstone of the jurisdiction's mission
- Functions as a health equity subject matter expert to internal stakeholders, other programs within in the jurisdiction, and external stakeholders such as community partners; makes recommendations as appropriate
- Communicates needs and solutions from communities and stakeholders to senior leadership, task forces and other internal/external stakeholders tasked with COVID-19 response and recovery responsibilities.
- Monitors and evaluates progress and effectiveness of diversity, equity, and inclusion (DEI) and health equity initiatives
- Plans, directs, coordinates, supervises, and manages overall health equity activities through a comprehensive local equity strategy focused on communities most impacted and vulnerable to COVID-19 with a focus on Social Determinants of Health.
- Develops, prioritizes, implements, monitors, and evaluates deliverables across multiple equity initiatives and working groups
- Monitors, coordinates, and communicates the strategic objectives of health equity across the jurisdiction and to stakeholders to optimize performance/results
- Defines personnel resource needs and allocates as required to reach program objectives

Desired qualifications:

- Demonstrated success working on equity-focused initiatives
- Experience planning and facilitating multidisciplinary meetings with diverse community groups, including residents and non-profit organizations
- Knowledge of and experience with program development and evaluation
- Ability to organize and motivate diverse groups of stakeholders
- Knowledge and experience in implementing personnel management techniques
- Excellent interpersonal, written and oral communication skills; ability to communicate and present to leadership and teams at all levels

C. Sample Language: Equity Officer – Coordinator level

Sample duties:

- Partners with internal stakeholders to drive organizational assessments and uses findings to develop equity goals
- Meets with community-based organizations and other groups to understand needs and propose solutions to communities facing disproportionate vulnerability to the virus and associated long-term impacts
- Monitors, coordinates, and communicates the strategic objectives of health equity across the jurisdiction and to stakeholders to optimize performance/results
- Monitors and evaluates progress and effectiveness of equity initiatives
- Independently prepares reports, correspondence, and other written communications, including memos to communicate on equity gaps and successes in the local health jurisdiction
- Functions as a health equity subject matter expert to internal stakeholders, such as other officers in the jurisdiction, as well as external stakeholders such as community partners; makes recommendations as appropriate

Desired qualifications:

- Passionate about the mission of the health equity program
- Integrates health equity into current and future projects, centers health equity as a cornerstone of the jurisdiction's mission
- Ability and experience planning and facilitating multidisciplinary meetings with diverse community groups, including residents and non-profit organizations
- Program planning, implementation, communication and coordination skills
- Commitment to developing and maintaining an up-to-date and extensive knowledge base related to public health and health equity

D. Sample Duty Statements

Leadership Level:

- [San Diego Chief Race and Equity Officer Recruitment Brochure](#)
- [Contra Costa- Chief Equity Officer](#)
- [San Francisco Housing- Chief Equity Officer](#)

- [Office of Health Equity- Deputy Director](#)
- [San Mateo- Chief Equity Officer](#)
- [Marin- Equity Director Recruitment Brochure](#)

Management Level:

- [State Health Program Manager II, Equity Planning and Capacity Building](#)
- [Contra Costa- Equity Health Program Manager](#)
- [Washington State Department of Health- Equity and Social Justice Manager](#)
- [City of Sunnyvale- Equity, Access, and Inclusion Manager](#)
- [Rock County, Wisconsin- Equity Manager](#)- rural jurisdiction

Coordinator Level:

- [Santa Barbara Health Equity Coordinator](#)
- [Public Health Alliance of Southern California- Health Equity Coordinator](#)
- [Alaska Division of Public Health \(State\)- Community Health Equity Program Coordinator](#)

To share additional equity officer duty statements, please email EquityTeam@cdph.ca.gov.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
DEPARTMENT HEAD

Date: Jul 7, 2023

Budgeted: Yes
Budget Unit: 4010
Line Item: 82-5670
Org/Object Code: PHEPI
Grant: Yes
Grant No.: CER1-21-23-22

COUNTY OF MENDOCINO

By: 
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: 08/29/2023


ATTEST:

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 08/29/2023

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 08/29/2023

INSURANCE REVIEW:

By: 
Risk Management

Date: 06/29/2023

CONTRACTOR/COMPANY NAME

By: Allocation Not to be Signed by State
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Public Health
P.O. Box 997377, MS 0022
Sacramento, CA 95899-7377
EquityTeam@cdph.ca.gov

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: 06/29/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 06/29/2023

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

California Department of Public Health (CERI), \$300,000, 21-23, PH - For Signature

Final Audit Report

2023-07-07

Created:	2023-06-30
By:	Kirsty Bates (batesk@mendocinocounty.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAYo9fnMkNfB7iaYpwltF1l-vm7BCZAS59

"California Department of Public Health (CERI), \$300,000, 21-23 , PH - For Signature" History

-  Document created by Kirsty Bates (batesk@mendocinocounty.org)
2023-06-30 - 10:00:10 PM GMT
-  Document emailed to Jenine Miller (millerje@mendocinocounty.org) for signature
2023-06-30 - 10:07:26 PM GMT
-  Email viewed by Jenine Miller (millerje@mendocinocounty.org)
2023-07-07 - 6:50:31 PM GMT
-  Document e-signed by Jenine Miller (millerje@mendocinocounty.org)
Signature Date: 2023-07-07 - 6:50:49 PM GMT - Time Source: server
-  Agreement completed.
2023-07-07 - 6:50:49 PM GMT