

Community Public Health Team (CPHT) Informational Session Notes

Thursday, April 27, 2023; 2:00 pm-3:00 pm

Agenda

- Today we will cover the following agenda items during this informational session:
 - We will first review the Timeline—we will let you know the key dates if you are interested in applying to be a part of this project
 - Framework of CPHT pilot project—Then we will move into providing an overview of the framework that the Community Public Health Team pilot project is based on including the fundamental role of partnership, key elements, values, core strategies, and communities.
 - Funding Overview—provide an overview of the funding and the anticipated terms of the contract
 - Eligibility Requirements—we will discuss what is required to apply to be a part of the CPHT pilot project
 - Request for Proposals Overview—next we'll provide a high-level overview of the sections of the RFP so you can anticipate the type of information we are looking for in proposals
 - Submission—lastly, we will recap our timeline and instructions for how to submit your proposal.
- Housekeeping—we have a few housekeeping items to share for everyone's awareness:
 - Slides will be shared with registered participants next week. The meeting is being recorded and the link to the recording will be shared with registered participants.
 - Questions can be submitted via the Q/A box, answers will not be provided live today. Instead, all questions will be compiled and posted on the Rising Communities website, the link will be shared in a follow-up email. Questions can also be submitted to DPH_CPHT@risingcommunities.org at any time.

Timeline

- Here are a few key dates to keep in mind as we move through today's meeting:
- It is anticipated that the RFP will be released to the public on Friday May 5, 2023. We will email a link to the RFP to all who registered when the RFP is live.
- We will then host another informational meeting on Wednesday May 10, 2023, where you will have the opportunity to submit questions after you have had a chance to review the RFP in detail.
- A statement of intent is due via Microsoft Forms due by Tuesday May 16, 2023. Submission is not required to apply, but it is encouraged, and any parties that do not submit a statement of intent may still apply.
- Proposals will be submitted to Rising Communities by Monday June 12, 2023.
- It is anticipated that proposals will be reviewed, and notice of awards will be made by Wednesday July 12, 2023.
- We anticipate the CPHT pilot project launching by Tuesday August 1, 2023.
- As you can see, we are eager and excited to launch this project and hit the ground running. Please keep your organization's readiness to implement this project in mind as we outline the key elements.

Framework of CPHT pilot project

- **CPHT Overview**
 - We will now move into providing an overview of the framework for the Community Public Health Team pilot project and describe the key components of the project design. This is a collaborative approach for improving health and well-being in ten high-need communities across Los Angeles County.
 - Community Public Health Teams (CPHT) consist of coordinated, place-based, and community-driven health practitioners who work together with community members to reduce gaps in health outcomes and improve the conditions essential for overall health and wellbeing in high-need communities throughout Los Angeles County. Through a shared leadership model, staff from community-based organizations (CBOs), health care partners, and dedicated LA County Department of Public Health (LACDPH) will work together as a CPHT to provide targeted outreach, engagement, and services in select communities with the shared goal of reducing gaps in health outcomes and improving overall health and well-being.

- **CPHT Values**
 - A small workgroup of diverse community partners representing community-based organizations, health care organizations, and public health partners were convened late last year to provide input and suggestions on the framework of the CPHT program. The final project framework we are discussing today incorporates a lot of the feedback we received from the workgroup.
 - For example, workgroup members suggested several values that should guide the work and be engrained in all programmatic work of the CPHTs. These are the values that should anchor the pilot project.
 - A definition of each of these values is included in the RFP.
 - Additionally, we would like to mention a few qualities ideal for organizations that are interested in applying for this funding. As this is a pilot project, we anticipate that changes and challenges will come up over the course of the project. We need organizations that apply to remain flexible as this model of public health service delivery is tailored to meet the needs of each CPHT community. Organizations joining this pilot project should be ready to collaborate and cooperate and be willing to share lessons learned with CPHTs across the county to determine best practices and talk openly about what works or does not work. This is a great opportunity to enhance learning and partnership development across the county.
- **CPHT Key Elements**
 - The goal of the CPHT pilot project is to build a community-centered system of care and strengthen the infrastructure needed to deliver coordinated, community-based services to individuals and highly impacted communities.
 - CPHTs will build upon existing community-based resources and supports including relationships with local organizations and social services agencies to address various public health issues, community-identified concerns, and respond to emerging public health threats. Each CPHT will utilize a community-driven approach and will be structured to meet the unique needs of each of the ten (10) CPHT communities. The key elements of the CPHTs will build upon existing public health community-based infrastructure to focus on the following:
 - Workforce Expansion: Expand the public health workforce through partnerships with community-based organizations and local health care partners.
 - Capacity Building: Build and maintain capacity of CPHTs to develop and apply equitable policies and practices to improve health outcomes of disproportionately impacted populations.
 - Service Coordination: Expand the coordination and provision of field-based public health services to improve individual and community level health outcomes.
 - Strengthening Partnerships: Mobilize partners to advance health equity and address social determinants of health. Within and among
 - Resource Networking: Utilize a community-driven approach to build regional resource networks that address the needs of priority communities. Connection beyond CPHT
- **CPHT Partnerships**
 - The core partners of each CPHT will represent diverse disciplines comprised of staff from local CBOs, HCP/FQHC partners, and a dedicated LA County Dept. of Public Health (LACDPH) staff to engage community members and address community health priorities. These partners will display a high level of readiness to leverage their credibility and expertise to convene community members, community organizations, and other local stakeholders to elevate community needs, share information, facilitate partnerships, identify community strengths and resources, and move groups into collective action. The graphic displays the framework model of the CPHT and illustrates all core partners: CBO, HCP/FQHC, and dedicated LACDPH staff.
 - CPHTs will identify and secure additional partners to provide requested community resources and services aligned with community-identified needs (e.g., businesses, education sector, social service organizations, etc.). As a community-driven project, community members also play a crucial role by providing input and feedback to ensure projects are reflective and meeting community identified needs.

- We are also allowing for flexibility for roles and responsibilities between partners. Either the CBO and/or the health care partner can share these responsibilities depending on the organizational capacity and agreement between the partners. Each CPHT will need to clearly define partner roles and responsibilities.
- **CPHT Core Strategies**
 - CPHTs will engage community members to address health priorities utilizing the core strategies described below. Since each CPHT community will be unique, there will be room for flexibility for the implementation of these core strategies to account for the needs, comfort level, and input by community members.
 - Household visits: visit each household at least once annually to conduct household assessment and link community members to education and supportive resources
 - Screening and connecting to services: ensure community members are connected to needed health care services
 - Information gathering and analysis: collect and analyze health, mental health, and social determinants of health data and secondary sources
 - Community engagement: convene regular community meetings in each target community to share data, jointly identify health issues, and develop community action plans
 - Mobilizing partners: create opportunities to authentically engage non-funded partners throughout program implementation to advance health equity and improve community conditions
- **CPHT Communities**
 - The RFP will provide tools available to assist with community selection.
 - We are aiming for CPHTs to be geographically distributed across ten (10) high-need communities and located across all five (5) Supervisorial Districts. The ten (10) communities will be identified using a 25% threshold set using the California Healthy Places Index (HPI) and Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI).
 - The benefit of using these existing indices for community selection is that they:
 - Allow for standardization
 - Correlate with one another and look at many of the same social factors, so there is a lot of overlap between high-need communities.
 - Allow for flexibility. Each proposer may have a preference, so the option will be available to choose the one that best fits the proposer's needs.
 - Either of the indices can be used to present the area the CPHT proposes to serve.
 - Proposers will identify and select the communities their CPHT will support using one of the two eligible indices to identify the high need communities their CPHT will work in.
 - Community boundaries will be identified at the census tract level and include **contiguous census tracts** that can be aggregated **to reach 8,000 – 13,000 households**. Contiguous census tracts are those sharing a common border or touching/connecting to one another.
 - CPHT communities must also meet the requirement of at least 75% of census tracts must meet the 25% threshold for least healthy (HPI) and most vulnerable (SVI).
 - CPHTs may also choose to use additional key metrics from other community-identified health indicators (e.g., Public Health, California Department of Public Health, CDC, etc.) to assist in community selection.
 - Having CPHTs identify their own communities is intended to leverage and build upon existing well-established networks and resources within each target community.

Funding Overview

- **Funding Details**
 - This project is supported by funding from the federal and state government, specifically the CDC's Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant and CDPH's Future of Public Health Funding Award.
- **Funding Terms**

- The project will consist of three terms. Term 1 will be 2 months; Term 2 will be 12 months; and Term 3 will be 12 months, with the possibility of extension of up to additional 2 years and 10 months (for a total of 60 months or 5 years). The first term includes a two-month planning phase for the CPHT subcontractor
 - Term 1 (2 months): \$250,000
 - Term 2 (12 months): \$1,500,000
 - Term 3 (12 months): \$1,500,000
- The primary organization will serve as the lead administrative entity and have the capacity to subcontract with the secondary organization and will oversee all administrative responsibilities. This award is cost-reimbursement. Payment will be provided on a monthly basis for allowable costs incurred by the CPHT after work/services have been provided and invoiced with appropriate supporting documentation.

Eligibility Requirements

- The core partners of each CPHT will comprise staff from local CBOs, HCP/FQHC partners, and a dedicated LACDPH staff to engage community member and address community health priorities. These partners will display a high level of readiness to leverage their credibility and expertise - to convene community members, community organizations, and other local stakeholders. Together these stakeholders will elevate community needs, share information, facilitate partnerships, identify community strengths and resources, and move groups into collective action.
- Each CPHT must meet the following eligibility requirements to apply:
 - Consist of a partnership between a CBO and HCP/FQHC organization formalized through a contractual agreement. The agreement does not need to be in place at the time of proposal submission but it is required in order for the contract to be executed.
 - Upon applying, you must identify the primary organization and the secondary organization. For example, the CBO may be the primary, while the HCP/FQHC is the secondary, or the HCP/FQHC is the primary and the CBO is the secondary. The primary organization will be responsible for serving as the lead administrative entity.
 - CPHTs must select 5-8 high need contiguous census tracts
 - 75% of census tracts need to meet the 25% threshold for HPI or SVI
 - And finally CPHTs must demonstrate at least 3 years of experience within the last 5 years for the following areas:
 - Community outreach and engagement
 - Working in multi-disciplinary collaborative partnerships
 - Delivering health care services

Request for Proposals Overview

- **Section 1: CPHT Collaborative**
 - Proposers will provide a narrative that must include a description of the following components to convey the strengths of partner organizations, how those strengths can be leveraged for the project, and how the CPHT will operate internally. It is recommended that partners have initial discussions prior to submission of one joint proposal.
 - Proposed core CPHT partners—include information such as organizational background, history of collaboration between partners, and a plan for how to integrate the dedicated LACDPH staff, etc.
 - Experience managing collaborative partnerships—such as convening and facilitating community coalitions or committees
 - Capacity building—describe how the collaborative partnership can be leveraged to foster skills development in communities

- Community outreach and engagement—describe direct experience working in partnership with community stakeholders such as parents, community members, CBOs, etc. and examples of community engagement strategies used
- Internal governance structure—describe partner roles and responsibilities, partner agreements, and decision-making processes
- **Section 2: CPHT Program Proposal**
 - This section gives proposers the opportunity to describe the communities they will serve through the CPHT (e.g. needs, populations, geographic location), how they plan to operationalize the core strategies, and any existing community resources that can be leveraged to support the CPHT program.
 - Community Needs—provide data to describe the needs and gaps within the community
 - Community Selection—identify the community your CPHT will serve using contiguous census tracts
 - Intervention—describe how core strategies will be operationalized and any other community-driven interventions that can help achieve the goal of the CPHT
 - Populations—define populations of concern and how community members will be engaged including those without critical mass in the community e.g. individual’s living with disabilities, monolingual populations, etc.
 - Community Resources—describe existing community resources and how they can be leveraged to support the CPHT program including physical infrastructure such as parks and community centers, and social networks such as community coalitions and resident advisory boards
- **Section 3: Budget**
 - Budget templates will be provided to describe and provide a brief justification for each of the amounts listed on the budget to implement CPHT services during Terms 1, 2, and 3.
 - The budget justification must provide sufficient detail(s) to determine proposers arrived at each proposed cost, and how each line item will assist in providing the proposed program services.
 - The budget template should include budget details for both the primary and secondary organizations.
 - The funding should not exceed \$250,000 for Term 1 (2 months), \$1,500,000 for Term 2, and \$1,500,000 for Term 3.

Submission

- Proposals will be due to Rising Communities by Monday June 12, 2023.
- Please submit your final narrative proposal and budgets for Term 1, 2 and 3 by email to DPH_CPHT@risingcommunities.org. The subject line should read CPHT Proposal underscore your organization’s name.

Closing

- Thank you for joining us today for the first informational meeting! We will host another informational Wednesday May 10, 2023, where you will have the opportunity to submit questions after you have had a chance to review the RFP in detail. Most of the information covered today will be covered that day and may include additional points of clarification based on the comments or questions we received today. We hope you can join us.
- As a reminder, slides and the meeting recording will be emailed out to registered participants. Any additional questions can be emailed to DPH_CPHT@risingcommunities.org. You will be receiving a notification via email once the answers have been posted from today’s session.