

# Community Public Health Team (CPHT) Informational Session Notes

Wednesday, May 10, 2023; 11:00 am-12:00 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—next, we will provide an overview of the funding itself and the anticipated terms of the contract
  - Eligibility Requirements—we will also 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 as well.
  - 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](mailto:DPH_CPHT@risingcommunities.org) at any time.
  - To utilize closed captioning on Zoom, please follow the instructions on the slide. We'll just give everyone a minute to follow to look at those instructions, if you need it before we move on to the next slide.

## Timeline

- Here are a few key dates to keep in mind as we move through today's meeting:
  - The RFP was released and is now open for proposals starting on Friday May 5, 2023.
  - This is our second informational session, 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 a 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 (LA) County. Through a shared leadership model, staff from community-based organizations (CBOs), health care partners, and LA County Department of Public Health (DPH) 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

- As part of the process to develop CPHT Framework, a small group of diverse community partners was convened late last year, a group consisting of community based organizations, healthcare organizations and also public health partners got together to provide input and suggestions on the framework for the CPHT program. The final project framework that we're sharing with you all today incorporates a lot of their feedback and suggestions. and we'll also just as an example. The C. Ph. T. Values that you see on the screen were recommended as a suggestion to include within the framework.
- 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.
  - System equity
  - Sustainability
  - Keeping Quality assurance in mind
  - Taking an anti-racism anti discrimination, and at high stigma approach
  - Building trust
  - Utilizing a trauma-informed lens
  - Being accessible and inclusive
  - And community engagement. You'll hear this mentioned throughout our presentation today. Community engagement is one of the key values that should be engrained throughout the project, and being a community driven project, it will be essential for community members to play that that pivotal role in communicating feedback suggestions to help identify those needs that CPHTs will focus on.
  - 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**

- Now let's take a look at the key elements that serve as the foundation of the CPHTs and these are rooted in the overall goal of the pilot project, which 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: CPHT Partners will work together on service, coordination to expand the coordination and provision of field based public health services to individuals 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. That would be creating networks within each CPHT and also building networks across the county as well.
  - These 5 key elements serve as the foundation for the CPHTs and should frame the services and activities that each team will be implementing.

### **CPHT Partnerships**

Now we can take a deeper dive to look at the partners that will make up the CPHTs, and specifically what role they play.

- The core partners of each CPHT will represent diverse disciplines comprised of staff from local CBOs, HCP/FQHC partners, and an existing dedicated LA County Dept. of Public Health (LACDPH) staff to engage community members and address community health priorities. Assignment of an existing dedicated LACDPH staff member will occur after CPHTs have been selected.
- 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 Public Health staff. LACDPH will assign an existing dedicated LACDPH staff member to work as a core member of the CPHT. Assignment of an existing dedicated LACDPH staff member will occur after CPHTs have been selected.

- 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.
- The graphic displays all the core partners. The 3 circles represent the core partners of the community based organization, healthcare partner, and dedicated LA County Department of Public Health staff.
  - The white boxes on the screen on the right side are considered ancillary partners. CPHTs will need to identify and secure additional ancillary partners to provide, requested any requested community resources or services that align with those community identified needs. Examples of ancillary partners can look like folks from the business sector or the education Sector, or else other social service organizations. CPHTs will have the option to subcontract with these ancillary partners to meet project goals within the budget amounts.
  - At the center of the 3 circles is the target community, and also at the top of the graphic community residents are identified. As I mentioned, this is a community driven project. So community members really do play the crucial role of providing input and feedback to ensure projects are reflective and meeting the needs of the community.
  - The tan boxes display potential rules and responsibilities for each of the core partners. 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.
  - Core partners will work collaboratively under a shared purpose and take ownership and responsibility for the role they play in meeting the project goals.
    - A few examples of potential roles and responsibilities for either the CBO or health care partner can include outreach and in education to the community, providing system navigation, developing community action plans, convening the community and then providing health linkages to health care services or other social services.
    - The potential rules and responsibilities for the LA County Department of Public Health Staff can include providing coordination between partners within the project, supporting community convenings, supporting the development of community action plans, providing technical assistance, and really being a liaison back to other programs within the Department of Public Health and other county departments based on what the needs are within the community.

## CPHT Core Strategies

Now let's look at the core strategies that will be standardized across all CPHTs.

- 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. In addition to these 5 core strategies, CPHTs will have the opportunity to implement community driven interventions that would meet the goals of the project.
  - 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 includes tools within the document to help provide some assistance with identifying communities. There is a mapping tool that is provided that helps identify eligible census tracts and Appendix C and Appendix D are also tools that folks can use to help identify their communities.

- 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.
  - To emphasize the CPHT communities have not been selected yet. Proposers will be doing that through the application, by identifying and selecting the communities that their CPHT will work in using one of the 2 eligible indices and community boundaries will need to be identified at the census track level.

- Community boundaries will be identified at the census tract level and include 5-8 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.
- As mentioned, there are tools within the RFP to help folks identify their census tracks, so there is the mapping tool and Appendix C and D provide further information on how to choose census tracks that are in your area.

## **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. The amount per each CPHT is:
  - Term 1 (2 months): maximum budget \$250,000
  - Term 2 (12 months): maximum budget \$1,500,000
  - Term 3 (12 months): maximum budget \$1,500,000
- The 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.
- LA County Department of Public Health, in partnership with Rising Communities will be monitoring contracts programmatically, administratively and fiscally to ensure that all partners are good stewards of the funding provided.

### **Eligibility Requirements**

- The core partners of each CPHT will comprise staff from local CBOs, HCP/FQHC partners, and a dedicated Public Health staff to engage community member and address community health priorities. Assignment of an existing dedicated LACDPH staff member will occur after CPHTs have been selected. 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 FQHC is the secondary, or the HCP 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 at 4pm.
- Please submit your narrative proposal and budgets for Term, 1, 2, and 3 by email to [DPH\\_CPHT@risingcommunities.org](mailto:DPH_CPHT@risingcommunities.org) The subject line should read: *CPHT Proposal\_Primary organization name*.
- As a reminder, here are the key dates to keep in mind.
  - RFP is now open (released on May 5) on <https://risingcommunities.org/cpht/>
  - Statement of Intent due May 16—highly encouraged, but not required, in order to submit an application
  - Proposal due June 12
- Thank you so much for joining us today for the second informational session, and as a reminder slides, and the meeting recording will be emailed out to all the registered participants.
- Any additional questions can be emailed to [DPH\\_CPHT@risingcommunities.org](mailto:DPH_CPHT@risingcommunities.org). The last day to submit questions will be on Monday June 5<sup>th</sup> COB. This is 1 week before proposals are due. Keep checking back on the website, as questions come in, we will update the update FAQs through June 5th.
- You will be receiving a notification via email once the answers have been posted from today’s session. Also visit <https://risingcommunities.org/cpht/> for more information.