

**Community Public Health Teams (CPHT)
Request for Proposals Frequently Asked Questions (FAQs)**

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Informational Session

1. When is the project slated to begin? (approximately)
 - a. *The CPHT project is estimated to begin August 1, 2023.*

2. Will this presentation be available after the meeting?
 - a. *Yes, all attendees of informational sessions will receive an email with the meeting slides and recording link. You may also find a link to the meeting slides on the Rising Communities CPHT [webpage](#).*

3. Will transcript be available?
 - a. *A link to the meeting notes will be available on the Rising Communities CPHT [webpage](#).*

4. I will not be able to attend the May 10th session. Will the sessions be recorded and shared after the fact?
 - a. *Yes, the session will be recorded and provided on the Rising Communities CPHT [webpage](#) after May 10th.*

5. Is the upcoming info session open to both potential healthcare partners and CBOs? Are there any restrictions on who can join?
 - a. *The upcoming informational session on May 10, 2023, from 11am-12pm is open to potential health care partners and CBOs to attend as our target audience. However, there are currently no restrictions on who can join the session and potential ancillary*

- iii. *CPHTs must select 5-8 high need contiguous census tracts. 75% of census tracts need to meet the 25% threshold for California Health Places Index (HPI) or Social Vulnerability Index (SVI)*
 - iv. *CPHTs must demonstrate at least 3 years of experience within the last 5 years for the following areas:*
 - 1. *Community outreach and engagement*
 - 2. *Working in multi-disciplinary collaborative partnerships*
 - 3. *Delivering health care services*
9. It would be helpful to clarify what types of nonprofits would be eligible to apply.
- a. *Non-profits that identify as either a CBO or HCP/FQHC and meet the following eligibility requirements are welcome to submit a proposal:*
 - i. *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 for the contract to be executed.*
 - 1. *A CBO is defined as a nonprofit organization within Los Angeles County that is representative of a community or significant segments of a community; and provides educational or related services to individuals in the community.*
 - 2. *Health care partners are defined as community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.*
 - ii. *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.*
 - iii. *CPHTs must select 5-8 high need contiguous census tracts. 75% of census tracts need to meet the 25% threshold for HPI or SVI*
 - iv. *CPHTs must demonstrate at least 3 years of experience within the last 5 years for the following areas:*
 - 1. *Community outreach and engagement*
 - 2. *Working in multi-disciplinary collaborative partnerships*
 - 3. *Delivering health care services*
10. Some (but not all) of our clinic partners are private businesses. For example, we work with a few pharmacy networks and urgent care clinics. Would they be eligible to apply as the health care partner under the guidelines?
- a. *Unfortunately, for profit entities would not be eligible to apply as the health care partner for a CPHT. We anticipate that the business sector may be able to participate*

as an ancillary partner of the CPHTs. Each CPHT will be uniquely designed to meet the needs of the community they serve. Business sector partners such as pharmacies or urgent care clinics, can also participate in community convenings to provide input and help identify needs of the community.

- b. For the CPHT project, the definition for Health Care Partner/Federally Qualified Health Center is as follows: Community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.*

11. Do you have to meet all 3 requirements outlined?

- a. Yes, all 4 eligibility requirements must be met to qualify:*
 - i. Consist of a partnership between a Community-Based Organization (CBO) and Health Care Partner/Federally Qualified Health Center (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 for the contract to be executed.*
 - 1. A CBO is defined as a nonprofit organization within Los Angeles County that is representative of a community or significant segments of a community; and provides educational or related services to individuals in the community.*
 - 2. Health care partners are defined as community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.*
 - ii. 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.*
 - iii. CPHTs must select 5-8 high need contiguous census tracts. 75% of census tracts need to meet the 25% threshold for California Health Places Index (HPI) or Social Vulnerability Index (SVI)*
 - iv. CPHTs must demonstrate at least 3 years of experience within the last 5 years for the following areas:*
 - 1. Community outreach and engagement*
 - 2. Working in multi-disciplinary collaborative partnerships*
 - 3. Delivering health care services*

12. Are City/County health departments eligible to apply?

- a. *The funds are intended to support the development of CPHTs led by community-based organizations (CBO) and a local community health care partner, as defined below. These funds are not intended for local health departments. A city/County health department can support as an ancillary partner and can also participate in community convenings to provide input and help identify needs of the community. Please note that the cities of Long Beach and Pasadena receive their own funding and fall outside the jurisdiction of Los Angeles County and would not be eligible to apply.*
 - i. *A CBO is defined as a nonprofit organization within Los Angeles County that is representative of a community or significant segments of a community; and provides educational or related services to individuals in the community.*
 - ii. *Health care partners are defined as community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.*

13. Can I confirm the eligibility of a healthcare partner in advance? We partner with LA General Medical Center.

- a. *If the health care partner meets the following definition, they would be eligible to apply: Health care partners are defined as community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.*

14. Is Long Beach eligible even though we have our own health department?

- a. *Unfortunately, the cities of Long Beach and Pasadena fall outside the jurisdiction of Los Angeles County and would not be eligible to apply.*

15. Can we change the program from the Statement of Intent?

- a. *Yes, the Statement of Intent is not required but encouraged to submit. Therefore, the program may change from the Statement of Intent without penalty. However, if your proposed 5 – 8 contiguous census tracts for your community change prior to submitting your proposal, please contact us via email at DPH_CPHT@risingcommunities.org.*

16. Wanting to know the eligibility requirements in regard to the 3 years delivering health care services.

- a. *Please see page 13 of the RFP document that reads: Proposer must have a minimum of three (3) years of experience within the last five (5) years coordinating and/or delivering health care services, which can include the following (see Proposal*

narrative section 1. CPHT Collaborative, CPHT partners' experience in community outreach and engagement):

- i. Supporting vaccination efforts*
- ii. Offering health screenings, health care assessments, and education*
- iii. Providing systems navigation and/or referrals to health care, mental health, and social support services*
- iv. Performing disease investigation such as case investigation/contact tracing on communicable diseases*

17. Will you accept applications without having received a Statement of Intent?

- a. Statement of Intent submission is not required to apply and CPHTs that do not submit a Statement of Intent may still apply.*

Core Partners

18. Does the health care partner need to provide primary care?

- a. According to the definition of health care partner in the RFP, yes, the health care partner needs to provide primary care:
 - i. Health care partners are defined as community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.**

19. Can a secondary partner be included in two separate proposals with two different primary organizations?

- a. Yes, a secondary partner can be included in two separate proposals with different primary organizations. It is recommended that partners discuss the CPHT community of focus beforehand to ensure that services areas are different.*

20. Will there be any "matchmaking" assistance in advance of the proposal deadline? For example, if we have a CBO and Contracted Health Partner but need to be connected with a specific DPH partner?

- a. No, matchmaking assistance between a CBO and HCP/FQHC will not be provided in advance of the proposal deadline. Los Angeles County Department of Public Health (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.*

21. I am a healthcare provider, and I would like to know more information about the program and am interested in collaboration to provide health care to the community.

- a. You may find more information on the Rising Communities CPHT [webpage](#).*

22. In your 4/27 presentation, you mentioned that the CBO/healthcare partner would need to execute an agreement between themselves before any funds are to be distributed. Is there any specific type of agreement or language that is incorporated into that contract? I assume it is similar to a subcontractor agreement between entities but wanted to be sure.
- a. *Yes, it will need to be a subcontractor agreement because there will be flow of funding between the organizations in partnership. There is information in the Request for Proposals document that can help guide what type of information to include such as roles and responsibilities of partners, decision making processes, etc. The agreement does not need to be in place at the time of proposal submission, but it is required for the contract to be executed.*
23. Do the FQHC and the Community-Based Organization need to be separate organizations, if one has experience with both functions?
- a. *Yes, the health care partner and the CBO need to be separate organizations. The application must include a partnership between a CBO and an HCP/FQHC. The partnership between a CBO and HCP/FQHC organization will need to be 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.*
24. Is there a distinction between Health Care Partner and a FQHC, or are they the same type?
- a. *For the purposes of this pilot project, the term health care partner encompasses an FQHC. Health care partners are defined as community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.*
25. Is there a limit as to how many clinics and/or CBOs can be project partners?
- a. *There will only be one primary organization and one secondary organization that will submit a joint application, identified as either a CBO or an HCP/FQHC. Each CPHT can decide to subcontract with additional ancillary partners to meet project goals within budget limits.*
26. I am curious how FQHCs, Public health and Street medicine teams can collaborate and complement and not duplicate effort.
- a. *Unfortunately, funding cannot be used to pay for the delivery of direct clinical services to individuals via Street medicine teams (e.g., treatment for chronic conditions, provider consultation, diagnostic procedures, etc.), except for the provision of vaccinations. All vaccination related events or activities require approval from LACDPH prior to implementation. Funding may be used to assess (e.g., health-related screenings) and provide care coordination needed to link and offer referrals to community members to increase access to health, preventative services, and social*

- services such as healthcare assessments and screenings, scheduling appointments, etc. is allowed. Please note that allowability can change at any time and may be subject to approval by funding agency, CDC or CDPH.*
- b. Street medicine teams may be part of the CPHTs as an ancillary partner to best serve people experiencing homelessness. CPHTs should connect with existing street medicine teams in the community of focus.*
27. Are faith-based initiatives automatically excluded?
- a. If a faith-based initiative can meet the definition of a CBO or HCP/FQHC, they would be eligible to apply:*
- i. A CBO is defined as a nonprofit organization within Los Angeles County that is representative of a community or significant segments of a community; and provides educational or related services to individuals in the community.*
- ii. Health care partners are defined as community-driven, non-profit clinics, not-for-profit community hospitals, community health centers, or a Federally Qualified Health Center located in medically underserved areas or serving populations that are medically underserved and provide affordable, comprehensive primary and preventative care to all regardless of income level or insurance status.*
28. Will every CPHT connect with an AmeriCorps member? We are very vigilant about vetting potential employees, interns, and volunteers. Can we conduct those same screenings of AmeriCorps members before their engagement with us? Are AmeriCorps members limited to specific tasks or can they plug into any part of our CPHT work?
- a. AmeriCorps members may be assigned to CPHTs to support direct service to community members through community outreach and engagement, health education, and resource sharing. AmeriCorps members are rigorously screened by the recruitment agency, the AmeriCorps program, and the LACDPH Human Resources Department. Organizations can require additional screening of AmeriCorps members, per organizational policies, at the cost to the program.*
29. If the community-based organization was established in 2021 does it meet the qualification timeline of the 3 years demonstration experience within the last 5 years?
- a. Per the eligibility requirements, proposers are organizations partnering to create a CPHT. Interested and qualified proposers must meet each of the eligibility requirements on the day the proposals are due. Since proposers are submitting a joint application as a CPHT, the years of experience can be for one or both organizations. See RFP page 13 on Eligibility Requirements.*
30. What is the recommended split between the CBO and FQHC for years 2 and 3?
- a. It will be up to each CPHT to negotiate funding allocations and roles and responsibilities of each partner. Per the RFP, each CPHT will need to clearly define partner roles and responsibilities, identify the process for how administrative and programmatic decisions are made (e.g., based on skills, capabilities, and team*

responsibilities, etc.), and how communication will flow across the CPHT by developing a written internal governance structure and partner agreements.

31. If a health screening conducted by the HCP/FQHC within the CPHT determines a need for specialized services, is the CPHT able to refer/link that individual to any health care provider, or do the referrals have to be to the HCP/FQHC identified as a partner within the CPHT?
 - a. *Ideally, health care referrals will be made to the HCP/FQHC partner within the CPHT as they would be serving the same community. If the identified needs of a community member require specialized services outside the capacity of the CPHT, referrals can be made to other organizations as best determined by CPHT partners and the community member.*

32. Please clarify who is required to: “Perform disease investigation (case investigation/contact tracing on select communicable diseases)” (page 7 of the RFP). Will this be done by either the CBO/HCP, or will it be done by the DPH staff? Is there a list of communicable diseases the CPHT would be required to contact trace? Is there a protocol in place to follow? If it is the job of the CBO and/or HCP, will DPH provide training?
 - a. *Disease investigation can be performed by CBO or HCP staff to respond to emerging public health threats. There is not a list of communicable diseases that the CPHTs would be required to contact trace. The DPH staff member on the CPHT team can share information about any local outbreak/situation that may need support. HCP should possess the experience and expertise to provide training to CPHT partners on contact tracing, however LACDPH can also support training needs.*

33. We must budget for an Administrative Program Manager (1 FTE), Program Manager (1 FTE), and Data/Evaluation Manager (0.5 FTE). On page 10 of the RFP under Term 1, the bullet at the top of the page states that we must, “Designate a programmatic lead to be the main point of contact for Rising Communities and LACDPH administrative staff...” Can this be one of the required program managers? OR do you expect to be a different staff person?
 - a. *The main point of contact for Rising Communities and LACDPH administrative staff can be one of the required program managers.*

34. In Appendix B-1, point 1.2.1 it also mentions that the Program Manager will assign a lead person to attend meetings focused on data, assessment, and evaluation with Public Health. Could this not be a function taken on by the data/evaluation manager or do you expect it to be a different staff member on the team?
 - a. *Yes, the data/evaluation manager can be assigned to attend meetings focused on data, assessment, and evaluation with LACDPH.*

35. Is our community clinic obligated to become the people (who are screened)'s PCP? Do these people become the FQHC's patients? If not, do we have the options of taking them in house for our services or referring them to an outside agency for assistance?

- a. *No, there is no obligation for community members that receive screenings to become patients of the FQHC. Ideally, health care referrals will be made to the HCP/FQHC partner within the CPHT as they would be serving the same community. If the identified needs of a community member require specialized services outside the capacity of the CPHT, referrals can be made to other organizations as best determined by CPHT partners and the community member.*

Geographic Location

36. Can proposers select contiguous census tracts from Appendix D, comprised of a combination of SVI & HPI OR is it restricted to either SVI OR HPI?
 - a. *All census tracts should be identified using one of the indices, not both. One index must be selected because the census tracts differ between the indices (HPI uses 2010 census tracts, SVI uses 2020 census tracts), proposers need to identify which index is used in your proposal and the census tracts from that index.*
37. We serve the South Bay and the San Fernando Valley. Would we submit two separate proposals - one for each geography?
 - a. *Yes, you may submit two separate proposals with each proposal specifying the primary and secondary organizations for each geographic area and respective census tracts identified in each proposal. The goal is for CPHTs to be geographically distributed across ten (10) high-need communities and located across all five (5) Supervisorial Districts.*
38. What criteria will be used to decide the location of the sites?
 - a. *The pilot project aims 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 by the California Healthy Places Index (HPI) and Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI). 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). As of May 5, 2023, additional criteria to identify the CPHT communities will be included in the Request for Proposals on the Rising Communities CPHT [webpage](#).*
39. The RFP states “This funding opportunity is only open to organizations located within LAC and excludes Long Beach and Pasadena (these cities fall outside the jurisdiction of LAC for the purposes of this initiative).” Our Planned Parenthood affiliate has Admin offices in Altadena and our largest health center in Pasadena; however, we serve a much broader

geographic area and have health centers in Alhambra, Glendora, Highland Park, and Baldwin Park. Our selected tracts of focus would not be in Pasadena. Would we be eligible?

- a. *Yes, if the selected census tracts are not located within Long Beach or Pasadena, and if at least 75% of census tracts meet the 25% threshold for least healthy communities (HPI) or most vulnerable communities(SVI), the organization would be eligible to apply.*

40. Are FQHCs located in cities with their own city health departments (i.e., Long Beach, Pasadena) eligible? Can we use a more population-based approach to reach certain smaller, dispersed communities rather than a place-based approach?

- a. *FQHCs located in the cities of Long Beach and Pasadena would be eligible as long as the identified community boundaries identified at the census tract level are not located within Long Beach or Pasadena and also meet the requirement of at least 75% of census tracts meeting the 25% threshold for least healthy communities (HPI) or most vulnerable communities (SVI). The CPHT pilot program will utilize a place-based approach.*

41. I see CPHTs will be geographically distributed across ten high-need communities. Have you already selected the communities?

- a. *No, communities have not been selected and must be proposed within the application using one of the two eligible indices to identify the high need communities their CPHT will work in (see RFP page 8 CPHT Communities):*
 - i. *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.*
 - ii. *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).*
 - iii. *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.*

Refer to Public Health CPHT Proposed Communities Mapping Tool webpage

<https://experience.arcgis.com/experience/3a356f96d40642b8a8fa0897243e0cdb/> and

Appendix D: Community Selection Guidance for more information on eligible census tracts.

42. Would 4 contiguous census tracts be considered?

- a. *CPHTs must select 5-8 high need contiguous census tracts. Contiguous census tracts are those sharing a common border or touching/connecting to one another.*

43. Does the health care partner for the CPHT need to have physical health care clinics within the tracts and/or communities that they are focusing on?

- a. *CPHT partners will have a history of working in the selected community, which may include a physical location in the geographic area to improve access to services and information for community members, though not required.*

- 44. Relatedly, is it permissible to partner with a CBO who has physical locations within the community, and then is connecting residents to the health care services delivered via telehealth and/or at health clinics that might fall outside of the immediate community?
 - a. *CPHT partners will have a history of working in the selected community, which may include a physical location in the geographic area to improve access to services and information for community members, though not required.*

- 45. Can an entity submit multiple applications for different geographies? For example, could a CBO submit an application with one HCP/FQHC for census tracts in Metro LA, and another application for census tracts in South LA? Can a single entity (like a CBO) apply as lead for one geography and be a partner on a proposal in another geography? Related to this question, is there a limit to the number awards made to one entity – i.e. can a single entity only receive a maximum of one award?
 - a. *Yes, an organization may submit multiple separate proposals with each proposal specifying the primary and secondary organizations for each geographic area and respective census tracts identified in each proposal. The goal is for CPHTs to be geographically distributed across ten (10) high-need communities and located across all five (5) Supervisorial Districts. It is recommended that partners discuss the CPHT community of focus beforehand to ensure that services areas are different.*
 - b. *At this time there is no limit to the number of awards made to one entity, ideally there will be a diversity of organizations represented in the pilot project. The goal is for CPHTs to be geographically distributed across ten (10) high-need communities and located across all five (5) Supervisorial Districts.*

Funding

- 46. How many pilots will be funded?
 - a. *CPHTs will be geographically distributed across ten (10) high-need communities and located across all five (5) Supervisorial Districts.*

- 47. Would like to know how LA County Public Health will support our disadvantaged community. What funds are available for the RFP?
 - a. *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. 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 following budget amounts for each CHPT community should not be exceeded:

- i. Term 1 (2 months): \$250,000*
- ii. Term 2 (12 months): \$1,500,000*
- iii. Term 3 (12 months): \$1,500,000*

48. Can we apply for less than \$1.5 million per term?

- a. Yes, you may apply for less than \$1.5M per term. However, regardless of reduced funding, each CPHT will still be required to meet program deliverables and apply each of the core strategies. Including conducting household visits in 5-8 contiguous census tracts that can be aggregated to reach 8,000 – 13,000 households. Proposers will use the budget templates (Appendix E-1, E-2, E-3) 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 enable the reviewer to determine how they arrived at each proposed cost, and how each line item will assist in providing the proposed program services.*

49. I understand that we have to follow federal funding CFRs. Is this federal funding with a CFDA number that will count toward our Single Audit total?

- a. Yes, the CPHT pilot is funded by both federal and state funding. The Assistance Listing Number (formerly known as the Catalog of Federal Domestic Assistance (CFDA) Number) is 93.967. Funding awarded will count towards a Single Audit.*

50. Is there a cap on fringe rate?

- a. The fringe rate is capped at 10% unless the organization has a Negotiated Indirect Cost Rate Agreement (NICRA) with the Federal Government. We will honor active NICRAs with appropriate documentation.*

51. Under 'Unallowable Costs' the RFP states "Funding **is allowed** to be used to assess (e.g., health-related screenings) and provide wrap-around and supportive services..." I just want to confirm that this is not a typo and that we **can** use funds to support navigation and care coordination. Is that correct?

- a. That is correct, funding is allowed to support navigation and care coordination.*

52. Is it permissible to have the grant cover the salary of a Community Health Worker if at least some of the CHW's work is partially covered via CHW Benefit reimbursements?

- a. Yes, funding may cover the salary of CHWs. In the budget, please provide justification of positions, including the role these positions will be playing in program implementation or administration and identify if they are assigned to the primary or secondary organization. See the RFP page 15 for more budget instructions.*

53. For the monthly reimbursements, will the primary org submit one invoice covering all expenses for the CPHT? Or can the primary and secondary orgs submit their own invoices to

CPHT? If the lead is submitting one invoice, is it the lead's responsibility to distribute funds to the secondary org?

- a. *The primary or lead agency will enter into a contractual agreement with Rising Communities and as such, will be responsible for distributing funds per the Term 1-3 Budgets submitted with the proposal. The primary organization will submit, on a monthly basis, one invoice to Rising Communities detailing the expenses on the CPHT pilot, with supporting documentation (general ledger, time sheets, receipts, subcontractor agreements, etc.).*

54. We would likely need to hire a dedicated program manager(s) for this project in order to meet staffing requirements. Is there a timeline for when our dedicated project staff must be hired by? Does it need to occur within the first 2 months or is there flexibility?

- a. *An Administrative Program Manager (1 FTE), Program Manager (1 FTE), and Data/Evaluation Manager (0.5 FTE) should be hired within the first 60 days from the date of contract execution. Please see Appendix B-1 Scope of Work Term 1 for more information on Minimum Staffing Requirements.*

55. The budget template calculates indirect costs as a percentage of the total direct costs (TDC). However, the RFP states that "Indirect costs should not exceed 10% of total personnel costs." – Can you please clarify if the IDC is a percentage of the personnel or TDC?

- a. *Indirect Costs should not exceed 10% of Total Direct Costs.*

56. For the budget is the 10% IDC allowable for both the primary and partner agency?

- a. *Yes, the 10% of total direct cost applies to the primary and secondary partners. Partners would decide how to split the 10%.*

Allowable costs

57. Would funds be available to for Street Medicine for our unhoused population be eligible for these funds?

- a. *Unfortunately, funding cannot be used to pay for the delivery of direct clinical services to individuals (e.g., treatment for chronic conditions, provider consultation, diagnostic procedures, etc.), except for the provision of vaccinations. All vaccination related events or activities require approval from LACDPH prior to implementation. Funding may be used to assess (e.g., health-related screenings) and provide care coordination needed to link and offer referrals to community members to increase access to health, preventative services, and social services such as healthcare assessments and screenings, scheduling appointments, etc. is allowed. Please note that allowability can change at any time and may be subject to approval by funding agency, CDC or CDPH.*

Ancillary Partners

58. What programs and outreach do you have for K-12 education.
- a. *We anticipate that the education sector may be able to participate as an ancillary partner of the CPHTs. Each CPHT will be uniquely designed to meet the needs of the community they serve. Education sector partners can also participate in community convenings to provide input and help identify needs of the community.*
59. Does it strengthen our application to include letter of support or commitment from our ancillary partners?
- a. *At this time, applicants are not required to submit letters of support or commitment from ancillary partners. These social networks within the community such as existing relationships and partnerships can be described in the CPHT program proposal, Community Resources section (see page 16 in the RFP PDF document).*

Project Background

60. Is there a current delivery system model that is meeting the needs of its community that we can research?
- a. *The following materials that focus on previous work done in Costa Rica and Cuba describe the model that the CPHT is based on:*
 - iii. [Costa Rica](#)
 - iv. [Cuba](#)

Project Goals

61. Is one goal or process objective for this 2-Year funding effort to study possible bases for standardization, either statewide or just within LAC, of minimum health training curriculum and possibly even certification, for Community Health Workers (CHW) like those currently in place in OH and some other states?
- a. *One of the goals of the pilot project is to expand the public health workforce through partnerships with community-based organizations and local health care partners. CHWs are expected to play large role in CPHT communities and efforts will be made to capture the number of CHWs hired and their impact on services provided. This funding is expected to run for 2 years and 2 months with the possibility of extension of up to an additional 2 years and 10 months (for a total of 60 months or 5 years).*
62. Is one of the goals of the CPHT Program to develop/demonstrate to Health Plans that there are models or elements of community-based health service teams, as evidenced in the CPHT pilot program, including the role of a licensed CHW -- that can ideally become reimbursable?
- a. *Yes, this pilot project hopes to demonstrate that this model of public health service delivery can be successful and provide an opportunity for health plans to utilize a*

similar approach 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.

Project Core Strategies/Focus

63. What are some examples of topics that our Community Public Health Team can focus on in their project?

- a. *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. Proposers will need to describe their understanding and experience working within the proposed community and describe the community issues/needs that exist in the proposed community. Community issues/needs can vary on a number of different public health topics such as high asthma rates among children, high food insecurity rates in CPHT community, low physical activity rates among older adults in CPHT community, increasing screening rates for chronic conditions, etc.*

64. Do we need to conduct a household needs assessment for every household within our identified CPHT communities?

- a. *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. 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. An attempt to conduct a household assessment with each household in the CPHT community should be made and effort should be made to build trust and increase completion rates. Households may refuse to participate in the assessment as this is not mandatory.*

65. Do we determine areas of project focus after the household needs assessments are completed or at the time of writing our grant application?

- a. *Proposers will need to describe their understanding and experience working within the proposed community and describe the community issues/needs that exist in the proposed community. CPHTs will also propose community-driven interventions to address community needs and achieve the goal of the CPHT as part of the application process. Household assessments and community input provided during community convening sessions will guide development of Community Action Plans that will be implemented throughout the duration of the project.*

66. Are mental health needs considered part of this pilot?

- a. *Proposers will need to describe their understanding and experience working within the proposed community and describe the community issues/needs that exist in the proposed community, this can include mental health needs. CPHTs will also propose community-driven interventions to address community needs and achieve the goal of the CPHT as part of the application process. Community input provided during community convening sessions will also identify community issues/needs.*
67. Does education to prevent intimate partner violence or identify survivors for assistance qualify as part of this collaborative?
- a. *Proposers will need to describe their understanding and experience working within the proposed community and describe the community issues/needs that exist in the proposed community, this can include intimate partner violence. CPHTs will also propose community-driven interventions to address community needs and achieve the goal of the CPHT as part of the application process. Community input provided during community convening sessions will also identify community issues/needs.*
68. Will this new program services L.A.s unhoused neighbors?
- a. *Proposers will need to explicitly identify and define populations of concern within their applications and the strategies the CPHT will utilize to engage hard to reach priority populations that may not have critical mass within the community, this can include unhoused neighbors. It is also recommended for CPHTs to engage homeless providers as ancillary partners to best serve people experiencing homelessness. CPHTs should connect with existing homeless outreach and/or street medicine teams in the community of focus.*
69. What are we doing for grant funding for oral health education.
- a. *Proposers will need to describe their understanding and experience working within the proposed community and describe the community issues/needs that exist in the proposed community, this can include oral health needs. CPHTs will also propose community-driven interventions to address community needs and achieve the goal of the CPHT as part of the application process. Community input provided during community convening sessions will also identify community issues/needs.*
70. How can we develop more mental health peer support groups? Mental health agencies have long wait lists. We need more community members trained in Mental Health First Aid so that we can recognize the symptoms and support the most vulnerable populations.
- a. *Proposers will need to describe their understanding and experience working within the proposed community and describe the community issues/needs that exist in the proposed community, this can include mental health needs. CPHTs will also propose community-driven interventions to address community needs and achieve the goal of the CPHT as part of the application process. Community input provided during community convening sessions will also identify community issues/needs.*
 - b. *Mental health service providers may be able to participate as an ancillary partner of the CPHTs. Each CPHT will be uniquely designed to meet the needs of the community*

they serve. Mental health service providers can participate in community convenings to provide input and help identify needs of the community.

71. Can you explain what constitutes a household visit and provide examples of accepted ways to meet that strategy? (i.e., can it include a phone conversation? can it include a community event in which residents come to us for a screening/assessment?)
- a. *Each household will be visited at least once annually to offer and conduct a household assessment with individuals and as requested, link community members to education and support resources. CPHTs can identify alternate locations for home visits outside of the home for community members to connect with CPHTs. Since each CPHT community will be unique, there will be room for flexibility for the implementation of this core strategy to account for the needs, comfort level, and input by community members. Please see the RFP Appendix B-2 Scope of Work Term 2 for more information on household visits.*
72. Will the LACDPH provide a list of community participants that will need household visits?
- a. *Each CPHT will need to formalize a plan to identify and track household visits within proposed census tracts. LACDPH will not identify community participants but may be able to provide technical assistance on best practices to identify household locations within a census tract.*
73. How comprehensive does the household assessment need to be?
- a. *The household assessment will be developed by the LACDPH with input from CPHT partners. A set of questions will be standardized across all 10 CPHTs but each CPHT may have the flexibility to add questions specific to their community.*
74. Can you provide guidance on the estimated number of hours required to complete the household assessment?
- a. An estimated time to complete the household assessment will vary per household. The aim for the assessment is to be comprehensive enough to capture all desired elements related to physical health, mental health, and social needs, but be brief enough to be completed within a reasonable amount of time so as not to be burdensome on community members.
75. Can household assessments take place at health fairs or other community events?
- a. Yes, CPHTs will have the flexibility to allow alternate locations for home visits to account for the needs, comfort level, and input by community members. There is still an expectation that assessments will be linked to households within the census tracts. Household assessments are conducted annually to follow community members over time, therefore efforts should be made to prioritize assessments within the household.
76. Can you clarify if there is a specific protocol each CPHT would need to follow when attempting to visit each of the 8,000-13,000 households? For example, is it required to knock on the door 2-3 times?

- a. *There will be a standardized protocol for visiting households developed in coordination with CPHT partners and will outline the number of attempts made.*
77. Would there need to be an attempt for each household in both term 2 and term 3?
- a. *At a minimum, CPHTs will conduct an annual visit of each household. CPHTs will have the flexibility to allow for a range of home visits per year depending on the needs of the community members and information CPHTs need to successfully meet program goals.*
78. Is there a conversion rate/minimum number of households we need to successfully make contact with? Is there some sort of documentation/reporting of attempts?
- a. *There will be a standardized protocol for visiting households developed in coordination with CPHT partners and will outline the number of attempts made and documentation required.*
79. Please clarify this statement (page 74 of the RFP): An attempt to conduct a household assessment with each household in the CPHT community should be made and effort should be made to build trust and increase completion rates. Households may refuse to participate in the assessment as this is not mandatory
- a. *If a household refuses a household assessment, efforts still need to be made to engage the household to participate in CPHT activities such as sending reminders about upcoming community convenings they could participate in or sharing information about what is being learned through the project. CPHTs will need to plan community engagement strategies that address barriers and encourage community participation.*
80. Can you provide a definition for Household Assessments and Health Screenings? Is there a predetermined form or rubric for these?
- a. *A household assessment will be a questionnaire designed to identify the physical health, mental health, and social needs of community members in order to provide referrals and linkages to supportive services. The household assessment will be developed by the LACDPH with input from CPHT partners. A set of questions will be standardized across all 10 CPHTs but each CPHT will have the flexibility to add questions specific to their community. Health screenings are tests that will be used to provide an initial assessment of health status (e.g., blood pressure screening, diabetes screening, mobile mammograms, dental screenings, etc.).*
81. Our proposed CPHT has additional questions relating to the project scope: We are curious how this model and long-term objectives are similar or different from the California Accountable Communities for Health Initiative?
- a. *Please refer to the RFP PDF pages 2-6 for more information on the project background, key elements, and framework*

82. The County is seemingly developing a health assessment for distribution by the CPHT community health workers; in developing work plans for this project, should we also develop databases for community member health data, or will the County create/mandate use of its own databases for data collection and storage for this project?
- a. *Please refer to PDF page 32 of the RFP where it references in the Scope of Work that CPHTs will need to “6.2. Track referrals, activities, and share data on referrals and outcome metrics using a specified software platform determined by LACDPH.”*