

CDPH Office of Health Equity

Gender Health Equity Unit

Request for Application (RFA)

Service Provider Capacity Building Projects (SPCBPs)

LBTQ Health Equity Initiative
Stakeholder Townhall

May 26, 2022 | 10:00 AM – 12:00 PM (PST)

Thank you for your attendance.
The event will begin momentarily.



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AGENDA

10:00 – 10:10

Welcome & Housekeeping

*Amy Lanteigne, MSPH (She/Her), Gender Health Equity Specialist
Office of Health Equity, Department of Public Health*

10:10 – 10:15

Initiative Background

*Sarah Roush, MSPH, CHES (She/Her), Gender Health Equity Specialist
Office of Health Equity, Department of Public Health*

10:15 – 10:50

RFA Overview (Proposed)

Sarah Roush

10:50 – 11:55

Discussion & Feedback

- *Proposed Funding Goals*
- *Proposed Funding Priorities*
- *Examples of Allowable Projects*
- *Proposed Funding Structure*
- *Proposed Funding Requirements*
- *Proposed Recommended Qualifications*
- *Proposed Timeline*

11:55 – 12:00

Wrap Up

Amy Lanteigne

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HOUSEKEEPING



This meeting is being recorded.



Closed captioning is available.



Please keep your devices muted unless called upon to speak.



Feedback will be taken at the end of the presentation. Please use the chat to submit questions and/or feedback to be read out loud. Written questions and/or feedback will be prioritized.



Any oral communications by CDPH will be considered unofficial and non-binding.

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Wrap Up

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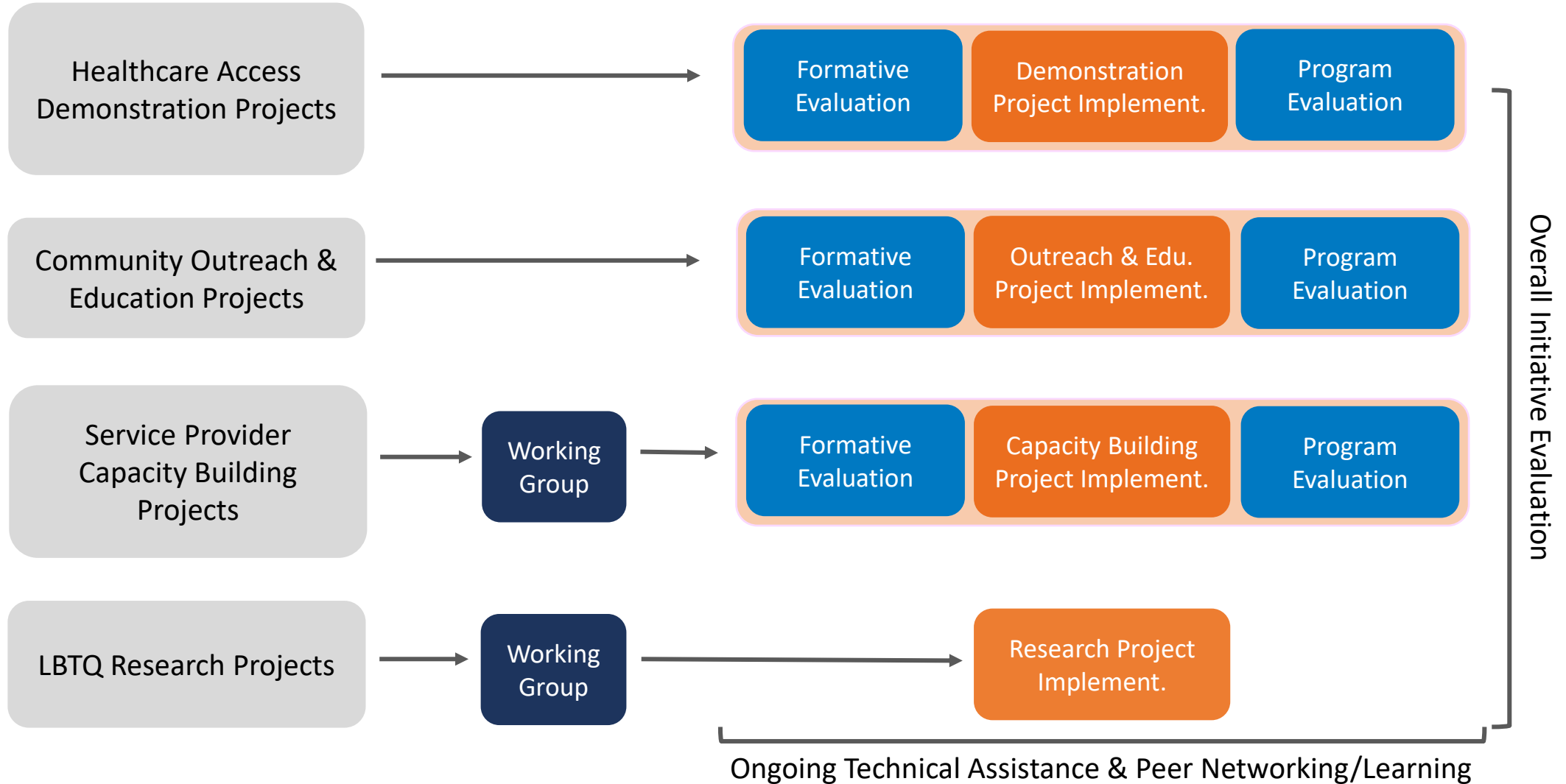
INITIATIVE BACKGROUND

- 2019: LGBTQ Health Equity Initiative created following community advocacy campaign
- \$17.5 million over 5 years to address health disparities impacting LGBTQ communities
- Led to the creation of the Gender Health Equity Unit in the CDPH Office of Health Equity

The LGBTQ Health Equity Initiative champions the development of affirming and inclusive community-based solutions that drive structural change, empowering LGBTQ Californians to achieve optimal health.

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LBTQ INITIATIVE BACKGROUND



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PROPOSED FUNDING GOALS

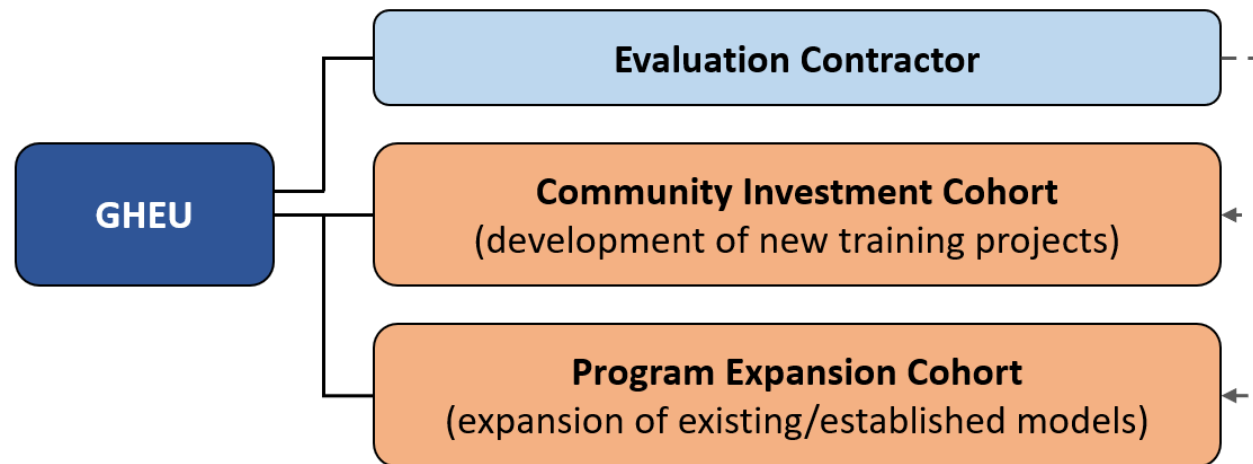
- Increase access to culturally response care for LGBTQ Californians through community-led training and technical assistance (TTA) for health and social service providers in a variety of settings.
- Funded projects positively impact practices and systems for LGBTQ patients/clients.
- Prioritize funding projects with the potential to have lasting, meaningful and sustainable impact.
- Develop localized best practices, tools, and models, which are replicable and transferrable, to extend the impact of the LGBTQ Health Equity Initiative.
- Grantees establish themselves as experts in local LGBTQ health service provision and/or training & TA.

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PROPOSED FUNDING STRUCTURE

Cohort	# Awards	Individual Award Amount	Contract Duration
Program Expansion	3+	Up to \$400,000 each	2 years
Community Investment	3+	Up to \$400,000 each	2 years

- CA-based organizations may be awarded funds; subcontractors may be based outside of California
- May be single applicant or collaborative/include subcontractors
 - Subcontractors are allowed, not required
 - There must be one prime applicant who would be in contract with the State



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PROPOSED FUNDING REQUIREMENTS

- Funded organizations must be a registered non-profit, fiscally sponsored, or Tribal government.
- Lead organization must be California-based.
- Proposed projects must be community-led.
 - If a health service agency is applying with a community-based technical assistance provider, the CBO must be lead.
- CBOs must establish MOU with health service agency they propose working with following award. They are encouraged (but not required) to include their partner agency(ies) in the budget.

- Demonstrated experience with and genuine connections to LGBTQ communities (and intersectional identities of proposed communities served).
- Demonstrated experience implementing capacity building efforts.
 - How are we addressing this differently for the two cohorts?
- CBOs are encouraged (but not required) to include their partner agency(ies) in the budget.
- Strongly articulated and documented need for proposed services in the proposed area and population(s).
 - Addressing service gaps, not only funding projects in resource-rich areas.
- Established collaborative relationship with partner service agency and/or ability to reach and work with target service providers.
 - Identified champion within partner service provider agency is desirable.

*Recommended/desired qualifications can be scored during application evaluation, whereas funding requirements are pass/fail.

- Who do we define as a service provider?
 - Healthcare providers including lay staff, healthcare workers, and administrators (Community clinics, hospitals, doctor's offices)
 - Midwives and other birth workers
 - Mental and behavioral health providers
 - Home health and care workers
 - Health-related social service and youth service providers
 - Non-traditional healthcare providers (jails, juvenile detention facilities)

- Providing LGBTQ cultural competency and implicit bias training for service provider staff and volunteers.
- Building capacity to provide LGBTQ-inclusive services for local communities in languages beyond English.
- Providing technical assistance and training to maximize telehealth as service delivery mechanism to increase access to inclusive services.
- Partnering with a service provider to develop community-informed, population-specific protocols and guidelines.
- Developing digital training programs and tools.
- Supporting local coalitions that address sustainable solutions for their communities.

PROPOSED TIMELINE

KEY ACTION	DATE
Stakeholder Townhall & Feedback Session	May 26, 2022
Draft RFA Available for Review/Comments	June 13, 2022
Public Comment Period Ends	June 24 th , 2022
RFA Released for Applications	June 30 th , 2022
Applications Due	Aug. 25 th , 2022
Intent to Award Announced	Sept. 19 th , 2022
Program Implementation Begins (est.)	November 2022

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