

CDPH Office of Health Equity
Gender Health Equity Unit
Request for Application #22-10531
Service Provider Capacity Building

LBTQ Health Equity Initiative
Pre-Application Conference

October 3, 2022 | 10:00 AM – 12:00 PM (PST)

CDPH thanks you for your attendance.
The conference will begin momentarily.



10:00 – 10:10

Welcome & Housekeeping

Sarah Roush, MSPH, CHES (she/her)

Gender Health Equity Specialist

Office of Health Equity, Department of Public Health

10:10 – 10:20

Initiative Background

10:20 – 10:55

Overview of RFA

10:55 – 11:55

Q&A

11:55 – 12:00

Wrap Up

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HOUSEKEEPING (PART 1 OF 2)



This meeting is being recorded.



Closed captioning is available.



Please keep your devices muted unless called upon to speak.



Any oral communications by CDPH will be considered unofficial and non-binding. Binding changes to scope and contract terms will be issued as amendments. Clarifications will be addressed in responses to written questions. It is the responsibility of all applicants to continuously monitor the CDPH website for any modifications and clarifications.

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HOUSEKEEPING (PART 2 OF 2)



Please save your questions for the end of the presentation. If you would like to speak, please use the Zoom feature to raise your hand and wait to be acknowledged. You may also use the chat to submit questions to be read out loud.



Please state your name before speaking.



You may submit written questions to LBTQCapacityBuilding@cdph.ca.gov before 5:00 p.m. on October 10, 2022.

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AGENDA

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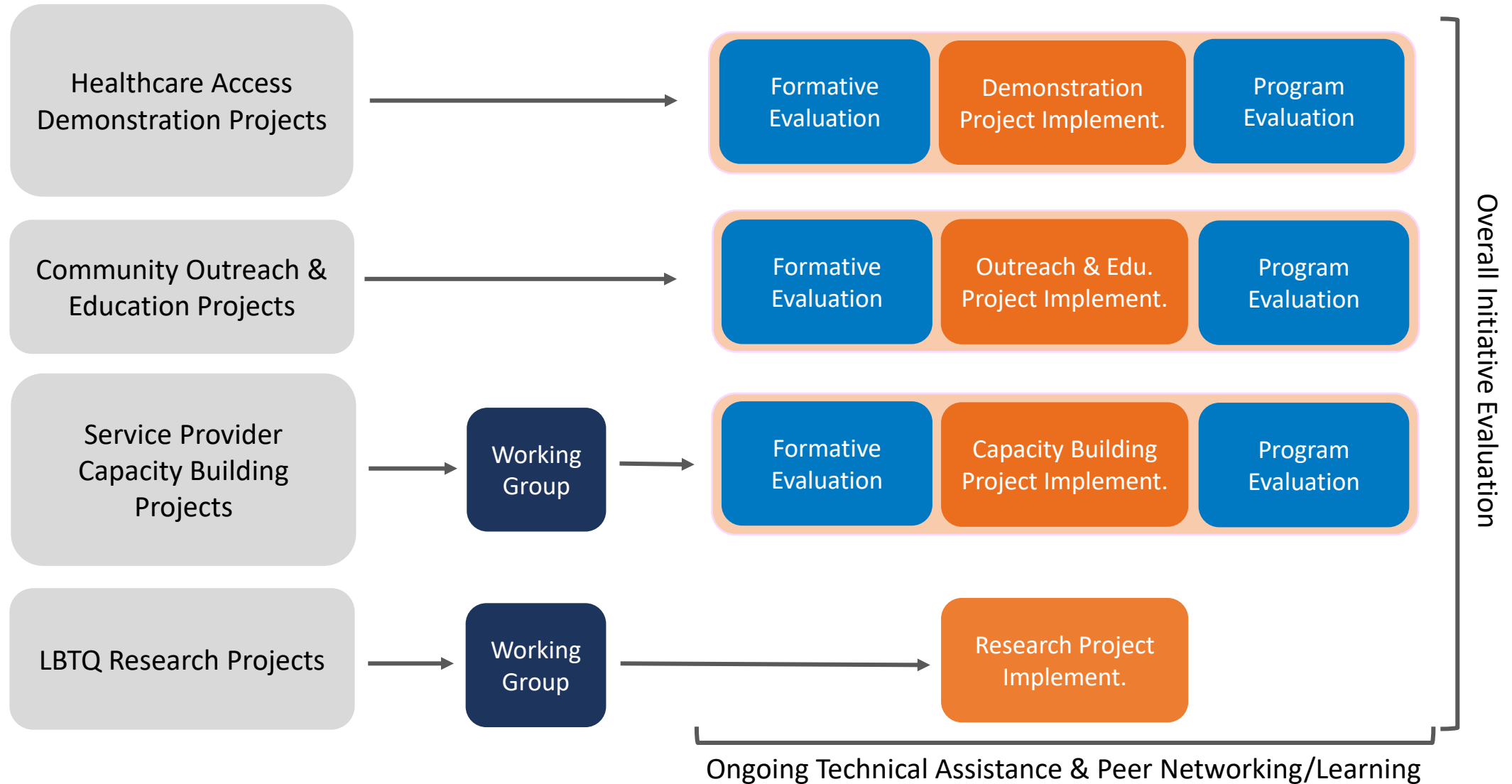
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LBTQ INITIATIVE BACKGROUND

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

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

LBTQ INITIATIVE STRUCTURE



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LBTQ INITIATIVE FUNDING

| RFA 1: HCADP and CE&OP | # Awarded | Individual Award Amounts |
|------------------------|-----------|--------------------------|
| Prime Contracts | 4 | \$1,912,500 |
| HCADP Subcontracts | 12-16 | \$200,000-\$500,000 |
| CE&OP Subcontracts | 8-16 | \$50,000-\$250,000 |

Each contract is inclusive of subcontract budgets. Each contractor will manage 5-8 subcontracts.

| RFA 2: SPCBP | # Awards | Individual Award Amounts |
|-----------------|----------|--------------------------|
| SPCBP Contracts | Up to 8 | Up to \$400,000 |

| RFA 3: Research Contracts | # Awards | Individual Award Amounts |
|---------------------------|----------|--------------------------|
| Research Contracts | 6 | \$50,000-500,000 |

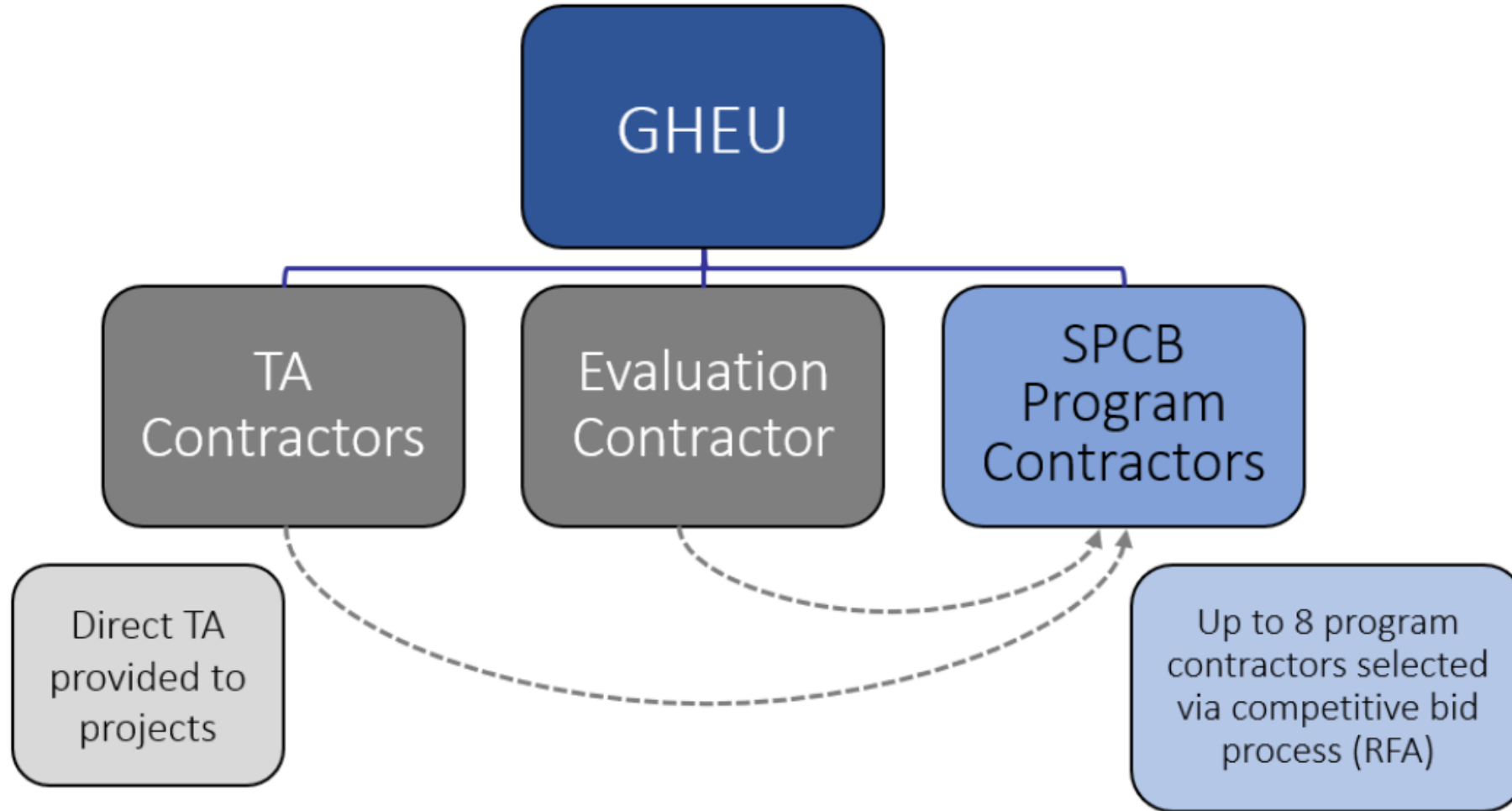
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LBTQ Initiative

Address health disparities and inequities that negatively impact the health/wellness of LBTQ Californians through community-led interventions.

SPCBP

Increase the likelihood and willingness of LBTQ Californians to access culturally responsive health and health-related services, both within healthcare settings and in LGBTQ-specific continuums of care that holistically link and support retention in care across a variety of settings. The LBTQ Initiative will fund community-led training and assistance projects for health service providers, quality improvement efforts related to provision of culturally responsive care for LBTQ patients, and other efforts to strengthen continuums of care for LBTQ Californians.



Minimum Qualifications

- Be a 501(c)3 organization, fiscally sponsored, or a California Tribal Government.
- Based in California.
- Have at least 2 years of experience in implementing projects and/or providing services to the priority populations listed in RFA

Desired Qualifications

- Has significant experience implementing capacity building efforts related to the delivery of affirming, culturally and linguistically responsive health- and health-related services for LGBTQ communities and priority populations.
- Has demonstrated ability to work in culturally and linguistically appropriate manner with CA's LGBTQ communities and priority populations.
- Has strong support from the LGBTQ communities and priority populations they serve.

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APPLICATION REQUIREMENTS

1. Table of Contents
2. Proposed Contractor Submittals: Attachments 1-11.

| | |
|---------------|---|
| Attachment 1 | Required Attachments Checklist (1 per contractor) |
| Attachment 2 | Application Summary (1 per contractor) |
| Attachment 3 | Contractor Minimum Qualifications Certification (1 per contractor) |
| Attachment 4 | Contractor Narrative (1 per contractor) |
| Attachment 5 | Contractor Budget Sheet (1 per contractor) |
| Attachment 6 | Contractor Certification Clauses (CCC 04/2017) (1 per contractor) |
| Attachment 7 | Darfur Contracting Act Certification* (1 per contractor) |
| Attachment 8 | Certification of Financial Solvency (1 per contractor) |
| Attachment 9 | Payee Data Record (STD 204) (1 per contractor) |
| Attachment 10 | Contractor Letters of Support (2 per contractor) |
| Attachment 11 | CDPH 9083 – Government Agency Taxpayer ID Form* (1 per government agency) |

*If applicable

| | |
|----------------------------------|--|
| ORGANIZATION CAPACITY | <ul style="list-style-type: none"> ▪ Describe the organization’s mission & history of serving priority populations. Describe ties of organizational leadership & staff, including lived experience, to priority populations. ▪ Describe experience and ability of personnel to provide culturally and linguistically appropriate programs. ▪ Demonstrate successful administrative, fiscal and programmatic management of governmental or non-governmental funds. |
| PROGRAM DESIGN | <ul style="list-style-type: none"> ▪ Provide a detailed narrative of the proposed community-based project, including the specific populations/sub-populations to be served, health inequities/risk factors to be addressed, and expected outcomes. ▪ Describe proposed strategies and approach, and explain how this will effectively impact the community served. How can success/impact be measured? |
| APPROACH | <ul style="list-style-type: none"> ▪ Provide a theory of change/logic model explaining how program activities will result in reduced health disparities. ▪ Provide a detailed workplan. |
| BUDGET | <ul style="list-style-type: none"> ▪ Complete budget sheet & narrative. |

- All applications are required to center LBTQ populations
 - **LBQ women** (cisgender and transgender)
 - **Transgender individuals** (transfeminine, transmasculine and nonbinary)
- Service provider trainings may address culturally responsive services for LGBTQ+ populations, but the project narrative must address how LBTQ communities are specifically centered within the proposed funded project.

Additionally, all proposals must address at least one LBTQ Initiative priority population:

- **BIPOC LBTQ Californians**
- **LBTQ Californian youth** (ages under 25)
- **LBTQ Californian elders** (ages 65 and older)
- **Economically vulnerable populations** in California
 - Including homeless populations and individuals engaged in survival economies.
- **Legally vulnerable populations** in California
 - Including immigrants, undocumented individuals, homeless populations, incarcerated and recently incarcerated populations, youth engaged in and recently transitioned from the foster care system, and queer and transgender sex workers.

- Capacity building activities must address providers of health and/or health-related services, including but not limited to primary care services; reproductive health services; mental health services; behavioral health providers; and other providers and/or brokers of health and health-related services.
- Under the terms of this funding opportunity, “service providers” are broadly defined, including but not limited to:
 - Healthcare providers including lay staff, healthcare workers, and administrators
 - Mental and behavioral health providers
 - Home health and care workers
 - Child welfare staff and educators
 - Non-traditional healthcare providers (jails, juvenile detention facilities)
 - Midwives and other birth workers
 - Cultural health practitioners
 - Peer navigators and peer support workers
 - Health-related social service and youth service providers

ELIGIBLE PROJECT EXAMPLES



LGBTQ+ cultural competency trainings and technical assistance targeting home healthcare staff and program administrators in Los Angeles County. (**While projects may address capacity building related to serving LGBTQ+ populations broadly, the narrative should address how the needs of LBTQ populations are centered within the project design.*)



A partnership with a local FQHC to implement a quality improvement (QI) project focused on retention and improved health outcomes for BIPOC LBTQ patients in 2 counties of California's Central Valley.



Enhancement of community-based peer navigation services to support access to affirming care, engagement and retention of transgender patients, in rural areas of Southern California.



Development and implementation of new digital training curricula on SOGI data collection and utilization for health service providers, with free registrations provided during the project funding period. (*The applicant would need to indicate one region to apply under, although some project activities may take place across regional borders.*)

INELIGIBLE PROJECT EXAMPLES



A suicide prevention communications campaign directed at queer and trans youth in the East Bay. (*Community outreach & education projects were funded under a previous RFA of the Initiative. This would need to incorporate a capacity building component to qualify under this funding opportunity.*)



A gap analysis and needs assessment focused on reproductive healthcare access and barriers among transmasculine patients in Southern California (*Research projects will be funded through a subsequent RFA of the initiative.*)



A project to increase preventive cancer screenings among LGBTQ women in which 85% of program budget funds provider salaries and direct patient care, with minimal focus on community-based interventions or trainings and technical assistance. (*Community-based programs must be prevention-focused and follow a public health approach.*)

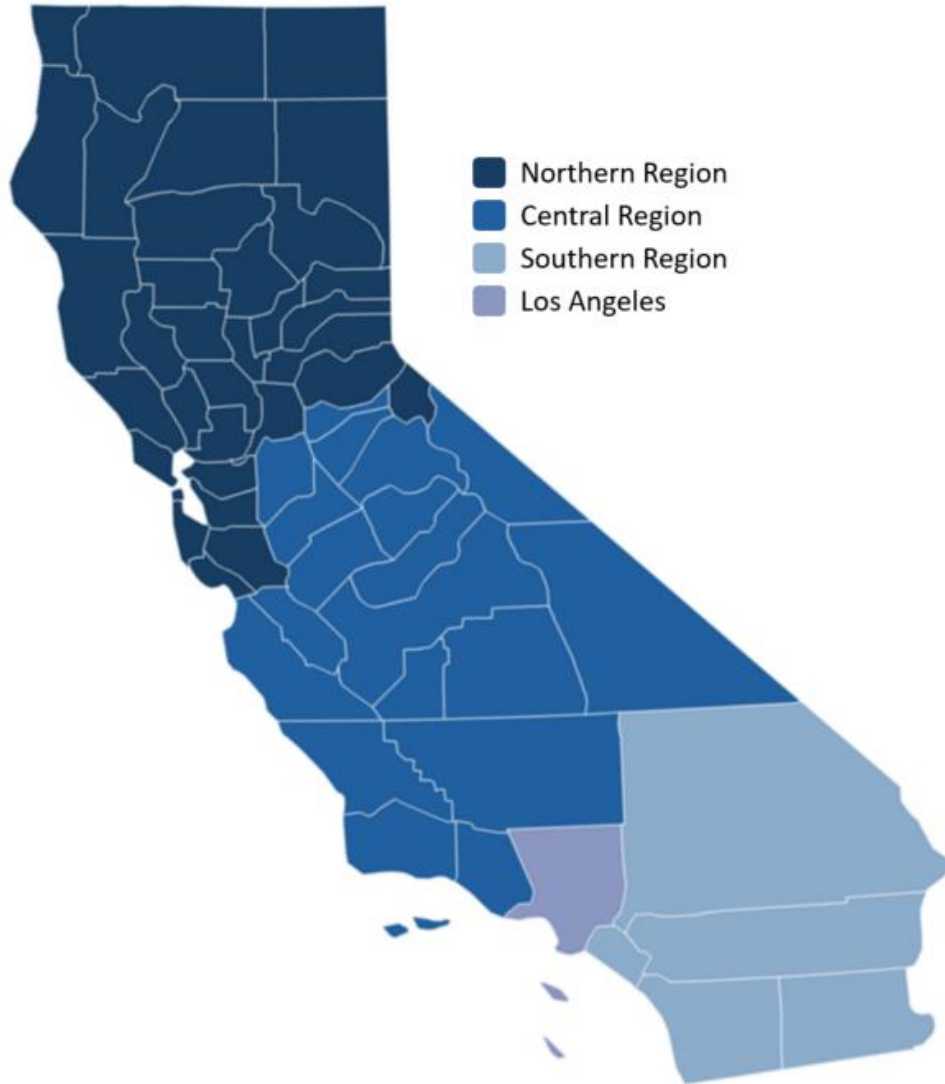


Funding community social events at a local bar with free alcohol for participants. (*Activities that may contribute to or exacerbate health disparities, such as substance misuse and abuse, are not allowable.*)



A project that develops a new app to connect transgender and non-binary individuals to hormone therapy, with a \$90/month subscriber fee. (*For-profit activities are not allowable.*)

GEOGRAPHIC REGIONS (PART 1 OF 2)



| REGION | COUNTIES |
|------------------------|--|
| Northern Region | Alameda, Alpine, Butte, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Mateo, Santa Clara, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba |
| Central Region | Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Monterey, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Tuolumne, Ventura |
| Southern Region | Imperial, Orange, Riverside, San Bernardino, San Diego |
| Los Angeles | Los Angeles |

- Four funding regions: Northern, Central, Southern, Los Angeles.
- Initiative will fund highest scoring compliant application in each region.
- Remaining funds distributed to highest scoring remaining applicants.
- Projects funded statewide, not clustered in highest resource counties.



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graph TD; A[Eval Team (UCSB)] --> B[Up to 8 Contractors' Data Collection];
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Eval Team
(UCSB)

- Set the stage for data collection across projects
- We help contractors with TA & eval needs

Up to 8
Contractors'
Data Collection

- Contractors collect data on their projects – two way street in support and feedback

1. Standard measures across all strategies

- Demographics, basic health info – need to know who we are serving and who is being left behind

2. In collaboration with evaluation supports, program specific metrics

- Ex: If your project aids in training providers on trans women's health, how many providers did you reach and how did their knowledge (& behaviors) change?

3. Process and Outcome evaluation progress

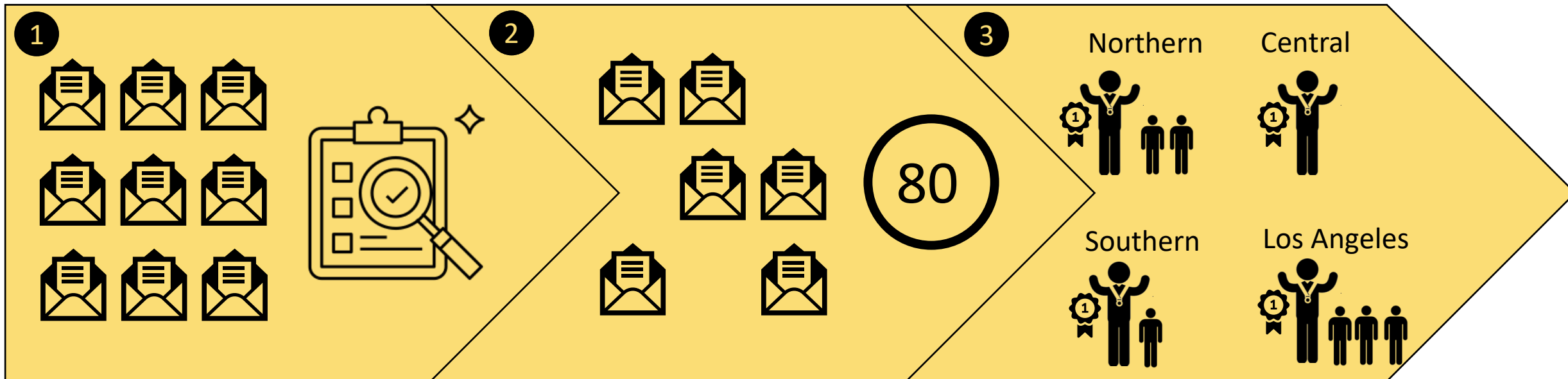
- What challenges arose and what supports were needed?
- How did staff and participants of your services feel about your work?

Ultimately, it's about helping orgs continue to do good work, including building on strengths and determining areas of growth.

- Applications will be scored based on criteria outlined in the RFA.
- 100 points total
- Application sheet & documentation required for each; scored according to the chart below:

| Scoring Criteria | Maximum Possible Points |
|-------------------------------|-------------------------|
| Organization Capacity | 30 |
| Project Design | 20 |
| Approach | 30 |
| Budget | 20 |
| Maximum Total Points Possible | 100 Points |

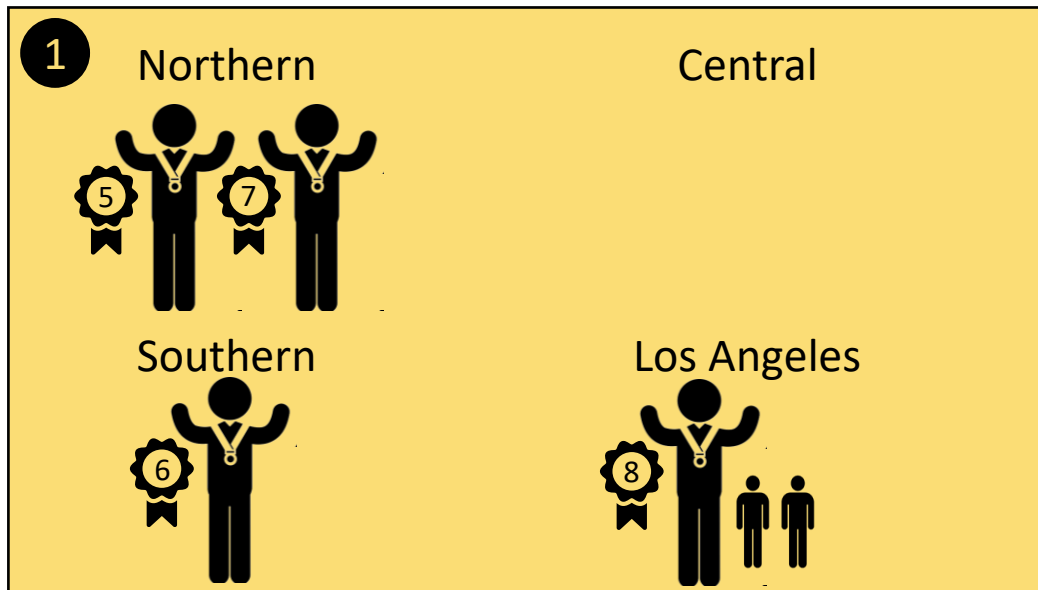
PHASE 1



Meet required format and minimum qualifications

Score at least 80 points to be considered responsive

Awards go to highest scoring applicant in each region that will be served

PHASE 2

Remaining funding distributed to the highest scoring remaining applicants who submitted a compliant application

| DATE (Times in PST) | KEY ACTION |
|-------------------------------------|---|
| Sep 30, 2022 | RFA Released for Application |
| Oct 3, 2022 10:00 a.m. – 12:00 p.m. | Pre-Application Conference (Optional) |
| Oct 10, 2022 before 5:00 p.m. | Deadline for Written Question Submission |
| Oct 17, 2022 before 5:00 p.m. | Responses to Written Questions Posted on SPCBP RFA page |
| Oct 24, 2022 before 5:00 p.m. | Deadline for Request for Requirements Change |
| Nov 28, 2022 before 5:00 p.m. | Deadline for Application Submission |
| Dec 12, 2022 before 5:00 p.m. | Notice of Intent to Award Posted on SPCBP RFA page |
| Mar 1, 2023 (Estimate) | Contracts begin |

- Proposals must be submitted electronically before 5:00 pm on November 28, 2022.

| EMAIL COMPONENT | INFORMATION REQUIREMENT |
|------------------|--|
| To Email Address | LBTQCapacityBuilding@cdph.ca.gov |
| Subject Line | [Applicant Organization Name] RFA #22-10531 Application |
| Attachments | <p>Attach one (1) file containing all the required elements of the application. The file can be submitted in PDF format only. Unless otherwise directed, we do NOT accept other formats.</p> <p>If the attachment exceeds 1.5MB, you may separate the attachment into smaller attachments and submit multiple emails that indicate the sequence number at the end of subject line. For example, if a submission requires three emails, the subject line of the first email to be read should end with “Part 1 of 3”.</p> |

<https://www.cdph.ca.gov/Programs/OHE/Pages/LBTQ-SPCB.aspx>

- Currently houses RFA document, key dates and event information/registration
- Official updates and announcements will be posted here

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