ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

29 April 23, 2024

JEFF LEVINSON
INTERIM EXECUTIVE OFFICER

COUNTY OF LOS ANGELES
Public Health

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Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

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April 23, 2024

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL TO EXECUTE AMENDMENTS TO EXTEND TWO SOLE SOURCE CONTRACTS FOR THE PROVISION OF SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT SERVICES IN LOS ANGELES COUNTY EFFECTIVE JUNE 30, 2024 THROUGH SEPTEMBER 29, 2028 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request approval to execute amendments to sole source contracts with the University of Southern California School of Pharmacy and the Community Clinic Association of Los Angeles County to extend the terms effective June 30, 2024 through September 29, 2028.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute amendments to two sole source contracts, substantially similar to Exhibit I, to extend the terms and to increase the maximum obligation for the continued provision of the Solutions for Healthier Communities Project, effective June 30, 2024 through September 29, 2028 with the University of Southern California School of Pharmacy (USC), contract number PH-003977, in the amount of $2,019,500, and the Community Clinic Association of Los Angeles County (CCALAC), contract number PH-004419, in the amount of $1,522,075 as allocated in Attachment A, fully funded by the Centers for Disease Control and Prevention (CDC), Solutions for Equitable Diabetes Prevention and Management Grant Number NU58DP007384 and Innovative Solutions for Cardiovascular Health Grant Number NU58DP007576, Assistance Listing Number 93.988.

2. Delegate authority to the Director of Public Health, or designee, to execute amendments to the contracts that a) extend the term through March 31, 2031 at amounts to be determined by the Director of Public Health, contingent upon the availability of funds and contractor performance; b)

allow the rollover of unspent contract funds, if allowable by the grantor; c) allow reallocation of funds between budgets; d) provide an increase or decrease in funding up to 10 percent above or below the annual base maximum obligation effective upon execution; e) update the statement of work and/or scope of work, as necessary; and/or f) correct errors in the contracts' terms and conditions, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.

3. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contracts that authorize budget modifications, with corresponding modifications to the statement of work and/or scope of work, that are within the same scope of services, as necessary; and/or changes to hours of operation and/or service locations.

4. Delegate authority to the Director of Public Health, or designee, to immediately suspend or terminate either contract upon issuing a written notice to a contractor who fails to fully comply with contractual requirements; and terminate either contract for convenience by providing a 30-calendar day advance written notice to the contractor.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Public Health received two five-year cooperative agreements from the Centers for Disease Control and Prevention (CDC) (Solutions for Equitable Diabetes Prevention and Management [SEDPM] and Innovative Solutions for Cardiovascular Health [ISCH]) to continue the provision of Solutions for Healthier Communities Project Services (SHC) to strengthen and expand the availability of National Diabetes Prevention Program and Diabetes Self-Management Education and Support programming for priority populations in most need of quality prediabetes and diabetes support and to advance cardiovascular health and health equity through the prevention, detection, control, and management of hypertension and high cholesterol in Los Angeles County (LAC). To capitalize on efforts initiated under the Cardiovascular Disease Prevention and Management Strategy (CDPMS), both sole source contractors were identified as optimal partners to support SEDPM and ISCH activities, as further described below.

Public Health identified USC as a contractor for these CDC grants because it is the home of the California Right Meds Collaborative (Collaborative) which is the only group, statewide and regionally, that engages pharmacists and healthcare teams in learning sessions where professional tools, methods, and resources are shared for delivering quality disease prevention and management programming including comprehensive medication management (CMM). The Collaborative promotes the use of evidence-based guidelines for the treatment and management of hypertension, diabetes, and other chronic conditions in a team care setting. In addition, the Collaborative serves as a key vehicle for achieving SEDPM and ISCH objectives as described in the CDC-approved scopes of work. USC is also the only school of pharmacy that is directly affiliated with a fully accredited allopathic medicine (Medical Doctorate) program, the Keck School of Medicine at USC. This relationship to the school of medicine provides SEDPM and ISHC with opportunities to directly promote CMM among physicians and physicians-in-training.

CCALAC, the only association of community clinics in LAC, was identified as a contractor for these CDC grants because of its extensive experience in successfully leading clinical change initiatives related to quality improvement, diabetes prevention programs, hypertension, and health care disparities.

CCALAC's extensive network of safety-net partner clinics allows for lessons learned from the proposed collaboration to easily be spread and shared with other clinics and further advance population health improvement efforts and activities for low-income communities who suffer from poor health outcomes. CCALAC serves as a key vehicle for achieving key SEDPM and ISCH objectives described in the CDC-approved scopes of work. CCALAC's infrastructure and experience will bring invaluable resources and supports including developed staff expertise, program implementation capacity, and a network of engaged clinic partners ready to meet the grant objectives in a timely and effective manner.

Approval of the Recommendation 1 will allow Public Health to execute amendments to extend the terms of the two sole source contracts with USC and CCALAC to continue the provision of SEDPM and ISCH in LAC. The SEDPM and ISCH contractors have employed evidence-based strategies and innovative approaches to better prevent and manage diabetes and cardiovascular disease.

Approval of Recommendation 2 will allow Public Health to execute amendments to the sole source contracts to extend and/or adjust the terms of the contracts through March 31, 2031 at amounts to be determined by the Director of Public Health; rollover unspent funds; reallocate funds between budgets; increase or decrease funding up to 10 percent above or below the annual base maximum obligation; and/or reflect other necessary modifications to the contracts effective upon amendment execution; update the statement of work and/or scope of work, as necessary; and/or correct errors in the contracts' terms and conditions. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to execute change notices to the contracts that authorize budget modifications and corresponding service adjustments, and as necessary, changes to hours of operation and/or service locations.

Approval of Recommendation 4 will allow Public Health to immediately suspend either contract if a contractor fails to perform and/or fully comply with contractual requirements, and to terminate either contract for convenience by providing 30-calendar days' advance written termination notice to the contractor.

Implementation of Strategic Plan Goals

The recommended actions support Strategy II.2, Support the Wellness of Our Communities, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total County maximum obligation for the two sole source contract amendments is $3,541,575 ($421,575 for period 1; $851,500 for period 2; $851,500 for period 3; $851,500 for period 4; and $565,500 for period 5) as detailed in Attachment A, fully offset by CDC funding.

There is no net County cost associated with this action.

Funding is included in Public Health's Recommended Budget for fiscal year (FY) 2024-25 and will be included in future FYs as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In 2014, Public Health implemented the Chronic Disease Prevention Strategy (CDPS) in Los Angeles. CDPS is a multi-pronged approach to prevent diabetes and identify and manage hypertension among underserved populations in AC. CDPS developed critical mechanisms to identify adults at high risk of cardiovascular disease and provided linkage to preventive services.

In 2018, CDPS was replaced by the CDPMS. CDPMS helped strengthen and expand transformative clinical systems and care practices, community-clinical linkage programming, and community-based lifestyle and disease management support for priority groups experiencing a disproportionate burden of diabetes, hypertension, and other related chronic conditions in the region.

Using CDPMS as a base, Public Health implements the SEDPM and Innovative ISCH to maximize reach and impact among populations experiencing disproportionately high burden of chronic disease. These populations include African Americans/Blacks, Hispanics/Latinos, Asians (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.), Native Hawaiian and other Pacific Islanders, and groups with low socioeconomic status.

As required by, and in compliance with, Board Policy 5.100, your Board was notified on January 11, 2024 of Public Health's intent to request approval to extend the term of these two Solutions for Healthier Communities contracts as sole source contracts.

County Counsel has reviewed and approved Exhibit I as to form. Attachment A provides information regarding funding allocations for the two Solutions for Healthier Communities sole source contracts. Attachment B includes the two Sole Source Checklists signed by the CEO.

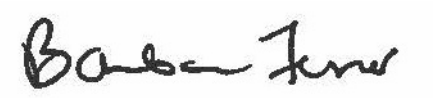
CONTRACTING PROCESS

On August 14, 2019, USC contract number PH-003977 was executed as a sole source contract with authority from the Board, and on October 19, 2020, CCALAC contract number PH-004419 was executed as sole source contract with authority from the Board to implement SHC.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to continue and to expand diabetes and cardiovascular prevention efforts throughout LAC.

Respectfully submitted,



Barbara Ferrer, PhD, MPH, MEd

Director

BF:cv
#07471

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
SOLUTIONS FOR HEALTHIER COMMUNITIES SOLE SOURCE CONTRACTS

Attachment A

	Contractor	Contract #	Period 1			Period 2			Period 3			Period 4			Period 5		Total
			Source of Funding		Total	Source of Funding		Total	Source of Funding		Total	Source of Funding		Total	Source of Funding	Total	
			Innovative Solutions for Cardiovascular Health (June 30, 2024 through September 29, 2024	Solutions for Equitable Diabetes Prevention and Management (June 30, 2024 through June 29, 2025)		Innovative Solutions for Cardiovascular Health (September 30, 2024 through September 29, 2025	Solutions for Equitable Diabetes Prevention and Management (June 30, 2025 through June 29, 2026)		Innovative Solutions for Cardiovascular Health (September 30, 2025 through September 29, 2026	Solutions for Equitable Diabetes Prevention and Management (June 30, 2026 through June 29, 2027)		Innovative Solutions for Cardiovascular Health (September 30, 2026 through September 29, 2027	Solutions for Equitable Diabetes Prevention and Management (June 30, 2027 through June 29, 2028)		Innovative Solutions for Cardiovascular Health (September 30, 2027 through September 29, 2028		
1	University of Southern California School of Pharmacy	PH-003977	$ 71,500	$ 143,000	$ 214,500	$ 344,000	$ 143,000	$ 487,000	$ 344,000	$ 143,000	$ 487,000	$ 344,000	$ 143,000	$ 487,000	$ 344,000	$ 344,000	$ 2,019,500
2	Community Clinic Association of Los Angeles County	PH-004419	$ 64,075	$ 143,000	$ 207,075	$ 221,500	$ 143,000	$ 364,500	$ 221,500	$ 143,000	$ 364,500	$ 221,500	$ 143,000	$ 364,500	$ 221,500	$ 221,500	$ 1,522,075
			Total		**$ 421,575**			**$ 851,500**			**$ 851,500**			**$ 851,500**		**$ 565,500**	$ 3,541,575

Attachment B

SOLE SOURCE CHECKLIST

Department Name: Community Clinics Association of Los Angeles County

☐ New Sole Source Contract

☐ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: _____

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS **Identify applicable justification and provide documentation for each checked item.**
	➢ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an "*Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist* ."
	➢ Compliance with applicable statutory and/or regulatory provisions.
	➢ Compliance with State and/or federal programmatic requirements.
	➢ Services provided by other public or County-related entities.
	➢ Services are needed to address an emergent or related time-sensitive need.
	➢ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➢ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
	➢ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
	➢ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➢ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➢ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla
Chief Executive Office

Date

SOLE SOURCE CHECKLIST

University of
Southern California
School of Pharmacy

Department Name: _____

□ New Sole Source Contract

□ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: _____

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS **Identify applicable justification and provide documentation for each checked item.**
	➢ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an "*Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist* ."
	➢ Compliance with applicable statutory and/or regulatory provisions.
	➢ Compliance with State and/or federal programmatic requirements.
	➢ Services provided by other public or County-related entities.
	➢ Services are needed to address an emergent or related time-sensitive need.
	➢ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➢ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
	➢ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
	➢ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➢ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➢ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla
Chief Executive Office

Date

Amendment No. 7

DEPARTMENT OF PUBLIC HEALTH
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES CONTRACT

THIS AMENDMENT is made and entered into on _____,

by and between COUNTY OF LOS ANGELES (hereafter "County"),

and COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled “SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES CONTRACT", dated October 19, 2020, further identified as Contract No. PH-004419, and all amendments thereto (all hereafter "Contract"); and

WHEREAS, on April 24, 2024, the County Board of Supervisors delegated authority to the Director of the Department of Public Health, or designee, to execute amendments to the Contract to extend the term, increase the maximum obligation, and update the Contract's terms and conditions; and

WHEREAS, it is the intent of the parties hereto to amend the Contract to extend the term through September 29, 2028, increase the maximum obligation, and make other hereafter designated changes; and

WHEREAS, County has been allocated funds from Centers for Disease Control and Prevention (CDC), Assistance Listing Number (ALN) 93.988, and CDC ALN 93.426, of which a portion has been designated to the Contract; and

WHEREAS, said Contract provides that changes may be made in the form of a

written amendment which is formally approved and executed by the parties; and

WHEREAS, Contractor warrants that it continues to possess the competence, expertise, and personnel necessary to provide services consistent with the requirements of the Contract, and consistent with the professional standard of care for these services.

NOW, THEREFORE, the parties hereto agree as follows:

1. This amendment is effective upon execution.

2. Exhibits B-5-A, B-5-B, B-6-A, B-6-B, B-7-A, B-7-B, B-8-A, B-8-B, and B-9, Scopes of Work, attached hereto and incorporated by reference, are added to the Contract.

3. Exhibits C-5-A, C-5-B, C-6-A, C-6-B, C-7-A, C-7-B, C-8-A, C-8-B, and C-9, Budgets, attached hereto and incorporated by reference, are added to the Contract.

4. Exhibits I-1-A and I-1-B, Notice of Federal Subaward Information, attached hereto and incorporated by reference, are added to the Contract.

5. Paragraph 3, DESCRIPTION OF SERVICES, Subparagraph D is deleted in its entirety and replaced as follows:

> "D. Federal Award Information for this Contract is detailed in Exhibit I-1-A and I-1-B, Notices of Federal Subaward Information, attached hereto and incorporated by reference."

6. Paragraph 4, TERM OF CONTRACT, is deleted in its entirety and replaced as follows:

"4. TERM OF CONTRACT:

The term of this Contract is effective October 19, 2020 through September 29, 2028, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

Contractor must notify the Public Health Division of Chronic Disease and Injury Prevention (CDIP) when this Contract is within six months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, Contractor must send written notification to CDIP at the address herein provided in the NOTICES Paragraph."

7. Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraphs A.5-A.6, are added as follows:

5. MAXIMUM OBLIGATION OF COUNTY

"A.5 For the period of June 30, 2024 through September 29, 2026, the maximum obligation of County for all services provided hereunder will not exceed seven hundred ninety-three thousand, seventy-five dollars ($793,075). Of this amount, five hundred seven thousand, seventy-five dollars ($507,075) is allocated for Innovative Solutions for Cardiovascular Health (ISCH), as set forth in Exhibits C-5-A, C-6-A, and C-7-A; and two hundred eighty-six thousand dollars ($286,000) is allocated for Solutions for Equitable Diabetes Preveniton and Management (SEDPM), as set forth in Exhibits C-5-B and C-6-B.

A.6 For the period of June 30, 2026 through September 29, 2028, the maximum obligation of County for all services provided

hereunder will not exceed seven hundred twenty-nine thousand dollars ($729,000). Of this amount, four hundred forty-three thousand dollars ($443,000) is allocated forISCH, as set forth in Exhibits C-8-A, and C-9; and two hundred eighty-six thousand dollars ($286,000) is allocated for SEDPM, as set forth in Exhibits C-7-B and C-8-B."

8. Paragraph 36, CONSIDERATION OF HIRING GAIN/GROW PARTICIPANTS, is deleted in its entirety and replaced as follows:

"36. CONSIDERATION OF HIRING GAIN/START PARTICIPANTS:

A. Should Contractor require additional or replacement personnel after the effective date of this Contract, Contractor will give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or Skills and Training to Achieve Readiness for Tomorrow (START) Program who meet Contractor's minimum qualifications for the open position. For this purpose, consideration will mean that Contractor will interview qualified candidates. The County will refer GAIN/START participants by job category to Contractor. Contractor must report all job openings with job requirements to: gainstart@dpss.lacounty.gov and bservices@opportunity.lacounty.gov and DPSS will refer qualified GAIN/START job candidates.

B. In the event that both laid-off County employees and GAIN/START participants are available for hiring, County employees must be given first priority."

9. Except for the changes set forth hereinabove, all other terms and conditions of the Contract remain the same.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this amendment to be subscribed by its Director of Public Health, or designee, and Contractor has caused this amendment to be subscribed in its behalf by its duly authorized officer, the month, day, and year first above written.

COUNTY OF LOS ANGELES

By _____
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
Contractor

By _____
Signature

_____
Printed Name

Title _____

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
DAWYN R. HARRISON
County Counsel

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Public Health

By _____
Contracts and Grants Division Management

BL #07471

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
June 30, 2024 to September 29, 2024

GOAL: **By September 29, 2024, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with County of Los Angeles Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	September 29, 2024	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	September 29, 2024	1.2 Meeting attendance and/or written communication.
2. Increase FQHC/ Community Clinic engagement in planning and discussion around the increased utilization of community health workers (CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.	2.1 Expand CCALAC's Health Education Roundtable to include CHWs, Care Coordinators, and other supportive care team members in equivalent roles.	June 30, 2024	September 29, 2024	2.1 List of new members.
	2.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHWs as part of the care team.	June 30, 2024	September 29, 2024	2.2 Meeting agendas and notes summarizing discussion.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2024 to June 29, 2025

GOAL: **By June 29, 2025, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	June 29, 2025	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	June 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2024	June 29, 2025	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration (i.e., dissemination and promotion) of at least one Public Healthdeveloped survey a	June 30, 2024	June 29, 2025	1.4 Completion of required evaluation activities, including administration of survey.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2024 to June 29, 2025

GOAL: **By June 29, 2025, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

	year to the CCALAC member network.			
2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.	2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.	June 30, 2024	June 29, 2025	2.1 TA materials; regular progress updates.
	2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.	June 30, 2024	June 29, 2025	2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.
	2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting activities implemented, lessons learned, and progress made.	June 30, 2024	June 29, 2025	2.3 Written report.
3. Design and deliver at least three trainings to	3.1 Develop new and/or updated training curricula and materials	June 30, 2024	June 29, 2025	3.1 Training curricula and materials.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2024 to June 29, 2025

GOAL: **By June 29, 2025, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

improve workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes.	aimed at improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.			
	3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.	June 30, 2024	June 29, 2025	3.2 Training summary report (e.g., number of attendees, type of attendees).
	3.3 Administer training pre/post surveys to assess training impact.	June 30, 2024	June 29, 2025	3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: **By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2024	September 29, 2025	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2024	September 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations	September 30, 2024	September 29, 2025	1.3 Meeting attendance, as required

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: **By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	of high hypertension disease prevalence.			
	1.4 Participate in required evaluation activities, as needed	September 30, 2024	September 29, 2025	1.4 Completion of required evaluation activities, when applicable.
2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.	2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to support management of hypertension and high cholesterol. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to	September 30, 2024	September 29, 2025	2.1 TA materials developed; regular progress updates.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: **By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	integrate social support with clinical care delivery; 5) creating community clinical linkages; 6) and utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.			
	2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.	September 30, 2024	November 30, 2024	2.2. Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.
	2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program	September 30, 2024	September 29, 2025	2.3 Data summary reports, cleaned datasets with accompanying

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: **By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	monitoring data. Final metrics to be mutually agreed upon with Public Health.			codebooks (if applicable).
	2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.	September 30, 2024	September 29, 2025	2.4 Summary of project progress for each FQHC/Community Clinic
	2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.	September 30, 2024	September 29, 2025	2.5 Written report.
3. Increase FQHC/ Community Clinic engagement in planning and discussion around the increased utilization of community health workers	3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.	September 30, 2024	September 29, 2025	3.1 List of members

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: **By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.	3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.	September 30, 2024	September 29, 2025	3.2 Meeting agendas and notes summarizing discussion

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2025 to June 29, 2026

GOAL: **By June 29, 2026, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health) prepare administrative reports, and ensure timely invoices.	June 30, 2025	June 29, 2026	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2025	June 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health -led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2025	June 29, 2026	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration	June 30, 2025	June 29, 2026	1.4 Completion of required evaluation activities, including administration of survey.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2025 to June 29, 2026

GOAL: **By June 29, 2026, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

	(i.e., dissemination and promotion of at least one Public Health-developed survey a year to the CCALAC member network.			
2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.	2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.	June 30, 2025	June 29, 2026	2.1 TA materials; regular progress updates.
	2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.	June 30, 2025	June 29, 2026	2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.
	2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting	June 30, 2025	June 29, 2026	2.3 Written report.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2025 to June 29, 2026

GOAL: **By June 29, 2026, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

	activities implemented, lessons learned, and progress made.			
3. Design and deliver at least three trainings to improve workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes.	3.1 Develop new and/or updated training curricula and materials aimed at improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.	June 30, 2025	June 29, 2026	3.1 Training curricula and materials.
	3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.	June 30, 2025	June 29, 2026	3.2 Training summary report (e.g., number of attendees, type of attendees).
	3.3 Administer training pre/post surveys to assess training impact.	June 30, 2025	June 29, 2026	3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable.

Exhibit B-7-A

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: **By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2025	September 29, 2026	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2025	September 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Continue to regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations of high	September 30, 2025	September 29, 2026	1.3 Meeting attendance, as required

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: **By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	hypertension disease prevalence.			
	1.4 Participate in required evaluation activities, as needed	September 30, 2025	September 29, 2026	1.4 Completion of required evaluation activities, when applicable.
2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.	2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support	September 30, 2025	September 29, 2026	2.1 TA materials developed; regular progress updates.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: **By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	with clinical care delivery; 5) creating community clinical linkages; and 6) utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.			
	2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.	September 30, 2025	September 29, 2026	2.2. Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.
	2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program monitoring data. Final metrics	September 30, 2025	September 29, 2026	2.3 Data summary reports, cleaned datasets with accompanying

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: **By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	to be mutually agreed upon with Public Health.			codebooks (if applicable).
	2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.	September 30, 2025	September 29, 2026	2.4 Summary of project progress for each FQHC/Community Clinic
	2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.	September 30, 2025	September 29, 2026	2.5 Written report.
3. Increase FQHC/ Community Clinic engagement in planning and discussion around the increased utilization of community health workers	3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.	September 30, 2025	September 29, 2026	3.1 List of members

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: **By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.	3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.	September 30, 2025	September 29, 2026	3.2 Meeting agendas and notes summarizing discussion

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2026 to June 29, 2027

GOAL: **By June 29, 2027, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2026	June 29, 2027	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2026	June 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2026	June 29, 2027	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration (i.e., dissemination and promotion) of at least one Public Health developed survey a	June 30, 2026	June 29, 2027	1.4 Completion of required evaluation activities, including administration of survey.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2026 to June 29, 2027

GOAL: **By June 29, 2027, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

	year to the CCALAC member network.			
2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.	2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.	June 30, 2026	June 29, 2027	2.1 TA materials; regular progress updates.
	2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.	June 30, 2026	June 29, 2027	2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.
	2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting activities implemented, lessons learned, and progress made.	June 30, 2026	June 29, 2027	2.3 Written report.
3. Design and deliver at least three trainings to	3.1 Develop new and/or updated training curricula and materials	June 30, 2026	June 29, 2027	3.1 Training curricula and materials.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2026 to June 29, 2027

GOAL: **By June 29, 2027, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

improve workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes.	aimed at improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.			
	3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.	June 30, 2026	June 29, 2027	3.2 Training summary report (e.g., number of attendees, type of attendees).
	3.3 Administer training pre/post surveys to assess training impact.	June 30, 2026	June 29, 2027	3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: **By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2026	September 29, 2027	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2026	September 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Continue to regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations of high	September 30, 2026	September 29, 2027	1.3 Meeting attendance, as required

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: **By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	hypertension disease prevalence.			
	1.4 Participate in required evaluation activities, as needed	September 30, 2026	September 29, 2027	1.4 Completion of required evaluation activities, when applicable.
2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.	2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support	September 30, 2026	September 29, 2027	2.1 TA materials developed; regular progress updates.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: **By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	with clinical care delivery; 5) creating community clinical linkages; and 6) utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.			
	2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.	September 30, 2026	September 29, 2027	2.2. Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.
	2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program monitoring data. Final metrics	September 30, 2026	September 29, 2027	2.3 Data summary reports, cleaned datasets with accompanying

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: **By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	to be mutually agreed upon with Public Health.			codebooks (if applicable).
	2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.	September 30, 2026	September 29, 2027	2.4 Summary of project progress for each FQHC/Community Clinic
	2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.	September 30, 2026	September 29, 2027	2.5 Written report.
3. Increase FQHC/ Community Clinic engagement in planning and discussion around the increased utilization of community health workers	3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.	September 30, 2026	September 29, 2027	3.1 List of members

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: **By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.	3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.	September 30, 2026	September 29, 2027	3.2 Meeting agendas and notes summarizing discussion

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2027 to June 29, 2028

GOAL: **By June 29, 2028, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2027	June 29, 2028	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2027	June 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2027	June 29, 2028	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration (i.e., dissemination and promotion) of at least one Public Health developed survey a year to the CCALAC member network	June 30, 2027	June 29, 2028	1.4 Completion of required evaluation activities, including administration of survey.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2027 to June 29, 2028

GOAL: **By June 29, 2028, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.	2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.	June 30, 2027	June 29, 2028	2.1 TA materials; regular progress updates.
	2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.	June 30, 2027	June 29, 2028	2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.
	2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting activities implemented, lessons learned, and progress made.	June 30, 2027	June 29, 2028	2.3 Written report.
3. Design and deliver at least three trainings to improve workforce capacity to assess and	3.1 Develop new and/or updated training curricula and materials aimed at improving workforce capacity to assess and address	June 30, 2027	June 29, 2028	3.1 Training curricula and materials.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES
SCOPE OF WORK
June 30, 2027 to June 29, 2028

GOAL: **By June 29, 2028, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.**

address SDOH factors that impact people with or at risk for diabetes.	SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.			
	3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.	June 30, 2027	June 29, 2028	3.2 Training summary report (e.g., number of attendees, type of attendees).
	3.3 Administer training pre/post surveys to assess training impact.	June 30, 2027	June 29, 2028	3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable.
4. Develop and deliver a presentation for the Los Angeles County Diabetes Coalition Diabetes Symposium, a Public Health event focused on highlighting best practices in diabetes prevention and management programming.	4.1 Develop presentation based on coaching model-based program, Presentation will highlight lessons learned and best practices for improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes.	April 1, 2028	June 29, 2028	4.1 PowerPoint presentation.
	4.2 Deliver presentation at the Los Angeles County Diabetes Coalition Diabetes Symposium.	April 1, 2028	June 29, 2028	4.1 Attendance at Diabetes Symposium.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: **By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2027	September 29, 2028	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2027	September 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Continue to regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations of high	September 30, 2027	September 29, 2028	1.3 Meeting attendance, as required

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: **By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	hypertension disease prevalence.			
	1.4 Participate in required evaluation activities, as needed	September 30, 2027	September 29, 2028	1.4 Completion of required evaluation activities, when applicable.
2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.	2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support	September 30, 2027	September 29, 2028	2.1 TA materials developed; regular progress updates.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: **By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	with clinical care delivery; 5) creating community clinical linkages; and 6) utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.			
	2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.	September 30, 2027	September 29, 2028	2.2. Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.
	2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program monitoring data. Final metrics	September 30, 2027	September 29, 2028	2.3 Data summary reports, cleaned datasets with accompanying

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: **By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

	to be mutually agreed upon with Public Health.			codebooks (if applicable).
	2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.	September 30, 2027	September 29, 2028	2.4 Summary of project progress for each FQHC/Community Clinic
	2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.	September 30, 2027	September 29, 2028	2.5 Written report.
3. Increase FQHC/ Community Clinic engagement in planning and discussion around the increased utilization of community health workers	3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.	September 30, 2027	September 29, 2028	3.1 List of members

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: **By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.**

(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.	3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.	September 30, 2027	September 29, 2028	3.2 Meeting agendas and notes summarizing discussion

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2024 through September 29, 2024

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 19,119
EMPLOYEE BENEFITS	$ 4,579
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ 100
OTHER COSTS	$ 35,100
INDIRECT COSTS	$ 4,427
TOTAL PROGRAM BUDGET	$ 64,075

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2024 through June 29, 2025

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 78,840
EMPLOYEE BENEFITS	$ 18,882
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ 30,000
INDIRECT COSTS	$ 14,528
TOTAL PROGRAM BUDGET	$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2024 through September 29, 2025

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 90,390
EMPLOYEE BENEFITS	$ 21,648
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ 900
OTHER COSTS	$ 89,500
INDIRECT COSTS	$ 18,312
TOTAL PROGRAM BUDGET	$ 221,500

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2025 through June 29, 2026

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 78,792
EMPLOYEE BENEFITS	$ 18,871
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ 30,000
INDIRECT COSTS	$ 14,587
TOTAL PROGRAM BUDGET	$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2025 through September 29, 2026

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 91,957
EMPLOYEE BENEFITS	$ 22,015
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ 900
OTHER COSTS	$ 89,500
INDIRECT COSTS	$ 16,378
TOTAL PROGRAM BUDGET	$ 221,500

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2026 through June 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 78,771
EMPLOYEE BENEFITS	$ 18,866
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ 30,000
INDIRECT COSTS	$ 14,613
TOTAL PROGRAM BUDGET	$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2026 through September 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 97,482
EMPLOYEE BENEFITS	$ 23,347
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ 900
OTHER COSTS	$ 79,500
INDIRECT COSTS	$ 19,521
TOTAL PROGRAM BUDGET	$ 221,500

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2027 through June 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 78,926
EMPLOYEE BENEFITS	$ 18,903
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ 30,000
INDIRECT COSTS	$ 14,421
TOTAL PROGRAM BUDGET	$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)
SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2027 through September 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 100,988
EMPLOYEE BENEFITS	$ 24,187
OPERATING EXPENSES	$ 750
TRAVEL AND MILEAGE	$ 900
OTHER COSTS	$ 74,500
INDIRECT COSTS	$ 20,175
TOTAL PROGRAM BUDGET	$ 221,500

Contract No. PH-003977

Amendment No. 11

DEPARTMENT OF PUBLIC HEALTH
THE INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES CONTRACT

THIS AMENDMENT is made and entered into on _____,

by and between	COUNTY OF LOS ANGELES (hereafter "County"),
and	UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "CONTRACT FOR THE INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES", dated August 14, 2019, and further identified as Contract No. PH-003977, and all amendments thereto (all hereafter referred to as "Contract"); and

WHEREAS, on April 23, 2024, the County's Board of Supervisors delegated authority to the Director of Public Health to execute amendments to the Contract to extend the term, increase the maximum obligation, and update the Contract's terms and conditions; and

WHEREAS, it is the intent of the parties hereto to amend the Contract to extend the term through September 29, 2028, increase the maximum obligation, and make other hereafter designated changes; and

WHEREAS, County has been allocated funds from Centers for Disease Control and Prevention (CDC), Assistance Listing Number (ALN) 93.988, and CDC ALN Number 93.426, of which a portion has been designated to the Contract; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, Contractor warrants that it continues to possess the competence, expertise, and personnel necessary to provide services consistent with the requirements of the Contract and consistent with the professional standard of care for these services.

NOW, THEREFORE, the parties hereto agree as follows:

1. This amendment is effective upon execution.

2. Exhibits B-7-A, B-7-B, B-8-A, B-8-B, B-9-A, B-9-B, B-10-A, B-10-B, and B-11, Scopes of Work, attached hereto and incorporated herein by reference, are added to the Contract.

3. Exhibits C-7-A, C-7-B, C-8-A, C-8-B, C-9-A, C-9-B, C-10-A, C-10-B, and C-11, Budgets, attached hereto and incorporated herein by reference are added to the Contract.

4. Exhibits H-1-A and H-1-B, Notices of Federal Subaward Information, attached hereto and incorporated herein by reference, are added to the Contract.

5. Paragraph 3, DESCRIPTION OF SERVICES, Subparagraph D is deleted in its entirety and replaced as follows:

"D. Federal Award Information for this Contract is detailed in Exhibit H-1-A, and H-1-B, Notices of Federal Subaward Information, attached hereto and incorporated herein by reference."

6. Paragraph 4, TERM OF CONTRACT, is deleted in its entirety and replaced as follows:

"4. TERM OF CONTRACT

The term of this Contract is effective August 14, 2019 through September 29, 2028, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

Contractor must notify the Public Health Division of Chronic Disease and Injury Prevention (CDIP) when this Contract is within six months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, Contractor must send written notification to CDIP at the address herein provided in the NOTICES Paragraph"

7. Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraphs A.7 – A.8, are added as follows:

5. MAXIMUM OBLIGATION OF COUNTY

"A.7 For the period of June 30, 2024 through September 29, 2026, the maximum obligation of County for all services provided hereunder will not exceed one million, forty-five thousand five hundred dollars ($1,045,500). Of this amount, seven hundred fifty-nine thousand, five hundred dollars ($759,500) is allocated for Innovative Solutions for Cardiovascular Health (ISCH), as set forth in Exhibits C-7-A, C-8-A, and C-9-A; and two hundred eighty-six thousand dollars ($286,000) is allocated for Solutions for Equitable Diabetes Prevention and Management (SEDPM), as set forth in Exhibits C-7-B and C-8-B.

A.8 For the period of June 30, 2026 through September 29, 2028, the maximum obligation of County for all services provided hereunder will not exceed nine hundred seventy-four thousand dollars ($974,000). Of this amount, six hundred eighty-eight thousand dollars

($688,000) is allocated for ISCH, as set forth in Exhibits C-10-A, and C-11; and two hundred eighty-six thousand dollars ($286,000) is allocated for SEDPM, as set forth in Exhibits C-9-B and C-10-B."

8. Paragraph 36, CONSIDERATION OF HIRING GAIN/GROW PARTICIPANTS, is deleted in its entirety and replaced as follows:

"36. CONSIDERATION OF HIRING GAIN/START PARTICIPANTS:

A. Should Contractor require additional or replacement personnel after the effective date of this Contract, Contractor will give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or Skills and Training to Achieve Readiness for Tomorrow (START) Program who meet Contractor's minimum qualifications for the open position. For this purpose, consideration will mean that Contractor will interview qualified candidates. The County will refer GAIN/START participants by job category to Contractor. Contractor must report all job openings with job requirements to: gainstart@dpss.lacounty.gov and bservices@opportunity.lacounty.gov and DPSS will refer qualified GAIN/START job candidates.

B. In the event that both laid-off County employees and GAIN/START participants are available for hiring, County employees must be given first priority."

9. Except for the changes set forth hereinabove, all terms and conditions of the Contract shall remain the same.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Director of Public Health, or designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the month, day, and year first above written.

COUNTY OF LOS ANGELES

By _____
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

UNIVERSITY OF SOUTHERN CALIFORNIA
SCHOOL OF PHARMACY
Contractor

By _____
Signature

_____
Printed Name

Title _____

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
DAWYN R. HARRISON
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By _____
Contracts and Grants Division Management

BL #07471

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2024 to September 29, 2024

GOAL: By September 29, 2024, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	September 29, 2024	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	September 29, 2024	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	June 30, 2024	September 29, 2024	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients	2.1 Identify five to 20 pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	June 30, 2024	September 29, 2024	2.1 Training completion certificates.

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2024 to September 29, 2024

GOAL: By September 29, 2024, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
with hypertension or high cholesterol				

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2024 to June 29, 2025

GOAL: By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	June 29, 2025	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	June 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Participate in e quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2024	June 29, 2025	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from	June 30, 2024	June 29, 2025	1.4 Completion of required evaluation projects, when

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2024 to June 29, 2025

GOAL: By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	pre/post program implementation and continual monitoring of progress for project activities, as needed.			applicable.
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.	June 30, 2024	June 29, 2025	2.1 Completed survey dissemination/promotion.
3. Update the implementation toolkits for diabetes prevention	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from	June 30, 2024	June 29, 2025	3.1 Updated Toolkit.

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2024 to June 29, 2025

GOAL: By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
and management programming.	Deliverable 2 and include topics such as structures and workflows for recruitment of target population, retention, reimbursement, and data collection.			
	3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2024	June 29, 2025	3.2 Updated Toolkit.
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.	June 30, 2024	June 29, 2025	4.1 List of the three pharmacies and summary of the technical assistance provided.
	4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2024	June 29, 2025	4.2 Narrative summary of project progress.
5. Design and deliver three trainings for pharmacists on National DPP and/or	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2024	June 29, 2025	5.1 Training curricula and materials.

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2024 to June 29, 2025

GOAL: By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American) in diabetes prevention and management in Los Angeles County.	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2024	June 29, 2025	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2024	June 29, 2025	5.3 Data summary report; cleaned datasets with accompanying codebooks.

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2024	September 29, 2025	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2024	September 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2024	September 29, 2025	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2024	June 30, 2025	2.1 List of enrolled pharmacies.

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2024	September 29, 2025	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2024	September 29, 2025	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to fix trainings for pharmacists on the following topics: a)	September 30, 2024	September 29, 2025	2.4 Training materials, participant lists.

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).			
	2.5 Develop an implementation plan for offering social service referrals within CRMC pharmacies. The implementation plan should include protocols for screening, referring, and following up with patients, as well as tracking the number of	September 30, 2024	December 31, 2024	2.5 Written implementation plan.

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SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	patients screened for and referred to services.			
	2.6 Initiate implementation plan for provision of social service referrals to patients within CRMC pharmacies.	January 1, 2025	September 29, 2025	2.6 Written progress report, initial evaluation report.
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol	3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2024	September 29, 2025	3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension cardiovascular health to address barriers to social services and support	4.1 Provide a Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC.	September 30, 2024	September 29, 2025	4.1. Name and contact information of LC Lead.
	4.2 Develop/update an action plan that will guide LC activities. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement and	September 30, 2024	September 29, 2025	4.2 Action plan.

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SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
needs in populations of high hypertension prevalence.	monitor to improve hypertension management and support.			
	4.3 Schedule and coordinate three to six LC meetings to facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2024	September 29, 2025	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan needed.	September 30, 2024	September 29, 2025	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC.	September 30, 2024	September 29, 2025	4.5 List of newly recruited members.

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SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; and 4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2024	September 29, 2025	4.6 Written summary of progress.

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SCOPE OF WORK
September 30, 2024 to September 29, 2025

GOAL: **By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2025 to June 29, 2026

GOAL: By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Public Health, prepare administrative reports, and ensure timely invoices.	June 30, 2025	June 29, 2026	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2025	June 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2025	June 29, 2026	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from pre/post program implementation and	June 30, 2025	June 29, 2026	1.4 Completion of required evaluation projects, when applicable.

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SCOPE OF WORK
June 30, 2025 to June 29, 2026

GOAL: By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	continual monitoring of progress for project activities, as needed.			
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.	June 30, 2025	June 29, 2026	2.1 Completed survey dissemination/promotion.
3. Update the implementation toolkits for diabetes prevention	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from	June 30, 2025	June 29, 2026	3.1 Updated Toolkit.

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SCOPE OF WORK
June 30, 2025 to June 29, 2026

GOAL: By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
and management programming.	Deliverable 2 and include topics such as structures and workflows for recruitment of target population, retention, reimbursement, and data collection.			
	3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2025	June 29, 2026	3.2 Updated Toolkit.
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.	June 30, 2025	June 29, 2026	4.1 List of the three pharmacies and summary of the technical assistance provided.
	4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2025	June 29, 2026	4.2 Narrative summary of project progress.
5. Design and deliver three trainings for pharmacists on National DPP and/or	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2025	June 29, 2026	5.1 Training curricula and materials.

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SCOPE OF WORK
June 30, 2025 to June 29, 2026

GOAL: By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American in diabetes prevention and management in Los Angeles County.	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2025	June 29, 2026	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2025	June 29, 2026	5.3 Data summary report; cleaned datasets with accompanying codebooks.

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SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2025	September 29, 2026	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2025	September 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2025	September 29, 2026	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2025	June 30, 2026	2.1 List of enrolled pharmacies.

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SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2025	September 29, 2026	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2025	September 29, 2026	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to six trainings for pharmacists on the following topics: a)	September 30, 2025	September 29, 2026	2.4 Training materials, participant lists.

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SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).			
	2.5 Update the implementation plan for offering social service referrals within CRMC pharmacies, as needed. The implementation plan should include protocols for screening, referring, and following up with patients, as well as	September 30, 2025	December 31, 2025	2.5 Updated written implementation plan, if applicable.

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SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	tracking the number of patients screened for and referred to services.			
	2.6 Continue efforts to execute the implementation plan for provision of social service referrals to patients within CRMC pharmacies.	September 30, 2025	September 29, 2026	2.6 Written progress/ evaluation report.
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol.	3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2025	September 29, 2026	3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension	4.1 Provide a LC Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC. Update the action plan that will guide LC	September 30, 2025	September 29, 2026	4.1. Name and contact information of LC Lead.

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SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
cardiovascular health to address barriers to social services and support needs in populations of high hypertension prevalence.	4.2 Update the action plan that will guide LC activities, as needed. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement and monitor to improve hypertension management and support.	September 30, 2025	December 31, 2025	4.2 Updated action plan, if applicable.
	4.3 Schedule and coordinate three to six LC Meetings should facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2025	September 29, 2026	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan.	September 30, 2025	September 29, 2026	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC	September 30, 2025	September 29, 2026	4.5 List of newly recruited members.

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SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: **By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES

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SCOPE OF WORK
September 30, 2025 to September 29, 2026

GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; and4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2025	September 29, 2026	4.6 Written summary of progress.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2026 to June 29, 2027

GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2026	June 29, 2027	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2026	June 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2026	June 29, 2027	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from pre/post program implementation and	June 30, 2026	June 29, 2027	1.4 Completion of required evaluation projects, when applicable.

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SCOPE OF WORK
June 30, 2026 to June 29, 2027

GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	continual monitoring of progress for project activities, as needed.			
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.	June 30, 2026	June 29, 2027	2.1 Completed survey dissemination/promotion. .
3. Update the implementation toolkits for diabetes prevention	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from	June 30, 2026	June 29, 2027	3.1 Updated Toolkit.

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SCOPE OF WORK
June 30, 2026 to June 29, 2027

GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
and management programming.	Deliverable 2 and include topics such as structures and workflows for recruitment of target population, retention, reimbursement, and data collection.			
	3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2026	June 29, 2027	3.2 Updated Toolkit.
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.	June 30, 2026	June 29, 2027	4.1 List of the three pharmacies and summary of the technical assistance provided.
	4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2026	June 29, 2027	4.2 Narrative summary of project progress.
5. Design and deliver three trainings for pharmacists on National DPP and/or	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2026	June 29, 2027	5.1 Training curricula and materials.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2026 to June 29, 2027

GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American) in diabetes prevention and management in Los Angeles County.	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2026	June 29, 2027	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2026	June 29, 2027	5.3 Data summary report; cleaned datasets with accompanying codebooks.
6. Facilitate key informant interviews with pharmacy stakeholders.	6.1 In collaboration with Public Health, identify and engage five to 10 stakeholders to participate in key informant interviews. Interviews will be conducted by Public Health and will be used to understand barriers and facilitators to establishing and/or expanding National DPP and/or DSMES programs.	June 30, 2026	January 31, 2027	6.1 List of stakeholders.

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SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2026	September 29, 2027	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2026	September 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2026	September 29, 2027	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2026	June 30, 2027	2.1 List of enrolled pharmacies.

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SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2026	September 29, 2027	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2026	September 29, 2027	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to six trainings for pharmacists on the following topics: a)	September 30, 2026	September 29, 2027	2.4 Training materials, participant lists.

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SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).			
	2.5 Update the implementation plan for offering social service referrals within CRMC pharmacies, as needed. The implementation plan should include protocols for screening, referring, and following up with patients, as well as	September 30, 2026	December 31, 2026	2.5 Updated written implementation plan, if applicable.

MEMORANDUM OF UNDERSTANDING BETWEEN
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	tracking the number of patients screened for and referred to services.			
	2.6 Continue efforts to execute the implementation plan for provision of social service referrals to patients within CRMC pharmacies.	September 30, 2026	September 29, 2027	2.6 Written progress/ evaluation report.
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol.	3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2026	September 29, 2027	3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension cardiovascular health to address barriers to social services and support	4.1 Provide a Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC.	September 30, 2026	September 29, 2027	4.1 Name and contact information of LC Lead.
	4.2 Update the action plan that will guide LC activities, as needed. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement	September 30, 2026	December 31, 2026	4.2 Updated action plan, if applicable.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
needs in populations of high hypertension prevalence.	and monitor to improve hypertension management and support.			
	4.3 Schedule and coordinate three to six LC Meetings should facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2026	September 29, 2027	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan.	September 30, 2026	September 29, 2027	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC.	September 30, 2026	September 29, 2027	4.5 List of newly recruited members.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2026 to September 29, 2027

GOAL: By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; and 4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2026	September 29, 2027	4.6 Written summary of progress.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2027 to June 29, 2028

GOAL: By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION /TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2027	June 29, 2028	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2027	June 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2027	June 29, 2028	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from pre/post program implementation and	June 30, 2027	June 29, 2028	1.4 Completion of required evaluation projects, when

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2027 to June 29, 2028

GOAL: By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION /TRACKING MEASURES
	continual monitoring of progress for project activities, as needed.			applicable.
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.	June 30, 2027	June 29, 2028	2.1 Completed survey dissemination/promotion.
3. Update the implementation toolkits for diabetes prevention and management programming.	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of	June 30, 2027	June 29, 2028	3.1 Updated Toolkit.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
June 30, 2027 to June 29, 2028

GOAL: By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION /TRACKING MEASURES
	target population, retention, reimbursement, and data collection.			
	3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2027	June 29, 2028	3.2 Updated Toolkit.
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.	June 30, 2027	June 29, 2028	4.1 List of the three pharmacies and summary of the technical assistance provided.
	4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2027	June 29, 2028	4.2 Narrative summary of project progress.
5. Design and deliver three trainings for pharmacists on National DPP and/or	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2027	June 29, 2028	5.1 Training curricula and materials.

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SCOPE OF WORK
June 30, 2027 to June 29, 2028

GOAL: By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION /TRACKING MEASURES
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American) in diabetes prevention and management in Los Angeles County.	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2027	June 29, 2028	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2027	June 29, 2028	5.3 Data summary report; cleaned datasets with accompanying codebooks.
6. Develop and deliver a presentation for the Los Angeles County Diabetes Coalition Diabetes Symposium, a Public Health event focused on highlighting best practices in diabetes prevention and management programming.	6.1 Develop presentation based on pharmacy technical assistance efforts that highlights lessons learned and best practices. Presentation to be shared at the Los Angeles County Diabetes Coalition Diabetes Symposium.	April 1, 2028	June 29, 2028	6.1 PowerPoint presentation.
	6.2 Deliver presentation at the Los Angeles County Diabetes Coalition Diabetes Symposium.	April 1, 2028	June 29, 2028	6.2 Attendance at Diabetes Symposium.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2027	September 29, 2028	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2027	September 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2027	September 29, 2028	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2027	June 30, 2028	2.1 List of enrolled pharmacies.

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SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2027	September 29, 2028	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2027	September 29, 2028	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to six trainings for pharmacists on the following topics: a)	September 30, 2027	September 29, 2028	2.4 Training materials, participant lists.

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SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).			
	2.5 Update the implementation plan for offering social service referrals within CRMC pharmacies, as needed. The implementation plan should include protocols for screening, referring, and following up with patients, as well as	September 30, 2027	December 31, 2027	2.5 Updated written implementation plan, if applicable.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	tracking the number of patients screened for and referred to services.			
	2.6 Continue efforts to execute the implementation plan for provision of social service referrals to patients within CRMC pharmacies.	September 30, 2027	September 29, 2028	2.6 Written progress/ evaluation report.
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol.	3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2027	September 29, 2028	3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension cardiovascular health to address barriers to social services and support	4.1 Provide a Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC.	September 30, 2027	September 29, 2028	4.1 Name and contact information of LC Lead.
	4.2 Update the action plan that will guide LC activities, as needed. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement	September 30, 2027	December 31, 2027	4.2 Updated action plan, if applicable.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
needs in populations of high hypertension prevalence.	and monitor to improve hypertension management and support.			
	4.3 Schedule and coordinate three to six LC Meetings should facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2027	September 29, 2028	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan.	September 30, 2027	September 29, 2028	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC.	September 30, 2027	September 29, 2028	4.5 List of newly recruited members.

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INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT
SCOPE OF WORK
September 30, 2027 to September 29, 2028

GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; 4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2027	September 29, 2028	4.6 Written summary of progress.
	4.7 Develop an end of project summary report highlighting progress made throughout the grant and lessons learned.	June 30, 2028	September 29, 2028	4.7 Final report

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2024 through September 29, 2024

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 38,796
EMPLOYEE BENEFITS	$ 13,307
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 4,644
SUPPLIES	$ -
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ -
INDIRECT COSTS	$ 14,753
TOTAL PROGRAM BUDGET	$ 71,500

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SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2024 through June 29, 2025

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 84,322
EMPLOYEE BENEFITS	$ 28,922
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 248
SUPPLIES	$ -
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ -
INDIRECT COSTS	$ 29,508
TOTAL PROGRAM BUDGET	$ 143,000

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SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2024 through September 29, 2025

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 194,688
EMPLOYEE BENEFITS	$ 66,778
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 11,250
SUPPLIES	$ 200
TRAVEL AND MILEAGE	$ 100
OTHER COSTS	$ -
INDIRECT COSTS	$ 70,984
TOTAL PROGRAM BUDGET	$ 344,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
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SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2025 through June 29, 2026

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 84,322
EMPLOYEE BENEFITS	$ 28,922
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 248
SUPPLIES	$ -
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ -
INDIRECT COSTS	$ 29,508
TOTAL PROGRAM BUDGET	$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF PHARMACY (USC-SP)
SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2025 through September 29, 2026

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 194,688
EMPLOYEE BENEFITS	$ 66,778
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 11,250
SUPPLIES	$ 200
TRAVEL AND MILEAGE	$ 100
OTHER COSTS	$ -
INDIRECT COSTS	$ 70,984
TOTAL PROGRAM BUDGET	$ 344,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF PHARMACY (USC-SP)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2026 through June 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 84,322
EMPLOYEE BENEFITS	$ 28,922
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 248
SUPPLIES	$ -
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ -
INDIRECT COSTS	$ 29,508
TOTAL PROGRAM BUDGET	$ 143,000

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UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)
SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2026 through September 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 194,688
EMPLOYEE BENEFITS	$ 66,778
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 11,250
SUPPLIES	$ 200
TRAVEL AND MILEAGE	$ 100
OTHER COSTS	$ -
INDIRECT COSTS	$ 70,984
TOTAL PROGRAM BUDGET	$ 344,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)
SOLUTIONS FOR HEALTHIER COMMUNITIES
June 30, 2027 through June 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 84,322
EMPLOYEE BENEFITS	$ 28,922
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 248
SUPPLIES	$ -
TRAVEL AND MILEAGE	$ -
OTHER COSTS	$ -
INDIRECT COSTS	$ 29,508
TOTAL PROGRAM BUDGET	$ 143,000

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UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)
SOLUTIONS FOR HEALTHIER COMMUNITIES
September 30, 2027 through September 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
SALARIES	$ 194,688
EMPLOYEE BENEFITS	$ 66,778
CONSULTANTS	$ -
PROGRAM OPERATIONS	$ 11,250
SUPPLIES	$ 200
TRAVEL AND MILEAGE	$ 100
OTHER COSTS	$ -
INDIRECT COSTS	$ 70,984
TOTAL PROGRAM BUDGET	$ 344,000