

**California Reducing Disparities Project
Capacity Building Pilot Project
Frequently Asked Questions
(6/3/16)**

Q: How many organizations participated in the California Reducing Disparities Project (CRDP) solicitations?

A: 26 organizations submitted applications for the CRDP Capacity Building Grants, including:

- African American: 10 applications;
- Asian and Pacific Islander (API): 2 applications;
- Latino: 7 applications; and
- Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ): 7 applications
- Native American: California Department of Public Health (CDPH) did not receive any applications for the Native American Capacity Building Pilot Project Solicitation

Q: Who was on the selection committee and how were they selected?

A: Over 60 people from across the Health and Human Services Agency and other state departments participated in the selection process for all CRDP solicitations. The participants were selected because of their specific technical expertise and for their background and experience with understanding or working with diverse populations.

Q: How were organizations selected?

A: The Capacity Building Pilot Projects were selected based on the promise of their Community Defined Evidence Practice and their documented experience and ability to provide mental health services in a culturally and linguistically competent manner within the communities that they will be serving.

Q: Which organizations are going to be awarded the Capacity Building Pilot Project grants?

A: CDPH intends to award grants to the following organizations:

African American:

- California Black Women's Health Project (CABWHP) provides promising mental health prevention and intervention services to Black/African American women and girls, their families and communities in California. CABWHP utilizes relevant, tested Prevention and Early Intervention practices to create "safe spaces" to foster conversations with spheres of influence on critical issues impacting Black mental health.
- Healthy Heritage was founded in 2007 to provide quality resources to the African American community. It utilizes a group work modality to help participants to reduce symptoms and

enhance psychosocial competence. Planned curriculum will expand opportunities for African American women to engage in culturally congruent, therapeutic interventions.

- Whole Systems Learning was founded 20 years ago and has worked almost exclusively in African-American communities. Its focus is on foster, adjudicated and students at risk of becoming school dropouts.

Asian and Pacific Islander:

- Hmong Cultural Center provides the Zoosiab Program, which translates to Happy Program, designed to prevent and improve the mental health well-being of the older Hmong individuals in Butte County. It also decreases the cultural and linguistic barriers that Hmong individuals experience in accessing community and mental health services.
- Muslim American Society - Social Services Foundation addresses mental health needs of South Asian Muslims in California. The program aims at early identification and treatment of people at-risk for and/or already suffering from symptoms signaling the onset of severe mental health illness.

Latino:

- Humanidad is a small but autonomous marriage, family therapist training program in Santa Rosa that has developed and implements programs to support trauma informed care for schools, the legal system and the general community. It works to address limited access to care and address concerns including stigma, exposure to violence and lack of information regarding mental health.
- Integral Community Solutions Institute (ICSI) was recently incorporated in 2012 and has worked with mental health for over 40 years. Utilizing platicas methodology, ICSI provides community outreach, engagement and counseling services to Latino students in Fresno and their families.
- Latino Service Providers work within the Latino community with a unique program: Testimonios. Testimonios is a project that incorporates strategies from the CRDP population report, namely 'Community and Social Media' and 'Community Capacity-Building and Outreach and Engagement' to raise mental health awareness and reduce stigma in the Latino Community.

LGBTQ:

- Gay & Lesbian Center of Bakersfield was founded in 2011 to help improve the well-being of LGBTQ persons by providing a positive environment, services, social and cultural programs and activities. The Center is the only organization in Kern County which provides a safe and accessible physical space as well as referrals and services for LGBTQ individuals.

- Gender Health Center (GHC) programs address community health needs of Lesbian, Gay, Bisexual, Transgender and Queer populations with an emphasis on the transgender community. GHC services ensure that transgender people are connected with the resources needed for early onset mental health distress and to prevent serious mental illness.
- San Joaquin Pride Center has provided services and advocacy for the LGBTQ community of the Central Valley for four years. The Mental Health Access and Youth Empowerment Program was developed to address the discrimination and social exclusion issues, health insurance needs, social and environmental conditions and quality of mental health care for the LGBTQ community.

Q: Why are there only two CBPPs for the API Population?

A: There were only two applications for the API CBPP grant. Both received sufficient scores to be awarded grants.

Q: Why are there no CBPPs for the Native American population?

A: Because no applications for Native American CBPP grants were received, no awards will be made at this time.

Q: How were the solicitations developed? Was there any community involvement in the development or scoring of the solicitations?

A: The solicitations were developed in consultation with each of the five target populations. The solicitations build on the population Strategic Planning Workgroup reports as well as the CRDP Strategic Plan to Reduce Mental Health Disparities. In addition, we took a number of additional steps to increase community involvement and input:

- Our team conducted over 60 additional subject matter and stakeholder interviews geared towards these solicitations.
- We conducted town hall meetings throughout the state to get additional feedback prior to releasing the draft solicitations.
- We conducted a statewide survey of community based organizations to assess their needs and capabilities in responding to our solicitations.
- We incorporated a draft solicitation process by which stakeholders were allowed to comment on how to best improve the solicitations, and the solicitations themselves incorporated a requirements change request process so we could obtain further input on meeting stakeholder needs.

Q: What is the means by which the public can view the procurement files for the completed solicitations?

A: Completed solicitation files can be viewed by all members of the public and interested stakeholders. The documents can be viewed during regular business hours at the California Department of Public Health located at 1616 Capitol Avenue, Sacramento, CA, 95814. Please

contact Noralee Cole at 916-445-4139 or by email at Noralee.Cole@cdph.ca.gov to make this request.

Q: We understand that the solicitations were not subject to Public Contract Code (PCC). In what ways did the solicitations deviate from California PCC?

A: The CRDP solicitations were conducted under authority provided by California Welfare and Institution Code Sections 5814 and 5897. Though we were provided relief from the administrative requirements to meet the special needs of our program goals, our goals were to maintain a fair and level playing field among prospective bidders, to ensure accountability that taxpayer dollars were being spent wisely, and that we remain transparent in our processes and decisions. Inasmuch, we veered from PCC only in four specific areas in which a specific program need was identified:

- Follow-on contracting requirements: Over 100 organizations participated in Phase I of the CRDP. We permitted agencies who participated in Phase I to participate in Phase II because we believed that we could construct procurements that did not unduly favor those who participated in Phase I and we believed that not permitting Phase I participants could significantly reduce the pool of vendors from which the state could select.
- Negotiations: We established a means by which we could negotiate terms to refine the contract and scope of work, if needed. Please note that the negotiations process would use guidelines established by the California Department of General Services (DGS) and the Office of Technology Services which are currently the only two departments with standing negotiation authority under PCC.
- DGS approval: Contracts established under this process are not subject to DGS approval. Because the procurements lie outside of PCC, DGS has no basis to approve contracts.
- Dispute: Rather than disputing through the Office of Administrative Hearings, under DGS, all administrative disputes will be resolved by the Director of California Department of Public Health (CDPH) or by her designee. Because the procurements lie outside of PCC, the Office of Administrative Hearings does not have a basis for resolving disputes.

Q: PCC allows for a means to dispute the results of the solicitations. Is there a dispute process by which interested stakeholders can dispute?

A: ***The Department will entertain all disputes submitted in writing by 5 pm, Monday, June 13th, 2016. Only timely and complete disputes that comply with the dispute process stated within the solicitation will be considered.*** Applicants who hand deliver a dispute must have the building lobby security officer call the Office of Health Equity at 916-445-4139 between 8:00 AM and 5:00 PM and ask to have a CDPH representative receive the document. CDPH will provide a proof of receipt at the time of delivery. Please refer to the solicitations for complete instructions on filing a dispute.