

CALIFORNIA REDUCING DISPARITIES PROJECT UPDATE

CDPH Office of
Health Equity

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WEBINAR LOGISTICS

- Webinar will be recorded
- Phone lines will remain muted throughout
- For technical support call (916) 893-9946

SUBMITTING QUESTIONS

- Submit questions online using chat function
- Questions will be addressed during Q & A at end of webinar



The screenshot shows a web browser window displaying the California Department of Public Health (CDPH) website. The browser's address bar shows the URL <http://www.cdph.ca.gov/Pages/DEFAULT.aspx>. A red arrow points to the 'Chat' button in the top navigation bar, which is highlighted with a green box. A tooltip above the button reads 'Chat with participants.' The website header includes the CDPH logo and navigation links: Home, Programs, Services, Health Information, Certificates & Licenses, Publications & Forms, and Data. Below the header, there is a section for the Office of Governor Edmund G. Brown Jr. and Director Dr. Ron Chapman, along with social media links for YouTube, Twitter, Facebook, and Flickr. The main content area features the text 'The California Department of Public Health' and 'Dedicated to optimizing the health and well-being of the people in California.' Below this, there is a 'Latest CDPH News' section with several news items, including 'California Confirms Enterovirus D68... En Español', 'Moratorium Lifted on New Grocery Stores for Women, Infants and Children Program', 'West Nile Virus at Highest Level Ever in Mosquitoes', and 'Rate of Illegal Tobacco Sales to Youth Increases in California'.

WEBINAR OVERVIEW

- Purpose of today's webinar
- CRDP strategic planning process & update
- Proposed Phase 2 program design
- Solicitation approach and opportunities for stakeholder involvement
- Next steps
- Q & A

WEBINAR PURPOSE

- Shared understanding of where CDPH is at with CRDP
- Provide overview of CRDP Phase 2 program design
- Highlight solicitation process and mechanisms for stakeholder input
- Keep general public informed of next steps and opportunities to participate in the process

STRATEGIC PLANNING PROCESS & UPDATE

- Components of the Plan
- Vetting process
- Next steps when draft plan is approved
- Finalization of the Plan

PRESENTERS

- **Marina Augusto, MS**

- Chief, Community Development and Engagement Unit, Office of Health Equity, CDPH

- **Aimee Sisson, MD, MPH**

- Public Health Medical Officer, Community Development and Engagement Unit, Office of Health Equity, CDPH

- **Andrew Chang**

- Lead Solicitation Consultant, Andrew Chang & Company, LLC

FRAMEWORK FOR CRDP PHASE 2

Aimee Sisson,
MD, MPH

WHY CRDP?

- Response to a national call to action outlined in the Surgeon General's 2001 Report, *Mental Health: Culture, Race, and Ethnicity* and the 2003 President's New Freedom Commission Report.
- Disparities exist in access to care, quality of care, and mental health outcomes for several California populations
- Causes of disparities poorly understood, but multi-factorial
 - Low socioeconomic status, cultural and language barriers, stigma, historical and ongoing racism & discrimination
- Community-defined evidence* exists to support programs targeting CRDP populations
 - However, reimbursement often limited to evidence-based practices

*Set of practices that communities have used and determined to yield positive results as determined by community consensus over time, that may or may not have been measured empirically but have reached a level of acceptance by the community (Community

PROGRAM BASIS

- CRDP Draft Strategic Plan
- Key Informant Interviews
 - Internal
 - External
- CRDP Brain Trust
- Public Vetting

BRAIN TRUST

- Informal advisory committee comprised of unbiased subject matter experts
- Provide feedback to CDPH regarding Phase 2 design
- Expertise in one or more of the following areas:
 - Mental health
 - Community-defined evidence
 - Reducing health disparities
 - Evaluation
- Experience working with CRDP target populations or a member of a CRDP target population

BRAIN TRUST MEMBERS

- **MaJosé Carrasco, MPA, Director, Multicultural Action Center, National Alliance on Mental Illness**
- **Cynthia Gomez, Governor's Tribal Advisor**
- **Larke Huang, PhD, Director, Office of Behavioral Health Equity, SAMHSA**
- **Daniel Gould, LCSW, Care Manager, UCDHS Health Management Education; Former Deputy Director, California LGBT Health and Human Services Network**
- **Kisha Holden, PhD, MSCR, Deputy Director, Satcher Health Leadership Institute**
- **Ken Martinez, PsyD, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research**

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PHASE 2 VISION

We envision a California in which all individuals, regardless of race, ethnicity, sexual orientation, or gender identity, receive quality mental health prevention and treatment services delivered in a culturally and linguistically competent manner.

- Vision will not be achieved overnight, nor at end of CRDP Phase 2
- However, we do envision the following near-term (5-10y) outcomes:
 - Numerous community-defined evidence programs funded in Phase 2 are demonstrated through rigorous, community participatory evaluation process to be effective in preventing or reducing severity of mental illness
 - Community-defined evidence programs validated in Phase 2 are funded by county mental health departments throughout California using county MHSA funds and/or reimbursable through MediCal
 - Relationship between underserved communities and county mental health departments is healing
 - Underserved communities advocate for individual and collective needs locally and statewide through advisory bodies and councils

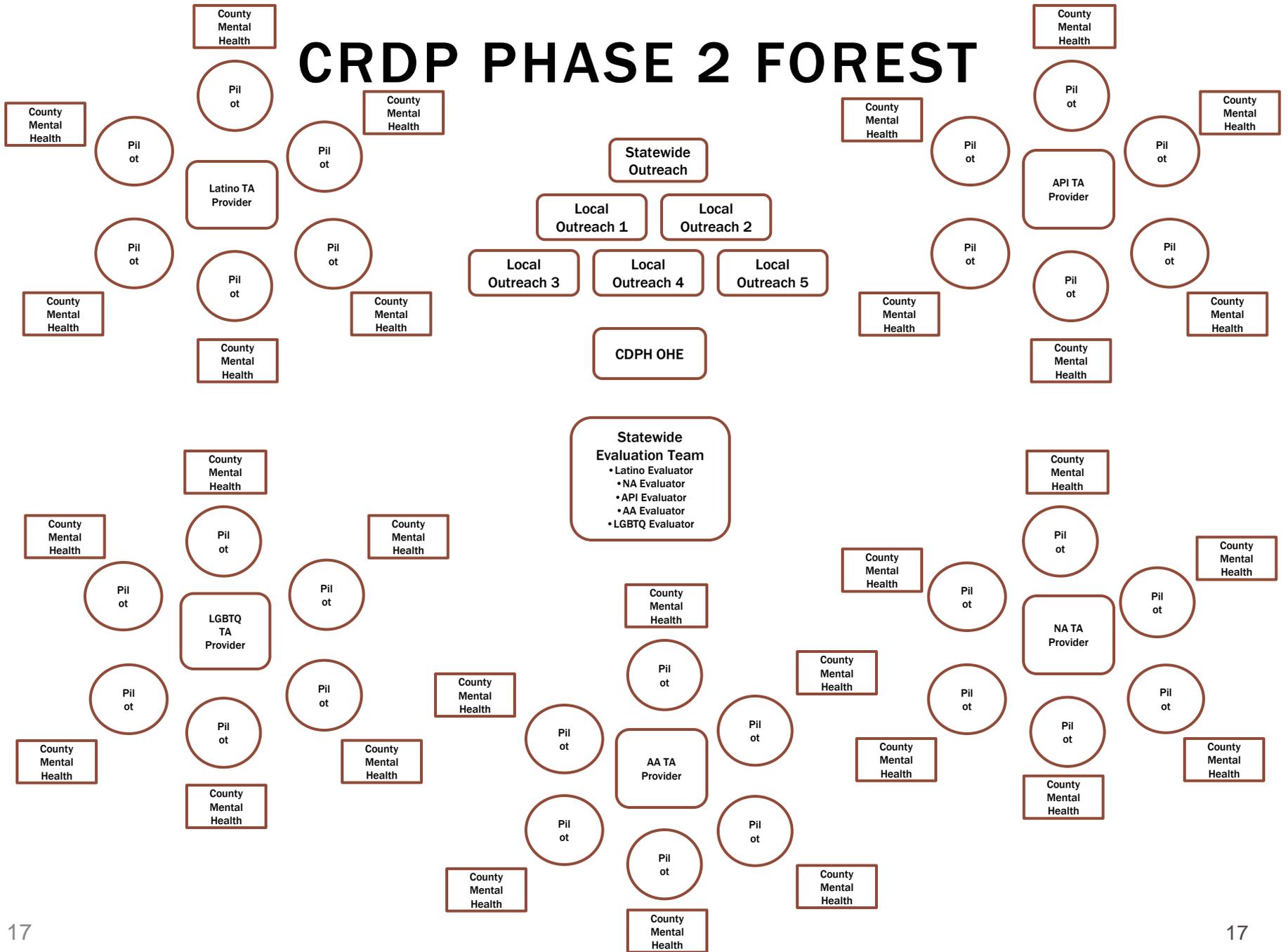
GUIDING PRINCIPLES

- **Do business differently.** Involves attentive listening and genuine consideration of community input in order to be responsive to community needs.
- **Build community capacity.** Communities should be taught to fish, not simply given a fish. Need to invest in creating community structures and supporting community-based organizations in order to sustain efforts to reduce mental health disparities beyond the 4 years of CRDP Phase 2 funding.
- **Fairness.** A program designed to reduce disparities must be certain to not perpetuate disparities. Contracts should be awarded based on merit, and only after all interested parties have been invited to apply, and if needed, provided with tools and services to support their application.
- **System change.** If the effort to reduce disparities begun with CRDP Phases 1 and 2 is to be sustained beyond the next 4 years, Phase 2 needs to address the context and bigger picture within which CRDP exists.

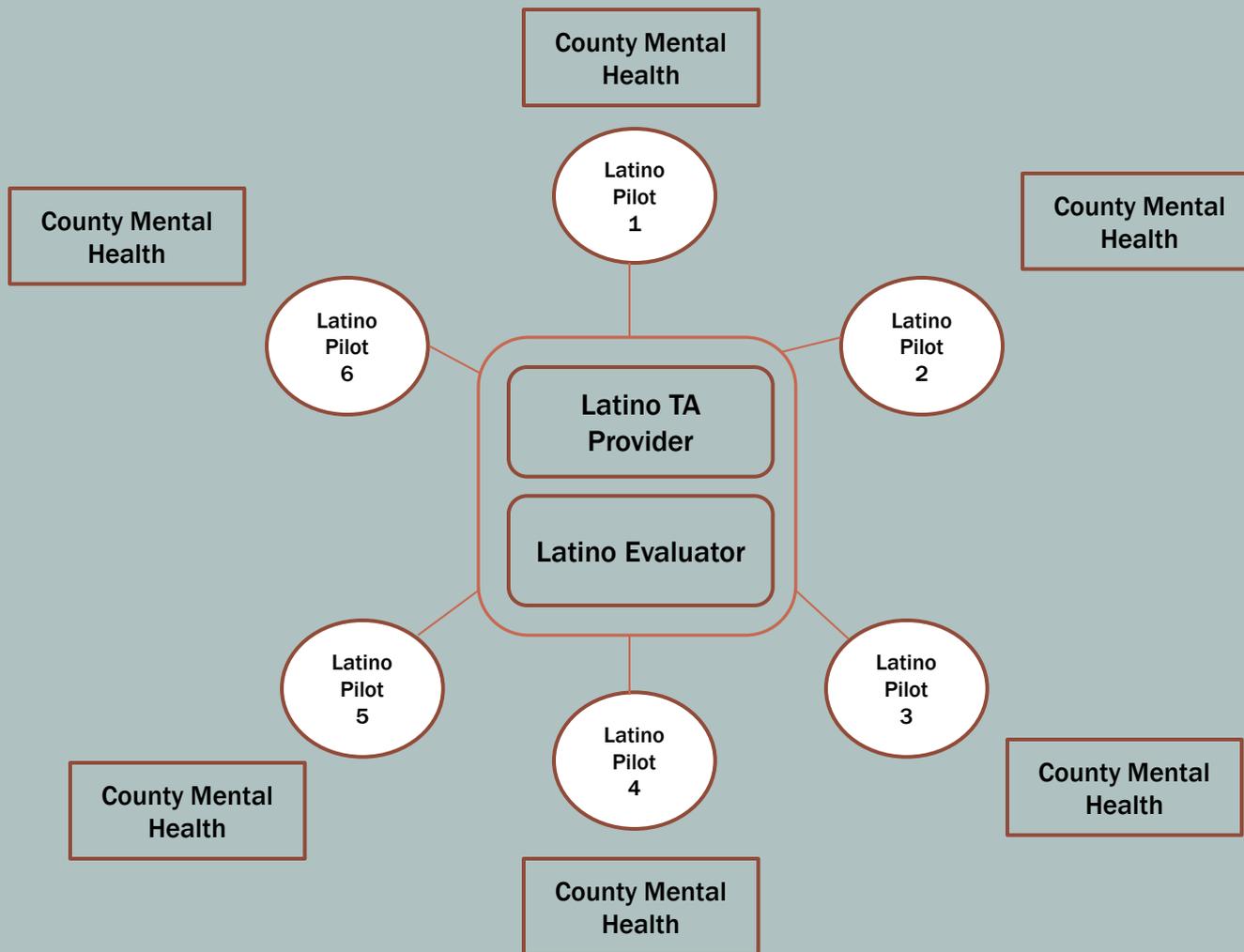
PROGRAM COMPONENTS

- **Pilot Projects (approx. 60% of funds)**
- **Evaluation (25%)**
- **Technical Assistance & Training (10%)**
- **Infrastructure (5%)**
- **Administration**

CRDP PHASE 2 FOREST



POPULATION APPROACH

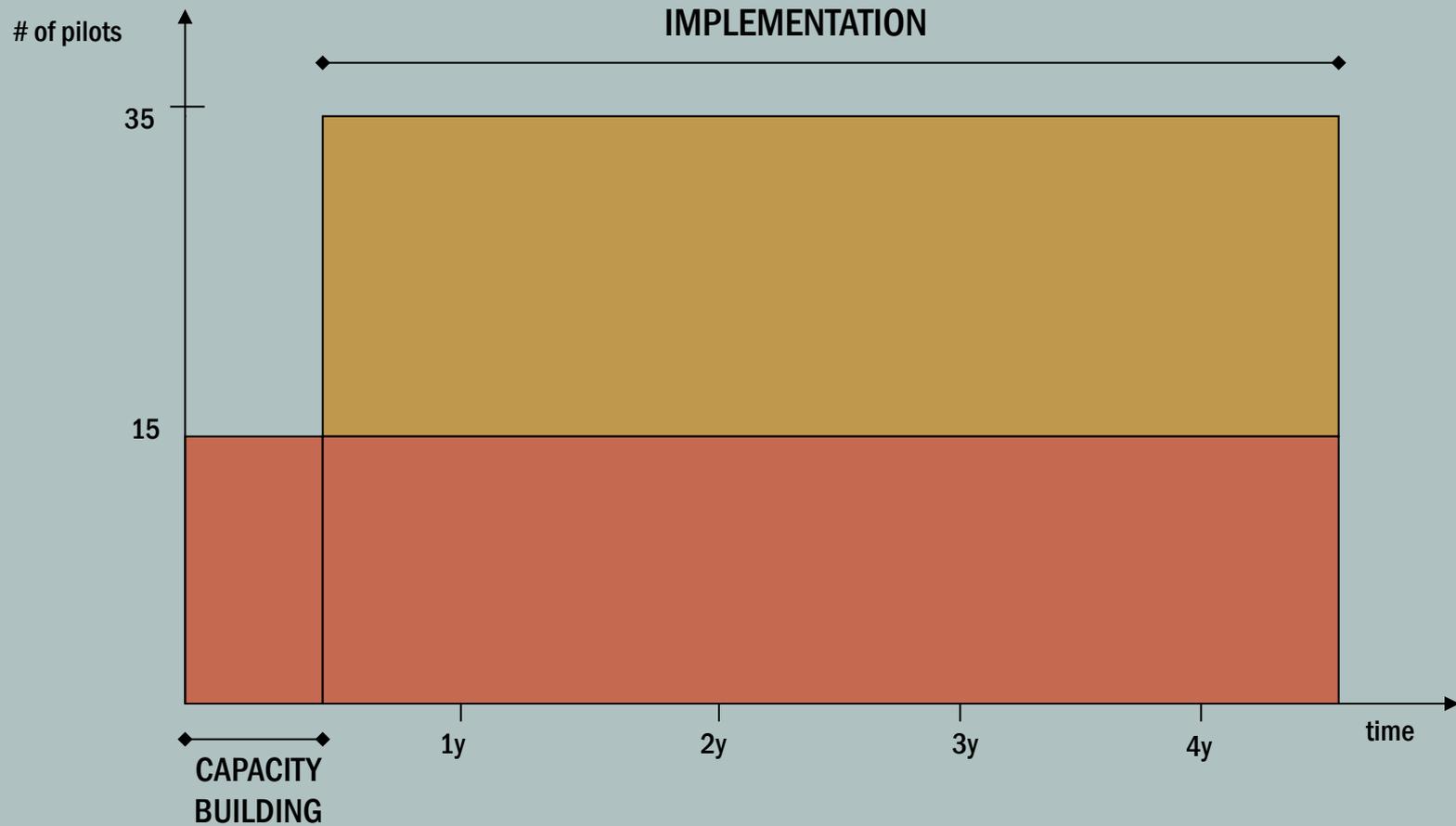


- One network (pod) for each of 5 populations
- Pilot sites (5-7/pop'n) geographically spread across California

PILOT PROJECTS

- **Validate promising practices /community-defined evidence programs (closer to evidence-based practice)**
- **2 pilot types**
 - **Capacity Building**
 - 3 per population (15 total)
 - Fund for approx 6 months
 - Average award \$25,000
 - Continue to implementation if successful
 - **Implementation**
 - 5-7 per population (35 total)
 - Fund for 4 years
 - Average award \$200,000 per year
- **Eligibility: Non-profit or government entity with experience working directly with target population**

PILOT PROJECTS



TECHNICAL ASSISTANCE

	Provider	Capacity Building	Implementation
Administrative	<p>Population-Specific TA Provider</p> <ul style="list-style-type: none"> • One for each population • Culturally sensitive 	<p>Support smaller organizations to “apply” for implementation funding</p>	<ul style="list-style-type: none"> • Support in contract & program management, budgeting, HR, sustainability planning • Broker with CDPH, county mental health
Evaluation	<p>Population-Specific Evaluator</p> <ul style="list-style-type: none"> • Culturally sensitive • Part of Statewide Evaluation team 	<p>Support smaller organizations to articulate theory of change / logic model, begin evaluation planning</p>	<p>Support in evaluation planning and design, evaluation implementation, seeking evidence-based status</p>

EVALUATION

- **Multilevel Approach**
 - **Pilot site**
 - Each pilot site, preferably by independent contractor
 - **Population**
 - Common measures/methods across all pilot sites targeting same population
 - **Statewide**
 - Common measures across all pilot sites
 - Evaluate all Phase 2 components
- **Community participatory**
- **Mixed methods**

INFRASTRUCTURE

- Address policy and system change
- Implement “other 23 recommendations”

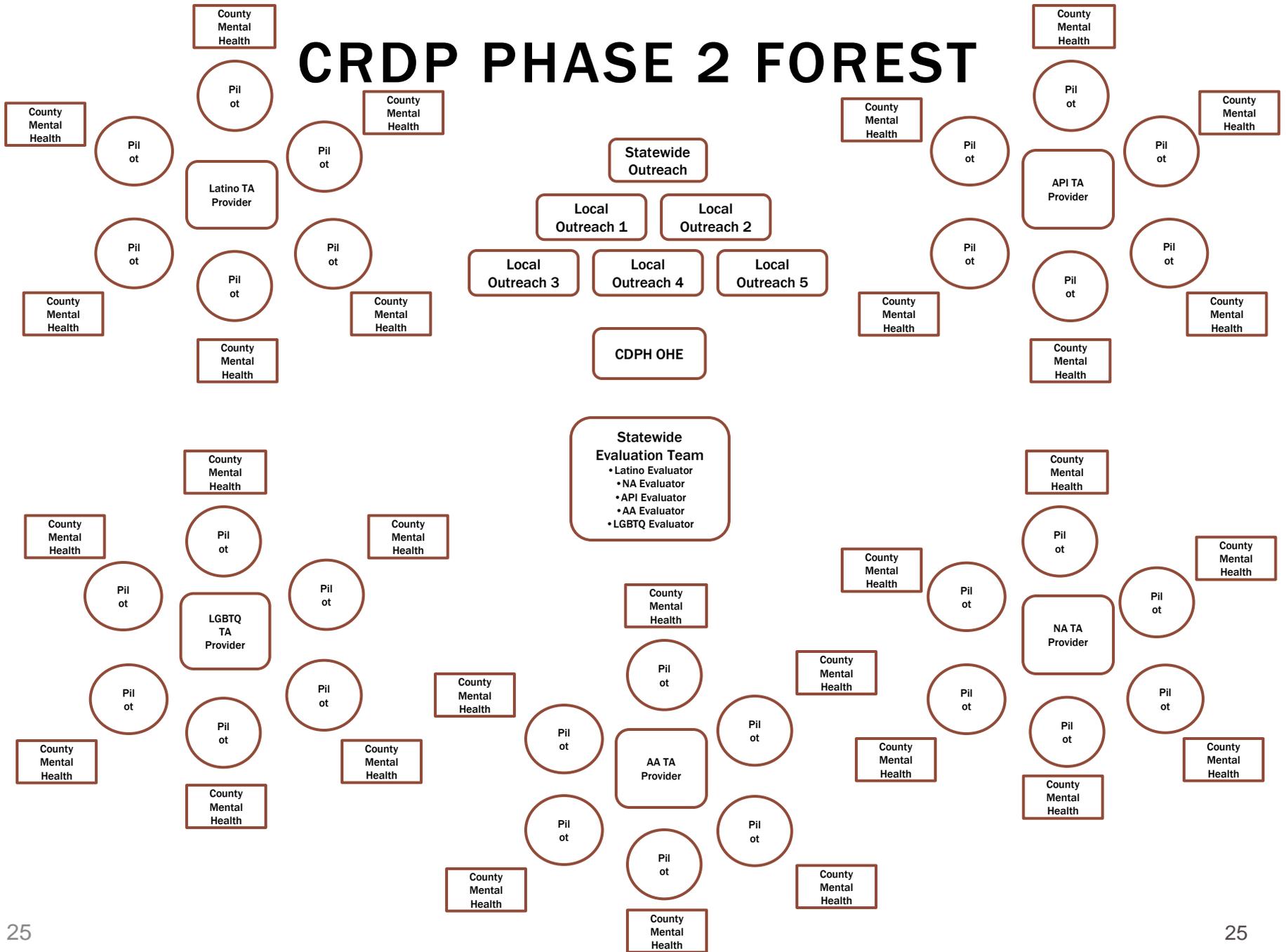
- Create CRDP Advisory Committee
 - Advise CDPH staff on mental health disparities and project direction

- Education, outreach, and awareness
 - Multicultural, with additional population involvement beyond 5 targets
 - Increase involvement by community members in policy, planning, and programming
 - Statewide (1)
 - Local (5)

ADMINISTRATION

- ~60 contracts/grant agreements to be developed
- Staff to oversee contracts
- Staff for evaluation design, implementation, and oversight
- Funded by annual MHSA state administrative dollars (not part of \$60M)

CRDP PHASE 2 FOREST



California Reducing Disparities Project, Phase 2

Inputs

Activities

Outputs

Outcomes

Evaluation

MHSA Funding

Technical Assistance

Administrative Staff and Support

CRDP Strategic Plan

RFP Incentives

Pilot Sites

Build Organizational Capacity, Implement and Evaluate Promising Programs and Practices

Population-Specific TA Provider

Provide Technical Assistance, Administrative Support, Broker Relationships

Statewide and Local Education, Outreach, & Awareness
Provide Community Representation

Validation of Promising Programs and Practices

Implementation of Strategic Plan Strategies

Collaboration Between Community and Government

Advocacy

Validated Community Defined Evidence Programs and Practices (CDEPs)

Improved Relationships Between Community and Government

Increased Community Capacity

Increased Funding for Validated CDEPs

Increases in Culturally and Linguistically Competent Mental Health Services

Policy and System Change

Reduced Mental Health Disparities

External Factors

County Mental Health Departments

Local Decision-Makers

State Agencies

State Legislature

SOLICITATION DESIGN

Andrew Chang

PLANNED SOLICITATIONS

Procurement	Key Functions	# Awards
Statewide Evaluation Team	<ul style="list-style-type: none"> Statewide evaluation Establish guidelines for pilot project evaluations Provide evaluation technical assistance to pilot projects 	1
Technical Assistance Providers	<ul style="list-style-type: none"> Provide application technical assistance to high-potential community based programs Provide administrative and financial capacity building technical assistance to pilot projects on a population basis 	5
Capacity Building Pilot Projects	<ul style="list-style-type: none"> Build organizational capacity to apply and compete for implementation funding 	15
Implementation Pilot Projects	<ul style="list-style-type: none"> Implement, expand, and evaluate promising practice / community-defined evidence program 	35
Statewide Education, Outreach, and Awareness Consultant	<ul style="list-style-type: none"> Educate and increase awareness of issues at state level 	1
Regional/Local Education, Outreach, and Awareness Consultants	<ul style="list-style-type: none"> Educate and increase awareness of issues at regional/local level 	5
	Total	62

STAKEHOLDER INVOLVEMENT

Intensive Information Gathering



- Intensive subject matter expert and stakeholder interviews
- Facilitated sessions to gather information in a structured manner
- Process is open to ensure equal access
- Survey of pilot participant needs

Draft Solicitation Review



- Provide potential bidders an opportunity to comment on bid document and requirements *prior* to formal release of bid
- Will be controlled in formal process to ensure level playing field

Requirements Protest



- Requirements protest will be integrated into the solicitation process to allow bidders an opportunity to provide feedback *during* the procurement process
- Will be controlled to ensure level playing field

Providing controlled and equal access throughout the bid design process is essential to maintain a level playing field

NEXT STEPS

- Pilot project survey re: capacity and needs
- Community forums for input on program and solicitation design
- Solicit public input on draft solicitations
 - Statewide evaluation team first

Q & A

- Please submit questions online using chat function
- Program still under development; may not be able to respond to all questions today

CONTACT US

- Please contact CRDP@cdph.ca.gov with questions or comments
- Visit CRDP Webpage
<http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProject.aspx>