State of California—Health and Human Services Agency
California Department of Public Health

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Request for Information
RFI #17-10759

Date: **January 25, 2018**

TO: **All Interested Parties**

FROM: **Caliornia Department of Public Health (CDPH) Office of Health Equity (OHE)**

SUBJECT: **California Reducing Disparities Project (CRDP) Phase 2**
Statewide Education, Outreach, and Awareness (EOA) Consultant

1. Purpose of the RFI

The California Department of Public Health (CDPH) Office of Health Equity (OHE) is releasing this Request for Information (RFI) for the California Reducing Disparities Project – Education, Outreach and Awareness (EOA) Consultant solicitation. The release of the RFI is an opportunity for the public to provide feedback that will be considered for incorporation before the official solicitation is issued. If you have comments or questions, please submit to them to OHE.Solicitations@cdph.ca.gov by February 20, 2018.

During the week of February 5th, the OHE will hold an in-person solicitation overview and feedback session with webinar capabilities to provide more information about the solicitation and to answer any questions received via OHE.Solicitations@cdph.ca.gov, and during the session. The logistics for this session are forthcoming.

There will also be an opportunity to provide additional written feedback after the session, if physical or virtual attendance is not possible.

2. Key Action Dates

Event	Due Date
Release RFI	January 25, 2018
RFI Feedback Session, * Time, Date, Location, & Webinar (TBD)	Week of February 5, 2018
Deadline for Comments, Questions	February 20, 2018
Release of Final RFP	March 6, 2018

3. Background:

The California Reducing Disparities Project (CRDP) is a project of the California Department of Public Health's Office of Health Equity (OHE). CRDP is funded by the Mental Health Services Act (MHSA) of 2004 to support and strengthen mental health programs in California.

Mental Health Services Act (MHSA)
California voters passed Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004. The MHSA provides increased funding, personnel, and other resources to support mental health programs and highlights statewide goals for children, transitional age youth, adults, older adults, and families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system.

The MHSA allocates 20% of the Mental Health Services Fund for Prevention and Early Intervention (PEI) as a key strategy to prevent mental illness from becoming severe and disabling and improve timely access for underserved populations. PEI programs emphasize strategies to reduce negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

Mental Health Disparities
The CRDP was developed in response to the disparities that exist in mental health care for diverse populations. Mental health disparities are well documented, especially as they relate to access, availability, quality, and outcomes of care. Two major reports identified mental health disparities among racial/ethnic population groups as a national problem (Mental Health: Culture, Race and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General [Department of Health and Human Services (DHHS), 2001] and The President's New Freedom Commission on Mental Health's Report Achieving the Promise: Transforming Mental Health Care in America (DHHS, July 2003). Continuing disparities are troubling, particularly given California's diversity and large populations suffering from these disparities.
Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) populations have also been shown to suffer from mental health disparities. "Research suggests that LGBTQ individuals face health disparities linked to societal stigma, discrimination and denial of their civil and human rights" (DHHS, 2012). For the purpose of CRDP, Phase 2, LGBTQ is self-identified and can include other populations not specified in this acronym.

CRDP priority populations include those who are unserved, underserved, or inappropriately served in the mental health system (DHHS, 2003), including:

- African American;
- Asian and Pacific Islander;
- Latino;
- Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ); and
- Native American

Collectively, racially and ethnically diverse and LGBTQ populations experience a greater disability burden from emotional and behavioral disorders. According to the report, "The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them." Additionally, "racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall

health and productivity" (DHHS, 2001). These disparities have been attributed to an inadequate ability of publicly funded mental health systems to understand and value the need to adapt service delivery processes to the histories, traditions, beliefs, languages and values of diverse groups (DHHS, 2001). This inability results in misdiagnosis, mistrust, and poor utilization of services by ethnically/racially diverse populations (Snowden, 1998; Takeuchi, Sue, & Yeh, 1995).

CRDP

Funded by the MHSA and seeking to answer former U.S. Surgeon General David Satcher's call for national action to reduce mental health disparities, the CRDP was launched in 2009 by the former California Department of Mental Health. The five priority populations included in CRDP were approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) based on the Surgeon General's call for action and the MHSOAC's approval of the addition of the LGBTQ population. The CRDP consists of two phases (to date). Phase 1, projected to be completed in 2018, focuses on the development of five population reports and a strategic plan to reduce mental health disparities, while Phase 2, to be completed in or about 2022, focuses on implementation of the CRDP Strategic Plan to Reduce Mental Health Disparities (CRDP Strategic Plan).

CRDP was developed and implemented before and after the dissolution of the California Department of Mental Health. The dissolution led to the elimination of the Office of Multicultural Services, where the CRDP was launched. CRDP was then moved to OHE under CDPH. Within OHE's mandate of working to reduce health and mental health disparities with vulnerable communities, CRDP is focused on improving the mental health of underserved communities across California.

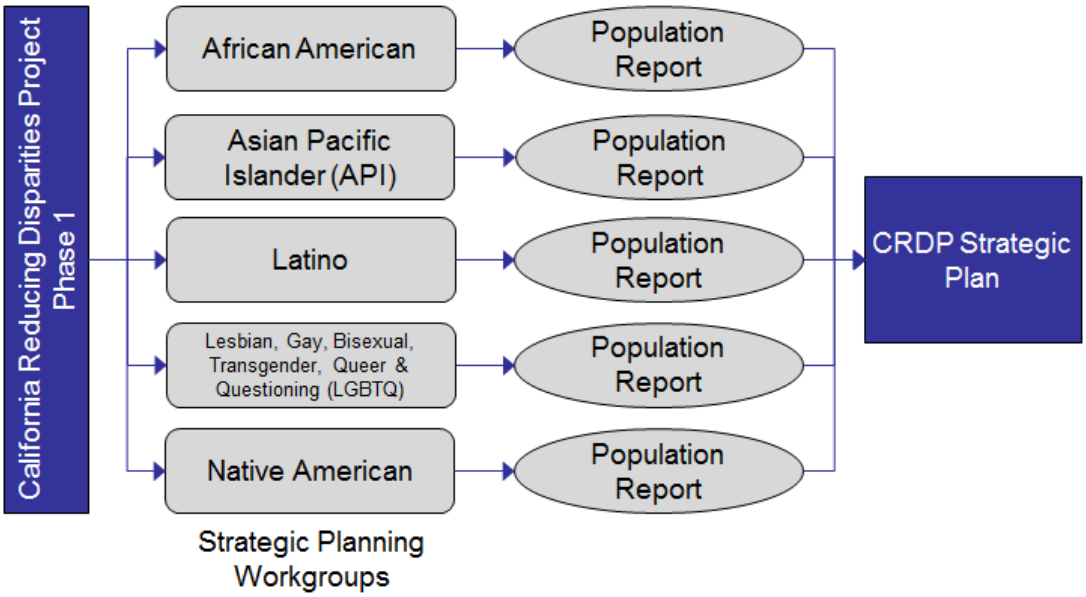
CRDP is guided by the following principles, which serve as the basis for its structure and framework:

- **Do business differently.** Doing business differently has been a focus of CRDP from the start. Doing business differently involves attentive listening and genuine consideration of community and CRDP partner input in order to be responsive to community needs. Doing business as usual has contributed to disparities; therefore, reducing disparities will need to involve doing business differently.
- **Build community capacity.** To sustain efforts to reduce mental health disparities beyond the period of CRDP Phase 2 funding, it is necessary to invest in creating community capacity and supporting community-based organizations.
- **Fairness.** A program designed to reduce disparities must 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.** CRDP does not exist in a vacuum. If the effort to reduce disparities that began with CRDP Phases 1 and 2 is to be sustained beyond the period of funding, then Phase 2 needs to address the larger context within which CRDP exists. This will allow smoother integration of Phase 2 funded programs into the larger mental health care delivery system.

CRDP Phase 1

In Phase 1, each of the five priority populations established a Strategic Planning Workgroup (SPW), which in turn engaged community members in an effort to identify promising Community-Defined Evidence Practices (CDEP) and recommendations for reducing mental health disparities for that population. The findings from each SPW's community engagement process were compiled into a Population Report. The Population Reports were then compiled into a single, comprehensive CRDP Strategic Plan This process is outlined in the figure below.

Figure 1.1
CRDP Phase 1



The CRDP Strategic Plan has two primary components: 1) goals and strategies to reduce mental health disparities in California; and 2) recommendations to CDPH on what CRDP Phase 2 should look like and how Phase 2 funding should be used. Another component of Phase 1, the California MHSA Multicultural Coalition (CMMC), was formed in 2011 to integrate cultural and linguistic competence into the public mental health system. The CMMC provided information to educate key stakeholders and policy decision makers on issues surrounding mental health in historically unserved, underserved, and/or inappropriately served communities. Moreover, the CMMC was tasked with increasing awareness regarding mental health disparities in general.

CRDP Phase 2

CRDP Phase 2 is designed to build on and implement strategies that have been developed in Phase 1 and identified in the CRDP Strategic Plan and submitted for consideration since. Phase 2 focuses on strengthening and demonstrating effectiveness of population-specific interventions and developing and reinforcing infrastructure to effectively deliver mental health services to impacted populations.

The vision for CRDP Phase 2 is 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. Its goals include:

- Demonstrate through a rigorous, community-participatory evaluation process that selected CDEPs are effective in preventing or reducing the severity of mental illness;
- Upon completion of Phase 2, to increase funding of validated CDEPs by other, non-CRDP sources, including county mental health agencies; and
- Support changes in statewide and local mental health delivery systems and policies that will reduce mental health disparities among unserved, underserved and inappropriately served populations.

There are four elements to Phase 2:

1. Pilot Projects

Pilot projects are the central component of CRDP Phase 2. Pilot projects are Community-Defined Evidence Practices (CDEPs) that currently provide culturally and linguistically competent prevention and early intervention services to members of a CRDP priority population. CDEPs include sets 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-defined Evidence Project Working Group, 2007). Phase 2 funds would allow a CDEP to expand to reach more clients and be rigorously evaluated to determine its effectiveness. Pilot projects may include projects identified in the Population Reports, as well as additional projects that may not have been included in the Phase 1 process, but show promise of effectively addressing mental health. We are defining mental health loosely to allow for holistic approaches that show promise.

Evaluation of CDEPs is important because many funding and reimbursement opportunities are tied to meeting standards of evidence. Evaluation can provide support for CDEPs meeting these standards of evidence as a validated CDEP, promising practice or evidence-based practice. Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical studies, but other methods of establishing evidence are valid as well. A promising practice means programs and activities for which there is research demonstrating effectiveness, including strong quantitative and/or qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes. Seeking recognition as an evidence-based practice will be optional for pilots, as it may not be appropriate for all populations and/or pilots.

There will be two stages for the pilot project component. Stage One is Capacity Building and lasts six months. Projects will be selected based on need and potential and likelihood for success. Through the Capacity Building process, Grantees will be provided with technical assistance and training in order to develop organizational capacity to apply for Implementation

pilot project Grants. Stage Two is Implementation. We anticipate that most pilot projects will start at the implementation stage. During the Implementation Stage, pilot projects will expand, implement and evaluate their CDEP. All pilot projects will be selected through a competitive process, based on the review of their applications.

2. Statewide Education, Outreach, and Awareness Consultant

Education, outreach, and awareness services regarding the needs of unserved, underserved, and/or inappropriately served communities and linguistically and culturally competent strategies to address these disparities will be secured during CRDP Phase 2. The goal of this program element is help inform key stakeholder groups, policy decision makers, local mental health program administrators and the general public on the causes and consequences of ongoing and persistent mental health disparities and inequities due to the lack of culturally and linguistically responsive systems of care. The Statewide EOA Consultant will work to increase awareness of mental health issues in impacted communities beyond and including the five priority populations.

3. Technical Assistance

Five population-specific Technical Assistance (TA) Providers will be established in CRDP Phase 2. During the Capacity Building stage, the TA Providers will be expected to work with pilot projects to develop their administrative, programmatic and evaluation capacities and support them in their application process for the CRDP Phase 2 Implementation pilot projects. During the Implementation phase, the TA Providers will focus on supporting the pilot projects by working to improve administration and operations, identifying and securing additional resources and building strategic partnerships to better serve communities.

4. Evaluation

The purpose of Phase 2 evaluations is to demonstrate the effectiveness of CDEPs, to help pilot projects improve operations and interventions and to determine the overall effectiveness of CRDP in reducing mental health disparities in the priority populations. Evaluations will be performed by a Statewide Evaluator and by evaluators at each pilot project and will be organized at three levels:

- Individual pilot programs supported by the Statewide Evaluator and a population-specific TA Provider will evaluate their projects to determine the effectiveness of interventions in preventing mental illnesses from becoming severe and disabling in the communities that they are serving;
- TA Providers will prepare guidelines to ensure a consistency across the pilot projects for each population group. This includes data definition and collection methods, common outcome measures as is practical and evaluation methods/approaches; and
- Every component of the CRDP (including pilot projects, TA Providers, etc.) will be assessed by the Statewide Evaluator to determine if each individual component and the CRDP taken in whole are effective in achieving the goals of CRDP, including developing a business case and evaluating the potential to reduce mental health disparities by expanding effective strategies to a statewide scale.

Though the Phase 2 pilot project evaluations will be managed and owned by the individual pilot projects, the population-specific TA Providers will be responsible for providing guidance to each of the pilot projects per agreed upon guidelines established by the Statewide Evaluator to develop appropriate community participatory evaluations (defined in Section VI. L. Definition of Terms) as defined by their respective communities. Population-specific TA Providers will provide pilot projects with support in the design and implementation of their evaluations.

CRDP Phase 2 includes funding for four different elements and allocated between the Contractors as follows:

Table 1.2
Funding Allocation

Element	Total Funding	Recommended Contracts	Funding Term	Average Funding per Contract per Year*
Statewide Education, Outreach and Awareness Consultant	$1,500,000	1	2 years	$750,000
Pilot Projects				
Capacity Building	$600,000	11	6 months	$40,000
Implementation	$39,900,000	35	5 years	$228,000
Technical Assistance Provider	$12,500,000	5	6 years	$417,000
Statewide Evaluator	$4,000,000	1	6 years	$667,000

* Approximate, rounded.

Proposers may respond to multiple CRDP Phase 2 component solicitations. However, no organization shall be awarded multiple CRDP Phase 2 Grants/Contracts. A single organization may operate as an evaluation subcontractor for multiple pilot projects; however, they may not receive a direct contract or subcontract to perform other elements of CRDP.

Proposer Qualifications

The Proposer must meet the Minimum Qualifications, provide one narrative as to whether or not it meets the Desired Qualifications, and provide a second narrative for the organization description as detailed below.

Minimum Qualifications

In order to be eligible to bid on this Solicitation, the Proposer must possess the following qualifications:

1. Registered non-profit or for profit organization;

2. At least three years of experience conducting education, outreach, and awareness projects focused on mental health and underserved populations; and
3. Experience operating and managing a project similar in scope with an annual budget of $250,000 or greater.

Desired Qualifications

Scoring of Proposer qualifications will be based on the following criteria and will include all key staff and subcontractors:

1. Proposer's team can demonstrate support from, and a trusted relationship with, diverse communities, which may include the five priority populations as well as additional unserved, underserved, and/or inappropriately served populations, including subpopulations, especially from consumers and organizations and individuals that are involved in direct service provision. Subpopulations may include but are not limited to age, gender, sexual orientation, gender identity, immigration status, national origin, and language of origin;

2. Proposer's team has significant experience working in a culturally and linguistically competent manner with hard to reach communities, especially on projects related to reducing mental health disparities;

3. Proposer's team has successfully conducted effective education, outreach, and awareness projects as described in this solicitation, with emphasis on providing media and communications technical assistance in a variety of formats, such as print, radio, television and social media. A capacity to help produce original multi-media content, such as news reports, in-depth analyses, feature stories/profiles, op-eds and/or first person essays, is essential;

4. Proposer's team has significant experience working with media and helping to place earned media stories in both the mainstream as well as with ethnic media channels;

5. Proposer's team has significant experience working with social media to help communicate messages effectively;

6. Proposer's team has significant experience creating and sustaining collaborations/partnerships with grassroots organizations across diverse languages and cultures.

7. Proposer's team has experience working with County Mental Health or Public Health Departments and/or working on local/regional or statewide initiatives.

Proposer shall provide a written narrative detailing the experience and qualifications of its organization and team members in providing services as detailed in this solicitation. The experience and qualifications should include but not be limited to the provision of media training and technical assistance to priority populations.. Proposer shall provide an

organizational chart that clearly outlines roles and responsibilities of all project team members as well as resumes for each team member. The Proposer may provide work samples to demonstrate this experience.

4. Scope of Work

A. Overview

The Statewide EOA Consultant will provide services outlined in this solicitation to support the implementation of components of the community authored draft CRDP Strategic Plan aimed at systems change for unserved, underserved, and inappropriately served communities. The draft CRDP Strategic Plan seeks to reduce disparities in racial, ethnic, and LGBTQ communities by making California's public mental health system better able to recognize and effectively address the different linguistic and cultural needs of the various unserved, underserved, and/or inappropriately served communities through systems change. Through this Contract, it is expected that the Consultant shall outreach, educate and increase awareness within unserved, underserved and/or inappropriately served communities, as well as within the general population and help to effectuate systems change.

The Consultant shall work with CDPH and various CRDP stakeholders, which may include but are not limited to CRDP Phase 1 contractors and participants, CRDP Phase 2 contractors, local governments, county mental health departments (specifically county mental health ethnic service managers and mental health services act coordinators), and other key stakeholders to help facilitate an understanding of linguistic and cultural barriers that make obtaining effective mental health services difficult or impossible to obtain. Proposers are encouraged to develop approaches that are unique and respectful of the various cultural and linguistic differences between different communities the Contractor will work with. These approaches should take into account what communication channels, mediums and messages are most effective, what needs are most prevalent, and how messages are best designed across all priority populations.

B. CDPH-Defined Deliverables

Deliverable 1: Kickoff Meeting

The Contractor shall attend a kickoff meeting with the CDPH Program Contract Manager (CM). The Contractor's Project Manager (PM) shall attend this meeting to discuss the administrative, fiscal, and technical aspects of this Contract as well as review the overall approach. Prior to the kickoff meeting the CM will develop an agenda, which the CM may add to as necessary. The CM will provide an agenda to all potential meeting participants. CDPH will designate the date and location of this meeting.

The meeting shall include, but is not limited to, the following:

- Administration;
- Detailed review of the scope of work, Workplan, schedule of deliverables; and

- Roles and responsibilities.

Deliverable 2: Progress Reports & Meetings

The Contractor shall provide a monthly progress report. The progress reports must describe the progress made and include adequate specific details on key aspects of the Workplan to demonstrate fulfillment of the Contract. The reports must identify any problems or issues that arise and contain recommendations for resolution. In addition, the reports will include required Statewide EOA performance data as specified by CDPH in consultation with the Statewide Evaluator. This data will be used for evaluation purposes within the CRDP. Finally, the report will also detail updates as to recent efforts (as detailed in the Proposer-Defined Deliverables) to increase understanding of mental health inequities and their impacts, and how the Proposer is or plans to partner with local governments, county mental health departments, and/or other organizations to do so.

The Contractor shall meet with CDPH staff monthly to discuss the Progress Report. The meeting will focus on any key issues or risks and coordinate next steps.

Deliverable 3: Quarterly Collaboration Meetings

quarterly basis. The purpose of these sessions is to provide mutual feedback in a collaborative, team-building fashion and collaborate on activities to the extent possible. It is anticipated that these sessions will be held in California one time per year and by video or teleconference three times per year. The in-person collaboration meeting is expected to cover two days. Contractors are responsible for their own travel costs for this convening.

Deliverable 4: Closeout Report & Meeting

The Contractor shall compile a closeout report that summarizes the major efforts, findings, and lessons learned through the Contract term from the perspective of the Contractor. The Contractor shall deliver the closeout report in person during a meeting with CDPH to ensure thorough knowledge transfer. The Closeout Meeting must be completed before the end of the term of this Agreement. The PM will determine the appropriate meeting participants and particulars.

C. Proposer-Defined Deliverables

The Proposer-Defined deliverables are built to allow Proposers the flexibility to detail specific and innovative solutions to meet CDPH's needs as specified and the needs of the communities to be served. The Proposer is responsible for defining the specific details of the following deliverables, subject to the general construct for each deliverable. A highly detailed description of the deliverables that the Proposer will provide to CDPH is required to demonstrate the Proposer's understanding of and ability to meet CDPH's needs as specified in this solicitation.

The intent of this solicitation, and the following Proposer-Defined Deliverables, is to create a culturally and linguistically appropriate public mental health system that is responsive to the needs of diverse and vulnerable populations. It is through storytelling, media training, and media consulting services that CRDP grantees and the larger mental health community alike will have a mechanism to influence systems level changes. These avenues for education, outreach, and awareness have been identified because they provide a platform to document and communicate why CRDP is doing business differently. It is also the intent of this solicitation to secure a Contractor to get the attention of key stakeholders and policy decision makers to demonstrate how the innovative approach of CRDP is designed to better address the needs of unserved, underserved, and inappropriately served communities.

In narrative format, the Proposer must describe in detail the specific deliverables the Proposer would provide and a justification for this proposed solution. The Proposer-defined deliverables should include a clear articulation of how the Proposer intends to meet the State's needs by clearly defining the scope of the deliverable, how the services will be provided in a culturally and linguistically competent manner, the steps the Proposer will take to accomplish the deliverable, and the tangible deliverable the State should expect to receive as the end result. **Simply repeating the requirements of the deliverable will result in a deduction of points.** Points will be awarded for the level of specificity provided for each deliverable and whether or not the deliverable and outlined approach is proven to be realistic and effective.

Deliverable 5: Annual Mental Health Poll

The Contractor shall develop a strategy to create and conduct an annual poll of sentiment towards mental health issues within California. The segmentation of the poll should include California's various unserved, underserved, and/or inappropriately served communities, including, but not limited to African American, Asian Pacific Islander, Latino, LGBTQ and Native American populations, as well as the general population at large. The intent of the poll is to measure current and changing sentiment regarding issues pertaining to mental health across the different segments and to compare changes in awareness and attitude through the term of the Contract:

- The poll shall include both consistent questions that can be tracked throughout the Contract term, as well as specific questions that are timely;
- The poll may include some questions that differ between population groups;

In describing its approach the Proposer shall provide detail, at the very least, but not limited to:

- Overall survey strategy and approach, describing how the Proposer will specifically obtain data from hard to reach populations and subpopulations;
- How it will develop the specific survey questions;
- How the survey will be administered;

- Its surveying and sampling methodology specifying how the poll will meet a 90 percent statistical significance, plus or minus 10 percent; and
- Which populations it will poll and justification.

Deliverable 6: Storytelling Technical Assistance

The Consultant shall provide technical assistance to CRDP Phase 2 contractors and pilot projects, and other unserved, underserved, and/or inappropriately served communities to document how mental health impacts various communities and the experiences and successes associated with the CRDP pilot projects. It is imperative that the Consultant is able to help the various people, organizations and/or communities tell their stories in a manner that is culturally and linguistically competent and shall include different mediums, including written, audio and video, as appropriate. The Consultant shall also work with the pilot projects and/or other recipients of the storytelling technical assistance to share the developed stories within their communities and/or the general population at-large. The storytelling technical assistance is intended to be continuous throughout the life of the Contract.

In describing its approach the Proposer shall provide detail, at the very least, but not limited to:

- Its overall approach to providing storytelling technical assistance;
- How it will incorporate linguistic and cultural competence into the storytelling;
- Which mediums it may use and the justification for the specific medium; and
- How it proposes that the pilot projects and/or other recipients of the storytelling technical assistance disseminate the stories to their communities and/or the general population at-large. The Proposer should consider, but is not limited to, earned media and social media as a means of disseminating stories. Earned and social media may focus on ethnic, cultural, LGBTQ media or main stream media.

Deliverable 7: Community Engagement Plan

The Contractor shall develop a Community Engagement Plan detailing how the priority communities as well as county mental health departments, specifically county mental health ethnic service managers and mental health services act coordinators, will be engaged and involved throughout the Contract term. The Plan should detail the proposed approach, a description of how those partnerships will be leveraged and how the CRDP goals and strategies will be promoted. The Plan should reflect the inherent goal of the CRDP for priority populations to be integral in the development and provision of EOA services. The Plan should clearly detail the following:

- What members of the communities will be involved with justification as to their selection;
- How those selected members will be recruited;
- The added benefit provided to selected members to ensure engagement;

- The expected roles and responsibilities selected members will fulfill throughout the Contract;
- How county mental health departments, specifically county mental health ethnic service managers and mental health services act coordinators will be involved and utilized to increase awareness of mental health disparities; and
- The expected results from the participation of the selected members.

This Community Engagement Plan should be provided in narrative format for the life of the Contract, with updates to the Plan made bi-annually (twice a year).\

Deliverable 8: Media Training

The Contractor shall provide media training to OHE staff and CRDP contractors and pilot projects. Media training sessions shall take place in person and shall include, but are not limited to, understanding reporter protocols and media industry etiquette, forming and articulating messages and strategies for obtaining earned media. Media trainings shall include interactive exercises.

In addition to describing its overall approach, the Proposer shall provide detail, at the very least, but not limited to:

- Topics to be covered by the trainings;
- Number and schedule of media trainings;
- Staff assigned to media trainings; and
- Format of trainings.

Deliverable 9: Media Consulting Services

The Consultant may from time to time be called on to provide media consulting services for events or news concerning the CRDP or the pilot projects. This may involve, but is not limited to, monitoring, tracking, and reporting on news pertaining to CRDP and related issues, preparing draft talking points, draft frequently asked questions, draft press releases, helping to prepare responses to specific media requests. In addition, the Consultant may, from time to time, work with CDPH to place earned media stories in ethnic and general media, as appropriate. This may involve working with CDPH's Office of Public Affairs as well as the Legislative & Governmental Affairs Office.

In addition to describing its overall approach, the Proposer shall provide detail, at the very least, but not limited to:

- Monitoring, tracking, and reporting on news media;
- Strategies to provide additional services potentially needed by the CRDP and/or the pilot projects to help promote education, outreach and awareness of mental health issues in communities that are systematically unserved, underserved, or inappropriately served in the mental health system; and

- Strategies to place earned media stories in ethnic and general media, as appropriate.

Deliverable 10: Collateral Material

The Statewide EOA Consultant will be responsible for preparing collateral media about the CRDP. Collateral material should be developed bi-annually (twice a year), and will be used to help communicate progress, successes and lessons learned of CRDP. The collateral material will be used to help communicate to key stakeholders about CRDP. The collateral material must be linguistically and culturally competent and can employ various mediums, including, but not limited to written, audio and video mediums. It is expected that the Consultant will produce collateral material throughout the term of the Contract. The Proposer shall describe in detail, at the very least, but not limited to:

- The types of products it will produce, including topic, audience, use and medium;
- Specific audiences for the various products; and
- Schedule of collateral material release.

Deliverable 11: Unanticipated Tasks

The Proposer shall anticipate and include up to five percent of the Contract value for unanticipated tasks. Unanticipated tasks may be assigned in the event that both parties agree that additional work, which was wholly unanticipated and not identified in the State's Solicitation document or the Contractor's bid submitted in response thereto, is necessary to the successful accomplishment of the general scope of work. These tasks will be billed at the Contractor's average hourly rate.

D. Workplan

The Proposer is responsible for developing a detailed Workplan to describe the specific tasks it will undertake in order to complete the entirety of the Contract. This includes but is not limited to:

- Administrative duties;
- CDPH-Defined Deliverables;
- Proposer-Defined Deliverables; and
- All other work and responsibilities involved in the Contract.

The Workplan will provide a step-by-step account of how the Proposer plans to complete all work outlined above including anticipated hours required from each key team member. The Workplan must be well-organized, detailed, and comprehensive, describing the tasks that will lead to the completion of all work in the Contract, including timelines and due dates. In addition, the Workplan must identify the team member(s) responsible for each activity and any associated needs from or impacts on CDPH staff and/or other Contractors. The tasks should be sufficiently detailed to clearly articulate the process proposed with no additional

information required. Proposers will utilize a table format in detailing the Workplan as shown below in Table D.1.

Workplan Table Format

In providing a Workplan, the Proposer shall detail each Task/Activity to be provided under each deliverable as shown in the table below. Tasks/Activities shall be numbered in the first column and described in the second. Estimated staff hours for each deliverable will be provided for all staff members. In addition, tasks shall be organized to exhibit the sequencing and timing required to complete each task.

Table D.1
Workplan Template

#	Task/Activity Description	Timeline	Key Staff	Total Hours per Deliverable
CDPH-Defined Deliverables				
Deliverable 1: Kickoff Meeting				
1				
Deliverable 2: Progress Reports & Meetings				
1				
Deliverable 3: Quarterly Collaboration Meetings				
1				
Deliverable 4: Closeout Report & Meeting				
1				
Proposer-Defined Deliverables				
Deliverable 5: Annual Mental Health Poll				
1				
Deliverable 6: Storytelling Technical Assistance				
1				
Deliverable 7: Community Engagement Plan				
1				
Deliverable 8: Media Training				
1				
Deliverable 9: Media Consulting Services				
1				
Deliverable 10: Collateral Material				
1				
Deliverable 11: Unanticipated Tasks				

5. Instructions for Questions, Feedback and Requirements Change Requests

Questions, feedback and requirements change requests regarding this Request for Information / Draft Solicitation must be directed to OHE.Solicitations@cdph.ca.gov. You may submit written questions and requirements change requests via email by the deadline specified in Section 2. All Responses will be posted on Cal eProcure in the timeline specified in Section 2. Any verbal communication with CDPH staff concerning this Solicitation is not binding on the State and shall in no way alter a specification, term or condition of the Solicitation.

6. Contact Information

Laura Leonelli
California Department of Public Health
Office of Health Equity
1616 Capitol Ave., MS 0022
Sacramento, CA 95814
(916) 322-2199
OHE.Solicitations@cdph.ca.gov

7. Definition of Terms and List of Acronyms

Capacity Building: The process by which individuals, groups, organizations, institutions and societies increase their abilities to: (a) perform core functions, solve problems, define and achieve objectives; and (b) understand and deal with their development needs in a broad context and in a sustainable manner.

Community-Defined Evidence Practice (CDEP): A set of bottom-up practices derived from a community's ideas of illness and healing or positive attributes of cultural or traditional practices. In addition, the practice has been used by the community, which has determined it to yield positive results through community consensus. While some CDEPs may have been measured empirically, this is not necessary to show that there is a consensus in the community regarding its effectiveness. CDEPs can include a range of culturally tailored treatment approaches or support (Martinez, 2010; CIBHS, 2014; Community-Defined Evidence Project Work Group, 2007). These services are often culture-specific practices that are supported by community experience but generally not yet recognized or funded by the public mental health system.

Community-Based Participatory Evaluation: A partnership approach to evaluation in which stakeholders actively engage in developing the evaluation and all phases of its implementation. Those who have the most at stake in the program – partners, program beneficiaries, funders and key decision makers – play active roles. Participation occurs throughout the evaluation process, including:

- Identifying the relevant questions;
- Planning the evaluation design;
- Selecting the appropriate measures and data collection methods;
- Gathering and analyzing data;

- Reaching consensus about findings, conclusions and recommendations; and
- Disseminating results and preparing an action plan to improve program performance. (Zukoski & Luluquisen, 2002)

Cultural Competence: Cultural competence is a set of congruent behaviors, attitudes, policies, structures and practices that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. The word “culture” is used to imply the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care, agency or organization acknowledges and incorporates—at all levels. (Cross, 1989)

A set of congruent practice skills, behaviors, attitudes and policies in a system, agency, or among those persons providing services that enables the system, agency, or those persons providing services to work effectively in cross cultural situations. (CCR Title 9. Rehabilitative and Developmental Services)

Culture: An integrated pattern of human behavior which includes thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, role, relationships and expected behaviors of a racial, ethnic, religious or social group and the ability to transmit this pattern to succeeding generations. (National Center for Cultural Competence, 2001)

Disparities, Mental Health: Differences in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment or geographic location or the combination of any of these factors. (Health and Safety Code, Section 131019.5)

Earned Media: Earned Media refers to publicity gained through promotional efforts other than paid media advertising, which refers to publicity gained through advertising, or owned media, which refers to branding. Examples of earned media include non-purchased print news stories and opinion editorials and television and radio interviews.

Ethnicity: Of or relating to large groups of people classed according to common racial, tribal, religious or linguistic or cultural origin or background. (National Center for Cultural Competence, 2001)

Intervention: Any type of treatment, preventive care or test that a person could take or undergo to improve health or to help with a particular problem. (Agency for Healthcare Research and Quality)

Kinds of Evidence:

Evidence-based practice standard: Evidence-based practice means activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.

Promising practice standard: Promising practice means programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.

Community and or practice-based evidence standard: Community and or practice-based evidence means a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview and historical and social contexts of a given population or community, which are culturally rooted.

Linguistic Competence: Linguistic competence is the capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who have low literacy skills or are not literate and individuals with disabilities. These may include, but not limited to, the use of: bilingual/bicultural staff; cultural brokers; multilingual telecommunication systems; teletypewriter; foreign language interpretation services; sign language interpretation services; ethnic media in languages other than English; print materials in easy to read, low literacy, picture and symbol formats; assistive technology devices; computer assisted real time translation; materials in alternative formats; varied approaches to sharing information with individuals who experience cognitive disabilities; and translation of legally binding documents, signage, health education materials and public awareness materials and campaigns. The organization must have policy, structure, practices, procedures and dedicated resources to support this capacity. (National Center for Cultural Competence, 2001)

Organizations and individuals working within the system are able to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including individuals with Limited English Proficiency; individuals who have few literacy skills or are not literate; and individuals with disabilities that impair communication. It also means that structures, policies, procedures and dedicated resources are in place to enable organizations and individuals to effectively respond to the literacy needs of the populations being served. (CCR Title 9. Rehabilitative and Developmental Services)

Mental Illness: Disorders generally characterized by dysregulation of mood, thought, and/or behavior, as recognized by the Diagnostic and Statistical Manual, 5th edition, of the American Psychiatric Association (DSM-V). (CDC, 2013)

Prevention: A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this program is to bring about mental

health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly higher than average and, as applicable, their parents, caregivers, and other family. "Risk factors for mental illness" means conditions or experiences that are associated with a higher than average risk of developing a potentially serious mental illness. Kinds of risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic. Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness. Prevention program services may include relapse prevention for individuals in recovery from a serious mental illness. Prevention programs may include universal prevention efforts as defined below if there is evidence to suggest that the universal prevention effort is likely to bring about mental health and related functional outcomes for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly higher than average. Universal prevention efforts mean efforts that target a population that has not been identified on the basis of risk. (MHSOAC, 2014)

Early Intervention: Treatment and other services and interventions to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that result from untreated mental illness. Early Intervention program services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years. Early Intervention program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable. Early Intervention programs may include efforts to prevent relapse in an individual with early onset. (MHSOAC, 2014)

Race: There is an array of different beliefs about the definition of race and what race means within social, political and biological contexts. The following definitions are representative of these perspectives:

- A tribe, people or nation belonging to the same stock; a division of humankind possessing traits that are transmissible by descent and sufficient to characterize it as a distinctive human type.
- Race is a social construct used to separate the world's peoples. There is only one race, the human race, comprised of individuals and characteristics that are more or less similar to others. (National Center for Cultural Competence, 2001)

Social Media: Social media are technology enabled means to create and share information, ideas, career interests, opinions and events via the internet or established networks.

Sustainability: Developing the capacity to apply for future grants and other funding streams, the organizational structure to facilitate growth and other infrastructure that will help grantees provide service at the highest level.

Priority Populations: The specific population groups that the program is attempting to impact.

Wellbeing: A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. (HM Government, 2010)

List of Acronyms

ADA: Americans with Disabilities Act

API: Asian Pacific Islander

CBO: Community Based Organization

CBPP: Capacity Building Pilot Project

CDC: Center for Disease Control

CDEP: Community-Defined Evidence Project

CDPH: California Department of Public Health

CIBHS: California Institute for Behavioral Health Solutions

CM: Contract Manager

CMMC: California MHSA Multicultural Coalition

CRDP: California Reducing Disparities Project

DGS: Department of General Services

DHHS: Department of Health and Human Services

DSM: Diagnostic & Statistical Manual of Mental Disorders

EOA: Education Outreach & Awareness

IPP: Implementation Pilot Project

IRB: Institutional Review Board

LGBTQ: Lesbian, Gay, Bisexual, Transgender and Queer/Questioning

MHSA: Mental Health Services Act

MHSOAC: Mental Health Services Oversight and Accountability Commission

NVSA: Nonprofit Veterans' Services Agency

OHE: Office of Health Equity

PEI: Prevention & Early Intervention

PM: Project Manager

SAMHSA: Substance Abuse & Mental Health Services Administration

SES: Socioeconomic Status

SMART: Specific, Measurable, Achievable, Realistic, & Time Oriented

SOW: Scope of Work

SPW: Strategic Planning Workgroup

TA: Technical Assistance