

California Reducing Disparities Project Phase 2 Questions & Answers (Revised 08/07/2015)

The Office of Health Equity (OHE) will maintain communication with stakeholders throughout the solicitation process to keep interested parties informed on the status of the solicitations for the Statewide Evaluator, Technical Assistance Provider, Capacity Building Pilot Projects, and Implementation Pilot Projects. Periodically, questions received through our solicitation specific email addresses will be reviewed, answered, and posted on the website within this document. OHE continues the policy of not providing responses or guidance to individuals during the solicitation process, but only responds publicly so that information is equally available to all interested parties.

Questions may be sent to the following mailbox: OHE.Solicitations@cdph.ca.gov

1. NEW: *When do you estimate that the CRDP Strategic Plan will be finalized?*

The CRDP Strategic Plan is currently at a copy editor and then will go to a graphic designer for a mock up that will be submitted to OHE. A Secretary Action Request (SAR) will then be submitted to CDPH leadership and routed to California Health and Human Services Agency for final review/approval. Upon approval from Agency, the plan will go to print and then be distributed broadly in Fall 2015.

2. NEW: *When does the state expect to release Phase 2 funding proposals?*

Rewriting to incorporate public comments will be complete in July 2015. The Office of Health Equity (OHE) presented the CRDP project to the Health and Human Services Agency July 21 and approval is expected soon. The solicitation will be ready for release upon approval.

3. NEW: *Should a Community-Based Organization (CBO) submit an application for a Capacity Building Pilot Project (CBPP) and an Implementation Pilot Project (IPP) at the same time or separately?*

A CBO should make a determination of whether they qualify for an IPP or a CBPP application. If there is doubt, then they should apply for the CBPP, but NOT apply for both. Projects approved for Capacity Building will automatically proceed toward approval for IPP if all the requirements of the IPP solicitation are met. Submit one application.

4. NEW: *In what order will the solicitations come out or will they come out all at once?*

Upon approval by CHHS for release to the public and after consultation with the California Department of Public Health (CDPH) leadership, the solicitations will be released in the order deemed most appropriate to allow OHE to manage the

response from applicants. The method may be concurrent release of all solicitations or may entail staggered release times.

5. NEW: How will I know when the solicitations are released?

The release of the solicitations will be announced on the OHE website and posted on the website as well as on BidSync. Look for an announcement in the OHE eblast also. To be added to the distribution list for the eblast please submit a request to: OHE@cdph.ca.gov

6. Will the overall Phase 2 program be funded for the full period?

Yes. The intent of the legislature, as expressed in the California budget since 2012, is that \$60 million shall be available for the California Reducing Disparities Project. Although funding will accrue over 4 years, it will be spent by CDPH over a 5-year funding period to allow for staggered implementation across project components.

7. Is there a Twitter hashtag for this issue?

CDPH has not established an official Twitter hashtag. Partners have previously used #ReducingDisparities and #CRDP.

8. Where does the CRDP Phase 2 funding come from?

CRDP is funded with Mental Health Services Act (MHSA) dollars. In 2004, California voters passed the MHSA to fund improving and transforming the mental health system. MHSA funds are derived from 1% tax on incomes over \$1 million. Most of the MHSA funds go to counties; CRDP is a very small portion of MHSA funds.

9. Will OHE email the solicitations through its existing list serve?

We will proactively notify individuals of the publication of the solicitations through the existing OHE list serve. The solicitations and supporting documents will be posted on the State's BidSync system, with a link on the CRDP website.

10. Who will be on the selection committees for Phase 2 awards? Will the selection committees include community members?

The composition of the selection committees will vary by solicitation. For the statewide evaluation team and technical assistance provider solicitations, selection committees will include state civil servants with subject matter expertise. For the pilot project solicitation, we anticipate using a combination of state civil service and external reviewers, including community members.

11. Can an organization compete for multiple solicitations, such as Education, Outreach, and Awareness Coordinator (systems change) and Implementation Pilot Projects? Or for technical assistance and statewide evaluation?

Organizations are welcome to submit proposals for more than one CRDP solicitation. However, organizations will not be awarded multiple contracts and are eligible to receive only one contract.

12. *Is there a way for county MHSa parties to participate in Phase 2?*

There are multiple potential roles for county mental health entities during Phase 2. They can apply as pilot sites and/or collaborate with local community-based organizations that are pilot sites. One goal of Phase 2 is to improve the relationship between CRDP-targeted communities and counties, which will require county involvement in Phase 2. There is also an opportunity for counties to be involved in working toward system change as part of Phase 2's infrastructure component.

13. *What is the process to engage small businesses in Phase 2?*

We will include a 5% advantage for small businesses to apply for Phase 2 solicitations.

14. *Will you have evidence-based practices at the end of Phase 2?*

A major goal of CRDP Phase 2 is to validate selected community-defined evidence programs and practices, documenting their effectiveness in preventing and/or reducing the severity of mental illness. At the end of Phase 2, each pilot project will have conducted a rigorous evaluation of its program and will be able to share the evaluation results with potential funders. We hope that at the end of Phase 2, entities such as county mental health agencies will be persuaded by the evidence of program effectiveness and fund programs validated during Phase 2. The choice to apply for evidence-based program status (such as through SAMHSA's NREPP) will be up to each individual pilot projects, as it may not be appropriate for all projects and populations. Pilot projects wishing to pursue evidence-based status will be provided with technical assistance to support their application.

15. *What variables or measures will help determine if the projects are successful?*

Evaluation of Phase 2 will occur on three levels: statewide/overall, the population level, and pilot project level. Evaluations will be focused on determining whether components were effective, that is, did they do what they said they were going to do. Pilot project evaluations will focus on whether the pilot program prevented or reduced the severity of mental illness and/or improved mental health among its targeted population. Pilot projects will use a community participatory evaluation process in which those impacted by the pilot project help to select the outcome measures to be tracked. The outcome measures will vary from pilot to pilot.

16. *What role will the CRDP Advisory Committee play in Phase 2? How will it help make the state and counties ready to fund these promising practices once they're evaluated?*

One of CRDP's goals is to build evidence in order to encourage other entities to fund proven community-defined evidence practices. All CRDP components will contribute toward this goal, including the CRDP Advisory Committee. The primary role of the CRDP Advisory Committee will be to provide guidance to CRDP staff and act as a sounding board regarding CRDP specifically and mental health disparities more generally. We want to ensure we are getting feedback from people who are knowledgeable about the communities impacted by mental health disparities. The Advisory Committee will provide a mechanism for ongoing meaningful engagement with subject matter experts. The Advisory Committee members will use their expertise and partnerships to support expanded funding of community-defined evidence practices.

17. Can you describe the selection/application process for the CRDP Brain Trust and Advisory Committee?

CRDP Brain Trust members were chosen based on their expertise and experience related to community-defined evidence, mental health disparities, evaluation, and the 5 target populations, either in California or nationally. They were also selected for their ability to objectively review the CRDP Phase 2 framework and provide constructive feedback. Brain Trust members were drawn from within California and nationally.

For the selection of the CRDP Advisory Committee, we envision a process similar to that used to select the Office of Health Equity's Advisory Committee, during which potential members submitted applications. We will be looking for individuals who represent unserved, underserved or inappropriately served communities, including clients, consumers, and their family members, as well as mental health service providers, subject matter experts, and cultural brokers.

18. Will you collaborate with Ethnic Services Managers (ESMs) during Phase 2?

Ethnic Services Managers play a vital role as liaisons between counties and unserved, underserved, and inappropriately served communities and contributed significantly to CRDP Phase 1. Several ESMs have served as subject matter experts during Phase 2 planning. CDPH is in ongoing discussions with ESMs regarding possible roles during Phase 2 that would allow the program to benefit from these important cultural brokers.

19. San Francisco is supporting a cohort of community-defined evidence programs. Will you share information publicly on CRDP Phase 2 progress and results during the funding period, or only at the end?

Sharing information is essential for the success of this program. CDPH is still determining what the information sharing process will be, but intends to provide information on progress and results on an ongoing basis throughout the funding period, in addition to through a series of final reports and convenings.

20. Can local health departments participate as stakeholders during Phase 2? If so, what would be the expectation?

Local health departments are encouraged to participate as stakeholders during Phase 2 planning and implementation. The extent of participation would be up to the participating agency. During Phase 2 planning, stakeholders are welcome to attend community forums, submit written comments to CRDP@cdph.ca.gov, and to review and provide feedback on draft solicitations. The specific format of ongoing participation of stakeholders during Phase 2 itself has not yet been determined.

21. If CDPH receives overwhelming feedback supporting a change in Phase 2 strategy, will it make changes?

CDPH seeks to improve and strengthen its Phase 2 framework and is open to feedback, actively seeking such feedback during 4 community forums in December 2014. CDPH has been vetting the current Phase 2 framework with various community groups since September and has generally received positive feedback. However, if we do receive strong and consistent feedback that something needs to change, we would make changes accordingly.

22. Are there limitations on subcontracting more than 25 percent of the total contract value?

Every party to a contract is expected to have a commercially useful function. However, there are no limitations on subcontracting more than 25 percent of the total contract value for those solicitations being issued through a competitive process.

Pilot Projects

23. How will you ensure a level playing field in regards to pilot project size?

We have included a Capacity Building Pilot Project program to ensure that both small and large providers of community-defined evidence practices and programs can participate in CRDP Phase 2. The Capacity Building Pilot Projects will be provided technical assistance and training for 6 months to meet the necessary requirements to participate as Implementation Pilot Projects. Organizations with higher initial capacity can apply for and enter the Implementation Pilot Project phase directly.

24. What kinds of entities/agencies can apply for Pilot Project funding? Are for-profits as well as non-profits allowed to apply for pilot project funding? Will county mental health departments be eligible to apply for funding?

Only non-profit agencies and government entities, including county mental/behavioral health departments, will be eligible to apply for pilot project funding.

25. Will non-profit community-based organizations which are not yet registered as 501(c)(3) organizations be eligible to apply for pilot project funding?

Non-profits must be registered with the IRS in order to be eligible for pilot project funding.

26. *What are the guiding principles, beyond eligibility, to determine which non-profit/government entity organizations will be funded? (Will it be based on the scale of the target population served? Will larger organizations be given preference over smaller organization, urban versus rural, etc?)*

The selection criteria for pilot projects are still being determined. The criteria will be based on both the capacity of the organization providing the pilot project and the responsiveness of the pilot project to community needs. CDPH aims to fund a diverse array of Community-Defined Evidence Programs and Practices, including practices run by large and small organizations and practices in urban, suburban, and rural areas of California.

27. *Why are county mental health departments eligible to apply for pilot project funding? Will you limit the number of county applications to a minimum?*

Counties that provide community-defined evidence programs and practices directly to targeted communities will be eligible to apply for funding. The purpose of CRDP Phase 2 is to validate community-defined evidence programs and practices by developing evidence of their effectiveness. The vast majority of community-defined evidence programs and practices are conducted by community-based organizations, and we therefore anticipate that the majority of funded pilot projects will be community-based organizations, as well. Counties meeting the established objectives and requirements will be permitted to apply. County agencies that apply will need to demonstrate their established experience working with target groups in a culturally and linguistically competent manner. County agencies will not play an intermediary role (that is, distribute funds to community-based organizations on behalf of CDPH).

28. *What counts as a pilot project? What do you consider an “existing” program?*

We are working to develop a description/definition of what constitutes a Phase 2 pilot project. In the meantime, we offer the following guidance: pilot project applicants must be community-based organizations or local (including tribal) government entities offering an existing community-defined evidence program that addresses 1 of the 5 target populations. The project must have strong ties to the community it serves. An “existing” program is one that is currently operating. We are defining a community-defined evidence program as a set of practices that a community has used and determined to yield positive results as determined by community consensus over time, that may or may not have been measured empirically but has reached a level of acceptance by the community.

29. *How will CDPH judge the capacity of smaller organizations that receive funding and ensure that they have the resources and the workforce to fully implement their pilot project?*

Smaller organizations will be eligible to apply as either Capacity Building pilot projects or Implementation pilot projects. Criteria will include financial stability, ability to evaluate or benefit from technical assistance, and quality of the description of the services provided.

30. How will CDPH create continuity between existing county-provided mental health services and the addition of mental health pilot projects through the CRDP? Will county safety net clinics and community clinics offering mental services be affected by the Phase 2 distribution of MHSAs dollars? (Will they lose funding? Gain less funding than they otherwise would have?)

We do not anticipate that Phase 2 funding will have a direct, immediate term impact on the funding of county safety net clinics or community clinics that are not awarded CRDP pilot project funding. If a county safety net clinic or community clinic is awarded CRDP pilot project funding, the CRDP funding should not supplant existing funding from the county or other sources. Counties will maintain their current independence in determining which programs to fund with county MHSAs dollars. CDPH encourages pilot projects to meaningfully collaborate with their respective county mental/behavioral health department and will include solicitation incentives to support such collaboration.

31. Will you be going through Native Agencies/Tribes/Indian Health Clinics to work with Native American Tribal communities?

CDPH will contract directly with individual pilot projects, including pilot projects targeting Native Americans. Native American pilot projects will receive technical assistance and training from Native American-specific providers with demonstrated Native American cultural competence. Such a center would likely be eligible to apply, provided it meets the criteria outlined above.

32. How can small communities within the target populations, such as Asian and African refugee populations, become involved with pilot projects?

We welcome pilot project applications addressing subpopulations of the 5 CRDP target populations, including recent immigrants. We understand that linguistic competency is an important characteristic of providing mental health services to recent immigrants. Although African immigrants may not consider themselves "African Americans," projects addressing African immigrants are invited to apply as African American pilot projects.

33. How will you determine qualified community-based organizations to participate in bidding?

The qualifications will be published in the solicitations. Organizations must determine their qualifications for themselves and decide whether or not to apply.

34. If a capacity building pilot project is unsuccessful after 6 months, will you open up solicitations again?

The capacity building phase will be filled through a single procurement process. If a capacity building pilot project is unable to successfully complete the pilot project phase, we will not recruit a replacement capacity building pilot site. Rather, we will accept an additional, higher capacity program into the implementation phase, such that 14 (instead of 15) capacity building pilot projects would “graduate” and be joined by 21 (instead of 20) other projects in the implementation phase.

35. *What is the difference between Capacity Building and Implementation Pilot Projects?*

Capacity Building Pilot Projects will start several months before Implementation Pilot Projects and will spend the time working with the technical assistance providers and statewide evaluation team to build the organizational capacity to successfully enter the Implementation Phase. We anticipate Capacity Building Pilot Projects will continue on to become Implementation Pilot Projects if they successfully complete the Capacity Building stage.

36. *How is the pilot project funding divided across populations?*

Each of the five populations targeted through CRDP Phase 2 will receive 20% of the funds.

37. *How will pilot projects be spread geographically?*

We are looking for geographic spread across the state, but will not establish specific regional or county quotas. Pilot projects must focus on identified populations and have a close connection to the community they are serving. We do not anticipate placing specific geographic requirements. In the application, the potential project will need to demonstrate a close relationship to the population it is serving, which may be more challenging if the population is geographically dispersed. It will be CDPH’s responsibility to ensure pilot are spread across the state. There will be 35 implementation pilot projects, so not every community will be covered by a pilot project.

38. *In order to not perpetuate disparities, will funding be directed to rural areas and/or small-to-medium sized counties in addition to large metropolitan areas?*

We are seeking geographic balance and aim to have pilot projects covering both urban and rural communities. We have not yet determined the scoring mechanism to achieve this balance.

39. *Would a proposal that takes elements of several community-defined evidence practices from the CRDP population reports and integrates them into a collaborative program be considered for pilot project funding? We would be integrating methodologies from several programs providing a specific, existing program?*

No. We are looking for existing programs, not new combinations of programs that have never been tried before.

40. Will you accept pilot project proposals wherein all targeted groups collaborate and intersect their outcomes to the benefit of the entire community?

At this point, we are seeking pilot project proposals that address individual CRDP target populations.

41. Our program serves multiple CRDP target populations. Can we apply for a pilot project that focuses on all of them? If not, will we have to stop serving other populations?

In order to ensure that every targeted population receives adequate attention and funding, and to identify strategies that are tailored to and work for each population, pilot projects should focus on individual target populations. Programs that serve multiple populations could continue to do so using outside funding, but CRDP pilot project funding, data collection, and evaluation would focus on a single target population.

42. Are programs that are not listed in the CRDP population reports eligible for pilot project funding?

Yes. The lists of community-defined evidence programs and practices in the population reports are not exhaustive. Those who are and are not listed will have the same opportunity to apply during Phase 2.

43. Will you accept pilot project proposals for programs addressing Arab, Armenian, or other under-represented groups?

Phase 2 funding is focused on the 5 populations targeted in Phase 1: African Americans; Asian Pacific Islanders; Latinos; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning persons; and Native Americans. If the population that the pilot project serves is part (i.e., a subpopulation) of one of the 5 CRDP target populations, the application will be considered.

44. Are innovative programs eligible to apply for pilot project funding?

Our pilot project funding aims to demonstrate effectiveness of existing community-defined evidence programs and practices. By definition, community-defined evidence requires programs to already exist in order to have reached a level of acceptance by the community over time. Therefore, a brand-new program would not meet the definition of community-defined evidence and would not be eligible for pilot project funding. In the sense that pilot projects may provide services that go beyond the usual or status quo in terms of mental health prevention and early intervention, they could be considered innovative, but the program itself must already exist.

45. What capacity do you intend to build during the capacity building phase?

The capacity building pilot project phase is focused on building organizations' capacity to submit a proposal for implementation funding. Capacity building pilot projects will receive extensive technical assistance and training regarding grant writing, evaluation planning, and articulating their program's theory of change or logic model.

46. How will language accessibility in pilot projects be addressed?

Providing culturally and linguistically appropriate services is an essential criterion for potential projects. Technical Assistance Providers will be available to support linguistic challenges for the pilot projects.

47. How will competitive local emerging practices be compared to vetted best practices?

During Phase 2, we do not intend to fund programs that have already reached evidence-based practice status. Phase 2 aims to fund promising practices that have not yet been formally evaluated but are understood by the community to be effective.

48. How much implementation pilot project funding can an organization apply for?

The specific amount has not been finalized, but we anticipate it being approximately \$200,000 per year plus an additional \$60,000 annually for evaluation, for four years.

49. Will there be opportunities to do sub-granting to other providers/ organizations?

If a program currently utilizes sub-granting as part of its service delivery model, this sub-granting could continue during Phase 2. We anticipate there will be a need for many pilot projects to subcontract for evaluation.

50. Will there be an obligation to participate in meetings to coordinate pilot projects?

Pilot projects will be expected to attend occasional convenings of all Phase 2 contractors/grantees. The frequency and specific content of these meetings have not yet been determined, but will be outlined in the pilot project solicitation.

51. How long after we apply for a pilot project grant will we know if we have been selected?

The process to review submitted proposals will take approximately one month.

52. Does an organization applying for pilot project funding need to have been in business for a certain amount of time? Does it need a certain budget from the last three years to be considered?

Pilot project applicants will be required to demonstrate that the applicant is a stable organization. Specific requirements related to budget and organization age have not yet been determined.

53. *What funding model are you considering for pilot projects? Will there be start-up funding? Deliverable-based contracts are challenging for small organizations managing cash flow.*

We plan to fund pilot projects using a grant model, with a portion of funding provided up front.

54. *Will you consider an organization's past performance when making pilot project awards?*

When reviewing pilot project applications, we will take into account the funding history of the organization. For example, if the applicant has previously received grants, did they meet the grant objectives?

55. *If a community-based organization (CBO) is receiving MHSA funding through its county to provide a community-defined evidence program, would the county or the CBO apply for pilot project funding for the program?*

The direct service provider (in this case, the CBO) should apply for pilot project funding.

56. *Has CDPH considered health enterprise zones as a strategy for Phase 2?*

The Office of Health Equity's Advisory Committee has discussed health enterprise zones, but such an approach (wherein funding is focused in high-need areas using a collective impact approach) has not been considered for CRDP pilot projects. It is possible that health enterprise zones could fit into the infrastructure component of Phase 2.

57. *Will pilot projects be aware of who the evaluators and technical assistance providers are before they apply?*

We anticipate that the Statewide Evaluation Team and the TA Providers will be under contract before the Pilot Project application period begins.

58. *Is CDPH looking for pilot sites that are solely funded by MHSA?*

Pilot project applicants need not be currently receiving MHSA funds in order to apply for Phase 2 funding. During Phase 2, we will encourage pilot projects to seek funding from other funders besides CDPH in order to support long-term sustainability of the program and organization.

59. *Would safe spaces for LGBTQ persons to gather be eligible for pilot project funding?*

If LGBTQ safe spaces are an existing community-defined evidence practice addressing mental health, they would be eligible to apply for pilot funding. We are defining a community-defined evidence program as a set of practices that a community has used and determined to yield positive results as determined by community consensus over time, that may or may not have been measured empirically but has reached a level of acceptance by the community.

60. At the county level, are only mental/behavioral health departments eligible to apply, or could public health or social services departments also apply for pilot project funding?

Any local government entity providing an existing CDEP that addresses mental health is eligible to apply for pilot project funding. We are defining mental health broadly to include programs that promote mental wellness in addition to prevention of mental illness.

61. How does one become aware of the procurement process and fully engage to gain the necessary knowledge required to compete successfully?

All procurement documents will be posted publicly on the CDPH OHE website. Individuals on OHE's mailing list will receive e-mail notification when solicitations are released. To sign up for OHE's mailing list, please contact OHE@cdph.ca.gov.

62. Do pilot project applicants need to demonstrate matching funding?

There is not a requirement to provide matching funding. From a long-term sustainability perspective, however, pilot projects are encouraged to seek additional funding outside of CRDP for their work.

63. Is it necessary for an organization to have an audit on file in order to apply for pilot project funding?

We have not yet determined whether an audit will be required. Applicants will need to demonstrate financial capability and stability, but not necessarily through a formal audit.

64. Can pilot project funds be used for space costs?

Potentially. We are still determining what types of expenses will be eligible for pilot project funding, but anticipate that rent, if necessary for program delivery, would be eligible. New construction, however, is unlikely to be eligible.

65. Will you accept pilot project applications to provide services to a sub-population (such as by age or gender) within a target population?

We invite pilot project proposals and applications that reflect the diversity within each target population. It is appropriate for applicants to focus on subgroups, such as by gender or age, within a target population, but we will not favor any particular subgroups over others.

66. What is the timeline for the pilot projects?

Capacity building pilot projects will be funded for six months. Implementation pilot projects will be funded for four years, assuming they meet a prescribed minimal level of annual progress.

67. If one population does not have enough pilot project applicants to award all of funding allocation to that population, will the remaining funds be given to other populations?

We anticipate that the demand for pilot project funding will exceed the supply. However, in the unlikely event of a population having unawarded funds, any remaining funds would be reallocated across the other population groups equitably.

68. Will pilot project applicants be expected to name an evaluator and include an evaluation plan in their application?

Capacity building pilot projects will not be expected to include an evaluation plan in their application. Once accepted into the capacity building pilot program, organizations will be provided with technical assistance to support selecting an evaluator. In contrast, implementation pilot project applications will be expected to provide an evaluation plan with their application. For implementation pilots, one of the first activities of the grant will be to refine and finalize their evaluation plan, in collaboration with the statewide evaluation team.

69. Can collaboratives or coalitions apply for pilot project funding if they are providing services to a target population?

If a collaborative or coalition is providing an existing community-defined evidence program or practice, it would be eligible to apply for pilot project funding. As a matter of procurement logistics, a single organization needs to be the lead applicant for purposes of awarding a grant.

70. Will you release the capacity building and implementation pilot project applications at the same time so organizations can determine which is a better fit for them? This would also allow CDPH to offer more or fewer awards in each category based on responses received.

Yes, CDPH plans to release the capacity building and implementation pilot project applications at the same time. While there may be minor variations, we expect each population to have 3 organizations entering the Phase 2 pilot program as capacity building pilot sites and 4 organizations entering as implementation pilot sites.

Infrastructure

71. Where does the California Multicultural MHS Coalitions (CMMC) fit into the forest?

The CMMC is currently in contract through 2015. After that time, the CMMC's roles in advising CDPH, educating decision makers, and raising awareness about mental health disparities will continue, but will be organized and named differently.

72. Are there regional multicultural mental health coalitions?

CRDP will be supporting up to five local Education, Outreach and Awareness consultants in different regions of the state.

73. Will systems change projects be funded under the Implementation Pilot Projects?

System change initiatives will be funded through the Education, Outreach and Awareness consultants. While we anticipate that pilot project findings will support system change, the pilot projects themselves will be funded to provide mental health prevention and early intervention services through community-defined evidence programs and practices.

74. What process will you use to select the CRDP Advisory Committee? How will the CRDP Advisory Committee differ from the Office of Health Equity Advisory Committee? Why don't you use the CMMC (California MHSA Multicultural Coalition) as the CRDP Advisory Committee?

We have not yet determined how the members of the CRDP Advisory Committee will be selected. The CRDP Advisory Committee will have a narrower focus than the Office of Health Equity Advisory Committee, as it will advise CDPH on CRDP and mental health disparity reduction efforts only. Rather than use a body created to address Phase 1's needs, the Office of Health Equity feels that CRDP Phase 2 should establish a new body specifically designed to address current needs. Members of the CMMC will be eligible for the CRDP Advisory Committee, but the Advisory Committee will include non-CMMC members, as well.

Technical Assistance

75. What specific services will TA providers offer? For example; workshops, coaching, and/or strategic planning, etc.? Will they help with website design or other IT needs?

The forthcoming TA provider draft solicitation will include more details regarding technical assistance topics, but in general, technical assistance to pilot projects will cover administrative and programmatic areas, including strategic planning, web design, IT needs, and much more. Each pilot project will work with its TA provider to develop a TA plan that meet its individual needs. In addition, technical assistance related to evaluation will be provided by the Statewide Evaluation Team.

76. Are organizations that were funded as Strategic Planning Workgroup leads in CRDP Phase I eligible to apply as Phase 2 TA Providers? What is the procurement process?

We will be going through a public procurement process and invite any organization that meets the minimum eligibility standards to apply

77. *Could TA providers assist rural/grassroots community-based providers to obtain Medi-Cal licensing?*

Yes, this could potentially be a TA service provided, if there is a need from a funded pilot project.

78. *Will technical assistance and training only be provided to the capacity building pilots, or will all pilots receive TA?*

All pilot projects, whether capacity building or implementation, will receive technical assistance and training.

79. *How many hours of technical assistance and training will each pilot project receive?*

We have not yet determined how many hours of technical assistance and training each pilot project will receive. This will be determined by the responses to the TA solicitations. Bidders on the TA Provider solicitation will need to stay within the allowed budget by balancing the amount of time provided and the format in which the TA and training are provided (for example, group vs individual, in-person vs telephone).

80. *What will be the cultural competency of the TA providers? Will they have experience working with underserved, unserved, and rural populations?*

Key selection criteria for the TA Providers will include a proven track record of working closely with the targeted population and a demonstrated ability to work in a culturally and linguistically competent manner.

81. *Will technical assistance and training cover linguistic competence? For example, utilization of certified interpreters for face-to-face work and translators for written work, who understand and practice cultural paradigm interpretation/translation of mental health concepts (as opposed to interpretation/translation done verbatim)?*

Linguistic competence is critical to delivery of quality mental health prevention and treatment services. However, as providers of community-defined evidence programs, we expect pilot project staff to already possess cultural and linguistic competence and therefore do not expect pilot projects to need significant technical assistance and training regarding linguistic competence.

82. *Will there be documentation of the technical assistance and training provided to each pilot project so there are records to reference in future similar endeavors?*

Yes, the training and technical assistance process and results will be documented as part of progress reporting and evaluation.

83. Will TA providers support pilot projects in meeting pilot reporting requirements? How can you ensure reporting requirements don't compromise the quality of service provided by pilot projects?

While reporting is critical to the evaluation component of CRDP Phase 2, we will endeavor to streamline the process, where possible. While TA providers cannot fulfill reporting requirements for the pilot projects, they can and will assist pilot projects to more efficiently fulfill reporting requirements.

84. Will TA providers review and provide feedback on pilot project proposals before they are submitted to CDPH?

The contracted Phase 2 TA providers will not provide feedback during the application process. Organizations that need assistance with their pilot project application are encouraged to apply as capacity building pilot projects. The capacity building pilot project application process will be simpler than that for the implementation pilots, and if accepted into the capacity building program, the organizations will receive significant technical assistance and training prior to the implementation stage. Organizations seeking support with CRDP pilot applications are encouraged to contact their county Ethnic Services Manager, many of whom have offered to support pilot applicants from their communities.

85. Will the Technical Assistance Provider application review process take into consideration the difference between rural and urban settings?

Yes, the application review process will take into consideration urban and rural differences.

86. Will you consider applications from TA providers who have expertise in the field, but no history of providing TA?

Procurement rules require that we obtain a qualified vendor with relevant prior experience.

Statewide Evaluation Team

87. Will the Statewide Evaluation Team be made up of 5 different contracts with 5 different people/agencies?

The Statewide Evaluation Team contract will be awarded to a single contractor. However, we expect that the contractor will need to develop a team with at least five separate individuals with demonstrated cultural and linguistic competence in each of the five identified populations in order to meet the requirements of the solicitation. This will allow for consistency in evaluation across populations.

88. Why are you planning to hire one Statewide Evaluator agency to provide evaluation technical assistance to the five population groups through a team of subcontractors, rather than simply giving out 5 population-specific evaluation contracts?

We have probed this issue with multiple parties and we believe that we understand the pros and cons behind one Statewide Evaluation Team versus five separate evaluation contractors. We will be balancing different needs to develop an effective program design, including consistency and flexibility. Having all evaluation technical assistance coordinated by a single agency will allow consistency in messaging and support to pilot projects, while having individual evaluation team members who possess cultural competence with a specific population will allow flexibility in methods and approaches across different populations.

89. *What will be the cultural competency of the statewide evaluation team? Will they have experience working with unserved, underserved, or inappropriately served communities?*

Experience working with target populations will be a key selection criterion for the statewide evaluation team. The Statewide Evaluation Team will include a lead evaluator for each target population group to allow for cultural competence across all 5 populations.

90. *How will the Statewide Evaluation Team account for culturally-specific challenges?*

The Statewide Evaluation Team will include a lead evaluator for each target population. Each population lead evaluator will possess a deep understanding of the challenges each population faces along with knowledge of appropriate and effective strategies for evaluation.

91. *How will evaluation funding be divided?*

Funding for the Statewide Evaluation Team will cover the overall and population-level evaluations. Evaluation of pilot projects will be funded separately.

92. *Will the Statewide Evaluation Team examine possible causes of disparities and create strategies to overcome them?*

The evaluation will focus on the effectiveness of CRDP Phase 2. CRDP Phase 1 was focused on examining causes of disparities and developing strategies to overcome them. Please refer to the Population Reports and draft CRDP Strategic Plan for details.

93. *Will the Statewide Evaluation Team account for long outreach or engagement time frames for communities to develop trusting relationships? If so, how?*

Pilot projects will be responsible for engaging with the communities they serve and collecting primary data. The Statewide Evaluation Team will operate in the background.

94. *How will the pilot-level evaluators and statewide evaluation team work together? Will the pilot-level evaluators be empowered to evaluate their programs in a way that is meaningful to them even if it is unconventional?*

The Statewide Evaluation Team will provide guidelines and support to pilot project evaluators. Pilot Project evaluators are encouraged to implement evaluation strategies that are most meaningful for their specific communities and programs.

95. *Are you open to including people from spiritual/faith communities on the Statewide Evaluation Team?*

Issues of faith and spirituality are particularly relevant for certain populations and subpopulations. We welcome bidders on the Statewide Evaluation Team solicitation to include team members who understand the role of faith and spirituality for each population group, particularly as it relates to program evaluation.

96. *Do you expect the Statewide Evaluation Team to provide TA on areas beyond evaluation?*

TA provided by the Statewide Evaluation Team to the pilot projects will be focused on evaluation. However, there may be some areas of overlap between administrative/programmatic TA and evaluation TA, in which the Statewide Evaluation Team and the TA Provider will need to coordinate their support to pilot projects. For example, if a pilot project uses its early evaluation results for program improvement, this would likely require a blend of evaluation and programmatic technical assistance.

97. *Will the pilot project evaluations follow a certain system or criteria?*

Each pilot project applicant will propose an evaluation plan, which will be a key component of the scoring. The system will be created and proposed by the pilot but follow the criteria outlined by the Statewide Evaluation Team. The guidelines are designed to have some core measures for consistency without limiting each pilot project's ability to perform a community-participatory evaluation.

98. *Question, regarding lack of data for control groups. How can you compare without the general data? Can we state the accurate collection of data as one of the goals of system change?*

The state and local Education, Outreach and Awareness contracts will have greater focus on system change. The Pilot Projects and the Statewide Evaluator will collect data appropriate to Community-Based Participatory Research practices. Appropriate evaluation methods will be decided by the Pilot Projects and the Statewide Evaluator including applicable comparison groups.

99. *What core outcomes will be tracked by all pilot projects?*

Pilot projects will select outcome measures that are specific to their intervention and target population. In addition to these measures, the Statewide Evaluation Team will determine a set of core outcomes for which all pilot projects should collect data; the core outcomes have not been determined yet

100. Does data collection and evaluation have a place in this project, for example, disaggregating API data or collecting LGBTQ data?

Data collection and evaluation are critical Phase 2 activities. We understand that collecting demographic data for the LGBTQ community in particular is critical and are working to integrate this concept into the solicitations.

101. If an organization targets more than one CRDP population, would these organizations need to prioritize which population to focus on for the evaluation plan?

Because CRDP Phase 2 is focused specifically on the five targeted populations, organizations serving more than one population will need to craft a proposal that focuses on a single target population. An exception is programs that target LGBTQ members of a CRDP-targeted racial or ethnic group, such as Latino LGBTQ persons (see Question #104 below). Organizations are welcome to submit multiple proposals for different population groups.

102. What are your thoughts related to meeting the needs of a multi-cultural youth population? How would you assign a project which would serve children of mixed ethnicities?

Because CRDP Phase 2 is focused specifically on the five targeted populations, organizations serving more than one population will need to craft a proposal that focuses on a single target population. Organizations are welcome to submit multiple proposals for different population groups. We aim to fund community-defined evidence projects that are culturally tailored and rooted in a culture's traditional values and practices. It is unlikely that a multicultural program would meet this criterion. However, we are still weighing in with subject matter experts on this topic and welcome public input.

103. What about intersection of identities, for example Latino LGBTQ?

LGBTQ persons are represented in every race and ethnicity. We are currently in the process of developing program requirements to address this issue, but we invite pilot project applications from programs serving LGBTQ persons who are also members of a CRDP-targeted racial or ethnic group.

104. How will you determine whether pilot applicants, especially counties, have demonstrated experience? Will you use the CRDP Population Report or the CRDP Strategic Plan as evidence of county performance in order to avoid misrepresentation in serving communities of color effectively?

We are still determining the selection criteria for pilot projects, but the criteria will include experience working directly with targeted communities in a culturally competent manner. This experience can be demonstrated in multiple ways, including through letters of support from community members and leaders or written program descriptions. We are not requiring pilot project applicants to have been

included in a CRDP Population Report or the Strategic Plan because these documents were not exhaustive.

105. How are you defining community-based participatory research as an evaluation approach? Is it a philosophy or an actual methodology?

We expect CRDP pilot project evaluations to be community participatory. Community participatory evaluation involves community members, including those served by a program, in every step of the evaluation, from planning, outcome measure selection, and data collection, to sharing of results.

106. Who will provide the population-level evaluation, members of the Statewide Evaluation team, or independent contractors hired by the pilot projects?

Evaluations will be conducted at three levels. Pilot projects will conduct their own evaluations, with technical assistance provided by a member of the statewide evaluation team. Pilot projects will have latitude to hire external consultants or develop internal evaluation capacity using evaluation funding. Evaluation of the overall CRDP Phase 2 program and evaluation of each population's projects will be conducted by the Statewide Evaluation Team.

107. Your webinar slides indicate that 25% of Phase 2 funds will be used for evaluation. Will this include evaluation at all three levels?

We are proposing that 25% of CRDP Phase 2 funds be used for evaluation. Evaluation funds will support pilot project evaluations, population-level evaluation, and statewide evaluation.

108. Will the results of a pilot project's evaluation be tied to future funding?

There is no funding for CRDP Phase 3 at this time. If evaluation shows that projects are effective, we hope other entities are willing to fund that project after Phase 2.