

**Contractor:**

## **EXHIBIT A SCOPE OF WORK**

### **1. Service Overview**

Assembly Bill (AB) 74 (Chapter 23, Statutes of 2019) authorized funding to provide training and technical assistance to county behavioral health departments to increase their expertise in cultural humility, health equity, stakeholder engagement, language access, and trauma-informed care and to assist them in the development of population-specific and community-driven approaches to reducing disparities.

The funding created a collaborative relationship between the California Department of Public Health's Office of Health Equity (CDPH-OHE) and DHCS' Medi-Cal Behavioral Health Division (DHCS-MCBHD). The collaboration is known as the Community Mental Health Equity Project (CMHEP) and addresses strategies and interventions aimed at reducing disparities in access to health and behavioral health care.

This contract implements technical assistance, trainings, and consultation services for the CMHEP. The focus of training will be the development of a technical assistance program enabling county behavioral health plans, staff from DHCS, CDPH-OHE, and CBOs to understand the core needs of beneficiaries and design behavioral health services that are culturally and linguistically responsive, data-driven and include community-defined practices targeted to reduce behavioral health disparities.

The goals of the CMHEP are:

1. Development of new DHCS guidance regarding cultural competence plans that are in alignment with the National Culturally and Linguistically Appropriate Services (CLAS) standards published by the Office of Minority Health in 2013. The guidance will be applicable to both Mental Health Plans (MHPs) and counties operating under the Drug Medi-Cal Organized Delivery System (DMC-ODS).
2. Improving access to culturally and linguistically relevant and aligned behavioral health services within Medi-Cal through expanded contracting between county behavioral health plans and CBOs with expertise in community-defined practices targeted at underserved and/or inappropriately served communities with a goal of improving health equity and reducing disparities among Medi-Cal beneficiaries.
3. Creation of a functional integrated network between county behavioral health departments and community-based organization (CBOs) so that culturally appropriate services are provided to previously unserved and underserved communities from different cultural and ethnic back grounds.
4. Targeted stakeholder engagement to improve cultural humility of all project participants, with the goal to understand each other's backgrounds, and ultimately build collaborative and trusting working relationships.

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**2. Cost**

Contractor agrees to provide DHCS the services described herein. \$3, 000,000 are allotted for this contract, but DHCS has the authority to spend up to \$6,000,000.

**3. Service Location**

The services shall be performed at various statewide facilities accessible to the Contractor. The administrative functions of the contract will be conducted at the Contractor’s office location at: TBD

**4. Service Hours**

The services shall be provided during normal State agency working hours of 8:00 am – 5:00 pm, Monday through Friday, excluding official State holidays.

**5. Project Representatives**

A. The project representatives during the term of this Agreement will be:

**Department of Health Care Services**

Contract Manager: Moses Ndungu

Telephone: 916-713-8805

Email: [Moses.Ndungu@dhcs.ca.gov](mailto:Moses.Ndungu@dhcs.ca.gov)

**XXXXXXX**

Contract Manager:

Telephone:

Fax:

Email:

**Contractor:**

B. Direct all inquiries to:

**Department of Health Care Services**

Quality Assessment and Performance Improvement Section

Attention: Moses Ndungu

1501 Capitol Ave, MS 2702

PO Box 997413

Sacramento, CA 95899-7414

Telephone: 916-713-8805

Email: Moses.Ndungu@dhcs.ca.gov

**Contractor's/Grantee's Name**

Section or Unit Name (as applicable)

Attention: [Enter name, if applicable]

Street address & room number, if applicable

P.O. Box Number (if applicable)

City, State, Zip Code

Telephone: (XXX) XXX-XXXX

Fax: (XXX) XXX-XXXX

Email: XXXXXXXX@XXXXXXXX

C. Either party may make changes to the information in 5(A) and 5(B) above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

**6. Services to be Performed**

Contractor agrees to provide the California Department of Health Care Services (DHCS) with the services described in this section:

**Contractor:****a. Training and Technical Assistance**

- The Contractor will assist DHCS in revising current guidance regarding county behavioral health departments' completion of Cultural Competence Plans (CCPs) per Title 9, CCR Section 1810.410. These plans currently address population needs, workforce needs, and utilization of best practices and community-defined practices applicable to the diverse populations of California. The new guidance will incorporate the 2013 *National Standards for Culturally and Linguistically Appropriate Services (CLAS)*.
- In order to align counties operating under the Drug Medi-Cal Organized Delivery System (DMC-ODS) with Mental Health Plans' cultural competence plan requirements, and to fulfill DMC-ODS counties' contractual requirements, the revised guidance will be applicable to DMC-ODS counties as well.
- The Contractor will provide statewide and regional training sessions to county behavioral health departments, staff from DHCS and CDPH-OHE, as well as CBO staff on revised guidance in order to meet the department's goals of improving behavioral health equity, reducing disparities, and providing culturally-responsive care.

**Specific activities include:**

- The Contractor shall revise current cultural competence plan requirements applicable to both MHPs and DMC-ODS counties.
- The Contractor shall develop tool kits and a robust technical assistance program that can be used by both county behavioral health departments, community-based organizations, and DHCS staff.
- The Contractor shall provide statewide and regional training sessions.
- The Contractor shall provide Individual county technical assistance sessions up to 56 counties, on an as needed basis

**Training and technical assistance should address the following topics:**

- Development and implementation of data informed Cultural Competence Plans that include actionable goals and objectives to address disparities.
- Cultural and implicit bias to build trust, improve beneficiary-provider relationships and reduce barriers to care.
- Cultural humility in behavioral health outreach and engagement.
- Trauma and impact of structural racism.
- Regulations and guidelines governing county service delivery targeted at potential county behavioral health contractors and grantees with expertise in community defined approaches to behavioral health outreach, engagement and service delivery.
- Use of reliable data sources and data analysis to identify sources of racial, ethnic, and geographic disparities, along with disparities reduction targets and improve outcomes for target populations.

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- Equitable county contracting and Medi-Cal certification processes with population-specific community based organizations, including most common county contracting barriers identified through interviews with regional stakeholders.

**b. Performance Evaluation Framework:**

- The Contractor will collaborate with staff from DHCS, CDPH-OHE, county behavioral health departments, CBOs, and other pertinent stakeholders to develop a Performance Evaluation Framework for the CMHEP.
- The Performance Evaluation Framework will need to include process and outcome measures that will allow to determine success of the CMHEP and to study trends over time.
- The Contractor should incorporate additional support and resourcing for:
  - Regional stakeholders identified as “small-rural and small counties”;
  - Regional stakeholders identified as “underserved and inappropriately served communities”;
  - Client and community centered content development.

**Specific Activities include:**

- The Contractor shall convene workgroup and stakeholder meetings to discuss and develop a Performance Evaluation Framework with process and outcome measures.
- The Contractor shall complete a Performance Evaluation Framework by the end of the contract period.

**c. Stakeholder Engagement**

- In order to fulfill the goals the CMHEP, the Contractor will work with a variety of stakeholders, including staff from DHCS, CDPH-OHE, county behavioral health departments, community-based organizations, and other relevant stakeholders to meet the goals of the CMHEP successfully.

**Specific Activities Include:**

- The Contractor will collaborate with technical assistance contractors working with the California Reducing Disparities Project as well as CMHEP under contract with CDPH-OHE to discuss meeting project objectives, including but not limited to improving CBOs’ ability to contract with behavioral health plans.
- Facilitate statewide learning collaboratives per region (small-rural, small, medium, large, and very large) of county staff, behavioral health consumers, behavioral health consumer advocates, CBOs, and other identified key stakeholders.
- Conduct workshops, training sessions, and technical assistance that are inclusive of staff from DHCS, CDPH-OHE, county behavioral health departments,

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and CBOs. It is important that the Contractor builds trusting relationships with cultural brokers, community leaders, faith-based organizations, small grassroots, ethnic or other community-based organizations that have expertise and reach into underserved and inappropriately served communities.

- Provide opportunities for shared learning and identification of best practices and challenges for regional collaborations to eliminate disparities.
- The contractor should ensure trainings are attended by county behavioral health leadership, ethnic service managers, behavioral health consumers, behavioral health consumer advocates, local community-based organizations, and other regional stakeholders.

**7. Contractor Qualification Requirements**

- A. Demonstrated expertise in behavioral health, cultural and linguistic competency, county procurement and relevant employment laws, and trauma-informed practices;
- B. Demonstrated capacity to engage state and local government administrators; behavioral health consumers and advocates; and community-based organizations;
- C. Demonstrated expertise in providing mentorship, training, and technical assistance to small and mid-sized grassroots community-based organizations;
- D. Demonstrated expertise working with disparities-sensitive data and conducting needs assessments;
- E. Demonstrated experience with focused populations (i.e., LGBTQ+, African-American, Latinx, Asian Pacific Islander, Native American/Alaska Natives, etc.).

**8. The Contractor will be responsible for the following:**

- A. Conduct research on any relevant national (e.g., Office of Minority Health) and state level efforts (e.g., the California Reducing Disparities Project (CRDP); CRDP Strategic Plan) to reduce disparities in mental health, with the goal of finding appropriate models, community-defined practices, and data-driven performance improvement approaches that can be used for technical assistance and training with counties. Contractor will summarize research in a report that includes recommendations for DHCS to consider.
- B. Handle all logistics regarding providing technical assistance and training, and marketing these efforts broadly, to county behavioral health staff, county-employed providers, and community-contracted providers.
- C. Prepare culturally informed compelling, interactive webinars and electronic module training sessions for live and/or asynchronous use, ensuring the training is engaging and participatory, as well as virtual coaching and technical assistance sessions. Materials should be available and easily consumable after the grant period is over, to allow ongoing use and training new staff. In-person sessions are unlikely to be feasible in FY 20-21. Regional in-person sessions should be planned for FY 21-22, and may need to be adjusted based on the current COVID-19 situation and related public health orders.
- D. Prepare toolkits and training materials that can be used by state agencies, counties, and providers to facilitate referrals and linkages to culturally appropriate behavioral health services;

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- E. Develop a performance measurement framework, in consultation with DHCS and selected stakeholders and subject matter experts that outlines process, potential criteria for participation and stipends, progress indicators, and outcomes to determine success of the CMHEP. Technical assistance and training to enhance counties' data collection, data analyses, and data-driven continuous quality improvement efforts.
- F. Participate in CDPH' Office of Health Equity's (OHE) quarterly Advisory Committee meetings to support the development of the CMHEP, and to report on DHCS' activities and progress regarding the provision of technical assistance and training to counties.
- G. Collaborate with CDPH-OHE to determine appropriate performance measures and program evaluation methods that will demonstrate the effectiveness of the project.
- H. Contractor will provide quarterly progress reports to DHCS.
- I. Contractor will develop a performance measurement framework that outlines process, progress indicators, and outcomes to determine success of the CMHEP.
- J. Report to DHCS activities and outcomes related to this program at 6 month intervals for the duration of the contract. These reports may include:
  - Progress on the development of the training program and the performance evaluation framework.
  - Progress on the contract deliverables.
  - Progress on beneficiary access to services using qualitative and quantitative information and data (e.g., EQRO focus group interview results; Medi-Cal claims data; Performance dashboard data).
  - Progress on CBOs contracting successfully with county behavioral health departments.
- K. Pre and Post Training Evaluations
  - The Contractor shall develop and administer pre and post CMHEP training evaluations. The Contractor shall submit training evaluations to DHCS within 30 days of completing each training.
- L. Invoicing
  - The Contractor shall submit invoices and relevant documents to DHCS on a monthly basis, or when requested by DHCS.

**9. The responsibilities of DHCS are as follows:**

- A. Provide oversight of deliverables consistent with expectations stated in the Exhibit A, Scope of Work of this agreement.
- B. Work with the Contractor in identifying needs and priorities of the CMHEP to fulfill the deliverables specified in this agreement.
- C. Encourage other governmental agencies, and counties to support and cooperate with Contractor.

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- D. Identify a DHCS representative to consult and collaborate with the Contractor on the project, when needed, to coordinate onsite and offsite support activities.

**10. The responsibilities of Contractor are as follows:**

- A. Submit the name of the staff/lead/or Contractor performing the duties of the CMHEP and shall not change the staff/lead/or Contractor without DHCS's prior approval.
- B. Perform all training and technical assistance services within the State of California and meet the minimum 60% attendee requirement from the 56 county Behavioral Health Plans. Events that do not meet the minimum attendee requirement will be considered invalid and must be cancelled. The Contractor may reschedule a training or technical assistance meeting to a later date if minimums cannot be met.
- C. Submit time and location of training venue for DHCS approval at least 10-days prior to reserving or confirming any financial commitment towards webinar presentations or rental location(s).
- D. Submit draft of marketing materials for DHCS approval at least 10-days prior to releasing to public or target audience.
- E. Submit invoices on a monthly basis or more often when requested by DHCS, Specifying:
  - a) Accomplishments for the previous month,
  - b) Activities planned for the month ahead,
  - c) Any issues preventing the Contractor from making progress on the deliverables.
- F. Notify designated DHCS representative(s) prior to all trainings, conferences, symposiums, conference calls, and planned meetings related to the identified deliverables.
- G. Provide DHCS with copies of all training materials, assessments, evaluations, and related materials within 30 days of completion of the work plan deliverable. Provide a Pre and Post training assessment/evaluation that includes an analysis of knowledge gained or behaviors changed specific to trainings performed. All training materials and disseminated resource material developed under the terms of this contract, are property of DHCS.
- H. DHCS employees shall have the right to attend any and all events, trainings, or technical assistance provided by the Contractor pursuant to this agreement without advanced notice or cost to DHCS.



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- I. Provide printing and distribution of all materials related to the performance of this Contract.
- J. Work with DHCS in identifying needs and priorities of CMHEP that might enhance county implementation and maintenance efforts.
- K. Provide onsite and/or offsite administration and payment of all vendor work and/or products to the extent provided by this contract.
- L. Provide stipends to clients and CBOs that participate in informing the curriculum development and the capacity building training program.
- M. Provide necessary administrative support to ensure the legal and fiduciary responsibility of the terms of the Contract.
- N. Contractor must notify DHCS in writing as soon as the Contractor is aware of a potential delay in completion of a deliverable by the deadline identified in Exhibit B. The notice shall describe the nature and cause of the delay and a request for an extension of the deadline to a new due date. DHCS may or may not approve the deliverable extension. All deliverables within the contract must be completed on or before the end of the contract.

**11. TERMINATION WITHOUT CAUSE:** DHCS may terminate this contract, without cause, with advance written notice provided to the contractor.