



## **Request for Information: Listening to People with Complex Needs to Inform Community Implementation of CalAIM**

### ***Summary***

CHCF seeks a grantee to lead a project to inform implementation of CalAIM in five California regions. Grantee will learn about the needs of Medi-Cal enrollees with complex needs through interviews and focus groups. This research will focus on enrollees of color who have been under-represented in prior programs that have sought to improve care for people with complex needs. Grantee will write 10 issue briefs and organize and facilitate nine briefings (virtual and in-person).

### ***Background***

CHCF is an independent, nonprofit philanthropy dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California. We know that health care is a basic necessity and work hard to improve California's health care system so it works for all Californians. Because Californians with low incomes experience the biggest health burden and face the greatest barriers to care, our priority is to make sure they can get the care they need.

We are also committed to health equity and removing health care barriers that Californians face because of their race or ethnicity. We are especially focused on strengthening Medi-Cal — California's Medicaid program and the cornerstone of the state's health care safety net. In January 2022, the California Department of Health Care Services launched California Advancing and Innovating Medi-Cal — known as CalAIM. CalAIM is a far-reaching, multiyear plan to transform California's Medi-Cal program and to make it integrate more seamlessly with other social services. This major reform has the potential to improve outcomes for the millions of people enrolled in Medi-Cal. It also offers an unprecedented opportunity to move to a more people-centered approach to care for people with the most complex health and social needs, including those with behavioral health conditions, people experiencing homelessness, and older adults with low incomes, among others. Too often, these groups have difficulty navigating the complexity of the current Medi-Cal system, where a lack of coordinated care, including access to social supports, can lead to poor health outcomes for patients and inefficiency in delivery of care.

### ***About CHCF's Listening Work***

CHCF believes that our health care system overall, and especially public programs like Medi-Cal, should reflect the needs, insights, and priorities of the people they serve. As such, we engage in "listening work" to help policymakers and health care partners understand the experiences and perspectives of health care consumers and, to a lesser extent, the doctors, nurses, and other health professionals who provide frontline care. Examples of CHCF listening projects include:

- [California Health Policy Survey](#) (annual)
- [Listening to Black Californians](#) (2022)
- [In Their Own Words: How Fragmented Care Harms People with Both Mental Illness and Substance Use Disorder](#) (2021)
- [Health Care Experiences of Californians with Low Incomes](#) (2021)
- [Help Wanted: Californians' Views and Experiences of Serious Illness and End-of-Life Care](#) (2019)
- [Listening to Mothers in California](#) (2018)

## ***Anticipated Project Needs***

CHCF seeks a grantee(s) to lead a listening project in partnership with CalAIM implementers in five California regions. While we have done more general listening work with people who have [mental illness and substance use disorder](#) and [people experiencing homelessness](#), there are outstanding and timely questions specific to CalAIM implementation that we would like to explore, for example:

- How, where, and from whom do people wish to access additional help and services?
  - How does this vary by culture, language, ethnicity, sexual orientation/gender identity?
  - Why has uptake in prior programs been lower among people of color?
- How do people with complex needs think about their own role in coordinating their care? That of a care manager?
- Care manager interactions:
  - What matters to people in a care manager (e.g., cultural concordance, shared life experiences, accountability, responsiveness, knowledge)
  - Frequency of interaction and how that frequency aligns with needs and expectations
  - Perceptions of how the care manager understands the enrollee's needs
  - Consent to share information
- To what extent are people being asked about their goals? The services and supports they need to reach their goals?
- What services do people think they need? How does that compare to what is offered? What is received?
- Care transitions: What was needed? What actually occurred?
- Experience of unfair treatment due to race/ethnicity, language, sexual orientation and gender identity (SOGI), disability/condition

Deep understanding of enrollee needs will provide both local and statewide stakeholders (including health plans, health care providers, county health care delivery system leaders, policymakers, media, and advocates) with insights to refine program design and implementation. The intention of this work is that audiences will use both regional and thematic, cross-regional findings to inform care model development, workflows, and policy implementation choices to drive continuous improvement.

The following design principles are important:

- **Participatory:** To increase the probability of actionable impact, the listening work should be done in partnership with local organizations involved in CalAIM implementation.
- **Equity-centered and culturally responsive:** To address historical mismatches in uptake, the listening work should oversample patients who are people of color.
- **Formative and enduring:** The listening work should be geared toward informing care model design, workflows, and policy implementation choices to drive continuous. At the same time, it should focus on the more enduring nature of people's needs and perspectives, not aspects of the CalAIM program. The intention is not to evaluate the CalAIM program or its impacts in specific regions.

The initial phase of the work for the selected grantee will be a planning grant to further develop the concept in partnership with CHCF. With that in mind, we propose the following activities as a starting point for concept development:

**Regional Implementation Partner Recruitment:** Grantee will work with CHCF to identify regions and to recruit a lead implementation partner in each region. Grantee will work with that partner to develop a plan to recruit interviewees. Recruitment goals and strategies should target known disparities and include those who received services and those who did not receive services even after being identified as eligible/potentially eligible. (They may not have received services because they were never contacted, did not receive authorization for services, or turned services down.)

Lead implementation partners could include:

- An existing neutral convener with deep relationships locally (e.g., a local United Way)
- An existing regional improvement collaborative or accountable community for health
- A consultant/technical assistance provider already working in the region
- A part of the delivery system (e.g., a managed care plan, a county health system, a safety-net provider such as a public hospital or Federally Qualified Health Center, an Area Agency on Aging, a county behavioral health provider, a homeless services/Continuum of Care lead entity)

**Development of Interview and Focus Group Protocols:** Grantee will develop a standardized set of interview/focus group questions that will form the common backbone across the project. In addition, they will integrate requests from regional implementation partners.

**Fieldwork:** Grantee will conduct interviews and focus groups to understand the needs, wants, and perspectives of enrollees with complex needs. We envision that 15-30 people will be interviewed in each region with a focus on three populations:

1. People experiencing homelessness
2. People with behavioral health needs
3. Older adults who need support to live independently

Interviews will be conducted in English as well as in relevant threshold languages in each region.<sup>1</sup> Ideally, interviewers should have lived experience relevant to the population they are interviewing.

**Dissemination:** In each of the five regions, grantee will hold a briefing to preview findings with the implementation partner and other stakeholders. These early previews will be followed by a published report about each region. In addition, there will be a published cross-regional report on each population, and 1-2 other thematic, cross-regional reports, as determined by CHCF and grantee after research is complete. These publications will be accompanied by up to four briefings/webinars, one on each population and one thematic, cross-regional briefing.

### ***Qualifications We Are Looking For***

CHCF is looking for firms or individuals with the following experience and capabilities:

- Demonstrated experience executing insightful qualitative research projects with linguistically, racially, and ethnically diverse consumers with low incomes, especially those with the following experiences:
  - People experiencing homelessness
  - People who live with behavioral health conditions
- Expertise and deep experience in qualitative learning, especially using participatory methods.
- A diverse team with members with lived experience in the populations of focus and demonstrated skills in approaching learning projects with the skills and mindset/orientation of

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<sup>1</sup> Threshold languages are available here: <https://data.chhs.ca.gov/dataset/quarterly-certified-eligible-counts-by-month-of-eligibility-county-and-threshold-language>

Culturally Responsive and [Equitable Evaluation \(CREE\)](#) including experience that facilitates deeper insight into root causes of inequities

- Demonstrated analytic and communication skills, including ability to refine inquiry approaches and tools nimbly as findings emerge, and to work collaboratively and effectively with partners
- Preferred but not required: Experience conducting research on health care topics and with health care audiences in California

### ***Process and Timeline***

CHCF has issued this request for information (RFI) to identify potential partners for the project described above. If you believe that you meet the qualifications, we want to hear from you! We are inviting individuals or firms to respond to this RFI by answering the questionnaire below.

We plan to schedule conversations with and may request additional written material and references from consultants/organizations who appear to be a good fit. From these conversations, we hope to identify a grantee for the listening work. Because there are many possible approaches and factors to consider for doing this learning work, we intend to award a planning grant so we can work collaboratively to develop and finalize research methodology, scope of work, timeline, and budget.

### Anticipated Timeline

1. Release of RFI (September 16, 2022)
2. RFI submission due (October 7, 2022)
3. Follow-up conversations (October 2022)
4. Planning grant award (November 2022)
5. Project initiation (Q1 2023)

***Please email your responses to the following prompts as a PDF to [ListeningRFI@chcf.org](mailto:ListeningRFI@chcf.org), to the attention of Melora Simon, senior strategist, CHCF, by 12:00 PM (PT) on October 7, 2022:***

### General Information:

- Organization or name
- Contact information
- Name and one-paragraph biography of proposed lead consultant

### Prompts (please limit your responses to four pages):

- Describe your experience executing insightful qualitative research projects with linguistically, racially, and ethnically diverse consumers with low incomes, especially those with the following experiences:
  - People experiencing homelessness
  - People who live with behavioral health conditions
  - Older adults and people living with disabilities
- Describe your track record of using interviewers with lived experience from those populations above.
- Describe your experience working with relevant health and social services system stakeholders using participatory methods.

- Describe your experience and skill with Culturally Responsive and [Equitable Evaluation \(CREE\)](#)
- Describe your experience developing and hosting briefings/webinars to share findings and working with communication partners to develop and refine publications and collateral
- Please provide up to three examples of relevant work. (If the work you would like to highlight has been published online, please provide a link.)
- Why do you think your organization is uniquely positioned to do this project well?
- Is there any other relevant information you think is important to share (briefly) about your organization, capabilities, or team as it relates to the project?

**If you have questions about this RFI**, please contact Melora Simon, senior strategist, CHCF at [ListeningRFI@chcf.org](mailto:ListeningRFI@chcf.org).