NORC at the University of Chicago

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Sacramento County Health Authority Consultation Services

Scope of Work and Budget

Presented to

Sacramento County Board of Supervisors

NORC PD NO. 2024.362

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Table of Contents

Scope of Work

NORC at the University of Chicago (NORC) is pleased to submit this proposed Scope of Work (SOW) to the Sacramento County Board of Supervisors for the Sacramento County Health Authority (SCHA) Commission. NORC understands the qualifications and experience required to support the work of the SCHA and successfully engage Medi-Cal beneficiaries and other stakeholders to improve healthcare quality metrics and support local initiatives, including California Advancing and Innovating Medi-Cal (CalAIM). Our staff have extensive expertise in healthcare research and analysis, and we bring an established track record of successful partnerships with both state and federal Medicaid agencies on implementation and outcome evaluations. With over 100 NORC staff across the state, we have two decades of experience working with California agencies at the state and local levels and first-hand knowledge of the State's uniquely diverse populations and regional differences. We also have made a collective effort to incorporate diversity, equity, and inclusion (DEI) into our research processes, which we will describe further below.

This experience is supplemented by NORC's relationships with California-based small business partners with complementary skillsets including Kerry Landry Health Care Consulting, LLC and Ted von Glahn, which will be enlisted for this work. Landry's experience consulting with California counties supporting the rollout of CalAIM initiatives through programs such as the Housing & Health Incentive Program (HHIP), Incentive Payment Program (IPP), and Behavioral Health Quality Improvement Program (BHQIP), and von Glahn's experience analyzing California health care provider and insurer quality and cost performance, will be important to this project.

Project Goals

This SOW delineates annual tasks and milestones for NORC and its subcontractors in terms of the four objectives listed in the County of Sacramento, Department of Health Services, Office of Finance, Contracts and Administration (OFCA) request for Letters of Interest and Statement of Qualifications (LOI/SOQ) OFCA-024. These objectives include:

1. Increase oversight and coordination to improve managed care plan (MCP) and provider performance in the areas of equity, quality, timely access, integration of care, and reduction of health disparities.

2. Engage Medi-Cal members in robust processes to center their voices in patient care improvements.

3. Proactively support local efforts to respond to CalAIM and other key DHCS initiatives.

4. Support successful Medi-Cal renewals and expansion of coverage.

NORC's proposed scope of work for each objective is described in detail below.

1. Increase oversight in the areas of equity, quality, timely access, integration of care, and reduction of health disparities.

This project will help to meet the goal of increased oversight by bringing in-depth analytics to routine and newly collected data that draws upon NORC's expertise in measuring equity, quality, timeliness, policies for care integration, and identification of health disparities. As a starting point for our work, in Year One, NORC will conduct an environmental scan to better understand the structure and delivery of health care services through Medi-Cal in Sacramento County. This will include the conduct of key informant interviews with County leadership, Commission leadership, providers, other State/County subject matter experts (SMEs) to understand opportunities, concerns/pain points as they relate to the areas of equity, quality, timely access, integration of care, and reduction of health disparities. NORC will use the Community Health Assessment (CHA) conducted in Sacramento County and the Community Health Improvement Plan (CHIP) as sources of information to identify and assess areas of concern for Sacramento County. In addition, the environmental scan will include a review of data sources available from MCPs as reported to Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), the County, or other entities. Where available, the environmental scan will also detail standards/benchmarks for metrics. From this environmental scan, NORC will make recommendations to SCHA about metrics to track over time and at what level of detail (e.g., age, race/ethnicity, practice level, geographic location).

NORC will leverage DHCS and DMHC data collection activities involved in the oversight of MCPs regarding quality performance and access to plan networks to assess MCP-specific performance in Sacramento County. The strategic plan for the SCHA anticipates the Sacramento County Department of Health Services (DHS) receiving data from MCPs each quarter, beginning with the new contract period effective 2024. Once sufficient annual or quarterly data are available in 2025, NORC will use the data that are submitted, which Sacramento County will house on the county's own secure enclave. With these data, NORC staff develop insights into plan performance. Choosing among data analyses for presentation to the Commission will depend on the timeliness of various types of data, the ease with which different data can be collected from MCPs, and the detail and granularity of submitted data. As gaps in the MCP data are identified, a potential data source that may be available in future years of the contract could be Sacramento County data available from the Department of Health Care Access and Information (HCAI). HCAI has yet to develop regulations and procedures permitting outside users of that data, so this option must await future developments.

The exhibit below summarizes the pros and cons of our proposed approach to access data from the county.

Exhibit 1: MCP Data provided to Sacramento County

Using Data Directly From MCPs
Medi-Cal required aggregate data is supplied by MCPs.

Data received from MCPs generated by plans are reliant on each submitting plan's data quality.

It is unclear whether data could be restricted to Sacramento County or state-wide by each MCP' service area.

Possibly unreported data variables. Especially concerning are missing data on race, ethnicity, and costs of service.

NORC will conduct internal review processes to avoid disclosure of PHI in data analyses.

Explore the potential for obtaining a Limited Data Set (LDS) of plans' clinical encounter data excluding personal identifiers, possibly through HCAI in years 2 and following.[1]

One phase of the data analysis process is to assess data sources to determine how information can be disaggregated (e.g., by member demographics and provider entities) to compare and analyze outcome metrics, such as HEDIS quality of care measures and evaluation of racial and ethnic health disparities. NORC can assist the county and SCHA in writing data collection plans, preparing data templates, data Quality Assurance (QA) standards, etc. NORC's experience in incorporating Diversity, Equity, and Inclusion (DEI) principles into research has taught us to disaggregate data and apply an intersectionality approach to understand different populations and the compounded burden of disparities for certain groups.

2. Engage Medi-Cal members to center their voices in patient care improvements.

NORC will engage Medi-Cal members in collaboration with the SCHA and community organizations, and will jointly assess the equity and feasibility of virtual and/or in-person focus groups and surveys, including incentives to promote participation.

When NORC conducts primary data collection or we work with community-based organizations (CBOs) who will do so, we will ensure that we engage Medi-Cal members in all their diverse preferences and needs following NORC's Center for Equity Research (CER) principles for incorporating DEI into project work. This adherence to principles includes but is not limited to teams investigating and maintaining awareness of implicit bias, creating appropriate ethnic/racial categories, contextualizing the use of race as a variable, cognitively testing survey and focus group questions (particularly with historically marginalized and/or minoritized groups), actively engaging with audiences (e.g., older adults, persons of color) as research partners, and centering culture by developing research questions that examine cultural contexts and power dynamics shifting among groups.

[1] An LDS is protected health information that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual: names; postal address information, other than town or city, state, and zip code; telephone numbers; fax numbers; electronic mail addresses; social security numbers; medical record numbers; health-plan beneficiary numbers; account numbers; certificate and license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); internet protocol (IP) address numbers; biometric identifiers including fingerprints and voice prints; full-face photographic images and any comparable image. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/limited-data-set/index.html

Successful participatory research ensures research goals and approaches address the needs and concerns of community partners, promotes a mutually beneficial relationship, and improves the cultural responsiveness, relevance, and interpretability of results. NORC developed a theory-based Framework for Community Engagement in Research to guide community and partner engagement in research endeavors. The Framework illustrates NORC's unswerving commitment to DEI and community-based research, focusing on developing non-transactional partnerships with communities, a commitment to doing "no harm", and prioritizing attention to whole people and communities' authentic engagement in research to address community needs and promote wellbeing and health equity. The theory-based Framework is accompanied by a toolkit that translates its principles into practice. These principles will be carried through both quantitative analysis and qualitative data collection and synthesis from community-based organizations.

NORC also recognizes linguistic diversity in Sacramento County and California in general. For focus group collection NORC will collaborate with SCHA and partners on English-language data collection instruments, as well as provide recommendations for SCHA or community organizations on other languages to prioritize for translation, based on our experience working with diverse populations across the state. If NORC convenes focus groups in consultation with the SCHA, we will use our community engagement framework, to identify nuances in health care disparities and social determinants of health that are not completely measured through the analysis of quantitative data. This will help NORC to help in the development of appropriate data instruments with which to ask, through focus groups, communities for their contributions to manage and improve the project.

In Year One, NORC will conduct a series of focus groups with Medi-Cal beneficiaries with a focus on diversity in language, location within the county, race/ethnicity, and reason for eligibility (as is feasible - parents of eligible children, adults, people with BH needs, older adults, people with disabilities). These focus groups will help to center the priorities and concerns around access to care, satisfaction, and experience that will help to inform what data will be collected from the MCPs but also inform a survey NORC will design to further explore Medi-Cal enrollees' experience with a broader population. As part of Year One activities, NORC will be working with MCPs to develop sampling frames for the survey as well as design a directed approach to data collection where we engage patients at the site of care. This survey is planned to be fielded in Years Two through Five.

3. Support local efforts to respond to CalAIM and other key DHCS initiatives.

In addition to collecting quantitative and qualitative data from community outreach and providers, the four MCPs serving Sacramento County are expected to report to DHCS on total member enrollment in Enhanced Care Management (ECM) and Community Supports (CS); Population Health Management Initiative data (PHMI) including member enrollment as a percent of eligible members; provider enrollment in ECM and CS; provider delivery of ECM and CS services; and inclusion of justice-involved populations; Incentive Program Data (e.g., Housing & Homelessness Incentive Program (HHIP), Incentive Payment Program (IPP), and Student Behavioral Health Incentive Program (SBHIP)). As is feasible, NORC will ensure these data comprise justice-involved populations, behavioral health, Emergency Department utilization rates, and homelessness in performing data analytics to assess health access and outcome disparities using its DEI frameworks. NORC will develop reports on these and other data sources

that will be communicated with the SCHA and other interested parties quarterly, delivered in person or virtually to the SCHA and QAQI.

Under this contract, we will engage in focus groups with key CalAIM populations, including the justice-involved population, to better understand their experience with the delivery system and where plans can improve their engagement. In addition, we will provide recommendations on the design and development of criteria for data dashboards to monitor CalAIM performance metrics for the four MCPs in Sacramento. NORC will provide SMEs with experience in such design projects. At this time, we have not included the cost to prepare and host the dashboard itself, as the size and scope are undetermined, as well as where the data will be stored. Once the content of the dashboard is developed, we will work closely with SCHA to identify the best approach to prepare and host the site.

4. Support successful Medi-Cal renewals and expansion of coverage.

Participating plans must be held accountable for performance and to make necessary improvements identified in the analysis of data. In addition, providers may be leaving Medi-Cal given the administrative burden participation imposes. Although the SCHA strategic plan does not specify a role for consultants, NORC proposes to work with the SCHA Commission and DHCS to compare plan performance in Sacramento to peer counties, and to promulgate the results of those comparisons among the four MCPs serving Sacramento County. Further, we will engage providers and other stakeholders through IDIs to better understand their concerns and to support the promulgation of recommendations for future direction of Medi-Cal in Sacramento. The community-based research in the county will inform outreach to community members entitled to Medi-Cal coverage who are not served because of intersectional disparities such as age, ethnicity, race, and language.

Years One to Five Activities

The following exhibit outlines NORC's proposed timeline for implementation and completion of this project over five years. Year One will entail several start-up activities and the conduct of an environmental scan, as much of the future work plan is dependent on understanding the practical and policy context for Medi-Cal operations and care delivery in Sacramento. The work plan aims to identify available data, select among measures, organize collection methods, and obtain access to the selected data. Analysis plans will incorporate an equity lens to focus on quantitative and qualitative data, including deciding among research topics to capture through interviews or focus groups and organizing data collection procedures to be inclusive of marginalized community members. Year One is expected to fill the knowledge gaps about data and the county community, including providers, and result in a more refined five-year plan. As part of this effort, we will engage County staff, Commission leadership, SMEs, providers, and others in discussion about what works and where there are opportunities for improvement in the Medi-Cal system in Sacramento. In addition, Year One will include qualitative data collection specifically with the justice-involved population, aligning with other initiatives and priorities that the County has for working with and supporting this population. We look forward to detailed discussion about establishing the foundations for additional future data collection in support of this project.

Years Two to Four will see the implementation of the decisions made and procedures selected during Year One. A Medi-Cal enrollee survey, the monitoring and analysis of data, and the engagement of community members will dominate the effort required during the middle period of NORC's engagement. NORC will work in consultation with SCHA to evaluate, and if necessary, modify the process of data collection and reporting. Although SCHA expressed a preference to receive data reporting through a dashboard, budget constraints and the emphasis on high-quality data analytics incorporating DEI principles will limit NORC's contribution to providing guidance on the dashboard interface and potential data points. Data reporting will be primarily oral and written presentations to the SCHA.

Year Five will draw the project to a close. Data collection and reporting to SCHA will continue as planned. NORC will provide a summary report covering the five years of the project and plans to turn over a robust and informative data collection system to SCHA, consistent with the previously listed goals for the project and CalAIM.

In Exhibit 2 we include a proposed timeline for activities. As we identify, access, and analyze the data, these timelines may change. We will work closely with the SCHA to develop, monitor, and build out the project timeline throughout the five-year contract term to ensure that project goals are attained.

Exhibit 2:Tasks to be Conducted in Contract Years One to Five *(Activities from the SCHA Implementation Plan)*				
Year One (2024-2025)	**Year Two (2025-2026)**	**Year Three (2026-2027)**	**Year Four (2027-2028)**	**Year Five (2028-2029)**
Finalize the 5-year plan				
Conduct environmental scan to better understand the structure and delivery of services through Medi-Cal in Sacramento County				
Obtain permission to access data through Sacramento County data system				
Identify data being collected and assess data quality (1.C.2, 1D.2, 2A.1)	Identify data being collected and assess data quality	Identify data being collected and assess data quality	Identify data being collected and assess data quality	Identify data being collected and assess data quality
Develop the monitoring plan - including data disaggregation	Monitor data	Monitor data	Monitor data	Monitor data
Begin to identify gaps to fill, common metrics to measure quality, SDOH, DEI, HEDIS (1A.7, 1B.2, 2A.1, 3A.4, 3A.5)	Continue to identify gaps and common metrics, and analyze and provide quarterly data reports	Continue to identify gaps and common metrics, and analyze and provide quarterly data reports	Continue to identify gaps and common metrics, and analyze and provide quarterly data reports	Continue to identify gaps and common metrics, and analyze and provide quarterly data reports
Provide guidance on data and design for dashboard program monitoring				
Conduct stakeholder engagement (IDIs)/focus groups (i.e., justice involved populations) (2A.2, 2A.3, 2A.4, 3A.6)	Conduct stakeholder engagement/focus groups	Conduct stakeholder engagement/focus groups	Conduct stakeholder engagement/focus groups	Conduct stakeholder engagement/focus groups
Work with outside groups to collect data as needed (2A.2, 2A.3)	Work with outside groups to collect data as needed	Work with outside groups to collect data as needed	Work with outside groups to collect data as needed	Work with outside groups to collect data as needed
Review CHA/CHIP plans (1E.3)	Review CHA/CHIP plans	Review CHA/CHIP plans	Review CHA/CHIP plans	Review CHA/CHIP plans
Present to full SCHA – quarterly (1A.9, 2A.6)	Present to full SCHA - quarterly	Present to full SCHA - quarterly	Present to full SCHA - quarterly -	Present to full SCHA - quarterly -
Attend SCHA and community meetings in person (6) and virtually (12) (3A.6)	Attend SCHA and community meetings in person (6) and virtually (12)	Attend SCHA and community meetings in person (6) and virtually (12)	Attend SCHA and community meetings in person (6) and virtually (12)	Attend SCHA and community meetings in person (6) and virtually (12)

Provide payments to Medi-Cal committee members	Provide payments to Medi-Cal committee members	Provide payments to Medi-Cal committee members	Provide payments to Medi-Cal committee members	Provide payments to Medi-Cal committee members
				Final closeout and reporting

Staff

Lisa Shugarman, Ph.D., Project Director
Lisa R. Shugarman, Ph.D. is a Senior Fellow in the Health Care Programs Department at NORC and a health policy and health services researcher with over 25 years of experience working in the fields of Medicare and Medicaid policy, publicly financed health care delivery, payment policy, serious illness/complex care, program implementation, and technical assistance/training/learning systems. She leads or has led projects for state and federal clients including the Center for Medicare and Medicaid Innovation (CMMI), Center for Medicaid and CHIP Services (CMCS), Administration for Community Living (ACL), and California Department of Aging (CDA). Dr. Shugarman has deep experience in quantitative methods, including analyses of both Medicare and Medicaid claims and administrative data, measuring quality and outcomes of care. She also has a long history of qualitative data collection, analysis, key informant interviews, focus groups, and stakeholder engagement. She currently serves as the Principal Investigator on a project for CDA to evaluate the Older Adults Recovery and Resilience (OARR) funding that involved over 160 key informant interviews with program staff and partners from all 33 of California's Area Agencies on Aging. Dr. Shugarman also currently serves as the Project Director for three learning system projects, engaging federal leadership, state Medicaid leadership, providers, and others in identifying best practices for program implementation and delivery. **Her role will be to oversee all tasks and provide leadership to the team. Shugarman will also serve as the primary point of contact.**

Praveen Karunatileka, MPH, Project Manager
Praveen Karunatileka, MPH, brings project management expertise with experience coordinating projects and tasks, managing large teams of both NORC and non-NORC staff, and monitoring timelines and budgets. Karunatileka currently serves as the project manager for a large analytic consultation contract for the California Department of Healthcare Access and Information (HCAI). Karunatileka also serves as the project manager for another consultation contract for HCAI regarding Cost and Market Impact Reviews. He serves as the Task Lead for the Medicaid Financial Oversight Analysis for which he provides oversight to a team of 15 staff who conduct Financial Management Reviews. Additionally, he serves as the Deputy Task Lead for the Financial Alignment Initiative (FAI) project for which he manages updates and revisions to technical documentation. In addition to his project management expertise, Karunatileka brings five years of experience in quantitative data analysis, and four years of experience in various aspects of survey and evaluation research. Praveen's experience in all aspects of the research process from data collection to reporting and experience in both quantitative and qualitative methods allow him to serve in various roles as needed within any given project. **His role will be to support PD Shugarman by leading all management, timeline, and budgetary responsibilities and assist with data analysis as deemed appropriate.**

Charles Betley, MA, Medi-Cal Data Subject Matter Expert
Charles Betley, MA, is a senior research scientist in NORC's Health Care Programs research department based in Bethesda, MD, with over 30 years of research experience in quantitative analysis of Medicare and Medicaid policy and all payer claims databases, as well as qualitative research experience with children's health care, hospital payment, and policies for aged and for

dual eligibles. He is the project director for the analytic consultation contract for the California Department of Healthcare Access and Information (HCAI) and an analytic advisor to the Maryland Health Services Cost Review Commission. He has worked in Medicaid programs in Ohio and Maryland and conducted policy research for agencies in Mississippi, Kansas, New Mexico, and for the Federal Government as a budget analyst at the Congressional Budget Office. **His role will be to evaluate the MCP data for quality and completeness, and advising on data analytics, leveraging his role as project director for NORC's HCAI data project.**

Devi Chelluri, MS, Statistician
Devi K. Chelluri, MS, is a Senior Statistician I for NORC at the University of Chicago with experience in Medicare and Medicaid claims analysis. Her responsibilities include developing statistical programs to analyze large datasets and consulting other researchers. Currently, she is a member of the quantitative data analysis teams for the Global and Professional Direct Contracting Model evaluation and the Vermont All-Payer Accountable Care Organization evaluation. She is responsible for conducting analyses of Medicare claims data and Medicaid claims data, creating measures and analytic files for these analyses, and providing guidance to other team members. Additionally, Chelluri provides statistical guidance and develops programs to analyze claims data for several projects, specifically the Centers for Medicare & Medicaid Services Office of Minority Health Planning, Designing, Implementing and Evaluating Programs: Reducing Health Disparities through Quality Improvement. Prior to joining NORC, Chelluri was a Statistician for AdvanceMed, an NCI company examining fraud, waste, and abuse management for Medicare Parts A and B and Medicaid professional, hospital, long-term care, and pharmacy data in both fee-for-service measures MCO payment models in ZPIC 5. **Her role will be to develop HEDIS and other claims-based data measures.**

Kerry Landry, MPH, CalAIM Subject Matter Expert
Kerry Landry, MPH, of Kerry Landry Health Care Consulting, LLC, is based in Richmond, and brings 15 years of experience. Landry supports a diverse portfolio of clients in California, enabling her to offer a vast perspective across Medi-Cal and the various components of CalAIM, many of which are included in the request by Sacramento County and require alignment and synergy with statewide activities. Landry currently supports the California Department of Health Care Services (DHCS) as a consultant on managed care, and also works with DHCS staff on other projects such as Population Health Management, behavioral health and other topics. She also supports county and CBO clients. **Her role will be to bring deep knowledge on the operational implementation of various CalAIM programs and requirements.**

Ted von Glahn, MS, California Healthcare Data Subject Matter Expert
Ted von Glahn, MS, NORC team consultant, has over 20 years of experience in analyzing California health care provider and insurer quality and cost performance. He brings a deep understanding of California's health care delivery system and insurance markets. Von Glahn's analytic work includes evaluating California health insurers' cost and quality and provider performance at the medical group, IPA, and hospital levels. He has assessed factors impacting consumer access to health care services in the commercial and Marketplace markets including health care provider networks, prior authorization processes, language access, and timely access to care requirements. His current work includes evaluating health plan quality performance, total cost of care and key components including primary care spend and behavioral health spend, and

health disparities in accessing and getting the right care. He has been consulting with Covered California for a decade; earlier he provided services to the Office of the Patient Advocate (OPA) and currently is part of the NORC team providing analytic services to the Department of Health Care Access and Information. **He will contribute to the project by advising on collection and maintenance of interagency and MCP data transfers along with how to use analytic tools in the county data environment.**

Eduardo Salinas, Ph.D., Inclusive and Equitable Quantitative Research Advisor
Dr. Salinas serves as Research Scientist for NORC's Center on Equity Research (CER). He brings over seven years of experience in social science research design, execution, analysis, and dissemination. He holds a doctorate in political science, specializing in race relations and policy analysis. Dr. Salinas brings experience conducting participatory research with community-based organizations in Chicago and New York City. His work focuses on the use of quantitative methods such as survey design/analysis and various forms of regression analyses. Dr. Salinas' work can be found in academic journals such as *The Journal of Politics in Latin America* and *Community Development*. **Dr. Salinas' role will be to ensure quantitative data analysis meets standards for inclusivity and correctly accounts for intersectional inequities.**

Michelle Johns, Ph.D., MPH, Inclusive and Equitable Qualitative Research Advisor
Michelle M Johns, Ph.D., MPH is a Senior Research Scientist in NORC's Bridge and Public Health research departments, and affiliate staff in the Center on Equity Research. She brings over a decade of qualitative research experience, designing and leading qualitative and mixed methods research projects, including CDC's Resilience and Transgender Youth Project and NORC's HIRISE+ project. She is skilled in qualitative data collection techniques such as in-depth interviews and focus groups, as well as thematic and content analysis of qualitative data. Her qualitative research has been published in scientific journals such as *Youth & Society*, *Journal of School Health*, and *Health Education and Behavior*. **Dr Johns' role will be to ensure qualitative data analysis meets standards for inclusivity and correctly accounts for intersectional inequities.**

Nola du Toit, Ph.D., Analytic Dashboard Advisor
Nola du Toit, Ph.D., is a Senior Research Methodologist at NORC and will serve as task lead for user analytics dashboard. Du Toit works at the intersection of analytic design, information technology, statistics, programming and development, visual design, and dissemination. Her work supports the research process and enhances the value of data findings for, among others, the Medicare Current Beneficiary Survey (https://mcbs-interactives.norc.org/) and National Education and Attainment Study (https://neas.norc.org/). Drawing upon nearly 20 years of experience in data research and analysis in both qualitative and quantitative methods, du Toit uses visuals and graphics to explore and illustrate concepts, ideas, and data with the goal of shedding light on analytical findings and making data and research accessible to more people. **Dr. du Toit will focus her time on data analysis and visualization methodologies, enhanced audience understanding and interpretation, and design principles and best practices.**

Budget

NORC proposes a time and materials contract in accordance with the labor categories and hours below.

NORC assumptions regarding the budget include:

- The proposed Year One (Y1) activities will focus primarily several start-up activities and the conduct of an environmental scan, as much of the future work plan is dependent on understanding the practical and policy context for Medi-Cal operations and care delivery in Sacramento. The work plan aims to identify available data, select among measures, organize collection methods, and obtain access to the selected data. In addition, as part of Y1 activities, NORC will support the conduct of focus groups with the justice-involved population through collaboration on the design of focus group facilitation guides and the analysis of qualitative data derived from focus group facilitation (conducted by other SCHA partners), NORC will submit the protocol and materials to its Institutional Review Board (IRB) for review and align with other initiatives and priorities that the County has for working with and supporting this population. Y1 will also include 20 in-depth interviews (IDIs) with Medi-Cal providers in the county (10), county leaders (4), committee members (2), and other SMEs (4). Similarly, NORC will work with SCHA to reassess the scope in all subsequent years following Y1 to determine any necessary changes regarding the scope of work, level of effort, and other direct costs.
- The budget proposes that the project director (Lisa Shugarman) attend up to six meetings in Sacramento and virtually participate in all other required meetings. NORC is committed to providing SCHA quality consultant services and wants to ensure project leadership has sufficient bandwidth to support substantive aspects of the work.
- Up to two 1-hour virtual qualitative focus groups in English (up to 8 participants, $200 incentive) are proposed annually for Y2-5. NORC will submit the protocol and materials to its IRB for review and approval. Should the project warrant additional groups and/or groups in other languages, we will work with SCHA to reallocate resources within the fiscal year to accommodate the request. We assume the focus group participant list will be derived from community partners (recruitment costs are not included in this budget), and that the Y3-5 protocol and instrument will remain largely unchanged. Substantial changes in the protocol or instrument in the subsequent years will require additional resources for staff time and IRB review, not included in this budget.
- This budget allows for high-level recommendations from project leadership on data to be included in an established dashboard. Should additional support be requested, NORC will require more information on the desired hosting platform, functional capabilities, data storage, and budget constraints to develop a new scope for this activity.
- Recognition that NORC's role in the Justice Involved focus groups (Y1 only) will be to support development of the interviewer guide, provide incentives and refreshments (noted below), and conduct data analysis. NORC will not moderate the focus groups themselves, translate the guide into Spanish, pay for transcriptions, or translate the Spanish-language transcript into English. Because the Justice Involved population is one

that has additional considerations for research, NORC will be required to pursue IRB review, which has additional costs.

- In Y2, the cost of the survey of Medi-Cal members includes labor for questionnaire development and testing in English and Spanish, web survey setup and programming, outreach for recruitment, data analysis, and reporting. The average interview length will be 10 minutes. This assumes translation services costs will be handled by SCHA, with a similar reduction in the total NORC budget to accommodate (as the entire cost of the project must be capped at $350,000).
    - Note, additional details and options regarding the Y2 Medi-Cal members survey are included in Appendix A.
- Per discussion with SCHA, the HCAI licenses for data access are not a feasible option at this time. SCHA and their IT Team are working internally to assess the feasibility of the NORC team accessing and analyzing data within the County' systems.
- NORC-delivered incentives will be in the form of Amazon or other gift codes, which can be shared with eligible participants immediately following programmatic engagements. Should alternative incentive options be preferred (such as mailed gift cards, cash, or checks), additional staff time will be required to confirm participant mailing information, obtain and ship incentives, and potentially troubleshoot with participants who experience mailing issues. Non-task-specific focus group incentives in this budget include:
    - Y1-Y5: $75 for 18 engagements for 2 commission seats. $2,700 total per year.
    - Y1: $150 for 10 justice involved individuals participating in 9 focus groups. $13,500 total in Year 1.
        - For the justice involved focus groups which will be held in person NORC has also allocated $1,800 for refreshments in total.
    - Y1: $200 for 10 providers participating in one in-depth interview (IDI) each (total of 10 IDIs). $2,000 total in Year 1.
    - Y1: $100 for 15 Medi-Cal members either through multiple focus groups or IDIs. $1,500 total in Year 1.
    - Y2: $15 post-survey incentive for an estimated $500 completes in the Medi-Cal members survey. $7,500 total in Year 2.
    - Y2-Y5: $200 for 8 individuals for 2 one-hour virtual focus groups. $3,200 total per year for Y2-Y5.

- The total cost of incentives and refreshments in Year 1 is estimated at $21,500, which is approximately 6% of the total budget. This is the most NORC can allocate for generous incentives. If SCHA can reduce the incentive requirement to 6%, NORC can reallocate the targeted funds to increase the equity, inclusion, and accessibility of this research. For example, this might include:
    - Developing a paper version of the survey of Medi-Cal beneficiaries in English and Spanish (translation costs will be handled by SCHA).
    - Programming the web-based survey of Medi-Cal beneficiaries in Spanish (translation costs will be handled by SCHA).
- The proposed scope reflects our current understanding of SCHA requirements. We will work closely with SCHA to prioritize tasks and determine the feasibility of certain tasks, once more information about the scope and available resources is determined. Under a Time and Materials budget, NORC will only charge for work completed and will coordinate closely with SCHA to allocate hours and ensure a mutual understanding of feasibility within this scope of work.
- The proposed budget provides staffing assignments based on labor categories. Should it be determined that staff at different levels and/or labor rates be more appropriate for the designated tasks, NORC will adjust the budget accordingly, staying within the contracted amount. For example, depending on the data sharing protocol determined, NORC may need to engage currently unlisted labor categories to facilitate the data user agreement. Similarly, NORC will shift other direct costs should certain tasks be prioritized over others or if new costs are realized during the design and implementation of certain tasks. NORC will keep SCHA apprised of any changes in scope that deviate from what is presented here.

Appendix A. Medi-Cal members survey potential options and estimated costs

- **Translations**: Per NORC and SCHA discussions on August 8th, 2024, it is more financially viable for SCHA to contract with their translators directly to create Spanish-language materials for the survey and focus groups.
- **Survey Options**: NORC and SCHA discussed several options to increase the survey's accessibility, equity, and inclusiveness. Table 1 displays options based on these discussions. Option 1 is already included in the budget.

Table 1. Medi-Cal Beneficiary Survey Options

NORC Responsibilities	Option 1: Web only	Option 2: Web + CBO Paper	Option 3: CBO Paper only
SCHA to provide NORC a list of 2,500 individuals for NORC to recruit via email and text message to complete a web survey	Yes	Yes	N/A
Develop survey questions for a 2-page survey (on average 10 minutes)	Yes	Yes	Yes
Translate the questionnaire and all recruitment materials in non-English languages	No	No	No
Program the survey for web administration in English only	Yes	Yes	N/A
Program the survey for web administration in up to 7 non-English languages	Yes	Yes	N/A
Send 3 emails and 3 text messages to 2,500 individuals to complete the survey via the web (250 completed surveys)	Yes	Yes	N/A
Format the paper survey in English only – printer-ready	N/A	Yes	Yes
Format the paper survey in non-English languages – printer-ready	N/A	Yes	Yes
Print paper surveys for CBO administration	No	No	No

NORC Responsibilities	Option 1: Web only	Option 2: Web + CBO Paper	Option 3: CBO Paper only
Data entry of up to completed paper surveys	N/A	Yes (250 surveys)	Yes (500 surveys)
Provide up to 500, $15 e-gift cards upon survey completion	Yes	Yes	Yes
Conduct data analyses (no weighting as this is a convenience sample)	Yes	Yes	Yes
Write a final report of the results	Yes	Yes	Yes
Estimated Budget	**~$95,000**	**~$102,000**	**~$65,000**

Notes: Costs associated with translation of the survey into Spanish would be SCHA responsibilities across all options. Similarly, costs associated with mailing surveys to beneficiaries, distributing paper surveys in-person, and/or mailing completed surveys to NORC would be SCHA's responsibility.

Option 1 is already accounted for in NORC's budget of $349,883.36. If Option 2 is selected, NORC will work with SCHA to review priorities and identify tasks to modify so that the total budget remains under $350,000 per year. If Option 3 is selected, NORC will work with SCHA to identify additional tasks NORC can conduct to account for the cost savings. Some considerations to for the available budget savings in Option 3 could be an increase in the number of incentives distributed to increase the number of completed surveys, add another language to the paper survey, or have NORC perform the translation services.

A cost-savings option is for SCHA staff to data enter the completed paper surveys. The cost-savings if SCHA staff undertake data entry would be approximately $7,000 for Option 2 (250 paper surveys) and $14,000 for Option 3 (500 paper surveys).

Potential Risks:

- SCHA assumed survey recruitment would not be based on random selection (instead, we will use a convenience method for sample recruitment), and therefore, responses might not reflect the views of the population proportionately. The small sample of 500 respondents (what can fit within budget constraints), along with the non-random selection, will limit the sub-group analyses that can be performed. This risk applies to all options.

- In Option 2, which would allow for both web survey and paper survey modalities, we run the risk of duplicate responses from survey respondents. If CBOs disseminate paper versions of the survey, we will not know if respondents also received a request via email or text from NORC to complete the web version of the survey. Therefore, there is the risk that individuals will be asked to complete the survey twice (once by NORC and once by the CBO).

- We noted above that there is a potential cost savings to this contract if SCHA assumes responsibility for data entry of paper surveys. NORC's processes include a number of quality control measures to ensure accuracy of data entry. Unless SCHA adopts similar quality control measures (e.g., a pre-determined percentage of data entry is checked for accuracy), data entry errors are a risk. This risk applies to Option 2 and Option 3. The risk for data entry errors is mitigated if NORC assumes this responsibility given our rigorous processes in place.