

1. Many firms who would be considered skilled in designing evaluations and knowledgeable about the county-based behavioral health landscape in California may have previously participated in engagements related to various policy areas under the CalMEND umbrella. Under what circumstances would such a firm be disqualified from bidding on this opportunity?

Such firms/organizations are not banned from bidding on this opportunity.

2. What is the requirement for line spacing in the proposal?

There is no requirement for line spacing in the proposal. See page 21 (section III.C.) of the RFP for proposal formatting requirements.

3. Are there specific format requirements related to the use of tables or figures in the proposal?

There is no requirement for use of tables or figures in the proposal. See page 21 (section III.C.) of the RFP for proposal formatting requirements.

4. Is face-to-face technical assistance expected to occur?

The structure and format of the technical assistance to be developed and implemented within the scope of this contract should be designed by the contractor. As noted on page 16 of the RFP, the proposer should consider what the most effective teaching/learning strategies might be, given the audience and end goals of this project. See pages 19-20 of the RFP for additional details regarding expectations for development and provision of tools, training, and technical assistance to be provided to counties by the evaluator.

5. Should travel be included to cover these TA sessions or other state level meetings?

If travel is proposed or intended in order to implement training and technical assistance or for other reasons, associated travel costs should be included within the flat fees proposed for relevant deliverables.

Costs for travel to meetings (when participation is requested by the MHSOAC) should also be included within the proposed flat fees for relevant deliverables. Typically, contractors will be asked to participate in MHSOAC meetings at the start of a contract (in the form of a project kick-off meeting in which primary evaluation and MHSOAC staff gather together at a common site) and at the end of a contract (when final reports / results may be shared by the evaluator with the Commissioners at a Commission meeting). Additional meetings may also be required. When possible, the MHSOAC is open to consideration of web-based or phone meetings.

6. What is the funder anticipating to be the range of TA hours that the contractor would provide each organization?

The MHSOAC does not have an anticipated range of Technical Assistance (TA) hours that we expect the contractor to provide each county. The level of TA that each county needs will be based on the scope and quality of their Innovation evaluations, as well as their desire and ability to participate in some forms of TA. Counties that have not planned/designed or conducted Innovation evaluations would not require TA. As noted on page 16 of the RFP, the contractor will be expected to provide feedback to each county regarding the efficacy of their designed and implemented Innovation evaluations, including recommendations to strengthen those. As noted on page 11 of the RFP, further details regarding Innovative Programs that have been proposed by counties can be found in the *MHSA Innovative Programs—Initial Trends Report* (published in January 2012 and available on the MHSOAC website).

See pages 19-20 of the RFP for additional details regarding expectations for development and provision of tools, training, and technical assistance to be provided to counties by the evaluator.

**7. Are all the innovative programs required to have an evaluation component/design?
Are the evaluations available through MHSOAC?**

As stated on page 11 of the RFP, all Innovative programs are pilots to be tested. Thus, all Innovative programs are required to have an evaluation component.

As noted on page 12 of the RFP, the contractor will be required to work with individual counties to obtain needed information about Innovation evaluations necessary to complete the scope of work, including the inventory of Innovation evaluations, which does not currently exist.

8. Does MHSOAC have a list of all internal or external innovative programs?

The MHSOAC may have county MHPA plans, plan updates, and annual updates, which may contain some information regarding county Innovative Programs. These materials may not be current or detailed. These materials may also not be available for all counties and all relevant years. As noted on page 11 of the RFP, further details regarding Innovative Programs that have been proposed by counties can be found in the *MHPA Innovative Programs—Initial Trends Report* (published in January 2012 and available on the MHSOAC website).

9. How many innovative program evaluations are to be inventoried?

As noted on page 14 of the RFP, the successful proposer must propose a work plan that will inventory Innovation evaluations that have been designed, are being conducted, or have been conducted throughout all 59 counties.

10. Is there a single point of contact for each county for innovative programs?

Each county has a designated MHPA coordinator. There may be other points-of-contact that work specifically with Innovative Programs. This will vary county by county.

11. Will new innovative program evaluations after the contract award be excluded from the MHSOAC evaluation of innovative program evaluations?

The inclusion/exclusion of Innovation evaluations should be based on the date / timing of data collection rather than the date at which the contract is awarded. At the time of data collection, all counties that have planned, designed, and/or implemented Innovation evaluations should be included within the inventory and evaluation (to the degree possible).

12. Are all innovative program evaluations part of the is (sic) evaluation or only those focused on mental health issues?

All MHPA Innovative Program evaluations that have been planned, designed, and/or implemented at the time of data collection should be included in the inventory and evaluation.

13. Does the MHSOAC currently collect monthly/quarterly / annual evaluation reports from the innovative program evaluators and/or program coordinators

As noted on page 12 of the RFP, MHSA plans, plan updates, and annual updates may be made available by the MHSOAC to the evaluator for use within this project. However, these currently available data sources will likely only provide background information related to this project and will be insufficient to achieve the inventory and evaluation goals. As noted on page 11 of the RFP, further details regarding Innovative Programs that have been proposed by counties can be found in the *MHSA Innovative Programs—Initial Trends Report* (published in January 2012 and available on the MHSOAC website).

14. What is the expectation of face to face TA or training for programs and do you anticipate scheduling regional meetings to which a TTA component could be added to build in program efficiencies.

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15. Is there an expectation that the tools and training should be made available through a webinar/website venue?

The structure and format of the tools, training, and technical assistance to be developed and implemented within the scope of this contract should be designed by the contractor. As noted on page 16 of the RFP, the proposer should consider what the most effective teaching/learning strategies might be, given the audience and end goals of this project. See pages 19-20 of the RFP for additional details regarding expectations for development and provision of tools, training, and technical assistance to be provided to counties by the evaluator.

16. Are charts, figures, and tables under margin/page dimension requirements?

All proposal content should adhere to the required proposal formatting, including margin requirements. See page 21 (section III.C.) of the RFP for proposal formatting requirements.

17. Regarding p. 14, “Work carried out via this project should also contribute to a foundation upon which a statewide evaluation of the Innovation component can later be built.” Will the winning bidder be precluded from bidding on the eventual statewide evaluation of the Innovation component?

It may be possible, if not likely, that the bidder that is awarded this contract will be precluded from bidding on the eventual statewide evaluation of the Innovation component since, statutorily, an entity that designs a framework or proposes an idea within the product of one contract cannot be awarded a future contract that aims to do what was planned or suggested within the initial contract.

18. Regarding SOW language on p. 15 (section D.1 – e), “The research method must help determine which elements of the Innovative Program contribute to successful outcomes. The design must allow the county to assess the impact of whatever element(s) of the Innovative Program were new/changed, compared to established practices in the field of mental health.” This

language suggests a design that is capable of providing evidence of a causal relationship between INN program processes/services and consumer outcomes. Is this what is desired?

The ultimate goal of this project is to determine what types of Innovation evaluations are best able to help counties make informed decisions regarding adoption or rejection of Innovative Programs. In order to identify the “successful” components of various Innovative Programs, associated evaluations should allow for assessment of various Program components (versus the Innovative Program as a whole). The evaluator will ultimately provide insight on the most appropriate methods for achieving this goal through the inventory and evaluation that is carried out via this project. Whether or not those methods include evaluation designs that are, for example, capable of implying evidence of a causal relationship between Innovative Programs / Program components and consumer outcomes should be a result of the inventory and evaluation.