

STATEWIDE PREVENTION AND EARLY INTERVENTION PROGRAMS

## SUICIDE PREVENTION

Request for Proposals

PROPOSERS' CONFERENCE FOLLOW-UP

### Proposer Questions and CalMHSA Answers



*"A George Hills Company Administered JPA"*

February 10, 2011

Revised: February 24, 2011

**Statewide Prevention and Early Intervention Programs  
Suicide Prevention Proposers' Conference Follow-up for Proposer Questions and CalMHSA Responses**

The CalMHSA Statewide Prevention and Early Intervention Programs Suicide Prevention Proposers' Conference was held on February 4, 2011 and included a total of 114 attendees. There were three ways for proposer attendees to participate during this Conference: in person, by webinar and conference call or by conference call only. Additionally, a number of written questions were received prior to the Proposers' Conference and were read aloud and responded to during the conference. All questions and CalMHSA responses will be posted on the CalMHSA website by February 10, 2011. Following are the Proposer Questions and CalMHSA responses to each question.

**Minimum Experience-Related Proposer Questions and CalMHSA Responses:**

1.	<p><b>Proposer Question:</b> I believe that the answers to all questions will be listed on your website. Is that correct, and if so, when will those responses be posted?</p> <p><b>CalMHSA Response:</b> Yes, all questions and answers will be posted by February 10, 2011.</p>
2.	<p><b>Proposer Question:</b> Under Minimum Requirements to Qualify As A Proposer you indicate in 2.1 (page 8) that "proposers must have a minimum of five years experience providing suicide prevention efforts in the community to consumers, family members and parents of consumers."</p> <p>I can see how this requirement applies to responders to all RFP subject areas except for the social marketing section--the one that is of interest to my firm. There are hardly any (if any at all) social marketing/communications firms in California or elsewhere, for that matter, that have that kind of specific experience. I would think you should be asking for responders to the social marketing section to perhaps have a minimum of five or some other number of years of experience providing/developing/creating/preparing etc. social marketing campaigns. A firm that fulfills those qualifications should be quite capable of crafting a suicide prevention campaign and communicating the messages outlined in your RFP.</p>

## Minimum Experience-Related Proposer Questions and CalMHSA Responses:

I noticed that in Part B on page 11 you indicate that CalMHSA has the right to amend the RFP by written addendum. I also noticed in 8.3, page 12 that "questions may address concerns that the application of minimum requirements, evaluation criteria and/or business requirements would unfairly disadvantage Proposers or, due to unclear instructions, may result in CalMHSA not receiving the best possible responses from Proposers." My colleagues and I hope you will agree with the point made in this memo and issue an addendum as soon as possible rather than after the bidder's conference.

Another variation of this question:

Sorry to bother you folks if this not something you are covering but we have gotten a few "concerns" from contractor land that "5-years" experience in suicide prevention was a bit rigid. Is there some reasoning behind the 5 year requirement that you could share with me that I can pass along? Is not having 5 years experience grounds for disqualification?

**CalMHSA Response:**

The experience can reside in the organization, its principal consultants or its collaboration partners. The experience requirement may also be met through proposer agreements or subcontracts that provide substantive involvement by consultants and/or other organization(s) that have the minimum five years experience. It is crucial to have knowledge and experience that meets this requirement.

3. **Proposer Question:**

How can small organizations participate in the RFP? Can they partner with larger organizations?

**CalMHSA Response:**

Yes, proposers can partner together with other organizations. A list of organizations/participants who registered to participate in the proposer's conference will be posted on the CalMHSA website by February 10, 2011 ([www.calmhsa.org](http://www.calmhsa.org)).

4. **Proposer Question:**

RFP section no. 2.0, Paragraph number 2.1, Page 8: Proposer(s) must have a minimum of five (5) years experience providing suicide prevention efforts in the community to consumers, family members, and parents of consumers.

Do the five years of experience have to reside with the organization itself or does the depth of experience of the key players in both the prime and subprime teams satisfy this requirement?

**Minimum Experience-Related Proposer Questions and CalMHSA Responses:**

	<p><b>CalMHSA Response:</b> See response to Proposer Question 2.</p>
5.	<p><b>Proposer Question:</b> What is CalMHSA’s procurement policy on partnerships?</p> <p><b>CalMHSA Response:</b> The CalMHSA Procurement Policy is posted on CalMHSA website: Select Documents, Resolution 10-01. Proposers may also reference the CalMHSA Revised Suicide Prevention RFP, page 18, 11.3: “Proposals submitted on behalf of a group of collaborating agencies or entities shall be signed by the appropriate representative of the lead agency or entity, which shall act as the proposer. The lead collaborator shall provide documentation that authorizes the proposer to act on behalf of each agency or entity comprising the collaborative consortium.”</p>
6.	<p><b>Proposer Question:</b> Are there any guidelines on who the applicants can be; lead entity, etc.</p> <p><b>CalMHSA Response:</b> Proposers that meet the minimum requirements may include: 1) for-profit organizations, privately owned, incorporated or partnerships; 2) not-for-profit organizations; and 3) public entities.</p>
7.	<p><b>Proposer Question:</b> OSP indicated they didn't believe counties are allowed to apply for these RFP's. Please clarify.</p> <p><b>CalMHSA Response:</b> There are no such restrictions.</p>

## Cost and Budget-Related Proposer Questions and CalMHSA Responses

8. **Proposer Question:**  
I would appreciate a little background on the \$\$ allocations especially as it seems that the totals are spread over 4 years or as stated up to 4 years. Does the latter mean some awards might get the whole amount but complete their work in say 2 years? \$1 million over 4 years in some of the areas is not much if averaged as 250k/year.
- CalMHSA Response:**  
The Implementation Work Plan including its Addendum, approved by the MHSOAC, included funds allocated by program. The total allocation for the Work Plan is based on the state funding allocation for a four-year period for all three strategic initiatives. Suicide Prevention is the first RFP issued and will be followed by Stigma and Discrimination Reduction and Student Mental Health.
9. **Proposer Question:**  
RFP section no. 23.0 Award Information, Length of Program Period: Up to 4 years. Page 43  
Does “up to 4 years” mean that the work can be completed in a shorter time frame?
- CalMHSA Response:**  
The pace of implementation will be based on the program design and fulfillment of the terms of a contract which will include timeframes and also provide the requirements that determine satisfactory completion.
10. **Proposer Question:**  
Governor Brown has spoken of garnering Prop. 63 money in an effort to help balance the state budget? Does this mean the funding for the Suicide Prevention program outlined in the current CalMHSA RFP, as well as the money to fund the next two CalMHSA RFPs, is in jeopardy, even though that money is already committed by the member counties?
- CalMHSA Response:**  
CalMHSA has no knowledge that the MHSOAC funds allocated for implementation of the three strategic initiatives are included in the Governor’s proposed budget. This is a policy issue that CalMHSA, MHSOAC and others are closely tracking as the state budget process unfolds. While the final state budget cannot be fully predicted in this or any year, CalMHSA will proceed to implement the Work Plan approved by MHSOAC.

## Cost and Budget-Related Proposer Questions and CalMHSA Responses

11. **Proposer Question:**  
Page 43, 23.0 Award Information: Please clarify the statement “Annual continuation awards will be contingent upon grantee progress in meeting project goals and objectives, timely submission of required data and reports and compliance with all terms and conditions of award?”
- CalMHSA Response:**  
This is a requirement that contractors will perform in accordance with the terms of the contract. It is expected that all contracts will be successfully implemented. Ongoing contract management will provide CalMHSA and the contractor with the information and a framework to determine if such progress is realized or if there is a significant lack of progress.
12. **Proposer Question:**  
On page 18, 11.6.2 Financial Information: The RFP calls for submission of Proposer’s most recent audited financial statements. We are not audited but instead have reviewed financial statements from our accounting firm. Will reviewed statements be acceptable in place of audited statements? Or is there another acceptable alternative?
- CalMHSA Response:**  
A revised Request for Proposal (RFP) has been issued and the wording for 11.6.2 (page 19) has been revised as follows: “Proposers shall attach a copy of their most recent compiled financial statements, reviewed or audited financial reports. These documents should be marked as “Confidential” (See Part C, Section 7.0). CalMHSA will review these documents, and may call the proposer for additional information on its financial statements as a part of the proposal evaluation process.”
13. **Proposer Question:**  
Exhibit 4, Budget Form and Justification Narrative pages 65 through 69 a) Personnel-Administrative/Support Staff pages 66 and 67: We typically charge an employee’s time based upon an all-inclusive rate that reflects salary benefits, overhead and profit. Instead of breaking out the various cost components, can we just use an all-inclusive rate? If not, the budget asks for details of the costs and how they are computed for the various categories. We do not see a category where profit is to be included and need direction on how it should be shown.

## Cost and Budget-Related Proposer Questions and CalMHSA Responses

**CalMHSA Response:**

CalMHSA will comply with the DMH Guidelines (DMH Information Notice No. 10-06) for PEI Statewide Programs in managing and controlling costs for direct and indirect costs. CalMHSA's responsibility for maximizing the components of these costs as related to direct and indirect costs related to each program will require proposers to provide costs as requested in Exhibit 4 (page 68). This request does not prohibit proposers from adding a profit category in the proposed budget categories.

14. **Proposer Question:**

INDIRECT COSTS – Page 68 says: “Administrative support and other indirect costs are those incurred for the common benefit of the organization’s total contracted **Older Adult Certificate Training program** and are not directly or readily attributable to a previously specified direct cost. Allowable administrative costs include accounting, budgeting, financial screening, general administrative personnel, information system, office services, and other such similar services. These costs must be reasonable, be equitably allocated and compliant with federal cost allocation principles. Consult with your accountant.” Please explain the reference to “Older Adult Certificate Training program” and how it applies.

**CalMHSA Response:**

The reference of Older Adult Certificate Training program has been deleted from the revised RFP.

15. **Proposer Question:**

Page 66, Part E Direct Costs: Does “program staff” refer to staff from the prime contractor only? Are subcontractors to be treated as “consultants” for purposes of this exercise?

**CalMHSA Response:**

Yes to both questions.

16. **Proposer Question:**

Page 67, Part E Services and Supplies Costs, Equipment, and Facility Costs: Is this exercise for prime and subcontractors or just prime?

## Cost and Budget-Related Proposer Questions and CalMHSA Responses

	<p><b>CalMHSA Response:</b> This refers to prime and subcontractors as these relate to the total proposed budget for the program.</p>
17.	<p><b>Proposer Question:</b> RFP Budget Narrative – Indirect Costs; Paragraph II Indirect Costs; Page 68. For small business concerns that do not have calculated indirect rates, will you accept our lowest Federal GSA rate for each labor category instead of an indirect cost recovery model?</p> <p><b>CalMHSA Response:</b> CalMHSA will comply with the DMH Guidelines (DMH Information Notice No. 10-06) for PEI Statewide Programs in managing and controlling costs for direct and indirect costs. CalMHSA’s responsibility for maximizing the components of these costs as related to direct and indirect costs of each program will require proposers to provide costs as requested in Exhibit 4. CalMHSA has not requested indirect rates. CalMHSA has requested budgeted costs by category in order to determine that the costs are 1) reasonable and 2) related to the services provided by the providers.</p>
18.	<p><b>Proposer Question:</b> Pg. 34 Section 11.0: Can the anticipated funding be eliminated or reduced as part of the state budget process in future years?</p> <p><b>CalMHSA Response:</b> See response to Proposer Question 10.</p>
19.	<p><b>Proposer Question:</b> 12. Pg. 8 – funding refers to programs there FY 13-14 – given that award won’t occur until May 2011, isn’t this really 3-year program?</p> <p><b>CalMHSA Response:</b> Yes, basically Year One has been devoted to Work Plan development and submission for approval per the PEI Guidelines. When it is a reasonable expectation that implementation can be completed within the following year, CalMHSA will request authorization from the State to complete implementation after the fourth year.</p>

## Cost and Budget-Related Proposer Questions and CalMHSA Responses

20.	<p><b>Proposer Question:</b> I would like clarification of award information. For example: Program One, \$2 Million, up to 4 years. Does this mean working with an annual budget of \$500,000?</p> <p><b>CalMHSA Response:</b> The Proposer’s program design will shape the timing of expenditures necessary to implement the program over the life of the contract. Depending on program design and the budget to implement, total annual expenditures may vary. It may be necessary to purchase some resources early in implementation and to have these available for continued use throughout the contract period. Also see response to Proposer Questions 22.</p>
21.	<p><b>Proposer Question:</b> For the funding for each program, is the anticipated total funding for one year or per year of the length of program of up to four years?</p> <p><b>CalMHSA Response:</b> The funding allocated for each program is for four years per DMH Information Notice 10-06. Also see responses to Proposer Questions 8, 9 and 11.</p>
22.	<p><b>Proposer Question:</b> What are the payment terms or payment schedule for work performed? Further, as in the social marketing program, where there could be huge outlays for media buys.</p> <p><b>CalMHSA Response:</b> Payment terms are established during contract negotiations. Proposers should present the best program design for their proposed implementation services and a proposed budget to match these services. Also see response to Proposer Question 20.</p>

## Evaluation Design Proposer Questions and CalMHSA Responses

23. **Proposer Question:**  
Will it be useful and allowed to include partners (subcontractors) such as a mental health provider agency and a program evaluation organization in our proposal response, or will there be an overarching research component for all five categories in the RFP?
- CalMHSA Response:**  
Yes it will be allowed. There will be a statewide evaluation in which all contractors are expected to participate.
24. **Proposer Question:**  
Page 42, section 22.0: There is no mention in the deliverables discussion of market research to develop/test campaign messages and strategies nor audience surveys or other methods to assess campaign outcomes and overall effectiveness. Do you expect that proposers will make recommendations in this area? To what extent is the social marketing campaign evaluation to be handled by the social marketing campaign team versus the evaluation contractor named for Program Five?
- CalMHSA Response:**  
The proposer may want to describe its expertise and recommend methods for evaluation of its program evaluation. There will be a statewide evaluation for all programs and a statewide evaluation expert team (SEE Team) will provide consultation to programs regarding the evaluation component, data collection and reporting requirements. The SEE Team will also assist with coordination across programs (see Work Plan Addendum, pages 15 – 16). The statewide evaluation RFP release is targeted for April 2011.
25. **Proposer Question:**  
Page 52, Section 34.0: There is no mention in the deliverables of evaluation activities or products that address the effectiveness of this overall program. Does CALMHSA expect each of the four other program parts to collect their own evaluation data under the overall direction of CALMHSA and/or the evaluation contractor? Please clarify who is responsible for what parts of evaluating the overall five-part program.
- CalMHSA Response:**  
See response to Proposer Question 22.

## Cost and Budget-Related Proposer Questions and CalMHSA Responses

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| 26. | <p><b>Proposer Question:</b><br/>Page 33, section 9.0 Outcomes section: How will CalMHSA determine the degree to which changes in the state’s suicide rate are the result of PEI efforts or of other societal factors?</p> <p><b>CalMHSA Response:</b><br/>This is an evaluation design question for the statewide evaluation. See response to Proposer Question 24.</p>  |
| 27. | <p><b>Proposer Question:</b><br/>Page 33, section 9.0 Outcomes section: Given that suicide rates vary considerably across demographic groups, with some groups experiencing disproportionately high rates, is the 5% year-one reduction an across-the-board objective, or will greater reductions be established where rates are disproportionately high?</p> <p><b>CalMHSA Response:</b><br/>This is an evaluation design question for the statewide evaluation. See response to Proposer Question 24.</p> |
| 28. | <p><b>Proposer Question:</b><br/>Page 33, section 9.0 Outcomes section: Can you further clarify the 5% reduction in suicides as an outcome? Is this percentage based on a specific campaign or outreach effort? If so, can more information be provided on that particular campaign? And if not, how was this measurement derived?</p> <p><b>CalMHSA Response:</b><br/>This is an evaluation design question for the statewide evaluation. See response to Proposer Question 24.</p>                        |
| 29. | <p><b>Proposer Question:</b><br/>RFP section no. 21.0 Outcomes; Page 42: Please clarify how campaign activities relate to the following identified outcome: Increased number of high risk individual with access to suicide prevention support through enhanced capacity of peer-support and peer-operated models, gatekeeper models such as Question, Persuade and Refer (QPR) and crisis models such as Crisis Intervention Team (CIT).</p>   |

## Cost and Budget-Related Proposer Questions and CalMHSA Responses

	<p><b>CalMHSA Response:</b> This is an evaluation design question for the statewide evaluation. See response to Proposer Question 24.</p>
30.	<p><b>Proposer Question:</b> RFP section no. 21.0 Outcomes, Page 42: Please clarify how campaign activities relate to the following identified outcome: Increased number of local survivor support groups coupled with an increase in number of local survivor support groups receiving educational support to strengthen sustainability?</p> <p><b>CalMHSA Response:</b> This is an evaluation design question for the statewide evaluation. See response to Proposer Question 24.</p>
31.	<p><b>Proposer Question:</b> RFP section no.11.0 Proposal Package Content and Sequence; Paragraph 11.5.4 Section D, Page 18: Quality Management and Data Collection: Proposer must establish and utilize a comprehensive Quality Management Plan to ensure a consistently high level of service throughout the terms of the contract. Further, Proposer must demonstrate the ability to collect, manage and submit data as directed by CalMHSA. Please clarify what data “as directed by CalMHSA” means. Will the proposer need to include funds in their budget for working with a cross program evaluator</p> <p><b>CalMHSA Response:</b> The proposer should provide the budget for its quality management plan and data collection activities. This is an evaluation design question for the statewide evaluation. See response to Proposer Question 24.</p>
32.	<p><b>Proposer Question:</b> Pg. 41 Outcome of increased number of articles and air-time devoted to suicide prevention, what is the baseline by which an increase can be measured – or what the proposer allocate funds to measure this (which could be costly)?</p> <p><b>CalMHSA Response:</b> This is an evaluation design question for the statewide evaluation. See response to Proposer Questions 24 and 31.</p>

### Cost and Budget-Related Proposer Questions and CalMHSA Responses

33. **Proposer Question:**  
Section 5, page 29, "CalMHSA program providers...will be required to implement the statewide evaluation and collect data...ultimately each program will comply with data requests for the statewide evaluation." Question: Particular for the social marketing campaign, how do we budget for this, not knowing what the evaluation requirements will be? For example, should our program plan include an evaluation framework or will that be handled by program five? Should our budget include funds for such items like a baseline and annual follow-up study and service utilization studies? Will we develop the survey tool or will that be developed by Program 5?
- CalMHSA Response:** This is an evaluation design question for the statewide evaluation. See response to Proposer Questions 24 and 31.
34. **Proposer Question:**  
Program 3, 21, p 41: Should we dedicate a budget to evaluating each of the expected outcomes or will that be done by Program 5: evaluation?
- CalMHSA Response:** This is an evaluation design question for the statewide evaluation. See response to Proposer Questions 24 and 31.

### Social Marketing Proposer Questions and CalMHSA Responses

35. **Proposer Question:**  
Will applying for the social marketing aspect of the suicide initiative preclude our ability to apply for the statewide stigma reduction campaign?
- CalMHSA Response:**  
No.

## Social Marketing Proposer Questions and CalMHSA Responses

36. **Proposer Question:**  
A 1986-89 project our organization worked on allowed us to produce a tailor-made film/video for standardized training to replace a suitable but not tailored, out of date, off-the-shelf product. Does this RFP allow for something similar to be done if a complete menu of programs or parts of programs is not already developed at the time of the submission.
- CalMHSA Response:**  
Proposers are encouraged to develop a product that is suitable for its target population using available resources. Proposers are asked to describe the process of development to the best of their ability based upon best practices and input from the target population.
37. **Proposer Question:**  
How will the suicide prevention social marketing campaign interface with the organization(s) that are selected for the statewide stigma reduction campaign?
- CalMHSA Response:**  
Proposers are expected to consult with experts in the field of stigma and discrimination as well as student mental health to ensure the development of a product that will address the needs of the target population. Successful applicants will also be required to participate in the Statewide Coordinating Workgroup (SCW). Please reference the Work Plan Addendum, page 14, for the CalMHSA Statewide PEI Mental Health and Wellness Initiative Overview Chart.
38. **Proposer Question:**  
Is the statewide stigma and mental health campaign a comprehensive media and social marketing program or is there more to it, such as providing mental health services?
- CalMHSA Response:**  
Please refer to that Stigma and Discrimination Reduction RFP when it is released.
39. **Proposer Question:**  
Although in the RFP you sight the need for a social marketing campaign, in my experience that includes working with the

## Social Marketing Proposer Questions and CalMHSA Responses

Spectrum of Prevention model you describe earlier in the RFP, yet most if not all of the deliverables listed for that section seem to be more about education, video, collateral materials, rather than addressing the issue at the various Spectrum of Prevention levels, from the individual to policy makers.

**CalMHSA Response:**

This is a comment. Proposer can address the spectrum within their proposal if they so chose.

40. **Proposer Question:**

On page 16, in the second to last bullet point at the top of the page: The RFP says “To be evaluated, samples of social marketing materials should be sent in an electronic format or by reference to a posting on the Proposers’ website.” What kind of samples would you be interested in seeing? Actual social marketing campaign materials (electronic, print and digital)? Narratives about the applicants’ social marketing campaigns? Other examples?

**CalMHSA Response:**

Yes to all. You should send what you feel would provide us with the best samples of what you have done in the past and best serve as indicators of what you can achieve in the future. Use your best judgment to pick the samples.

41. **Proposer Question:**

Page 41, section 21.0, Bullet #1: What is meant by the reference to campaigns (plural)? Is it a goal to put into place multiple campaigns or only to co-ordinate with other existing campaigns?

**CalMHSA Response:**

Proposers are expected to produce social marketing campaigns that address multiple populations. You are also required to coordinate with existing campaigns.

42. **Proposer Question:**

On page 40, bullet 2 at the top of the page references coordinating the SP SM campaign with existing SM campaigns designed to eliminate stigma and discrimination. Is there a specific existing social marketing campaign to which you are referring?

## Social Marketing Proposer Questions and CalMHSA Responses

	<p><b>CalMHSA Response:</b> No. However, some counties have approved local PEI plans that include stigma and discrimination reduction social marketing campaigns.</p>
43.	<p><b>Proposer Question:</b> Program Three: 21, p.42: "Increased number of high risk individuals with access to suicide prevention support through enhanced capacity of peer -support and peer operated models etc..." Question: Is the social marketing campaign expected to implement peer models or just increase knowledge of those already in existence?</p> <p><b>CalMHSA Response:</b> A proposed campaign design may identify methods that would increase awareness, benefits and how to access peer support and peer operated services.</p>
44.	<p><b>Proposer Question:</b> Program 3, 21, p.42 "Increased number of local survivor support groups coupled with an increase in number of local survivor support groups receiving additional educational support to strengthen their sustainability." Question: Is the social marketing campaign expected to implement survivor support groups? And also please clarify: how educational support will strengthen sustainability?</p> <p><b>CalMHSA Response:</b> Towards enhancing sustainability, a proposed campaign design might identify methods that would increase awareness, provide information on how to access local survivor support services and increase awareness among the public and funding sources.</p>
45.	<p><b>Proposer Question:</b> Program 3, 22, p.43 "Develop and implement an age appropriate, multi-language suicide prevention education campaign" and "develop statewide suicide prevention education campaigns that coordinate etc." Question: Please clarify the difference between these two deliverables.</p> <p><b>CalMHSA Response:</b></p>

## Social Marketing Proposer Questions and CalMHSA Responses

	<p>One deliverable addresses the content and target population, the other deliverable references the process for development and increased statewide impact.</p>
46.	<p><b>Proposer Question:</b> Program 3, 22, p.42 Deliverables C: Conduct social marketing campaign. Question: There are two parts - one is the development of materials (universal and selective) that can be implemented by each county locally. The second deliverable is the actual development and implementation of a statewide social marketing campaign? (The first asks for the development of materials and strategies that will be implemented by each local county, the second will implement a statewide social marketing campaign? Can the scope of work include any media buys?</p> <p><b>CalMHSA Response:</b> Proposers are asked to develop products that address local needs as well as products that will have statewide impact. Yes, proposers may choose to include media buys in the campaign design and budget.</p>
47.	<p><b>Proposer Question:</b> On page 13 it states 'One Compact Disk'. On page 16, it identifies social marketing materials can be submitted electronically. What 'electronic' format is acceptable for sample TV spots and or press conferences?</p> <p><b>CalMHSA Response:</b> Proposers are asked to submit examples of work product using links to web based content or DVDs.</p>

## General Proposer Questions and CalMHSA Responses

48.	<p><b>Proposer Question:</b> Are there any restrictions on how funding can be allocated? For example, is it allowable to use funds to provide a stipend in exchange for a high-profile person's involvement in the campaign? Would we be at liberty to offer mini-grants, scholarships or fellowships in support of the social marketing campaign?</p> <p><b>CalMHSA Response:</b></p>
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## General Proposer Questions and CalMHSA Responses

Yes those are permissible uses. The Proposer should develop a design that it believes works best.

49.

**Proposer Question:**

On page 41, last bullet: Do you expect a Proposer responding to the Suicide Prevention Initiative RFP to indicate specifically how its work/services/products will impact or be coordinated with work to be described in the Stigma and Student Health RFPs?

**CalMHSA Response:**

No. But we are telling Proposers that they must coordinate their work/services and products with the other initiatives so that they tier up for a comprehensive statewide impact. We recommend that they read the CalMHSA Statewide PEI Work Plan and the Stigma and Discrimination Reduction and Student Mental Health RFPs when they are released. This will help proposers to understand the expectations of CalMHSA and DMH.

50.

**Proposer Question:**

Page 40, section 20.0, Bullet #3: Are you referring to any specific best practices that have been promulgated or published?

**CalMHSA Response:**

No, this is open to proposers' research and expert judgment.

51.

**Proposer Question:**

On page 60, Exhibit 2 asks proposers to identify the counties to be served if the program activities will not serve people living throughout all California counties. Is the preference to serve all counties in California?

**CalMHSA Response:**

There is no preference. Identification of counties tells us what regions or areas of state the proposal will cover. This is relevant to the program you are responding to in your proposal. To guide your submittal, look at the description to each individual program and refer to the CalMHSA Statewide PEI Work Plan.

## General Proposer Questions and CalMHSA Responses

52.	<p><b>Proposer Question:</b> On page 40, 19.0 Target Populations: The RFP says the SMSPC uses a Universal and a Selective approach to prevention, with Universal applicable to “all Californians” and Selective directed at “specific populations that have been found to be at higher risk for suicide.” Can you provide a prioritized list of the Selective target populations found to be at higher risks for suicide?</p> <p><b>CalMHSA Response:</b> We are looking to proposers to provide this information. Your proposal should be data-informed. We expect that you will provide us with your best data on target populations.</p>
53.	<p><b>Proposer Question:</b> Can the information on staff positions and related salaries called for under Direct Costs, page 66 be kept confidential?</p> <p><b>CalMHSA Response:</b> Yes, this falls within the RFP-confidentiality parameters. For instructions on how to do this please refer to RFP pages 24-25, Section 7.1 and 7.2.</p>
54.	<p><b>Proposer Question:</b> Page 34, 10.0 Deliverables: Has a comprehensive situation analysis/assessment of existing resources and gaps been developed that can be shared with proposers? Or, are you expecting the winning proposer to develop a situation analysis/assessment prior to development and implementation of deliverables?</p> <p><b>CalMHSA Response:</b> We are expecting proposer to develop this as one of its contractual deliverables.</p>
55.	<p><b>Proposer Question:</b> What kind of support resources are available, specifically linguistically-appropriate, for those multicultural/multilingual populations such as Hispanic and/or Asians that may be motivated to seek help for themselves or a family member after seeing the campaign? Will these resources be available for use in the marketing materials developed for the campaign?</p> <p><b>CalMHSA Response:</b></p>

## General Proposer Questions and CalMHSA Responses

Successful proposers will demonstrate the ability to research and secure culturally relevant tools for specific target populations. Proposers are also encouraged to engage members of the target population in the development of the service deliverables.

56.

**Proposer Question:**

Page 42, D22 Deliverables: The RFP calls for developing “statewide suicide prevention education campaigns that coordinate suicide prevention and anti-stigma efforts and complement other local and national suicide prevention and anti-stigma campaigns.” Can you provide information on existing campaigns that are important for consideration?

**CalMHSA Response:**

It is up to the proposer to research this information on their own.

57.

**Proposer Question:**

RFP section 11.0 Proposal Package Content and Sequence; Paragraph 11.7 Letters of Support, Page 19: Proposer(s) must provide three (3) signed Letters of Support. Are proposers limited to three (3) letters of support? For example if an organization has agreed to help facilitate execution of activities being proposed but is not a prime or subcontractor, would a letter indicating the support the entity will be providing be of interest and accepted over and above the required 3?

**CalMHSA Response:**

Only three letters of support will be accepted and read.

58.

**Proposer Question:**

RFP section Exhibit 1. Page 59, Total Proposal Budget Requested: The Sample Proposal Transmittal Cover Letter asks for the total proposal budget requested. Please clarify if this is for the entire project – all four years, or for the initial year only.

**CalMHSA Response:**

The requested “total proposal budget requested” refers to the total budget for all four years.

59.

**Proposer Question:**

Pg. 12: Due date – Would you entertain a longer response period given that important issues won’t be clarified until February

## General Proposer Questions and CalMHSA Responses

	<p>10?</p> <p><b>CalMHSA Response:</b> No.</p>
60.	<p><b>Proposer Question:</b> Is this an original initiative or are there already funded programs in these 5 areas?</p> <p><b>CalMHSA Response:</b> Please reference the CalMHSA Implementation Work Plan to learn more about the origins of the initiative.</p>
61.	<p><b>Proposer Question:</b> Who are the staff facilitating this conference? What are their roles? How will they continue to be involved in the proposal process?</p> <p><b>CalMHSA Response:</b> George Hills, which provides administrative and financial services for CalMHSA, has contracted with the California Institute for Mental Health (CiMH) to provide additional administrative support capacity for the implementation of Work Plan, including the RFPs for the three strategic initiatives.</p>
62.	<p><b>Proposer Question:</b> Is there absolutely no chance for additional questions once the letter of intent is submitted and we begin writing proposals?</p> <p><b>CalMHSA Response:</b> The deadline and last opportunity for proposer questions was February 4, 2011.</p>
63.	<p><b>Proposer Question:</b> Will accreditation be done by reviewers from CalMHSA? Are there fees involved for accreditation?</p> <p><b>CalMHSA Response:</b> CalMHSA will not provide accreditation services. CalMHSA reviewers will evaluate proposals. Proposers are not charged a fee.</p>

## General Proposer Questions and CalMHSA Responses

64. **Proposer Question:**  
For some groups research on "best practices" for suicide prevention, whether hotlines, warmlines, or social marketing, or some modality we are not aware of, does not yet exist. Could the proposers for all or any projects propose beginning this process with community-based organizations?
- CalMHSA Response:** Proposers are encouraged to identify gaps in services or existing resources and propose strategies for addressing the need. The proposer should present its best program design which may include collaborative arrangements.
65. **Proposer Question:**  
A question was previously asked about proposals for more than one program, i am unsure about the response given - i heard the response to be that a separate proposal is to be submitted for each program. Is this correct? Or can a single application include a proposal to implement more than one program? Please clarify.
- CalMHSA Response:**  
A proposer can respond to one or more of the five Suicide Prevention Programs. However, the proposer must submit a separate and complete proposal package for each program for which it is applying.
66. **Proposer Question:**  
Will CalMHSA respond to the letter of intent?
- CalMHSA Response:**  
The Proposer is encouraged to submit its Letter of Intent using a delivery method that requires a confirming signature upon delivery to CalMHSA. CalMHSA will not respond to letters of intent. The letters of intent gives an indication of the number of proposals to be submitted.
67. **Proposer Question:**  
Will you be evaluating/ensuring that each grantee is targeting and providing services to the highest risk populations and providing adequate services in proportion

### General Proposer Questions and CalMHSA Responses

	<p><b>CalMHSA Response:</b> Subject matter experts will be asked to consider such issues during the review and evaluation of proposals.</p>
68.	<p><b>Proposer Question:</b> How can an applicant respond to multiple programs within the RFP?</p> <p><b>CalMHSA Response:</b> The proposer is required to develop a separate and complete application for each program proposed.</p>

### Collaboration-Related Proposer Questions and CalMHSA Responses

69.	<p><b>Proposer Question:</b> For Purpose of collaboration when and how will the contact information of interested parties be made available?</p> <p><b>CalMHSA Response:</b> The contact information from the Proposers' Conference in person participants as well as webinar and conference call participants will be posted on the CalMHSA website no later than February 10, 2011.</p>
70.	<p><b>Proposer Question:</b> Will you post a list of all participants who attended in person, via web and conference call?</p> <p><b>CalMHSA Response:</b> Yes. See response to question # 69.</p>
71.	<p><b>Proposer Question:</b> Can you discuss for a moment how we consultants (Multimedia and Social Media consultant) can cooperate as a sub-contractor with agencies responding to the RFP?</p>

## Collaboration-Related Proposer Questions and CalMHSA Responses

	<p><b>CalMHSA Response:</b> The contact information from the Proposers' Conference in person participants as well as webinar and conference call list of participants will be posted on the CalMHSA website no later than February 10, 2011. Proposers and consultants may use this list to initiate contacts with potential collaborators.</p>
72.	<p><b>Proposer Question:</b> Related questions: will you publish the slides from this conference, will you publish list of attendees, will you publish list of who submitted LOI?</p> <p><b>CalMHSA Response:</b> See response to question #69. No slides are available.</p>
73.	<p><b>Proposer Question:</b> Will you post information for possible matching of contractors and subcontractors in our case Multimedia /Social network consultants?</p> <p><b>CalMHSA Response:</b> Yes. See response to Proposer question #69.</p>
74.	<p><b>Proposer Question:</b> I believe you will be sharing the list of attendees/contact information in case we want to form a collaborative response to the suicide prevention RFP. Is that correct, and if so, when will we receive that information?</p> <p><b>CalMHSA Response:</b> Yes. See response to Proposer question #69.</p>
75.	<p><b>Proposer Question:</b> Is it possible to know the list of those registered for the proposers meeting after the end of today rather than wait until Friday. There is much in the 4 programs that could be addressed through a consortium proposal.</p>

## Collaboration-Related Proposer Questions and CalMHSA Responses

**CalMHSA Response:**

Yes. See response to Proposer question #69.

## General RFP Format and Number-Related Proposer Questions and CalMHSA Responses

**76. Proposer Question:**

The Last Page of Proposal Package described in 11.8 on page 19 is not identified on the Exhibit 5 Proposal Checklist and Table of Contents. Can you clarify where that information should be placed in the proposal?

**CalMHSA Response:**

This section should refer to the Program Transmittal Cover Letter. A revised RFP will be posted to correct for such errors.

**77. Proposer Question:**

Pages 12 + 13, 7.0 Required Letter of Intent references Exhibit 1-Proposal Transmittal Cover Letter. Are Proposers to send this document, as Letter of Intent, by Feb 18 **AND** include it in final proposal package? If the answer is yes, what figure should be used as the Total Proposal Budget Requested for inclusion in the Letter of Intent?

**CalMHSA Response:**

We are correcting this in the revised RFP. The required Letter of Intent will be labeled as Exhibit 6 and be due Feb 18<sup>th</sup>. The Proposal Transmittal Cover Letter – Exhibit 1 is a separate and distinct document, which is due with the proposal on March 15<sup>th</sup>.

**78. Proposer Question:**

Page 56, 39.0 B. Technology Requirements, 1. Proposer's IS/IT system shall be required to meet the functional, workflow, and privacy/security requirements listed below under 9.4 (Privacy and Electronic Security) – I was unable to find this reference. Could you please provide this information and/or direct me to it?

## General RFP Format and Number-Related Proposer Questions and CalMHSA Responses

**CalMHSA Response:**

We are correcting the numbering inconsistencies in the revised RFP. The statement should read: “Proposer’s IS/IT system shall be required to meet the functional, workflow, and privacy/security requirements listed below under Privacy and Electronic Security (D.1, page 58)

## Scope of Work Proposer Questions and CalMHSA Responses

79.

**Proposer Question:**

Pg. 45 SPTWEP will “promote and provide...education for community gatekeepers”

- Conducting training is not listed as a deliverable pg. 47-18. How much actual training is expected?
- Is the training to be provided at no charge or can the proposer require fees for trainees? If so, are there guidelines for handling such fees?

**CalMHSA Response:**

The proposer is expected to address such issues in their design and budget based upon their knowledge and expertise.

80.

**Proposer Question:**

How can we look at the work plan when the work plan is different than the RFP? Work plan has different programs, such as Marketing and Marketing Education. How do we know which deliverables to look at?

**CalMHSA Response:**

The RFP reflects the Work Plan structure. Suicide Prevention Programs are described on pages 15-40.

81.

**Proposer Question:**

Re; Pg. 34: 12.0 - Is this just a needs analysis? Where does it build capacity? Is helping rural areas required?

**CalMHSA Response:**

Proposers are expected to craft a response to the RFP based upon their knowledge and expertise. The goal of the initiative is to

## Scope of Work Proposer Questions and CalMHSA Responses

	build local capacity and create statewide impact.
82.	<p><b>Proposer Question:</b> Do you foresee that all Program Areas will begin at the same time? For example, it seems it would be useful to have the evaluation framework in place (i.e. baseline studies) before the social marketing campaign is launched. And it will be helpful to have some of the deliverables from other Program Areas: For example Program 1, 6.1 p.33 "Deliverable: Resource Development: developing materials and resources and making them available statewide." to compliment the social marketing campaign.</p> <p><b>CalMHSA Response:</b> Each of the three initiatives has its own distinctive timeline for implementation. Across the initiatives, programs are not expected to start at the same time.</p>
83.	<p><b>Proposer Question:</b> Page 47-48 Deliverables - Will all funded Workforce Enhancement Program projects be required to produce all listed deliverables?</p> <p><b>CalMHSA Response:</b> Yes. The proposer may decide to allocate time and resources by prioritizing among the deliverables.</p>
84.	<p><b>Proposer Question:</b> Program 4 deliverables? Required to produce ALL listed deliverables?</p> <p><b>CalMHSA Response:</b> Yes. See response to Proposer Question 83.</p>
85.	<p><b>Proposer Question:</b> Page 47 Deliverables A. Coordinating efforts across the State and C. Building Statewide capacity - Will a program that develops training guidelines and curricula and delivers training in one region of the State and shares the guidelines and curricula with other regions meet the requirements for coordinating efforts and building capacity statewide?</p>

## Scope of Work Proposer Questions and CalMHSA Responses

**CalMHSA Response:** Proposals will be judged based upon the extent to which it meets the requirement to build local capacity and exhibit statewide impact. The proposer may address this expectation within their program design.

86.

**Proposer Question:**

Program 4 deliverables: Will a program that develops training and curricula and delivers training in one region and share the guideline and curricula with others meet the requirement for coordinate efforts and building statewide?

**CalMHSA Response:**

Yes. See response to Proposer Question 85.

87.

**Proposer Question**

“Gatekeeper” and “gatekeeper training” are mentioned throughout the RFP and are described in detail in the MHSOAC-approved Implementation Plan. However, the examples of gatekeepers in the RFP are not consistent throughout the RFP or consistent with the gatekeeper examples identified in the Implementation Plan. Therefore, would CalMHSA provide a revision to the RFP to include, at a minimum, the definition and examples of gatekeeper examples identified in the MHSOAC-approved Implementation Plan and acknowledge in writing that additional gatekeepers could be targeted that would reach populations at high risk for suicide.

Is it possible to revise the Suicide Prevention RFP to consider our proposed revision to the RFP regarding uniformity.

**CalMHSA Response:**

In addition to revising this Proposer Questions and CalMHSA Responses document to include the “gatekeeper” and “gatekeeper training” proposer question and definitions as provided in the Work Plan, CalMHSA will send out an email note to all responders who submit a Letter of Intent and provide the information noted below to assure that all applicants receive gatekeeper and gatekeeper training definitions and examples as described in the Work Plan.

Below are important gatekeeper definition/examples consistent with the language in the MHSOAC-approved Implementation Work Plan and applicable to the Suicide Prevention RFP:

## Scope of Work Proposer Questions and CalMHSA Responses

Gatekeepers are defined in the Work Plan as “key points of contact such as community health workers or promotoras, school staff, primary care providers and staff, first responders, and Area Agency on Aging personnel and volunteers”.

Population-specific gatekeeper training and strategies should be inclusive of all populations according to age, race, ethnicity, culture, gender, sexual orientation. Train-the-trainer gatekeeper models that have been effective with specific populations across the lifespan including racially, ethnically and culturally diverse communities.”

A statewide network will be created that will educate gatekeepers for all age groups including diverse populations, provide technical assistance to local Suicide Prevention Lines, develop age and culturally specific suicide prevention trainings and convene state and regional forums and symposiums on suicide prevention. The statewide SPNP shall employ a lifespan approach by engaging public and private organizations throughout the State of California.

### Proposer Comments:

1. Page 28 4.0 neglected to list a key primary gatekeeper: Meals on Wheels drivers and In-Home Support Services such as IHSS Caregivers are not mentioned and serve the population at highest risk for suicide -evidence based research shows Elders highest risk for suicide, elderly males highest risk and highest suicide success rate. These MOW drivers often the only person these isolated high risk people see, Please consider this change to your RFP, thanks I am the Planner for the Area Agency on Aging Serving Napa and Solano.
2. There is a considerable "lag time" involved in gathering suicide data - typically about 4 years - given the length of these awards - demonstrating this as an outcome measure would be a significant challenge.