

PEI RFP FY 20-23: Social Marketing and Community-Focused Technical Assistance FAQ

LOGISTICAL AND FORMATTING QUESTIONS:

- What is the page maximum for “Section I: Past Experience”?
 - Section I: Past Experience has a 2-page maximum and must be submitted to [CaIMHSA’s e-Procurement Portal](#) in PDF format. Please access this link for instructions to submit your proposal: <https://support.gobonfire.com/hc/en-us/articles/360016236793-I-m-ready-to-submit-Where-do-I-upload-my-documents->.
- Do exhibits and tables need to use 12-point font, or is a smaller, legible font acceptable?
 - For exhibits and tables included, 12-point font is not required and a smaller but legible font is acceptable.
- Is the “Activities and Strategies” section included in the 15-page limit for “Section III: Scope of Work”?
 - Yes, Activities and strategies (as well as Description of staff expertise and Goals/Outcomes) should be included within the 15-page limit for “Section III: Scope of Work.” However, if you choose to include resumes or CVs, they will not count against the total page limit.
- Is Proposer requested or allowed to respond to the Minimum Qualifications (4.1.1-4.1.11), as a separate section or within an existing section?
 - The Minimum Qualifications section of the RFP is just what is expected to be infused throughout the application.
- It appears that we will be submitting the proposal only in sections via Bonfire, rather than one document with a table of contents and cover page, is that correct?
 - Yes, you will submit all section separately in Bonfire to include:
 - Section I: Past Experience (2 pages maximum)
 - Section II: Executive Summary (5 pages maximum)
 - Section III: Scope of Work (15 pages maximum)
 - Section VI: Budget (3 pages maximum)
 - *Note:* There is an additional section to submit resumes/CVs that will not count against the page limits listed above. Additionally, Sections I, II, and III must be submitted in PDF, Section VI may be submitted in any format (PDF, excel, word, etc.).

- Does CaMHSa require references? If so, in which section should these materials be included? Will references count toward the page limit?
 - For this RFP, CaMHSa is not requiring references. However, the proposer may choose what they will prioritize to include in the proposal, as long as it fits within the page limits of the sections as listed above.
- Will there be an ability to ask further questions after this round of Q&A?
 - No, due to the open procurement, CaMHSa will only be accepting questions through December 14, 2020 and will be posting the answers publicly on the [CaMHSa website](#) and [CaMHSa's e-Procurement Portal](#) on December 17, 2020. Once the FAQ has been posted, CaMHSa will not be accepting any additional questions. Should you have any technical questions or complications accessing Bonfire related to your submission, you may access their help forum at <https://bonfirehub.zendesk.com/hc> or contact them at Support@GoBonfire.com.
- May we submit a separate appendix PDF to include supplemental documents and creative samples?
 - Proposers may include supplemental documents and creative samples as part of their proposal, but they must be within the outlined page limits.
- Who should sign the LOI DocuSign? Can the DocuSign be assigned to another person for signature?
 - CaMHSa is not using DocuSign to submit the LOI, please visit CaMHSa's e-Procurement Portal to submit a letter of intent. You can visit this link to access instructions: <https://support.gobonfire.com/hc/en-us/articles/360008420513>. All proposers will be asked to send a declaration upon their submission of a proposal. The declaration will be signed utilizing CaMHSa's e-Procurement Portal. If you have any issues signing the declaration you may contact Bonfire at Support@GoBonfire.com.

HISTORICAL QUESTIONS:

- Can you describe what's been successful with the Each Mind Matters campaign? What hasn't worked?
 - For all public evaluations of CalMHSA's PEI program you can visit our profile on RAND's website here: <https://www.rand.org/health-care/projects/calmhsa/publications.html#the-statewide-initiative->
- Historically, what has it meant to be a "partner" to the Each Mind Matters campaign? Are these two-way relationships, where partners mutually provide support, awareness, PR, media, etc. to CalMHSA/the campaign and each other, or does Each Mind Matters only disseminate guidelines & resources to the partners?
 - Historically, CalMHSA/Each Mind Matters has considered our "partners" to be any and all stakeholders who engage with or utilize Each Mind Matters materials and resources. This includes but is not limited to community members, city/county behavioral health departments, grantees, and contractors. Some of these have been two-way relationships.
- Historically, what is the percentage of campaign budget that was spent on paid media? Content production? Campaign strategy and management?
 - As CalMHSA is interested in a new campaign which may utilize different strategies for reaching the communities we serve, we appreciate the perspective of each proposer and their prioritization of media strategies. Historically, the campaign has consisted of both paid and unpaid media, and CalMHSA is interested in strategies that can most effectively enhance the reach of the campaign that is developed. CalMHSA will work with the selected proposer to further enhance and prioritize the distribution of the proposed campaign's budget.
- Of the 5 populations identified in the RFP (gen pop, Hispanic, youth, rural, and underserved) who is considered priority in terms of weighting efforts? Are any of these new segments who have not previously been targeted under the Each Mind Matters campaign effort?
 - The target populations as stated in the RFP are based on a strategic plan CalMHSA and our Members created with RAND, and has been approved at the January 2020 CalMHSA Board Meeting. You can view it here (page 96-114): https://www.calmhsa.org/wp-content/uploads/Agenda_01.28.20_BOD_Mtg_Final.pdf.

CONTEXT QUESTIONS:

- Is the incumbent agency responsible for the Each Mind Matters campaign participating in this RFP?
 - The incumbent agency may respond to the RFP as would any other qualified vendor. The current contracted incumbent responsible for the management of the Each Mind Matters campaign is not, and has never been, involved in the RFP development, administration, scoring, etc.
- Are the campaign goals as stated in the RFP new to the 2021 campaign? Or are these the same goals that were laid out at the start of the Each Mind Matters campaign? If the latter, what metrics were used to measure each of these goals?
 - The campaign goals as stated in the RFP are based on a strategic plan CaIMHSA and our Members created with RAND, and has been approved at the January 2020 CaIMHSA Board Meeting. You can view it here (page 96-114):
https://www.calmhsa.org/wp-content/uploads/Agenda_01.28.20_BOD_Mtg_Final.pdf.
- What is expected to be measured? What types of public health data can be made available to us to be able to measure, for example, improvement of access to mental health care?
 - The proposers will not be responsible for evaluating the project. RAND will be retained as the evaluation consultant. RAND's scope of work will be based on CaIMHSA and our partners' plan and needs. The data measured should be in alignment with the PEI regulations (Sections 3200.245-3755.0100) please see this link to view the regulations:
[https://govt.westlaw.com/calregs/Document/I4E945F0C4AB14B2FB03CC433EC6A93DE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I4E945F0C4AB14B2FB03CC433EC6A93DE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)).
- Minimum qualifications state: "...must have experience with...the Wellness and Recovery model." Does this refer to the WRAP model?
 - The proposer must have experience with the Wellness and Recovery model, defined as: The recovery model is a holistic, person-centered approach to mental health care. It is based on two premises: 1) Recovery is possible 2) The most effective recovery is patient-directed.

- Minimum Qualifications state: “The Proposing organization must be able to demonstrate significant staff experience planning, developing, and providing similar programs, with an emphasis on understanding mental health care services to the public and/or private sector agencies.” Please clarify what is meant by “understanding mental health care services to the public and/or private sector agencies.”
 - The proposer must have knowledge and understanding of how Californians access and experience mental health services in both the public and private sectors of health care (i.e. county mental health services as compared to services provided by a private health insurance company).
- How many members total are there within CaIMHSA? How many regional agencies? Is the list of Partners on the existing Each Mind Matters campaign website reflective of all partner agencies moving forward into 2021?
 - CaIMHSA has a 58 Member Board – a representative from California’s County/City Behavioral/Mental Health Departments. You may view more here: <https://www.calmhsa.org/about-us/leadership/>. The list included on the Each Mind Matters website is not representative of all our partner organizations or agencies. CaIMHSA is interested in an opportunity to enhance our existing relationships and expand our reach to include additional organizations or agencies.
- Can you outline any research that has been conducted within the last 12 months, such as stakeholder interviews, audience market research, creative testing, etc. which could be leveraged to develop our marketing strategy? Or should we expect to conduct new research for 2021 and beyond?
 - For all public evaluations of CaIMHSA’s PEI program you can visit our profile on RAND’s website here: <https://www.rand.org/health-care/projects/calmhsa/publications.html#the-statewide-initiative->.
- Is there an estimate on the number contracts that will be awarded for Component 1 and Component 2?
 - CaIMHSA is interested in funding one main contractor for each component which may include subcontractors.

SOCIAL MARKETING QUESTIONS:

- Will the Each Mind Matters campaign supporting owned channels be replaced entirely with the new campaign, or do you expect to continue to work under the EMM campaign umbrella? Are we taking over Each Mind Matters social accounts?
 - As stated in the introduction “PEI RFP Summary” and “Section II: Executive Summary” of the Social Marketing Component on the RFP document, CaIMHSA is seeking development of a new social marketing campaign.
- May respondents submit multiple proposals for the same component, as prime and subcontractor? E.g., submit an application for social marketing as the prime proposer, and a separate application for social marketing as a subcontractor.
 - There is nothing that precludes a proposer from submitting proposals as laid out in this example.
- Is ongoing email marketing part of the scope?
 - Proposers should submit their marketing plan as part of their proposal.
- Can you specify the media channels that will need to be supported within this campaign, inclusive of and beyond digital and social media channels? Is there an expectation to directly support local community events, for instance?
 - As stated in the introduction PEI RFP Summary of the RFP document: “In addition to the new marketing campaign, the selected applicant(s) will support **communication management** at a local, regional, and/or state level.”
- Can you please clarify the term “Social Marketing Campaign” in this context - (e.g., “social/digital media marketing” or “social marketing” as the approach in changing behavior for the benefit to society/population)?
 - Social Marketing can be defined as the use of marketing methods to change people’s behavior in areas such as health or education.

TECHNICAL ASSISTANCE QUESTIONS:

- RFP states, “The selected [Technical Assistance] contractor will continue to disseminate an array of quality resource materials... Resources and materials include, but are not limited to, print, online, social media, and traditional media materials ... and digital/online resources that directly reach consumers and the public.” Is CaIMHSA’s intent that the TA contractor would develop resource materials for a public audience or disseminate materials provided by the social marketing contractor, or both?
 - CaIMHSA is unable to answer this question at this time, as it is dependent on the awarded proposer(s) for both components, their proposal’s plan and activities, and how their contract(s)’ scope of works are negotiated. With that said, CaIMHSA is interested in hearing from proposers on their strategies to accomplish the above quote from the RFP document.
- Page 14 states, “The selected contractor will continue to disseminate an array of quality resource materials that are culturally responsive for California’s diverse communities in order to increase awareness and knowledge of mental health, wellness, services, and suicide prevention.” Please clarify whether the TA contractor’s scope is focused on suicide, or whether the TA contractor is also intended to provide TA and resources around mental health, wellness, and services more broadly.
 - As stated in the RFP document under the “PEI RFP Summary”, the TA contractor is intended to primarily provide TA on effective strategies that can prevent suicide, support postvention activities, and increases community engagement in current and future implementation of strategies and activities as mentioned in the RFP document, such as under “Section III: Scope of Work” listed under “Key CaIMHSA goals include:”.

BUDGET QUESTIONS:

- With the prorated budget for year one, should we assume a budget of \$660,000 through June 30, 2021 [for Component 1: Social Marketing]?
 - Proposers should provide a proposed budget amount. The prorated amount cannot be identified by CaIMHSA at this time as it dependent on the contract start date. Additionally, proposers for the social marketing component should keep in mind that during Fiscal Year (FY) 20/21 there will be campaign launch and content development costs which the successful candidate(s) will not accrue in the subsequent Fiscal Years.
- On both the Social Marketing and Technical categories, there is a limitation on indirect costs which state “Indirect Expenses may not exceed 15% of the total budget.” Could you please provide a definition of direct and indirect expenses? Is there any ability to secure a waiver of this requirement?
 - Indirect expenses can be defined as the expenses of doing business that are not readily identified with this RFP and the RFP’s project functions, but are necessary for the general operation of the organization and the conduct of activities it performs. Examples of this could include rent and utilities. There is a hard cap at 15% of the total budget for indirect expenses.

EVALUATION QUESTIONS:

- Can any additional scoring or evaluation criteria be provided, whether in detail or in summary? Will the three sections be weighted equally?
 - The proposal(s) will be evaluated based on the following point totals (for both components):
 - Minimum Qualifications and Section I (Past Experience): 10 Points
 - Section II (Executive Summary): 25 Points
 - Section II (Scope of Work): 35 Points
 - Section VI (Budget): 5 Points
- Can you share the scoring criteria?
 - A scoring methodology has been developed, but proposers will not receive information on the strategy in which applications are scored.
- Which organizations will be involved in the review and scoring process?
 - As stated in section 1.9 of the RFP document, Panelists’ information will not be disclosed as a matter of confidentiality.

OTHER QUESTIONS:

- Is it expected/required for the bidding agency to have a public health expert or public health administration partner on our team? Or will CalMHSA provide this specific guidance through the campaign development?
 - It is not required for the bidding agency to have a public health expert or public health administration partner on their team. However, a proposer may choose to include this professional expertise as a part of their proposal.
- Is a mental health expert expected to be part of the agency team? Or is guidance provided through CalMHSA?
 - CalMHSA does not require that a mental health expert will be a part of the agency's team. However, a proposer may choose to include this professional expertise as a part of their proposal.
- What other government agencies should we expect to leverage to support the campaign (e.g. California Department of Public Health, Governor's office, local mayoral offices)?
 - Proposers should include all strategies to leverage support of the proposed campaign. The proposed campaign will primarily support CalMHSA's Members, and the mental wellbeing of Californians.