Question 1 on Overall Bid

Question 1: p. 15 For the purpose of this contract, the Contractor will be expected to develop and pilot (within a sample of counties/providers) a new system that will allow for tracking, monitoring, and evaluation of the CSS component at the state level. Does the "new" requirement preclude revision of an existing system for this same purpose?

Throughout the development of the tracking and monitoring system, the Contractor shall “...consider the statewide and individual county systems that are currently in place for tracking, monitoring, and evaluation of the CSS component and how/if these systems can be used or augmented to accommodate the new system. Although, the new system should not be limited to currently available data, it should consider the limitations of current data collection and reporting systems that provide CSS data (e.g., the DCR and CSI) in order to improve upon those systems.” (see page 18 of the RFP). Thus, the newly developed system may be a revision of the existing systems that are currently in place.

Question 2: p. 28 12 point font.
Is any particular font style required?
Can less than 12 point font be used inside tables and figures?

There is no required font style in the proposal. Less than 12 point font may be used inside tables and figures. Please refer to “Stage 1 – Administrative Review of Proposal/Format” on page 51 of the RFP for how proposal format will be reviewed and scored.

Question 3: p. 28 left and right margins shall be at least one inch
Can headers and footers be less than one inch?

There is no requirement for the size of headers and footers in the proposal. Please refer to “Stage 1 – Administrative Review of Proposal/Format” on page 51 of the RFP for how proposal format will be reviewed and scored.

Question 4: single or double spaced?

There is no requirement for line spacing in the proposal. Please refer to “Stage 1 – Administrative Review of Proposal/Format” on page 51 of the RFP for how proposal format will be reviewed and scored.

Question 5: p. 32 the example shown is of a small business prime bidder coming in at the
lowest bid, receiving the maximum of 27 points and an additional 5% points. What if a large business is the prime bidder, subcontracts the requisite 25% to a certified small business and is also the lowest bidder? Will the large business get the maximum 27 points and the additional 5% points?

Please refer to page 31 C.3 Non-Small Business Preference.

A non-small business that subcontracts the requisite 25% to a certified small business would receive an additional 5% based on the combined scores for proposer qualifications, project narrative, and cost points.

**Question 6:** What documentation is sufficient to show that a subcontractor is a small business? E.g., a pdf screen shot from bidsync showing the State's unique small business number (along with the business name and contact information)?

There is no required document format in the proposal because the MHSOAC certifies small business status independently. Please refer to page 31 C.3.

**Question 2 on Overall Bid**

The RFP mentions several possible sources of data that may be relevant to the project including surveys, external state and county data sources, internal state and county data sources, county MHSA data, and other publicly-available data. The proposal also states that the Contractor will be expected to review and consider data collection systems currently being used at the local county and statewide levels.

**What are the current reporting systems that MHSOAC has in place?**

See section C.1 “Possible Data Sources”, on page 15 of the RFP.

**Question 3 on Overall Bid**

**Who was this project awarded to and for what amount?**

The project has not yet been awarded. The MHSOAC is currently requesting proposals for this contract. The maximum funding allowed will be $700,000.

**Question 4 on Overall Bid**

“Due to the collaborative nature in which all goals are to be carried out, what Contractors describe within their proposals regarding plans to complete deliverables will be preliminary in nature and may not reflect exactly what occurs within the scope of the to be awarded contract.” Will Contractors be allowed/expected to amend their budget to reflect the potentially modified approach?
No more than $700,000 will be made available to a Contractor for completion of this work. Contractors may not be allowed and are not expected to amend their budgets; rather, the MHSOAC will work with the Contractor to consider what is realistic to achieve within the allotted budget amount for each Deliverable. Contractors should consider the Scope of Work and other relevant information provided in the RFP so that a realistic budget for each Deliverable can be provided with the proposal. The budget should not exceed $700,000.

Question 5 on Overall Bid

This section references current activities involving new approaches to tracking and monitoring that are occurring or in process within some counties...is there a repository of descriptions or proposals of such activities and if so, can it be made available to Contractors?

Contractors are encouraged to seek out any publically available information about current systems being developed at the county level. No central repository is currently available that collects or contains this information.

Question 6 on Overall Bid

Can you provide more information about the information and reporting systems cited in the RFP and their perceived strengths and weaknesses?

Basic information about many of the currently available statewide data collection and reporting systems is available online via a variety of websites, including the following:

http://www.dhcs.ca.gov/services/MH/Pages/CountyMentalHealthClientServiceInformation%28CSI%29System.aspx
http://www.mhsoac.ca.gov/Evaluations/default.aspx
http://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Mental%20Health/MHSA_Expend_Report-Jan-2013.pdf
http://www.mhsoac.ca.gov/docs/FY14-17_3YrProgExpendPlan_Instructions.pdf

It will be up to the Contractor to assess currently available systems within the scope of the contract in order to identify strengths and weaknesses of these systems. MHSOAC staff will provide input on this process within the scope of the contract.

Question 7 on Overall Bid

We understand this will be a collaborative working relationship. Do you have the capacity to conduct data linkages or would that be the sole responsibility of the contractor?

All handling of the existing and proposed data will be done by the contractor. The MHSOAC may attempt to facilitate or support data linkages as needed, although this may not always be possible within the timeframe of this contract (and will depend on the entities that own the
sought after data). The MHSOAC will be able to provide the Contractor with access to data currently collected by the CA Department of Health Care Services (e.g., DCR, CSI, Three-Year Plans and Annual Updates, Annual Revenue and Expenditure Reports).

**Question 8 on Overall Bid**

Are mental health claims data processed separately (different system) from the medical claims paid out of Medi-Cal's MMIS? If so, does the state have the ability to merge the data in order to show a complete picture of a single client's expenditures for both physical and behavioral health?

The system to be developed within the scope of this contract shall focus on Mental Health Service Act clients (i.e., clients served within Community Services and Supports component, previously known as the Adult/Children’s Systems of Care). Not all of MHSA clients are Medi-Cal beneficiaries. It is unknown whether data collection systems for Medi-Cal beneficiaries and MHSA clients have the ability to be linked or easily merged, or whether any overlap exists between the systems.

**Question 9 on Overall Bid**

**Question 1:** Attachment 4, proposal cover letter—is just the completed form required or does the proposal require the completed form plus a written cover letter?

Yes, please complete Attachment 4. There is no additional written cover letter required.

**Question 2:** Attachment 11, Proposal Scoring Tool (pg. 51 of RFP), says that “8. An electronic copy of the proposal, in Word/Excel, as appropriate, on CD-ROM must be submitted" – is Word format required or can we submit in PDF format?

Per the RFP, proposals must be electronically submitted in Word/Excel format. Please refer to “Stage 1 – Administrative Review of Proposal/Format” on page 51 of the RFP for how proposal format will be reviewed and scored.

**Question 3:** Is there a limit to the number of documents that can be included as attachments to the Proposal Narrative (beyond the limit of 3 letters of support and/or recommendation)?

No. Resumes, sample work products, and up to 3 letters of support and/or letters of recommendation may be included as Attachments to this section (and will not be counted toward the 5 page limit). This additional information may or may not be referred to for scoring purposes; thus, please ensure that all relevant information is included within the Proposal Narrative or Contractor Qualifications sections.

**Question 4:** Are Contractors expected to include publication references in their proposals and, if so, what type of references are needed, and in what format should they be presented?
Contractors are not required to include publication references in submitted proposals.

**Question 10 on Overall Bid**

**Question 1:** If electronic copies of the proposal can be submitted in PDF format, can we include live links to web pages to demonstrate our capabilities regarding web-based data entry, reporting, and system training? Will reviewers look at existing prototypes online?

Contractors may provide links to web pages. Per the RFP, proposals must be electronically submitted in Word/Excel format; PDF format will not be accepted. Please refer to “Stage 1 – Administrative Review of Proposal/Format” on page 51 of the RFP for how proposal format will be reviewed and scored.

**Question 2:** The system we will propose includes a user-friendly, online interface for entering client and program data and creating reports that can be used by stakeholders. What is the preferred way to present examples of these user interfaces and reports created by the system? (Hard copy pages that will be included as sample work product attachments to the DESCRIPTION OF ORGANIZATION AND PERSONNEL section? Or as links that can be accessed online listed in the IDEAS FOR CREATION OF TRACKING AND MONITORING SYSTEM section?)

Contractors may provide either hard copies of sample work products or links to web pages with sample work products wherever it is appropriate or applicable within their proposal. This additional information may or may not be referred to for scoring purposes; thus, please ensure that all relevant information is included within the Proposal Narrative or Contractor Qualifications sections.

**Question 11 on Overall Bid**

**Question 1:** Is there an ideal number of pilot counties and/or providers that the commission has in mind?

No. However, the Contractor shall consider variations among California counties and providers and plan to include counties/providers that represent the vast array of those found in California so that the system can be tailored to meet the variety of needs found in this vast array of counties/providers (e.g., small, medium, and large counties; rural, suburban, and urban counties; counties/providers with robust systems already in place versus those without robust systems in place; counties that offer a variety of non-FSP services; counties that define FSP versus non-FSP clients in different ways; providers that offer only services for the severely mentally ill/emotionally distributed versus wellness centers versus integrated service systems; etc.).

**Question 2:** The RFP states (page 19) that the MHSOAC will assist the Contractor with identification of providers to volunteer for piloting the system—what level of assistance can
the Contractor expect? (Contact list of programs? Contact list plus names of current contacts who have expressed interest in the pilot? Current contacts with Counties that support and will encourage piloting among their providers?)

The MHSOAC will encourage provider participation as much as possible to support the Contractor in reaching the goals of the contract. However, no complete list is currently available that contains information on all possible providers that may be desirable to invite to participate in the pilot. It will be expected that the Contractor will identify appropriate and interested counties/providers, establish relationships with them, and invite them to participate in the pilot. To date, the MHSOAC has compiled a small list of potentially interested counties/providers, and may have suggestions for those that would be appropriate to reach out to. The MHSOAC can help to facilitate relationships, although the Contractor will be ultimately responsible for recruiting and ensuring appropriate county/provider participation.

Question 3: Page 19 of the RFP lists the range of types of counties/providers expected in the pilot sample. Will there be a need for or an expectation that representativeness also should include region (North, Central, Inland, South, etc.) in addition to county size and other characteristics? Will it be acceptable to focus in a particular local region or two to enhance in-person communication and minimize travel costs?

Yes, there is an expectation that representativeness would include regional considerations. The to-be-developed system should be tailored to meet the needs of all counties throughout California. As such, it will be important to include counties that represent the vast array of counties and providers that are found throughout the state. The Contractor will be required to work with MHSOAC staff and stakeholders to ultimately determine what sample of counties/providers will provide such representation. This decision would also be based on availability of counties/providers that are willing to participate in the project, in addition to Contractor resources. If a particular type of county or provider is not included in the project in the end, this would need to be stated as a limitation of the current work and system that would need to be addressed before the system was ultimately considered for adoption throughout the state.

Question 4: Will stakeholder participants such as clinicians and staff expect or be able to accept payment for participating in the pilot?

Stakeholders should be called upon to participate in the current project for a variety of reasons and will be affiliated with a wide range of organizations and entities. The ability for stakeholders to accept payment for pilot participation will vary based on their type and extent of participation, their affiliation and organization’s policies surrounding acceptance of payment for such participation, and other considerations. The MHSOAC does not have any policies surrounding provision of payment to stakeholders who are involved in MHSOAC-funded evaluation contracts.
Question 12 on Overall Bid

Question 1: Will the tracking system be able or expected to automatically interact with the state’s and counties' other computer systems (like Anasazi, DCR, etc.)? If so, what is the likelihood that Counties will allow the Contractor to access their systems to create streamlined data interaction systems? Does MHSOAC expect that the state will plan to require counties to link their Medical Information Systems directly to the tracking/monitoring/evaluation system that is eventually implemented?

It is not expected that the newly developed system will necessarily automatically interact with other systems, although this is a possibility that should be explored within the scope of this contract. We do not have any expectations at this time about linking Medical Information Systems and the system developed under this contract. If the system developed within the scope of this contract is eventually adopted at the statewide level, the state would need to consider the means through which the counties/providers will submit their data to the state and whether this would be doable/feasible through currently available systems/infrastructure or if new infrastructure is needed/preferable. The Contractor will be responsible for making recommendations about such issues within the final Deliverable (#5) of this contract.

Question 2: The RFP mentions that some counties already have good tracking systems in place—would a proposal to modify and improve an existing system designed for tracking/monitoring/evaluation be desirable and acceptable? If so, can counties that are already using the proposed system be used as pilot counties for system variations?

A proposal to modify and improve existing systems would be acceptable if the system(s) could be adapted for use by counties and providers throughout the state and shown to be effective and feasible during the evaluation. The Contractor will be expected to include a variety of counties during the piloting phase. The sample counties could include those who are using the proposed system or a modified version of it. It would be highly unlikely that the Contractor would be able to identify a wide variety of counties/providers that were all using the same proposed system initially.

Question 3: Have any of the counties mentioned in the RFP as having systems currently in development (including Los Angeles, Sonoma, Stanislaus, Riverside, Orange) indicated to MHSOAC a willingness to participate in the pilot? Would it be possible for Contractors to get any preliminary information on systems currently being used in the counties mentioned, such as existing user manuals or system descriptions?

The counties highlighted in the RFP have not been asked to participate in the project and have thus not yet indicated a willingness to participate in the pilot. Contractors are encouraged to seek out any publically available information about current systems being developed at the county level. The MHSOAC does not have such information readily available to disseminate to Proposers.
Question 4: Would the State of California own the piloted system at the end of the funding period? Would the creators of the piloted system still be able to use the developed programming for other projects as long as there is no impact on the deliverables to the state?

Yes, the State of California would own the tracking and monitoring system developed under this contract, as well as any developed programming.

Question 13 on Overall Bid

Question 1: Is this system expected to be useful to clinicians for making assessment and treatment decisions and tracking progress, or is it meant only to be a one-way data collection system for aggregate analysis and reporting?

The Contractor will work with the MHSOAC and stakeholders during the initial phases of this contract to form conclusions regarding the scope of the system based on the needs of the end-users of the system (e.g., the State, county staff, providers). Please refer to D.1 “Development and Implementation of a Tracking and Monitoring System for Adults Receiving Services via CSS That Allows for Evaluation of Those Clients and Services” on pages 17 and 18 of the RFP for more information.

Question 2: Is it expected that clients should be able to use the system for self-reported outcomes assessments and/or satisfaction questionnaires, or will the system only be used by staff? If clients will be using the system, how much will multi-language capability be valued for client-reported measures, and should the system eventually cover all “threshold languages” for California, or for each individual county? Could the pilot only cover limited languages to save development costs?

Consideration regarding who should be entering data into the system should be given during the initial system development phase (and reported within Deliverable #1, Report of Proposed Tracking, Monitoring, and Evaluation System for Adults Receiving Services within the CSS Component). If multi-language self-reporting capability for clients was deemed to be preferable for inclusion in the system, the pilot would need to be structured to provide enough information on and experience with this capability to determine whether it would be useful/meaningful and feasible to include in the final recommended system. The pilot would also need to make available information that would provide the basis for what would be needed to ultimately implement this capability to the full extent necessary, if the system were to be adopted at the statewide level.

Question 14 on Overall Bid

Can two independent proposals both propose to subcontract to the same programming team that has experience building these systems, or does that programming team need to choose only one proposal to be involved in?
Yes, two separate entities can submit separate proposals using the same subcontractor. Only one proposal will be awarded the contract.

**Question 15 on Overall Bid**

**#1. Is it expected that the ultimate system will require some sort of reporting from every jurisdiction (county/city)?**

Yes, one of the goals of this contract is to develop and pilot a system that would track, monitor, and evaluate client outcomes within the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA) in all counties throughout California.

**#2 Is there the expectation of a minimum data set that would include the same data elements for every jurisdiction (county/city)?**

There is an expectation that a standardized data set would be developed in order to conduct local and statewide evaluations for quality improvement purposes. It is possible that the system would allow for variation in what is collected at the county or provider level. However, it will be imperative for the system to obtain some standard information from all counties.

**#3 Is there a requirement that there is data reporting in the same domains for every jurisdiction?**

There is an expectation that standardized data would be reported by all counties to the state.

**#4 How much statewide standardization will be required? For example will variability within response categories be allowed?**

There is an expectation that standardized data domains would be developed that counties later collect and report to the state to facilitate completion of statewide evaluations that can be readily used for quality improvement purposes at the statewide level. Information from this system should also be useful to providers/counties for quality improvement efforts at the county level. It is possible that the system would allow for variation in what is collected at the county or provider level if additional specific-to-county/provider information would further strengthen local quality improvement efforts. However, it will be imperative for the system to obtain some standard information from all counties. Variability in response categories would be acceptable within specific-to-county/provider data fields, as well as standard statewide data fields as long as the response categories could be readily combined or rolled up to the statewide level.

**#5 What is the expectation of the contractor beyond completion of the feasibility study? Is the contractor expected to develop strategies for taking a successful pilot to scale?**
The contractor is expected to develop and pilot a system to monitor, track, and evaluate clients served via the CSS component. Using the new system, the contractor is expected to evaluate the impact of CSS services on non-FSP adult clients. It is also expected that the Contractor will provide recommendations (i.e., potential next steps, action items, and instructions) for how the new system could potentially be modified/strengthened and then implemented and used statewide.

**Question 16 on Overall Bid**

**Page 15: Possible Data Sources**

What access will be provided (electronic, hard copy etc) to the data sources available & can you explain more about the surveys & inventories being conducted e.g. are these surveys shared by multiple counties? Has there been any attempt to link county data from surveys, inventories or county programs evaluations to date?

The MHSOAC will be able to provide the Contractor with access to data currently collected by the CA Department of Health Care Services (e.g., DCR, CSI, Three-Year Plans and Annual Updates, Annual Revenue and Expenditure Reports). Basic information about many of the currently available statewide data collection and reporting systems is available online via a variety of websites, including the following:

- [http://www.dhcs.ca.gov/services/MH/Pages/CountyMentalHealthClientServiceInformation%28CSI%29System.aspx](http://www.dhcs.ca.gov/services/MH/Pages/CountyMentalHealthClientServiceInformation%28CSI%29System.aspx)
- [http://www.mhsoac.ca.gov/Evaluations/default.aspx](http://www.mhsoac.ca.gov/Evaluations/default.aspx)
- [http://www.mhsoac.ca.gov/docs/FY14-17_3YrProgExpendPlan_Instructions.pdf](http://www.mhsoac.ca.gov/docs/FY14-17_3YrProgExpendPlan_Instructions.pdf)

There are currently systems in place that allow counties to report the data that they collect to the state to be used for statewide evaluations. Sample statewide evaluations conducted by the MHSOAC can be found on the MHSOAC website:

[http://www.mhsoac.ca.gov/Evaluations/default.aspx](http://www.mhsoac.ca.gov/Evaluations/default.aspx)

**Evaluation Methodology:**

1. Given the desegregation needs required in (a) can you give us some idea of the population sizes for each population by county?

Populations for each county are estimated and projected by the Demographic Research Unit of the California Department of Finance and can be found by clicking on the following link:

[http://www.dof.ca.gov/research/demographic/](http://www.dof.ca.gov/research/demographic/)

2. Given the requirements of reliable data in (b) can you comment on the structures in place at the county level to ensure validity & reliability of existing data, particularly in regards to surveys, inventories and the Consumer Perception Survey?
It will be up to the Contractor to ensure that the data collection and reporting system that is developed and piloted in the scope of this contract provides valid and reliable data, to the fullest extent possible. There is likely large variation in the degree to which counties/providers currently have or make use of structures aimed at ensuring collection and reporting of valid and reliable data in all current data collection and reporting systems and methods. Within the scope of the evaluation to be conducted as part of this contract, it will be expected that the Contractor will take appropriate measures to ensure use of valid and reliable data.

3. Given the requirements for distribution of results in C. can you comment on how information is reported out to various channels? In particular, what is the usual method for distribution of information to the public, clients, & family members? Will distribution of reporting be a component of the work done by the Contractor?

Per section C.4 of the RFP on “Communication”, the Contractor shall “Develop and provide a plan for dissemination of key Deliverables to MHSOAC stakeholders”. Finalized/approved key Deliverables are often posted on the MHSOAC website at the discretion of the MHSOAC. However, via the proposed plan for dissemination, the MHSOAC expects that the Contractors shall identify other methods for dissemination, as well as specific groups/individuals/organizations to which information may be disseminated.

In addition, per sections C.3 and D of the RFP, the Contractor will be required to utilize stakeholders throughout the scope of the project in order to obtain ongoing feedback from stakeholders on specified aspects of this contract, which will involve dissemination of materials to stakeholders and identification of appropriate stakeholders. The Contractors will be expected to identify appropriate stakeholders to involve in order to fulfill this requirement, as well as the most appropriate means for dissemination of information to those stakeholders.

The MHSOAC will provide support and suggestions as needed with both efforts (i.e., dissemination of final/approved deliverables to various stakeholders for informational purposes, and dissemination of materials to identified stakeholders who will be asked to provide input throughout the scope of this project).

Page 16

C.3 Coordination & Collaboration.
Can you elaborate on the collaboration with 'end users' of the tracking & monitoring system & what is meant by "consulted throughout?"

“End users” are defined as state- and county-level staff and providers that may eventually use the system to collect data, or use the system and its data to track, monitor, or evaluate clients and services. The Contractor will be expected to work with the MHSOAC to identify appropriate times and methods at/through which end users will be asked to provide input on the project. Expectations regarding how this MHSA value shall be incorporated into each aspect of this project can be found within the descriptions of each Deliverable. In general, the objective is to identify meaningful ways for end users to provide input on the system that is being developed within the scope of this contract for them, as well as appropriate times at which this input should be
Page 17 - Overarching questions.
Can you elaborate on the non-FSP services & who will provide them?

Non-FSP services under the CSS component of the MHSA are those services that are outside the FSP program and may be considered less comprehensive. County MHSA Three-Year Program and Expenditure Plans may be reviewed by Contractors for more information. Plans are available on the MHSOAC website and may be accessed by clicking the following link: http://www.mhsoac.ca.gov/Counties/Annual_Updates/County-Annual-Updates.aspx.

Page 19-20 - D-1 Pilot Phase
Given the pilot is expected to include small, medium & large counties, as well as counties with existing collection systems, counties without collection systems & counties currently bringing those systems online, is the expectation that all pilots will occur simultaneously or can they be staggered?

This issue should be considered during the initial system development phase (i.e., prior to implementation of the piloting). Simultaneous or staggered pilots could be considered during the initial system development phase and the preferred option proposed within Deliverable #1.

Page 21 - D1 Pilot Phase Volunteers.
Is the State or MHSOAC providing the substantiative assistance or initiatives to providers willing to participate as pilot volunteers?

The Contractor will be expected to build relationships with counties/providers and encourage their participation in the piloting. The MHSOAC will encourage provider/county participation as much as possible to support the Contractor in reaching the goals of the piloting phase.

Page 21-22-D.2 Less Comprehensive Services.
Can you provide more detail on who these Providers are, how many, their scope of services & existing data collection/reporting capacity?

The providers, the number of providers, their scope of services, and data collection/reporting capacity will all vary county by county. Providers that would be appropriate to consider for inclusion in the piloting include those that receive MHSA funds to provide services offered within the Community Services and Supports component (i.e., public community-based services).

Question 17 on Overall Bid

Is the MHSOAC seeking a contractor to create a completely new data system to replace the DCR, to expand and improve the existing DCR, or to create a health information exchange that draws data from counties' existing systems?
Throughout the development of the tracking and monitoring system, the Contractor shall “...consider the statewide and individual county systems that are currently in place for tracking, monitoring, and evaluation of the CSS component and how/if these systems can be used or augmented to accommodate the new system. Although, the new system should not be limited to currently available data, it should consider the limitations of current data collection and reporting systems that provide CSS data (e.g., the DCR and CSI) in order to improve upon those systems.” (see page 18 of the RFP). Thus, the newly developed system may be a revision of the existing systems that are currently in place, including the DCR. However, the newly developed system must cover clients served via the full CSS component (i.e., both Full Service Partnership clients tracked using the DCR and non-FSPs). The contractor will need to consider current methods of tracking both FSP and non-FSP clients due to the continuum of care throughout the CSS component. It is likely that no system(s) currently exists that would provide all of the preferred information/data on clients served via the full CSS component in all counties, which is why the scope of this contract aims to achieve this goal.

**Question 18 on Overall Bid**

Is the contractor responsible for hosting (hardware, software and network) the data system?

Yes, it will be the contractor’s responsibility to host the initial data system used for piloting within the scope of this contract. As noted on page 20 of the RFP: “Physical implementation of the pilot tracking and monitoring system may not necessarily reflect what an eventual (recommended) statewide system would look like. Within the scope of this contract, the Contractor will be expected to pilot the developed tracking, monitoring, and evaluation system to the extent possible within the volunteer providers/counties.” As such, the data system that is used for piloting purposes may be elementary in nature and not fully reflect what would be recommended if the system were to eventually be adopted at the statewide level.

**Question 19 on Overall Bid**

Is the use of a commercial off-the-shelf (COTS) software package tailored to the MHSA evaluation needs an acceptable solution for the data system?

The focus of this contract should be development of what specific data should be collected within a newly developed system for monitoring, tracking, and evaluating clients served within the MHSA’s CSS component, as well as characteristics of the data and data collection (e.g., how often data is collected, by whom, and how is it used to promote quality improvement). Via the system piloting phase and evaluation that is carried out using the data obtained from the system, the Contractor shall draw conclusions and make recommendations regarding what an eventual statewide system should look like and entail, including the type of IT infrastructure needed to support it. During the development and piloting stages of this contract, the methods used for collection of data from the pilot counties will be chosen at the discretion of the
Contractor, but should be done while considering means that would facilitate ease of county/provider participation in this project.

**Question 20 on Overall Bid**

**Who owns the data system at the end of the pilot and if it's a COTS solution does that have an impact?**

The State of California will own the deliverables that are produced via the scope of this project.

**Question 21 on Overall Bid**

**How will counties connect to the data systems - will they be entering data directly into the new system or extracting data from their existing systems for submission to the pilot system - or both?**

Data collection and entry into a system will be determined by the Contractor. It is expected that new data elements will be created to better track and monitor the CSS component; it is possible that existing data could be extracted from currently available data collection systems, but it is unlikely that all data preferred to be included in the new system will be available via current systems.

**Question 22 on Overall Bid (duplicate question)**

**How will counties connect to the data systems - will they be entering data directly into the new system or extracting data from their existing systems for submission to the pilot system - or both?**

Data collection and entry into a system will be determined by the Contractor. It is expected that new data elements will be created to better track and monitor the CSS component; it is possible that existing data could be extracted from currently available data collection systems, but it is unlikely that all data preferred to be included in the new system will be available via current systems.

**Question 23 on Overall Bid**

**If counties extract data from their existing systems, who is responsible for developing the extract and transforming the data to fit the defined elements and values of the pilot system?**

Not all counties will be able to extract data from their current systems for this purpose, although it is possible that this option could be explored. It will be the ultimate responsibility of the Contractor to obtain the necessary and properly fitted data elements for the new system, although the Contractor may chose to work with the counties/providers to achieve this goal.
Question 24 on Overall Bid

Collecting hard-copy forms from providers so that the data can be entered by the Contractor has significant level of effort implications - especially if the volumes are high. Does the contractor have the authority to decide to what extent such an expensive solution would be utilized?

The Contractor will propose ideas for how the system is to be designed and later implemented via the piloting phase. Within the context of the piloting, the contractor must take into consideration variations in county/provider resources available to participate in the piloting and make adjustments to the preferred data collection and reporting methods that facilitate ease of participation for sample counties.