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Help@Hand Screening Tool RFP – Question and Answers

	Question	Response
1	Hello! Please see our questions in regards to the RFP: 1) Is the vendor required to do their own research and evaluation to create the assessment tool, or will best practice's be provided to the vendor to assist with this? 2) If the vendor doesn't have Spanish as an option, will they assist with the language translation, or is this an absolute requirement prior to any custom builds? 3) How much money will be allocated to the vendor to assist with some of the customization's?	1. The vendor is required to complete all necessary research for design and development. 2. Spanish is a required component of the solution 3. Please refer to section 4, Agreement Terms
2	Approximately how many individuals will be screened in a one year period? If possible, please elaborate on target population vs. expected responses. 2017 estimates for Monterey County are included in the RFP but there is no mention of potential numbers for Los Angeles County.	Solution development is separate from implementation within California populations. The developed assessment tool should be saleable - going from 2 counties intimately to all 58 counties.
3	How will you put the winning proposal "on contract" - using a standard Purchase Order (PO) from CalMHSA, LA County, or Monterey County, CalMHSA's standard agreement, or do you prefer that proposers present their standard agreement?	A CalMHSA agreement will be utilized for contract purposes.

4	Are you open and flexible to make a full and timely evaluation of an alternative proposal concept that might offer a proven, Commercial Off The Shelf (COTS) service that could be deployed literally the day or week after contract completion, then refined incrementally to fulfill CalMHSA, MCBH, and LACBH unique requirements on the fly at greatly reduced cost, in order to reduce preventable morbidity, mortality, and medical care expenditures in the face of growing uncertainty about resolution of the Covid-19 pandemic emergency?	CalMHSA is excited to receive and review all proposed solutions and approaches.
5	Although Section 6.4.1 implies a future announcement of the acquiring team's single Chief Program Executive, Section 6.3 explains that CalMHSA, MCBH, and LACBH will each present, assess and approve their own unique requirements - which sounds more like three projects, instead of one project activity, unified under a Chief Program Executive. Can you offer immediate clarity on this point so that proposers can present plans and budgets that will fulfill your actual needs and expectations?	All final decision-making on project execution will be made by CalMHSA.
6	May we assume that the entire Q and A / FAQ may be included as a binding Addendum to an eventual PO / contract?	No

7	Given the apparent lack of definite "hard funding" at this time to support your $2.1 Million proposal limit and roughly a year of work, along with the inquiry you posted around 4/20/2020 and closed around 5/22/2020, how would you direct proposers to configure their plans and costs? May we propose based on a model of full payment, through completion and any final-hold back, with a contract clause committing to payment in full of proposer's "cancellation and wind-down costs" should you cancel the program between day one and issuing any final hold-back payment? Or do you prefer that proposals be developed so that the proposer is "whole" with each milestone payment including an allotment for at-risk wind-down costs, with the allotment for wind-down costs being re-adjusted in the next milestone payment? Is it appropriate to assume that in the event of termination for budget issues and not "for cause," that CalMHSA, MCBH and LACBH may each have unique and possibly quite extensive (costly) wind-down "requirements" should they seek to deploy components of an incomplete project into critical care delivery operations.	Please refer to section 4, Agreement Terms. Budgets for this project have been allocated and secured as stated in Section 4, Agreement Terms.
8	What approach to business continuity, particularly with regard to IT solution continuity, is required for the platform you envision with this design / build effort? Will CalMHSA, MCBH, and LACBH accept this work and then address business continuity within their own practices, team and budgets? Or do you expect each proposer to build out the tasks and related costs to validate both production readiness and business continuity / disaster recovery compliance within this proposal and the $2.1 Million proposal cap?	The funding amount identified in the RFP is the amount available.
9	Can you please provide contact names and addresses for the cover letter?	Please submit the cover letter through the Bonfire tool.
10	Is there flexibility in the timeline to release in two phases (subset of mental health conditions, full set of mental health conditions)?	CalMHSA is excited to receive and review all proposed solutions and approaches.

11	at the end of #8 on page 8, is that a typo? Should there be a 9. Conduct Research?	Line #8 on page 8 should read: "Require a User Agreement to be acknowledged by the end user."
12	Can you provide initial number of licenses required per user type (MD, LPC, NP, Psychiatrist, Psychologist, etc.). This will be required to complete total cost per the worksheet.	Solution development is separate from implementation within California populations.
13	In order to price our proposal correctly, we need to reference the specific form of Purchase Orders) you will be obliged to use to both commit this project, as well as any ancillary services. Will you post this on Bonfire? How quickly can you post the standard form PO and terms? Will this be one PO by CalMHSA or also include relevant standard form PO's and terms from Monterey and Los Angeles Counties? Should our proposal include costs to comply with all the PO's and terms applicable to this RFP? If not, please advise how we are to effectively address such costs across the duration of the program?	Please refer to Section 4, Agreement Terms and utilize Exhibit 1 - Cost Worksheet.
14	The intended standard form Purchase Order(s) of CalMHSA, Monterey and Los Angeles Counties are NOT included in this RFP package. Is it correct that you anticipate that the awarded Proposer will submit a mandatory Change Order at the time the actual PO(s) is/are presented? If not, should proposers include their own commercial terms and conditions, which would be contingencies of their submitted proposal and pricing?	Please refer to Section 4, Agreement Terms and utilize Exhibit 1 - Cost Worksheet.

15	Is there a minimum proposal amount that you will commit to fully consider under this RFP, or are all proposal amounts going to receive full consideration view of the scope of this program and the limitations of your non-committed budget estimate, are there any limitations on proposers using off-shore resources for any or all aspects of this proposal, either in the majority or exclusively? Is your response conditional on the pandemic and the necessity of work-from-home? In the event that public health restrictions change for the good after a PO is issued, but prior to completion, will your acceptance of total virtual work-from-home project plans be changed? On, whether significantly under the stated budgetary limit?	CalMHSA is excited to receive and review all proposed solutions and approaches.
16	In view of the scope of this program and the limitations of your non-committed budget estimate, are there any limitations on proposers using off-shore resources for any or all aspects of this proposal, either in the majority or exclusively? Is your response conditional on the pandemic and the necessity of work-from-home? In the event that public health restrictions change for the good after a PO is issued, but prior to completion, will your acceptance of total virtual work-from-home project plans be changed?	CalMHSA is excited to receive and review all proposed solutions and approaches. Please refer to section 7.6.
17	What is your process for addressing Change Orders, whether because your team requested a change or because CalMHSA, Monterey and Los Angeles Counties require diverging responses to an issue or a Change Order, leading to the need to fork the program in order to comply? Change management is essential to properly price our proposal and respect your budget restraints.	All change requests will be ordered through CalMHSA.

18	Is there a single Program Executive Office or officer within the contracting entity for this RFP? Has that individual been identified? Even though RFP Rules would not allow contact by proposers, can you provide the resume of your single Program Executive Officer at this time, so that proposers can invest in proposals and team staffing based on mirroring your key staff with a proposer's key staff, a selection who has a suitable background and scope? Section 6.4.1 implies that such an individual has been or will be named. When will that occur? How are we to understand Section 6.3, which seems to say that CalMHSA, MCBH and LACBH will separately develop, communicate and manage their independent and individual clarifications, directions, approvals and participations to the Proposer? Will EACH entity be at liberty to name their own Program Executive Officer, prior to contract or after?	CalMHSA staff will manage the development of the proposed solution and will coordinate with MCBH and LACBH for all decisions made during the design and development phases. CalMHSA program leadership personal information will not be provided.
19	Will this entire Question and Answer, or FAQ, be approved by you for inclusion in the eventual Purchase Order / Agreement as binding on CalMHSA, MCBH and LACBH? If not, why not? Your response will strongly drive contingency allowances in our pricing.	Agreements will be finalized during contract negotiations with the selected vendor/contractor.
20	How many Project Management Offices (PMO) does the successful proposer need to coordinate with? The RFP package speaks "both ways." Whether it is one PMO or multiple PMOs, can you now identify your own program PMO resources specifically at this time? If the acquirer is NOT able to commit and designate their own PMO resources to this program, is the PMO required from the proposer to be scoped to address just their own teams and deliverables, or ALSO the teams and deliverables of the acquiring entity/entities? Proper definition of PMO scope and roles may well be essential to the feasibility of your required budget and timeline.	All program management and decision-making will be made by CalMHSA: the PMO for this project.

21	It is noted that this very same RFP or RFI appears to have been previously opened around 4/20/2020 and subsequently withdrawn on or around 5/22/2020 with apparently similar scope and selection criteria. Can you provide delta files of the project documents to help proposers evaluate what may have changed? What can you share to assure potential proposers to THIS RFP that they will not incur their entire unfunded cost of proposing, only to see this RFP withdrawn? Was the prior announcement at all recast, or did it simply serve to help CalMHSA refine that approach and requirements?	RFI response information will not be provided. The RFI was released with the intent to refine the approach and requirements.
22	This RFP clearly envisions a major design/build program of significant complexity. Can you commit to a full and open review of alternative proposal concepts, such as based on a rapid and much less costly adaptation of systems and services currently proven in the market that you elected to NOT consider based on your cited market scan and such options NOT appearing to be feasible, affordable or desirable prior to any broad grasp of the extent of the current pandemic emergency?	CalMHSA is excited to receive and review all proposed solutions and approaches.
23	Given that excessive preventable morality is ongoing until the completion of this program, what assurances can you offer to stand by your intention to fully pay the invoices of the awarded proposer when the unreliable dynamics of the current Covid-19 pandemic emergency brings obvious risk that ANY validation completed prior to user acceptance, testing, and training will be invalidated by unanticipated stress and psychological emergent conditions before first use by any stakeholders? In this context, to what degree are you flexible to deploy Commercial Off The Shelf (COTS) solutions that might go live within days and subsequently adapted to address critical, dynamic net change requirements of CalMHSA, MCBH and LACBH, even though such action diverges from the preferred design/build model?	CalMHSA is excited to receive and review all proposed solutions and approaches. Please refer to section 7.6. Payment terms will be identified in the contract between CalMHSA and the selected vendor/contractor. All programs are dependent on available funding.

24	In order for proposers to plan for testing that includes all appropriate aspects of Production Ready Certification (PRC), can you immediately publish the PRC requirements of CalMHSA, MCBH and LACBH? If not, will you agree to accept and bind performance on the proposer's submission of their own PRC protocols? This question is asked assuming that total business continuity to a definite service level is expected of stakeholder behavioral health operations, inclusive of this major program deliverable to embrace and lift up all those we serve.	CalMHSA is excited to receive and review all proposed solutions and approaches.
25	Can you advise if there is a budget for the project for initial implementation and ongoing fees? Who is funding the project?	Please refer to Section 4, Agreement Terms and utilize Exhibit 1 - Cost Worksheet.
26	Can you advise when the dates of anticipated vendor selection, project kick-off, implementation, go-live dates?	Please refer to the Bonfire tool for all active procurement deadlines currently available.
27	Is there an estimated number of users to consider?	Solution development is separate from implementation within California populations.
28	How many years should vendors anticipate for the contract term?	CalMHSA is excited to receive and review all proposed solutions and approaches.
29	Would CalMHSA consider components from multiple proposals and work with numerous vendors	CalMHSA is excited to receive and review all proposed solutions and approaches.

30	In the “Primary Problem” portion of the “Project Background” section, it states that “Several mobile applications that promote mental health and wellness have entered the market space in recent years. However, a thorough scan of available products has only found two varieties of application functionality. The first is to provide guided meditations. The second is to provide the user an ability to log and rate their emotional state. No applications were discovered that have the functionality to screen for a broad spectrum of mental health disorders ranging from depression to schizophrenia, nor were any capable of providing MCBH or LACDMH referral resources.” If such applications (which meet the requirements of this RFP) are commercially available and in production, but for whatever reason were not included in the scan mentioned, do the benefits of lower design cost and faster speed to market of such applications make them eligible for consideration to be procured in a response to this RFP?	Please refer to Section 1, Project Background. CalMHSA is excited to receive and review all proposed solutions and approaches.
31	Section 3.2, Technology Scope of Work, states “Vendors should describe the delivery model along with the advantages. Delivery models considered for the required solution may include: Commercial off-the-shelf (COTS) software Custom built application Open-source software (all models) Managed services/hosted.” Does “Managed services/hosted” include “software-as-a-service” solutions accessible for users via distinct user names and passwords on smartphones, tablets and desktops/laptops?	No
32	Section 3. 2, Technology Scope of Work, states “Does not require individual licensing fees.” Does this mean that you are open to enterprise licensing for a group of patient and/or provider users?	No

33	3.2.10 Deliverable 10 – Maintenance & Operations states “It is required that CalMHSA will be the sole owner of the application in its Help@Hand form without recurring licensing fees." Could you please define “sole owner of the application”? Most of our clients obtain exclusive rights to a custom deployment of our SaaS-based software solution, which could be one definition of ownership. Other clients pay considerably more for a unique, separate instance of the solution in either their “cloud” or ours, which is another definition of ownership. In neither case do they “own” the underlying intellectual property of our software solution. Which model comes closest to your understanding of ownership, the first (exclusive rights), the second (separate instance), or some other model? If some other model, would you please define and give an example?	Please refer to the response for question 31.
34	Questions #5 and #6: 3.2.10 Deliverable 10 – Maintenance & Operations further states “Vendor team shall also provide a platform maintenance fee structure for ongoing rollout after MVP (e.g. by bands of users; by number of growth paths completed, etc.).” What is the anticipated number of patient users and clinical users in the MVP of this RFP? What is the largest possible number of patient users and clinical users in subsequent years, and are those users limited to CalMHSA entities?	Solution development is separate from implementation within California populations.
35	Hi, are you looking for a bespoke start-from-scratch solution or open to considering existing platforms providing similar services and scope to health providers- but would require some customization to meet the needs/specs outlined in the opportunity? if the latter, are you wedded to 'owning' the platform - which would preclude any kind of software/platform as a service arrangement.	CalMHSA is excited to receive and review all proposed solutions and approaches.

36	What weight will be given to an existing commercial product that meets the functional requirements of Section 3.1 Design Scope of Work and Section 3.2 Technology Scope of Work and is ready for the Evaluation and Refinement Phase, Section 3.1.4 a.?	CalMHSA is excited to receive and review all proposed solutions and approaches. Please refer to section 7.6.
37	Section 3.2.10 Deliverable 10 – Maintenance & Operations states that, "CalMHSA will be the sole owner of the application... without recurring license fees." In contrast, Attachment A Schedule 1 asks for a quote for Software License for the next two fiscal years. Can you explain the apparent contradiction between the two references? If the software has been built prior to the RFP, can the software license fees be paid to the contractor for using their software?	Proposals should not include reoccurring licensing fees.
38	Help@Hand is composed of 14 participating communities. Monterey and Los Angeles are taking the lead in this RFP. What vendor obligations or opportunities will be accorded to the other 12 participating communities?	No obligations are required beyond the stated requirements.
39	Attachment A Schedule 1 requests a price for the first 12 months of Maintenance and Operations. Information about the projected number of Clients and number of sites in the first year after Production Deployment will be helpful. Monterey County is described as having 5,087 ACCESS clients at the end of FY2015-17. What is the current census? How many clinical or office sites in Monterey County will be supported in the first year after product deployment and where are they located? Los Angeles County has a population 23 times larger than Monterey and has a higher poverty rate and lower median household income. Can you furnish the expected number of available clients in the first year, or can we estimate the number of available clients to be in the range of 120,000 to 150,000? How many clinical or office sites in Los Angeles County will be supported in the first year after product deployment and where are they located?	Solution development is separate from implementation within California populations.

40	Since COVID, the Centers for Disease Control and the Kaiser Family Foundation have estimated that the previously available client numbers are now 4 times greater than at the time the RFP was written. Can CalHMSA give all bidders a common estimate of the potential population so that Maintenance and Operation estimates are comparable?	Solution development is separate from implementation within California populations. CalMHSA is excited to receive and review all proposed solutions and approaches.
41	Conduct Research including interviews of stakeholders and County staff." Does this requirement apply to both Monterey and Los Angeles? Can we have a list of stakeholders or an estimate of how many interviews will be required to define an acceptable product? Can the research be done using our existing product to identify the differences required by the stakeholders and to specify the changes desired? Does the Community Service Provider in the third User Scenario include clinical staff at Community Health Centers, Rural Health Centers and Federally Qualified Health Centers?	CalMHSA is excited to receive and review all proposed solutions and approaches.
42	Does the Community Service Provider in the third User Scenario include clinical staff at Community Health Centers, Rural Health Centers and Federally Qualified Health Centers?	All Community Service Providers will be taken in to consideration.
43	A previous Bid #2004-001 – HelpatHand – Screening Tool RFI was published April 20, 2020. What was the disposition of this bid?	The RFI was released with the intent to refine the approach and requirements.
44	Section 6.1 states, "The vendor must utilize an actively licensed psychiatrist as part of the Design team." May we substitute an actively licensed Psychologist with training and experience in test design and product development?	No
45	3.2.4 UAT Entry Criteria #1. What are Tech Suite and Sprint Planning?	The Tech Suite is a name of the program this solution is being developed under. Please refer to iterative development methodologies for Sprint Planning.

46	What changes may the winning bidder make in personnel and partner companies listed in the proposal after award? For example: Can a named consultant be changed (e.g., a Spanish translator) Can a named and resume-d employee be changed? Can a partner company be changed (e.g., telecommunication services, web hosting, software vendor, etc.)?	All personnel changes must be approved by CalMHSA and terms of notification will be included in the contract.
47	May the Test Environment be on the Vendor's Premises accessible to the testers through the Internet?	No, please refer to Section 3.2
48	May the Production Environment be on a commercial service, such as AWS?	Please refer to Section 3.2 for infrastructure and security requirements.
49	May we submit a modified version of our existing product as the application prototype for approval for a significant savings in time and money.	CalMHSA is excited to receive and review all proposed solutions and approaches.
50	To what extent does this proposal entail having to conduct clinical research to create the assessment tools. Do the assessments already exist? Are there requirements on care determinations that are associated with the assessments (i.e. level of care, qualifications of clinical staff, location, age, gender, etc.). If so, are these predetermined or will this be included in the scope of work?	Please refer to Section 5.1, Response Contents - Design

51	On Page 8 of PDF, under screening tool requirements: "Lead to possible condition identification in the following areas (at minimum): Depression/Bipolar Disorder/Schizophrenia/Psychosis/PTSD/Anxiety Disorders/Substance abuse disorders" - Given the nature of the previously mentioned conditions (amongst others), there is a substantive amount of overlap. How should this be addressed in identifying conditions? - Is there a "weighted" element that would determine what is the most pressing conditions or the ones that should be of a higher importance for mental health personnel? - As some of these conditions have different thresholds (and changing criteria with variations of DSM and the like), is there a specific resource to use for guidance on identifying conditions? - Can the responding organization work with other organizations to conduct surveys of potential users? If so, are there any restrictions for that partnership/contracting? - Given the family/friend user scenarios AND the potential for responses coming from people under 18 years old, how are legal issues around consent and confidentiality addressed and maintained? - Can responding organizations work with other organizations with which they already have relationships (for example, Ginger - https://www.ginger.com/) to direct towards specific mental health professionals for treatment? - What is the level of liability for organizations for diagnoses? Who is responsible for legal issues regarding diagnoses, accessibility (for those with physical or mental disabilities), and PHI/HIPAA compliance? - Are they are any technical platform constraints? - Will the solution be hosted by respondent organizations or a specific department within CalMHSA? The RFP says the screening tool "is on cloud-based infrastructure within cloud instances" but it's unclear who is responsible for the costs and management. - Are there specific systems integrations required with any state or hospital (or other) systems? Thank you.	This tool is clinical in nature, the expectation is that a successful vendor would be able to differentiate between the diagnostic criteria. This tool also looks at a probable diagnosis, that will help determine need and level of care. As noted in the RFP, the aim of this tool is to connect people to care including county behavioral health organizations. The computer generated screening is not a HIPPA service. We encourage vendors to research clinical and legal considerations.
52	Will CalMHSA and the counties be open to work with start-ups on this? Or only large established vendors will get priority?	CalMHSA is excited to receive and review all proposed solutions and approaches.

53	Will there be a budget for the project beyond the 12 month period?	All projects are dependent on available funding. Proposals should adhere to the budget sections of the RFP.
54	Isn't the date Feb 18th, not Feb 8th?	Yes
55	he paperwork indicates that the proposal is due February 18	Yes
56	Will there be any extra point be given to CA certified Small Businesses?	The scoring of proposals will follow the percentages listed in the RFP.
57	We currently use Heads Up Checkup online screening as part of the CalOptima Children's Mental Health Access project. It's been available prior to your RFI. If there are existing systems, why also build something completely new?	Please refer to Section 1, Project Background.
58	We assume the system, while web based, should be a responsive design so it is a great experience on mobile device web browsers as well as desktops and tablets?	Yes.
59	Would it be useful to include assessments components for non diagnosed issues such as social support, meaning and purpose, relationships, work life balance, burnout using validated scales for those areas and providing resources to help based on the results?	CalMHSA is excited to receive and review all proposed solutions and approaches.
60	Can the State provide us demographic information for the Individual user and the Family User	Please refer to Section 5.1, Response Contents - Design
61	Will the provider network be government agency only or also community-based?	Both.
62	On your customer facing site. Will there be a log in or not	CalMHSA is excited to receive and review all proposed solutions and approaches.
63	Can you talk a little bit about the decision to change from the ability to apply for 1 or more of the phases to the requirement that an entity apply for the process as a whole.	We are unaware of a historical phase based approach.

64	With Cal DHCS's award of $30.8 Million 1/27/21 for ACEs Aware alone, with $22.9 M of that for 8 implementation launches, can you share your view of how THIS excellent RFP is at risk of being seen as "too little, too late?"	We are excited to partner with counites who continue to innovate.
65	Will the provider network be government agency only or also community-based?	Please refer to Section 5.1, Response Contents - Design
66	RFP asks for an implementation phase. How much support the counties would require during their implementation? Should the vendor plan for training end users or will that be with the county staff?	Implementation will be conducted by County staff with technical support from the vendor.
67	Are you looking for a single app or instance that will be used across multiple jurisdictions or something specific to each jurisdiction? For instance, would there be a Monterey County app or website that individuals could go to and a separate one for LA County or might this be contained within one place?	Solution development is separate from implementation within California populations. The developed assessment tool should be saleable - going from 2 counties initially to all 58 counties.
68	Can vendors partner with other organizations and submit a joint proposal?	CalMHSA is excited to receive and review all proposed solutions and approaches.
69	What is the projected number of users across all user groups (individuals, caregivers, community practitioners)?	Solution development is separate from implementation within California populations. The developed assessment tool should be scalable - going from 2 counties initially to all 58 counties.
70	Will the counties be interested to augment their mental health provider network if our platform can also offer that?	CalMHSA is excited to receive and review all proposed solutions and approaches.
71	Is the State looking for a product that can be launched upon contract award that continues to evolve as the platform is launched.	CalMHSA is excited to receive and review all proposed solutions and approaches.
72	Are the target counties pilot, or is the project, and its budget, for the entire state ongoing starting with these counties?	Solution development is separate from implementation within California populations. The developed assessment tool should be scalable - going from 2 counties initially to all 58 counties.

73	Please describe the desired SLA structure	Please refer to the Scope of Work Deliverables and Section 4 - Agreement Terms.
74	In terms of data storage, are there particular things to consider aside from security?	CalMHSA is excited to receive and review all proposed solutions and approaches. All solutions will be considered, please refer to Section 6.2 - Technology Services
75	Will there be the possibility to connect with other interested vendors who might have the “other piece” of the puzzle such as one that has the technical knowledge in an organization where the assessment piece is already completely met?	CalMHSA is excited to receive and review all proposed solutions and approaches.
76	Is it a possibility to have a CalMHSA app that this assessment will be housed in? Where individuals may be able to take the assessment and then receive results based on their geographic location/home address/ other location information?	CalMHSA is excited to receive and review all proposed solutions and approaches.
77	Is there an anticipated number of recipients in the first year and, if so, any particular demographic background that would be relevant (aka various preferred languages, etc.). We have an existing service that is highly customizable, should we consider applying to enhance our existing technology to meet the specific needs of the RFP? If so, can you describe the shared IP aspects in terms of selling the tech in the future?	Solution development is separate from implementation within California populations. The developed assessment tool should be scalable - going from 2 counties initially to all 58 counties. English and Spanish are required languages. CalMHSA will own the solution developed under this RFP
78	Also wondering about anticipated number of recipients and how many individuals you plan to screen within a year.	Solution development is separate from implementation within California populations. The developed assessment tool should be scalable - going from 2 counties initially to all 58 counties.

79	Can you talk more about the requirement for this to be open source and non-proprietary and provide any information on how critical this piece is? For instance, if there is an assessment tool out there that meets all of the needs and is already developed and able to be scaled but is not open source, would that be a deal breaker?	CalMHSA is excited to receive and review all proposed solutions and approaches.
80	Would CalMHSA see any value in a proposal coming from a 501C3 - such as a reduced time and cost to place on contract with sunshine law (Brown Law) compliance for future agency engagements across the state, and perhaps less of the "over-monetized" aspect that makes much of Health IT a burden on underserved providers?	CalMHSA is excited to receive and review all proposed solutions and approaches.
81	Is the reason you want someone built new even though existing systems exist is so that you can own it? Why not leverage the time and resources that went into building these systems instead of starting over?	CalMHSA is excited to receive and review all proposed solutions and approaches.
82	Can we edit any portion of the cost worksheet to include any line items necessary for design, development and implementation?	No
83	With existing gold standard screening tools already out there, wouldn't it be more effective to develop a partnership with them (as we already have) to iterate and extend their reach and impact. Some of these have been implemented for 30+ years and are gold standard of care …	CalMHSA is excited to receive and review all proposed solutions and approaches.
84	Are there any requirements for Deliverable 4 - Testing Plan? There's no description.	CalMHSA is excited to receive and review all proposed solutions and approaches.
85	Also, if we are to apply for all phases, are we to include research partnerships that would integrate, or is that something that CAL MHSA already has in tow.	CalMHSA is excited to receive and review all proposed solutions and approaches.
86	Can you please explain the need for this requirement: "It is required that CalMHSA will be the sole owner of the application in its Help@Hand form without recurring licensing fees."	CalMHSA will be the sole owner of the solution developed.

87	Following Catherine, what will be the future business arrangements for additional sites?	Future business arrangements for additional sites will be determined once the solution has been developed and implemented.
88	You may own the application but not the IP.	
89	Another follow-up: if CalMHSA is sole owner and the application may scale to other DMH or DPH in California beyond Monterey and LA Counties, will we be required to assist with that scaling? Will there be funding?	Solution development is separate from implementation within California populations.
90	And following Catherine and David … it seems Cal MHSA is only looking for developers, so would be a deal breaker for any existing SaaS companies to participate. Might CalMHSA be able to own the white label of the service and pay a licensing fee to own such license.	No
91	For the design portion, are you anticipating design, validation, and development to be done within the year and if so, is there a population of people that you are prepared to do validation studies with?	Please refer to section 5, Response Contents
92	Regarding H's inquiry, what is the expected validation with only one year to build and validate a mental health screening tool.	Please refer to section 5, Response Contents