**CMHI 2.0 Evaluation RFP FAQ’s**

**As of 4/9/18**

1. **This proposal discusses system of care work within four potential Illinois communities.  This type of work leverages many organizations and individuals.  Can you all provide some context around the number and type of organizations that you all envision for each community?**

We are expecting that there will be at least one primary care, one education, and one mental health organization represented. There may be multiple of each and there may be additional types of partner organizations (juvenile justice, public health, etc.). We would estimate approximately 6-8 partner organizations in a community, with some variability depending on the size of the local system.

1. **Is it a requisite for the community grant that working structures between these different organizations and individuals are already established?**

It is not necessarily a prerequisite for this planning grant. There may be some community planning teams that are coming together for the first time but many teams will have some experience working together, they will likely be adding some new partners as well.

1. **On p. 11 under personnel, the RFP mentions team members and consultants. I was wondering, first, if you could clarify what you have in mind as possible roles for consultants.**

In general we are open to evaluation teams using consultants to provide any expertise or skill the team needs to supplement their overall ability to do the evaluation well.

1. **Also related to personnel, is it acceptable to budget for research assistants (in addition to the main 2-4 team members)?**

Research assistants can certainly be an acceptable part of a budget.

1. **Can you say a bit about what the Foundation has in mind for baseline data collection during the planning year?**

Some of this is to be determined but an example would be the systems integration (Outcome Goal #1). Getting a baseline during the planning year about how local providers perceive collaborative/integration issues before the implementation years begin (and track it over time) would be a good idea. Getting baseline measurement on other outcomes goals will also likely be important in order to show change over the course of the projects. There should be common instruments used for all four communities with some small amount of individual local measures to be collected.

1. **Can you say more about your expectations for the cost-benefit analysis?**

There are different ways to accomplish this but we are looking for some ability to look at costs saved with improvement in child functioning or the implementation of other aspects of the system. It will be important for the communities to be able to track the costs of services provided, and this is one of the scoring points in selecting the four communities.

1. **Could you clarify the responsibilities of the evaluation team vs. the communities? (For example, would communities be responsible for purchasing and copying measures, or is that something the evaluation team would be expected to handle, etc.).**

The communities are responsible for employing a team member who is responsible for the data gathering and interface with the evaluation team. The hope is that most of the instruments selected will be free to the public domain, or inexpensive. These providers are all currently using many measures, though they are likely not shared across systems. The cost of measures will have to be born by the evaluation contract, and this is something that ILCHF will help consult on.

1. **He mentioned reference letters and the RFP calls for a reference contact list. Should we submit both? Or is one method preferred?**

A list of references with contact information is what we would like included in the application.

1. **How does the foundation define sustainability?**

We are generally interested in the extent to which programs continue to operate after our grant funding ends. The community applicants have been asked to include a funding partner in the project who would be interested in supporting the system of care leadership position after the grant concludes. We expect sustainability would be assessed through both qualitative (process, implementation learnings) and quantitative means.

1. **Will evaluation teams within IL be prioritized over out of state?**

No. We recognize that Illinois is a big state and there may be evaluation teams from neighboring states that may actually be in closer proximity to the selected communities. We are looking for the evaluation team who offers the best plan.

**11. Does ILCHF use specific software for hosting online meetings and doc sharing (e.g., WebEx, Zoom, AdobeConnect etc.)? What about any specific data collection software/clouds (e.g., Qualtrics)**

Currently we do not have any standard software for meetings or doc sharing but we are open to learning about good options and using new methods for meeting and data sharing especially for helping with communication across 4 sites and an evaluation team. Same is true for data collection.

**12. Are the embedded evaluation specialists at each of the 4 sites full-time or part-time? What are their backgrounds/experience/job duties as described by the 4 different communities? Is this person someone with experience in program evaluation, quality improvement or research? Is this role folded into other clinical or administrative roles in the community/site? Where is this person housed within the community/site? What experience with program evaluation, data collection, and quality improvement do these 4 sites have?**

On page 6 of the RFP we specify that the local sites are to have a staff person responsible for working with the evaluation:

“Basic evaluation components in CMHI 2.0 RFP:

o Employ a local staff person responsible for engaging families in the evaluation, data collection, data quality and submission ”

This is a new element for CMHI 2.0 and the only expectation for this position is what we have communicated in the RFP. How this position looks and who is in the position may vary across the sites. Similarly, experience with evaluation and data collections may vary across the sites.

**13. Do the sites have electronic healthcare records where they track service delivery?**

Most potential sites will have electronic records system but there will also be variation in how they can be used to share data and accomplish the goals of the evaluation.

**14. Can the project be co-led by 2 people?  And, does the team leader need to be full-time?  For instance, what about a design like this: evaluation team is led by team leader (senior person) oversees the work of a project coordinator who coordinates the work of data analysists and SOC quality improvement specialists who work directly with site directors & the embedded evaluation specialists to ensure data systems and data summaries**

In general we are open to variety of structures for the evaluation team – however the work gets done well with the sites and with us.