

VALLEY HOSPITAL ASSOCIATION dba MAT-SU HEALTH FOUNDATION

REQUEST FOR PROPOSAL Mat-Su Community Action and Impact Initiative

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| 1. Date of Issue: | 12.15.11 |
| 2. Deadline to Submit Proposals | 1.31.12 @ 4:00 p.m. |
| 3. Award to Successful Firm | 2.29.12 |

The Mat-Su Health Foundation (MSHF) is requesting simple proposals from qualified firms interested in conducting a Mat-Su Community Action and Impact Initiative. Qualified, interested parties must submit a completed proposal, along with signed cover letter, electronically by 4:00 PM, Alaska Time, 1.31.12, to:

Mat-Su Health Foundation
Attn: Sharon Scott, Program Officer
950 E Bogard Rd., Suite 218
Wasilla, AK 99654
s.scott@msrhc.com

I. About Mat-Su Health Foundation

The Mat-Su Health Foundation is the official business name of Valley Hospital Association, Inc., which shares ownership in Mat-Su Regional Medical Center. In this capacity, the MSHF board members and representatives actively participate in the governance of Mat-Su's community hospital and protect the community's interest in this important healthcare asset through board oversight. The MSHF invests its share of Mat-Su Regional's profits into charitable works that improve the health and wellness of Alaskans living in Mat-Su.

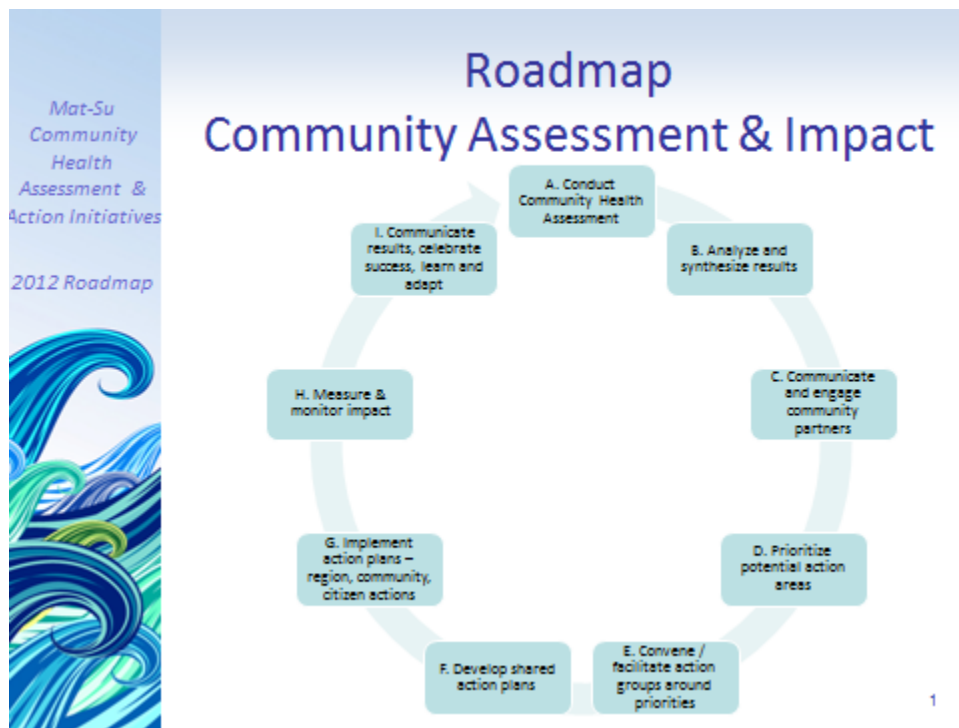
Vision: A community where all persons have the opportunity for a healthy life
Mission: To Improve the Health and Wellness of Alaskans Living in the Mat-Su
Values: Prevention, Access, Wellness, Fairness, Leadership, Collaboration

Definitions

- Health – Complete physical, mental and social well-being and not merely the absence of disease and infirmity
- Wellness – A healthy balance of the mind, body and spirit that results in an overall feeling of well-being
- Wellbeing – A good or satisfying condition of existence; a state characterized by health, happiness and prosperity (Quality of Life)

II. Scope of Work

The MSHF Board is committed to making a measurable difference in the health of Mat-Su residents. MSHF is seeking proposals from qualified professional partners to provide consulting services to initiate and sustain community actions in the region that will improve the health for Mat-Su residents. The Community Action Initiative will be informed by the Community Health Assessment project, which is scheduled to conclude in April 2012. The selected contractor will use the results of the assessment and work with local stakeholders to engage the community in reviewing, understanding, and using the findings through a coordinated Community Action Initiative. The Community Health Assessment and Action and Impact Initiative are expected to follow the Roadmap illustrated and outlined below. The Community Health Assessment, item A, is the subject and scope in a separate RFP and contract. This RFP for the Community Action and Impact Initiative will deliver steps B-I; these steps are detailed in the deliverables and specifications section below.



- A. Conduct Community Health Assessment
- B. Analyze and synthesize Community Health Assessment results
- C. Communicate and engage Mat-Su residents and community partners in the results
- D. Prioritize potential action areas
- E. Convene and facilitate action groups around selected priorities
- F. Develop shared action plans using proven strategies
- G. Implement action plans for regional, community and citizen based action and impact
- H. Measure and monitor impact; incorporate results as appropriate into IBIS and Mat-Su databases
- I. Communicate ongoing results, celebrate success, learn and adapt for continuous improvement

III. Deliverables and Specifications

A. Conduct Community Health Assessment:

- MSHF in partnership with local stakeholders and a selected contractor will conduct a Community Health Assessment using both primary and secondary data. The results of the assessment, including all final reports and databases are expected to be complete by April 30, 2012. The efforts associated with conducting the Community Health Assessment are not included in this Community Action Initiative RFP.

B. Analyze and synthesize Community Health Assessment (CHA) results:

- Review all reports, databases, and analysis provided by the CHA contractor.
- Examine data cross-tabs for key populations and communities as defined by Census Designated Places.
- Identify data outliers for further exploration and understanding via the community engagement process.
- Develop up to 16 community or sub-population level synthesis of CHA results based on the following audiences anticipated for the rollout:
 - Sunshine
 - Trapper Creek
 - Talkeetna
 - Willow
 - Meadowlakes
 - Big Lake/Houston
 - Knik/Fairview
 - Wasilla
 - Palmer
 - Sutton/Chickaloon
 - Butte
 - Knik Tribal Council
 - Chickaloon Tribal Council
 - Senior Citizens demographic
 - Up to 2 more targeted populations
- Review CHA results and community/population synthesis with Mat-Su Stakeholder Committee prior to public rollout.
- Utilize CHANGE assessment results that will be completed as part of the Community Health Assessment project (item A on Roadmap).
 - At a regional level, identify relative strengths, weaknesses, and areas of opportunity based on the results of the CHA and CHANGE tool. See: <http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>

C. Communicate and engage Mat-Su residents and community partners in the Community Health Assessment results:

- Share initial findings with Mat-Su Agency Partnership (MAP) and members of the Mat-Su Health & Social Services Board.
- Identify champions from each community/population listed above to host CHA rollout and participate in developing the targeted messages for each.

- With assistance from champions and based on preliminary community results:
 - Identify and capture the stories of what is/has been working in the area;
- Coordinate with Stakeholder Committee members, who will participate in each community/ population rollout.
- Target key audiences (identified by the Stakeholder Committee, e.g. Community Councils, School Board, Assembly, etc.) to engage and market appropriately to ensure their engagement.
- Convene rollout to review CHA results and engage community / population groups, helping each to identify priorities for potential action. Include design, facilitation and documentation of rollout process to inform regional prioritization.
- Report findings of rollout events to Stakeholder Committee as completed.

D. Prioritize potential action areas and action groups:

- Develop standard approach for assessing readiness for change to inform prioritization process at regional and sub-regional level.
- Prepare for region-wide meeting with Stakeholder Committee:
 - Confirm overall scope, schedule, participation, resources, stakeholder roles, and expected outcomes.
- Conduct region-wide meeting following the series of community rollouts to identify 3-5 priorities for community action and impact that will be advanced by a Community Action Group and supported by the contractor.
 - Incorporate the priorities and input from community / population rollouts.
 - Support marketing efforts to ensure broad participation in region-wide meeting.
 - Design, facilitate and document the results of the meeting for wider communication.
 - Ensure champions exist for shared actions, to include at least one member of the Stakeholder Committee.
- Identify remaining priorities not included in top 3-5 priorities; individuals interested in advancing these will be offered capacity building (not actual facilitation) by contractor.
- Communicate results of region-wide meeting including selected 3-5 priorities and plans for action groups.
 - Present to MAP (and other forums as needed) to convey priority goals and resulting action groups; promote participation by citizens and agencies.

E. Convene and facilitate action groups around selected priorities

- Facilitate up to three meetings for each of the 3-5 action groups (approximately 3 hours each). The three meetings should focus on the development of action plans, initial implementation efforts, and methods to monitor results and continuously improve as described in E, F, and G.
- In conjunction with local champions, initiate, educate and support action groups focused on selected priorities.
- Ensure appropriate diversity of members, from key parties/organizations and agencies to citizens, youth, seniors, etc.
- Facilitate up to two region-wide technical assistance/capacity building workshops for citizens interested in pursuing other actions/priorities not included in the top 3-5.

F. Development of shared action plans using proven strategies:

- Using a proven method for community action efforts and standardized tools across the groups, support each action group to develop approach to community action and impact.
- Action plans may focus on specific issues, borough-wide goals, community specific goals, and may also align with existing efforts.
- Plans must define measurable outcomes, targeted populations, context for data and rationale for the priority, potential barriers, resource needs, and major milestones for each action initiative.
- Develop an overarching strategic framework based on the 3-5 priorities and action plans.
 - Review with Stakeholder Committee.
 - Use as foundation for update to the 2006 Mat-Su Borough Health Plan.
 - Prepare for presentations to the Mat-Su Health & Social Services Board and Borough Assembly seeking resolution to support Community Action and Impact priorities and plans.

G. Implement action plans for regional, community and citizen based action and impact:

- Support ongoing efforts for action initiative groups, including facilitation, documentation, and coordination and coaching.
- Include local capacity building with action groups to promote sustainable citizen and system change over time without ongoing contractor support.

H. Measure and monitor impact; incorporate results as appropriate into IBIS and Mat-Su databases:

- Ensure each action group collects and uses data throughout their efforts that will provide feedback on the effectiveness of their strategy; may need to complement outcome indicators with proxy indicators relating to the theory of change being applied.
- Include the collection, sharing and celebration of results through both data and stories that will fuel ongoing action.
- Ensure results are captured within core information resources established through the Community Health Assessment project, specifically IBIS-PH managed by the Division of Public Health, and a Mat-Su specific database to be developed by 4.30.12 by the CHA vendor.

I. Communicate ongoing results, celebrate success, learn and adapt for continuous improvement:

- Review Community Action and Impact progress with the Stakeholder Committee via 1-2 additional meetings at appropriate intervals.
- Throughout the Community Action and Impact Initiative, ensure ongoing communications exist within and across work groups, across the region, with the MSHF and Stakeholder Committee, and related key parties.
 - Recommend and assist with implementation of effective virtual collaboration space using free or affordable tools for document sharing, virtual meetings, etc.
- Surface and communicate related 'by-products' from the citizen led initiatives that can potentially enhance other community improvement areas beyond health.

- Develop a final report that will aid in translating and transferring the goals, plan, initial results and ongoing action initiatives into the next iteration of the Mat-Su Health Plan, sponsored by the Mat-Su Borough.

The contractor is expected to keep MSHF staff and the local Stakeholder Committee actively involved in decisions, strategy and process through standardized reporting and meetings as needed throughout the project.

IV. Work Schedule

The contract term and work schedule set out herein represent Mat-Su Health Foundation’s best estimate of the schedule that will be followed. If a component of this schedule, such as the opening date, is delayed, the rest of the schedule will likely be shifted by the same number of days.

The length of the contract will be from the date of award, 1.30.12, for approximately 12 months through 1.30.13. The approximate contract schedule is as follows:

1) Issue RFP	12.15.11
2) Due date of proposals	1.31.12, 4 PM
3) Contract awarded by MSHF	2.29.12
4) Community Action Initiative Design developed	3.31.12
5) Community Health Assessment final reports received	4.30.12
6) Community level reports and rollout complete	6.15.12
7) Priority action areas agreed	7.15.12
8) Action groups launched and initial action plans drafted	8.30.12
9) Initial results reporting on action initiatives	11.30.12
10) Inclusion of results to IBIS-PH and Mat-Su database	12.31.12
11) Report of year one results	1.31.13

IV. Proposal Format & Content

MSHF seeks simplified, cost-effective proposals. However, in order for MSHF to evaluate proposals fairly and completely, offerors must follow the format set out in this RFP and provide all information requested.

Introduction

Proposals must include the complete name and address of offeror’s firm and the name, mailing address, and telephone number of the person MSHF should contact regarding the proposal. Proposals must confirm that the offeror will comply with all provisions in this RFP. Proposals must be signed by a company officer empowered to bind the company. An offeror’s failure to include these items in the proposals may cause the proposal to be determined non-responsive and the proposal may be rejected.

Methodology

Offeror must provide sufficient information and specific recommendations on the following:

- Overall processes to be used to design, develop, complete and document the Mat-Su Community Action Initiative. Process to include engagement with Mat-Su CHA Stakeholders, key community partners, agencies, citizens, and collaboration with State and local partners.
- Demonstrated understanding of the CHANGE assessment tool and resulting strategy development as provided by the Center for Disease Control and description of how this would be incorporated in the Mat-Su Community Action Initiative. .

<http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>

Experience and Qualifications

Offeror must provide the following:

- A narrative description of the organization
- Contractor information, including
 - Names and titles of key personnel
 - Résumés of key personnel
 - Itemized estimate of costs
 - List of similar Community Action Initiative efforts and outcomes
- Sample of relevant work products
- Reference names and phone numbers for similar projects the contractor has completed.

Cost Proposal

Cost proposals must include an itemized list of all direct and indirect costs associated with the performance of the contract, including, but not limited to total number of hours at various hourly rates, direct expenses and supplies.

It is not expected that cost proposals fully fund all efforts to advance each action group and their respective priority/impact area, as these will continue beyond the contract period. Costs should, however include facilitation, consultation, documentation and capacity building with each of the 3-5 action groups to ensure their success throughout the project period.

V. Evaluation Criteria

This evaluation will not be based on discrimination due to the race, religion, color, national origin, gender, age, marital status, pregnancy, parenthood, disability, or political affiliation of the offeror.

All proposals will be reviewed to determine if they are responsive. Proposals will be evaluated primarily upon professional qualifications and experience in regard to conducting a community health assessment as well as relative costs. Specific evaluative criteria include:

- Experience in conducting community health action initiatives
- Experience in using and gathering health data information relating to action initiatives
- Quality of sample community action initiative report
- Evidence of success in engaging community stakeholders and ensuring community participation that will drive citizen and system based change and improved population health
- Proficiency in timely, comprehensive oral and written communications to all parties involved in the project

- Experience using electronic systems to access and maintain regional health information
- Proposed budget for the project.

Qualifying experience and professional qualifications may be demonstrated by submission of a résumé or Curriculum Vita for professional staff accompanied by a comprehensive list of similar or relevant projects completed by your organization and at least one sample report.

VI. Additional Instructions

Location of Work

The work is to be performed, completed and managed at the contractor's site and at locations where the stakeholders convene. MSHF will not provide work space for the contractor. The contractor must provide its own work space. The contractor should include in its price proposal: transportation and per diem costs sufficient to pay for one person to make necessary trips to the Mat-Su-based stakeholder meetings.

Right of Rejection

Offerors must comply with all of the terms of the RFP, and all applicable local, state, and federal laws, codes, and regulations. MSHF may reject any proposal that does not comply with all of the material and substantial terms, conditions, and performance requirements of the RFP.

Offerors may not qualify the proposal nor restrict the rights of MSHF. If an offeror does, MSHF may find the proposal to be a non-responsive counter-offer and reject the proposal. Minor informalities that do not affect responsiveness and/or change the meaning/scope of the RFP may be waived by MSHF.

MSHF reserves the right to refrain from making an award if it determines that to be in its best interest.

MSHF Not Responsible for Preparation Costs

MSHF will not pay any cost associated with preparation, submittal or presentation of any proposal.

Disclosure of Proposal Contents

All proposals and other material submitted become the property of MSHF and may be returned only at MSHF's option. All proposal information will be held in confidence during the evaluation process and prior to the time a Notice of Intent to Award is issued. Trade secrets and other proprietary data contained in proposals may be held confidential if the offeror requests, in writing and that MSHF agrees, in writing, to do so. Material considered confidential by the offeror must be clearly identified, and the offeror must include a brief statement that sets out the reasons for confidentiality.

Offeror's Certification

By signature on the proposal, offerors certify that they comply with:

- (a) the laws of the State of Alaska;
- (b) the applicable portion of the Federal Civil Rights Act of 1964;
- (c) the Equal Opportunity Act and the regulations issued thereunder by the federal government;

- (d) the Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government:
- (e) all terms and conditions set out in this RFP and:
- (f) a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury: and
- (g) that the offers will remain open and valid for at least 30 days.

By signature on the proposal, offerors also certify that programs, services, and activities provided to the general public under the resulting contract conform to the Americans with Disabilities Act of 1990, and the regulations issued thereunder by the federal government.

If any offeror fails to comply with (a) through (g) of this paragraph, MSHF reserves the right to disregard the proposal, terminate the contract, or consider the contractor in default.

Conflict of Interest

Each proposal shall include a statement indicating whether or not the firm or any individuals working on the contract has a possible conflict of interest and, if so, the nature of that conflict. MSHF reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program to be developed by the offeror. MSHF's determination regarding any questions of conflict of interest shall be final.

Discussions with Offerors

MSHF may conduct discussions with offerors in order to determine if a proposal is reasonably susceptible for award. Such discussions between the offeror and MSHF staff are permitted to clarify uncertainties or eliminate confusion concerning the contents of a proposal and which do not result in a material or substantive change to the proposal.

MSHF may also conduct discussions with offerors for the purpose of ensuring full understanding of the requirements of the RFP and proposal. Discussions will be limited to specific sections of the RFP or proposal identified by MSHF. Discussions will only be held with offerors who have submitted a proposal deemed reasonably susceptible for award by MSHF. If modifications are made as a result of these discussions, they will be put in writing. Following discussions, MSHF may set a time for best and final proposal submissions from those offerors with whom discussions were held. Proposals may be reevaluated after receipt of best and final proposal submissions.

If an offeror does not submit a best and final proposal or a notice of withdrawal, the offeror's immediate previous proposal is considered the offeror's best and final proposal.

Offerors with a disability needing accommodation should contact MSHF prior to the date set for discussions so that reasonable accommodation can be made. Any oral modification of a proposal should be reduced to writing by the offeror.

Alaska Business License and Other Required Licenses

At the time the proposals are opened, all offerors must hold a valid Alaska business license and any necessary applicable professional licenses required by Alaska Statute. Offerors must submit evidence of

a valid Alaska business license with the proposal. An offeror's failure to submit this evidence with the proposal will cause their proposal to be determined non-responsive.

Proposed Payment Procedures

MSHF will make payments based on a negotiated payment schedule. Each billing may not exceed 40% of the contract amount and must consist of an invoice and progress report. No payment will be made until the progress report and invoice have been approved by the Executive Director. MSHF will retain 20% of the contract amount until the contract is successfully completed.