**Request for Proposals**

Contracted Services for development of the 2021-2022

Maine Shared Community Health Needs Assessment Process

|  |  |
| --- | --- |
| RFP Release Date | Monday, September 28, 2020 |
| Optional Bidder’s Call: | Monday, October 5, 2020  10:00 -11:00 a.m.  <https://zoom.us/j/95723218906>  Meeting ID: 957 2321 8906  One tap mobile  +16465588656,,95723218906# US (New York)  Send questions by 3:30 on Thursday, October 1, 2020 via email to: Jo Morrissey, MSCHNA Program Manager at: [info@mainechna.org](mailto:info@mainechna.org)  Notes from the call will be posted at [www.mainechna.org](http://www.mainechna.org). |
| Proposals Due | Friday, October 30, 2020, 4:30 p.m.  Email proposals to:  Jo Morrissey  MSCHNA Program Manager  [info@mainechna.org](mailto:info@mainechna.org)  This due date may be extended at the sole discretion of MaineHealth and the Maine Shared CHNA collaborative. The collaborative reserves the right in its sole discretion to reject any or all proposals. |
| Presentations from select bidders | November 30-December 11, 2020 |
| Contract Award | January 2021 |
| Project Period | January 2021-June 2022 |
| Major Project Milestones | Please see [Sections IV.B Work plans and timelines and Section VI Schedule/Timeline](#_Schedule/Timeline) for more detail. |
| Contract Amount | Target Budget: $40,375 |

Contact information:

Jo Morrissey

Maine Shared CHNA Program Manager

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[www.mainechna.org](http://www.mainechna.org)

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**Maine Shared Community Health Needs Assessment**

The Maine Shared Community Health Needs Assessment (CHNA) collaboration consists of a public/private partnership among the four largest health systems in Maine - Central Maine Healthcare (CMHC), MaineGeneral Health (MGH), MaineHealth (MH), Northern Light Health (NLH), and the Maine Center for Disease Control and Prevention (Maine CDC) which is part of the Maine Department of Health and Human Services.

Vision: The Maine Shared Community Health Needs Assessment is the tool used for health planning by all people and agencies across the state.

Mission: The Maine Shared Community Health Needs Assessment is a dynamic public-private partnership that turns data into action in order to:

* Create Shared Community Health Needs Assessment Reports
* Engage and activate communities, and
* Support data-driven health improvement plans and implementation strategies for Maine people

# Statement of Purpose

The Maine Shared CHNA has issued this RFP to identify vendor(s) to assist in conducting a statewide Community Health Needs Assessment. The goal of the Maine Shared CHNA is to conduct a coordinated statewide CHNA that can address community benefit reporting needs of hospitals; support state and local public health accreditation efforts; and provide valuable population health assessment data for a wide variety of organizations concerned with the health of Maine’s communities and citizens. This process is intended to provide up-to-date health status data at the state, county, urban, and sub-population level. This involves analyzing data from a number of existing sources, and using that data to collect feedback and insights from our neighbors on their prioritized health needs as well as their barriers and challenges to good health.

# Background Information

1. The Maine Shared CHNA has been conducting collaborative statewide needs assessments since 2007. This will be our fifth collaborative assessment.

### Members

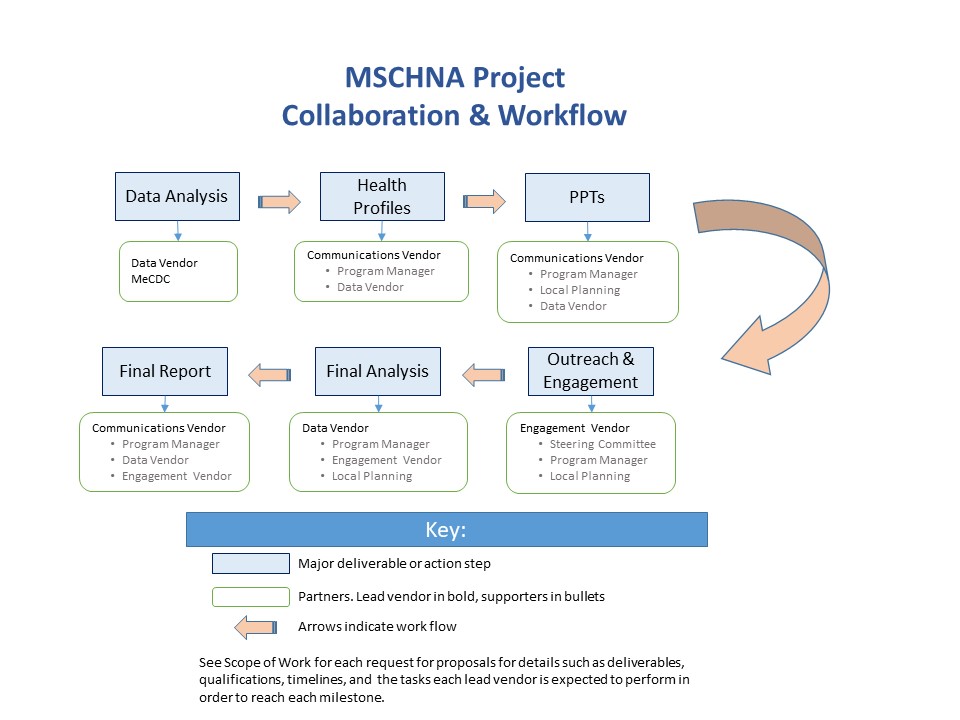
* 1. **Central Maine Healthcare (CMHC)** is an integrated healthcare delivery system serving 400,000 people living in central, western, and mid-coast Maine. CMHC’s hospital facilities include Central Maine Medical Center in Lewiston, Bridgton Hospital, and Rumford Hospital. CMHC also supports Central Maine Medical Group, a primary and specialty care practice organization with a presence in 17 Maine communities. Other system services include the Central Maine Heart and Vascular Institute, a regional trauma program, LifeFlight of Maine's southern Maine base, the Central Maine Comprehensive Cancer Center, and other high quality clinical services. To learn more, go to [www.cmmc.org](http://www.cmmc.org).
  2. **MaineGeneral Health** is an integrated, not-for-profit health care system that provides a wide range of services throughout central Maine’s Kennebec Valley. MaineGeneral opened a 192-bed, state-of-the-art hospital in Augusta — the Alfond Center for Health — in 2013. In 2014, MaineGeneral completed renovations to transform its Waterville Campus — the Thayer Center for Health — into the largest comprehensive outpatient center in the state. The health care system includes a regional cancer center; primary care and specialty physician practices; long term care facilities; rehabilitation; home health care and hospice services; specialized care for people with memory loss; and community outreach programs. MaineGeneral has earned recognition for achieving high levels of patient care and safety by the federal Centers for Medicare & Medicaid Services. To learn more, go to [www.mainegeneral.org](http://www.mainegeneral.org).
  3. **MaineHealth (MH)** MaineHealth is a not-for-profit integrated health system consisting of nine local hospital systems, a comprehensive behavioral healthcare network, diagnostic services, home health agencies, and more than 1,700 employed and independent physicians working together through an Accountable Care Organization. With close to 22,000 employees, MaineHealth is the largest health system in northern New England and provides preventive care, diagnosis and treatment to 1.1 million residents in Maine and New Hampshire. It includes Franklin Memorial Hospital/Franklin Community Health Network in Farmington, LincolnHealth in Damariscotta and Boothbay Harbor, Maine Behavioral Healthcare in South Portland, MaineHealth Care at Home in Saco, Maine Medical Center in Portland, Memorial Hospital in North Conway, N.H., Mid Coast-Parkview Health in Brunswick, NorDx in Scarborough, Pen Bay Medical Center and Waldo County Hospital in Rockport and Belfast, Southern Maine Health Care in Biddeford and Sanford, Spring Harbor Hospital in Westbrook and Stephens Memorial Hospital/Western Maine Health Care in Norway. MaineHealth Affiliates include Maine General Health in Augusta and Waterville, New England Rehabilitation Hospital in Portland and St. Mary's Regional Medical Center in Lewiston. It is also a significant stakeholder in the MaineHealth Accountable Care Organization in Portland. To learn more, go to [www.mainehealth.org](http://www.mainehealth.org).
  4. **Northern Light Health (NLH)** Northern Light Health is building a better approach to healthcare because they believe people deserve access to care that works for them. As an integrated health delivery system serving Maine, they are raising the bar with no-nonsense solutions that are leading the way to a healthier future for the state. The more than 12,000 team members—in their ten hospitals, primary and specialty care practices, long-term and home healthcare, and ground and air medical transport and emergency care—are committed to making healthcare work for patients, communities, and employees alike. Northern Light Health member hospitals include: Northern Light Eastern Maine Medical Center (EMMC), Northern Light Mercy, Northern Light Acadia, Northern Light AR Gould, Northern Light Inland, Northern Light Sebasticook Valley, Northern Light Mayo, Northern Light CA Dean, Northern Light Maine Coast and Northern Light Blue Hill. Northern Light Health’s clinical services also include Northern Light Home Care & Hospice, and Northern Light Beacon Health, a population health member and leader in data analytics—supporting care teams across Maine and their goal of helping patients live their healthiest lives. To learn more about Northern Light Health and their locations across Maine, visit [www.northernlighthealth.org](http://www.northernlighthealth.org).
  5. **Maine Center for Disease Control and Prevention (Maine CDC)** is an office of the Maine Department of Health and Human Services, whose mission is to preserve, promote, and protect the health of Maine people. Maine CDC is accredited by the Public Health Accreditation Board (PHAB). Maine CDC is responsible for participating in or conducting a State Health Assessment, which is fulfilled by the Maine Shared CHNA. Maine CDC is also responsible for collaborating with public health partners to create and implement a State Health Improvement Plan, which is informed by the Maine Shared CHNA. The Maine CDC is providing significant data analyses in-kind for this project, and work contracted for in this RFP will need to be coordinated with their work. To learn more, go to [www.maine.gov/dhhs/mecdc](http://www.maine.gov/dhhs/mecdc).

### Governance Structure

1. Representatives from the above five entities form the **Steering Committee**. The Steering Committee provides leadership and guides every aspect of the project. Additionally, this group oversees the work of the Maine Shared CHNA Program Manager. Two committees report to the Steering Committee: the Metrics and the Community Engagement Committees.
2. **The Metrics Committee** is charged with updating the common set of health indicators; developing the preliminary data analysis plan (to identify scope of work for Maine CDC and Maine Shared CHNA vendor); reviewing best practices and research to ensure that indicators on emerging health issues are identified as needed; making any recommendations for annual data-related activities and estimating projected costs associated with these recommendations. Members of the Metrics Committee share their expertise with the group to create and update a common set of population and community health related indicators for the Steering Committee to review and approve. Members of the Metrics Committee include representatives of the Steering Committee, public health system partners, Federally Qualified Health Centers, academia, non-profits and others with experience in epidemiology.
3. **The Community Engagement Committee** is charged with making recommendations for approval by the Steering Committee outlining a consistent and robust community engagement process. This process should outline a method of: disseminating the Maine Shared CHNA state and county-level data; identifying priorities among significant health issues; and identifying local, regional, or statewide assets and resources that may potentially address the significant health needs identified. The Community Engagement process concludes with final Community Health Needs Assessment reports for Maine’s 16 counties and the state as a whole. Members of the Community Engagement Subcommittee share their expertise with the group to create processes and deliverables for the Steering Committee to review and approve. Members of the Community Engagement committee include representatives of the Steering Committee, public health system partners, Federally Qualified Health Centers, academia, and Maine non-profits such as United Ways, Community Action Programs, and others with an interest in broad community representation and input.

### Collaborations

1. Implementing the Maine Shared CHNA involves multiple teams conducting specialized tasks. Many of these tasks require varying levels of collaboration between teams. This flow chart provides a broad view of the major work product or deliverable (shaded in blue). The green outlined boxes list the lead vendor (bold) and supporting teams (in bullets) that will work together to achieve those milestones. Local planning teams include members of the Community Engagement Committee.



# Scope of Work: Data Analysis

What follows is the scope of work and greater details on the expectations for work products and deliverables for the Data Analysis lead vendor. Please refer to the following SOW when writing your answers to the questions posed in Section IV.

**Objective**: To conduct data analyses in accordance to the Maine Shared CHNA data analysis plan in collaboration with the Maine CDC. To review analyses to assist in forming the foundation for community conversations on health priorities. The data analyses vendor will also conduct a final interpretation of both the qualitative findings analyzed by the Community Engagement vendor and the quantitative data analyzed by the vendor and by Maine CDC to more fully describe the community identified health priorities. The vendor will work closely with the Program Manager and the Maine CDC with input from appropriate community partners including the Metrics Committee, Community Engagement Committee, and local communities.

1. **Quantitative analyses**

* ~ 20 indicators analyzed at the following geographic levels:
  + State
  + 16 Counties
  + 3 metropolitan regions (Portland, Bangor, Lewiston/Auburn) for a subset of indicators
* All indicators analyzed for total population and sub-demographics where data is available. Sub-demographic characteristics include age, gender, race, ethnicity, and sexual orientation, and socio-economic factors such as educational attainment, income, health insurance status, and rural versus urban residence.
  + NOTE: The data analysis plan is subject to updates from data sources and availability of the data.
* Analysis to include trending (when data is available) and benchmarking (county to state & U.S., and state to U.S.).
* Data sources include Federal Communications Commission, MaineCare, Dartmouth Atlas, Map the Meal, Maine Departments of Education, Labor, Public Safety, and Transportation, National Survey on Drug Use and Health, and Maine Emergency Medical Services.
* Results delivered using standardized CSV file format templates following a prescribed naming convention. Currently using OneDrive as a collection portal.
* Upon the completion of data analyses, review the entire set of 210 indicators using prescribed criteria to identify key statistically significant health disparities by sub-population characteristics. This should include a list of common data that reflect key health issues and additional indicators that may show unique challenges by population. These lists will be developed in collaboration with the Metrics and Community Engagement Committee, and populations experiencing identified disparities. Due to the anticipation of small numbers at the county level, this analysis will be conducted using statewide data. See the [health disparities data briefs](https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/health-profiles.shtml) ([www.mainechna.org/health-profiles](http://www.mainechna.org/health-profiles)) for examples of this work from 2018. There are 6 sets of Health Equity Data Sheets produced in 2018 by age, insurance status, and by people who live in rural versus urban settings.
* Follow technical definitions from previous analysis wherever applicable.
* CSV file format, standard file naming convention, and technical definitions will be supplied.

See: Appendix A Data Analyses Plan for details

1. **Final Data Analyses**

* Review findings from both the quantitative and qualitative data analyses to more fully describe the up to 4 or 5 identified health priorities. There is one set of priorities for the state and one set for each of Maine’s 16 counties.

**Key Deliverables**

1. Phase I data analyses for ~20 health indicators
2. Phase II data analyses about 5-10 indicators for which updated data was unavailable during Phase I.
3. 20 to 25 sets of up to 25 data points to be visualized in community PPT presentations. These data are to be identified using predetermined goals and criteria such as scope, magnitude, prevalence, previously identified health priorities and health disparities. One set of data for each PPT presentation.
4. Six to nine subsets of indicators which highlight health disparities at the state level by race, ethnicity, sexual orientation, sex, education, income, health insurance status, rural/urban residence, and age.
5. Final analyses to connect quantitative data and qualitative findings to more fully describe the community identified health priorities on the top 4-5 identified health priority topics. (16 county analysis and 1 state analysis).

**Qualifications**:

* Experience conducting quantitative data analyses using SAS is preferred but not required.
* Experience conducting final analyses from quantitative and qualitative findings.
* Experience working in multi-disciplinary teams to conduct population level studies.

Timeline:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task** | **Deliverable** | **Est. Start Date** | **Est. Due Date** | **Span** |
| Phase I data analysis | Data analysis | January 18, 2021 | June 30, 2021 | 23 weeks |
| Draft PPT visualization list | PPT | July 5, 2021 | July 16, 2021 | 2 weeks |
| Final PPT visualization list | PPT | July 26, 2021 | July 30, 2021 | 1 week |
| Final analyzes | Data summaries | January 24, 2022 | February 25, 2022 | 5 weeks |
| Phase II data analysis | Data analysis | January 31, 2022 | July 1, 2022 | 22 weeks |

**NOTE: potential vendors may bid on more than one RFP. Subsequent RFPs for design and facilitation work expected to be released late fall, 2020.**

# Proposal Narrative & Scoring

Please respond to all questions and attach supporting documents as directed. If responding to more than one RFP, please submit separate proposals for each Scope of Work.

Points per section:

|  |  |
| --- | --- |
| Organizational Qualifications and Experience | 35 Points |
| Work Plans and Timelines | 25 Points |
| Budget | 35 Points |
| Completeness of Proposal | 5 Points |

1. Organizational Qualifications and Experience **(35 Points)**
2. **Cover Page:** 
   1. Please include as the first page of your proposal.
      1. Name of firm
      2. Primary contact person with email and phone
      3. Title of RFP to which the proposal is responding.
3. **Approach and Methods:** Describe in detail the general approach and specific methods your firm will use to deliver the Scope of Work described in this RFP. Specifically, describe:
   1. How you will capitalize on any resource and/or cost savings that can be achieved either through a collaborative approach and or by leveraging existing materials, methods, and design.
   2. The approach you will use to ensure collaboration with public and private health and health care stakeholders from different communities. Describe how your organization has successfully worked with other entities toward a common goal on collaborative projects.
   3. Any software, programs, or technical support you plan to use in the course of meeting the requirements of this project. Examples include, but are not limited to, project management tools, data analysis software, design software, or data exchange portals. Include a description of your firm’s experience in using these tools.
   4. The support, information, and any other resources you will need from the Steering Committee, Metrics Committee, Community Engagement Committee, the Maine CDC, any individual collaborators, other vendors or from the Maine Shared CHNA Program Manager in order to complete the work specified in this RFP.
4. **Key Staff:** Describe in detail the members of your team who you plan to assign to this project. Specifically:
   1. Please provide full contact information for your firm’s primary contact and the person responsible for project communication between your firm and the Maine Shared CHNA Program Manager. Please also specify lead staff member for the project if different from primary contact.
   2. For existing staff, provide a current job description, each person’s curriculum vitae, and your firm’s organizational chart in the Attachments.
   3. If staff members are to be hired for this project, please include a job description in the Attachments.
   4. If subcontractors will be used, provide a list that specifies the name, address, contact person, phone number and a brief description of the subcontractors’ organizational capacity and qualifications, as well as a brief description of the subcontractor’s scope of work that will be assigned to them.
   5. Please describe how each person assigned to this project, whether existing staff or that of any subcontractors meet the preferred qualifications listed in the Qualifications section in the Scope of Work.

All information provided will be kept confidential and limited to the Selection Committee.

1. **Work Examples:** Please provide examples from projects you or your firm have successfully completed that are similar to the Maine Shared CHNA project. Include in the Attachments.
2. **References:** Please provide contact names and phone numbers for three customer references for work you have done previously that is relevant to this effort. Include in the Attachments.
3. Work Plans and Timelines **(25 points)**
4. **Work Plan and Timeline**: Provide a realistic and detailed work plan for the deliverables you are proposing to complete. Display the work plan in a table format that ensures the final Maine Shared CHNA reports are completed by April 1, 2022. Column one should provide task to be completed, column two the week of the month to be completed, and column the person or position responsible for tasks. If subcontractors are to be used, include tasks delegated to them. Please refer to the following overall project timeline for details:

|  |  |
| --- | --- |
| 2021 (launch year) | |
| Jan-Feb | Vendors for 2021 CHNA process in place |
|  | Data analyses work group convenes |
|  | Local community engagement co-chairs meet |
|  | Create forum schedule to accommodate shared facilitator |
|  | Secure venue for forums in fall of 2021 (if need be) |
| Mar | Community Engagement Summit to review process |
| Apr | Begin posting all forum locations, dates, and times to website |
| June | Data analyses complete by 6/30 |
|  | Begin visualization selection for forum presentations & Health Equity Data Sheets |
| July | Data visualization selection process complete for all PPTs |
|  | Registration links posted to website |
| Aug | Data Profiles published; Table Facilitator training & technical assistance begins; PPTs final |
| Aug-Dec | Conduct all community engagement activities |
| 2022 Publishing year | |
| Jan-March | Final report writing and development |
| March-June | Data analysis update on selected indicators |

1. Budget **(35 points)**
2. **Budget:** Provide an understandable and clearly delineated cost proposal for each element as outlined in Section III Scope of Work. Include an estimate of hours for all Project Staff. In the notes section please describe key roles and responsibilities for each. Please provide a cost break down for all direct expenses as well as justification for indirect expenses in the notes section. All bidders are required to submit their budgets using the budget template provided. You may add lines as necessary, however please note grey highlighted cells with formulas. Points will be assigned based on your budgets’ completeness, clarity, and ability to meet the target budget as described on page 1 of the RFP. All bidders are responsible to ensure calculations are accurate. Please see Appendix B: Budget Template, found on the Maine Shared CHNA website at [www.mainechna.org](http://www.mainechna.org).
3. Completeness of Proposal **(5 points)**
4. **Proposals should include, in the following order:** 
   1. Cover page
   2. Table of Contents
   3. Narrative
   4. Work plan and Timeline
   5. Job Description or CV’s for all key staff (Attachment)
   6. Organizational chart (Attachment)
   7. Work examples (Attachment)
   8. References (Attachment)
   9. Budget
5. **Proposal length:** Should not exceed **16** pages. Proposals should be single-spaced with 1” margins using 12 point Times New Roman. The cover page, table of contents, budget and attachments are **not** included in the page limit.

# Award Process

1. Members of the Steering Committee will make up the Selection Committee. This committee will evaluate proposals based on qualifications, relevant experience, completeness of implementation work plans and timelines, as well as references. Using the point values indicated in Section IV, the Selection Committee will objectively evaluate and score each bidder’s proposal and will make a proposal for a select group for interviews and presentations.
2. Firms selected by the Steering Committee will be contacted by **Jo Morrissey, Program Manager by Monday, November 9th** to schedule their presentations and interviews. Please note these meetings are scheduled to be held between November 30 and December 11, 2020.
3. The presentations and interviews will be conducted by video conference. Following presentations, the Selection Committee, based on scoring from proposals, the quality, content, and clarity of presentations, findings from reference checks, and any acquired knowledge of vendor’s past performance, will make their final decision. All other factors being equal, preference will be given to vendors based or with offices in Maine.
4. The successful applicant will receive a letter of intent from Jo Morrissey, on behalf of the Maine Shared CHNA collaborative to enter into negotiation of contract during the month of **January, 2022**. Please see Appendix C: Sample Contract found on the Maine Shared CHNA website at [www.mainechna.org](http://www.mainechna.org).

This RFP does not commit the Maine Shared CHNA Steering Committee or any of its participants to award a contract, nor to pay any costs incurred in the preparation and submission of proposals in anticipation of a contract. The Steering Committee reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with any firm, and to cancel or change the RFP. The Steering Committee may act on this RFP in the exercise of its sole discretion.

# Schedule/Timeline

|  |  |
| --- | --- |
| **Major Project Milestones** | |
| Release of RFPs | Monday, September 28, 2020 |
| Optional Bidder’s Call | Monday, October 5, 2020 |
| Proposals Due | Friday, October 30, 2020, 4:30 p.m. |
| Firms Selected for Oral Presentations | Monday, November 9, 2020 |
| Presentations | November 30- December 11, 2020 |
| Winning bidder(s) selected to enter contract negotiations | Week of January 4, 2021 |
| Contracts awarded | January 2021 |
| Initial Data Analysis Complete | Wednesday, June 30, 2021 |
| Data Health Profiles published | August, 2021 |
| Community Outreach period | August-December 2021 |
| Final Reports | Friday, April 1, 2022 |

Please find the following appendices on the Maine Shared CHNA website: [www.mainechna.org](http://www.mainechna.org).

# Appendix A: Data Analysis Plan

This is an excel worksheet describing the full list of indicators to be included in the 2021 Maine Shared CHNA Data Health Profiles and via Tableau on our interactive data page.

Please note **Column F: MaineCDC or Vendor**. Contractors are asked to bid on analyzing only those indicators assigned to the Vendor.

# Appendix B: Budget Template

This is an excel worksheet for you to use in developing and communicating your budget. We are interested in seeing cost break downs by element as indicated. If you need to make adjustments to the budget format please explain your adjustments. You may add rows as needed. Please be sure that any changes you make to the template do not interfere with the formulas in the shaded cells.

# Appendix C: Sample Contract

The word document illustrates, in general terms, the contract the successful bidder will be asked to sign.