

# Request for Proposals (RFP):

Project Management and Subject Matter Expertise:
Needs Assessment Development, Evaluation and Data Analysis to
Support Nationally Coordinated, Training and Technical Assistance
Services for Federally Qualified Health Centers (FQHCs)

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RFP Released: July 31, 2020

Proposals Due: August 23, 2020

### Online Submission Portal:

https://nachc.co1.qualtrics.com/jfe/form/SV cBBDHSVWoXyZXtH

# **Points of Contact**

Training and Technical Assistance Department, NACHC - Phone: (301) 347-0400 Subject Matter Content Inquiries: KaRon Campbell (kcampbell@nachc.org)

Submission Process Inquiries: Latisha Harley (Iharley@nachc.org)

# **Organization Overview**

The National Association of Community Health Centers (NACHC) was founded in 1971 to "promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations."

#### NACHC:

- Serves as the leading national advocacy organization in support of community-based health centers and the expansion of health care access for the medically underserved and uninsured.
- Conducts research and analysis that informs both the public and private sectors about the work of health centers, their value to the American health care system, and the overall health of the nation's people and communities both in terms of costs and health care outcomes.
- Provides training and technical assistance to support and strengthen health center operations, clinical quality, leadership development, and governing Boards of Directors at health centers across the country.
- Develops partnerships with the public and private sectors to build stronger and healthier communities.

# **Purpose**

The NACHC Training and Technical Assistance (TTA) Program assists existing and potential health centers in addressing operational demands while sustaining their health care access mission, a community governance model, and a commitment to cultural and linguistic competence in healthcare delivery to underserved and vulnerable populations. Through a diverse cadre of subject matter experts and delivery venues, the NACHC TTA Program is highly utilized and well prepared to respond to emerging healthcare delivery issues. Specifically, NACHC maintains a professional cadre of experts to provide health center professionals with quality instruction, and technical assistance resources based on adult learning principles, advanced instructional design and an understanding and application of technology to enhance TTA delivery. The U.S. Health Resources and Services Administration (HRSA) provides resource support to NACHC to improve health center operational and clinical outcomes through the provision of coordinated, collaborative TTA.

# **Time Period**

Time period for services is September 7, 2020, through June 30, 2021.

# **Scope of Work**

NACHC will lead a national, comprehensive, and prospective assessment of health centers' operational training and technical assistance (TTA) needs by collaborating with 21 National Training and Technical Assistance partners (NTTAPs) and other TTA partners. The vendor will work closely with the NACHC Evaluation Manager to support the development of a web-based, largely quantitative needs assessment distributed to all Federally Qualified Health Centers (FQHC), funded, and Look-Alike entities. The selected vendor will work closely with NACHC staff to support the implementation of a web-based needs assessment.

In Spring 2020, NTTAPs participated in facilitated discussions, led by NACHC, to collect input on potential revisions to a previous version of the National Needs Assessment instrument utilized in 2017-18. The revisions align with existing requirements and reflect current, and emerging needs. The selected vendor will work with NACHC staff to incorporate structural edits, identify additional TTA gaps and edit the revised instrument. To identify these TTA gaps, the vendor will engage the 21 NTTAPs and other TTA partners to reflect new priorities and other stakeholder informed changes, piloting the draft instrument, fielding the web-based assessment, and conducting an analysis.

### <u>Deliverables – By October 30, 2020</u>

#### **Task 1**: Pilot Process

Activities include, but are not limited to:

- 1a. Development of a web-based instrument utilizing an online survey platform.
- **1b.** NACHC staff will identify pilot testers and work with the selected vendor to set up a process through which to complete the pilot. The consultant will then conduct the pilot process to test the assessment's content (e.g., for clarity, comprehensiveness).
- **1c.** Aggregate or analyze results and prepare a 1-3 page report of pilot results, with top level frequency findings attached as an appendix. Before this, the vendor will plan for data aggregation or analysis in consultation with NACHC. This report will include recommendations for any changes to the needs assessment instrument. In coordination with and under the approval of NACHC staff, the vendor will incorporate all relevant feedback into a revised instrument on paper and the online survey platform.
- **1d.** Pretest the web-based instrument and identify potential technological glitches or issues with the online platform that might lead to biased responses or other challenges.

# Task 2: Fielding and Communications Strategy

Building on the 56% response rate of the 2018 national needs assessment, the selected vendor will coordinate with NACHC and NTTAPs by developing a collective strategy, including a communications plan, for fielding the needs assessment to all health center organizations. The vendor will collaborate with NACHC, NTTAPs, and other TTA partners to field the needs assessment. Activities include, but are not limited to:

- 2a. Develop a communications strategy and action plan. Including, but not limited to:
  - **2a.1** Develop a documented fielding strategy to engage health center executive/leadership staff and front-line staff in ways that ensure a sufficient response rate to provide meaningful, actionable results.
  - **2a.2** Draft appropriate communications plan and products to target respondents (i.e., email message asking them to complete the assessment and why, etc.).

- **2a.3** Develop needs assessment promotional materials for all fielding partners (NTTAPs, PCAs, HCCNs, BPHC) to use to promote the assessment and support fielding at various stages (e.g., slide for inclusion at various NTTAP conferences or webinars, e-newsletter scripts, handouts at conferences and trainings, suggested social media posts, scripts for follow up reminder calls to non-respondents, etc.).
- **2b.** Develop both personalized and anonymous links of the web-based assessment to all health center executive/leadership staff and front-line staff. Disseminate personalized invitations to complete the needs assessment to health center executive leadership for whom NACHC has an email address.

*Note*: The vendor will commit to responding to questions and changes from NACHC within one week of receiving NACHC's feedback on all fielding materials.

#### Deliverables – By March 31, 2021

# Task 3: Analysis

NACHC is to receive all identifiable data. The selected vendor will have the use of the data to ensure validity and conduct analysis under a signed Data Use Agreement provided by NACHC.

- **3a.** Develop a written analytic plan for NACHC and NTTAP input, feedback, and review. The vendor will commit to responding to questions and changes from NACHC and NTTAPs and TTA partners within two weeks of submission.
- **3b.** Quantitative analysis of needs assessment results. The quantitative analyses should include:
  - Data validation checks to ensure accuracy
  - Data codebook for NACHC and TTA partners
  - Topline national findings (frequencies) that also indicate most pressing TTA needs
  - National findings by staff type (executive/leadership vs. other staff)
  - State level findings (topline findings/frequencies)
  - National analysis by key health center characteristics utilizing the Uniform Data System<sup>1</sup> (Eg., urban, rural, special & vulnerable populations, etc)
- **3c.** Thematic analysis of all open-ended qualitative data, which will also be incorporated into the final report.
- **3d.** 5-7 page draft version and final written report of needs assessment findings for public dissemination. The vendor will commit to responding to questions and changes from NACHC within two weeks of receiving NACHC's feedback on the draft version of the report.

<sup>&</sup>lt;sup>1</sup> The Uniform Data System (UDS) is a standardized reporting system that provides consistent data about health centers and look-alikes.

#### Deliverables – By June 15, 2021

- **3e.** Develop an internal document detailing how to implement a national needs assessment (essentially, documenting the process implemented throughout the project year) and highlighting remaining needs and strategies for NTTAPs and recommendations on how NTTAPs can apply the findings lessons learned throughout the project.
- **3f.** Up to 3 infographics of needs assessment findings based on NACHC requests for visual display of findings.
- **3g.** Up to 3 ad hoc analysis upon request by NACHC staff or as recommended by vendor or NTTAP partners
- **3h.** A minimum of (2) two webinar presentations of findings for stakeholders as determined by NACHC (e.g., BPHC, TTA partners).

### **Task 4**: Evaluation Services

The selected vendor will assist NACHC in developing a coordinated evaluation strategy to demonstrate the combined impact across all NTTAPs. Activities include, but are not limited to:

- **4a.** Recommend a strategy for implementing a "feedback loop" mechanism for continuously monitoring health center needs and the extent to which they are addressed (e.g., tracking common inquiries and extent to which they are fielded to different NTTAPs
- **4b.** Create a collaborative evaluation strategy across all NTTAPs with a consensus-driven definition of success to address health center TTA needs.
- **4c.** Provide technical assistance to guide NACHC's internal evaluation strategy to align with the coordinated evaluation strategy across NTTAPs and document the effectiveness of NACHC –delivered training.

## Task 5: General

Regularly communicate progress or problems with NACHC staff. This includes but is not limited to:

- **5a.** Meet with NACHC staff by phone or video conference at a minimum on a twice-monthly basis for 30-60 minutes with the NACHC project team to discuss the scope of work, issues, and related solutions to address issues.
- **5b.** Conduct ad-hoc meetings and email communication as necessary with the NACHC project team and stakeholders as appropriate and guided by the NACHC team.

**5c.** Work closely with NACHC staff to refine the scope of work and deliverables as needed as the project evolves.

# **Information Requested**

Proposals must be submitted using NACHC's web-based portal by **August 23, 2020, 11:59 pm PT (i.e., August 24, 2:59 am ET).** The system will notify you upon your successful submission into the portal. Incomplete proposals will not be considered. If NACHC selects your proposal, you will be notified on or around **September 8, 2020**.

Online Submission Portal: https://nachc.co1.gualtrics.com/jfe/form/SV cBBDHSVWoXyZXtH

Proposals must contain the below items, which are evaluated based on the specific criteria outlined in the Evaluation table below.

- Point of Contact Information
- Name / Description of Organization
- Education and Experience\*
- Project Narrative: Proposed Workplan
- Proposed Budget Rates and Budget Narrative
- Quality of Work Samples\*
- **Signed Statement** (see below)

#### **ATTESTATION**

By my signature below, I hereby certify that this Proposal reflects my best estimate of the organization's capability. The true and necessary costs for the project, and the information provided herein is accurate, complete and current as of the date of my signature below.

I agree that my electronic signature is the legal equivalent of my manual signature on this application. By typing my name below, I certify that the information provided in the application is true and accurate.

Print Name:	Title:	Organization:
Signature:	Date:	

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not

<sup>\*</sup> For qualified vendor(s) who have previously responded to NACHC's RFI, you may indicate in your response to this RFP if you prefer NACHC to utilize your previously submitted item(s), which are on file. These item(s) are marked with an asterisk.

necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

# **Evaluation Criteria**

Complete proposals will be evaluated using the criteria below.

Rating Factor	Application Selection Criteria	
Rating Factor	To earn full points in each domain, the applicant must demonstrate:	
Experience &	Resume(s)/CV(s) of expert(s) / staff clearly show tenure, professional experience,	
Education*	and/or education that reflects knowledge and ability in content expertise and	
	training. Submitted documents should reflect expertise and qualification.	20
	Page Limit for Resume(s) / CV(s): 2 pages per key expert / staff	
Project Narrative:	The applicant demonstrates a clear understanding of the project needs, and their	
Proposed Workplan	proposed workplan is clear, manageable, and achievable.	
	<ul> <li>Response to each Task listed in the "Scope of Work" section with a workplan</li> </ul>	
	listing deliverables for the activity and related experience.	40
	<ul> <li>Responsive to the "Information Requested" section of this RFP.</li> </ul>	
	Meets an overall page limit of 12 pages with 1.5 spacing and 10-12 font range.	
Proposed Budget	Reasonableness of proposed budget and budget narrative for project implementation,	30
Rates and Budget	inclusive of preparation and delivery. The budget narrative must include a budget for	
Narrative	each Task listed under Scope of Work.	
	Daily and Hourly Rates for all expert(s) and staff that may be engaged in work are reasonable. Rates should reflect the overall cost rate including fringe, overhead, and/or general & administrative expense (G&A) if required.  Hourly Rate should reflect the overall cost rate inclusive of any fringe, overhead, and/or general & administrative expense (G&A) if required.  Reasonableness" is assessed based on market or industry standards and in consideration of the not-for-profit status of health centers and NACHC.	
Quality of Work	Past client evaluations, reference letters, and/or testimonials demonstrate	
Samples*	quantitative and/or qualitative feedback from at least two audiences, clients, or	
	engagements within a year of RFP application date.	
	3 3	10
	Page Limit for past client evaluation(s), reference letter(s), and/or testimonial(s):	
	2 letters of reference	
Total		100

#### **Attachment I: NACHC Consultant Travel Policies and Procedures**

To help promote good stewardship and cost-efficiency, we have included the following NACHC travel principles. They provide helpful guidance for booking air travel, making hotel arrangements, and securing ground transportation. Each vendor must be a responsible steward for NACHC's resources.

Adherence to this policy is strictly required. NACHC cannot provide reimbursement for undocumented expenses.

- We will reimburse coach air travel as far in advance as possible to take advantage of low-cost fares. We will only reimburse the coach rate.
- Do your own research for transportation and travel options on the internet. This includes hotels and car rentals.
- When making hotel reservations, look at all rate rules and options and choose accordingly. If possible, take advantage of discounts offered as bundles with air and car rental options.
- Consider purchasing the travel insurance (generally less than \$25.00 per occurrence) offered by airlines and hotels to mitigate penalties for trip changes or cancellations. This could be especially valuable if you book further ahead and realize your plans may need to change.
- Limit the use of car services (limo/town cars) for local meetings.
- Limit the use of car services (limo/town cars) for transportation to and from the airport. Affordable and cost-effective resources include:
  - Taxis share taxis or Uber car share services with other staff members when possible
  - Shared airport shuttle services (e.g. Super Shuttle)
  - Hotel provided shuttles, where available
  - Public transportation
- Other reimbursable expenses include any business use of copying, messenger service, phone/ internet access, audio visual, supplies, shipping expenses, etc. as long as it is related to your scope of work and has been approved in advance.
- Meals incidental to business meetings must be preapproved include the participants and the business purpose and <u>must</u> include the itemized receipt. Under **no** circumstances is alcohol charge allowable.

# Reimbursement

No reimbursement for authorized expenses shall be made unless and until selected Vendor/Contractor provides NACHC with documentation of expenses as follows:

1. Include the original receipts for all travel expenses, including airline ticket receipts, taxi or shuttle receipts, hotel receipts, rental car or mileage (if using a personal car) receipts or

documentation, and other miscellaneous receipts. Private automobile mileage is reimbursed at the current IRS rate based on beginning and ending odometer readings. Reimbursement for tolls and parking require a receipt.

- 2. If reimbursed by NACHC for travel time, the following applies for each one-way trip:
  - a. Traveling within the same time zone the lesser of actual time or 4 hours;
  - b. Traveling within one to two time zones the lesser of actual or 6 hours;
  - c. Traveling within three or more time zones the lesser of actual or 8 hours.
- 3. Meals will be paid on a per diem basis:
  - a. If the trip begins before 12 noon, reimbursement is \$40/day.
  - b. If the trip begins after 12 noon, reimbursement is \$20 for that day.

Three hours prior to a flight or train departure is reasonable in determining your per diem amount.

4. Selected vendor/consultant must submit complete invoices for payment to NACHC within 30 days of service delivery.