



Request for Proposals (RFP)

Faculty and Advisors for Clinical Leadership Development Activities

RFP Released: Friday, November 10, 2023
Proposals Due: Monday, November 27, 2023

Points of Contact:

Subject Matter Content Inquiries: Katja Laepke (klaepke@nachc.com)

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

Organization Overview

The [National Association of Community Health Centers](#) (NACHC) is a national organization supporting federally qualified health centers and federally qualified health center look-alike organizations (also known as FQHCs or Community Health Centers) and expanding health care services for the medically underserved and uninsured. Founded in 1971 to promote efficient, high-quality, comprehensive health care that is accessible, culturally and linguistically competent, community-directed, and patient-centered for all, NACHC's mission and [strategic pillars](#) continue to guide our values and priorities as an organization representing a national health center movement.

Background

As a trusted resource, NACHC delivers training and technical assistance (TTA) to preserve, strengthen, and expand the health center movement by assisting existing and potential FQHCs in addressing clinical and operational demands. In addition, NACHC empowers health center professionals with strategies and best practices by maintaining a cadre of practitioners and subject matter experts who provide quality educational instruction and technical assistance utilizing adult learning principles, advanced instructional design, and the understanding and application of technology to advance learning and engagement.

Some of our vendor opportunities are supported by the U.S. Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) to improve existing and potential FQHCs operational and clinical outcomes through the provision of coordinated, collaborative TTA. NACHC seeks experienced and innovative professionals knowledgeable of Section 330 of the Public Health Service Act, as well as the leadership and operational implications of the BPHC Compliance Manual and Health Center Program Requirements.

The RFP Services Desired section indicates the funding source for RFPs.

RFP Services Desired

As part of NACHC's portfolio of services offered through its National Training and Technical Assistance Program (NTTAP) funded by HRSA, NACHC seeks qualified organizations and/or individuals to serve as health center clinical leadership faculty, advisors, and experts.

Through this RFP, NACHC seeks to develop a diverse and expansive list of faculty, advisors, and experts. Selected vendor(s) will work in close coordination with the NACHC staff lead/team to design, build, implement, maintain, and evaluate the components of NACHC's Clinical Leadership Pathways to Excellence Program Strategic Plan, including updating, developing, delivering, and continuously improving virtual, hybrid or in-person Clinical Leaders Symposia as part of NACHC's clinical leadership development activities provided by NACHC's Clinical Care and Quality (CCQ) Functional Area.

CCQ provides comprehensive professional development for health center Clinical Leaders, defined as providers who also carry out administrative/leadership duties, with an emphasis on Clinical Leaders within the first five years in the position to advance clinical, operational, and organizational excellence at health centers.

The vision of CCQ's Health Center Clinical Leadership Pathways to Excellence Program is that CCQ will be a valued go-to resource with strong brand recognition for professional development offerings specifically for health center Clinical Leaders.

The goals of the Program are to 1) assist health center Clinical Leaders in identifying, addressing, and bridging professional skill gaps, 2) provide fundamental core trainings to health center clinical leaders and additional development opportunities for health center Clinical Leaders desiring them, and 3) provide a formal Coaching and Mentoring Program for health center Clinical Leaders.

Selected vendor(s) must have a thorough understanding of Section 330 of the Public Health Service Act, be knowledgeable of the application and implications for the health center workforce and be experienced in the provision of trainings or technical assistance in clinical leadership development activities incorporating adult learning principles.

Time Period

Time period for services is January 1 through June 30, 2024. Vendor(s) may be retained for a multi-year period of service through (June 30, 2026), based upon successful performance during the period of initial service (contract year ending June 30, 2024) and on-going availability of funds.

Funding & Budget Information

Funding: Health Resources Service Administration (HRSA)

Vendor(s) must provide a comprehensive budget based on the ideal methodology and process used to meet the desired services, scope of work, and deliverables. All costs must be itemized into the appropriate budget categories (i.e., direct cost, indirect cost, materials, travel, etc.) and directly relate to the project activities described in the RFP. Budget negotiations may occur.

Scope of Work and Deliverables

Organizations or individuals submitting responses to this RFP may apply for single or multiple goal areas described below.

Scope of Work

Goal Area 1: Assist health center Clinical Leaders in identifying, addressing, and bridging professional skill gaps.

Objective 1 and Tasks:

1. Ensure accuracy and currency of the Health Center Clinical Leaders Core Competencies.
 - a. Tasks:
 - i. Regularly review the Core Competencies for ongoing consistency with [NACHC's Value Transformation Framework \(VTF\)](#) and its Domains and Change Areas. Update and/or modify as needed.
 - ii. Regularly convene, facilitate, and gather input from a National Advisory Panel of Health Center Clinical Leaders.

Objective 2 and Tasks:

2. Review, enhance, and fully utilize the online (RegLantern) Health Center Clinical Leaders Self-Assessment.
 - a. Tasks:
 - i. Ensure that Core Competencies are modified in the Self-Assessment as needed.
 - ii. Regularly determine aggregate skill gaps, by both universe of users and specific training cohorts, and actively use results to make learning resource development decisions.
 - iii. Continually ensure usability and user-friendliness of the Self-Assessment.

Objective 3 and Tasks:

3. Expand learning resources that enable health center Clinical Leaders to address skill gaps identified through the Self-Assessment.
 - a. Tasks:
 - i. Review and update/expand resources for health center Clinical Leaders in the NACHC Learning Hub (Docebo) [and HRSA Health Center Resources Clearinghouse](#).
 - ii. Add to the Learning Hub appropriate resources from other professional disciplines, via resource crosswalks, including the resources from [NACHC's Quality Center](#).
 - iii. Leverage and promote internal CCQ and NACHC resources, including development of additional Case Studies.
 - iv. Develop additional learning resources through at least one official external partnership.
 - v. Develop additional partnerships.

- vi. Regularly convene, facilitate, and gather input from a National Advisory Panel of Health Center Clinical Leaders.

Goal Area 2: Provide fundamental core trainings to health center clinical leaders and additional development opportunities for health center Clinical Leaders desiring them.

Objective 1 and Tasks:

1. Develop/present a formalized series of in-depth sequential trainings, to be known as the Health Center Clinical Leaders Symposia (CLS) series, targeted at specific Clinical Leader experience groups.
 - a. Tasks:
 - i. Finalize overall CLS Series Plan to include modules as follows:
 1. CLS 1 (currently the [Training for New Clinical Directors](#) (TNCD)): 1 ½ to 2 days / 3-4 times per year / for: Health center Clinical Leaders with 0-2 years in role
 2. CLS 2: 4 days / 2-3 times per year / for: Health center Clinical Leaders with 1-3 years in role
 3. CLS 3: 4 days / 1-2 times per year / for: Health center Clinical Leaders with 2-5 years in role
 - ii. Review and modify as needed the current TNCD curriculum for accuracy, currency, and to accommodate decisions about virtual, in-person, or hybrid presentation.
 - iii. Present CLS 1s.
 - iv. Develop and Present CLS 2 and 3.

Content Areas for CLS 1, 2, and 3:

CLS 1:

1. History of health centers and affiliated institutions
2. Understanding the health center model
3. Role of the Clinical Director- Introduction
4. Health Center oversight, regulation, and accreditation
5. Financial Management- Introduction
6. Quality and Risk Management- Introduction

CLS 2:

1. Role of the Clinical Director- Intermediate
2. Financial Management- Intermediate
3. Clinical Scheduling and productivity
4. Retention and recruitment
5. Impactful leadership
6. Emotional intelligence and motivation
7. Team building
8. Clinical operations and personnel management- Intermediate
9. Government role in health centers

CLS 3:

1. Clinical leadership challenges
2. Provider compensation
3. Financial management- Advanced
4. Assessing community health center performance
5. Negotiation and conflict resolution
6. Managing change
7. Leadership styles
8. Clinical operations and personnel management- Advanced
9. Practice transformation and payment reform

Objective 2 and Tasks:

2. Develop/present shorter trainings/events/microlearning's for Clinical Leaders.
 - a. Tasks:
 - i. Develop/present synchronously up to three one-hour Office Hours/webinars on topics addressing identified high-priority skill gaps based in the Core Competencies.
 - ii. Develop/narrate self-paced modules and microlearning's to be offered asynchronously (with the possibility of multi-session content) on topics addressing identified aggregate skill gaps based in the Core Competencies.

Objective 3 and Tasks:

3. Develop/moderate supporting peer networking communications and opportunities.
 - a. Tasks:
 - i. Develop/moderate an active health center Clinical Leaders Peer Networking Group.
 - ii. Develop/moderate Podcast.
 - iii. Draft blogs and spotlights.

Goal Area 3: Provide a formal Coaching and Mentoring Program for health center Clinical Leaders.

Objective 1 and Tasks:

1. Offer two formal 4-months Health Center Clinical Leaders Coaching Programs for health center Clinical Leaders with 1-5 years' position experience.
 - a. Task: Develop/implement a detailed end-to-end template for the Coaching Program, to be applied for two Cohorts each grant year, including recruitment of Coaches and Coaches, matching pairings, provision of resources and support through regular check-ins, and evaluations.

Objective 2 and Tasks:

2. Research the potential for a new Health Center Clinical Leaders Mentoring Program, to be offered once each grant year to health center Clinical Leaders with five or more.

- a. Task: Curate appropriate resources and develop Mentorship Program.

Information Requested

Proposals must be submitted using NACHC's web-based portal by Friday, November 27, 2023. Incomplete proposals will not be considered. NACHC will notify all applicants on or around Friday, December 15, 2023.

Online Submission Portal:

https://nachc.co1.qualtrics.com/jfe/form/SV_er4jDt6PGNMo3Wu

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

- Point of Contact Information
- Name / Description of Organization
- Capability Statement
- Resume(s)
- Evidence of Work & References
- Project Workplan
- Proposed Budget
- Signed Statement (see below)

Upon submission of a complete application, NACHC's review team will evaluate the applicant's qualifications in response to this RFP. Determining "qualified" enables a vendor(s) to engage in procurement opportunities.

ATTESTATION

By my electronic signature, I certify that this Proposal reflects my best estimate of the organization's capability and 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.

All parts of these projects are 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 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

Rating Domain	Application Selection Criteria To earn full points in each domain, the applicant must demonstrate:	Points
Evidence of Work & References	<p>Evidence of work must align with the project described in this RFP and demonstrate the ability to deliver technical skills as a subject matter expert (SME) within the specified content area. In addition, an understanding of adult learning needs and content knowledge should be evident where appropriate.</p> <p>Evidence of work must include the following:</p> <p>Work samples required in this RFP include:</p> <ul style="list-style-type: none"> • Sample presentation(s), supplementary training product(s), and/or publications developed and delivered by vendor and/or key expert demonstrating an understanding of the specific SME area, as described in this RFP. Page Limit: 20 pages <p>References required in this RFP include the following:</p> <ul style="list-style-type: none"> • Past client evaluations, reference letters, and/or testimonials demonstrating quantitative and/or qualitative feedback from at least two audiences, clients, or engagements occurring within the past two years of the RFP application date. Page Limit: 10 pages 	25
Capability Statement	<p>Provide a brief document highlighting your company's ability to deliver technical skills and/or subject matter expertise. Please ensure that Statement addresses your ability to work with others and collaborate.</p> <p>Page Limit for Capability Statement: 2 pages</p>	15
Proposed Budget	<p>The budget proposal must summarize the estimated costs for the project as described in this RFP. In addition, the budget proposal must include the following categories as needed: direct cost, indirect cost, equipment and materials, travel, and other expenses.</p> <p>Further, direct costs must include the daily and hourly rates for all expert(s) and staff engaged in work. Rates should reflect the overall cost rate, including any fringe, overhead, and/or general & administrative expense (G&A) if required.</p>	20
Project Workplan	<p>The workplan must provide a schedule of activities that describes how the vendor will achieve the scope of work and deliverables outlined in this RFP. The workplan should include activities, outputs, measurable results/outcomes, and a timeline.</p> <p>The project timeline must visually represent the chronology of works for the Scope of Work and Deliverables, placing the key points of the project (milestones) on a timescale.</p>	25
Resume(s)	<p>Resume(s)/CV(s) of expert(s)/staff clearly show tenure, professional experience, and/or education that reflects knowledge and ability in content expertise and training.</p> <ul style="list-style-type: none"> • Page Limit for Resume(s)/CV(s): 2 pages per key expert/staff 	15

Total	100
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Scoring Matrix

- a. Review team members will assign scores on a scale of zero (0) to five (5) where the end and midpoints are defined as follows:

Score	Description	Discussion
0	No Value	The Response does not address any component of the requirement, or no information was provided.
1-2	Below Average	The Response only minimally addresses the requirement and the Bidders ability to comply with the requirement or simply has restated the requirement.
3	Average	The Response shows an acceptable understanding or experience with the requirement. Sufficient detail to be considered "as meeting minimum requirements".
4-5	Above Average	The Response is thorough and complete and demonstrates firm understanding of concepts and requirements.

- b. A score of zero (0) on any scored requirement may cause the entire application to be eliminated from further consideration.
- c. Application scores will be calculated by multiplying the average (mean) score assigned by the review committee members by the weight assigned to each scored element: Average Score x Weight = Points Awarded