

Delta Region Community Health Systems Development Program Evaluation

Request for Proposals

January 9, 2020

Contact

Shannon Jorgenson, Contract Specialist

sjorgenson@ruralcenter.org

Responses Due: January 31, 2020, 4:00 p.m. CST



NATIONAL
RURAL HEALTH
RESOURCE CENTER

525 South Lake Avenue, Suite 320 | Duluth, Minnesota 55802

(218) 727-9390 | info@ruralcenter.org

Get to know us better: www.ruralcenter.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U65RH31261, Delta Region Health Systems Development, \$8,000,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

PURPOSE

The National Rural Health Resource Center (The Center) seeks a sub-contractor to perform Program Evaluation services for the Delta Region Community Health Systems Development Program (DRCHSD).

BACKGROUND

The Center is a nonprofit organization dedicated to sustaining and improving health care in rural communities. The Center provides technical assistance, information, tools and resources for the improvement of rural health care. It serves as a national rural health knowledge center and strives to build state and local capacity. The Center operates at a \$9.5 million annual budget.

Through the [Delta Region Community Health Systems Development \(DRCHSD\) Program](#), The Center, along with the [Delta Regional Authority \(DRA\)](#), and the Health Resources Services Administration's [Federal Office of Rural Health Policy \(FORHP\)](#) have partnered to support selected hospitals, clinics and communities with an opportunity to receive technical assistance (TA).

The DRCHSD program supports selected hospitals and clinics with in-depth and long-term TA. TA is provided through a multipronged approach that is delivered up to three years. The approach consists of stepwise processes that allow each hospital and community to tailor the community health plan to fit their needs, as well as to help them to meet the following eight goals:

1. Improve financial position and increase operational efficiencies
2. Implement quality improvements that support an evidenced-based culture for improved health outcomes
3. Address workforce recruitment and retention needs
4. Increase use of telemedicine to fill service gaps and access to care
5. Ensure access to and availability of Emergency Medical Services
6. Integrate social services to address socio-economic challenges
7. Enhance coordination of care and develop a community care coordination plan

8. Strengthen the local health care delivery system to position for population health

SCOPE OF WORK

The Center will engage an external contractor to assess the impact of DRCHSD Program interventions on the 22 selected communities and participating hospitals/organizations in the Delta Region. The contractor will to conduct an objective and impartial evaluation of the program activities with Cohorts 2017, 2018 and 2019. In collaboration with The Center, the contractor will outline the external evaluation objectives to target specific questions regarding program effectiveness and define the external evaluation methods. The contractor will assess the impact of individually selected communities and then aggregate the information to determine the overall impact of the program. The contractor will submit a final report discussing findings and results, common and emerging trends, and recommendations by October 30, 2020.

The evaluation examines outcomes across the selected communities and Cohorts to identify rural relevant 'models that work' and 'success factors' that could be replicated in rural communities to support leaders and providers in preparing for population health. The purpose is to assess the effectiveness of provision of services to selected communities in achieving the program purpose of developing a local system of care. The objective is to analyze the impact of interventions provided through TA services supporting all eight program goal areas on the Delta Region. The results of each community are then aggregated and examined to determine the overall impact on the Delta Region.

The design should evaluate the short and long-term effects of the provision of services to analyze the effectiveness of the phased-in approach. Each Cohort represents a year in the program's three-year workplan: Cohort 2019 has initiated their first year in the program, September 2019, to start program planning and development; Cohort 2018 is in the second year and is focusing on implementation of recommendations; and Cohort 2017 represents 3 years of TA services, which concentrates on sustainability. Since each selected community is assisted, tracked and surveyed over a three-year period, a longitudinal framework is encouraged to identify patterns, and thus, possible cause-and-effect relationships. Because multiple

forms of data are collected by The Center (financial/operational, quality, employee satisfaction, community health status, EMS, telehealth) based on the phased-in approach, a cross-section study method may assess the differences among selected versus non-selected Delta communities. A comparative analysis evaluating health outcomes and other identified trends between selected communities versus non-selected neighboring populations is required. Hospital/clinic cohort outcomes should be reviewed against a non-participating hospital peer group. Other variables impacting the provision of services on the Delta Region may be considered such as state and hospital participation level in alternative payment models and State Medicaid expansion. Consideration may be given based on the state's capabilities and available resources impacting program areas to such as telehealth, social services, EMS and workforce.

PROPOSAL SUBMISSION REQUIREMENTS

Proposals are due **January 31, 2020, 4:00 p.m. CST.**

Please provide the following:

Proposal Format and Content

Proposers should address the content and sections presented below in a narrative format. Information should be as concise and direct as possible. Any supporting documentation submitted in conjunction with the proposal should be directly related to one or more of the content sections.

- Submit one electronic copy of the proposal
- Limit the proposal to 10 pages or less (not including attachments)
- For ease of reading, use 1.15 spacing, 1 inch margins and 11 point font size.
- Must contain a cover letter, experience and qualifications, the approach and fee structures.
- The cover letter should include:
 - Name – Legal name of the company or individual
 - Address – Provide your agency or organization's main office address
 - Email address – of agency/individual submitting RFP
 - Contact – provide name, phone number and email of who will serve as contact for this proposal

- A statement that the proposal remains valid for at least 90 days
- Describe the organization's liquidity management plan, or how liquid assets are managed to meet cash needs for expenditures during the contract period
- A declaration of any conflict of interest and if so, the nature of the conflict. Attest that the organization or employees of the organizations does not have a financial interest in The Center or any of the facilities supported in the DRCHSD program. If a financial or potential financial conflict exists, disclose to The Center the details.
 - A financial interest can be directly or indirectly, through business, investment, or family:
 - An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
 - A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
 - A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.
 - A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board, committee or Federal Office of Rural Health decides that a conflict of interest exists.
- The complete contact information for the person responsible for submitting the proposal
- The signature of a company officer or individual who can bind the proposer to the provisions of the RFP and any agreements awarded pursuant to it

Experience and Qualifications

- A brief descriptive statement indicating the proposer's credentials to be delivered under this RFP

- A brief description of the proposer's background and organizational history Description of previous experience in scope of work, with emphasis on Delta Region, rural organizations (hospitals and clinics), and the needs of rural communities
- Number of years in business as consultant
- Location of organization headquarters, note if it is in a [DRA county](#)
- A listing of key personnel who will be assigned to this contract if awarded, including resumes
- Three references from clients for whom you have performed similar work: including contact name, company name, address, telephone number and email address
- A brief description of the proposer's plan for working with The Center to ensure maximum implementation of The Center's goals and objectives
- Attest that organization and employees that will work on this project are not debarred, suspended, or proposed for debarment by the Federal government and consents to a search of the Excluded Parties List System (FAR 9.404) to verify the contractors written acknowledgement that the contractor, or its principals, is not debarred, suspended, or proposed for debarment by the Federal Government (FAR 52.209-6).

Approach and Cost

The proposer will describe plans and the approach for accomplishing the evaluation. It should outline the steps for services to be provided, including a narrative entitled "Approach" that clearly illustrates how the proposer will complete the scope and services indicated in the RFP and include a budgetary estimate to implement the approach.

"Cost" should include:

- Estimate of cost to complete, separate based on the outlined scope of work. For example, equipment, personnel for training, implementation support, travel expense, etc.
 - Break cost down by site and provide an hourly rate for follow up coaching and or support
- Expected timeline with milestones to complete work by October 30, 2020

Questions regarding this RFP may be directed to Shannon Jorgenson by email to sjorgenson@ruralcenter.org. Responses to Request for Proposal are due by 4:00 CST on January 31, 2020.

DRA Region, Small Businesses, Service Disabled Veteran Owned, or Women-Owned Small Business concerns are encouraged to respond.

Submit proposals to Shannon Jorgenson at sjorgenson@ruralcenter.org.