

**REQUEST FOR QUALIFICATIONS
EAGLE COUNTY COMMUNITY HEALTH CENTER PLAN (CHCP)**

**SUBMITTAL DUE:
FRIDAY, JUNE 17TH, 5:00 P.M.**

**EAGLE COUNTY COMMUNITY HEALTH CENTER PLAN
ATTN: PLANNING, POLICY, & PARTNERSHIP COORDINATOR
500 BROADWAY
PO BOX 660
EAGLE, CO 81631**

**PHONE: 970-328-8835
EMAIL: sarah.ingersoll@eaglecounty.us**

Submittal Instructions:

Submittal instructions are set forth in more detail in the Request for Qualifications ("RFQ")

RFQs are due in the email box listed below, for time and date recording and verification on or before 5:00 p.m. Friday, June 17th, 2011.

Please use the Delivery Receipt option to verify receipt of your email.

E-Mail: sarah.ingersoll@eaglecounty.us; Include the subject title: "Community Health Center Plan - RFQ"

REQUEST FOR QUALIFICATIONS

I. Project Objective

Eagle County is soliciting a Statement of Qualifications from consultant agencies to aid Eagle County in the development a comprehensive community health center as set forth under section 330 of the Public Health Service (PHS) Act. The objective of the request is to select a highly-qualified consultant to provide guidance and shape strategic direction in order to achieve goals, objectives, and tasks as outlined in Section II – Key Deliverables and Exhibit A, “Project Work Plan” below.

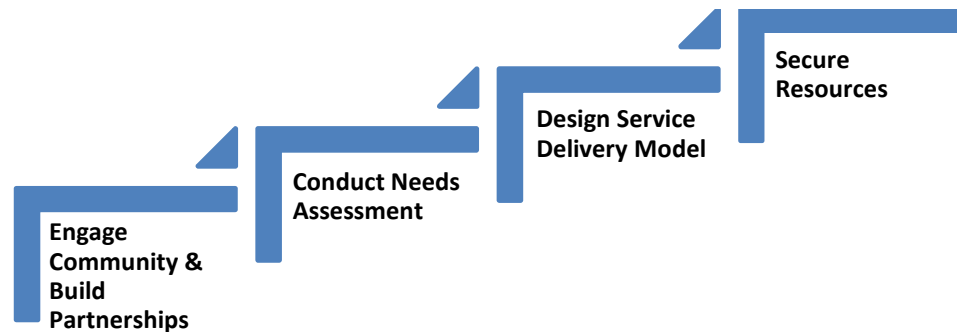
Eagle County Health and Human Services Department (HHS) is requesting proposals from consultant agencies to provide the following services:

- Facilitate meetings to engage community and build partnerships.
- Conduct a Needs Assessment.
- Draft a Health Center Service Delivery Model.
- Assist Eagle County HHS to identify and secure resources.

II. Key Deliverables

Eagle County has a unique opportunity to make a major impact on access to care. Community partnerships are at the core of Eagle County’s strategy. Resources, passion, investment, state and local leadership, and community resources are aligned in a powerful way making this an ideal opportunity for Eagle County to tackle a comprehensive service delivery model for an effective and sustainable Federally Qualified Health Center (FQHC).

Eagle County will execute the following process with technical assistance from the selected consultant agency, community partners, state and funders.



Below outlines the detailed tasks and methodologies for the Eagle County Community Health Center Plan (CHCP). Goals and objectives for the CHCP are also outlined in Exhibit A, “Project Work Plan.” Respondents are free to suggest other/additional roles as appropriate.

Task I - Engage Community and Build Partnerships

- i. Develop a prestigious and diverse list of individuals and entities that will be invited to participate in elements of the community needs assessment and development of the service delivery model. Seek to engage members from: government, industry, citizen and community groups, academia, and others.
- ii. Establish and facilitate the Community Management Team (CMT).
- iii. Ensure collaborative process.
- iv. Utilize CMT to implement Community Health Center Plan (CHCP) goals and objectives.
- v. Conduct a Partnership Analysis.
- vi. Conduct an Environmental scan.
- vii. Host a series of facilitated sessions/town hall meetings, deploy surveys and key informant interviews to compile existing activities in related focus areas; identify key gaps; verify the needs of community and partners moving forward; and build momentum and synergy among the community.

Methodology: The Community Management Team (CMT) will be established to build upon existing services to optimize health care outcomes for the community. Collaborative partnerships will be utilized to provide strategic guidance and oversight to meet the region’s needs, especially related to policy, funding, initiatives, and emergent needs, in support of the goals and objectives of the CHCP. The membership

represents a cross-section of state and community professionals with broad-based expertise and skills that will be invaluable to the CHCP project. The CMT will meet monthly. The HHS Executive Director will be responsible for reports on project status and progress at every meeting. A team charter will be adopted and a chair for the team will be elected within the first quarter of the project. Review present efforts locally, regionally and nationally. Conduct a series of interviews with relevant researchers, programs, and initiatives to ensure we understand the potential opportunities and challenges with specific partnerships, community needs and services. Consensus building and polling technology will be utilized.

Task II- Conduct Needs Assessment

- i. Review existing data obtained in fall of 2010 for the submission of the approved Medically Underserved Population (MUP) application.
- ii. Identify additional assessment data to be reviewed and/or compiled: health indices, economic factors, demographic factors, existing health services, gaps and barriers to services, limitations on existing systems, capacity and shortfalls, and sustainability.
- iii. Present and discuss analyzed data to the Community Management Team (CMT) and community to demonstrate the community health care needs, current health care capacity, existing primary health care services (including mental health/substance abuse and oral health), gaps in services and/or provider shortages, and the role and location of any other providers currently serving the target population.

Methodology: The needs assessment will provide the foundation for developing an FQHC in Eagle County. The CMT and consultant agency will complete a comprehensive needs assessment that will build on existing reports and focus on the specific data and other requirements for the New Access Point (NAP) application. The data collected and compiled should be adequate and appropriate to complete the Needs for Assistance (NFA) Worksheet (part of the NAP application). Data sources include: U.S. Census, Colorado Department of Public Health and Environment, Uniform Data System Mapper, and industry and commercial sources. Quantitative and qualitative data will be collect

throughout the process to shape the service delivery model and ensure continuous quality improvement.

Task III- Design Service Delivery Model

- i. Review existing model delivered by Mountain Family Health Center (MFHC) in Glenwood Springs, CO.
- ii. Explore Federally Qualified Health Centers, satellite and look alike models.
- iii. Consider implications of the Patient Accountability and Affordable Care Act.
- iv. Draft service model that addresses the following:
 - Proposed service delivery model(s) and sites (e.g., stand-alone site, school setting, mobile clinic, referrals, via contract), including locations, hours, and after-hours care.
 - Key primary health care services to be offered that are appropriate for the community and target population(s), and without regard for ability to pay, consistent with required and additional services as described in section 330(b)(1) and (2) of the Public Health Service (PHS) Act.
 - Cultural and linguistic appropriateness (e.g. availability of interpretive services, training opportunities, and bicultural/multicultural staff).
 - Any necessary admitting privileges, access to continuum of care, and referral relationships.
 - Enabling services that the proposed health center will make available.
 - Clinical and management team staffing plan that is appropriate given a proposed number of patients and the characteristics and needs of the community and target population(s).
 - Schedule of charges consistent with locally prevailing rates or charges, and a sliding fee scale with patient discounts adjusted on the basis of the patient's ability to pay.
 - Quality improvement/quality assurance (QI/QA) and risk management that includes clinical services and management, maintains patient record confidentiality, and involves periodic assessment and analysis by clinical staff.
 - Administrative, fiscal, and clinical policies and procedures to be approved by independent governing board.

- Adopt an Electronic Medical Record and will achieve Meaningful Use.
- v. Ensure delivery model compliance with Section 330 requirements and meets the needs of the target population of the County.
- vi. Obtain Colorado Community Health Network and State Office of Primary Care review and approval.
- vii. Present and vet service delivery model with CMT, community members and Board of County Commissioners.
- viii. Revise model as necessary.

Methodology: Develop a service delivery model that tackles the most serious unmet primary medical, mental and oral health needs. The program plan will include but not be limited to: scope of services; staffing patterns; recruitment and retention; community and provider collaborative and referral relationships; quality improvement and risk management; and facility and equipment needs.

Task IV - Secure Resources

- i. Secure a contract with an experienced consultant agency to assist with executing the Community Health Center Plan (CHCP) goals and objectives.
- ii. Develop a sustainable financial strategy as a component of the service delivery model (private foundation, government, etc. funding sources).
- iii. Maintain close partnerships with the Colorado Community Health Network, State Office of Primary Care, and Mountain Family Health Center.

Methodology: Recent research has documented that a strategy of securing funding from two primary funding categories (such as foundation, government, earned income) is more sustainable than relying primarily on one source. A multi-pronged strategy will be pursued to diversify sources of revenue.

III. Selection Criteria/Response to RFQ

Respondents should address each of the evaluation criteria listed below and provide specific examples of related work that demonstrate expertise and qualifications. The criteria below are not listed in any particular order of evaluation priority and are a non-

exhaustive list. Eagle County may seek additional information or perform further research as necessary.

1. *General Approach to the Project:* Provide a scope of work or other form to explain the consultant agency's intended approach to the overall project. Please address the four key deliverables in the project narrative and a detailed timeline for completion of work.
2. *Experience:* Demonstrate consultant agency's experience increasing community involvement and enhancing partnerships, conducting a needs assessment, developing a functional and sustainable health center service delivery model, and securing necessary resources.
 - a. Provide a brief summary on the background and history of the consultant agency.
 - b. Outline the consultant agency's experience increasing community involvement and enhancing partnerships, conducting a needs assessment, developing a functional and sustainable health center service delivery model, and securing necessary resources. Provide specific examples of similar or larger projects.
 - c. Attach Bios/Resumes of the proposed members of the project management team who will be committed to the project. Include person's qualifications and past experience with similar projects.
3. *Practice and Procedures:* Describe the consultant agency's project management approach and any other pertinent facts as deem appropriate for a project of this scope.
4. *Familiarity with Eagle County:* Provide a brief narrative describing familiarity with the Eagle County community and/or local community partners.
5. *Budget:* The Budget for this project will range from \$50,000 to \$75,000. Provide a detailed budget.
 - a. Include the dollar amount requested, detailed project budget, and budget narrative for this project.
6. *References:* Provide a list of references for the consultant agency.

IV. Reporting and Payment

Selected consulting agency will provide monthly progress reports and invoices.

V. Agreements

A contract between Eagle County and consultant agency will be executed after selection and revised scope of work and budget.

VI. RFQ Submission Criteria

Key steps and schedule for the RFQ process are as follows:

RFQ issued by Eagle County.....June 3, 2011
Proposals Due.....June 17, 2011
Contracting Agency Selected.....July 1, 2011
Work Initiated.....July 8, 2011
Targeted Completion.....TBD

Submittal Instructions:

RFQ's are due to the Planning, Policy & Partnership Coordinator on or before 5:00 p.m. Friday, June 17th, 2011. Applications will be accepted via email or mail.

Online Submittal Directions:

Please use the Delivery Receipt option to verify receipt of your email. E-Mail: sarah.ingersoll@eaglecounty.us and include the email subject title: "Community Health Center Plan - RFQ."

OR

Hardcopy Submittal Directions:

Please mail proposal and all required attachments to the address below:

EAGLE COUNTY COMMUNITY HEALTH CENTER PLAN
ATTN: PLANNING, POLICY, & PARTNERSHIP COORDINATOR

500 BROADWAY
PO BOX 660
EAGLE, CO 81631

VII. Other Terms and Conditions

1. Eagle County reserves the right to extend or modify dates.
2. If Eagle County desires further information or clarification regarding any proposal, it may request such information.
3. All submittals should include a statement signed by respondent as follows:
 - a. The individual and/or entity submitting a response to the RFQ acknowledge the right of Eagle County in its sole discretion to reject any or all proposals submitted, and that any award may be made in the sole discretion of the County.
 - b. The individual and/or entity submitting a response to this RFQ acknowledge and agree that the discretion of Eagle County in selection of the successful respondent(s) shall be final, not subject to review or attack and acknowledge that the submittal is made with full knowledge of the foregoing and in full agreement thereto.
 - c. By submission of a response, the individual or entity submitting this statement acknowledge that Eagle County has the right to make inquiry or investigations it deems appropriate to substantiate or supplement information contained in the response or related documents.
4. Eagle County reserves the right to not make an award under this RFQ for any reason including the inability of Eagle County to reach acceptable contractual terms with a contracting agency.
5. Respondents who submit a proposal are responsible for becoming fully informed regarding all circumstances, information, law and any other matters that might, in any way, affect the proposal. Any failure to become fully knowledgeable of any matters that might affect the project shall be at respondent's sole risk. The counties assume no responsibility for any interpretations made by respondents on the basis of information provided in this RFQ or through other sources.
6. The Counties performance under any agreement is contingent upon the continuing availability of federal grant funds to fund the LR. The LR shall be funded only from

available funds encumbered for the grant. If federal funds are not fully appropriated or otherwise for any reason become unavailable for the grant and LR, either party may terminate the agreement in whole or to extent of funding reduction. Counties shall have no liability in the event that the LR or funding is reduced or withdrawn by the federal government.

7. Each respondent shall furnish the information required in the Request for Qualifications.
8. Each respondent is responsible for all costs associated with preparing a response to the RFQ.
9. Selection of contracting agencies will be based upon submittals conforming to the Request for Proposals and which are most advantageous to the Health Center Planning Grant Program in the discretion of County.
10. Late proposals will not be accepted or considered.
11. Eagle County reserves the right in its sole discretion to reject all or portions of any or all responses, to waive irregularities and technicalities, to re-advertise, or to proceed to provide the services otherwise. Eagle County may, at its sole discretion, modify or amend any and all provisions herein. Eagle County may seek additional information or perform investigations as it deems necessary.

Exhibit A – “Project Work Plan.”

EAGLE COUNTY Health and Human Services PROJECT WORK PLAN					
Section A - Comprehensive Needs Assessment					
Goal A: Conduct Comprehensive Needs Assessment.					
Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
A.1 Identify major health issues for the populations to be served, unmet need, barriers to care, etc.	A.1.1 Review existing data obtained in fall of 2010 for the submission of the approved Medically Underserved Population application. A.1.2 Identify additional assessment data to be reviewed and/or compiled: health indices, economic factors, demographic factors, existing health services, gaps and barriers to services, limitations on exiting systems, capacity and shortfalls, and sustainability. A.1.3. Present and discuss analyzed data to the CMT and community to demonstrate the community health care needs, current health care capacity, existing	1. Participate in the state’s assessment process and review current regional health profile. 2. CMT develops a prioritization process. 3. CMT presents findings in concise document.	1. Core data set established 2. Community needs assessment completed	1. Eagle County HHS 2. Community Management Team 3. Consultant / Project Coordinator	

	primary health care services (including mental health/substance abuse and oral health), gaps in services and/or provider shortages, and the role and location of any other providers currently serving the target population.				
Section B – Service Delivery					
Goal B: Develop an effective and sustainable service delivery model.					
Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
B.1. Develop an appropriate service delivery model based on the comprehensive needs assessment.	B1.1. Review existing model delivered by Mountain Family Health Center (MFHC) in Glenwood Springs, CO. B.1.2 Explore Federally Qualified Health Centers (FQHC), satellite and look alike models. B.1.3 Consider implications of the Patient Accountability and Affordable Care Act. B.1.4 Draft service model. B.1.5 Ensure delivery model compliance with Section 330	1. Written documentation of current community model, capacity and resources potentially available to the target population. 2. Written draft of service delivery model 3. Community meeting conducted to present key findings and proposed service delivery model	1. Finalized document describing evaluation of service delivery models submitted to the participating agencies' Board of Directors or Board of County Commissioners 2. Well supported service delivery model document based upon best practices and needs assessment 3. Number of organizations that attended community meeting regarding service delivery model	1. Eagle County HHS 2. Community Management Team 3. Consultant / Project Coordinator	

	requirements and meets the needs of the target population of the County. B.1.6 Obtain Colorado Community Health Network and State Office of Primary Care review and approval. B.1.7 Present and vet service delivery model with CMT, community members and Board of County Commissioners. B.1.8 Revise model as necessary.				
Section C - Securing Financial, Professional and Technical Assistance					
Goal C: Foster a plan for sustainable funding, technical assistance, and employee recruitment and retention					
Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)

C.1. Recruit and retain key management and other qualified staff. C.2 Provide technical assistance and acquiring consultant activities as appropriate. C.3. Financial, management, and administrative considerations to the organization related to future operation of the health center. C.4. Develop plans for attaining and maintaining long-term viability (i.e., future requirements for space, securing other financial support).	C1.1 Secure a contract with an experienced consultant agency to assist with executing the HCPG goals and objectives. C3.2 Develop a sustainable financial strategy as a component of the service delivery model (private foundation, government, etc. funding sources). C4.3 Maintain close partnerships with the Colorado Community Health Network and State Office of Primary Care, and Mountain Family Health Center.	1. Identify Management staff and skill sets needed for future health center. 2. Present sustainable financial strategy to CMT 3. Regular communication and meetings with key community partners.	1. Written job descriptions for key management staff. 2. List of potential funding sources and plan of action for pursuing sustainable funding 3. Attendance records from meetings showing engagement from key partnerships	1. Eagle County HHS 2. Community Management Team 3. Consultant / Project Coordinator	
--	---	---	--	---	--

Section D - Developing Community Involvement/Participation

Goal D: Build a diverse team to engage community involvement					
Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
D.1.Develop linkages/building partnerships with other providers in the community including any federally	D1.1 Develop a prestigious and diverse list of individuals and entities that will be invited to participate in elements of the community	1. Identify members for the CMT and clarify roles and responsibilities 2. Monthly CMT	1. Number of members on the CMT and number of agencies represented 2. Project lead will send	1. Eagle County HHS 2. Community Management	

qualified health centers, health departments, local hospitals, and rural health clinics. D.2.Develop a Governing Board that aligns with section 330 statutory and regulatory requirements. D.3.Develop community support.	needs assessment and Development of the service delivery model. Seek to engage members from: government, industry, citizen and community groups, academia, and others. D2.2 Establish and facilitate Community Management Team (CMT). D2.3 Ensure collaborative process. D3.4 Utilize CMT to implement Community Health Center Plan (CHCP) goals and objectives.	meetings and communication plan established 3. CMT will make recommendations for Governing Board	out monthly progress reports to CMT and keep CHCP goals and objectives on target 3. List of potential individuals will be identified for the Governing Board based on 330 statutory regulations.	Team 3. Consultant / Project Coordinator	
--	---	--	--	--	--

Section E - Establishing Collaborative Working Relationships With Other Area

Goal E: Establish collaborative partnerships with other providers in the community including: federally qualified health centers, government, industry, citizen and community groups, academia, and others.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
E.1. Develop linkages/building partnerships with other providers in the community including any federally qualified health centers, health departments, local hospitals, and rural health clinics.	E1.1 Conduct a Partnership Analysis. E1.2 Conduct an Environmental scan. E1.3 Host a series of facilitated sessions, deploy surveys and key informant interviews to compile existing activities in related focus areas; identify key	1. Partnership Analysis completed 2. Environmental Scan completed 3. Results from Needs Assessment, Partnership Analysis and Environmental Scan communicated to community members via	1. Number of community members and number of agencies represented per grant requirements 2. County's environmental description is established 3. Number of town hall meetings and attendance records 4. Feedback analyzed and	1. Eagle County HHS 2. Community Management Team 3. Consultant / Project Coordinator	

	gaps; verify the needs of community and partners moving forward; and build momentum and synergy among the community.	regularly scheduled town hall meetings 4. Gather community feedback from town hall meetings	communicated to CMT		