Quick Call for Proposals:

State Innovation Model
Community Engagement

March 2017

- Responses must be received not later than 3/20/17 at Noon CST
- Late responses will not be considered

SPECIAL NOTICE: This Quick Call for Proposals does not obligate the State of Minnesota or the Minnesota Department of Health to award a contract or complete the proposed program, and the State reserves the right to cancel this solicitation if it is considered in its best interest.
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SECTION 1 – INSTRUCTIONS TO RESPONDERS

Steps for Completing Your Response

Follow the steps below to complete your response to this Quick Call:

Step 1: Read the solicitation document and ask questions, if any
Step 2: Write your response
Step 3: Sign and submit your response

Incomplete Submitted

A proposal must be submitted along with any required additional documents. Incomplete proposals that materially deviate from the required format and content may be rejected.

STEP 1 – READ THE SOLICITATION DOCUMENT & ASK QUESTIONS, IF ANY

How to Ask Questions

The contact person for question is:
Sida Ly-Xiong
Minnesota Department of Health
Sida.ly-xiong@state.mn.us
Questions must be emailed to the contact by 3/10/17.

STEP 2 – WRITE YOUR RESPONSE

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The Quick Call starts on Section 3. Insert your response to the questions as asked or provide content as requested.

By signing this response, your firm is making a legal, binding offer for a contract to provide services to the State of Minnesota.

STEP 3 – SIGN & SUBMIT YOUR RESPONSE

Where to Send Your Response

Email responses preferred, with attachments in Word doc or PDF.
Send to sida.ly-xiong@state.mn.us
If you plan to submit your proposal via post mail or in person, please email the contact prior to delivery to verify and confirm your submission. Faxed responses will not be accepted.

Response Submission Deadline

All submissions must be received no later than 3/20/17 at Noon
SECTION 2 – QUICK CALL PROJECT INFORMATION

A. Project Approach and Description

The Minnesota Department of Health (MDH) is seeking one or more vendors to facilitate the development of a community narratives project, an awareness campaign that expands public discussion on health and what creates health.

Narratives help us make sense of a world that is rapidly changing; igniting awareness is part of the creative struggle to transform systems through the unanticipated power of collective imagination. The strategic approach of this project focuses on re-centering the nature of public policy conversations about health to consider the factors that create health. As awareness of health disparities has grown, so also has the concern that progress is not being made. In Minnesota—a state with significant race-based health disparities—not only have the gaps in health status outcomes not lessened over the last ten years: they have grown larger.

The narrative approach is designed to move public thinking about health toward a greater understanding of the importance of assuring that conditions in the community support the opportunity for everyone to be healthy. The overarching goal of this project is to shift a predominant viewpoint about health care toward more inclusive perspectives along a continuum of care. As recently stated in the New England Journal of Medicine (Dec. 7, 2016), “centering at the margins in clinical care and research necessitates redefining ‘normal’.

This approach lifts up community-generated ideas and develops strategies to promote those ideas in order to improve conditions that are required for people from that community to have the opportunity for health. This is a shift from a purely medical model of health care to refocus on linking treatment with wellness, prevention, self-management and community services. Intentional integration along the continuum of care is critical in order to truly improve health for all Minnesotans.

Public conversations take place in the policy arena, in media stories, in structured discussions (such as focus groups), and in informal conversations among friends and strangers. In most of these conversations two “narratives” tend to dominate: 1) that health is a product of health care, and 2) that health is a product of individual behaviors and therefore an individual responsibility. But these two narratives are limited and incomplete, as noted above. (Healthy Minnesota 2020.)

An engagement component is essential to increase public awareness. This project requires cross-sector, community partners working in close collaboration to co-create outreach strategies and engagement tools. This core team of partners will identify a target audience(s) and specific messages that will support their underlying concept. Projects will produce communication tools such as talking points, discussion protocols, one-pagers, art, video or images, to be used by the core team and made widely available. These tools will encourage
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public discourse in the policy arena, in media stories, in structured discussions, and informal conversations among friends and strangers. The project promotes health integration and innovation which aligns with the overarching goals of Minnesota’s State Innovation Model grant.

Community Narratives Project Objectives:

Narrative should not only discuss the present situation; it should create a vision and potential for change. Narrative pulls together emergent and seemingly divergent concepts that by definition stretch existing structures.

The key objectives of this community narrative project are as follows:

- To elevate community-generated ideas that re-centers on the importance of assuring conditions in the community support the opportunity for everyone to be healthy
- To develop strategies to promote those ideas with targeted audiences, such as key stakeholders and policy makers, aimed at changing attitudes and behaviors and influencing policy discussions
- To develop inclusive community outreach and engagement strategies that support public momentum and self-organizing networks, including leadership development to implement the plan
- To shift a predominant viewpoint about health care toward more inclusive perspectives along a continuum of care, including promotion, prevention and recovery.

Applicants may choose a statewide focus or a local community focus. Depending on the scope, proposals may not address all of these objectives equally. For example, community based proposals may include a more detailed planning process for the community-generated planning process.

Minnesota Accountable Health Model Background:

This community narratives project is intended to provide SIM stakeholders and their target audiences with an opportunity to reflect on and create meaning from multiple perspectives, which in turn will support sustained integration and innovation.

The narrative approach evolved from SIM Storytelling Engagement Project. Storytelling translates dry and abstract numbers into compelling pictures of a leader’s goals. Although good business cases are developed through the use of numbers, they are typically approved on the basis of a story—that is, a narrative that links a set of events in some kind of causal sequence.
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The Minnesota Accountable Health Model is a State Innovation Model (SIM) testing grant awarded by the Center for Medicare & Medicaid Innovation [http://innovations.cms.gov](http://innovations.cms.gov) and administered in partnership by the Minnesota Department of Human Services (DHS) and Minnesota Department of Health (MDH). The purpose of the Minnesota Accountable Health Model is to provide Minnesotans with better value in health care through integrated, accountable care using innovative payment and care delivery models that are responsive to local health needs. The funds will be used to help providers and communities work together to create healthier futures for Minnesotans, and drive health care reform in the state.

The vision of the Minnesota Accountable Health Model is:

- Every patient receives coordinated, patient-centered primary care.
- Providers are held accountable for the care provided to Medicaid enrollees and other population, based on quality, patient experience and cost performance measures. Financial incentives are fully aligned across payers and the interests of patients, through payment arrangements that reward providers for keeping patients healthy and improving quality of care.
- Provider organizations effectively and sustainably partner with community organizations, engage consumers, and take responsibility for a population’s health through accountable communities for health that integrate medical care, mental/chemical health, community health, public health, social services, schools and long term supports and services.

The Minnesota Model will test whether increasing the percentage of Medicaid enrollees and other populations (i.e. commercial, Medicare) in accountable care payment arrangements will improve the health of communities and lower health care costs. To accomplish this, the state will expand Medicaid accountable care organizations that focus on the development of integrated community service delivery models and use coordinated care methods to integrate health care, behavioral health, long-term and post-acute care, local public health, and social services centered on patient needs.

For more information on the SIM grant, the Minnesota Accountable Health Model and other health reform activities visit State Innovation Model Grant ([http://www.mn.gov/sim](http://www.mn.gov/sim)).

B. Project Components

Core team of project partners:

The proposed project must have identified a minimum of two partners or a core, cross-sector team working in closely with the vendor. Community partners must be listed, and partners must submit letters of support.
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Through the project, the vendor and core team of partners must represent one or more areas across the continuum of health, health care, community-based care and organizations addressing the social determinants of health, and people who reflect the target audience(s).

The core team of partners may include a broad range of provider organizations including health care providers and others that reflect the targeted population and the goals of the Minnesota Accountable Health Model such as:

- Mental health/Behavioral health
- Local public health departments
- Long-term care services and supports (e.g., skilled nursing facilities, assisted living, home health, home and community based services)
- Social services.

For the purposes of SIM, social services are programs, benefits and services made available by public, non-profit or private agencies that help people meet social, economic, educational, and health needs fundamental to the well-being of individuals and families. Examples of social services, include but are not limited to, organizations that provide housing, transportation, or nutritional services to individuals or families. (Source: Minnesota State Innovation Model Accountable Communities for Health Request for Proposals, accessed 02.09.17)

Vendor requirements:
The following are specific responsibilities and requirements of the vendor:

- The vendor will be the primary point of contact, or lead organization, for the core team of partners.
- The vendor will work collaboratively to develop and document project activities and outcomes.
- The vendor will develop tools to share the core team’s narrative frame and promote specific messages within the framework to influence public conversations the core team will have with target audiences.
- Vendors will work with MDH to develop content with the core team, and distribution to one or more identified audiences such as health and human service professionals, general public, cultural/ethnic communities, health advocates, policymakers, etc.
- Vendor will submit a final summary report to MDH (see deliverables below).

Responders are encouraged to propose additional tasks or activities if they will improve the results of the project. The following are additional tasks that the selected vendor(s) may include in their work plans:

- Implement a facilitated training or technical assistance process to identified partners on developing outreach strategies and engagement tools.
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- Provide communications platform or other accessible means to promote specific messages with target audiences.
- Engage diverse individuals and community-based organizations to ensure perspectives are emphasized throughout the process and final products.

Project activities, including a final summary report, must be completed by October 1, 2017.

Deliverables:

At the end of the contract period, the following are required:
1. A written outreach and engagement strategy with identified audiences and key tasks.
2. Communication tools (such as text, audio, still or animated images, video or interactive format) that will build momentum around ideas to support communities of interest and self-organizing networks.
3. Final summary report of project outcomes. The report will describe project partners’ activities and related outcomes toward shifting public discourse around health along a continuum of care through public forums and/or media.

C. Available Funds

<table>
<thead>
<tr>
<th>Funds for Storytelling Engagement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual contract award size</td>
<td>Up to $25,000</td>
</tr>
<tr>
<td>Total project funding available</td>
<td>$50,000</td>
</tr>
<tr>
<td>Number of awards</td>
<td>Up to two</td>
</tr>
<tr>
<td>Contract duration</td>
<td>5 months</td>
</tr>
<tr>
<td>Anticipated contract period</td>
<td>4/15/17 – 10/1/17</td>
</tr>
</tbody>
</table>

D. Eligible Applicants

Eligible applicants include, but are not limited to: public or private for-profit companies, public or private non-profit 501c3 agencies, faith-based organizations, tribal governments or community organizations.

E. Minimum Qualifications

- Demonstrated experience, skills and ability in outreach, public awareness marketing, media and communications, or community organizing and engagement.
- Minimum three years working with diverse groups of people in a range of organizations including government, local public health, health care providers, community and professional groups.
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- Experience training and facilitating groups in communications and media planning and technical assistance.
- Demonstrated experience with social media and/or multimedia production (please provide weblinks or copies of work samples in the Qualifications section of your application).
- Experience with health promotion, community health, or other related field.
- Experience producing interactive presentations and/or media formats.

F. Eligible Applicants and Qualifications

The following are preferred qualifications:
- Minnesota-based personnel with ability to travel throughout the state.
- Knowledge of narrative and storytelling frameworks.
- Experience training and facilitating diverse stakeholders.
- Experience engaging and developing stories with individual consumers, residents and community members.
- Understanding of health policy and systems, including prevention and promotion.
- Ability to host or develop web-based publication site.
- Language skills for multi lingual translation and interpretation (Spanish, Hmong, American Sign Language or other languages)

G. Response Evaluation

Responses will first be reviewed to confirm compliance with the minimum eligibility identified above. Responses that meet all eligibility criteria will be further evaluated in accordance with the following:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications</td>
<td>20 %</td>
</tr>
<tr>
<td>Approach</td>
<td>20 %</td>
</tr>
<tr>
<td>Project Workplan</td>
<td>30 %</td>
</tr>
<tr>
<td>Cost</td>
<td>30 %</td>
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SECTION 3 – VENDOR RESPONSE

INSTRUCTIONS: Fill in the information requested below.

1. Vendor Contact Information
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Company’s Full Legal Name: 
Business Address: 
Contact Person’s Name: 
Telephone Number: 
E-Mail Address

2. Qualifications

Describe the vendor’s background including company history and related experience. This must include relevant experience working with diverse stakeholders and creating ADA compliant and accessible materials (see below).

A. Vendor Qualifications

Include a list of all paid personnel proposed to work on the project, including contractors. For each key personnel, provide a summary of related experience and qualifications which includes training, work experience, skill sets related this specific contract, and number of years of experience with similar work, and experience working with diverse communities and stakeholders. Provide weblinks or copies of work samples. Please limit submitted qualifications to three (3) pages total.

B. Core team of project partners and Approach

Responders must describe how their approach engages stakeholders and/or target audiences, including any recent history or experience working with relevant stakeholders, key audiences, communities, or partners that they anticipate engaging through their project.

Responders must submit a list of core team partners with key roles identified. Partners’ responsibilities, individually or collectively as applicable, must be described including any previous history of working together. At least two key partners must submit letters of support and disclose their representation as individuals and/or organizational affiliations.

Responders must describe how their partnership and approach for an awareness campaign will expand public discussion on health and what creates health. Responders must detail how partners and activities will accomplish the goals of the project within the five month period. Please limit the description of your approach to three (3) pages total.

3. Vendor Project Plan

A. Work plan
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Responders must submit a detailed work plan that identifies benchmarks of progress related to project goals, including: specific tasks and activities, dates of expected completion or timeframe of key components, and lead personnel responsible for each key activity or deliverable. The work plan must include anticipated products, content, partnership activities, target audiences, outreach and engagement efforts, dissemination, in the tasks, activities, or measures as appropriate.

Responders are encouraged to use the following suggested format.

<table>
<thead>
<tr>
<th>Project Goal 1:</th>
<th>Xxx</th>
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<tbody>
<tr>
<td>Tasks/Activities</td>
<td>Objective</td>
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</tbody>
</table>

**B. Deliverables**

Responders must describe the final products, materials, tangible outcomes, or participant learning objectives from their approach. Applicants may consider outcome indicators of an expanded public understanding such as, but not limited to:

a. relevant policy changes;
b. increasing assessment of health implications in policy debates;
c. investment in health impact assessment, public documents (reports, news, letters to the edit) that communicate a broader understanding about what creates health;
d. attitude and behavior change (measured through surveys or focus groups); or
e. participation/attendance in public forums and engagement initiatives.

All content, including but not limited to print, web, video, images and graphics, created by selected vendor(s) for dissemination must be available in a format than can be posted on the MDH website, and in compliance with ADA and state accessibility requirements: [http://mn.gov/oet/programs/policies/accessibility/#](http://mn.gov/oet/programs/policies/accessibility/#). Final products must cite all source materials, and have all rights to publish or re-publish any materials obtained by others.

Describe your overall approach to the work. This must include a description of how the Responder will accomplish the goals of the project and what specific strategies or actions will be used; who will do the work; and a description of the timelines and final deliverables. **Please limit your timeline and deliverables description to four (4) pages total.**
4. Alterations or Additions to the State’s Quick Call Terms & Conditions

If you wish to take an exception to the State’s Quick Call Terms and Conditions (see Section 5), please indicate that below and attach any appropriate documentation.

☐ None
☐ See attached document detailing proposed alterations and/or additions to the State’s Quick Call terms and conditions.

SECTION 4 – COST PROPOSAL
Follow the instructions below when completing your cost proposal.

Deliverables Based Cost Proposal
Responder must submit a cost proposal that details a list of all deliverables and a corresponding cost for the performance of each deliverable. Detail the number of hours estimated to complete each deliverable and all hourly rates utilized and calculate the total of each deliverable.

Responders are required to use the attached Budget Template.
SECTION 5 – RESPONDER CERTIFICATIONS

Responder must check each box to certify to the conditions required under this Quick Call. Please note that some certifications may require the submission of additional information. Sign below to finalize response.

A. Required

☐ I have read and am aware of the State’s Quick Call terms and conditions, which are available at [link].

☐ I have read and am aware of the State’s contract terms and conditions, which can be found in the sample contract at [link].

☐ Noncollusion Affirmation. I certify

☐ That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation).

☐ That the proposal submitted in response to the Quick Call has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment, or services described in the Quick Call, designed to limit fair and open competition.

☐ That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals.

☐ That I am fully informed regarding the accuracy of the statements made in the proposal.

B. If Applicable

☐ I am a certified veteran-owned business, in accordance with Minn. Stat. § 16C.16, subd. 6a and § 16C.19 (d). The eligibility criteria are available at [link].

☐ I am a resident vendor, in accordance with 2013 Minn. Laws, Chapter 142, Article 3, Sec. 16. The eligibility criteria are available at [link].

By submitting a proposal, I warrant that the information provided is true, correct, and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from contract award and may subject me/my company to suspension or debarment proceedings, as well as other remedies available to the State, by law.

__________________________  ________________________  ________________________
Signature                  Title                          Date