

**COUNTY OF YUBA
HEALTH AND HUMAN SERVICES DEPARTMENT
REQUEST FOR PROPOSAL**

**COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT AND
COMMUNITY HEALTH IMPROVEMENT PLAN
CONSULTANT – MAPP PROJECT**



PROPOSAL CLOSING DATE:

**Friday, May 27, 2016
at 4:00pm (PST)**

NOTE: It is the applicant's responsibility to check the County solicitation Website, see address below, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The County shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments, or other information regarding the RFP.

<http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitations.aspx>.

Table of Contents

RFP APPLICATION SUBMISSION CHECKLIST

INTRODUCTION	1
BACKGROUND INFORMATION	2
I. SCOPE OF WORK	4
II. RFP TIMELINE	6
1. SUBMISSION OF PROPOSAL.....	6
III. PROPOSAL RESPONSE	8
1. SIGNATURE PAGE	8
2. TABLE OF CONTENTS.....	8
3. EXECUTIVE SUMMARY (NO LONGER THAN 1 PAGE)	8
4. STATEMENT OF EXPERIENCE (NO LONGER THAN 1 PAGE)	8
5. BIDDER’S QUALIFICATIONS AND PROJECT NARRATIVE.....	9
6. ITEMIZED BUDGET (NO LONGER THAN 2 PAGES)	10
7. FINANCIAL INFORMATION.....	10
IV. EVALUATION CRITERIA	11
V. THE RFP SELECTION PROCESS	12
VI. COUNTY NOTICES	13
1. COUNTY CONTACT	13
2. SUBCONTRACTING.....	13
3. JOINT VENTURES.....	13
4. CONFLICT OF INTEREST.....	13
5. GENERAL NOTICES	13
VII. PROTESTS AND/OR APPEALS	15
RFP ATTACHMENTS	16
1. SIGNATURE PAGE	17
2. CHA REQUIREMENTS LIST.....	18
3. CHIP REQUIREMENTS LIST	24
4. MAPP TIMELINE.....	29
5. DEFINITIONS	31

RFP APPLICATION SUBMISSION CHECKLIST

All items are required. This checklist is provided to assist you in ensuring you submit a complete proposal (Item Numbers 1- 9 below). A bidder may be disqualified and the proposal rejected for incomplete information or missing documents.

Proposal Response Item Numbers

1. _____ Signature Page
2. _____ Table of Contents
3. _____ Executive Summary
4. _____ Statement of Experience
5. _____ Bidder's Qualifications and Project Narrative
6. _____ Itemized Budget
7. _____ Financial Information
8. _____ Proof of Insurance Coverage (Section III.5. j – Qualifications)
9. _____ Board Resolution (if applicable) (Section III.5.k – Qualifications)

Submit all bid-documents to **Cyndi Journagan**, 5730 Packard Avenue, Suite 100, Marysville, CA 95901, **no later than 4:00 p.m. on Friday, May 27, 2016**

INTRODUCTION

The Yuba County Health and Human Services Department, Public Health Division is soliciting proposals to conduct a baseline comprehensive Community Health Assessment (CHA) and to develop a Community Health Improvement Plan (CHIP). The selected bidder will use the National Association of County and City Health Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) model. Using this model the selected bidder will manage the implementation of this process and development of these documents while working closely with Yuba County Public Health.

The primary goal of this process is to incorporate community feedback into the County's CHA and CHIP, prerequisite documents in applying for Public Health Department Accreditation.

This RFP outlines the scope of services, information necessary to understand the competitive selection process, and the required documentation necessary for the submission of proposals. Please review the document carefully to ensure you are familiar with the County's requirements.

We are seeking a proposal to conduct a county-wide community based assessment and planning process that includes:

1. Vision Sessions
2. Four assessments combined into a comprehensive CHA (for details see Attachment 2):
 - a. Community Strengths and Themes
 - b. Community Health Status
 - c. Local Public Health System
 - d. Forces of Change
3. Identifying Strategic Issues
4. Formulating Goals and Strategies
5. CHIP – a community driven strategic plan (for details see Attachment 3)
6. Meeting requirements for Public Health Accreditation – CHA & CHIP as delineated by the Public Health Accreditation Board
7. Maintaining adequate files and data

MAPP is a method to help communities prioritize public health issues, identify resources for addressing them, and take action. Our goal is to create a report containing the details of each step of the MAPP process and to provide a comprehensive CHA and CHIP.

BACKGROUND INFORMATION

Yuba County

Yuba County is located in the Northern Sacramento Valley, approximately 40 miles north of the State Capitol, Sacramento. The boundaries stretch from the farms and orchards of the valley to the timberlands of the Sierras. Yuba County Public Health serves residents living in the two incorporated cities of Marysville and Wheatland, 12 unincorporated communities, and on the Air Force Base housed within the county.

With an estimated population of 73,966, Yuba County has a diverse population that includes 50.8% male and 49.2% female with a racial composition of 79.4% White, 7.3% Asian, 4% Black, 3% American Indian, and 0.5% Native Hawaiian and other Pacific Islander. The County Public Health serves as the local health jurisdiction providing essential programs and services to help protect and improve the health of the county's five districts. Yuba County has unique health needs, related to its population demographics, including high rates of poverty and low educational attainment.

Statement of Commitment — we are dedicated to providing responsive, innovative and sustainable services that enhance the quality of life and uphold the public trust and interest.

Public Health Accreditation

Yuba County Public Health Division is pursuing public health department accreditation through the Public Health Accreditation Board (PHAB). Accreditation includes internal and external processes that enhance Public Health's ability to identify community health issues, identify vulnerable populations, and prioritize health priorities. Initial requirements of accreditation include the development of a Community Health Assessment and a Community Health Improvement Plan. The accreditation process provides a means for public health departments to identify performance management opportunities, enhance management, develop leadership, and strengthen relationships with members of the community. Accreditation through PHAB consists of adoption of a set of standards, a process to measure health department performance against those standards, and recognition for those departments that meet the standards.

For more information related to PHAB, visit their website at <http://www.phaboard.org/>

CHA and CHIP definitions, as provided by PHAB are as follows:

Community Health Assessment (CHA)

- Purpose is to learn about the health status of the population the health entity serves.
- Describes the health status of the population, identifies areas for improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement.
- Is developed through a participatory, collaborative process with various sectors of the community (See Attachment 2 for a CHA detailed requirements list)

Community Health Improvement Plan (CHIP)

- Purpose is to describe how the health department and the community will work together to improve the health of the population that it serves.
- Based on the CHA.
- Community-driven with participation of public health system partners and process to set priorities.
- More comprehensive than roles and responsibilities of health department alone; includes community partners' roles and responsibilities. (See Attachment 3 for a CHIP detailed requirements list)

I. SCOPE OF WORK

In order to accomplish the stated objectives, the selected bidder will be expected to complete several activities, outlined below:

1. Meeting Planning
 - A. Plan community meetings and develop materials in conjunction with Public Health Department Staff. Community meetings will:
 - i. Be at geographically variant locations (the five supervisorial districts)
 - ii. Vary in number of participants.
 - B. Make logistical arrangements (locations, times, food, participation incentives, etc.)
 - i. Arrangements include attaining resources to offer translation services at all community meetings in Spanish and Hmong at a minimum
2. Facilitation of Community Meetings
 - A. Presentation of pre-identified health or environmental concerns
 - i. Creation of infographic materials in formats that include but are not limited to:
 1. Handouts
 2. Posters
 3. Electronic
 - B. Facilitate health issue prioritization process
 - i. Assist community members in identifying most important health issues amongst presented health concerns
 - ii. Follow MAPP general guidelines available here: <http://www.naccho.org/topics/infrastructure/mapp/>, or similar community engagement guidelines
 - iii. Flexible facilitation method to stimulate community engagement
 - C. Provide short surveys to be completed by participants at the meetings
3. Community Engagement/Marketing
 - A. Advertise community meetings to encourage robust participation
 - i. Creation of marketing materials and organizing participation incentives, when applicable
 - B. Marketing materials available in formats used for:
 - i. Soliciting information from community members during existing community events (e.g. fairs, farmer's markets)
 - ii. Engaging people in passing

- iii. Accommodating different languages through translation, Spanish and Hmong at a minimum.
- 4. Reporting
 - A. Create detailed timelines for MAPP process and delivery of CHA and CHIP outcomes
 - B. Summary of prioritization process and ranked list of health/ environment outcomes
 - i. Summary is well-defined and transparent
 - C. Delivery of final report summarizing:
 - i. Facilitation process used
 - ii. Brief summaries of meetings
 - iii. Priorities identified at each meeting
 - iv. Any regional or demographic differences in identified priorities
- 5. Deliverables include:
 - A. Overall coordination and project management of the MAPP process including monitoring timelines and providing direction to the MAPP Committee. (See Attachment 4 for a draft anticipated timeline for the MAPP process.)
 - B. Facilitation of focus groups and committees for: visioning sessions; assessments; strategic issues; and goals and strategies.
 - C. Identify reliable existing data sources, development of quality primary data, data collection and conduct data analysis, and Public Health System partner identification and engagement in alignment with all Public Health Accreditation Board (PHAB) Domain 1, Standards 1.1 through 1.4 and Domain 5, Standard 5.2, Measure 5.2.1 through 5.2.4.
 - D. An Executive Summary report outlining the health issues and priorities identified for Yuba County through the MAPP process that can be distributed to key stakeholders and decision makers.
 - E. A one-page overview that can be distributed for educational purposes.
 - F. A detailed report of how the MAPP process was implemented and progressed in Yuba County.
 - G. A comprehensive written report on the results of the four assessments (CHA).
 - H. A written Community Health Improvement Plan (CHIP).
 - I. Identify strategic issues; formulate goals and strategies as a foundation for a Department Strategic Plan (DSP) in a short summary.
 - J. Electronic copies of all written reports and all original data shall be submitted in PDF format.
 - K. An electronic copy of the CHA & CHIP in a reusable document format.
 - L. Copy of all the original data, agendas, and meeting notes/summaries.

II. RFP TIMELINE

The following timeline represents the County’s best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between **8:00 a.m. and 4:00 p.m., Pacific Standard Time (PST).**

EVENT	TIME	DATE	DAY
RFP Issued		April 27, 2016	Wednesday
Written Questions/Comments Due	4:00 p.m.	May 6, 2016	Friday
Addenda Issued/Posted		May 13, 2016	Friday
Response Submission Deadline	4:00 p.m.	<u>May 27, 2016</u>	Friday
<i>No response will be accepted after this date and time.</i>			
Evaluation Process begins		May 31, 2016	Tuesday
Notice of Intent to Award Protest/Appeal period begins		June 6, 2016	Monday
Deadline to submit Protest/Appeal letters	4:00 p.m.	June 13, 2016	Monday
Board of Supervisor’s approval and authorization to award contract(s) is <i>tentatively</i> scheduled for the April 26, 2016, Board of Supervisor’s agenda			

1. SUBMISSION OF PROPOSAL

It is the bidder’s responsibility to check the County solicitation Website (see address below) or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The County shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.

The County’s website will be the official notification posting place of all Amendments and Addenda’s to the RFP. Go to:
<http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitations.aspx>.

One (1) original signature page (Attachment 1), wet-signed in blue ink and five (5) complete copies of the bid packet must be received and date stamped by County no later than **4:00 p.m. (PST) on May 27, 2016**. *Faxed proposals will not be accepted.*

Proposals must be in sealed envelopes and clearly labeled: **Comprehensive CHA & CHIP – MAPP Project** on the outside and delivered to the Main reception area at:

Yuba County Health and Human Services Department
Attn: **Cyndi Journagan** Finance & Administrative Supervisor
5730 Packard Avenue, Suite 100
Marysville, California

It is the bidder's responsibility to assure that its proposal is delivered and received at the location specified herein, on or before the date and hour set. **Proposals received after the specified date and time will NOT be considered.**

III. PROPOSAL RESPONSE

Proposals must include the information that is specifically requested herein as well as additional information the Applicant deems relevant to the process. Additional information may be provided but should be succinct and relevant to the goals of this RFP. Proposals must be developed in accordance with the described format.

FORMAT: All documents must be submitted in PDF format, and meet the following formatting requirements:

8.5" x 11" paper, 1" margins, 12 pt. font, double-spaced. Submit narratives as indicated below identifying each segment by corresponding number in addressing the following components. (The number of pages noted does not include requested attachments, i.e., Application, Attachments, Proof of Insurance, Board Resolution, Letters of Support, licenses/certificates, etc.) Proposals that deviate from this format *will not* be considered.

The proposal should include components in the order described below. Use forms where provided. A proposal lacking any of the following information may be deemed non-responsive:

1. Signature Page

Bidder must complete and return the enclosed Signature Page (**Attachment 1** – "SIGNATURE PAGE"). The Signature Page must be signed in blue ink by the officer or officers legally authorized to submit the proposal and thereby commit the agency to the obligations contained in the RFP response. Further, the signing and submission of a response shall indicate the intention of the Applicant to adhere to the provisions described in this RFP and a commitment to enter into a binding contract.

2. Table of Contents

The Table of Contents must be a comprehensive listing of the contents included in your proposal. This section must include a clear definition of the material, exhibits, and supplemental information identified by sequential page numbers and by section reference number.

3. Executive Summary (no longer than 1 page)

The Executive Summary shall condense and highlight the contents of the bidder's Business Proposal to provide the Evaluation Committee with a broad understanding of the bidder's overall approach, qualification, years in business, experience, anticipated outcomes, deliverables and staffing.

4. Statement of Experience (no longer than 1 page)

Provide a summary of your experience in providing services described in the Scope of Work. Include the number of years of experience providing equivalent or related services. (Elaborate on these services provided under Section III.6)

5. Bidder's Qualifications and Project Narrative

The County seeks an agency that can demonstrate the following skills, abilities, and qualifications:

- a. Documented ability to perform strategic planning and conduct collaborative Community Health Assessments (CHAs) and develop Community Health Improvement Plans (CHIPs)
- b. Sample of previous work
- c. Experience in applying objective methods of public health priority setting
- d. Demonstrated competency and ability to facilitate meetings of varying sizes, involving participants from a wide variety of backgrounds, cultures, languages and disciplines, oral, and written communication
- e. Ability to design and deliver presentations and to deliver curricula with sensitivity to learner characteristics
- f. Methodology – how will you accomplish this task?
- g. Timeline to meet targeted goals (see **Attachment 4** for a draft anticipated timeline). A demonstrated ability to meet both internal and external deadlines.
- h. Scope of Work
- i. Anticipated challenges and how to address them
- j. Proof of Insurance Coverage: Provide proof of required insurance
- k. Board Resolution (*if applicable*): For 501(c)3 agency's, a copy of the applicant's governing Board Resolution authorizing the submission of the proposal with evidence of 501(c) (3), including Employer ID Number, must be submitted as an attachment. If the Resolution is not available, a letter stating the date it will be available must be attached.

6. Itemized Budget (no longer than 2 pages)

The budget should assign costs to objectives using a quarterly timeline. Provide a brief budget narrative detailing all expense components that make up total operating expenses. In the budget narrative, describe all administrative costs and efforts to minimize use of projects funds for administrative and overhead expenses. No project funds shall be used for administrative and/or overhead costs not directly attributed to the project.

Proposed budget should reflect a reasonable approach to funding proposed deliverables. Furthermore, the proposed budget should be prepared in a manner to best demonstrate cost effectiveness.

The County reserves the right to change funding for contracts if the funding allocations change from estimated levels.

7. Financial Information

The bidder shall provide copies of its three most recent and comparable contracts, the total bid amounts proposed, and final budgets for each of those contracts. Financial information will be kept confidential if so stamped on each page.

The County may request additional information the County determines is necessary for an accurate determination of the applicant's qualifications to perform services.

IV. EVALUATION CRITERIA

The contract, if awarded, will be awarded to the Applicant(s) whose proposal is considered the *best value* to the County as interpreted by the County. Proposals that fail to meet all requirements will be deemed incomplete and will not be considered. Incomplete proposals include those that fail to submit all outlined required documents and attachments and those that fail to meet the format requirements. Best value will be determined based on the following evaluation criteria and point value:

- 1. Project Qualifications (65 points total)**
 - a. Experience and qualifications of bidder
 1. Objective methods for health priority setting **15 points**
 2. Bidder demonstrated ability to conduct CHA/CHIP **15 points**
 3. Sample of previous work **5 points**
 - b. Meeting design and implementation
 1. Logistical ability **10 points**
 2. Marketing ability **10 points**
 3. Presentation design **10 points**

- 2. Project Narrative (25 points total)**
 - a. Proposed process methodology and scope of work **15 points**
 - b. Timeline **5 points**
 - c. Plan to overcome potential barriers **5 points**

- 3. Budget (10 points total)**
 - a. Itemized budget **5 points**
 - b. Budget narrative **5 points**

V. THE RFP SELECTION PROCESS

Following the bid opening and after the total bid amounts have been recorded:

- Proposals will be reviewed by an Accreditation Documentation Specialist for completeness and adherence to RFP instructions. The proposals that meet the submission requests will be evaluated and scored by an Evaluation/Review Committee. The Committee may require interviews during scoring to discuss proposals.
- Submissions which are deemed incomplete may be eliminated as not being responsive. Responsiveness means an Applicant has submitted a proposal that conforms to the solicitation documents in all material aspects.

A “Responsible Contractor/Applicant” shall mean an Applicant who has the capability, in all respects, to fully perform the contract requirements and the moral and business integrity and reliability that will assure good faith performance. Qualifications, interview, experience, and financial stability may all be taken into consideration.

- The County reserves the right to award a contract to the applicant(s) that present(s) the best qualifications and whose proposal best accomplishes the desired results.
- Upon recommendation by the evaluation/review committee and approval by the Board of Supervisors, qualified Applicant(s) will be selected to provide services to Yuba County upon contract commencement date through June 30, 2017. At the County’s discretion, the contracts may be renewed for additional terms based on the availability of funding and contractor’s performance.

Applicant(s) shall agree to and sign a contract with the County; final terms of the contract will be negotiated with the selected Applicant(s) and incorporated in the contract. Contracts awarded will contain at least, but shall not be limited to, the provisions outlined in the Agreement for Comprehensive CHA & CHIP Consultant – MAPP Project. A sample contract can be viewed at:

<http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitations.aspx>

- The County will notify all bidders whether or not they are selected for the subject services.
- It is the County’s preference to promote employment and business opportunities for local residents and firms on all contracts and give preference to local residents, workers, businesses, and consultants to the extent consistent with the law and interests of the public.

VI. COUNTY NOTICES

1. County Contact

Any questions related to this RFP should be directed to the County contact person by email: HHSD_RFPquestions@co.yuba.ca.us

All communications during this process should be directed to the appropriate County contact listed above. Any applicant that makes any effort to communicate with any elected or appointed officials of Yuba County, either directly or indirectly, during this process will be EXCLUDED from consideration.

2. Subcontracting

Any bidder using a subcontractor(s) must clearly explain the use of the subcontractor(s) and list the name(s) of the subcontractor(s) providing work under this proposal. The selected bidder will be fully responsible for all work performed under this proposal and will be considered as the "Prime Contractor." Any subcontracting, or other legal arrangements made by the bidder are the sole responsibility of the bidder. Any contract that is entered into between the selected bidder and the subcontractor(s) shall contain provisions for federal and state access to the books, documents, records, and inspection of work. Bidder awarded any contract as a result of this proposal shall obtain County written approval of subcontractors identified in bidder submittal prior to execution of contract.

3. Joint Ventures

In the event a proposal is submitted jointly by more than one organization, one legal entity must be designated as the "Prime Contractor." All other participants shall be designated as subcontractors.

4. Conflict of Interest

Any agency or person considering doing business with Yuba County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the bidder's submittal.

5. General Notices

All applicants responding to this RFP should note the following:

- a. Yuba County reserves the right to:
 - Reject any or all submittals
 - Request clarification of any submitted information
 - Waive any informalities or irregularities in any qualification statement
 - Not enter into any agreement
 - Not to select any applicant
 - Cancel this process at any time
 - Amend this process at any time
 - Interview applicants prior to award and request additional information

- Enter into negotiations with one or more applicants
 - Award more than one agreement if it is in the best interest of the county
 - Issue similar RFPs or RFQs in the future
- b. Addenda posting and notifications must be done at least 72 hours before the RFP closing. All addenda information can be found at:
<http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitations.aspx>
- c. Any and all costs arising from this RFP process incurred by any applicant shall be borne by the applicant without reimbursement by Yuba County.
- d. Acceptance by Yuba County, of any proposal submitted pursuant to this RFP, shall not be deemed to constitute intent, implied or otherwise, to enter into an Agreement for Services.
- e. County will verify applicant, its principal and any named subcontractors are not on the Federal debarred, suspended or otherwise excluded list of vendors located at www.sam.gov.

VII. PROTESTS AND/OR APPEALS

Protests or Appeals, with respect to the solicitation or award of the Contract, will be required to follow current requirements of the California State Contracting Manual regarding purchase of service as well as the Yuba County Purchasing and Contract Policy Manual which states in part:

10.0 Protest and Appeals

Any actual or prospective bidder, offer or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Director of Administrative Services. The protest shall be submitted in writing within five (5) working days after such aggrieved person or company knows or should have known of the facts giving rise thereto.

10.1 Director of Administrative Services

The Director of Administrative Services shall issue a written decision within ten (10) working days after receipt of the protest. The decision shall:

- (a) State the reason for the action taken;*
- (b) Inform the protestant(s) that a request for further administrative appeal of an adverse decision must be submitted in writing to the Clerk of the Board of Supervisors within seven (7) working days after mailing of the decision by the Director of Administrative Services.*

The written protest must be delivered no later than **June 13, 2016**, to:

Doug McCoy, Director
Administrative Services
915 8th St. Suite 119
Marysville, California 95901

RFP Attachment 1 – Signature Page

**Yuba County Health and Human Services
Comprehensive Community Health Assessment & Community Health Improvement
Plan Consultant - MAPP PROJECT**

SIGNATURE PAGE

(BIDDER TO COMPLETE AND PLACE IN FRONT OF PROPOSAL)

Individual/Company

Date:

Mailing Address:

Contact Person:

Title:

Telephone:

Fax:

E-Mail Address:

Authorization to Submit this Proposal: *Non-profit agencies must submit a Board Resolution authorizing submission of this proposal with evidence of 501(c)(3) status, including EIN number as attachments. If the Resolution is not available, a letter stating the date it will be available must be attached.*

Certification: *The undersigned hereby certifies that he/she is a duly authorized official of the organization and has the authority to sign on behalf of the organization and assures that all statements made in the proposal are true, agrees to furnish the item(s) and/or service(s) stipulated in this Request for Proposal at the price stated herein, and will comply with all terms and conditions set forth, unless otherwise stipulated.*

Authorized Representative - Name _____ Title _____

Signature _____ Date _____

Business License No.: (Yuba County) _____

Professional License No.: _____

Taxpayer Identification No.: _____

(County Use Only)

RFP Application #: _____ **Date & Time received:** _____ / _____

YUBA COUNTY PUBLIC HEALTH - ACCREDITATION
Standard 1.1 Community Health Assessment (CHA) Requirements List

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive Community Health Assessment (CHA)

Measure 1.1.1

1. *The Health Department must document that the process for the development of a CHA includes participation of partners outside of the Health Department that represent Tribal/community populations and health challenges. Examples:*
 - Local government (elected officials law enforcement, correctional agencies, housing and community development economic development, parks and recreation, planning and zoning, school boards)
 - For profits (business, industries, major employers in the community)
 - Not-for-profits (Chamber of Commerce, civic groups, hospitals and other health care providers, local Childhood and Women’s Death Review organizations, public health institutions, environmental public health groups that represent minority health, etc.)
 - Community foundations and philanthropists
 - Voluntary organizations
 - Health care providers (including hospitals)
 - Academia
 - The State Health Department and Tribal Health Departments located in YCPH’s jurisdiction
 - Military installations in YCPH’s jurisdiction
 - Representation of two or more populations that are at higher health risk or have poorer health outcomes (documentation could be, for example, a membership list and meeting attendance records.)

2. *The Health Department must document that the partnership meets and communicates on a regular basis to consider new data sources, review newly collected data, consider assets and resources that are changing, and conduct additional data analysis.*

The frequency of meetings/communications is determined by the partnership and may change, depending on the stage of the process.

Meetings and communications may be:

- In-person
- Via conference calls
- List-serves
- Other digital communication methods

Documentation could be (for example):

- Meeting agenda
- Meeting minutes
- Copies of emails
- Reports or other documents that show meeting frequency

3. *The Health Department must document the collaborative process used to identify and collect data and information, identify health issues, and identify existing Tribal or local assets and resources to address health issues.*

The process used may be an accepted national model; state-based model a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described.

National models include, for example,

- Mobilization for Action through Planning and Partnerships (MAPP)
- Association for Community Health Improvement (ACHI) Assessment Toolkit
- Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US) (http://www.chausa.org/docs/default-source/general-files/cb_assessingaddressing-pdf.pdf?sfvrsn=4)
- University of Kansas Community Toolbox (<http://ctb.ku.edu/en/note/9>)

Examples of tools or resources that can be adapted or used throughout, or as part of, the community health assessment process include:

- NACCHO's Resource Center for Community Health Assessments and Community Health Improvement Plans
- Community Indicators process project
- Asset Based Community Development model
- Tribal Accreditation Readiness Guidebook and Roadmap
- Inter-Tribal Council of Arizona's Tribal CHA Toolkit
- National Public Health Performance Standards Program (NPHPSP)
- Assessment Protocol for Excellence in Public Health (APEX/PH)
- Guide to Community Preventive Services
- Healthy People 2020
- RWJ County Health Rankings and Roadmaps: Assess (<http://www.countyhealthrankings.org/roadmaps/action-center/assess-needs-resources>)

Measure 1.1.2

1. *The Health Department must document the identification and description of the Tribe's or community's health and areas for health improvement, the factors that contribute to the health challenges, and the existing community resources that can be mobilized to address them.*
The health assessment must include all of the following:

- a. Evidence that a comprehensive, broad-based data and information from a variety of sources were used to create the health assessment.

- Qualitative data as well as quantitative data must be utilized.

Qualitative data may address, for example:

- ♦ The community's perception of health
 - ♦ factors that contribute to higher health risks and poorer health outcomes
 - ♦ attitudes about health promotion and health improvement
- Data collection methods include, for example:
 - ♦ Surveys
 - ♦ Asset mapping

- ♦ Focus groups
- ♦ Town forums
- ♦ Community listening sessions

Quantitative data may, for example, include:

- ♦ Vital statistics
- ♦ Graduation rates
- ♦ Morbidity and mortality numbers and rates
- ♦ Rates of behavioral risks, such as tobacco use

- The assessment must also include both primary data and secondary data.

Examples of sources of secondary data include:

- ♦ Federal / Tribal / State and Local data
- ♦ Hospitals and health care providers
- ♦ Local schools
- ♦ Academic institutions
- ♦ Other departments of government (i.e. recreation, public safety, etc.)
- ♦ Community not-for-profits

Data sources also include, for example:

- ♦ County Health Rankings
- ♦ Community Health Needs Assessment (CHNA) Toolkit
- ♦ CDC Community Health Status Indicators
- ♦ County Health Rankings
- ♦ CDC Disability and Health Data System
- ♦ US Census American Factfinder
- ♦ Dartmouth Atlas of Health Care
- ♦ National Health Indicators Warehouse
- ♦ CDC Wonder
- ♦ Tribal Epidemiology Centers

Non-traditional and non-narrative data collection techniques are encouraged, for example:

- ♦ Photographs taken by members of the Tribe or community in an organized assessment process to identify environmental (including the build environment) health challenges

Examples of primary data include:

- ♦ Local surveys (for example, of high school students, and/or parents)
- ♦ Focus groups (for example, to discuss community health issues)
- ♦ Other data that the Health Department collects to better understand contributing factors or elements of secondary data sets

- b. A description of the demographics of the population of the jurisdiction served by the Tribal/ local health department, for example:

- Gender
- Race
- Age
- Socioeconomic factors
- Income

- Disabilities
- Mobility (travel time to work or to health care)
- Educational attainment
- Home ownership
- Employment status
- Immigration status
- Sexual orientation

c. A description of the health issues of the population and their distribution, based on the analysis of data listed in a) above. The description must address the existence and extent of health disparities between and among specific populations in the community or areas in the community: populations within inequitable share of poorer health outcomes must be identified.

d. A discussion of the contributing causes of health challenges for example:

- Behavioral risk factors
- Environmental factors (including the built environment)
- Socioeconomic factors
- Policies (e.g., zoning, taxation education, transportation, insurance status, etc.)
- Injury
- Maternal and child health issues
- Infectious and chronic disease
- Resource distribution (e.g., grocery stores)
- Unique characteristics of the community that impact on health status

Multiple determinants of health, especially social determinants, must be included. Health disparities and high health-risk populations must be addressed.

Community factors that contribute to higher health risks and poorer health outcomes of specific populations must be considered.

e. A listing or description of the assets and resources that can be mobilized and employed to address health issues. These must include other sectors. For example:

- A local park or recreation center can encourage physical activity
- Local farmers' markets can be vehicles to promote healthful eating
- A school district can partner with the Health Department to provide health education

2. *The Health Department must document that the preliminary findings of the assessment were distributed to the community at large and that the community's input was sought.*

Examples of methods to seek community input include:

- Publication of a summary of the findings in the tribal/local press with feedback or comment forms
- Publication on the Health Department's website and website comment form
- Community/town forums
- Listening sessions
- Newsletters
- Presentations and discussions at other organizations' local meetings

3. *The Health Department must document the gathering of information, collection of data, conduct of community dialogues, and/or identification of community assets specific to populations*

and/or geographic areas in the community where health inequities and poorer health indicators were identified in the community health assessment.

Additional data analysis is expected to be neighborhood/community specific in order to understand health inequities and the factors that create them. Geographic information analysis of socioeconomic conditions would be appropriate information to include in an annual update or supplement.

A complete revision or overhaul of the community health assessment, is not required, but for a continuous effort to better understand the health of the population through the collection of information and data

Examples of community dialogue include:

- Organizing town meetings
- Conducting focus groups
- Participating in other local organizations' community meetings:
 - ♦ Church community meetings
 - ♦ School public meetings
 - ♦ Community association meetings or assemblies, etc.)
- Conducting open forums
- Conducting group discussions with specific populations:
 - ♦ Teenagers
 - ♦ Young mothers
 - ♦ Residents of a specific neighborhood

Documentation could be, for example:

- Reports of data and their analysis
- Findings from a focus group
- Meeting minutes where health issues or needs were discussed
- Reports of open forms

Documentation of attendance at a meeting is not sufficient; documentation of the information gathered and analyzed is required.

Measure 1.1.3

1. *Health departments must document how it informs partners, stakeholders, other agencies, associations, and organizations of the availability of the community health assessment.*

Documentation could be, for example:

- Emails to partners and stakeholders providing information of how to access the assessment
- Announcements in department newsletters
- Articles in newspapers
- Digital media / Health department tweet or Facebook
- Public service announcements
- Local news announcements

2. *Health Departments must document how it communicates the community health assessment findings to the public.*

Documentation could be, for example:

- Evidence of distribution of the assessment to libraries or the publication of the community health assessment on the department's website

Summaries of the findings could be, for example:

- Published in newspapers
- Outlined in the department's newsletter
- Linked to from the department's Facebook page
- Published on the department's website

**YUBA COUNTY PUBLIC HEALTH - ACCREDITATION
Standard 5.2 Community Health Improvement Plan (CHIP) Requirements List**

STANDARD 5.2: Conduct a comprehensive planning process resulting in a Tribal/State/Community Health Improvement Plan (CHIP)

Measure 5.2.1

1. *The Local Health Department must document the collaborative community health improvement planning process.*

The process used may be an accepted national model; state-based model; a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described.

National models include, for example:

- Mobilizing for Action through Planning and Partnerships (MAPP)
- Association for Community Health Improvement (ACHI) Assessment Toolkit
- Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US) https://www.chausa.org/docs/default-source/general-files/cb_assessingaddressing-pdf.pdf?sfvrsn=4
- University of Kansas Community Toolbox (<http://ctb.ku.edu/en/node/9>)

Examples of tools or resources that can be adapted or used include:

- NACCHO's Resource Center for Community Health Assessments and Community Improvement Plans
- Community Indicators process project
- Asset Based Community Development model
- National Public Health Performance Standards Program (NPHPSP)
- Assessment Protocol for Excellence in Public Health (APEX/PH)
- Guide to Community Preventive Services
- Healthy People 2020

The local health department must document that the community health improvement planning process included all of the following:

- a. Participation by a wide range of community partners representing various sectors of the community. Community partners could include, as appropriate for the specific community:
 - hospitals and health care providers
 - the faith community
 - veterinarians
 - military installations
 - academic institutions
 - local schools
 - other departments of government (e.g., parks and recreation, planning and zoning, housing and community development, etc.)economic development
 - community not-for-profits
 - civic groups

- elected officials
- the chamber of commerce and local businesses
- police
- housing
- foundations and philanthropists
- planning organizations
- the state health department

Members of this group may or may not be the same as members of the community health assessment partnership.

Documentation could be, for example:

- participant lists
- attendance rosters
- minutes or membership lists ~ for work groups or subcommittees

- Data and information from the community health assessment provided to participants in the community health improvement planning process for their use in their deliberations. This may include a list of data sets or evidence that participants used the community health assessment.
- Evidence that community and stakeholder discussions were held and that they identified issues and themes. Community members' definition of health and of a healthy community must be included. The list of issues identified by the community and stakeholders must be provided as documentation.
- Community assets and resources identified and considered in the community health improvement process. Community assets and resources could be anything in the community that could be utilized to improve the health of the community. Community assets and resources could include, for example:
 - skills of residents
 - the power of local associations (e.g., service associations, professional associations)
 - local institutions (e.g., faith based organizations, local foundations, institutions of higher learning) ~ as well as other community factors for example:
 - parks
 - social capital
 - community resilience
 - strong business community, etc.

Community assets and resources can be documented in a list, chart, narrative description, etc.

- A description of the process used by participants to develop a set of priority state health issues.

Measure 5.2.2

1. *The local health department must provide a community health improvement plan that includes all of the following:*
 - a. The desired measurable outcomes or indicators of the health improvement effort and priorities for action, from the perspective of community members. The plan must include:
 - community health priorities, measurable objectives improvement strategies and activities with time-framed targets that were determined in the community planning process.

In establishing priorities, the plan must include:

- consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities.

Measurable and time-framed targets may be contained in another document, such as an *annual work plan*. If this is the case, the *companion document* must be provided with the health improvement plan for this measure.

Strategies may be evidence-based, practice-based, or promising practices or may be innovative to meet the needs of the community. National state-of-the-art guidance for example:

- The National Prevention Strategy
- Guide to Community Preventive Services
- Healthy People 2020 ~ should be referenced, as appropriate.

- b. Policy changes needed to accomplish the identified health objectives must be included in the plan. Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address, for example:
 - Social and economic conditions that influence health equity including:
 - ♦ housing
 - ♦ Transportation
 - ♦ Education
 - ♦ Job availability
 - ♦ Neighborhood safety
 - ♦ Access to recreational opportunities
 - ♦ zoning
- c. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the community health improvement plan. This may include:
 - assignments to staffor agreements between:
 - planning participants
 - stakeholders
 - health care providers (community benefit)
 - other local government agencies
 - other community organizations

For this measure, agreements do not need to be formal, such as an MOA/MOU.

- d. Local health departments must demonstrate that they considered both national and state health improvement priorities where they have been established. National priority alignment could include the National Prevention Strategy and Healthy People 2020.

Measure 5.2.3

1. *The health department must provide a tracking process of actions taken toward the implementation of the community health improvement plan.*

The tracking process must specify:

- Strategies being used
- Responsible partners involved
- Status of the effort or results of the actions taken

Documentation could be, for example:

- A narrative
- Table
- Spreadsheet ~ or a combination. This may look like a work plan that included the status of the implementation of the work plan.

2. *The health department must document areas of the plan that were implemented by the health department and/or its partners.*

Examples must identify a specific achievement and describe how it was accomplished.

Measure 5.2.4

1. *The health department must provide an annual report on the progress made in implementing strategies in the community health improvement plan.*

The report will consider the feasibility and effectiveness of the strategies and/or changing priorities, resources, or community assets.

If the plan was adopted within the year, a report of a previous plan may be provided or detailed plans for assessment and reporting may be submitted.

2. *The health department must document that the health improvement plan has been reviewed and revised as necessary based on the report required in 1 above.*

The revisions may be in the:

- Improvement strategies
- Planned activities
- Time-frames
- Targets
- Assigned responsibilities listed in the plan

Revisions may be based on, for example:

- Achieved activities
- Implemented strategies
- Changing health status indicators
- Newly developing or identified health issues
- Changing level of resources

If the plan was adopted less than a year before it was uploaded to PHAB, the health department may provide:

- (1) Revisions of an earlier plan
or
- (2) Detailed plans for a revision process

RFP Attachment 4 - Anticipated Timeline for YUBA COUNTY MAPP Process

Action Steps:	Start	End
Visioning	7/2016	8/2016
Prepare for and design visioning process	7/2016	7/2016
Hold visioning sessions	8/2016	8/2016
Celebrate success and achievements to date	8/2016	8/2016
4 Assessments	9/2016	2/2017
Community themes and strengths assessment	9/2016	2/2017
Identify subcommittees, approaches, resources	9/2016	9/2016
Hold community dialogs and focus groups	10/2016	12/2016
Develop/disseminate/collect community survey	10/2016	10/2016
Conduct interviews with residents/key leaders	11/2016	1/2017
Compile results/identify challenges, opportunities	1/2017	2/2017
Local public health system assessment	10/2016	1/2017
Establish subcommittee, prepare for the assessment	10/2016	10/2016
Discuss Essential Services/identify orgs & activities	11/2016	11/2016
Respond to performance measures instrument	11/2016	12/2016
Discuss results/identify challenges & opportunities	1/2017	1/2017
Community health status assessment	9/2016	2/2017
Conduct data collection core indicators	12/2015	9/2016
Select and collect additional indicators	10/2016	11/2016
Analyze data/create health profile	10/2016	12/2016
Establish system to monitor over time	2/2017	2/2017
Identify challenges and opportunities	2/2017	2/2017
Forces of change assessment	11/2016	12/2016
Prepare, design process	11/2016	11/2016
Brainstorming session with MAPP committee	12/2016	12/2016
Simply list/identify threats & opportunities	12/2016	12/2016
Community CHIP development	3/2017	5/2017
Strategic issue identification	3/2017	5/2017
Celebrate successes and completed assignments	3/2017	3/2017
Identify potential strategic issues	3/2017	4/2017
Discuss strategic issues and urgencies	4/2017	4/2017
Action Steps:	Start	End
Consolidate strategic issues	5/2017	5/2017
Arrange issues in priority order	5/2017	5/2017
Formulate Goals and Strategies	6/2017	7/2017
Develop goal statements	6/2017	6/2017
Develop strategy alternatives and barriers	6/2017	6/2017
Explore implementation details	6/2017	6/2017
Select and adopt strategies	7/2017	7/2017
Draft planning report	7/2017	7/2017
Celebrate successes and recognize achievements	7/2017	7/2017

Begin Action Cycle	8/2017	10/2017
Organize for action	8/2017	8/2017
Develop objectives and agree on accountability	8/2017	8/2017
Develop action plans	8/2017	8/2017
Coordinate action plans and implement	9/2017	10/2017
Prepare for evaluation/determine methodology	8/2017	8/2017
Gather evidence and justify conclusions	9/2017	10/2017
Share results	10/2017	10/2017

DEFINITIONS

Bidder - A person, partnership, firm, corporation, or joint venture submitting a bid proposal for the purpose of obtaining a County Contract.

Bonds -

Fidelity Bond - Also referred to as a Dishonesty Bond. A fidelity bond is a form of protection that covers the County for losses as a result of fraudulent acts by the Contractor.

Proposal Security Bond – Also referred to as Bid Security. A bond that is submitted with bidder’s proposal to compensate the County for damages it might suffer if successful bidder refuses to execute the contract that may be derived from their proposal. Generally, it is 10% of the amount of bidder’s bid as bid security.

Performance Bond – A bond to ensure completion of the project as requested under the “Scope of Work”. The Performance Bond is backed by a surety who guarantees the project will be completed in accordance with the specifications of the proposal.

Payment Bond – This bond is to protect sub-contractors and suppliers. It ensures that the surety backing the bond will pay the sub-contractors and suppliers if the general contractor does not.

Closing Date/Time - The day and time the Request for Proposal must be received in the office of the Department of Administrative Services-Purchasing Division for acceptance.

Consultant - The bidder awarded the Contract derived from this RFP.

Contract - Comprises the Request for Proposal (RFP), any addenda thereto, the bid proposal, and the purchase order if appropriate. The Contract constitutes the entire agreement between the County and the awarded bidder.

Contractor - The bidder or vendor awarded the Contract derived from this Bid or RFP.

County - The County of Yuba, a political subdivision of the State of California.

Deliverable - The physical evidence such as documentation, certification of completion, hardware/software delivery, etc. which shows that a specific work has been completed as specified in the Scope of Work.

Discount - A percentage amount allowed off invoices for prompt payment.

Evaluation Committee - A committee established to review and evaluate proposals to

determine the Contract award. The committee includes representatives of the department seeking the goods or services and staff from the Department of Administrative Services-Purchasing Division.

Formal Date of Award - Effective date the Board of Supervisors take formal action to award the subject RFP to the most responsive bidder.

Goals/Tasks - A discrete unit of work to be performed.

Joint Ventures - Two or more corporations or entities that form a temporary union for the purpose of the RFP.

May - Indicates something that is not mandatory but permissible.

Must/Shall - Indicates a mandatory requirement. A proposal that fails to meet a mandatory requirement will be deemed non-responsive and not be considered for award.

Notice of Intent to Award - Letter sent by County to all participating bidders advising them of the date the County Board of Supervisors will hear and possibly take action in awarding the Contract to the apparent successful bidder as recommended by the Evaluation Committee.

Objectives/Sub-Tasks - Detailed activities that comprise the actual performance of the Goal/Task. The total of all Goals/Tasks and Objectives/Sub-Tasks makes up the "Scope of Work".

Prime Contractor - The bidder who is awarded the Contract and designated as the legal entity. The Prime Contractor will hereafter also be known as the Contractor. Any subcontracting, Joint Ventures, or other legal arrangements made by the Contractor during this project are the sole responsibility of the Contractor.

Proposal Deadline - The closing date associated with this proposal.

Proprietary - The information provided that is considered exempt from public disclosure defined as Trade Secrets under Civil Code Section 3426.1, pursuant to Public Records Act.

Scope of Work - The mutually agreed to document which describe tasks, dependencies, the sequence and timing of events, deliverables, and responsible parties associated with the various phases of the proposal.

Subcontractors - Any person, entity or organization, to which Contractor or County has delegated any of its obligations hereunder.

Tasks – A discrete unit of work to be done

Vendor - A person, partnership, firm, corporation, or joint venture submitting a bid or

proposal for the purpose of obtaining a County Contract.

Work Plan - The mutually agreed to document, which describes task, dependencies, the sequence and timing of events, deliverables, and responsible parties, associated with the various phases of the proposal