STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY

REQUEST FOR PROPOSALS (RFP)

Consumer Engagement Coordinator

The Office of Health Strategy (OHS) is seeking a Consumer Engagement Coordinator (CEC) to support and serve as the primary resource to its Consumer Advisory Board (CAB). Consumer and community input and engagement is critical to designing and implementing changes in the health system that benefit the Connecticut population. The CAB was created to ensure that the voice of the consumer is heard in all of the work of OHS. The CAB is particularly interested in strengthening the positive impact of innovations in health and health care on consumers, particularly those who are at-risk and underserved, strengthening the communication between OHS and consumers of health services and ensuring ongoing statewide engagement and input of consumer into the activities of OHS.

This is a competitive procurement. The procurement is expected to result in a **one** year contract with the possibility of renewal. The anticipated award is up to $100,000.00.

The Request for Proposals is available in electronic format on the OHS website at: https://portal.ct.gov/ohs

The Request for Proposals is also available in electronic format on the DAS State Contracting Portal at: http://www.biznet.ct.gov/

Applicable Dates:

RFP Release Date	**12/03/2018**
Application Due Date:	**01/14/2019 3 p.m. Eastern Time**
Anticipated Issuance of Notice of Award:	**02/01/2019**
Anticipated Period of Performance:	**3/1/19 to 2/29/20**

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1 EXECUTIVE SUMMARY

Consumer Engagement Coordinator

Consumer and community input and active consumer engagement is critical to designing and implementing changes in the health system that benefit the Connecticut population.

The CAB is particularly interested in strengthening the positive impact of innovations in health and health care on consumers, particularly those who are at-risk and underserved, strengthening the communication between OHS and consumers of health services and ensuring ongoing statewide engagement and input of consumer into the activities of OHS.

Any questions related to this grant program should be directed to:

Laura J. Morris, MPH, Health Partnership Specialist, Office of Health Strategy: laura.morris@ct.gov

Applications must be submitted electronically on or before January 4, 2019 at 3pm to laura.morris@ct.gov

RFP Name	**Consumer Engagement Coordinator**
RFP Release Date	**Monday, December 4, 2018**
Electronic Location of Request for Proposals	**http://www.biznet.ct.gov/**
Request for Proposals Application Due Date	**January 14, 2019**
Anticipated Notice of Award	**February 1, 2019**
Period of Award	**March 1, 2019 to February 29, 2020**
Anticipated Total Available Funding	**$100,000.000**
Anticipated Number of Awards	**1**

2 BACKGROUND INFORMATION

2.1 OFFICE OF HEALTH STRATEGY

The OHS was created in 2017 and formally established in February 2018 by a strong bipartisan effort of the Connecticut General Assembly. The legislation re-organized existing state resources into one centralized healthcare policymaking body to advance health reform initiatives that will drive down consumer costs and undertake modernization efforts made possible by advancements in technology and communication.

Through collaboration with consumers, providers, employers, and other stakeholders, the OHS is leading work to forward high-quality, affordable, and accessible healthcare for *all* Connecticut residents, including:

- Developing health policy that improves health outcomes, ensures better access to healthcare, and identifies and addresses health inequities;
- Reining in Connecticut's high per-capita healthcare spending; stabilizing consumer costs across all sectors of healthcare; and promoting growth and job creation through healthcare reform initiatives;
- Modernizing how healthcare providers communicate and share data in order to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar spent on healthcare; and
- Developing and supporting multi-payer healthcare payment and service delivery reforms that improve population health, focus on the root causes of health conditions, and prevent those conditions from occurring.

OHS's mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs and ensure better health outcomes for all Connecticut Residents.

Engagement and collaboration are keys to health reform. The OHS holds community forums and convenes several stakeholder groups to ensure that the needs and expertise of consumers; providers; payers; employers; and government leaders are part of policy development and implementation.

http://portal.ct.gov/ohs

2.2 OHS CONSUMER ENGAGEMENT INITIATIVE

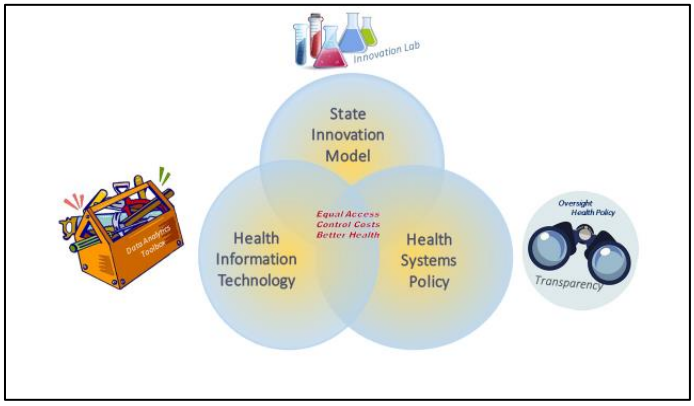
Background

In March 2013, Connecticut received a Federal State Innovation Model Phase 1 Test Grant (SIM) to improve the quality and reduce the cost of health care through changes in how health care is delivered, paid for and how quality of care is measured. In 2014 Connecticut received a $45 million Federal State Innovation Model grant to improve the health outcomes and healthcare spending trajectory of the state, as well as to improve the sizeable health disparities that continue to persist. The CAB was initially created to ensure that all of the planned innovations identified in the State Innovation Model Test Grant would lead to positive health outcomes for consumers across the state of Connecticut.

The CAB was initially interested in strengthening the positive impact of SIM innovations on consumers, particularly those who are at-risk and underserved and strengthening the communication between the SIM and consumers of health services and ensuring statewide engagement and input of consumers into the activities of the SIM initiative. With the creation of the OHS, the CAB, while continuing their work with consumer engagement and input on SIM, will now have a broader reach to include Health Information Technology (HIT) and Health Systems Planning (HSP) and other efforts within the OHS, including the Health Care Cabinet (HCC).

The OHS develops health policy that improves health outcomes and limits health care cost growth across all sectors, whether private or public, including hospitals, physicians and clinical services and prescription drugs. Creation of this office brings together critical data sets and health information exchange efforts and allows for collaboration with many stakeholders, including state agency partners. Working with comprehensive data and experts from inside and outside government, OHS will develop and support state-led multi-payer healthcare payment and service delivery reforms.

The OHS includes three teams, working together:



The CAB for OHS will advocate for consumers and ensures that the public has input on potential health reform policies in Connecticut. Consumers have a strong voice in current health reform initiatives. At the OHS, encouraging and supporting consumer engagement is a priority. The

CAB will support significant consumer participation in OHS planning and implementation processes by expanding beyond the SIM to include:

- Providing advice and guidance to OHS on all topics including but not limited to SIM, HIT, HSP, HCC and Health Innovation Steering Committee (HISC);
- Establishing and supporting consumer members on taskforces and councils;
- Planning and executing consumer engagement activities; and
- Reviewing and considering consumer and advocate input.

The CAB established the overarching goal of a comprehensive multichannel Consumer Engagement and Communication Plan encompassing internal and external processes. As part of the Consumer Engagement and Communication Plan, the CAB deployed a multi-pronged strategy to focus on communication and support for effective advocacy and shared learning.

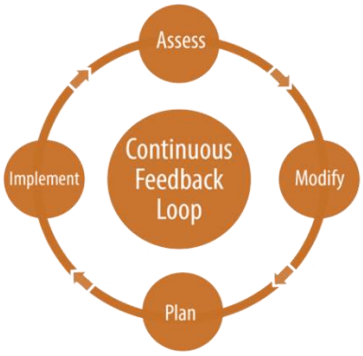
This plan will be expanded beyond the SIM to include HIT, HSP and the HCC. Strategies include:

1) Sharing, collecting, disseminating information within SIM, HIT, HSP, HCC and with consumer populations statewide
2) Implementing a Continuous Feedback Loop
3) Deploying outreach strategies that include communities in this process

2.3 Importance of Health Equity

Health equity is a central issue and a desired outcome for the OHS and CAB. Health equity is the attainment of the highest level of health for all people. Everyone deserves an equal opportunity to lead a healthy life, regardless of their race, gender, sexual orientation, or socioeconomic status. **To achieve health equity, CAB works to eliminate avoidable health inequities and health disparities requiring short-term and long-term strategies.**

2.4 Internal and External Communication Strategies



As the OHS and CAB continues to grow, so must the strategies to address disenfranchised communities and those experiencing heath disparities. The following internal and external communications strategies will be utilized by the selected CEC at the direction of the CAB to raise the consumer voice in OHS reform designs and engage consumer feedback toward systems change.

1) Increase consumer engagement and communication at every level of the continuous feedback loop.
2) Utilize multiple communication platforms to connect with consumers, including developing a social media presence, creating a more accessible website, and increasing community partnership.
3) Inform to Action - Target consumer engagement feedback toward systems change and impact.
4) Prioritize three Focus Areas where consumer engagement feedback can be utilized to improve health care delivery and outcomes by 1) influence systems change; 2) promote provider-consumer partnerships; 3) engage and empower consumers

The entire Consumer Advisory Board's Consumer Engagement and Communications Plan is attached as Attachment E.

3 REQUIRED SERVICE COMPONENTS AND SCOPE OF WORK

3.1 REQUIRED SERVICE COMPONENTS AND SCOPE OF WORK

The CEC will serve as the primary resource to the CAB and will be responsible for providing related progress reports to the OHS work stream Directors and Executive Director and any information as required by the federal government. The selected CEC must demonstrate hands on experience in the following areas:

- demonstrated experience and working knowledge of Connecticut's consumer issues and barriers to achieving optimal health:
- grass roots community outreach, including outreach to hard to reach groups;
- providing administrative support to a volunteer board or committee;
- creating/executing feedback forums such as focus groups, event planning and execution; and

- demonstrated knowledge of cultural sensitivity either through personal experience or training.

The CEC will provide project and program management for the CAB, taking primary direction from the CAB in carrying out a range of activities including the following:

A. Support the CAB in creating ongoing framework for consumer engagement in all OHS work stream activities including:
    a. Develop and implement a multi-channel communication and engagement plan that incorporates in-person and web strategies
    b. Coordinate communication and activities between consumer representatives across OHS Units: SIM, HIT, HSP, HCC.
    c. Implement a process review of selected OHS information materials relating to SIM, HIT, HSP and the HCC to ensure that information is accessible to all consumers, and linguistically/culturally relevant
B. Identify, secure and maintain partnerships with community based organizations and cross-sector stakeholder groups to promote active participation of consumers statewide.
C. Provide ***administrative support**** and facilitation to the CAB in updating their Consumer Engagement and Communication Plan to include all work streams of the OHS.

D. The selected CEC will incorporate in all work products the following health equity strategies outlined in the Consumer Engagement and Communication Plan (included herein as Attachment D):

    a. Attention to social determinants of health and language accessibility

    b. Focus on communities that have experienced major obstacles to health

    c. Promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible.

    d. Continuous efforts to involve consumer voices to advocate for health equity after eliminating avoidable health inequities and health disparities.

E. Facilitation to the CAB in updating their Member Guide, Development of a Policies and Procedure for Governance, Strategic Plan for Short and Long Term Goals of the CAB.
F. As directed by the CAB, support, organize and conduct CAB listening forums, focus groups and other activities to inform adjustments to existing programs or need for other OHS programs.
G. Collect and summarize information from CAB meetings, Listening Forums and other activities including but not limited to; pre and post surveys, collection of demographic information, summaries and reports.
H. Assist in developing key messages/learnings from CAB events and incorporating them into action steps and work products that will be used to inform policy makers, providers and consumers.
I. Assist in developing tools/work products such as videos or publications targeting consumers to apply the learnings from consumer engagement activities.

J. As directed by the CAB and in coordination with representatives of the OHS, develop web/social media communication infrastructure, Twitter, Facebook, and other social media platforms as means to promote/message information and support a bi-directional dialogue between the CAB and other OHS work streams.
K. Participate in regular check-in meetings with representatives of the OHS and CAB.
L. Work with the CAB, OHS staff liaison or other appropriate staff to ensure appropriate support and communication of CAB activities.
M. Provide facilitation support for operational plans, as may be required by the federal government.
N. Serve as a facilitator, as needed, for subject matter discussions at meetings of the CAB, Sub-Committees, Working Groups and other events.
O. Provide administrative support* for the CAB including coordination of calendar events for Co-Chairs, drafting and finalizing Minutes of Meetings, transcription and interpretation of meetings in plain language.

Please see definition of Administrative Support Below

Administrative Support

For the purposes of this contract, provision of administrative support includes at least the following:

1. Maintenance of accurate membership list with contact info for relevant committee(s) or working group(s), held in a shared drive or otherwise always available to OHS and the CAB;
2. Sending notices of meetings in a timely fashion;
3. Filing meeting calendar with the CT Secretary of State (SOTS) in a timely fashion, and sending changes to SOTS as required;
4. Preparation of draft agendas in a timely fashion, and final agendas following CAB approval;
5. Preparation in a timely manner of any slides, handouts or other materials for meetings as requested by CAB, with sufficient time for review by CAB members, and revisions as needed;
6. Meeting facilitation when requested by CAB;
7. Meeting minutes. Minutes should meet requirements for public meetings and include the following:
    a. Attendance list; time and place of meeting;
    b. List of topics discussed and presentations made;
    c. Record of any votes taken and decisions made, including names of members who moved and seconded any motions and vote tallies;
    d. Information and/or links to any tape or other record of the meetings.
8. When requested, Contractor will take notes and create more detailed description of comments and discussion for use by CAB and OHS.

3.2 Key Outputs and Timeline

The following table lists high-level outputs associated with the required scope of work for the contract. The successful respondent will also be responsible for the milestones and timelines it submits as part of their proposal. The applicant should assess the below timeline and propose modifications based on its own subject-matter expertise.

EXHIBIT 1: KEY OUTPUTS AND TIMELINE GRID

Key Milestones	***Timeline***
OHS CAB Governance Structure; Policies and Procedures	Month 2 with completion by month 4
OHS CAB Strategic Plan (Short and Long Term Goals)	Month 2 with completion by month 9
Update Consumer Engagement Communication Plan (includes web/social media communications plan; videos and publications for consumer engagement)	Month 3 with completion by month 9
Conduct outreach (events, webinars, etc.)	Ongoing
Facilitate meetings, sub-committee meetings and other meetings as needed	Ongoing
Administrative Support	Ongoing

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4 AWARD INFORMATION

4.1 Award Amount

The OHS expects to award one respondent the right to negotiate a contract in response to this RFP. The award amount and duration are listed in the **Executive Summary** of this document.

4.2 Eligibility Information

The OHS seeks a respondent experienced with diverse populations and/or health care consumers. Examples of those encouraged to apply include those with expertise in working with hard to reach consumers, experience working with diverse populations, ability to facilitate, gather and synthesize key messages from participants from health-related forums, ability to capture this information to produce a compendium of key learnings.

The OHS seeks applications from individuals and teams, and from local, regional, or national organizations. A strong local knowledge of Connecticut and our communities is preferred.

To be eligible, the applicant must be recognized as a single legal entity by the state where it is incorporated, and must have a unique Taxpayer Identification Number (TIN) designated to receive payment. Applications will be screened to determine eligibility for further review using criteria detailed in this RFP and in applicable law.

4.3 Period of Performance

The anticipated Period of Performance is listed in the **Executive Summary** and in **Section 3.2 Key Outputs and Timeline.**

4.4 Termination of Award

Funding is dependent on satisfactory performance against the scope of work and outputs and a decision that continued funding is in the best interest of the State. Proposals will be funded subject to meeting terms and conditions specified in the resulting Contract and available funds. Awards may be terminated if these terms and conditions are not met.

4.5 Issuing Office and Contract Administration

The Office of Health Strategy ("OHS") is issuing this Request for Proposal (RFP) and is the only contact in the State of Connecticut (State) for this competitive bidding process. The address of the issuing office is as follows:

Name: Laura J. Morris, MPH
Address: P.O. Box 340308
410 Capitol Avenue MS#OHS
Hartford, CT 06134-0308
E-Mail: laura.morris@ct.gov

The OHS has designated the individual below as the Official Contact for purposes of this RFP. All communications with the Official Contact must be in writing.

The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Office. Respondents, Prospective Respondents, and other interested parties are advised that any communication with any other Office employee(s) (including appointed officials) or personnel under contract to the Office about this RFP is strictly prohibited. Respondents or Prospective Respondents who violate this instruction risk disqualification from further consideration.

Name: Laura J. Morris, MPH
Address: P.O. Box 340308
410 Capitol Avenue MS#OHS
Hartford, CT 06134-0308
E-Mail: laura.morris@ct.gov

5 APPLICATION DETAILS

5.1 SUBMISSION INSTRUCTIONS

This Request for Proposals serves as the application package and contains all the instructions to enable a potential applicant to apply.

5.1.1 Respondents' Questions

OHS encourages Respondents to submit questions by email **(to laura.morris@ct.gov)** seeking clarification of the RFP requirements. Questions will be reviewed on an ongoing basis and responses will be posted within 5 business days of receipt. OHS will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website (http://das.ct.gov/cr1.aspx?page=12).

5.1.2 SUBMISSION REQUIREMENTS

The proposal must be submitted to laura.morris@ct.gov no later than the established deadline listed in the Executive Summary. All documents should be submitted as PDFs, with the exception of the budget which should be submitted as an Excel spreadsheet.

5.1.3 FORMAT REQUIREMENTS

In order to ensure readability by reviewers, fairness in the review process, and consistency among applications, each application must follow the following specifications to be reviewed:

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides).
- All pages of the Response must be paginated in a single sequence.
- Font size must be no smaller than 12-point
- Follow the page limits as detailed in the next section.

6 APPLICATION CONTENT

The application should be written primarily as a narrative with detailed specific actions highlighted to emphasize the proposed activity of the applicant. The applicant should organize their response based on the sections detailed below.

I. PROPOSAL FACE SHEET

See **Attachment A**

II. TRANSMITTAL LETTER (No more than 2 pages)

Written statement that addresses:

- That the Respondent accepts without qualification:
  - Assurances and Acceptance (RFP Section 6.2.9);
  - all Mandatory Terms and Conditions;
- Brief statement outlining experience and qualifications to undertake this project;
- A statement that any submitted response and cost shall remain valid for one hundred twenty (120) days after the proposed due date or until the contract is approved, whichever comes first;
- Evidence of Qualified Entity: The Respondent shall provide written assurance to OHS from its legal counsel that it is qualified to conduct business in Connecticut and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the services required under any resultant contract.
- Sanction – Disclosure: The Respondent shall provide a statement that attests that no sanction, penalty or compliance action has been imposed on the Respondent within three years immediately preceding the date of this RFP. If the Respondent proposes the use of a subcontractor, each proposed subcontractor must provide the same statement.
- Small, Minority or Women's Business Enterprise: Section 32-9e of the Connecticut General Statutes, superseded by Section 4a-60g sets forth the requirements of each executive branch agency relative to the Connecticut Small Business Set-Aside program. Pursuant to that statute, twenty-five (25%) of the average total of all contracts let for each of the three previous fiscal years must be set aside. OHS requires that the Resultant Contractor make a "good-faith effort" to set aside a portion of this contract for a small, minority or women's business enterprise as a subcontractor. Prospective Respondents may obtain a list of firms certified to participate in the Set-Aside program by contacting the Department of Administrative Services at the DAS website.

III. PROJECT ABSTRACT (1 page, single-spaced)

A succinct description of the proposal, how the funds will be used, and the projected impact.

IV. PROJECT NARRATIVE (3 pages, single-spaced)

The Project Narrative should address how the Respondent will carry out the required service components. The Respondent should organize the narrative in the following bolded sections:

1. **Overall project**
    a. Describe the Respondent's perspective on the work envisioned in this RFP. What is the Respondent's overall model and approach?
    b. Describe how the work will be organized and managed.

2. **Proposed Approach to Technical Assistance**
    a. Describe the Respondent's strategy for delivering on each of the objectives outlined in **Section 3. Required Service Components and Scope of Work**.
    b. Describe the activities the Respondent will undertake to complete the scope of work.
    c. Describe the tools, methods, and subject matter expertise that will be leveraged.
    d. How much time will be spent on-site? How much time will be spent using other modes of engagement, e.g., video-conference, webinar, etc.?

3. **Impact on Project's Goals**
    a. Describe how the Respondent will ensure the goals of the initiative, as detailed in **Section 3. Required Service Components and Scope of Work** are met.
    b. Describe why the Respondent is a good fit to drive towards these goals.

V. QUALIFICATIONS AND PROJECT MANAGEMENT (2 pages, single-spaced)

(Resumes do not count towards the page limit)

This section should describe the background and experience of the Respondent necessary to carry out this project. The Respondent should organize the narrative in the following bolded sections:

1. **Qualifications and Experience**
    a. Describe the Respondent's overall qualifications and background to carry out a project of this nature and scope. Should include its experience with Consumer Engagement and hard to reach communities.
    b. Describe the Respondent's content level knowledge relevant to the scope of work with the proposed services outlined in **Section 3 Required Service Components and Scope of Work**, including building Governance Structures and/or Policies and Procedures for Committees.
    c. Describe the Respondent's content level knowledge relevant to the scope of work with the proposed services outlined in **Section 3 Required Service Components and Scope of Work**, including Strategic Planning for Short and Long Term Goals.
    d. Describe the Respondent's content level knowledge relevant to the scope of work with the proposed services outlined in **Section 3 Required Service**

Components and Scope of Work, including Communication and Outreach plans including evaluation methods for consumer engagement. Please provide detailed information on outreach to hard to reach communities.

e. Describe the Respondent's content level knowledge relevant to the scope of work with the proposed services outlined in **Section 2.3 Importance of Health Equity**, including frameworks or methods used to address health equity in health care.
f. Describe contracts held within the past five years with a scope similar to this one. What did you learn from your successes and failures that you would apply here?

2. References

Provide information for at least three references. When providing such information, the respondent must include a brief description of work done, the organization's name, specific contact person name, address, phone number, and e-mail.

3. Organizational and Project Structure

a. Provide an organizational structure of the respondent's organization indicating lines of authority and detail how this proposed project structure fits within the larger structure of the organization.
b. Describe how the project structure will enable effective implementation.

4. Project Management

a. Explain the staffing and management model of the organization as well as for the specific team who would be working with the CAB and OHS.
b. Detail the names of proposed personnel, their proposed role, expertise, functions and time commitments.
c. Include the name of a Project Manager who will serve as a single point of contact for the implementation of the project and who will be available to provide status updates and attend all project meetings at the request of the OHS and the CAB.
d. Provide assurance of the capacity to deploy the required staff and resources to complete the scope of work, including identifying any other current or planned contractual obligations that might have an influence on the Respondent's capacity.
e. Identify and describe the role of any and all subcontractors and subject matter experts. Provide the following for each proposed subcontractor:
   - Legal Name of Agency, Address, FEIN
   - Contact Person, Title, Phone, Fax, E-mail
   - Services To Be Provided Under Subcontract

Note: The resultant contractor must receive written approval from OHS for staff changes. These changes must not adversely affect the ability of the Contractor to meet any requirement or deliverable set forth in this RFP and/or the resultant contract.

5. Resumes (limit 2 pages per resume)

Provide resumes for each proposed personnel and subcontractor. The resume shall include contract-related experience, credentials, education, training, and work experience.

6. Project Plan and Timeline

Provide a project plan and timeline for completing proposed deliverables. Provide key activities and outputs, beginning and end dates for each, and the accountable person.

7. Work Samples

The Respondent may, but is not required to, provide two work samples related to this project. Work samples do not count towards the page limit.

VI. COST PROPOSAL (2 pages, single-spaced)

Identify all proposed personnel with a corresponding all-inclusive hourly rate of compensation and an estimate of hours to be expended by each individual in support of the project, broken down by hourly rate, number of hours, FTE, and fringe.

Identify travel costs separately. Provide a narrative explanation to support the proposed budget in accordance with Attachment C Budget Narrative Guidance. Include a total budget proposal for Year 1 of the project.

VII. STANDARD FORMS

The Respondent shall submit the following standard forms:

- **Procurement Agreement Signatory Acceptance:** Proposal must include a Statement of Acceptance, without qualification of all terms and conditions within this RFP and the Mandatory Terms and Conditions for a PSA contract (with proposal, see Attachment B)
- **Consulting Agreement Affidavit** (with proposal, OPM Ethics Form 5, see section 6.2.11)
- **Affirmation of Receipt of State Ethics Laws Summary** (with proposal, OPM Ethics Form 6)
- **Iran Certification** (with proposal, OPM Ethics Form 7)
- **Gift and Campaign Contributions** (prior to contract, OPM Ethics Form 1, see section 6.2.11)
- **Nondiscrimination Certification Form** (prior to contract, see section 6.2.11)

7 EVALUATION AND SELECTION

This section describes the evaluation criteria for this RFP. The review criteria are based on a total of 100 points allocated across the criteria

APPLICATION PACKAGE
I. Proposal Face Sheet
II. Transmittal Letter
III. Project Abstract
IV. Project Narrative
V. Organizational Qualifications and Project Management
VI. Budget Narrative
VII. Standard Forms

7.1 REVIEW AND SELECTION PROCESS

It is the intent of the OHS to conduct a comprehensive, fair and impartial evaluation of the Responses received to this competitive procurement. Only those submissions found to be responsive to the RFP requirements will be evaluated and scored.

A team consisting of qualified experts will review the applications to assess the degree of responsiveness, and clarity in their plan to meet the project goals and milestones. The review process will include the following:

- To be considered for review, applications will first be screened for completeness and adherence to eligibility.
- The review panel will assess each application to determine the merits of the proposal. OHS reserves the right to request that Respondents revise or otherwise modify their proposals and budget based on OHS recommendations.
- OHS may elect to conduct interviews with the finalists prior to awarding the right to negotiate a contract. Any expenses incurred by the Respondent to participate in such interview shall be the responsibility of the Respondent.
- The results of the review of the applications will be used to advise OHS approving official. Final award decisions will be made by the designated approving official. In making these

decisions, the approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to complete the scope of work and objectives; and the reasonableness of the estimated cost to the government and anticipated results.

- OHS reserves the right to conduct negotiations with applicants upon receipt of their proposals.

7.2 PROCUREMENT PROCESS

7.2.1 Contract Execution

The contract developed as a result of this RFP is subject to State contracting procedures for executing a contract, which includes approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions.

7.2.2 Acceptance of Content

The contents of this RFP and the Response of the successful Respondent will form the basis of contractual obligations in the final contract. The resulting contract will be a Personal Services Agreement (PSA) contract between the successful Respondent and OHS. OHS is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

7.2.3 Appeal Process

The Respondent may appeal any aspect of the competitive procurement; however, such appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for OHS to determine whether – during any aspect of the competitive procurement – there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the Procurement Document. Appeals must be submitted by the Respondent to Demian Fontanella (demian.fontanella@ct.gov), with a copy to the Contract Administrator.

Respondents may submit an Appeal to OHS any time after the submission due date, but not later than thirty (30) days after the OHS notifies Respondents about the outcome of a competitive procurement. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days.

Following the review process of the documentation submitted, but not later than thirty (30) days after receipt of any such Appeal, a written decision will be issued and delivered to the Respondent who filed the Appeal and any other interested party. The decision will

summarize the OHS's process for the procurement in question; and indicate the Agency Head's finding(s) as to the merits of the Respondent's Appeal.

Any additional information regarding the Debriefing and/or the Appeal processes may be requested from the Official Contact for this RFP.

7.2.4 Contest of Solicitation of Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any Respondent or RESPONDENT on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board…" Refer to the State Contracting Standards Board website at www.ct.gov/scsb.

7.2.5 Disposition of Responses- Rights Reserved

Upon determination that its best interests would be served, the SIM shall have the right to the following:

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.
4. **Incomplete Business Section**: Reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses.
5. **Prior contract default:** Reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Received after due date:** Reject any Response that is received after the deadline.
7. **Written clarification:** Require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that OHS may require.
8. **Oral clarification:** Require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by OHS. Invite Respondents, but not necessarily all, to make an oral presentation to assist OHS in their determination of award. OHS further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
9. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by OHS.
10. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by OHS.

11. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
12. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFP, with one or more Respondents.
13. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for OHS when awarding the right to negotiate a contract.
14. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of OHS will be served.
15. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
16. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Respondents upon review of the scored criteria. In addition, OHS reserves the right to set parameters on any BFOs it receives.
17. **Unacceptable Responses:** Reopen the bidding process if the OHS determines that all Responses are unacceptable.

7.2.6 Qualification Preparation Expenses

OHS assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses to this procurement.

7.2.7 Response Date and Time

To be considered for selection a Response must be received by OHS by the date and time stated in the Executive Summary of this RFP. Respondents should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. OHS suggests the Respondent e-mail the proposal with receipt confirmation. Respondents must address all RFP communications to OHS.

7.2.8 Assurances and Acceptances

1. **Independent Price Determination**: By submission of a Response and through assurances given in its Transmittal Letter, the Respondent certifies that in connection with this procurement the following requirements have been met.
    a. Costs: The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting

competition, as to any matter relating to such process with any other organization or with any competitor;

b. Disclosure: Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Respondent on a prior basis directly or indirectly to any other organization or to any competitor;

c. Competition: No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;

d. Prior Knowledge: The Respondent had no prior knowledge of the RFP contents prior to actual receipt of the RFP and had no part in the RFP development; and

e. Offer of Gratuities: The Respondent certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).

2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to OHS to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

3. **Press Releases**: The Respondent agrees to obtain prior written consent and approval from OHS for press releases that relate in any manner to this RFP or any resulting contract.

4. **Restrictions on Communications with SIM Staff:** The Respondent agrees that from the date of release of this RFP until OHS makes an award that it shall not communicate with OHS staff on matters relating to this RFP except as provided herein.. Any other communication concerning this RFP with any of the OHS's staff may, at the discretion of OHS, result in the disqualification of that Respondent's Submission.

5. **Acceptance of the OHS's Rights Reserved:** The Respondent accepts the rights reserved by OHS.

6. **Experience**: The Respondent has sufficient project design and management experience to perform the tasks identified in this RFP. The Respondent also acknowledges and allows OHS to examine the Respondent's claim with regard to experience by allowing OHS to review the related contracts or to interview contracting entities for the related contracts.

7.2.9 Incurring Costs

OHS is not liable for any cost incurred by the Respondent prior to the effective date of a contract.

7.2.10 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of $50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of

C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of $50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1). If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with written representation or documentation that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts–regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms.

7.2.11 Key Personnel

OHS reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The department also reserves the right to approve replacements for key personnel who have terminated employment. OHS further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by OHS.

7.2.12 Other

Bidding on and/or being awarded this contract shall not automatically preclude the Respondent from bidding on any future contracts related to OHS. Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

8 DEFINITIONS AND ACRONYMS

DEFINITIONS

Care experience is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

Comprehensive multichannel engagement and communication plan is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience.

Consumer Advisory Board is to ensure significant consumer participation in the planning and implementation in healthcare reform policies in Connecticut.

Health Information Technology of Office of Health Strategy is responsible for development and implementation of the state-wide health information technology plan and data standards to support quality improvement to achieve the state's aims of healthier people, better healthcare, smarter spending and health equity.

Health Care Cabinet was established to advise the Governor on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.

Health disparities can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups (www.fccc.edu)

Health equity is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" http://www.cdc.gov/socialdeterminants/Definitions.html

Health Innovation Steering Committee is a diverse, multi-stakeholder committee comprised of providers, consumers, advocates, health plans and state agencies and is charged with providing oversight and guidance to the State Innovation Model activities related to the implementation of the State Innovation Model Test Grant and the Connecticut Healthcare Innovation Plan.

Health information technology involves sharing health related information through electronic based platforms. http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/

Health Systems Planning of Office of Health Strategy provides administration of the Certificate of Need program, preparation of the Statewide Health Care Facilities and Services Plan, health care data collection, analysis and reporting and hospital financial review and reporting.

Linguistically and culturally relevant services means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Office of Health Strategy is a State agency and its mission is to implement comprehensive, data driven strategies that promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut.

State Innovation Model of Office of Health Strategy advances health innovation and strategy that support the development and implementation of state-led, multi-payer healthcare payment and service delivery model reforms that will promote healthier people, better care and smarter spending in participating states.

Social determinants of health are the conditions in which people are born, grow, work, live, and *age. Social determinants of health* also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. http://www.who.int/social_determinants/en/

Stakeholders can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/

A Community Conversation is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting. www.unitedwaywi.org/sites/.../**Community**%20**Conversations**%20Guide.pdf

ACRONYMS

CAB Consumer Advisory Board

CEC **Consumer Engagement Coordinator**

HCC **Health Care Cabinet**

HIT **Health Information Technology**

HISC **Health Innovation Steering Committee**

HSP **Health Systems Planning**

OHS **Office of Health Strategy**

RFP **Request for Proposals**

SIM **State Innovation Model**

ATTACHMENT A: PROPOSAL FACE SHEET

OFFICE OF HEALTH STRATEGY
REQUEST FOR PROPOSALS (RFP)
PROJECT NAME
PROPOSAL FACE SHEET

1	**RESPONDING AGENCY** (Legal name and address of organization as filed with the Secretary of State): Legal Name: _____ Street Address: _____ Town/City/State/Zip: _____ FEIN: _____
2	**DIRECTOR/CEO** Name: _____ Title: _____ Telephone: _____ FAX: _____ Email: _____
3	**CONTACT PERSON** Name: _____ Title: _____ Telephone: _____ FAX: _____ Email: _____

ATTACHMENT B: PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

Statement of Acceptance

The terms and conditions contained in this Request for Proposals constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Office of Health Strategy is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

On behalf of_____

I, _____agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the Consumer Engagement Coordinator Vendor Request for Proposals.

_____

Signature

_____ _____

Title Date

ATTACHMENT C: BUDGET NARRATIVE GUIDANCE

INTRODUCTION
This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. In the budget request, awardees should distinguish between activities that will be funded under this agreement and activities funded with other sources.

The Respondent may wish to request funding for personnel from their organization for the activities under this RFP. The Respondent may, alternatively, decide to request the funding for consulting services. If this is the case, these costs can be inserted as a subcontractor costs under C. Consultant Costs.

Please provide a Budget Summary table, as well as justification and cost tables for each of the requested budget categories A-G.

Budget Summary Table

Budget Category	*Total*
A. Personnel	
B. Fringe	
C. Consultant Costs	
D. Supplies	
E. Travel	
F. Other	
G. Total Direct Costs	
H. Indirect Costs	
I. ***Total (F + G)***	

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Position Title and Name	*Annual*	*Time*	*Months*	*Amount Requested*
Project Coordinator Susan Taylor	*$45,000*	*100%*	*12 months*	*$45,000*
Finance Administrator John Johnson	*$28,500*	*50%*	*12 months*	*$14,250*
Outreach Supervisor (Vacant)*	*$27,000*	*100%*	*12 months*	*$27,000*

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities; coordination with other agencies; development of materials, provisions of in service and training; conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This can be done for all FTE in one table instead of itemizing per employee.

Sample

Example: Project Coordinator — Salary $45,000

Retirement 5% of $45,000	=	*$2,250*
FICA 7.65% of $45,000	=	*3,443*
Insurance	=	*2,000*
Workers' Compensation	=	_____
	Total:	

C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services for a fee but not as an employee of the awardee organization. Hiring a consultant requires submission of the following information:

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services to be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses)—list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies

General office supplies (pens, pencils, paper, etc.)

12 months x $240/year x 10 staff	=	*$2,400*
Educational Pamphlets (3,000 copies @) $1 each)	=	*$3,000*
Educational Videos (10 copies @ $150 each)	=	*$1,500*
Word Processing Software (@ $400—specify type)	=	*$ 400*

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

E. Travel

All travel must be tracked through a travel log which includes: traveler/position, destination, length of stay, mileage, per diem, reason for the trip, airfare, and any other reimbursable expenses.

Dollars requested in the travel category should be for **staff travel only**.

Provide the following specific information when submitting a line item budget for travel:

- Individual Traveling
- Number of trips * Number of Miles * GSA Approved Mileage Rate **OR** Approximate Number of miles per month * GSA Approved Rate (If the mileage is intended for everyday travel to fulfill the requirements of a job, for example, a Community Health Worker)
- Event Costs (i.e. meetings or conferences registration)
- Airfare Costs, detailed by individual flight
- Lodging Costs (must be within federally approved rate), broken down by room cost, tax, and fees
- Per Diem Meal Costs, broken down by Meal Costs, gratuity and tax
- Parking Costs per day or hour
- Car Rental Costs broken down by daily rental rate, taxes, and fees

*Travel will not be approved without the above detail, as applicable.

In-State Travel—Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation when applicable. Please refer to the GSA website by using the following link http://www.gsa.gov/portal/content/104877.

Out-of-State Travel: Provide a narrative justification describing the same information requested above. Include HHS meetings, conferences, and workshops, if required by HHS. Itemize out-of-state travel in the format described above.

F. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the items are not self-explanatory and/or the cost is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

G. Total Direct Costs $_____

Show total direct costs by listing totals of each category.

H. Indirect Costs $ _____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Please note, SIM-funded contracts and activities cannot exceed 10% in indirect costs.

Sample Budget

The rate is_____% and is computed on the following direct cost base of $_____.

Personnel $

Fringe $

Supplies $

Other$_____

Total $ x____% = Total Indirect Costs

ATTACHMENT D: CONSUMER ENGAGEMENT AND COMMUNICATIONS PLAN

DRAFT 12.2

Consumer Advisory Board 2017

Consumer Engagement and Communication Plan

SIM connecticut state innovation model

2017

PRESENTED BY QUYEN TRUONG

NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD
151 NEW PARK AVE. #14A, HARTFORD CT 06106

I. BACKGROUND: 2015 CONSUMER ENGAGEMENT PLAN

The Consumer Advisory Board (CAB) was created to make sure that the voice of the consumer (including caregivers) is heard in all Connecticut (CT) State Innovation Model (SIM) Test Grant activities.

A. VISION

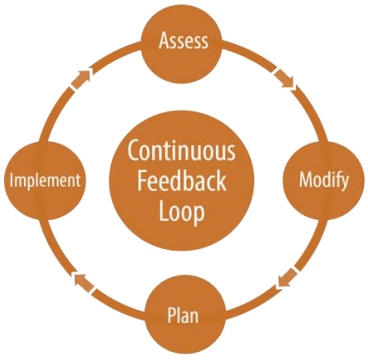
The overarching vision of the CAB is to ensure that all the planned innovations identified in the SIM will lead to positive health outcomes for consumers across CT, including;

1) Achieve health equity and reduce disparities
2) Improve quality of care and care experience
3) Engage and empower consumers in their care
4) Lower health care costs

B. GOALS

To achieve this vision, the CAB established the overarching goal of a Comprehensive Multichannel Consumer Engagement and Communication Plan encompassing **internal and external** processes. As part of the Consumer Engagement and Communication Plan, we will deploy a multi-pronged strategy to focus on communication and support for effective advocacy and shared learning:

1) Strategies for sharing, collecting, disseminating information within SIM governance and with consumer populations statewide
2) Implement a Continuous Feedback Loop
3) Outreach strategies that include everyone and every community in this process



C. OBJECTIVES

1) Develop and implement a multi-channel communication and engagement plan that incorporates in-person and web strategies
2) Coordinate communication and activities between consumer representatives across the CT SIM Governance Workgroups
3) Implement a process review of selected CT SIM PMO (Program Management Office) information materials to ensure that information is accessible to all consumers, and linguistically/culturally relevant
4) Identify, secure and maintain partnerships with community based organizations and cross-sector stakeholder groups to promote active participation of consumers statewide

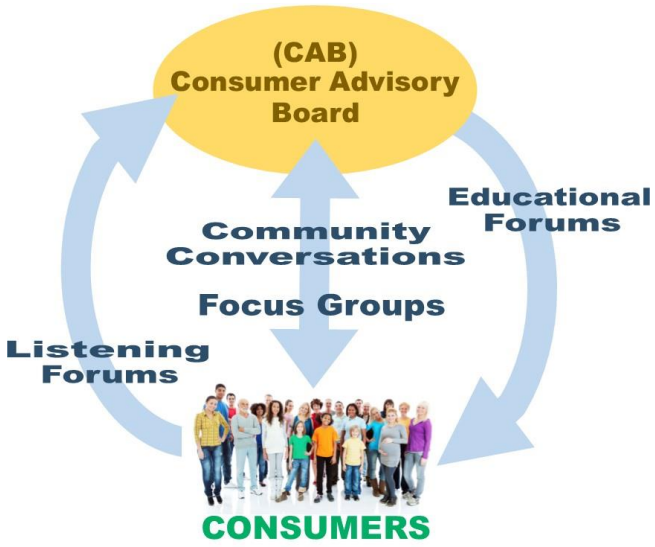
D. STRATEGIES

In-Person Events

1) Community Conversations
2) Listening Forums
3) Educational Forums
4) Focus Groups

Web-Based Strategies

1) Meeting Support
2) Interactive Website
3) Social Media



E. IMPORTANCE OF HEALTH EQUITY

Health equity is a central issue and a desired outcome for SIM CAB. Health equity is the attainment of the highest level of health for all people. Everyone deserves an equal opportunity to lead a healthy life, regardless of their race, gender, sexual orientation, or socioeconomic status. To achieve health equity, CAB works to eliminate avoidable health inequities and health disparities requiring short-term and long-term strategies, including:

1) Attention to social determinants of health and language accessibility
2) Focus on communities that have experienced major obstacles to health
3) Promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible.
4) Continuous efforts to involve consumer voices to advocate for health equity after eliminating avoidable health inequities and health disparities.

As the CT SIM Innovation Model moves from initial planning into implementation and evaluation, we need to ask, “How do we prioritize and utilize information from the continuous feedback loop to achieve CAB goals and attain health equity?”

II. 2017 CONSUMER ADVISORY BOARD STRATEGIES AND ACTIVITIES

A. INTERNAL AND EXTERNAL COMMUNICATIONS STRATEGIES

As SIM CAB is growing, so must our strategies to address disenfranchised communities and those experiencing heath disparities. The following internal and external communications strategies will be utilized to raise the consumer voice in SIM Governance and engage consumer feedback toward systems change.

1) Increase consumer engagement and communication at every level of the continuous feedback loop.
2) Utilize multiple communication platforms to connect with consumers, including developing a social media presence, creating a more accessible website, and increasing community partnership.
3) Inform to Action - Target consumer engagement feedback toward systems change and impact.
4) Prioritize three Focus Areas where consumer engagement feedback can be utilized to improve health care delivery and outcomes by 1) influencing systems change, 2) promoting provider-consumer partnerships, and 3) engaging and empowering consumers.

B. PRIORITY FOCUS AREAS FOR CONSUMER ENGAGEMENT

The following are **three priority focus areas** for future Consumer Engagement and Communications Plan activities along with illustrations and examples of activities for consideration and discussion:

1) **INFLUENCE SYSTEMS CHANGE**: ORGANIZE DIVERSE CONSUMERS TO INFLUENCE THE DESIGN AND IMPLEMENTATION OF PERSON-CENTERED, CULTURALLY-APPROPRIATE HEALTH CARE REFORM ACTIVITIES AND PUBLIC POLICY.
2) **PROMOTE PROVIDER-CONSUMER PARTNERSHIPS**: ENGAGE HEALTHCARE PROVIDERS TO DEVELOP CULTURALLY-COMPETENT AND RELEVANT KNOWLEDGE ABOUT DIVERSE CONSUMER NEEDS. PROMOTE COMMUNICATION AND PARTNERSHIP BETWEEN PROVIDERS, CONSUMERS, AND CAREGIVERS TO SUPPORT BETTER HEALTHCARE AND BETTER OUTCOMES.
3) **ENGAGE AND EMPOWER CONSUMERS**: IDENTIFY CONSUMER AND COMMUNITY-SPECIFIC ISSUES, AND SHARE CULTURALLY-RELEVANT INFORMATION TO FACILITATE DIVERSE CONSUMER INTERACTION WITH THE HEALTHCARE SYSTEM, PARTICULARLY FOR COMMUNITIES FACING BARRIERS TO EFFECTIVE CARE.

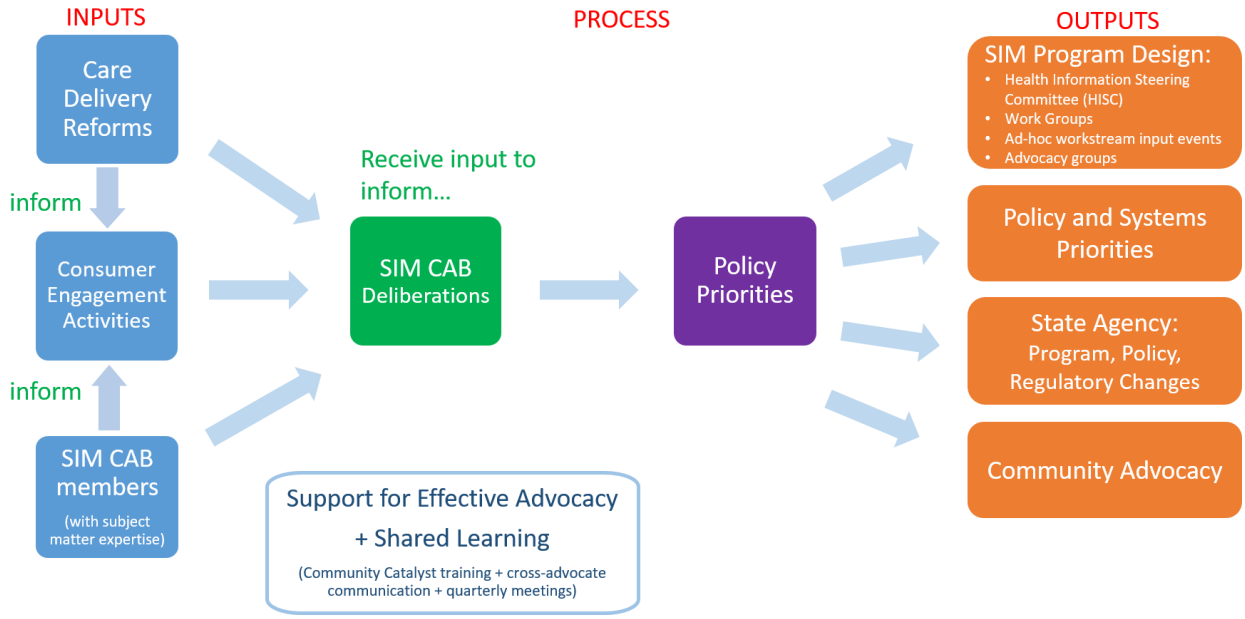
Our work on these three focus areas will be informed by the principles and goals of the care delivery reforms that are already underway through the CT SIM. We will also be informed by the experience and subject matter expertise that each of our consumers and advocates brings to their work on the CT SIM.

C. CAB ACTIVITIES: NEXT SIX MONTHS

CAB members will focus on the following priority action items for the next six months, through **December 2017.** While these activities may concentrate efforts on a specific focus area, their outcomes may involve or impact all three areas.

1) Develop Use Cases to inform CAB Communication Infrastructure Needs
2) Establish a key list of action steps for the coming year that will be informed by feedback gathered through forums, listening sessions, informed by interactions with PCMH+ Committees, etc.
3) Create and publish a compendium of key learnings from all CAB events to date
    a) Develop 2-3 work products targeting consumers to expand the learnings from past Listening Sessions
4) Identify and compile key messages from past listening forums and consumer engagement events
    a) Present key messages to the CAB and to issue-based convenings of consumer representatives across SIM governance
    b) Develop a strategy to incorporate key messages into action steps, based on key list of action steps and input from the issue-based convenings
5) Host two consumer engagement forums on population-specific issues. Utilize the newly established feedback loop to share key messages with SIM consumer representatives and incorporate into action steps
6) Conduct and compile background research on PCMH+ Oversight bodies and other Patient/Family Advisory Councils by
    a) Meet with representatives of at least five of the PCMH+ Oversight bodies or other Patient/Family Advisory Councils, as identified through research
    b) Identify PCMH+ Oversight body or Patient/Family Advisory Council goals and challenges and determine strategy to empower consumer members of these groups

Focus #1: Influence Systems Change



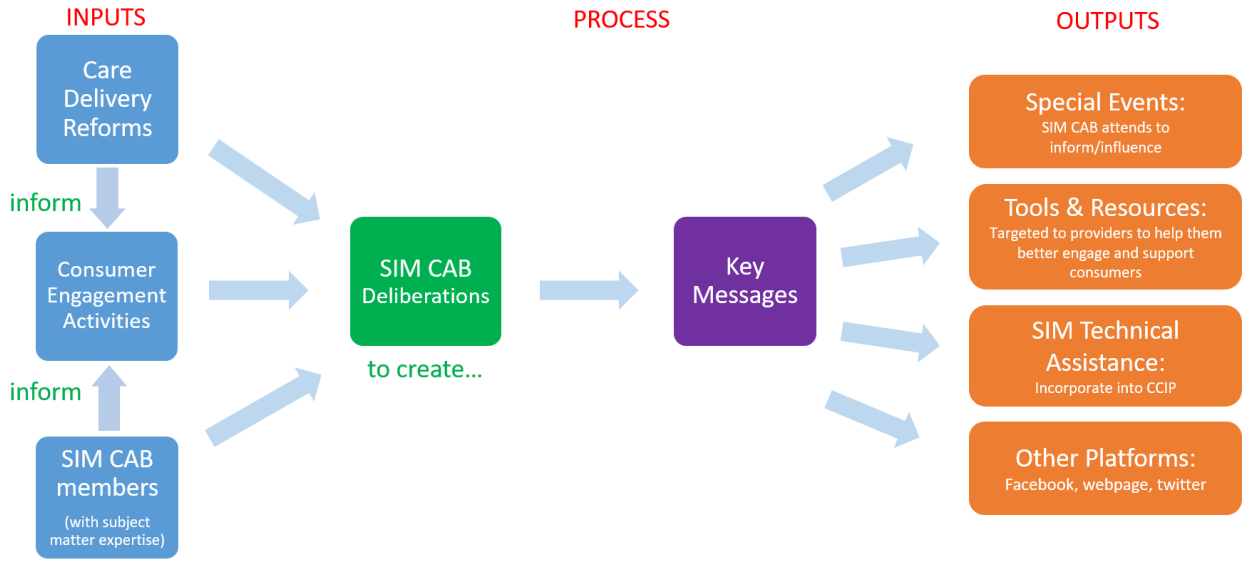
Our first focus involves influencing the design and implementation of health care reforms and public policy with an immediate feedback process involving the voice of the community. Ways for consumers to influence SIM care delivery reform planning include participating in the work groups, the CAB, and the Healthcare Innovation Steering Committee, and sharing information developed through the continuous feedback loop.

To address these issues and to influence systems, the Consumer Advisory Board (CAB) and Consumer Engagement Contractor (CEC) will involve and engage consumers and caregivers to do activities, such as:

1) Organize listening forums, focus groups, and other activities to inform adjustments to existing programs or need for other SIM programs.
2) Consider collaborative efforts with other specific SIM activities.
3) Formulate specific policy objectives annually to inform policy makers. Hold Executive forums on matters of interest.
4) Create a Connecticut General Assembly (CGA) Public Health Committee (or Human Services Committee) Task Force or Workgroup on Healthcare Transformation to educate and raise consumer awareness of important issues concerning healthcare transformation in Connecticut. Such a group could meet at the Legislative Office Building (LOB) on a monthly or quarterly basis, and provide testimony on issues from the consumer perspective that can serve as a platform to affect change.
5) Meet with state agencies and state program leads to advocate for program policy.
6) Propose changes that would enable better care and outcomes.

7) Develop a web/social media communication infrastructure: Twitter, Facebook, and other social media platforms are means to promote/message information and support a bi-directional dialogue for continuous feedback loop.
8) Create a library of resources that payors, policy makers, state agencies, providers, and other advocates can use to inform their work.

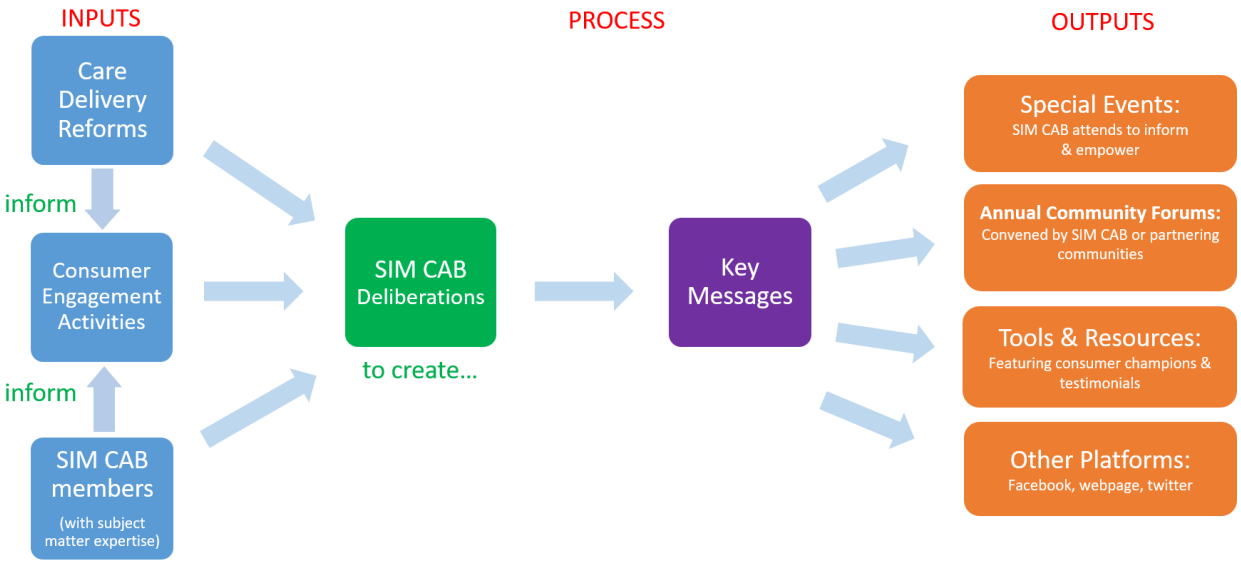
Focus #2: Promote Provider-Consumer Partnerships



Our second focus involves identifying and engaging healthcare providers to learn about specific consumer and caregiver communities and best practices related to providing more culturally-appropriate and person-centered care. Culture in this context extends beyond race/ethnicity to country of origin, gender identity, health literacy, disability status, etc. Person-centered care must encompass physical and behavioral health. To address these issues and to enable providers, we will involve and engage consumers and caregivers to do activities, such as:

1) Engage a patient advisory council to coordinate dialogues between providers and consumers, offer key messages to providers to better serve or communicate with consumers, identify consumer needs, and promote a shared decision-making health experience that may offer cost-savings
   a) Empower the consumer voice to influence providers and other consumers in that practice. (One way of empowering consumers is through engaging consumers on other advisory boards.)
   b) Learn more about patient-advisory councils to understand the extent to which they can be used in our CAB activities. Engage one or more patient advisory councils to better understand the process to assess the potential to effectively collaborate (or effect change) with them
2) Identify special provider events and arrange to conduct forums that promote the CAB's key messages
3) Develop specific programs or continuing education offerings to encourage providers to learn about the consumer perspective

Focus #3: Engage and Empower Consumers



Our third focus involves organizing consumer engagement activities around language accessibility and culturally-relevant information and tools that consumers and caregivers can use to maximize their health outcomes and get what they need from the health system. Person-centered care is at the heart of our SIM CAB activities yet little information is available to consumers and caregivers about their health, their choices, or how to play an active role in the coordination of their care.

While we want to improve the whole healthcare system and thus positively impact everyone's health outcomes, due to our focus on health equity and language accessibility, SIM CAB prioritizes the communities most disenfranchised by the healthcare system. These communities face health literacy issues and socioeconomic challenges, and struggle with coverage costs and inclusion. Provider behaviors may unknowingly create barriers for open and honest two-way communication. Therefore, CAB aims to empower consumers to communicate more effectively with providers, and achieve partnership or joint decision-making. To empower consumers and caregivers, we will involve and engage them to do activities, such as:

1) Share specific advice or key messages from and for community members, and separately for providers or policy makers in plain language
    a) Create tools and resources featuring community members giving testimonials to inform providers, or a consumer champion with advice for consumers (ex: Southeast Asian Forum, Black faith community, Young Adult KASA group)
    b) Develop a message card about SIM CAB to distribute to the community
        i) Explain the mission of SIM CAB and the consumer voice
        ii) Share key messages with consumers

2) Continue to organize consumer engagement sessions focused on what information and tools consumers need to know about the health system in partnership with other consumer organizations
    a) Conduct interactive forums with a focus on using the healthcare system: what you need to know about your doctor, preparing for a visit, you at the center of care, etc.
    b) Be a good conduit for patient-centered care
    c) Build out on the initial set of materials and tools based on early experience in the field
    d) Organize focus groups to get feedback, identify issues, and address them
3) Identify educational programs and opportunities for consumers and caregivers
    a) Offer for easy access the tools and resources that empower consumers, such as how to use a public scorecard, consumer experience surveys, Choosing Wisely, etc. Make statewide healthcare resources accessible and available to consumers
4) Increase the visibility and accessibility of CAB information to the public
    a) Figure out a way to make CAB work products, events, and community known to the greater public
    b) Make above materials available through website and perhaps social media
5) Develop a plan to ensure that the CAB process can sustainably continue to support consumers into the future

GLOSSARY

A Community Conversation is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting. www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf

Behavioral health refers to both mental health and substance use conditions.

Care experience is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

CAB: Consumer Advisory Board

CEC: Consumer Engagement Contractor – currently the North Central Regional Mental Health Board (NCRMHB) is contracted to support SIM CAB in its work

CGA: Connecticut General Assembly; the legislature

CMMI: Center for Medicare and Medicaid Innovation

Comprehensive multichannel engagement and communication plan is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience.

Consumers: Community members with healthcare needs; includes caregivers

Health disparities can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups (www.fccc.edu)

Health equity is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" http://www.cdc.gov/socialdeterminants/Definitions.html

Health information technology involves sharing health related information through electronic based platforms. http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/

Healthcare workforce is the actual number of individuals who are providing health services, across disciplines and levels of care. http://bhpr.hrsa.gov/healthworkforce/

HISC: Health Innovation Steering Committee

Interactive information portal is located on the internet as a webpage that brings information together and makes it accessible to multiple groups and individuals. https://en.wikipedia.org/wiki/Web_portal

Linguistically and culturally relevant services means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

LOB: Legislative Office Building; located in Hartford, CT

PCMH+: "Person-Centered Medical Home Plus (PCMH+)" means an upside-only shared savings initiative for Medicaid providers and beneficiaries established by the Department of Social Services. The goal of this program is to build on successful Intensive Care Management and PCMH initiatives to improve health and satisfaction outcomes for individuals currently served by FQHCs and Advanced Networks. The name of the program was changed from MQISSP to PCMH+ in 2016.

PMO: Program Management Office

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Population health plan extends beyond the individual and incorporates **health** outcomes of a group of individuals. Often, population is defined by geography, but can also include another defining group characteristic. http://www.improvingpopulationhealth.org/blog/what-is-population-health.html

Primary care is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services. http://www.aafp.org/about/policies/all/primary-care.html

Quality measure alignment is the process of developing a more systematic approach to value-based payment in which payers tie financial rewards for providers to the same or similar quality targets.

SIM: State Innovation Model

Social determinants of health are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. http://www.who.int/social_determinants/en/

Stakeholders can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/

Use Case: For the purposes of this Plan, use cases are examples of communication situations that are used to determine what technology and strategies are needed to support CAB's communication needs and goals.

Value-based Insurance Design is an approach to increasing the quality of care a consumer receives while also lowering the costs of providing care by using financial incentives to promote cost efficient services and consumer choices. http://www.ncsl.org/research/health/value-based-insurance-design.aspx