

**RFS 21-67195
TECHNICAL PROPOSAL
ATTACHMENT F**

Please supply **all** requested information **in the yellow-shaded areas** and indicate any attachments that have been included. Document all attachments and which section and question they pertain to.

2.4.1 General Information

1. Please provide a brief history of your agency, including the year it was established.

Community Solutions, Inc. (Community Solutions) is a small but influential public health and community development consulting firm that supports and builds organizations across a variety of sectors with the goal of strengthening communities and systems that improve the quality of life for individuals and families. The firm was founded in 2000 by Lena Hackett, with an initial focus on fund development and grant writing. However, Community Solutions soon discovered that organizations were grappling with deeper issues related to program development and evaluation, organizational capacity, and public policy that needed to be addressed to ensure that organizations have all the resources required to make meaningful and lasting impact. A Women Owned Business Enterprise (WBE) based in Indianapolis, Indiana, our influence lies not in bricks and mortar, but in people, programs, organizations, and systems. Community Solutions is an intentionally assembled collaborative team – the staff team has diverse backgrounds and skillsets to respond to clients' needs systemically and holistically. The staff team has backgrounds in community development, organizational culture and strategic change, strategic planning, program design and evaluation, system redesign, public policy and advocacy, and collaborative leadership.

2. Please provide a list of States to which you currently or in the past provided similar services. If in the past also provide the years of services.

Indiana is the only state in which Community Solutions has provided Evaluation Services. Community Solutions has been a contractor of the IDOH continually since 2012 and has successfully completed every project, to date.

2.4.2 Overview

1. Please describe in detail your company's proposed account management team structure including names where possible, and services each individual or group will perform. Indicate if these individuals will work on the IN-BCCP

program, ICCCP program, or both.

All contract management is directed by Community Solutions' President, Lena Hackett. This includes submitting proposals, negotiating and signing off on contract terms, establishing purchase orders, submitting invoices, and accepting payment, and addressing administrative concerns regarding contracts and payment. For this proposal, Ms. Hackett is the primary point of contact with the IDOA.

Each Project described within the agreed upon scope of services includes team members organized by three roles: Project Manager, Project Lead, and Project Team Member.

The Project Manager is responsible for overseeing the implementation of the project, ensuring that key milestones and deliverables are being met on time, and are of high quality, and works with clients and the Community Solutions staff to clarify the scope of services and address concerns. The Project Manager works with the client resource who is directing the project. For this proposal, the Project Manager is Lisa Osterman, Director of Strategic Initiatives.

The Project Lead is responsible for the day-to-day implementation of the project-related activities and tasks. The Project Lead works closely with client resources who are directly engaged on the project to coordinate activities and engages other members of the Community Solutions team, as defined by the project workplan. For this proposal, Chipso Chavanduka, Project Assistant serves as the Project Lead for ICCCP Evaluation services and Cynthia Cunningham, Senior Consultant, serves as the Project Lead for IN-BCCP Evaluation Services.

The Project Team Members provide project-related support and take on much of the work that is described in the scope of services. For this proposal, the ICCCP Evaluation Project Team Members include Cynthia Cunningham and Lisa Osterman and the IN-BCCP Project Team Members include Erika Hargis, Project Assistant, and Lisa Osterman.

2. What is your company's standard process for problem resolution, including standard response times? What is the escalation process if the standard resolution process cannot resolve an issue?

All project- and client-related concerns are escalated to the Project Manager for review immediately. The Project Manager investigates the issue within 24 hours and then will either reach out to the client directly to work to resolve the issue or will escalate the concern to Ms. Hackett, who has final and binding authority over all company decisions. As a small firm, concerns are typically addressed within one or two days, if not within hours.

3. What are the standard reports that your company provides to your customers? Please provide a list of your company's standard reports, including examples, as an attachment to your RFS response. Please note which are

available online.

Community Solutions does not limit any scope of service or deliverable to align with a particular standard, but rather responds to the various needs, interests, and priorities of clients. This approach has been useful to the longstanding relationship between Community Solutions and IDOH, as the reporting needs and priorities often shift over time and our team is adept at revising the evaluation approach and deliverables to accommodate those interests.

4. Please provide a list of services that are typically subcontracted by your company and those subcontractors currently used or recommended.

Not applicable

5. If your company plans to subcontract all or a portion of this contract explain your ability to oversee and manage accounts payable/receivable for suppliers, as well as the ability to pay promptly for continuation of services and the resources used for obtaining women or minority-owned suppliers.

Community Solutions does not intend to subcontract all or a portion of this contract. Community Solutions is a Women Owned Business Enterprise (WBE) and is certified by the State of Indiana and the City of Indianapolis.

6. Please provide a list of professional affiliations, specific to scope of this proposal, in which your company key employees hold member status with explanation of positions held.

Indiana Cancer Consortium – Organizational Member: Community Solutions
 Indiana Cancer Consortium – Individual Members: Chipo Chavanduka, Cynthia, Cunningham, Lisa Osterman
 National Association of Chronic Disease Directors Evaluation and Epidemiology Working Group: Cynthia Cunningham
 Alpha Kappa Delta International Sociology Honor Society – Member: Erika Hargis, Lisa Osterman

7. What are your company's policies and capabilities in relation to Personal Health Information?

Community Solutions does not provide direct services or collect any health-related data directly from individuals. In the course of providing planning and evaluation services for public health organizations, Community Solutions occasionally has the need to use Electronic Public Health Information (EPHI) that is collected by other agencies and

organizations. Community Solutions has developed policies to protect EPHI from unintentional and intentional misuse of personal information by staff or theft. All staff are trained on company policies regarding use of EPHI data. EPHI records are stored on a single, non-networked laptop computer that is password protected, stored in a locked cabinet within a locked office. Only authorized staff may access the laptop – specifically, those who are named on the project team and have been certified in Human Subjects Research for Social/Behavioral Researchers through the Collaborative Institutional Training Initiative. Misuse of EPHI will be addressed by the security and privacy official and subject to disciplinary action, up to and including termination. Any changes to office location, software, hardware, or staff will result in an update of the EPHI risk assessment and necessary policy modifications. Any suspected and/or confirmed security breaches of EPHI will be reported to the security officer, who will then report the incident to IDOH and/or the owner of the EPHI. When the data is no longer needed, it will be deleted from the laptop hard drive. The hard drive will be completely wiped prior to reassigning or retiring the machine. All policies are reviewed annually to determine whether updates are required.

8. Please describe your company's ability to convene stakeholders/ advisory groups. Attach example documentation if available.

Community Solutions employs applied research methods to assist organizations in asking and answering key questions so that they can work more effectively in service of their mission. While each project is unique, Community Solutions' approach is based on a core belief that organizations that seek to improve communities must listen to and work in collaboration with diverse partners. Community Solutions works with clients to identify and convene an Advisory Group for every evaluation project. While the client has decision authority on whom should be included in those teams, Community Solutions encourages clients to include a variety of stakeholders on those teams, including staff and board members (if applicable), partner organizations, and consumers, people with lived experience in the target population, and community advocates or champions. Community Solutions convenes and facilitates dozens of group sessions and meetings each month – both virtually and in-person. Again, each project is unique, yet Community Solutions has developed a robust toolkit to support meeting facilitation, documentation, planning and tracking information.

9. Please describe previous evaluation work, based on the Centers for Disease Control and Prevention [Framework for Program Evaluation](#). Attach example documentation, if available.

Community Solutions is a results-focused organization that seeks to assist clients in

accelerating their impact. We take a holistic view of evaluation and believe that it is core to the success of strong programs and effective organizations. It is not an activity done at the end of a grant cycle to meet a funder's requirements. Evaluation is the work of engaging stakeholders on an ongoing basis to: determine what results they want to achieve, clarify/define the strategy for getting there, design and implement processes to gather credible evidence, make justifiable sense of the data, and disseminate information to ensure use of the evaluation results.

Community Solutions employs the CDC's Framework for Program Evaluation in all public health evaluation projects and has done so for many years. The use of this framework is seamless for Community Solutions, as the steps reflected in the Framework align with our longstanding approach to evaluation and reflect our corporate values.

Examples of previous evaluation reports for IN-BCCP and ICCCP are attached

10. What is your company's policy and protocol for Internal Review Board?
Attach policy, if available.

The vast majority of our staff members hold Master's degrees in Public Health, Public Affairs, or Sociology and have deep experience in research methods and ethics. Team members who engage in evaluation and research activities have completed Collaborative Institutional Training Initiative through Indiana University. Our firm provides program evaluation services on a regular and routine basis. Evaluation studies – defined as the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgements about the program, improve effectiveness, and/or inform decisions about future program development – do not require oversight from an Institutional Review Board.

On rare occasions, Community Solutions will be contracted to lead or participate in a research study – defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to the generalizable knowledge – which does warrant IRB oversight if it involves human subjects. In those instances, Community Solutions partners with a research institution to provide IRB oversight in such instances.

11. What is your company's protocol for providing in-kind support?

Requests for in-kind support are reviewed and awarded on a project-by-project basis and should be submitted to Lena Hackett, President.

2.4.3 Project Plan and Estimate

1. Please describe your program evaluation plan for IN-BCCP per CDC Framework for Program Evaluation.

The IN-BCCP Evaluation Plan was designed to evaluate program processes and outcomes by assessing the reach and impact of the program on the target population, measure provider performance and efforts to increase screening rates through the implementation of evidence-based interventions via healthy system initiatives and community-clinical linkages, provide formative insight for program modifications using evaluation findings and recommendations identified by members of an Evaluation Advisory Group (EAG).

The Evaluation Plan was developed under the direction of a cross-sector, multi-agency EAG. The EAG will meet quarterly to advise on the implementation of the Evaluation Plan, review evaluation data and findings, develop and communicate recommendations with key stakeholders, and make midcourse adjustments to the Evaluation Plan, as appropriate.

The primary evaluation question that the PY5 Evaluation Plan seeks to address is “What is the IN-BCCP doing to accomplish their short, intermediate, and long-term outcomes? The answer to this overarching question will be explored through four evaluation areas: 1. Program Management, Monitoring, and Evaluation, 2. Direct Screening Services, 3. Health System Intervention Sites: Enhancing Service Delivery Using EBIs, and 4. Community-Clinical Linkages: Environmental Approaches for Sustainable Cancer Control. The evaluation plan methodology employs a comprehensive, mixed-methods approach including administrative and program data analysis, survey of IN-BCCP providers, key informant interviews, and process documentation:

ADMINISTRATIVE AND PROGRAM DATA ANALYSIS

The Evaluator will use sociodemographic data from the US Census Bureau, Indiana Cancer Registry Data, and program data provided by MaxTrac to analyze program outcomes. A significant amount of data are collected about the women participating in the IN-BCCP through forms completed at various provider visits. The data are used by MaxTrac to compile and submit the MDE report to the CDC on behalf of the IN-BCCP for the state as a whole. The evaluation will use these data to analyze differences in program performance, by geographic region. The analysis will utilize geographic information system (GIS) mapping and other methods to depict data.

This analysis will include:

- Density of population of women ages 40-64 at or below 200% of FPL [Source: *Small Area Health Insurance Data*]
- Density of population of women ages 40-64 at or below 200% of FPL without health insurance [Source: *Small Area Health Insurance Estimate (SAHIE) Data*]
- Women under 200% of the FPL in the service area compared to number served [Source: *U.S. Bureau of the Census data and IN-BCCP data*]
- IN-BCCP Cancer Registry cases as a % of area diagnosed cases [Source: *Indiana State Cancer Registry data and IN-BCCP data*]

- Analysis of providers
- IN-BCCP screening locations by screening type [*Source: IN-BCCP data*]
- IN-BCCP service providers [*Source: IN-BCCP data*]
- HSI clinic population screening data [*Source: Participating clinic EMR reports*]

This information will be used to analyze and understand the relationships between locations where the program is available, the geographic concentration of women who qualify for the program, and the locations of program participants. The data will be used, along with qualitative information about services provided from each region, to understand how the IN-BCCP complements and enhances the continuum of care by region. The Evaluator will also analyze and report overall output and performance data, in aggregate and by region, using MDE data provided by MaxTrac.

For HSI, the Evaluator will utilize tools that collect both qualitative and quantitative data. One tool is the grantee quarterly report, in which grantees provide progress updates on EBI activities they are undertaking to increase screening. These reports will be discussed during monthly grantee calls. Quantitative data from HSI sites will be collected monthly and will be analyzed for the PY5 Evaluation Report

A number of new clinic population MDEs are required by the CDC for clinics involved in EBIs. During PY5, the program director will collect data on clinic population-level screening rates. The Evaluator will analyze the clinical data in the context of process observations and key informant interviews to report the relationship between the implemented EBIs and changes in screening rates.

In order to evaluate efforts to conduct Community Outreach and Education, the Evaluator developed a short feedback form to be used at community events to measure participants' levels of intent to participate in breast and/or cervical cancer screenings. A second tool was developed for events such as Women's Wellness Days, to capture whether participants are enrolled in the IN-BCCP, received cervical or breast cancer screenings at the event, or scheduled screenings as a result of the event. A final tool was developed for the regional coordinators to track the Community Outreach and Education events in each region.

The Evaluator will collect quantitative data for the number of women served by the northern and central region using non-BCCP funds. The IDOH is currently working with the Evaluator to develop an approach to collect information regarding Community Clinical Linkages and to develop evaluation tools to measure outcomes. These tools will be implemented in PY5, if Community Solutions is selected as the Evaluator.

PROVIDER SURVEY

The Evaluator will administer a survey to all IN-BCCP screening and diagnostic providers to determine their overall satisfaction with the IN-BCCP and the types of EBIs they use to encourage breast and cervical cancer screenings among patients.

The survey will be administered annually in January.

KEY INFORMANT INTERVIEWS

Key informant interviews will be used to gather qualitative data to answer many of the evaluation questions identified in this Plan. The Evaluator created key informant interview protocols to gather qualitative data from the IDOH staff, Regional Coordinators, Nurse Case Managers, and HSI clinic staff. These interviews will inform the analysis of Program Revisions, Community Outreach and Education Efforts, EBIs and Community Clinical Linkages. The interviews will be conducted annually in March and April.

PROCESS DOCUMENTATION

The evaluation approach focuses on both how the program was implemented and the impact of those implementation efforts. Much of the data collected through the other evaluation methods will support the process documentation. Additionally, the Evaluator will collect process notes from regional staff meetings, episodic program meetings, and regularly scheduled meetings with IN-BCCP program staff. This information, along with notes from interviews with IN-BCCP regional staff, will be utilized to frame the evaluation and put context to the findings from the program data, provider survey, and other program initiatives.

The Evaluator will draft a final, summative report that addresses each of the evaluation questions, emphasizes cross-cutting themes, and includes conclusions and recommendations for strengthening the program. The information included in the summative report will provide insight and guidance for the IN-BCCP as they move forward with their efforts to reduce the burden of breast and cervical cancer in Indiana. The first draft of the report will be submitted in mid-June 2022. The final report will be delivered by June 28, 2022.

The evaluation of the IN-BCCP PY5 will provide formative and summative information. Communication of evaluation findings with the program director will be ongoing. The Evaluator and the program director will meet regularly to discuss the evaluation findings and program implementation. These meetings will be documented by the Evaluator and will be a part of the process documentation that informs the evaluation report.

The Evaluator will convene the EAG quarterly to review evaluation findings to date. At the EAG meetings, the Evaluator will present evaluation findings in a number of ways, including PowerPoint presentations, written presentations, and oral presentations. The EAG will be prompted for feedback on information presented, and the meetings will be documented. EAG feedback is part of the process documentation that will inform the annual report. Individuals from the EAG are expected to use the findings in a number of ways, depending on how their roles relate to the IN-BCCP, including:

- Improved patient outreach and education
- Targeting for new provider recruitment

- Modifications to patient outreach and education methods and messages
- Identification of providers that need technical assistance for MDE improvement
- Program design modifications
- Effective implementation of EBIs
- Modification and expansion of community-clinical linkages

The Evaluator will participate in grantee meetings with the HSI clinics, which are facilitated by the program director to support the implementation of HSIs. The focus of these meetings is to review the quarterly qualitative report submitted by the HSI clinics, the monthly quantitative screening report, and to discuss the successes and challenges faced when in implementing EBIs. The clinics are expected to use the information from these meetings to modify their barrier-reduction efforts in subsequent patient interactions. The clinic meetings will be documented and used as part of the process documentation that informs the evaluation report.

The IDOH will host quarterly regional coordinator meetings to include the IDOH program staff, MaxTrac, the Nurse Case Manager(s), Regional Coordinators and the Evaluator. Evaluation data and findings will be presented at this meeting. The participants will be prompted for feedback on the findings. The feedback may result in additional data analysis. The feedback from the participants will be captured to contextualize evaluation findings in the annual report.

In addition to providing formative evaluation support, the Evaluator will draft summative reports for submission to CDC, including the Evaluation Update Report information for the Annual Performance Report, the PY5 Evaluation Report and, if requested by CDC, a Summary of the PY4/2020-2021 Evaluation Report. Finally, the Evaluator will work with the EAG and the IDOH staff to develop a new Five-Year Evaluation Report and Year 1 Evaluation Questions to guide Evaluation activities in the next cycle.

2. Please provide a sample invoice template for each deliverable to demonstrate your company's ability to different cost per item for each project.

Sample invoice templates are included as appendices and include two options. Option A is a sample invoice that combines the work and deliverables for the IN-BCCP Evaluation and that of the ICCCP Evaluation into a single invoice, and Option B separates out the two distinct projects into two separate invoices. Community Solutions is willing to modify the invoice approach to accommodate IDOH needs.

3. Please describe your program evaluation plan for ICCCP CDC Framework for Program Evaluation.

Community Solutions proposes a scope of services for the evaluation of the IDOH Indiana Comprehensive Cancer Control Program (ICCCP) that includes formative and summative evaluation support, in collaboration with an Evaluation Advisory Group composed of IDOH staff and community stakeholders, to collect, analyze, communicate, and report data to assess the progress and impact of the ICCCP (the program), the activities and reach of the partnerships that are organized through the Indiana Cancer Consortium (ICC) (the partnerships), and the progress and impact of the Indiana Cancer Control Plan (the plan).

The Five-Year Evaluation Plan describes the activities that will aid ICC and ICCCP leadership in engaging key stakeholders to gather, interpret, and use data to strengthen the Program, the Partnerships, and the implementation of the Plan. It was developed through the guidance of an Evaluation Advisory Group (EAG) that includes stakeholders from across Indiana representing a variety of sectors.

The Evaluation Plan describe data collection activities that were designed to be implemented throughout the year by an Evaluation Consultant with the oversight and guidance of the EAG. The Evaluation Activities and resulting reports/deliverables detailed in the Evaluation Plan include:

- ICC Member Skills Inventory Survey – ICC Member Skills Inventory Report
- ICC Member Satisfaction Survey – ICC Member Satisfaction Survey Report
- ICCP Partner Organization Survey – ICCP Partner Organization Survey Report
- ICCP Indicator Data Progress Update – ICCP Indicator Data Progress Report
- ICCCP Logic Model Annual Review and Updates – ICCCP Logic Models
- Data Analysis, Interpretation and Summarization – Mid-Year Progress Report and Year-

In addition to the Evaluation Activities and resulting products, the Evaluation Plan describes how the EAG will review each draft deliverable, provide input on findings and recommendations, and then develop an Evaluation Action Plan that describes how the information will be used, whom will be responsible for communicating it, and tracks progress/completion of those activities over time. This helps to ensure that the evaluation findings and recommendations are justified and utilized by key partners and lead organizations.