

**ST. MARY’S COUNTY HEALTH DEPARTMENT
MARKETING CAMPAIGN FOR ST. MARY’S COUNTY HEALTH HUB
REQUEST FOR PROPOSALS (RFP)
FISCAL YEAR 2024
RFP # 24-01**

OVERVIEW

The St. Mary’s County Health Department is issuing this RFP # 24-01 to contract with a marketing organization that will develop and implement a comprehensive marketing campaign to increase awareness and utilization of the St. Mary’s County Health Hub. The awardee will incorporate a variety of marketing solutions into the plan. This should include but is not limited to television outreach, digital marketing, direct mail, and print materials. The services needed from this RFP include recommending the best strategy to achieve goals and the development and distribution of content through multiple channels. The awardee will provide services using an award of up to \$50,000 and will be completed no later than December 31, 2023.

ELIGIBILITY

To apply for the St. Mary’s County Health Hub Marketing Consultant contract, the organization/individual must:

- Possess expert knowledge on reaching targeted audience in the St. Mary’s County market
- Be available to begin providing contractual services within 30 days of the notice of award

CONTACT

For more information contact:

Jacqueline Wells, Director
Division of Community Engagement & Policy
St. Mary’s County Health Department
21580 Peabody Street, PO Box 316
Leonardtown, Maryland 20650
Jacqueline.Wells@Maryland.Gov
301-452-4807

BACKGROUND

The St. Mary's County Health Hub is a vital facility in the community that aims to remove barriers to accessing critical mental and physical health services. The facility offers a wide range of services including behavioral health screening, crisis counseling, jail diversion programs for substance use treatment and recovery, and primary care medical services. The Health Hub serves as a link to community support services and coaching and stems from a community partnership that aims to address social determinants of health, by increasing access to mental and physical health services, connecting residents to key services that promote equity, and providing community support and financial well-being coaching to help residents achieve their educational and occupational goals. Overall, the St. Mary's County Health Hub is dedicated to providing the highest level of care to the community.

The St. Mary's County Health Hub is located in a federally-designated Health Professional Shortage Area (HPSA) for both primary care and mental health services due to the shortage of healthcare providers serving these portions of the county. The Health Hub plays a critical role in promoting access to health care services and preventive care for all community members, including those who may be the most vulnerable to poor health outcomes.

GENERAL INFORMATION

The organization or service provider wishing to apply must:

- Meet the eligibility requirements listed in this document.
- Submit an application (Attachment 1)
- Designate one person (Program Director) to be the liaison with SMCHD Director of Community Engagement & Policy to coordinate and report on the status of services provided.
- Commit to meet with the SMCHD Project Leads on an established schedule from the date of award to provide updates on project progress. Schedule may be modified based on performance.

GENERAL REQUIREMENTS

All proposals for funding must be reviewed and approved by the St. Mary's County Health Department. Providers/candidates selected must meet the eligibility criteria described below to be considered for funding.

FACILITY REQUIREMENTS

Funding is intended for developing and implementing a strategic marketing plan to increase awareness and utilization of the St. Mary's County Health Hub within the St. Mary's County community.

DATA AND REPORTING

The Awardee will make any/all documents and records available for audit/evaluation to entitled Federal, State and County officials upon request.

SMCHD reserves the right to adjust and change data reporting requirements as the project evolves and/or as MDH guidelines dictate.

AGREEMENT AND TERMINATION FOR NON-PERFORMANCE

The Awardee shall enter into an Agreement with the SMCHD. Any Agreement resulting from this RFP may be terminated by either SMCHD or the Awardee by giving sixty (60) days written notice to the other party.

If the Awardee shall fail to fulfill in a timely and proper manner its obligations under the Agreement, or if the Awardee shall violate any terms of the Agreement, within the sole discretion of the SMCHD, the SMCHD may immediately terminate the Agreement by giving written notice to the Awardee.

INVOICING

The Awardee must submit an invoice at the time of award for no more than 15% of the total award amount unless approved by the SMCHD Community Engagement & Policy Director. The Awardee must give regular reports of work at meetings between the Awardee and SMCHD Community Engagement & Policy Director. Invoices for work, services and items not on the project timeline and/or not approved by the SMCHD Community Engagement & Policy Director may result in denial of further funding. Awardee must provide receipts and/or other documentation of expenditures. Receipts and proof of payment will be required for reimbursement.

Invoices are to be submitted monthly to:

Jacqueline Wells, Director
Division of Community Engagement & Policy
St. Mary’s County Health Department
21580 Peabody Street, PO Box 316
Leonardtown, Maryland 20650
Jacqueline.Wells@Maryland.Gov
301-452-4807

REVIEW PROCESS

A panel of reviewers will conduct the application review process using the attached rating scale (Attachment 2). The decision to award funds of any amount will be based on the merits of the application. The decision of the reviewers will be final. Applications will be examined for:

- 1. Provider Expertise & Organizational Capacity (20 points)
- 2. Project Description (20 points)
- 3. Performance & Outcome Indicators (20 points)
- 4. Timeline (10 points)
- 5. Plan for Sustainability (10 points)

6. Budget Narrative

(20 points)

APPLICATION DEADLINE

One copy of the application for the Health Hub Marketing Consultant must be emailed to Jacqueline Wells at Jacqueline.Wells@Maryland.Gov by August 18, 2023. Applications received after 04:30 PM on August 18, 2023 will not be considered for review. Faxed applications will not be accepted.

APPLICATION TIMELINE

STEPS TO COMPLETION

COMPLETION DATE

Advertise RFP

July 28, 2023

Application Submission Deadline

August 18, 2023

Deliver to:

St. Mary's County Health Department
Jacqueline Wells, Director of Division of Community Engagement & Policy
RE: Health Hub Marketing RFP
21580 Peabody Street, PO Box 316
Leonardtown, Maryland 20650
Jacqueline.Wells@Maryland.Gov

Review Committee

August 14, 2023

Letters of Award Emailed

August 18, 2023

Attachment 1:

ST. MARY'S COUNTY DEPARTMENT OF HEALTH
Health Hub Marketing Consultant

Fiscal Year 2024 Health Hub Marketing Consultant applications may be submitted in Word, PowerPoint, Google Docs, Google Slides, or PDF and should include the information detailed below:

1. Description of expertise and organizational capacity to provide services requested.
2. Provide a project work plan description of the services, including:
 - a. Strategy proposed
 - b. Timeline to implementation
3. Identification of performance and outcome indicators to be used to evaluate the program's effectiveness, including a description of the expected schedule for measuring performance and outcomes.
4. A budget narrative or proposal that describes the funding needed to support the proposed services, including a timeline.

Attachment 2:
HEALTH HUB MARKETING CONSULTANT SCORE WORKSHEET

- | | |
|---|-----------------------------|
| 1) Provider Expertise & Organizational Capacity | Score _____
(0-20 TOTAL) |
| 2) Project Description | Score _____
(0-20 TOTAL) |
| 3) Performance & Outcome Indicators | Score _____
(0-20 TOTAL) |
| 4) Timeline | Score _____
(0-10 TOTAL) |
| 5) Plan for Sustainability | Score _____
(0-10 TOTAL) |
| 6) Budget Narrative | Score _____
(0-20 TOTAL) |
| | Total score _____ |

Attachment 3:
FY 2022 ST. MARY'S COUNTY HEALTH HUB MARKETING CONSULTANT
GRANT APPLICATION COVER PAGE

PROJECT TITLE: _____

ORGANIZATION _____

CONTACT PERSON

(1) _____ TITLE _____

CONTACT PERSON

(2) _____ TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ FAX _____

E-MAIL ADDRESS _____

IS YOUR ORGANIZATION COMMUNITY-BASED? YES NO

DOES YOUR ORGANIZATION HAVE NONPROFIT STATUS? YES NO

DATE OF NONPROFIT STATUS _____

FEDERAL IDENTIFICATION NUMBER _____

I DO SOLEMNLY DECLARE AND AFFIRM THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

PRINTED NAME _____

TITLE _____

SIGNATURE _____ DATE _____