

COVID-19 AAR Request for Price Quote: Questions and Answers

Last updated: 07/26/2022

1. What is the ceiling for this project?

The cap for this project is currently set at \$49,999.

2. Will the final report be made publicly available?

Yes, there will be a publicly available version of the AAR/IP report.

3. Will the final report be released by the program or by the vendor directly?

The final report will be released by KPHD and/or KPHD and the vendor.

4. Will there be a Q/A webinar for this solicitation?

A question-and-answer webinar will not be held for this project.

Applicants should send all questions to gabrielle.hadly@kitsappublichealth.org by end of business on 07/22/2022. By end of business on 07/26/2022 KPHD will post a final question-and-answer document on their website.

5. Can you elaborate on the survey KPHD conducted? Will the survey data be part of the data that shall be analyzed by the vendor?

In May 2022, KPHD pushed out a COVID-19 Response Survey with the goal of gathering feedback on public health, healthcare delivery, and emergency response systems in Kitsap County during the pandemic. The survey was sent to all ESF-8 partners in Kitsap County and garnered comprehensive feedback during the 2-months it was open.

KPHD informed respondents that the survey was part of a larger AAR process that would include individual interviews and listening sessions that would culminate in the creation and publication of an after-action report and improvement plan, all with the purpose of helping us improve our response to future emergencies.

Data from the survey is currently being analyzed by KPHD's Epidemiology Program. A report summarizing the quantitative data from the survey will be provided to the vendor. The vendor will be asked to review and analyze the qualitative data collected from this survey to inform the interviews and listening sessions they hold, as well as for inclusion in the final report, as needed.

- 6. With regards to the 'Addendum for Confidential or Private Related Issues' item, will KPHD provide a form for the vendor and assigned staff to sign, or shall the vendor create a form to meet this need?**

KPHD has removed this item from the content vendors need to provide in their proposals. Once a contract is created, KPHD has attachment(s) that can be added for this, if needed.

- 7. Approximately how many individual interviews with ESF-8 partners does KPHD envision the vendor conducting?**

KPHD envisions the vendor conducting 10-20 individual interviews with various ESF-8 partners, if needed. For some ESF-8 partners, group interviews may suffice.

COVID-19 After Action Review Request for Price Quote

1. INTRODUCTION/BACKGROUND:

Kitsap Public Health District (KPHD) is interested in working with a vendor to develop an After Action Review and Improvement Plan (AAR/IP) related to the COVID-19 pandemic response. The AAR/IP will assess strengths, identify areas for improvement, and present a roadmap for such improvements. The AAR/IP document will be a concise discussion of the findings identified during interviews, listening sessions, and the survey KPHD conducted. It will outline strategies and action items that Emergency Support Function 8 (ESF-8) partners should implement to improve preparedness, response, and recovery efforts to future emergencies.

2. REQUEST FOR PRICE QUOTE:

The Kitsap Public Health District is commissioning an After-Action Review of the ESF-8 response to COVID-19 in Kitsap County. The vendor shall furnish all necessary labor and equipment needed to complete the work in accordance with this Request for Price Quote.

2.1 VENDOR SHALL:

- 2.1.1 Communicate and collaborate with Public Health Emergency Preparedness and Response (PHEPR) program staff and county ESF-8 partners to collect data for analysis to develop an AAR/IP. The scope of the AAR/IP will include at minimum:
 - HSEEP Phase I Capabilities (Common Capabilities, Prevent Mission Capabilities, Protect Mission Capabilities, Respond Mission Capabilities, Recover Mission Capabilities),
 - Appropriate CDC PHEP Capabilities.
- 2.1.2 Analyze collected data to compare practices, challenges, successes, and results.
 - Identify gaps between planning and practice for ESF-8 partners. Analyze the practices that changed over time and why.
 - Identify areas for improvement to strengthen or enhance performance, collaboration, and follow-up.
 - Determine actionable lessons and opportunities for ways to reform the work of local ESF-8 agencies in order to improve our ability to detect and control current and arising health threats.
- 2.1.3 Establish a secure project team collaboration website and provide access to PHEPR and county staff, as necessary. The website will be hosted on the selected vendor's server throughout the project engagement and

will serve as a document repository, allowing the designated users access to documents (including both current and archived versions) throughout the project.

2.1.4 Coordinate and deliver virtual and in-person meetings to county ESF-8 staff and partners. Provide a lead facilitator and up to two additional facilitators to support breakout sessions as needed.

- Project Kick-Of planning event (2-3 hours)
- Documentation review meeting to discuss roles, responsibilities, processes, capabilities, and technology (2-4 hours)
- KPHD individual interviews and group listening sessions with those who filled ICS/ELT leadership roles, up to 20 participants (1-2 hours)
- Individual interviews and up to 4 group discussions with ESF-8 partners (1-2 hours each)
- AAR Review meeting with PHEPR staff (2-3 hours)

2.1.5 Divide AAR/IP into the following sections, based on County’s response to the pandemic.

Era	Potential Lessons Learned
Pre-COVID (Before Jan 2020)	Building partnerships, trust, relationships, plans, surge capacity, exercises, and trainings
Early Response to COVID (Approximately February 2020 – April/May 2020) –	Rapid response, outbreak detection and control, standing up ICS, deploying PPE, policy guidance, communication
Unified Command build up (Approximately March 2020- June 2020)	Policy and procedure guidance, communication, relationships, continuity of operations, surge capacity
Ongoing Operations (Approximately June 2020 – May 2022)	Vaccine roll out, vaccine equity, Vaccine information, community based testing, MRC/CERT, recovery, contact tracing, quarantine and isolation, closing equity gaps, guiding the mental health workforce
Demobilization (Approximately February 2022 – June 2022)	Policy and procedure guidance, communication, relationships.

- 2.1.6 In coordination with PHEPR program staff, develop an outline and draft of the AAR/IP consistent with the Homeland Security and Exercise Evaluation Program (HSEEP) methodology.
- 2.1.7 After the AAR/IP Review meeting, provide the completed AAR/IP in Microsoft Word format no later than June 29, 2023.

2.2 VENDOR RESPONSIBILITIES (DELIVERABLES):

- 2.2.1 Coordinate with PHEPR program staff for planning and process review meeting dates and times.
- 2.2.2 Establish and maintain a secure SharePoint site.
- 2.2.3 Develop the AAR/IP to include
 - AAR/IP outline
 - Draft AAR/IP
 - Final AAR/IP
 - AAR/IP review meeting materials (presentation, agenda, registration, forms, meeting summary)
 - An executive summary for key stakeholders
 - A slide deck of key findings for high level briefings
 - A publicly available copy of the AAR/IP (redacted if necessary)
- 2.2.4 Provide documents and processes for review by PHEPR staff

2.3 PHEPR TEAM RESPONSIBILITIES:

- 2.3.1 Identify and invite attendees for meetings.
- 2.3.2 Coordinate the meeting date and time with the intended audience and the Vendor.
- 2.3.3 Provide documents to support data analysis, meetings, and the AAR/IP.
- 2.3.4 Provide project direction, guidance, input and approval.
- 2.3.5 Upon request from Vendor, coordinate with ESF-8 staff and partners to set up interviews and listening sessions as needed.

2.4 TIMELINE:

Project timeline is approximately September 1st, 2022 – June 30th, 2023.

2.5 PAYMENT:

Vendor may invoice the KPHD PHEPR program in accordance with contract terms at any time upon completion of tasks prior to the expiration of the contract on June 30, 2023, but must be received by July 15, 2023.

3. TENTATIVE TIMELINE:

Activities	Timing	Milestone
Start of contract	From contract signing date, estimated to be 2 weeks	Signed Contract
Study design and preparation	4 weeks	Study design
Identify and gain access to quantitative data sources		List of data sources
With PHEPR team identify interview and listening session subjects and a way to recruit them		List of subjects
Conduct and transcribe interviews and listening sessions	7 weeks	
Prepare documents	10 weeks	Final Report

4. PROPOSAL CONTENT:

Proposal must contain the following information and is limited to a maximum of twenty (20) pages, single sided, 12-point font. Provide an original proposal in Microsoft Word and/or Excel (as necessary).

- Total proposal must include all costs, including but not limited to Vendor hourly rate, travel, research and evaluation, supplies, and materials needed in relation to the Request for Price Quote, facilitating and delivering meetings to staff and partners.
- Proposed plan to fulfill the Request for Price Quote and deliverables.
- Experience conducting an AAR/IP in the last three to five years. Firms with AAR/IP experience related to public health, COVID-19, and/or ESF-8 are preferred. References must be provided.
- List of Kitsap County agencies your firm has performed work for in the past three years, if applicable.
- Document any limitations to completing the Request for Price Quote.
- Items to include, but not count, in the twenty-page limit:
 - Professional biographies of staff assigned to the project. Staff bios must include any intended staff for consideration on the project.

5. OTHER REQUIREMENTS AND CONSIDERATIONS:

- Must have at least 5 years of experience in public health research and/or practice, preferably having worked on training, exercise, or incident AAR's.

- Must have the capacity to design and conduct the project in the timeline.
- Must have relevant experience and qualifications to implement the proposed Request for Price Quote.
- Must be able to coordinate/collaborate with beneficiaries of the project. Work experience with a US local or state government is an advantage.

6. PROPOSAL EVALUATION:

Proposals will be evaluated according to the technical proposal evaluation criteria (Appendix) and budget evaluation criteria. Only short-listed candidates will be contacted. Proposals accompanying documentation will not be returned to unsuccessful candidates. The short-listed proposals may need to prepare a 10-minute presentation of their proposal (technical and cost proposals) for further clarification.

7. PROPOSAL DUE DATE AND TIME:

Your proposal is due no later than 5:00PM, Monday, August 8th, 2022. Your proposal must be submitted via email, with all attachments included.

Submit proposals to the PHEPR Program Manager, Gabby Hadly, at gabrielle.hadly@kitsappublichealth.org.

Appendix: Technical Proposal Requirement and Evaluation Criteria

Technical proposals shall include the following:

1. Methodology
2. Interview and listening session script/guide content development
3. Approaches to implement data collection
4. Approaches to engage stakeholders
5. Similar prior work of applicant and references from this work

Evaluation criteria for the technical proposal is below.

No.	Description of criteria	Maximum possible score
<i>Technical experience and performance</i>		
1	Relevant experience/references	20
	- Personnel with experience conducting AAR's for projects with large scopes/durations that involved multiple sectors (healthcare, public health, first responders, and emergency management).	10
	- 5 years of experience in public health research or practice, and/or worked on trainings, exercises, and incident AAR's for public health partners for 5 years (history working with CDC PHEP Capabilities is a plus).	5
	- 1-3 references provided for similar past work. (Work that involves numerous sectors, projects with large scopes/durations, and work that requires both qualitative and qualitative findings).	5
2	Key personnel capabilities/qualifications	15
	- Personnel have backgrounds in public health, healthcare, first response, emergency management (history writing AAR's with IP's is a plus).	15
<i>Technical proposal</i>		
3	The clarity and logic of the proposal	15
	- Proposal is well written and laid out	5
	- Proposal's logic is clear, and meets all requirements requested in this document	10
4	Methodologies: qualitative	15
	- Vendors approach on how to gather, document, and analyze findings from interviews and listening sessions for various sectors is clear.	15
5	Methodologies: quantitative	15

	- Vendors approach on how to interpret, analyze, and incorporate findings from KPHD’s AAR Survey into interview/listening sessions and final AAR/IP is clear.	15
6	Approaches for engaging target audiences	10
	- Vendors description of how relevant ESF-8 partners will be engaged is appropriate for gathering valuable feedback on sensitive subjects, while maintaining and building on KPHD’s vital relationships with such groups.	10
7	Feasibility of proposed approaches to complete all activities within the timeline	10
	- Vendors proposed timeline and budget are sound and competitive in meeting requirements outlined in this document.	10