

Mississippi Public Health Institute

Request for Proposals

for

Comprehensive Communications Campaign and Planning

RFP2017-1

Period of Performance

August 2017 – June 30, 2018

Deadline for Submission of Proposals

August 15, 1:00 p.m.

Submit Proposals to the attention of Roy Hart  
Mississippi Public Health Institute  
829 Wilson Drive, Suite C  
Ridgeland, MS 39157

## I. Purpose

The Mississippi Department of Mental Health Bureau of Alcohol and Drug Services (BADS) is responsible for establishing, maintaining, monitoring and evaluating a statewide system of alcohol and drug use services, including prevention, treatment and rehabilitation. BADS engages in prevention and education activities throughout the state of Mississippi aimed at increasing awareness among consumers and health care providers about the harm caused from illicit use and abuse of prescription drugs, illegal drugs and alcohol. BADS has designed a system of services for alcohol and drug use prevention and treatment reflecting its philosophy that alcohol and drug use is a treatable and preventable illness.

While BADS shoulders significant responsibility for implementing the system, numerous agencies and organizations serve as invaluable partners in the statewide effort. The communications consultant engaged for the campaign described herein will assist BADS and key partner organizations by soliciting appropriate stakeholder/partner input, facilitating development of realistic, measurable communications plans, developing consistent messaging for use across multiple agencies and organizations, and identifying and utilizing the most cost effective approaches that reach consumers and health care providers. Special emphasis is placed on providing linkages to trusted sources of education, prevention strategies and treatment services for individuals, communities and health care providers affected by opiate abuse. *Opioids* are a class of drugs that include the illegal drug heroin, synthetic *opiods* such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others.

BADS funds coalition activities across the state as part of Mississippi Prevention Alliance for Communities and Colleges (mPACC). mPACC aims to reduce harmful alcohol and prescription drug consumption patterns by changing individual and community knowledge, attitudes and beliefs. An effective communications strategy with consistent messaging and materials is needed to augment the efforts of the mPACC grantees and further extend their reach and impact.

Specific examples of mPACC objectives that the communication campaign will assist in achieving include (but are not limited to):

- Reduction of binge drinking and past 30-day alcohol use by youth age 12 to 25
- Changing youth behaviors regarding alcohol and drug use that result in suspensions, DUI arrests, alcohol and drug related vehicle crashes, injuries and fatalities by youth age 12 to 25
- Reduction of past 30-day prescription drug abuse and emergency room visits among 12 to 25 year olds.
- Increasing parental and youth: disapproval attitudes towards alcohol, perceived risk and harm from binge drinking, and family communication on alcohol tobacco and drug use.

## **Mississippi Public Health Institute**

Mississippi Public Health Institute (MSPHI) has extensive experience with public health and substance abuse prevention communication campaigns. MSPHI will assist BADS and its additional partners by overseeing and managing the activities of the communications consultant.

## **II. Scope of Work**

Proposals implementation plans should include two project phases. The first phase is expected to last up to two months and encompass project assessment activities, strategy development and evaluation/impact planning and metrics development. The second phase will occur over the balance of the project period and focus on project implementation and evaluation.

Projects should include, but are not limited to, the following steps:

### **PHASE I Planning (2 months)**

1. Engage stakeholders to determine the needs, capabilities and expectations as participants in a statewide targeted media campaign.
2. As appropriate, engage agency staff, meet with task force members, policy makers, hospitals, health care organizations and providers, coalitions, and consumers to develop a strong understanding of best channels and methods for communications that meet the needs of stakeholders.
3. Assess the utility and viability of existing communications tools and messaging produced by other agencies and organizations that could be adapted or incorporated into the campaign.
4. Develop a written communications plan for utilization throughout Mississippi to ensure quality, consistency and accuracy of content and messaging.
5. Submit final drafts for key campaign messages, designs, materials and collaterals for approval by MSPHI and BADS.
6. Develop and implement a monitoring and evaluation plan.

### **PHASE II Implementation**

1. Launch a statewide targeted communication strategy that shares critical information, tools and resources for stakeholders in ways that are readily accessible and compelling.
  - Develop a unique branded identity for the campaign(s)
  - Develop and maintain a campaign website
  - Develop and maintain a social media presence
  - Develop a news media collaboration plan
  - Develop stakeholder tools such as PowerPoint presentation(s), info-graphics, fact sheets, collaterals etc.
  - Plan kick-off activities
2. Engage key stakeholders as champions in the campaign.
3. Communicate routinely with MSPHI, BADS and task force members and additional stakeholders to report on progress and performance as part of the ongoing evaluation.
4. Create a standard progress report and update monthly.

5. With the approval of BADS and MSPHI, conduct necessary and appropriate creative work where no other usable/suitable resource(s) exist.
6. Conduct media placement procurement to include: planning and purchasing scheduled advertising air time for television, radio, digital and space for newspaper, magazine, direct mail, web based, creation of specifications, negotiating best and lowest cost, seeking value added promotional opportunities, conducting appropriate focused market research, target audience segmentation and regionalization.
7. At request of BADS or MSPHI provide creative counsel by participating in meetings, assisting with creative work such as writing, design and branding for the DMH.
8. Provide ongoing evaluation of the campaign and make recommendations regarding changes to targets, approach, methods and budget allocation as necessary to meet campaign objectives.

**Note** – Aspects of Phase I and Phase II can occur concurrently.

### **III. Proposal Narrative Requirements**

All aspects of the proposal including the narrative section should be clear and compelling but not lengthy - no more than 10 pages (excluding required attachments). Please include the following components:

#### **A. Qualifications**

Provide a summary statement of qualifications explaining why your organization is well suited for this project. Include organizational profile, length of time engaged in health-related communications campaigns, plus 3 examples of similar projects.

#### **B. Project Implementation Plan**

Proposals should indicate how the offeror intends to accomplish the activities associated with the Scope of Work described in Section II. Describe your proposed approach to developing and implementing a communications campaign that increases awareness among consumers and health care providers about the harm caused from illicit use and abuse of prescription drugs, illegal drugs and alcohol with special emphasis on opioids. This section must include project goals, objectives and associated activities for Phase I and Phase II of the campaign. These should be incorporated into the implementation plan with a timeline.

Objectives should be Specific, Measurable, Achievable, Realistic and Time Sensitive -SMART.

- **Specific:** Concrete, detailed, and well defined so that you know where you are going and what to expect when you arrive
- **Measurable:** Numbers and quantities provide means of measurement and comparison
- **Achievable:** feasible and easy to put into action
- **Realistic:** Considers constraints such as resources, personnel, cost, and time frame
- **Time-Bound:** A time frame helps to set boundaries around the objective

### **C. Evaluation Plan**

Evaluating whether a health communication campaign has actually succeeded in changing behavior is a rigorous but crucial part of any intervention initiative. In addition, continued funding and support for many campaigns can depend heavily on whether it has been demonstrably effective. The challenge lies in not only measuring the reach of a campaign, but also determining whether the messaging results in the desired and intended behavior change. The key question is how will progress be documented and how will we know if the campaign is successful? The evaluation plan should use a combination of process and outcome measures and be linked to the objectives stated in the project plan in the previous section.

### **Additional Proposal Requirements**

- Proposals should be prepared in a standard typeface or font no less than font size 11.
- Proposals may contain images and color but the offeror is responsible for insuring image quality in its submitted originals and copies.
- Proposals should not exceed 10 pages excluding required attachments in Section IV below.
- Margins should be no less than .75”.
- Proposals should be printed on one side.
- Proposal pages should be numbered.
- Proposal pages should identify the name of the offeror’s company in the header or footer on each page.
- A cover letter may be submitted that is not counted as part of the page total.

### **IV. Required Attachments**

**A. Budget and Budget Narrative:** Provide a detailed budget identifying plans for the use of funds for Phase I Planning and Phase II Implementation. The entire budget inclusive of all cost must not exceed \$250,000. Budget expenditures must be well explained/justified in a budget narrative. Please include hourly fees (with number of hours estimated) or flat rates. Please provide any additional information necessary to explain and justify proposed cost.

**B. Resumes:** Include resumes key individual(s) that will be assigned to the campaign. Describe their respective roles and responsibilities for this project. **Additional Requirement:** Among those resumes submitted, the proposal must identify an experienced account manager as the single point of contact related to activities of the project.

**C. Three References:** Please include three references and list the type of work provided for each client within the last three years. Include company name, address, phone number and contact person.

### **D. Acknowledgement of Terms of the Request for Proposals**

Attach a signed and dated original of Attachment D.

## V. Proposal Acceptance Period

Proposals must be delivered sealed to the Mississippi Public Health Institute office located at 829 Wilson Drive Suite C, Ridgeland, MS 39157 to the attention of Roy Hart. **One original and two copies** of an offeror's proposal must be delivered on or before 1:00 p.m. Tuesday August, 15 2017, to the above address. All submissions will be day/time stamped upon delivery. MSPHI may reject any proposals arriving after the stated day and time.

## VI. Other Terms and Conditions

- Acceptance of a proposal does not constitute any formal or informal binding relationship between the offeror and MSPHI.
- The MSPHI may reject any proposal not submitted by the required deadline.
- MSPHI may exercise at its discretion the right to deem any proposal non responsive if the offeror fails to provide all required information stated in this request for proposals.
- MSPHI will evaluate all accepted proposals based on responsiveness, merit, accuracy and cost.
- MSPHI may choose to discuss details, negotiate or request modification of successfully submitted proposals with respective offerors.
- Upon identification of the best proposal, MSPHI will negotiate contractual terms with the offeror. The offeror's proposal will be incorporated into the terms of the contract.
- All submitted proposals become the property of MSPHI.
- No cost incurred while preparing and submitting a proposal in response to this request for proposals is chargeable to the MSPHI.
- MSPHI reserves the right to withdraw this RFP at any time prior to the award of a contract.
- Preference will be given to agencies with demonstrated and relevant experience working in Mississippi.

## Resources

<http://www.pharmacy.umaryland.edu/media/SOP/wwwpharmacyumarylandedu/programs/bhrt/pdf/mspfll/masstapp-communications-toolkit.pdf>

<https://www.samhsa.gov/capt/tools-learning-resources/prevention-media-campaigns>

[www2a.cdc.gov/cdcup/library/templates/CDC\\_UP\\_Communications\\_Management\\_Plan\\_Template.doc](http://www2a.cdc.gov/cdcup/library/templates/CDC_UP_Communications_Management_Plan_Template.doc)

## **Attachment D**

### **Acknowledgement**

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read, understands, and agrees to all terms and provisions of this Request for Proposals (RFP) and the attachments herein;
2. That the company meets all requirements and acknowledged all certification contained in this Request for Proposals, RFP, and the attachment herein;
3. That the entity/individual agrees to all provisions of this RFP and the attachments herein;
4. That the company has, or will secure, at its own expense, appropriate personnel who shall be qualified to perform the duties required to be performed under this RFP.

**Printed Name:** \_\_\_\_\_

**Signature/Title/Date:** \_\_\_\_\_