



## **Request for Proposals**

**Issued by:  
Corporation for Supportive Housing**

**Evaluation of  
the RWJF's Aligning Health and Housing Project:  
A Collaborative Project of  
CSH, Council of Large Public Housing Authorities (CLPHA)  
and UnitedHealthcare**

**Deadline for Submission:  
September 15, 2018 at 5:00 pm PST**

# I. Introduction

The Corporation for Supportive Housing (CSH) has brought together the Council of Large Public Housing Authorities (CLPHA) and UnitedHealthcare Community and State (UHC.C&S) to explore how housing and healthcare sectors work together at the local level to improve health outcomes for low income and vulnerable populations who are served by both systems. The project will bring together local partners to improve outcomes at the person, program and system level. The national partners (CSH, CLPHA and UHC.C&S) have done a national scan of overlap between UnitedHealthcare Medicaid State Health Plans and CLPHA member agencies. The goal of the project is to select 5 communities nationwide, in diverse healthcare environments to jointly develop population health priorities and develop a work plan to improve outcomes in priority areas for both the health plan and the Housing Authority. The evaluator's role will be to assess current activities, and develop a cross-site evaluation plan for the implementation phase of the project.

This new national demonstration program is made possible through a Robert Wood Johnson Foundation grant. CSH has sub-granted funds to CLPHA and CLPHA will award grants to 5 housing authorities in the chosen communities. The first year of the project is a 'planning year' with deliverables of a work plan for the 5 chosen communities. The vision for the project is that Years 2 and 3 will be implementation years, while year 4 will be wrap up and dissemination. The first 5 months of the planning year have been focused upon choosing communities, while months 6-12 are focused on data sharing, community engagement, research on best practices regarding identified community health needs and work plan development. The national partners will provide local communities with project management, technical assistance, and research supports. In years 2 and 3, the national partners will collaborate with the local partners to apply for funding for the on the ground health related initiatives.

As part of this initiative, CSH is seeking a research partner to evaluate the success of these partnerships and activities in improving health outcomes, and building sustainable partnerships between the health and housing sectors for a local community. We are issuing this Request for Qualifications (RFQ) from organizations with demonstrated capacity and experience to conduct a process evaluation of current activities and develop an evaluation plan for the implementation phase of the project. Included in this RFQ is a description of the planning grant, and an overview of the objectives and goals of the evaluation, a draft scope of services and tasks, and guidelines and timeline for submission. All questions pertaining to this RFQ should be directed to Marcella Maguire, Director, Corporation for Supportive Housing at [Marcella.Maguire@csh.org](mailto:Marcella.Maguire@csh.org) or 215-776-0675.

## About our collaborative partners

Founded in 1991, **CSH's** mission is to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities. To fulfill our mission, CSH works across four lines of business: (1) TRAINING AND EDUCATION to build the capacity of the supportive housing industry; (2) LENDING to cover predevelopment costs and fill gaps in development budgets for new supportive housing; (3) CONSULTING AND TECHNICAL ASSISTANCE for project sponsors to develop plans for creating new supportive housing rooted in evidence-based practices; and (4) POLICY REFORM to streamline resources for supportive housing development. Supportive housing is affordable housing linked to services that address the root causes of long-term homelessness, including chronic physical and behavioral health conditions. Supportive housing

creates opportunities for recovery, personal growth, and life-long success for extremely vulnerable individuals and families. Visit us at [www.csh.org](http://www.csh.org).

The Council of Large Public Housing Authorities or **CLPHA** is a national non-profit organization that works to preserve and improve public and affordable housing through advocacy, research, policy analysis and public education. CLPHA's 70 members represent virtually every major metropolitan area in the country. Together they manage 40 percent of the nation's public housing program; administer 26 percent of the Housing Choice Voucher program; and operate a wide array of other housing programs. CLPHA's *Housing Is* Initiative helps improve life outcomes by connecting the public housing system with other service delivery systems such as healthcare and education.

UnitedHealthcare Community & State (**UHC**) is a health benefits company dedicated to providing diversified solutions to states that care for the economically disadvantaged, the medically underserved and those without benefit of employer-funded healthcare coverage. We participate in programs in 30 states plus Washington D.C. serving nearly seven million beneficiaries. Our health plans and care programs are uniquely designed to address the complex needs of the populations they serve, including the chronically ill, those with disabilities and people with higher risk medical, behavioral and social conditions.

## II. Overview of the Program

The concepts and research documenting the impact of social determinants of health on health outcomes has gathered strong cross sector support in recent years. Data tools such as the County Health Rankings (<http://www.countyhealthrankings.org/>) have allowed communities to easily measure population health and the impact of locally driven interventions. In response, innovative local leaders are developing community wide public health strategies to improve the health of their fellow citizens. The issue of housing as a social determinant of health is well documented. However, since housing and healthcare are nonaligned systems and there are limited dedicated resources to support the intersection of these sectors, bringing the sectors together has also been one of the most challenging arenas in which to create change. Long term partnerships need to be supported at the systems, program and person level to achieve desired impact. Public Housing Authorities (PHAs) and Managed Care Organizations (MCOs) have the scale needed to achieve impact, but these partners are only now learning about the role and resources of each other. The planning grant aims to bring together in 5 communities, the local housing authority and one local Medicaid state health plan to determine shared, data driven priorities and develop work plans to improve population health in those priority areas.

The goal of the project is both to improve a health-related issue for the community and develop long term, sustainable partnerships between the local, cross sector leaders. Place based strategies will be developed to improve community population health goals. Each community is expected to have differing population health goals based upon their data analysis. The project will have 4 distinct phases including:

- **Community choice** National collaborative partners have considered a variety of factors in assessing the viability of local community projects. Areas of focus include
  - Overlap between partners footprint
  - Local partners' engagement in cross-sector activities.
  - Internal operational capacity

- Previous data sharing activities and/or capacity for future data sharing
- Community/resident engagement strategies
- **Data Sharing:** Essential to this partnership will be the Housing Authorities and Health Plans ability to share data across sectors and use analysis to set data driven population health goals. The partners are considering both short term strategies to allow activities to move forward, as well as long term strategies to cement the partnerships.
- **Research on Evidence-Based Practices:** As analytic activities and partners jointly decide upon healthcare priorities to address, the national team will research best practices in improving health in these challenge areas.
- **Work plan Development Project:** Local partnerships between Housing Authorities and Health Plans will develop joint work plans to improve health in communities. The partners will use a variety of methods to prioritize health related challenges to improve and the evaluation will consider differing methodologies.

CSH anticipates that program approaches will be tailored to local contexts, and that some degree of variation is therefore appropriate. However, it is anticipated that all programs will include high level program strategies that can be evaluated across communities. Specific approaches used to deliver the proposed interventions and local healthcare context are expected to vary between communities.

### III. Evaluation Goals/Scope of Services

This RFQ will be used to identify evaluation firms and/or academic institutions to conduct a process evaluation of the project activities and develop an evaluation plan for the implementation phase of the project. While the project is envisioned as a 4 year project, the current RFP is focused on the planning phase of the work. The partners' goal is to work with one evaluation team throughout the proposed 4 year project, pending anticipated funding availability which has not yet been confirmed.

The primary outcomes of interest for the process evaluation should include but do not need to be limited to the following:

#### Planning Grant (Year 1; 2018)

Learnings from the evaluation of this Planning Grant phase of this project will be used to inform site selection for any subsequent cohorts for this project beyond the first. The current funding (\$50,000) for this project is limited to Year 1 at this time, but the national partners are hopeful that the project will continue into the subsequent years.

- How were sites chosen?
- What are the most effective data sharing strategies developed between healthcare and housing sector partners?
- How did sites (PHAs and State Health Plans) prioritize possible health interventions from data analytic insights and ultimately choose a focus for their joint work plan?

Implementation of the evaluation is expected to occur during Years 2-3 of the project and is expected to be approximately 2019-2021)

#### *For Individuals*

- Increased healthcare coverage among residents of assisted housing managed by PHAs
- Increased use of preventive, primary and other routine care
- Reduced avoidable use of costly acute healthcare services (e.g. avoidable emergency room visits and hospital readmissions)

#### *For Programs*

- Sustainable, non-episodic funding (e.g. State driven managed care incentivizes to invest in these interventions because of cost-effective outcomes for members/residents). Examples include development of additional Medicaid benefits, Shared Savings models or Performance Improvement Project as states require of their contracted Managed Care Organizations.
- Additional “Health and Housing” cross-sector activities and partnerships inspired by capacity building activities. This can include additional health-housing partnerships for different health related issues or different populations.

#### *For Systems:*

- Increased access and regular usage of routine levels or care
- Increased housing tenure, decreased nursing home placements.

How to measure collaboration across systems is not well understood and the partners would request a consideration of how to measure this process and impact for a community.

***We have four primary goals for the planning grant's phase of work. The goal is for this work to be completed by December 15, 2018:***

Time Frames for specific tasks that the selected evaluator must conduct include:

- Prepare a Process Evaluation report within the third month of the contract period;
- Prepare a report on data sharing activities and templates for broad dissemination
- Prepare a summary on community engagement strategies as developed by the sites.
- Prepare an evaluation plan for the proposed implementation phase of the projects. This plan will include community-specific, as well as cross-site evaluation activities.

One of the selection criteria will be the ability of the evaluator to initiate work on this project in an expedited manner, as well as their capacity to produce interim findings and reports in a timely way, according to a schedule to be agreed upon by the evaluator and the national partners. The project is funded through the planning grant phase activities, with funding ending 12/15/18. Funding for the implementation phase will be applied for shortly. The national partners expect to work with the evaluation team to apply for this funding.

Details regarding the four deliverables for this work are:

1. **Conduct a process evaluation and report of site selection.** The evaluation should include strategies for collecting information on site determination. Housing authorities are at varying levels of engagement with cross sector partners and the field needs to better understand what necessary and sufficient conditions for effective engagement are and how they are best implemented. The goal is to strengthen existing partnerships and assist other communities to develop similar partnerships in the most efficient and effective manner. National partners will assist with this component of the study by sharing materials regarding this process.
2. **Develop recommendations for best practices in data sharing activities.** Throughout this initiative, the team will be collecting material and templates to track their activities and learning from data sharing. The field needs to better understand best practices between health and housing sectors. One goal of the project is to develop materials that additional communities can learn from and take as examples, so that more extensive data sharing can occur between sectors.
3. **Develop best practices in community engagement strategies.** Throughout this initiative, the team will also be collecting materials regarding community engagement activities. The field needs to better understand best practices in community engagement strategies for both Housing Authorities and Managed Care Organizations and/ or Health Plans as they engage their members/residents. PHAs and health plans' community engagement strategies might vary given the nature of the PHAs' housing portfolio (i.e. more centralized residents in public housing, more disbursed residents with Section 8 vouchers) and health plans' service/product offerings (e.g. offering a dual Medicare-Medicaid plan rather than Medicaid only). One goal of the project is to develop materials that additional communities can learn from and take as examples, so that residents have more input into developing the priorities for these types of cross sector collaborations.
4. **Develop a both a site-based and cross-site evaluation plan.** Health interventions will be chosen through a consensus process with local partners. A cross-site evaluation will also be requested, post implementation. The evaluator in this process will develop a plan to make best practices recommendations regarding the current process AND a plan to evaluate chosen health interventions in each community and across sites. As these interventions will likely vary across sites, with some interventions being community centered and others being persons centered, the research plan and expertise of the team will need to consider a diverse collection of methods. We want to ensure that the evaluator captures site-specific goals as they overlap or differ from the national project team's stated goals. This will provide a sense of how the overarching project goals were interpreted and operationalized at the local level, with PHAs and state health plans shaping the planning processes in different communities. This could provide critical insight about the application of this process to tangible intervention design and implementation. It would also be useful information as we move into implementation with goals that are similar to fellow sites but differ in key ways (e.g. additional goals added, connecting the intervention to pre-existing community health efforts, etc.).

### **Funds Available**

The estimated funds available for this project are approximately \$50,000 over the 3-month period. The actual amount paid to the contractor will vary depending on the final scope of services provided.

## IV. RFQ Submission Guidelines

Applicant submissions should include:

1. Introduction: Provide a brief letter of introduction on consultant's letterhead that includes applicant name, address, phone number and email address;
2. Proposed Evaluation Activities (**Limit response to 10 pages**):
  - Describe proposed approach to the evaluation, including:
    - Approach to an implementation/process evaluation that would help explain differential impacts between sites
    - Approach to comparison of data sharing activities
    - Description of reports/deliverables
    - Timeline of tasks and work products
  - Identify any anticipated challenges to the implementation of the evaluation; discuss strategies to mitigate those challenges, particularly issues related to conducting an evaluation in multiple sites, and implementing an evaluation in a fairly compressed timeframe;
  - Describe plan for reporting and disseminating results;
  - Provide a detailed timeline for evaluation activities; specify time frame for planning include due dates for deliverables;
  - Describe plan for evaluation staffing and oversight;
  - Provide documentation of the qualifications and experience of the organization you represent and key evaluation staff; include resumes of key staff as an appendix; include a description of prior experience that is comparable in content, scope and design;
  - Provide a budget which details specific evaluation activities and includes a rationale for all proposed fees and costs; and
  - Provide at least two names and contact information of individuals who can describe the capacity and experience of the applicant/organization related to evaluation projects of similar scope.

Submit your proposal to:

Marcella Maguire, Ph.D.  
Director, Health System Integration  
Corporation for Supportive Housing  
[Marcella.Maguire@csh.org](mailto:Marcella.Maguire@csh.org)

**Deadline for Submission: September 15th, 2018 at 5:00 pm PST**

Proposals may only be in MS Word format. All proposals must be received by CSH by the deadline stated above. Incomplete or late submissions will not be considered.

## V. Selection Criteria/Process

All proposals will be reviewed and evaluated by a selection committee consisting of the national partners and our funders. Sites may participate as well, if requested.

**Submissions will be evaluated based on the following criteria and qualifications:**

- Soundness of approach and degree to which proposed evaluation design and activities meets stated goals
- Demonstrated experience conducting evaluations of health sector programs
- Experience reporting the results of program evaluation activities in a thorough, accessible and usable format
- Ability to begin activities quickly and ability to turn around interim reports in a timely manner
- No conflict of interest with CSH, UHC or CLPHA
- Management plan, staff availability, and readiness to proceed
- Budget feasibility
- Prior experience and qualifications
- Quality of references

**Conditions of Proposal Submission:**

- All prospective contractors shall comply with all conditions, requirements and specifications contained herein, with any deviation constituting sufficient cause for rejection of the proposal.
- Only one proposal will be accepted from any one organization.
- It is requested that all proposals be prepared in a comprehensive manner as to the content. The format of the submitted proposal shall be as specified in the Request for Qualifications.
- All costs incurred in the preparation and presentation of the submitted proposal, in any way whatsoever, shall be wholly absorbed by the prospective contractor. Any material submitted by the prospective contractor that is to be considered confidential must be clearly marked as such.

**Questions**

The contact person for all questions is:

Marcella Maguire, Ph.D.

[Marcella.Maguire@csh.org](mailto:Marcella.Maguire@csh.org)

Phone: (215) 776-0675

**Timetable for Selection and Award Process:**

**September 15th, 2018, 5 pm PST** – Complete applications due to CSH

**September 17th, 2018**– Phone interviews scheduled with top candidates

**October 1st, 2018** – Select evaluator and notify contractor

**October 15th, 2018** – Contract period begins