

# Request for Proposals

## Evaluation of Food Insecurity Screening and Referral Services

[Solicitation #: 2019.08.PHS.02.01]

Issued by: Public Health Solutions

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### 1. Basic Information

<b>RFP Release Date</b>	<b>August 2, 2019</b>
<b>Proposal Due Date</b>	<b>August 21, 2019, 5:00pm EDT</b>
<b>Anticipated Contract Term</b>	The anticipated term of the contract awarded from this RFP will be September 1, 2019 – December 31, 2019
<b>RFP Contact and Email</b>	Lauren Haynes, Public Health Solutions RFP Email: <a href="mailto:FNSBundleEvaluation@healthsolutions.org">FNSBundleEvaluation@healthsolutions.org</a>
<b>Anticipated Funding and Payment Structure</b>	<ul style="list-style-type: none"><li>• The Total Available Funding Amount for one contract is \$20,000-\$35,000</li><li>• Only one award will be provided through this RFP</li><li>• It is anticipated that the payment structure of the contract awarded from this RFP will be deliverables-based. Deliverables will generally correspond to the scope of work described in the RFP. Deliverables details and reimbursement allocations per deliverable will be finalized post-award during the contracting process.</li></ul>
<b>Required Documents</b>	<ul style="list-style-type: none"><li>• Proposal Narrative</li><li>• Proposed Deliverable Schedule and Cost</li><li>• Resumes and/or Description of Qualifications for Key Staff Positions</li></ul>

## 2. Background and Purpose

Recent healthcare reform efforts highlight the need to improve the social determinants of health, because of their significance in driving health outcomes and costs. New York mandates that by 2020, 80% of healthcare service contracts must be value-based and include partnerships with community-based organizations (CBOs) to improve social determinants. As a result, healthcare systems and managed care organizations (MCOs) are increasingly focused on partnering with CBOs, despite a complex and fragmented social safety net. For healthcare payers and providers, it is essential that their participants/members can be reliably connected to the neighborhood resources that best meet their needs and preferences. But currently the community-based service system is uncoordinated, referral connections are poor, and there is no mechanism for providers to receive information about the outcomes or value of screening and referral activities.

To address this issue in the area of food insecurity and nutritional health, Public Health Solutions (PHS), together with our partners, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Jacobi, God's Love We Deliver, BronxWorks, the Food Bank for NYC, and Healthfirst, were granted an innovation award from OneCity Health (NYC Health + Hospitals-sponsored Performing Provider System (PPS)) to develop a coordinated and accountable network for food and nutrition services in the Bronx, the Food and Nutrition Services Bundle (FNS-Bundle). The aim of the FNS-Bundle is to enable hospital and managed care teams to easily and reliably connect participants to the optimal food and nutrition resources to meet their needs, improve their health, and reduce their healthcare costs. Local food and nutrition resources available through the bundle include SNAP, WIC, emergency food (pantries), congregate meals, medically-tailored home delivered meals, and others. The FNS-Bundle augments PHS' established on-site SNAP enrollment service at Lincoln and Jacobi to create a trustworthy bridge between the healthcare setting and a local network of food and nutrition resources. The network is powered by a dynamic technology platform, Unite Us, which facilitates consent, assessment, care coordination, outcome documentation, and accountability, and allows for real-time data reporting and network management. Over eight months, we screened 1,311 participants, making 1,717 referrals, resulting in 683 service enrollments: 402 participants were enrolled in SNAP, 258 received emergency food, and 23 were enrolled in medically-tailored home delivered meals.

PHS is soliciting proposals for analysis of secondary data from our FNS-Bundle intervention and recommendations for future evaluation work. Please review the sample evaluation questions and available datasets description below for more details.

## 3. Scope of Work

- Review current dataset, assess data quality
- Finalize evaluation questions and evaluation design
- Implement secondary data analysis
- Write evaluation report
- Make recommendations for next phase evaluation
- Present results during an in-person meeting with PHS and its partners

#### 4. Summary of Desired Qualifications

- Experience conducting rigorous secondary analysis
- Experience designing and conducting evaluations of social services in real-life, uncontrolled settings
- Experience cleaning and analyzing data from healthcare providers, managed care organizations, and/or other health and social service providers
- Experience evaluating current health reform efforts and models, especially value-based arrangements

#### 5. Eligibility Criteria

Not-for-profit organizations, for-profit organizations, consultant firms, researchers from academic institutions, and individual consultants are eligible to submit proposals.

#### 5. Term of the Project

One contract will be awarded for up to \$20,000 - \$35,000 for a 4-month project period with an anticipated project term of September 1, 2019 – December 31, 2019.

#### 6. Proposal Submission and Required Documents

Please send your completed proposal as one consolidated document to [FNSBundleEvaluation@healthsolutions.org](mailto:FNSBundleEvaluation@healthsolutions.org) no later than **August 21, 2019 at 5pm EDT**.

1. Proposal Narrative [3 pages maximum; single space; Times New Roman 12-font; 1" margins].

Please use the headings below:

- **Introduction, Capacity, and Qualifications:** Brief introduction including your and your organization's capacity to conduct this work and qualifications – particularly with regards to the qualifications outlined in Section 4.
- **Evaluation Questions:** Identify key evaluation questions that can be addressed through secondary data analysis using the sample evaluation questions and dataset descriptions provided below.
- **Evaluation Design and Methods:** Provide a detailed description of the evaluation design(s) and methods you would use to answer our evaluation questions, given available data and why the chosen design is most appropriate. Include a plan for addressing data limitations – or considering them in how you would interpret the data and guide recommendations for data collection.
- **Workplan and Timeline**

2. CVs for individuals who will be involved in the evaluation work [not included in page count].

3. Budgeted Deliverables [1 page maximum]. For list of anticipated deliverables, please refer to Section 3 of the RFP. Please use format below:

#	Deliverable Name	Deliverable Description	Target Date for Completion	Budget

## 7. Selection Process

The selection process will begin with the review and evaluation of each written proposal. The purpose of this evaluation is to:

1. examine the responses for compliance with this RFP, and
2. identify the applicants that have the ability to meet the scope of services required by PHS at competitive rates.

A committee of PHS staff will evaluate the proposals out of 100 points based upon the criteria for selection set forth below, and the qualification requirements listed in each section.

### Criteria for Evaluation of Proposals

- **Capacity and Qualifications (25 points)**
  - Overall quality of introduction section (5 points)
  - Experience conducting rigorous secondary analysis (5 points)
  - Experience designing and conducting evaluations of social services (5 points)
  - Experience with data from healthcare providers, managed care organizations, and/or other health and social service providers (5 points)
  - Experience evaluating health reform efforts and models, especially value-based arrangements (5 points)
- **Proposed Key Evaluation Questions (15 points)**
  - Quality of evaluation questions (5 points)
  - Alignment of evaluation questions with project and organizational goals (10 points)
- **Proposed Evaluation Design and Method (40 points)**
  - Description of evaluation design(s) (10 points)
  - Description of analytic methods and how they will be used to answer evaluation questions (10 points)
  - Justification of evaluation design(s) and analytic method(s) (10 points)
  - Plan for addressing data limitations (10 points)
- **Workplan and Timeline (10 points)**
- **Proposed Staff (5 points)**
- **Budget (5 points)**

PHS will interview the top 1-2 proposers. At that time, samples of past work and/or letters of reference may be requested. The purpose of the interview will be to review the proposer's ability to provide the required services, and how specific services will be furnished. Proposals that meet all the desired qualifications as outlined within this RFP will be evaluated and scored by PHS staff.

## 8. Additional Information

### Sample Evaluation Questions:

1. Did the FNS-Bundle help participants access food and nutrition services?
2. Was the FNS-Bundle effective at connecting participants to a particular food/nutrition service?
3. What are the characteristics of participants who benefited most from the FNS-Bundle (i.e. enrolled in and used the food and nutrition services)?
4. What are the characteristics of an effective local, community-based food and nutrition services partner?
5. What recommendations can we issue to MCOs, PPSs, hospitals, and others who want to enter into value-based purchasing contracts to address social determinants of health, based on what we have learned? In other words, what were the elements of the FNS-Bundle that were integral to its success and what do others need to know to successfully replicate, adapt, and scale?

### Sample Dataset Description

Table 1. Assessment Dataset		
Variable Name	Variable Type	Notes
Participant ID	Character	Unique identifier for participant
First Name	Character	Participant's First Name
Last Name	Character	Participant's Last Name
		Indicates whether the participant has consented to have some of their information (contact information and selected results of assessment) shared with entity that would receive referral.
Consent Status	Character - Categorical	Categories: Accepted, Declined, Needs Consent, Pending
Date of Birth	Date	Participant's Date of Birth
Medicare ID	Character	Medicare ID of the participant, if we have it
Medicaid 1 State	Character	State in which participant has Medicaid, if we have it
Medicaid 1 ID	Character	Medicaid ID of the participant, if we have it
Form Name	Character - Categorical	Name of the form from which the data originated. Default value = FNS-Bundle Services Screening Form
Date Responded	Date	Date the participant responded to the assessment
		Text of the specific assessment question. There are ## unique assessment questions, each row of the data set is a unique combination of participant, assessment question, and response. The assessment questions and possible responses are outlined in Table 2.
Question	Character	
Response	Character	Participant-specific response to the assessment question

<b>Table 2. Assessment Questions and Responses</b>	
<b>Assessment Questions</b>	<b>Options</b>
Are you age 60 or older?	Yes / No
Are you currently enrolled in/receiving food stamps/SNAP benefits?	Yes / No
Are you currently enrolled in/receiving WIC benefits?	Yes / No
Are you interested in assistance obtaining additional sources of food?	Yes / No
Are you interested in free meal sites and food pantries?	Yes / No
Are you stably housed?	Yes / No
Did you experience a decreased appetite over the last month?	Yes / No
Did you use supplemental drinks or a feeding tube over the last month?	Yes / No
Do you have a primary care doctor?	Yes / No
Do you have access to a fridge and freezer?	Yes / No
Do you have access to any of the following?: Stove/Oven/Microwave/Hotplate	Yes / No
Do you need to renew your SNAP enrollment?	Yes / No
Does your household include an elderly or disabled member AND/OR do you have dependent care costs?	Yes / No
Have you received free meals or groceries in the past month?	Yes / No
If you have a specific disease or chronic conditions, some programs offer specific assistance for food and nutrition. Would you like to know more about such programs?	Yes / No
In the last six months, did you lose weight without meaning to?	Yes / No
One program is called Positive Living - It offers food and nutrition support to people living with HIV in the Bronx. Would you like to know more about this program?	Yes / No
One program, God's Love We Deliver, helps home deliver meals to people who have trouble shopping and cooking because of a severe or chronic medical condition (like HIV, cancer, congestive heart failure, renal failure, COPD, diabetes with complications and others). Examples of illnesses that do not qualify include mental illness, transplant, and congenital disease. Would you like to find out if you may be eligible for it?	Yes / No
You may be eligible for home-delivered medically tailored meals. Would you like for me to make a referral to God's Love We Deliver?	Yes / No
<b>Assessment Questions (continued)</b>	<b>Possible Responses</b>
Are you or is someone in your household pregnant or do you have a child under the age of 5?	<ul style="list-style-type: none"> <li>• I am pregnant and someone in my household is pregnant</li> <li>• There is at least one child under the age 5 in the household</li> <li>• There is both a child under the age of 5 in the household AND I am pregnant or someone in my household is pregnant</li> <li>• No</li> </ul>
At which hospital is the participant receiving the screening?	<ul style="list-style-type: none"> <li>• 800 Number</li> <li>• Calling Lincoln SDOH Referrals</li> <li>• Jacobi Hospital</li> <li>• Lincoln Hospital</li> </ul>
Can you go shopping for groceries?	<ul style="list-style-type: none"> <li>• No, completely unable to do any shopping</li> <li>• Yes, with some help</li> <li>• Yes, without help</li> </ul>
Can you prepare your own meals?	<ul style="list-style-type: none"> <li>• No, completely unable to prepare meals</li> <li>• Yes, with some help</li> <li>• Yes, without help</li> </ul>

Do you prefer to receive meals in a group setting OR do you prefer to shop and cook at home?	<ul style="list-style-type: none"> <li>• Prefer to receive meals in a group setting</li> <li>• Prefer to shop and cook at home</li> </ul>
How many individuals are in your household?	<ul style="list-style-type: none"> <li>• 1, just me</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• 6</li> <li>• 7</li> <li>• 8</li> <li>• More than 8</li> </ul>
What language do you prefer?	<ul style="list-style-type: none"> <li>• English</li> <li>• Spanish</li> <li>• Other</li> </ul>
Source of 800 Number Referral	<ul style="list-style-type: none"> <li>• Jacobi Hospital</li> <li>• Lincoln Hospital</li> <li>• Other</li> </ul>
Source of Jacobi Referral	<ul style="list-style-type: none"> <li>• ACES</li> <li>• Employee who works at H+H (self-referral)</li> <li>• Employee/Volunteer who works at H+H</li> <li>• Flyer/Brochure</li> <li>• Friends/Family</li> <li>• Infant/Pediatric Clinic</li> <li>• Physician</li> <li>• Social Work</li> <li>• Walk-in</li> <li>• WIC</li> </ul>
Source of Lincoln Referral	<ul style="list-style-type: none"> <li>• At Home/Health Home</li> <li>• Behavioral Health/Mental Health/Psychiatry</li> <li>• Employee who works at H+H (self-referral)</li> <li>• Employee/Volunteer who works at H+H</li> <li>• Facilitated Enroller from hospital</li> <li>• Friends/Family</li> <li>• Front Desk</li> <li>• Health Leads</li> <li>• Other</li> <li>• Physician</li> <li>• Primary Care/Ambulatory Care</li> <li>• SDOH Volunteers</li> <li>• Social Work</li> <li>• Walk-in</li> <li>• WIC</li> </ul>
Which Medicaid Managed Care plan do you have?	Participant responds with Medicaid Managed Care Plan, if they have one; otherwise indicate the participant has Medicare, private insurance, no insurance, etc.

**Table 3. Variables in Service Episode (Raw) Dataset**

Variable Name	Variable Type	Notes
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Service Episode ID	Character	Unique identifier for service episode
Participant ID	Character	Unique identifier for participant
First Name	Character	Participant's First Name
Last Name	Character	Participant's Last Name
Consent Status	Character - Categorical	Indicates whether the participant has consented to have some of their information (contact information and results of assessment) shared with entity that would receive referral.  Categories: Accepted, Declined, Needs Consent, Pending
Record Type	Character - Categorical	Categories: Case, Referral
Record ID	Character	Unique identifier for record
Created At	Date	Date record was created
Last Updated	Date	Date record was last updated
Service Type	Character - Categorical	Categories: Food Assistance, Physical Health
Service Subtype	Character - Categorical	Categories: SNAP/WIC/Other Nutrition Benefits, Emergency Food, Chronic Disease Prevention & Management, Health Coaching, Prepared Meals
Status	Character - Categorical	Categories: Accepted, Closed, In Review, Needs Action, Rejected, Open, Recalled
Status Reason	Character - Categorical	Only populated for records with status "rejected"
Status Note	Character	Free text box where notes can be made about status
Status Created	Date	Date the status was created
Originating Organization	Character - Categorical	Organization that documented information in the system
Recipient Organization	Character - Categorical	Organization that sent/initiated the referral
Date Program Enrollment	Date	Date participant was enrolled in services
Date Program Exit	Date	Date participant left the FNS-Bundle
Date Closed	Date	Date participant's case was closed
Resolution	Character - Categorical	Indicates whether the participant's case was closed as "Resolved," usually indicating they were enrolled in services or "Not Resolved" (unable to reach participant, not enrolled in services, etc.)
Outcome	Character - Categorical	Indicates outcome of referral. See Table 2 for existing outcome categories (there are 31).
Closed Note	Character	Free text box
Network Scope	Character	Indicates whether the referral was to an "In Network" partner or to an "Out of Network" service provider
Address	Character	Free text box
Gender	Character - Categorical	Categories: Female, Male, Undisclosed
Date of Birth	Date	Date of birth
Age	Number	Age of participant
Medicare ID	Character	Medicare ID of the participant, if we have it
Medicaid 1 State	Character	State in which participant has Medicaid, if we have it



Medicaid 1 ID	Character	Medicaid ID of the participant, if we have it
Network Care Coordinator	Character	PHS Employee who did the screening and is managing the case

<b>Table 4. Existing Outcome Categories</b>
Duplicate Case Record
Duplicate Referral Record
Food Pantry Services Not Available or Accessible
Other
Participant contacted - will not use services: Food pantry services declined
Participant contacted - will not use services: Found an alternative food pantry
Participant contacted - will not use services: SNAP enrollment services declined
Participant declined Positive Living Program services
Participant denied/not eligible for SNAP benefits
Participant Didn't Apply for SNAP
Participant Does Not Meet Criteria for Home-Delivered Medically Tailored Meals
Participant Enrolled in Food Pantry
Participant Enrolled in SNAP
Participant not eligible for Positive Living Program following verification
Participant Received Home-Delivered Medically Tailored Meal
Participant Received Information About Congregate Meal Options
Participant Received Information About Emergency Food Options
Participant Received Information About Soup Kitchen Options
Participant Received Referral to Other WIC Site or Went to Another WIC Site
Participant Received Referral(s) to Out-of-Network Food Pantry
Participant Relocated Out of Service Area
Unable to contact: participant did not pick up after 3 attempts