



2-1-1 San Diego

REQUEST for PROPOSAL

Process Evaluation

Funded by the Schultz Family Foundation

WHO WE ARE

2-1-1 San Diego is the region's primary connection to more than 6,000 community, health, and disaster support services from 2,000 service providers, 24-hours a day in more than 200 languages. Our mission is to serve as a nexus to bring the community organizations together to help people efficiently access appropriate services, and provide vital data and trend information for proactive community planning. 2-1-1 San Diego has grown from a program of the United Way of San Diego County in 1974 to its own 501c3 with 25 employees in 2004 when it secured the 2-1-1 dialing code from the California Public Utilities Commission (CPUC) and to a nonprofit business enterprise with nearly 130 employees in 2017.

2-1-1 San Diego launched a new community coordination model called the Community Information Exchange (CIE) on August 1, 2017 that measures vulnerability of shared clients across the social determinants of health and allows for the legal sharing of data across organizations and networks. A smaller scale version of this is a platform called SD United with a focus on military and veterans officially launched in February 2017. This system, along with others, is being integrated with the CIE.

PROJECT & SCOPE OF WORK

In 2011, the providers involved in Father Joe's Village's Project 25 conceptualized and secured funding, with 2-1-1 being the fiscal agent, to develop the original Community Information Exchange (CIE), a customized technology that allowed providers to securely and efficiently exchange information so that they could find out what was going on with the people they were serving. The original CIE also linked to the local Health Information Exchange (HIE) so that doctors who look up client information won't release their clients to the streets or to the wrong program where another case manager would have to start all over again with them. Instead, an alert would be sent to the relevant case team. In its first two years of implementation, the original CIE reduced the mean number of Emergency Medical Services (EMS) trips pre and post CIE enrollment by 26% (and 42% for those with the highest EMS risk) for 233 clients with a history of EMS use. When organizations participating in the original CIE looked up client records, there was a 38% reduction in the percentage of housed clients who exited housing and went back to the street. For those who exited housing and had a history of EMS use, this reduction was 62%. In short, the CIE was working.

The original CIE started as a group of stakeholders who later secured 501c3 status and implemented the technology using Efforts To Outcomes (ETO) an internet based case management database designed by Social Solutions to measure program outcomes. To exponentially increase the CIE's footprint, the organization sought acquisition from 2-1-1 which was already serving hundreds of thousands of clients each year and whose CEO had been a member of the stakeholder group since the CIE's inception. Knowing that utilization reductions from using the CIE could result in significant cost savings for hospitals and individuals as well as an improved allocation of organizational resources for participating providers even for a small number of clients served, 2-1-1 San Diego embraced the opportunity to redesign and propel this system toward maximum impact.

At the time that this opportunity came in February 2016, 2-1-1 had just completed a one year pilot of assessing social determinants of health utilizing a Risk Rating Scale (RRS) with the original CIE partners. The tool was deployed on some of 2-1-1's most vulnerable clients, measuring a client's vulnerability across 18 different domains of health including housing, health condition, nutrition, transportation, etc., allowing 2-1-1 to track the progress each client made. 2-1-1 San Diego determined that integrating the social determinants of health into 2-1-1's referral services would serve as a new concept that could enrich the type of data in the CIE. Further, using a coordinated software to have multiple partners measure and track client process was transformational for both service providers and clients.

In 2016, while maintaining the original version of the CIE, 2-1-1 San Diego began designing the next generation of the CIE which launched on August 1, 2017. This system integrates and enhances the data-sharing capabilities of the CIE with the concept of assessing for social determinants of health, and allows for the capacity to store a large number of client records. Integration of the social determinants of health through its established Risk Rating Scale (RRS)—which it developed in partnership with other local providers using evidence-based practices as key inputs. The RRS is essential to its success because when providers all speak a common language about what it means to be vulnerable for food, housing, etc. we create an ecosystem showing, in real time, client status, barriers, service duplications and unmet needs. The shared client record allows for appropriate service prioritization, reduces how many times clients have to 'share their story,' and creates collaboration resulting in transformational efficiency and effectiveness in the health and human services sector.

2-1-1 San Diego has transitioned all of its operations to the new CIE technology which has been developed on the Salesforce Customer Relationship Management (CRM) system with broad capability to interface between other systems. To manage and maximize this interfacing capability, the CIE uses the Informatica Cloud which integrates data across all of the systems connecting to Salesforce.

PROJECT GOAL:

The aim of this evaluation is to provide 2-1-1 San Diego with the means to adapt its processes during the first year of implementation of the new CIE to provide the necessary system and process "fixes" to make this replicable in other communities. To this end, the consultant's goal will be to assess how community coordination is being implemented, focusing on 2-1-1's operations, implementation, service delivery, and interactions with partners via referrals and data collection. This evaluation should focus on function and processes and not focus on the effectiveness of the program and its outcomes, though recommendations may be made regarding this throughout the process evaluation.

Activities include:

- Gain commitment of key stakeholders at all levels.
- Conduct a formal Process Evaluation using mixed methods:
 - Investigate the decision-making cycle, different stakeholder groups and their respective information needs and interests; where there is a lack of appropriate mechanisms or opportunities for feedback, establish a structured way to provide relevant stakeholders with feedback;
 - Examine the delivery of services, quality of implementation and the organizational context, personnel, structures and procedures;
 - Identify discrepancies between the expected direction and outputs of the program and what is happening in reality to analyze strengths and weaknesses, uncover obstacles, barriers or unexpected opportunities, and generate understandings about how the program could be implemented better.
 - Identify and implement an effective data collection strategy to provide feedback that is designed to fine-tune the implementation of the program. Strategy can include but is not limited to: stakeholder analysis, concept mapping, focus groups, nominal group techniques, observational techniques and input-output analysis as well as review of efficiency and effectiveness of project management methods. Data generated within the CIE will require analysis using quantitative methods.
 - Assess what has changed and why, contributing insight toward the final toolkit 2-1-1 San Diego is creating for national distribution.
- Produce a draft and final evaluation report, executive summary/highlights document and a formal presentation of findings:
 - Address what worked, what did not go to plan and why, what changes were made, and what changes still need to be made for future replication.
 - Identify areas where thinking and behaviors may need to be modified for future replication.
 - Receive approval of the evaluation by the Executive Vice President of 2-1-1 San Diego before being considered final.

TIMELINE:

The consultancy will start on an agreed upon date based on cost estimates for the timeline and the final evaluation must be completed by April 15, 2018.

FUNDING RANGE:

Please include a timeline with activities that reasonably align with costs ranging from \$25,000 to \$45,000. Meetings can be managed remotely, reducing or eliminating travel costs for vendors who are not local to San Diego.

QUALIFICATIONS:

- At least five years of proven experience leading research and/or evaluating program implementation.
- Proven experience in quantitative and qualitative data management and processing;
- Prior experience working with data exchange systems in the health and human services sector is encouraged.

PARTICIPATION RESPONSES:

Please submit your request to participate to Camey Christenson by November 15, 2017. Responses will be reviewed as they are received. Questions are welcome in advance of the deadline.

Responses should include:

- Full contact information of the individual and firm, including mailing address,
- Resume or summary of qualifications, including number of years firm has been providing aforementioned services,
- Availability to perform work in specified time frame,
- Relevant work samples related to the 2-1-1 San Diego goal and objectives,
- Three client references for work.

Any questions can be referred to Camey Christenson, Senior Vice President, at cchristenson@211sandiego.org or (858) 654-1999.