



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. After several years in development and testing, 2-1-1 San Diego launched a new community coordination platform 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 client-level data across organizations and networks.

PROJECT HISTORY

In 2011, a group of multidisciplinary community partners came together to dream up the original Community Information Exchange (CIE), a customized technology platform that allowed providers to securely and efficiently exchange information to improve care. Supported by San Diego's Alliance Healthcare Foundation, the original CIE's initial cohort targeted people who were homeless in downtown San Diego and were identified as frequent utilizers of public resources. The technology included proactive system alerts, including alerts for EMS transports and jail bookings. 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), and there was a 38% reduction of those who returned to homelessness. For those who exited housing and had a history of EMS use, this reduction was 62%. In short, the proof of concept was identified and sharing client information led to improved outcomes. 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.

2-1-1 San Diego began 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. 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 allowing multiple partners to measure and track client process was transformational for service providers, clients, and the system of care.

The CIE outgrew the off-the-shelf software and 2-1-1 San Diego began designing the next generation of the CIE that integrates and enhances the data-sharing capabilities with additional functionalities including: closed loop referrals, client alerts, care team communication tools, integration of outside data systems (HMIS, EMS and others), and unified assessment tools and Risk Rating Scale. 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.

EVALUATION PROJECT GOAL

2-1-1 San Diego is seeking an outside objective expert to evaluate the CIE system and processes developed during the first year of implementation. The consultant will 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 process evaluation will focus on function and processes and not focus on program or client-level outcomes, though recommendations may be made regarding this throughout the process evaluation. The CIE has garnered national attention and 2-1-1 San Diego, in partnership with the Schultz Family Foundation, is creating a CIE Toolkit and this evaluation will assist with the CIE Toolkit development.

Activities include:

- Conduct a formal Process Evaluation using mixed methods:
 - Review historical information, previous research studies (SDSU Institute for Public Health, USD Caster Center) and existing interviews and feedback from key stakeholders.
 - 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, personnel, structures and procedures;
 - Research technology design and functionality
 - Identify discrepancies between the expected direction and outputs of CIE 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.
 - Review milestone decision points relating to processes and protocols and impacts on system design, risks, scalability, and replication.
 - Assess validity of domain assessment and Risk Rating Scale markers
 - Assess what has changed and why, contributing insight toward the final toolkit 2-1-1 San Diego is creating for publication and 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 decisions and processes may need to be modified for future replication.

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 May 1, 2018.

FUNDING RANGE: Please include a timeline with activities that reasonably align with costs ranging from \$20,000 to \$40,000. Meetings can be managed remotely 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 February 16, 2018. 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,
- 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.