

Responses to 2021 THCI/CHI Evaluation Questions

- **Clarification:** There was an error on the proposal submission date listed in the first version of the RFP. **Please note that the correct submission date is 5:00 pm CT, Friday, August 28, 2020.**
- **Q:** Given the current concerns over COVID-19, what are Texas Health's assumptions about the evaluation contractor meeting in-person with the various THCI grantees during 2020/2021?
A: Texas Health will support the use of appropriate and effective communication channels between the evaluation contractor and the THCI grantees at this time. (e.g., webinars for training, monthly telephone calls for program updates, emails to track progress, etc.). We will reassess the need for in-person meetings as the Covid-19 situation improves.
- **Q:** How much emphasis should the evaluation contractor place on designing the evaluation to assess the THCI objectives vs. the THCI grantees outcomes of the funded programs?
A: The grantees' outcomes must align with THCI objectives. The evaluation contractor will be responsible for developing an evaluation design that helps Texas Health understand how the THCI grantees program results align with the initiative's goals.
- **Q:** Are the THCI grantees expected to design and implement their outcomes evaluations, or will the evaluation contractor be responsible for creating the evaluation design for each funded program?
A: The evaluation contractor will be responsible for creating an overarching evaluation design that helps Texas Health understand how each grantee's program is driving toward the overall objectives of THCI. Texas Health recognizes that the grantees have varying degrees of experience in evaluation. Therefore, the evaluation contractor may provide support to grantees with minimal expertise in this area. Also, Texas Health expects the evaluation contractor to work with each grantee on the development of a plan (e.g., roadmap or logic model) that align their respective programs with the initiative.
- **Q:** Can Texas Health provide more specifics on the overall program timeline. For example, will additional grants be made beyond 2021?
A: Although this evaluation RFP is focused on the 2021 THCI grant cycle, this initiative is a multi-year financial commitment to improve community health. The first THCI grants were awarded in 2019, and Texas Health has committed to five grant cycles.

- **Q:** Is there a probable budget range for the evaluation?
A: Texas Health seeks proposals that reflect industry standards for scope of work outlined and will consider cost-effective proposals that support robust evaluation protocols, implementation capacity, and necessary expertise.

- **Q:** How much specific information about the data safeguarding and data sharing plans must be provided in the proposal?
A: A brief overview that helps Texas Health understand the evaluation contractor's security measures with data storage and management of data would be excellent. We will also like to see a protocol for mitigating any unauthorized access and security breaches in case that happens.

- **Q:** How much and what type of Texas Health data will the evaluation contractor have access to?
A: For THCI grantees' evaluation: The evaluation contractor will have access to past grantees' roadmaps, previous evaluation reports and board presentations on progress, and current 2021 THCI grantees proposals.
For the development of the CHI evaluation: The evaluation contractor will have access to the 2020-2022 Community Health Needs Assessment and Implementation Plan, CHI program reports, and dashboard.

- **Q:** Can Texas Health describe the anticipated quality of data to be shared with the evaluation contractor, or do you expect that the contractor will have to do additional work to clean it for analysis?
A: Due to the varying degree of the grantees' expertise in data management, Texas Health anticipates that the evaluator contractor will have to do additional work related to data cleaning.
For CHI: Other than the preliminary data to aid in the development of the CHI evaluation framework, the evaluator contractor will not be responsible for data management of CHI programs. That will be managed in-house by Texas Health staff. We will be consulting the evaluation contractor for software capabilities or expertise we may not have in-house.

- **Q:** Are there specific outcomes (i.e., avoided prevalence of specific health conditions, health behaviors, quality adjusted life years, or economic effects like treatment cost savings) that THR is using to measure effectiveness?
A: In addition to the program outcomes outlined for THCI grantees, Texas Health will be looking for system-level outcomes such as those described in the 2020-2022 CHNA Implementation Plan.

- **Q:** Is THR concerned with overall impact alone or the cost effectiveness of interventions (i.e., number of quality adjusted life years gained per dollar spent)?
A: Texas Health will like to understand both: What is the overall health impact of our community health interventions (both THCI and CHI), and what is the financial ROI of the interventions?
- **Q:** What is THR currently using to measure a counterfactual scenario (i.e., what would have happened without an intervention for the target population)?
A: Texas Health is currently using the Socio Needs Index (SNI) as a counterfactual scenario proxy. We hypothesize that the collective, integrated work happening in the high need zip codes where Texas Health is serving as a catalyst will experience decreased SNI within the next 7 - 10 years.
- **Q:** What is the balance between quantitative and qualitative measurement that THR seeks to employ? Will there, for example, be a "voice of the customer" element that brings in community member perspectives on the effectiveness and relevance of interventions (and potentially identifies further areas of quantitative measurement opportunities)?
- **A:** As stated in the RFP, Texas Health seeks an evaluation proposal that incorporates both quantitative and qualitative methodologies. A strong proposal will give equal importance to each and effectively demonstrate how a complementary methodology will ensure the "voice of the customer" is integrated into the process.
- **Q:** Are there lessons learned or best practices documented that came out of the 2018-2020 evaluation efforts?
A: There are many lessons learned and best practices that came out of the first THCI grant cycle. Evaluator contractors who are invited to the next stage will have access to more details as needed, with full information provided to the finalist as part of onboarding.
- **Q:** At what unit level (specific target areas and time horizon) are you looking to understand impacts to utilization and cost savings (individual, community, zip code, community provider partners, hospitals, etc.)?
A: Aside from the program outcomes outlined for grantees, Texas Health is looking for system-level outcomes such as those described in the 2020-2022 CHNA Implementation Strategy.
- **Q:** Is the expectation of having a uniform program evaluation across all regions or tailored based on regional goals or both?
A: The expectation is to do both.

- **Q:** Is the CHI evaluation methodology to be used in retrospective analysis only (i.e., requires existing data collected) or for future performance across the existing CHI programs for interventions identified between 2020-2022 or both?
A: The CHI evaluation methodology will be used for future performance across the existing CHI programs for interventions identified on the 2020 – 2022 CHNA Implementation Plan
- **Q:** Are there limitations (e.g., privacy, HIPAA) around data collection and sharing across THCI grantees that would restrict certain data elements as part of the robust data collection plan?
A: Texas Health does not expect that level of data in the reports. During the onboarding meeting between Texas Health and the evaluation contractor, both groups will determine a data collection protocol that will reduce the chances for encountering limitations to the data elements required for practical program evaluation.
- **Q:** Timeline of project: Given the listed elements to be completed (e.g., review of selected grantees' applications, data collection, progress reports, final report), is the intention to have the selected evaluation team start on or prior to January 1st 2021 and engaged through the end of the 2021-2022 grant cycle, with additional run-out time after 2022 to collect and finalize performance data?
A: Clarification on the start date: We intend to start the onboarding process with the evaluation contractor shortly after the finalist is announced in October 2020. January 2021 is when the actual work starts with the THCI grantees. However, due to the current pandemic, there may be delays in grant decisions that will impact the overall timeline. Those changes will be communicated.
Clarification on the end date: This contract is scheduled to end in February 2023 to allow time for any extended data collection for the final program evaluation report.
- **Q:** What tool(s) or interface(s) are used today for the CHI dashboard or other relevant dashboards used to track previously identified process measures?
A: The Community Health Improvement (CHI) program dashboard currently lives on Texas Health's internal SharePoint page. The CHI team is in the process of transitioning the dashboard onto Tableau.
- **Q:** Is the evaluation of 16 or 23 zip codes? Do you expect in this 2-year cycle to see an increase in zip codes or counties? If yes, are you looking for budget items per additional zip code in the proposal or provide a change request as they are added?
A: The 2021 THCI evaluation is for programs that will be implemented by the grantees in the 23 target zip codes outlined in appendix 1 on the RFP. However, the number of total grantees may be higher than the total zip codes. We expect to fund about 1-3 grantees per zip code. We may also have cases where one grantee would serve multiple zip codes.

- **Q:** Please describe the Texas Health trajectory projects to be included in the CHI evaluation framework.

A: Texas Health Trajectory Projects are programs that are currently implemented by CHI staff but funded by external entities: Reduce SILOs is funded by AARP, and YES Dallas! is funded by HHS.

Although there are contracted program evaluators for these programs, these evaluators are meeting the needs of the funders. This evaluation contractor will review these programs to align them with the outcomes described in the 2020 - 2022 CHNA Implementation Plan.
- **Q:** What is meant by "appropriate alignment should be outlined for CHI grant programs that already have evaluation teams such as Reduce-SILOS and Yes! Dallas. These multi-year programs are funded by AARP and HHS respectively"? We note on p5 that two programs have existing evaluation teams. Our understanding by appropriate alignment is that we may be asked to review these programs to align with other programs or to the overall THCI initiative (i.e. measures, evaluation plans, results reporting, visualizations, etc.). Is this a correct assumption? Would we also include these two programs in training, etc.? Are there any other specific tasks needed for these projects with already existing evaluation teams? Is there a potential for additional evaluation teams to be included?

A: The evaluation contractor can consult with evaluation teams for Trajectory Projects currently being implemented. There are no additional dollars for additional evaluation teams outside of the proposal.
- **Q:** We note that the evaluation team is not responsible for implementation or direct data collection. Would we then be responsible for training only new grantees or also include existing grantees?

A: Yes, the evaluation contractor will be responsible for developing a plan of retrieving the appropriate program data from the THCI grantees. In addition to training them on using the data management platform that will be utilized for this project.
- **Q:** We recognize that the evaluator will not collect the data but work with the grantees to conduct valid data collection. If THCI, the grantee, and evaluator determine a high potential for bias in the results, can a change request be made for an external evaluation?

A: There are no additional dollars for external evaluation. Texas Health will look to the evaluation contractor to briefly outline their plan to reduce potential biases.
- **Q:** What is the schedule for the data that you want to visualize (real time, near real time, or routine)? If routine, is it monthly, quarterly, etc.?

A: Although Texas Health is requesting a quarterly reporting schedule. We expect that the evaluation contractor will implement a monthly data visualization schedule.

- **Q:** Is there a required subcontracting form?
A: No, but there will be a section on the evaluation contract to include the subcontractor's information.
- **Q:** Will evaluator need to create final PDF report to be ADA accessible or will THCI make ADA changes if needed (i.e. alt text for images, tag the document structure, searchable text, bookmarks if the document is over 9 pages, table rows that don't split across pages, etc.)?
A: The evaluation contractor will be responsible for making the final report ADA accessible.
- **Q:** The narrative is stated to be 12 pages, with no reference to an appendix. Are we able to submit our CVs/resumes, sample projects, etc. in appendices? If so, is there a page limit restriction for appendices?
A: The 12-page requirement is specific to the responses to the key sections. Supporting documents such as personnel resumes, evaluation testimonials, reporting examples, etc., can be submitted as an appendix to the proposal or attached as separate files on your submission email.
- **Q:** In the event there is a data-sharing agreement and the pursuit of presentation and publication of the data occurs, should the budget include a specific line item for support of this work, or will that be provided in a later budget if requested?
A: Texas Health encourages the pursuit of publications and/or presentations and is currently developing a data-sharing agreement to address the protocol. Therefore, we will plan to establish a budget later if the need arises.
- **Q:** Please provide the name(s) of the contractors that the Texas Health Resources has worked with on past THCI and/or CHI evaluation efforts?
A: We are unable to share the names of the external partners at this time. Evaluation for CHI programs has been managed internally.
- **Q:** Please provide the anticipated level of effort (either in terms of budget or staff hours) the Texas Health Resources have in mind for this work?
A: Texas Health seeks evaluation proposals that reflect industry standards for the outlined scope of work and will consider cost-effective proposals that support robust evaluation protocols, implementation capacity, and necessary expertise.
- **Q:** Does Texas Health Resources intend for there to be any retroactive evaluation of the 2018 grantees and their work, or will the evaluation be focused on the new grantees to be funded in 2020?"
A: No, the evaluation contractor will focus on the new 2021 THCI grantees.