

REQUEST FOR PROPOSALS (RFP)

Independent Evaluation Partner for Health + Housing Initiative

Issued by: Gulf Coast Housing Partnership (GCHP)

RFP Issue Date: 02/02/2026

Proposal Due Date: 03/06/2026, 5:00 PM CT

Anticipated Contract Start Date: 04/15/2026

Initial Contract Term: Expected one (1) year, with option to renew annually for up to five (5) years

1. INTRODUCTION

Gulf Coast Housing Partnership (GCHP) is seeking proposals from qualified Evaluation Partners to serve as the independent evaluator and new Principal Investigator for our Health + Housing (H+H) Initiative.

This RFP invites proposals to:

- Lead mixed-methods evaluation (quantitative and qualitative) of two initial Health + Housing pilot sites, with the potential to add future sites.
- Work collaboratively with GCHP and partners to interpret limited datasets and generate actionable insights that improve resident health, quality of life, and clinic utilization.
- Support the long-term goal of generating evidence that can attract additional Medicaid Managed Care Organization (MCO) investment by assessing the cost and health outcomes associated with connecting affordable housing to on-site primary care and supportive services typically through Federally Qualified Health Centers (FQHCs).

The selected evaluator will enter into an expected one-year contract with GCHP, renewable annually for up to four years contingent on performance, continued alignment, and funding.

2. BACKGROUND

2.1 Gulf Coast Housing Partnership (GCHP)

GCHP is a nonprofit real estate developer focused on producing and preserving affordable housing and community facilities across the Gulf South. The organization's Health + Housing (H+H) initiative leverages concessionary investments from Medicaid Managed Care Organizations (MCOs) to connect affordable housing with on-site primary care and supportive services. The model is designed to improve resident health outcomes and strengthen community stability.

2.2 Health + Housing Pilot Sites

The initial evaluation will focus on two H+H communities:

1. The Pearl (Jackson, MS)

- 76-unit affordable senior housing community (age 55+).
- Developed in partnership with Pearl Street CDC and Jackson-Hinds Comprehensive Health Center (JHCHC) (FQHC) with financing provided by UnitedHealthcare (UHC).
- JHCHC operates an on-site clinic serving Pearl residents and the surrounding community; UHC provided concessionary financing for the project.

2. H3C (New Orleans, LA)

- 192-unit mixed-age affordable housing community (100 family units, 92 senior units age 55+).
- Developed in partnership with DePaul Community Health Centers (DePaul) (FQHC) and Belle Reve New Orleans with financing provided by Aetna and UHC.
- DePaul operates an on-site clinic serving H3C residents and the surrounding neighborhood; Aetna and UHC provided concessionary financing for the project.

2.3 Current Evaluation Framework

GCHP and its partners have developed a comprehensive evaluation framework that uses a mixed-methods design supported by defined partner roles, IRB-approved procedures, and secure data-handling protocols. Participant recruitment is led by GCHP under an IRB-approved protocol. The framework is organized around four core components:

- **Secondary data:**
 - Clinical data, including measures aligned with UDS reporting, from FQHCs (e.g., JHCHC, DePaul).
 - Claims data, including measures aligned with HEDIS reporting, from managed care organizations (e.g., UHC, Aetna).
 - Demographic and household data collected by GCHP Management as property managers through the Low Income Housing Tax Credit certification process.
- **Primary data:**
 - Biannual Health-Related Quality of Life (HQOL) surveys administered on-site to consenting residents aged 14 and older.
 - Potential for additional resident feedback or qualitative inquiry conducted in accordance with possible amendments to the current IRB protocol.
- **Data integration and storage:**
 - Louisiana Public Health Institute (LPHI) receives, aggregates, and securely stores all evaluation data.

- LPHI provides the Evaluation Partner with limited datasets containing unique study identifiers with direct identifiers removed, structured to support longitudinal analysis.
- **Governance:**
 - An Evaluation Steering Committee led by GCHP, which includes FQHCs, MCOs, LPHI, and the Evaluation Partner, meets regularly to review findings and identify quality improvement opportunities.

The IRB protocol, evaluation questions, measure sets, and data-flow structure have been established and are available by request (email Bridget Rabun, VP Corporate Capital, rabun@gchp.net). The selected Evaluation Partner is expected to operate within this framework, assuming the roles held by HMA, building upon the plan as appropriate, and may recommend additions or refinements that strengthen the approach or improve implementation feasibility.

3. PURPOSE OF THE EVALUATION

The purpose of this evaluation is to:

- Generate evidence to inform future investment, particularly by Medicaid Managed Care Organizations (MCOs) and other health-sector partners, by examining health outcomes, care utilization, cost, and resident experience associated with the Health + Housing model.
- Establish proof of concept for the Health + Housing approach across two initial pilot sites, with findings intended to support replication, scaling, and long-term sustainability.
- Support financing and policy conversations by producing credible, relevant insights that can inform structures and incentives for healthcare investment in housing-based interventions.
- Enable continuous improvement by identifying barriers to clinic utilization, assessing resident experience, and providing actionable feedback to GCHP and its partners.
- Build on an established evaluation framework, using approved measures and defined data flows while allowing for targeted refinements and additional qualitative inquiry as appropriate.

4. SCOPE OF WORK

The selected evaluator will work collaboratively with GCHP, LPHI, FQHCs, and MCO partners. Key responsibilities include:

4.1 Current IRB Evaluation Protocol (Quantitative Analysis)

The Evaluation Partner will analyze limited datasets provided by the Louisiana Public Health Institute (LPHI), which integrate clinical, claims, demographic, and survey data.

Responsibilities include:

- Analyzing established measures related to health outcomes, utilization, cost, and resident-reported quality of life via the Modified Health-Related Quality of Life (HQOL) scale.
- Assessing trends over time and conducting site-level or subgroup analyses where feasible, including comparative analysis against non-resident benchmarks where feasible.
- Interpreting findings in collaboration with GCHP and partners.

The Evaluation Partner will not be responsible for data integration, data storage, or management of data-sharing agreements. Evaluator will lead selection and utilization of comparison data, which may draw on public datasets and/or comparative data from MCOs and FQHCs for similar populations, subject to data availability and approvals.

4.2 Additional Proposed Evaluation Approaches (Qualitative Data Collection)

GCHP is exploring the addition of qualitative methods to the current IRB-approved protocol and is seeking an Evaluation Partner to propose and implement an appropriate qualitative approach aligned with the goals of the Health + Housing initiative. Proposed approaches should complement quantitative findings and support interpretation and recommendations and may include components such as resident focus groups/interviews and/or key stakeholder interviews. The selected Evaluation Partner will develop instruments, propose any required IRB amendments, and implement approved qualitative activities in coordination with GCHP. Targeted adjustments to the existing quantitative protocol may also be proposed, as needed, provided longitudinal comparability and IRB compliance are maintained.

4.3 Survey and Consent Support

Participant recruitment is led by GCHP under an IRB-approved protocol. The Evaluation Partner will support survey and consent-related activities in coordination with GCHP.

Responsibilities include:

- Editing and maintaining survey instruments in Qualtrics or other institutionally approved secure survey platform consistent with IRB and data protection requirements.
- Training and supporting staff and volunteers administering surveys and consent.
- Serving as a point of contact for participants with questions about study participation or data use.

4.4 IRB Coordination and Principal Investigator Role

The Evaluation Partner will serve as the **Principal Investigator (PI)** for the evaluation and will coordinate with the appropriate Institutional Review Board(s) to ensure continued compliance with approved protocols.

Responsibilities include:

- Ensuring evaluation alignment with IRB requirements and site operations.
- Serving as the primary point of contact with the IRB for submissions, amendments, renewals, and required reporting.
- Coordinating IRB-related communications and timelines with GCHP to ensure alignment with evaluation activities.

4.5 Reporting and Governance

The Evaluation Partner will produce evaluation outputs and participate in governance activities.

Responsibilities include:

- Preparing and presenting evaluation findings, including integrated quantitative and qualitative results, to the Evaluation Steering Committee and participating in related meetings and discussions.
- Developing clear, actionable recommendations based on evaluation findings to inform program improvements, future site implementation, and financing or investment discussions.

5. DELIVERABLES

The selected Evaluation Partner will produce the following deliverables during the initial one-year contract term.

- **Evaluation Work Plan**

A brief work plan outlining proposed activities, timeline, roles, and coordination with GCHP and partners, to be included in final contract agreement negotiated after proposal selection.

- **Evaluation Report**

A comprehensive report, at least biannually, integrating quantitative and qualitative findings, comparison group analysis, and site-level trends across both pilot sites, including:

- Analysis of health, utilization, cost, and resident experience measures.
- Interpretation of findings relevant to implementation, replication, and future investment considerations.
- Clear, actionable recommendations, including focused issue-specific analysis (e.g., clinic utilization patterns, barriers to engagement, emerging trends) as needed to support decision-making and communications.

- **Presentation of Findings**

Presentation of evaluation findings to the Evaluation Steering Committee, with materials suitable for discussion with external partners and potential investors as appropriate.

- **Interim Monthly Summaries**

Aggregate, de-identified summaries produced monthly in accordance with the IRB-approved protocol, including descriptive analyses as appropriate for small sample sizes and exploration of site-level and subgroup insights where feasible, to support ongoing monitoring, programmatic adjustments, and/or stakeholder engagement.

- **Survey Support**

Updated survey instruments (as applicable), including Qualtrics programming, documentation of refinements, and guidance to support consistent administration.

- **IRB Documentation and Coordination**

Required IRB submissions, amendments, and related documentation associated with the evaluator's role as Principal Investigator, in coordination with GCHP as sponsor.

Deliverables in subsequent years may be refined based on findings, site expansion, or evolving investment and policy needs and will be negotiated upon renewal.

6. CONTRACT TERM AND BUDGET

- **Initial Term:** Expected one (1) year from 04/15/2026.
- **Renewals:** Up to four (4) additional one-year renewals (total of up to five years), contingent upon satisfactory performance, continued alignment, and available funding.

Budget:

- GCHP does not set a fixed budget ceiling in this RFP but seeks cost-effective proposals commensurate with the scope described above, including any proposed alternative approaches. GCHP reserves the right to negotiate scope and budget with the selected proposer.
- Proposals should include a detailed line-item budget and budget narrative.
- The selected Evaluation Partner will be required to enter into a Business Associate Agreement (BAA) with the Louisiana Public Health Institute (LPHI) as a condition of accessing limited evaluation datasets. Proposers should account for any associated administrative or compliance costs in their budget.

7. REQUIRED QUALIFICATIONS & EXPERIENCE

GCHP is looking for an Evaluation Partner with a strong track record in community-based, health and housing/SDOH-related evaluation. Proposals will be more competitive if they demonstrate:

- Experience evaluating housing–health models or community-based health interventions.
- Experience working with low-income communities in the Gulf South or similar contexts.
- Familiarity with social determinants of health (SDOH) and Community Health Worker (CHW) models.
- Understanding of Medicaid Managed Care Organization (MCO) financial and incentive structures relevant to healthcare delivery and population health initiatives.
- Familiarity with state Medicaid programs, contracting processes, and related incentive or value-based payment structures – including any past research/analysis that has influenced policy decisions.
- Mixed-methods expertise, including:
 - Quantitative analysis using clinical/claims or similar datasets, OR a clear, feasible approach to building that capacity.
 - Qualitative methods (surveys, focus groups, interviews, thematic analysis).
- Ability to work with limited datasets, including comfort with:
 - Standard clinical and claims measures (e.g., UDS and HEDIS-aligned metrics) within SQL-based datasets.
 - Statistical and data analysis tools commonly used for health and claims data (e.g., R, Stata, SAS, Python, or similar).
 - Qualitative analysis software used in applied mixed-methods research (e.g., NVivo, Dedoose, ATLAS.ti, or equivalent).
- Demonstrated skill in producing accessible, practical reports for non-academic audiences (MCOs, FQHCs, policy makers, funders, housing organizations, residents, etc.).
- Commitment to collaborative, community-engaged approaches.

Joint proposals (e.g., university + community-based research organization) are welcome.

8. PROPOSAL CONTENT & FORMAT

Proposals must be submitted as a single PDF with pages numbered and section headings that correspond to the outline below. The narrative portion of the proposal should not exceed 10 pages (excluding the cover letter, budget, and any optional appendices) and should use a standard, readable font (e.g., 11–12 pt) with normal margins.

1. Cover Letter (1–2 pages)

- Organization(s) name, primary contact, and signature by an authorized representative.
- Brief statement of interest and unique fit.
- Disclosure of any actual or potential conflicts of interest.

- A brief attestation confirming the proposer’s ability to meet the Independent Third-Party Security Assessment requirements for HIPAA-covered entities, as required by LPHI, for secure access to limited evaluation datasets.
- 2. Organizational Overview (2–3 pages)**
- Mission and relevant experience.
 - Description of key departments/centers involved (e.g., School of Public Health, Department of Epidemiology, etc.).
 - Summary of prior projects relevant to housing, health, SDOH, or similar complex evaluations.
- 3. Proposed Evaluation Approach (2–3 pages)**
- **Current IRB Evaluation Protocol**
- Proposers should describe an evaluation approach that builds on the existing evaluation framework, IRB protocol, evaluation questions, and measure sets provided with this RFP. GCHP is seeking an applied, implementation-oriented evaluation that supports learning, decision-making, and future investment discussions, rather than the development of a new theoretical or conceptual model. Proposals should demonstrate understanding of the current protocol and describe how the proposer would implement, manage, and interpret analyses within this existing structure.
- **Proposed Additional Evaluation Components**
- Proposers are invited to recommend additional evaluation components to supplement the current IRB-approved protocol, including qualitative approaches that deepen understanding of resident experience such as focus groups or interviews and/or adjustments to the existing quantitative protocol consistent with IRB requirements and longitudinal nature of the evaluation. Proposed components should be clearly described, feasible, and designed to integrate within existing evaluation framework – not replace it.
- 4. Work Plan & Timeline (1-2 pages)**
- Major activities, milestones, and deliverables for the first 12 months, with an indication of how the approach would evolve in subsequent years.
 - Roles of each team member.
 - Identification of key dependencies or assumptions.
- 5. Team Qualifications (2–3 pages)**
- Brief bios or CV summaries for key personnel
 - Description of roles and level of effort (FTE or % time), including identification of the proposed Principal Investigator.
 - Any organizational access to appropriate secure survey software/tools available for resident survey process platform consistent with IRB and data

protection requirements (current surveys are conducted under GCHP Qualtrics license, which may not be renewed).

6. Budget & Budget Narrative

- Line-item budget for Year 1, including separate sections for Current IRB Evaluation Protocol and Proposed Additional Evaluation Components (see “Proposed Evaluation Approach” above)
- Budget narrative explaining assumptions and rationale.
- High-level description of anticipated budget needs in future years (non-binding).
- Any optional or alternative budget scenarios should be clearly identified.

7. References / Prior Work Samples (optional)

- Links or PDFs to up to three relevant reports or publications (preferably practice-oriented evaluation reports).

9. EVALUATION & SELECTION CRITERIA

Proposals will be evaluated based on the following criteria:

- Relevant experience conducting mixed-methods evaluations related to health, housing, social determinants of health, or similar complex place-based initiatives grounded in resident experience and local context.
- Clarity and appropriateness of the proposed evaluation approach in relation to the goals and scope described in this RFP, existing evaluation framework, and IRB-approved protocol.
- Ability to produce clear, well-communicated, actionable findings that support decision-making, replication, and future investment and policy considerations.
- Qualifications and capacity of the proposed team, including the ability to serve as Principal Investigator and coordinate IRB requirements.
- Ability to meet data access and security requirements, including completion of an Independent Third-Party Security Assessment for HIPAA-covered entities, as required by LPHI.
- Reasonableness of the proposed budget and overall value relative to the scope of work.

GCHP may request interviews or presentations with top-ranked proposers before making a final selection.

10. ANTICIPATED TIMELINE

- **RFP Released:** 02/02/2026
- **Deadline for Questions:** 02/20/2026
- **Responses to Questions Posted/Distributed:** 02/27/2026

- **Proposal Submission Deadline:** 03/06/2026
 - **Interviews with Finalists (if needed):** 03/16/2026 – 03/20/2026
 - **Selection Notification:** 03/25/2026
 - **Contract Start Date (Estimated):** 04/15/2026
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11. Reservations and General Terms

- GCHP reserves the right to reject any or all proposals, request clarification or additional information, and to modify or cancel this RFP at any time. Submission of a proposal does not obligate GCHP to award a contract or to reimburse any costs incurred in proposal preparation.
 - The selected Evaluation Partner will be expected to enter into a written agreement with GCHP addressing scope of work, deliverables, payment terms, ownership of work products, data use, and other standard contractual provisions.
 - The Evaluation Partner may develop abstracts, manuscripts, and other scholarly products that contribute to the evidence base for Health + Housing models. Any publications, presentations, or public dissemination products derived from evaluation activities must be submitted to GCHP for review and written approval at least 30 days prior to submission. All dissemination must comply with IRB requirements, data-use agreements, and HIPAA-related protections. Publications must acknowledge Gulf Coast Housing Partnership (GCHP) as the project sponsor and recognize participating partners consistent with journal or conference guidelines.
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12. QUESTIONS & SUBMISSION INSTRUCTIONS

12.1 Questions

All questions regarding this RFP should be submitted via email to:

- **Kevin Krejci**, Chief Capitalization Officer, krejci@gchp.net
- **Bridget Rabun**, VP Corporate Capital, rabun@gchp.net

Please use subject line: **“H+H Evaluation RFP – Question”**.

GCHP may consolidate and share responses with all interested parties to ensure transparency and consistency.

12.2 Proposal Submission

Proposals must be submitted electronically as a single PDF file to:

- **Kevin Krejci**, Chief Capitalization Officer, krejci@gchp.net
- **Bridget Rabun**, VP Corporate Capital, rabun@gchp.net

with the subject line: **“H+H Evaluation RFP – Response [NAME OF ORGANIZATION]”**.

Proposals must be received by **03/06/2026, 5:00 PM CT**. Late proposals may not be considered.