SUCCESSES AND CHALLENGES TO MCO-CBO PARTNERSHIPS

TEXAS FOOD-ORIENTED COMMUNITY-BASED ORGANIZATIONAL SCAN

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Baylor University
COLLABORATIVE ON HUNGER AND POVERTY

EPISCOPAL HEALTH FOUNDATION

This study was carried out by the Baylor Collaborative on Hunger and Poverty with support from the Center for Community Research and Development at Baylor University. This report was funded by the Episcopal Health Foundation (EHF).

Episcopal Health Foundation

Rooted in faith and active in hope, Episcopal Health Foundation (EHF) believes ALL Texans deserve to live a healthy life – especially those with the least resources and those who face the most obstacles to health. We're promoting equity by improving health, not just health care in Texas.

Baylor Collaborative on Hunger and Poverty

The Baylor Collaborative believes a world without hunger is possible. To achieve this, we aim to advance food security by becoming a leading contributor to the landscape of hunger research, promoting the adoption of proven and effective interventions, and advocating for evidence-based approaches and policy.

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Key Takeaways

The purpose of this study is to understand the food landscape in Texas and learn about potential partnerships between food-oriented community-based organizations and Medicaid Managed Care Organizations.

A systematic search of food-oriented community-based organizations shows these organizations in Texas to be diverse in type, purpose, size, and activities. While a large portion of our sample could be primarily identified as food banks/pantries, they also offer a wide range of other activities.

Community-based organizations (CBOs) are passionate about the communities they serve and while many indicated that they need more information about potential partnerships with Medicaid Managed Care Organizations (MCOs), the majority expressed openness to future partnerships.

Barriers to partnership between CBOs and MCOs included funding/resources, volunteers/employees, and the need for more information, although this varied by size of the organization.

Education for both CBOs and MCOs would help facilitate future successful partnerships, particularly among smaller, lesser-known organizations. Barriers specific to smaller organizations should be carefully considered when forming partnerships. For all CBOs, partnerships that include a purposeful investment in building relationships offer the highest potential for meaningful and sustained collaboration.

Introduction

A number of external and social conditions impact an individual's health. These non-medical drivers of health (NMDOH) are defined as the "the conditions in which people are born, live, learn, work, play, worship and age that affect health risks and outcomes" (Texas Health & Human Services, 2023). In other words, these drivers are external conditions that affect an individual's health, rather than direct medical causes. Some of these non-medical drivers of health, also referred to as Social Determinants of Health (SDOH), include access to education, health care, safe/clean neighborhoods, economic stability, and positive social networks. In many ways, NMDOH intersect with medical conditions to exacerbate health outcomes.

In an important step to address NMDOH, the Texas Health and Human Services Commission (HHSC) created a NMDOH Action plan to "guide priorities and strategic goals for Medicaid and CHIP Services to coordinate NMDOH activities and support the work of Managed Care Organizations (MCOs) and Medicaid providers" (Texas Health & Human Services, 2024). The NMDOH Action plan priority areas include food insecurity, housing, and transportation.

Our research focuses on the priority of food insecurity as it is described and contextualized in the NMDOH Action Plan. Food insecurity is a lack of enough food or nutritionally adequate and safe foods (Rabbitt et al., 2024), and it can greatly affect a person's physical and mental health and well-being (Gundersen & Ziliak, 2015; Silvermann et al., 2015). The Action Plan encourages the development of programs and to incentivize MCOs to address food insecurity. However, MCOs cannot identify and develop pathways to address food insecurity on their own. They will need to identify strategic community partners and engage with them to collaboratively address these needs.

Community-based organizations (CBOs) are crucial to addressing food insecurity in local communities. CBOs can be for-profit or non-profit, operating within a specific community "aiming to address local needs and improve the well-being of its residents" (Adebayo et al., 2024; PublicInput, 2024). CBOs directly impact food resources in local areas through the management of food pantries, food banks, farmers markets, meal delivery, and community gardens, among other activities. These organizations are essential to communities because they address food access and distribution at the local level. They also often partner with government assistance programs like the Supplemental Nutrition Assistance Program (SNAP), and the Temporary Assistance for Needy Families (TANF).

Partnerships between MCOs and CBOs take on a number of different forms to meet the nutritional needs of participants. For example, they may partner to provide education, access to nutritional food, medically tailored meals (MTM), meal

Texas Health and Human Services NMDOH Action Plan Goals:

A. Build Medicaid NMDOH data infrastructure for statewide quality measurement and evaluation

B. Coordinate services and existing pathways throughout the delivery system to address food insecurity, housing, and transportation for Texas Medicaid beneficiaries.

C. Develop policies and/or programs to incentivize MCOs and providers to identify and address food insecurity, housing, and transportation for Medicaid beneficiaries while demonstrating cost containment.

D. Foster opportunities for collaboration with partners internal and external to Health & Human Services (HHS).

preparation/delivery, or to create Food Prescription (Food Rx) programs that prescribe certain types of food (i.e. produce prescription programs) to treat diagnosed chronic conditions (e.g., diabetes). Providing nutritional food has been shown to improve health, particularly among those with complex health needs. A recent program in California offered healthy food boxes through community partnerships including home delivery and complementary nutrition education (Wilken et al., 2023). After a 12-month timeframe, the program was shown to significantly improve health and diet quality and decrease food insecurity. As an upstream cause of poor health outcomes, access to nutritionally appropriate food can not only increase individual well-being but decrease healthcare and associated costs. A 2022 evidence guide by The Commonwealth Fund on the return on investment for partnerships addressing social determinants of health found moderate evidence suggesting that increasing healthy foods through home-delivery meals and food pharmacies/prescriptions improved health outcomes while reducing health care costs (McCarthy et al., 2022).

The NMDOH Action Plan addresses the formation of MCO-CBO partnerships through an action point for Goal B to "identify and facilitate strategic partnerships and a systematic approach for MCOs, providers, and community-based organizations (CBOs) to coordinate their service deliver models and referral systems to address identified food insecurity among Medicaid beneficiaries" (Texas Health & Human Services, 2023). However, while the goal exists to connect MCOs and CBOs to address food insecurity, we do not know much about the food-oriented community-based organization landscape in Texas. The main purpose of this research is to understand the food landscape in Texas and learn about potential partnerships between food-oriented community-based organizations and Medicaid Managed Care Organizations.

> *"We see MCOs as a great potential partner for creating sustainable food system change that delivers an ROI for the MCOs themselves through cost-savings on medical care and treatment for their patient population"*
>
> *-Anonymous CBO Respondent*

The Episcopal Health Foundation (EHF) engaged the Baylor Collaborative on Hunger and Poverty (Baylor Collaborative) to conduct a landscape scan of CBOs across the state of Texas. During this time EHF and the Baylor Collaborative worked with HHSC to develop and carry out research related to MCO and CBO partnerships. This included a statewide survey and interviews with food-oriented CBOs to better understand potential partnerships with MCOs. Specifically, this study generated a list of food-oriented CBOs and gathered data around the successes, challenges, and potential interest in MCO-CBO partnerships in the future.

Methodology

We collected data for this project in three phases. In phase one we built a database of food-oriented community-based organizations across the state of Texas. This was completed first through a search of the websites findhelp.com and foodfinder.com and then followed by a systematic keyword search of the 254 counties in Texas. Key words included: "food-based community organization," "food bank," "food charity," "food justice," "food farms," "community supported agriculture," and "farmers market." We included organizations with active websites or active Facebook pages. The organization's name, county,

and address were collected along with a contact email address, if available. A total of 935 organizations were found across Texas using this method. These data were compiled in Fall 2023.[1]

In phase two of data collection, we sent an online survey to these food-oriented CBOs, using the emails that were gathered in phase one. The questions on this survey were developed by the Baylor Collaborative and the EHF, with input from the HHSC. Survey questions asked about food-related activities the organization provided for their community, their past or current partnerships with MCOs, and their interest and barriers to future partnerships. We programmed and distributed the survey using Qualtrics to 912 food-oriented CBO's. Sixteen emails failed/bounced, and an additional 6 organizations explicitly stated they no longer provided food-related services. Six additional organizations were identified during this time by referrals from existing organizations and were sent a survey. A total of 896 organizations received the survey of which 285 filled out at least some portion, for a response rate of 31%. We sent the initial invite on April 22, 2024, and it remained available for organizations to fill out for two weeks. We sent out two reminder emails in this two-week timeframe.

In phase three we conducted live interviews via Zoom with five community organizations that responded to the survey. We used purposeful sampling to select these five organizations so that they varied in size, organization type, partnerships with MCOs, and the food-related activities they carried out in the community. We designed the interviews to uncover successes and challenges these organizations have had working with MCOs or potential challenges for future partnerships.

Because phase two and three included interfacing with human subjects on behalf of their organization rather than their personal opinions and/or interests, this study was submitted to Baylor's Institutional Review Board (IRB) for exemption status.

The data presented below represent the combined results of both phase two and three. While the live interviews gave us more detail, we also asked open ended questions about organizations' partnership experiences on the survey. Qualitative data collected through open-ended survey questions as well as interview response are noted and presented together in the results section.

Results

Sample Overview

The majority of survey responses (n=257) were from non-profit organizations with 34.6% identifying as non-profit-volunteer-run organizations, 33.1% identifying as non-profit-religious organizations, and 27.6% identifying as non-profit-other.

When asked about their primary focus, 79.1% (of the 250 respondents) indicated they would classify their organization as mainly a food bank or food pantry. While this is a large percent of the sample, 79% of organizations we sent a survey to were classified as food banks or food

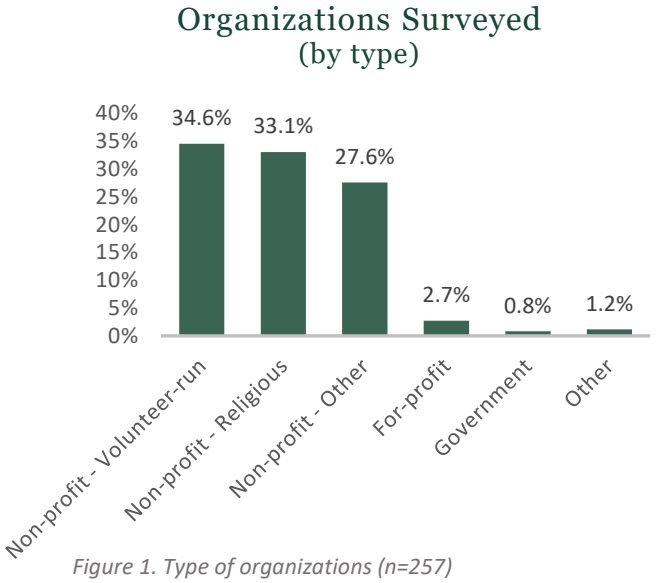

Figure 1. Type of organizations (n=257)

[1] The list that was used for phase two and phase three was based off of the list gathered in Fall 2023. Since this time, this list has been updated and added to.

pantries through the language and activities they reported on websites. The second largest category was meal or food delivery service at 8.5%, followed by: congregate meals (2.7%), food production – farm/community garden (2.3%), educational (1.9%), SNAP and/or WIC application assistance (1.2%), farmers market (0.4%), and other (2.7%).

In addition to their primary focus, we asked organizations to tell us more about their activities and programs. Organizations could select from the options listed in *Figure 2* all the activities that apply. The most commonly reported activity was providing free or low-cost groceries (79.6% of organizations). Many of our survey respondents chose "other" to their methods of addressing food insecurity and wrote in a variety of responses; such as, "case management" and "job skill training." Additional write-in responses are included in Appendix A.

Figure 2. Activities addressing food insecurity (n=250)

Geographic Characteristics

Organizations in our sample serve both urban and rural areas, with many organizations serving both types of counties. Some 151 (66.8%) organizations listed their service area to include counties classified by rural-urban continuum codes published by the USDA[2] as urban, and 124 (54.9%) listed counties classified as rural. Most organizations in the sample served just one or two counties, with 143 organizations (63.3%) listing that they served just one county and 25 organizations (11.1%) listing 2 counties. Another 48 organizations (21.2%) listed 3-9 counties, and 10 organizations (4.4%) listed that they served 10 or more counties.

All 13 MCO service areas in Texas were represented in the organizations that we surveyed. The most common service areas organizations (n=282) reported residing were MRSA West (19.83%), MRSA Central (18.09%), and MRSA Northeast (17.38%). The other 10 MCO service areas were represented as follows: Dallas (8.16%), Nueces (7.80%), Lubbock (6.03%), Tarrant (5.67%), Harris (4.96%), Hidalgo (3.55%), Jefferson (3.19%), Travis (2.48%), Bexar (1.42%), and El Paso (1.42%).

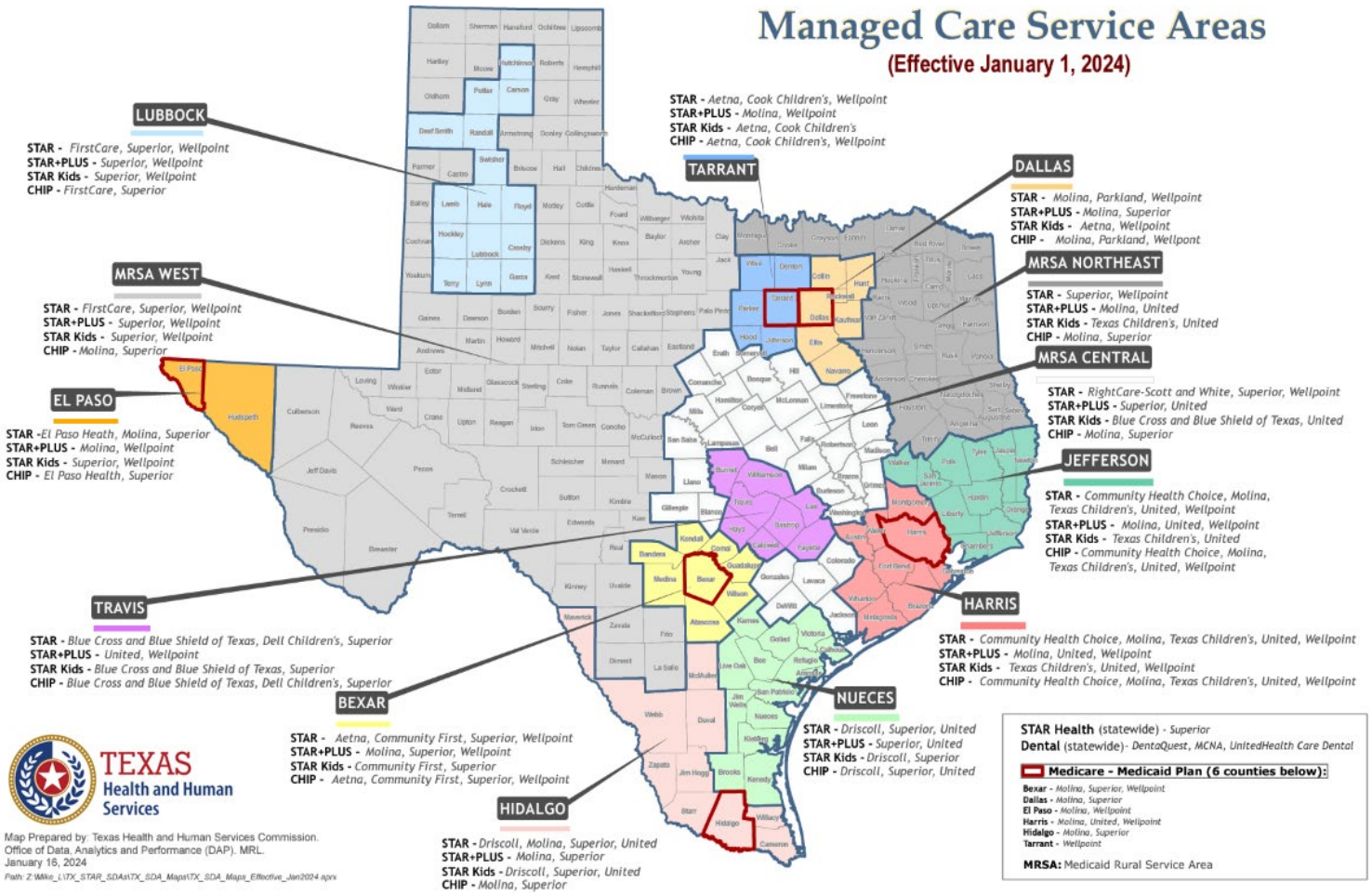

Figure 3. Managed Care Service Areas

[2] Survey respondents wrote in the counties they served and researched used the 2023 rural-urban continuum codes to classify counties as either rural or urban. Thus, an organization that listed both rural counties and urban counties could be represented in both. Rural-urban continuum codes can be found through the Economic Research Service of the US Department of Agriculture https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx

Respondents to the survey reported the estimated number of people served per month. Because this was a write-in response, some organizations reported people served while others reported families served. For those who reported families served, we multiplied their response by three to convert it to persons served. Additionally, for organizations that reported a range, we used the middle of the range. The mean number of people served per month by surveyed organizations was 12,228. However, there was a large range in the number of people served, from a minimum of 2 to a maximum of 645,534. We also asked about the potential maximum number they thought their organization could serve. The mean for the sample was 18,936 with a minimum of 12 and a maximum of 1,291,038. Thus, our sample included both very small organizations as well as very large organizations.

From the number of reported persons served, we classified the organizations into four size categories. Small, representing organizations serving 100 individuals or less; Mid, serving 101-1,000 individuals; Mid-large serving 1,001-10,000 individuals, and Large, serving over 10,000.

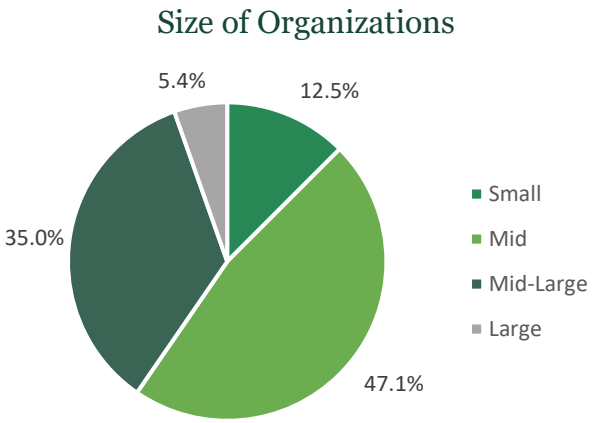

Figure 4. Size of organizations (n=240)

Partnerships with MCOs

A focus of this study was to understand existing partnerships between CBOs and MCOs, as well as the potential for future partnership. *Figure 5* demonstrates just a small portion of survey respondents currently or previously partnered with an MCO (representing 19 organizations total). This includes 13 organizations with current partnerships (three of which also indicated having a partnership in the past) and an additional six that had past partnerships but not current partnerships with an MCO. We did ask about why those partnerships had ended, and the most common response given was "COVID."

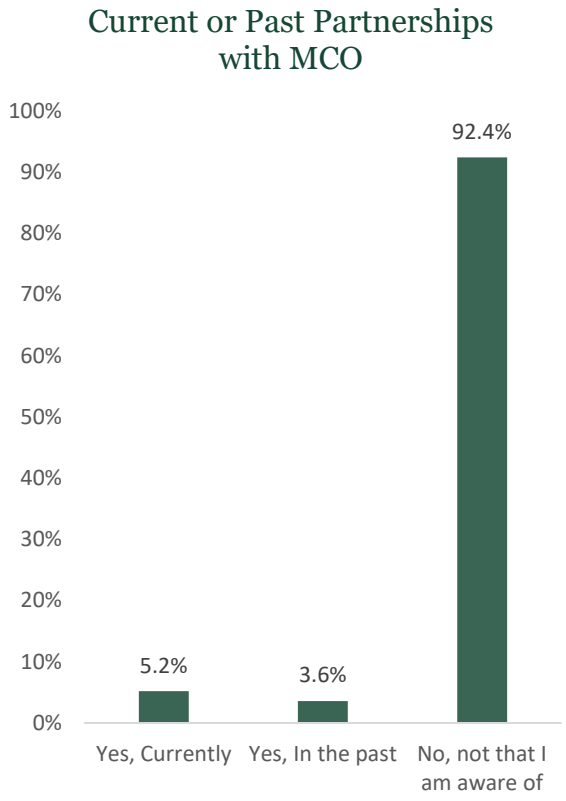

Figure 5. Current or past partnerships with MCOs (n=251)

We asked those who had partnered with an MCO to report which MCO(s) they partnered with. There was a total of 16 different MCOs reported.

MCOs Represented in Current or Past Partnerships

- Aetna Better Health of Texas
- Amerigroup*
- Blue Cross Blue Shield
- Community First Health Plans*
- Community Health Choice*
- Cook Children's Health Plan
- Dell Children's Health Plan
- Driscoll Health Plan
- El Paso Health
- First Care*
- Molina
- Parkland Community Health Plan*
- Right Care*
- Superior*
- Texas Children's Health Plan*
- United Health Care*

**Indicates MCO selected by more than one organization* (n=12)

Of the organizations currently or previously partnered with MCOs, most were Mid-size (serving 101-1,000 people/month) organizations (*see Figure 6*). No Small organizations reported partnering with an MCO. The most common types of organizations to have partnered with an MCO were non-profit-other and non-profit volunteer run organizations. Food banks/pantries were the most common primary focus of organizations with a partnership with MCOs (11 organizations) and meal delivery service was the second most common (three organizations). This is not surprising as it mirrors the two most common primary focuses of the sample overall.

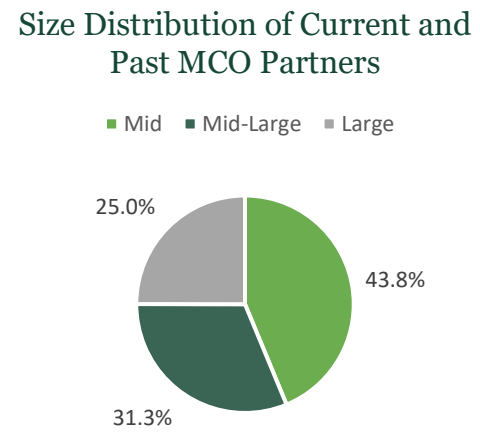

Figure 6. Size distribution of current and past MCO partners

Types of Partnerships

Organizations were given an opportunity to describe their partnerships with MCOs. The following list represents some ways CBOs indicated in open-ended survey questions, and interviews, how they partner with MCOs. While not exhaustive, these responses show there is a wide variety of ways CBOs and MCOs can partner to improve the health of their communities.

Examples of Partnership Activites with MCOs:

- Partner with MCO to do health screenings at their mobile food pantries
- Partner with local hospital to get health information out to community
- Trial program delivering produce to people on dialysis
- Medically tailored meals for patients with cardiac issues and diabetes management
- Produce prescriptions
- Nutrition education
- Home food delivery for seniors
- Cooking demos
- Food FARMacy (manage food-related illnesses)
- Partner in community farmers market

Successes in Partnerships

We asked organizations (through open-ended survey questions and interviews) to report what they thought made these partnerships successful. Responses included receiving grants that helped with funding, engaging in shared thought leadership, building good relationships between the CBO and MCOs, giving MCOs regular updates and progress reports, how aware the MCOs were of food insecurity in their community, receiving good training on billing processes and providing help addressing any billing/coding questions, and having nutritionists/dieticians on staff at the CBO not only to help with food-related needs but also to speak the language of MCOs, making communication easier.

One organization noted in the survey how their partnership with an MCO was beneficial to their clients,

"Our clients enjoy coming to ask questions to an actual person who is knowledgeable on the topic." Another organization stated that the success of their partnership with an MCO could be seen through, "[t]he provision of funding to operate the program, the thought leadership shared, expanded capacity to serve neighbors in need."

During the interviews, one organization reported they did not have much contact with the MCOs they work with, they considered this positively, because they did not need to contact them for help. They mentioned how easy the paperwork/billing was within their partnership for programs that seemed to be largely running since the mid-1970s, with or without MCO referrals. They noted how the MCOs they worked with provided good trainings at conferences and other workshops they had attended. The respondent also noted that these processes had also improved across time, *"Fortunately, I feel like they ironed out all the problems for us before the smaller areas got on...I attended these trainings that were available to me when I could get to them if they were close enough… And had real good representatives from both places that I… if I had issues, I could call them, and they would help me understand."* In talking about their interactions this respondent stated, *"I've always been able to pick up the phone and call somebody if I needed help, and they've always been helpful."*

A large food bank offered a wealth of information in an interview about their successes in partnering with MCOs. This food bank provides medically tailored meals and explained that *"we're one of the only food banks in the country that is able to produce medically tailored meals. And that's been a huge selling point for the MCOs in our area."* They noted that their partnerships with health care organizations was a "*strategic decision*" and that they have received grant funding for some of these partnerships. Among their activities they describe, *"we provide medically tailored meals and connect their patients to SNAP application assistance. We do produce prescriptions, which is a 10-pound box of fresh produce each week, and we also do home delivery of shelf stable goods. And then the fifth layer is nutrition education."* They mentioned that diversifying their options was "*enticing for the MCOs*" in their area.

The ability of larger organizations to diversify may lead to more partnerships or more successful partnerships with MCOs. Yet the infrastructure for this diversity of offerings may not be attainable for all organizations (resources such as having a commercial kitchen, a nutritionist, or registered dietitians on staff, etc.). This organization also noted that it was helpful to be part of Feeding America and Feeding Texas cohorts where there is a forum for interacting with MCOs. The ability to connect with other organizations and the promotion of these partnerships through these larger organizations can be beneficial. This organization also indicated it was beneficial to have a CEO who is a registered dietician

and has a healthcare background, and thus is passionate about these partnerships and able to understand that industry. This organization also noted the importance of communication and regular contact, updating progress reports, and so on with their partners.

Challenges in Partnerships

Through both the open-ended question in the survey and interviews, we asked about challenges or barriers to organizations' current or past partnerships with MCOs. Some of the things that we captured as challenges included issues with scheduling or availability of the MCO, customer service for billing issues, reporting complexities, tracking patient outcomes, a lack of understanding by MCOs about how food banks work, MCOs not understanding all the programs offered by CBOs, and the availability of appropriate food.

Through our interviews one organization mentioned that the only challenge was that the MCO did not seem to be consistent in referring clients to all of their programs. They indicated that they had a greater capacity than what they were currently serving in these partnerships.

The large food bank that we interviewed noted both how building relationships was beneficial but also indicated that these relationships were necessary due to the MCOs lack of familiarity about food bank services and operations. Speaking about the health care partners they stated, "*And of course they're dealing with patients and we're dealing with the neighbor-side. So [they] don't really understand [the] intricacies of a food bank… So [there is] a lot of education, a lot of relationship building, a lot of 'this is what we can do to help your patients' health' so that they don't have [high] readmission rates or aren't able to take their medication because they don't have the proper food to go with it*." Even as a large organization with multiple funding streams, this organization noted sustainability as one of the challenges to the work they do."*… Sustainability and funding are huge. Right now, the pilot that we're doing, even though it's a significant grant for medically tailored meals, we don't know if the funding is going to be there next year, and a lot of work goes into planning and developing a program*."

A much smaller organization we interviewed noted the good work they had done providing fresh vegetables and produce for patients on dialysis, but indicated that this work got interrupted due to having a small staff and volunteer base. This is an example of the challenges smaller organizations may face on a regular basis. This same organization indicated that they needed clarification from their health care partners on what types of food to provide, specific food for their medical needs, and how to evaluate if it is making an impact. This organization also brought up the need for community input, "*not just community members who are part of organizations trying to solve the problem, but [the] community member who has high blood pressure and hypertension. Like what does that person see that the community organizations like mine, and healthcare organizations are not doing to provide convenient, easy access to the things that they need to become healthier?*" However, doing a community needs assessment or gathering information from community members may be a challenge, particularly for smaller organizations.

Interest in Continued or Future MCO Partnerships

One of the main goals of this survey was to understand organizations' willingness to partner with MCOs. We asked organizations if they would be willing to partner with an MCO in the future. Most organizations (78.4%) were open to the idea, selecting yes or maybe (see *Figure 7* on next page).

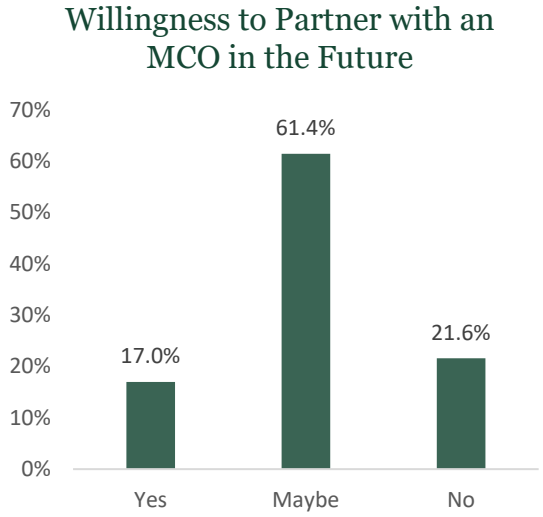

Figure 7. Interest in continued/future partnerships with MCOs (n=241)

We also asked respondents what barriers they thought would exist to such a partnership for their organization. *Figure 8* shows that 11.1% of organizations did not foresee any barriers to partnering with MCOs, but over half indicated that funding and resources (52.6%) or lack of volunteers/employees (52.1%) would be barriers. It should also be noted that 47.4% of respondents indicated the lack of information they have about MCOs is a barrier to partnerships.

> *"We would need a LOT of information about what an MCO is and what kind of work we would be expected to do as a partner."*
>
> *-Anonymous CBO Respondent*

This percentage was even higher among the organizations that indicated that they would 'maybe' partner with MCOs with 62.9% reporting that the lack of information was a barrier. "Funding/resources," "volunteers/employees," and "logistics" were also commonly selected responses for this group (see Table 1). While resources and staffing/volunteers may be a harder barrier to overcome, providing CBOs with more information about MCOs and potential partnerships could be relatively straightforward way to reduce a barrier impacting nearly half of the CBOs.

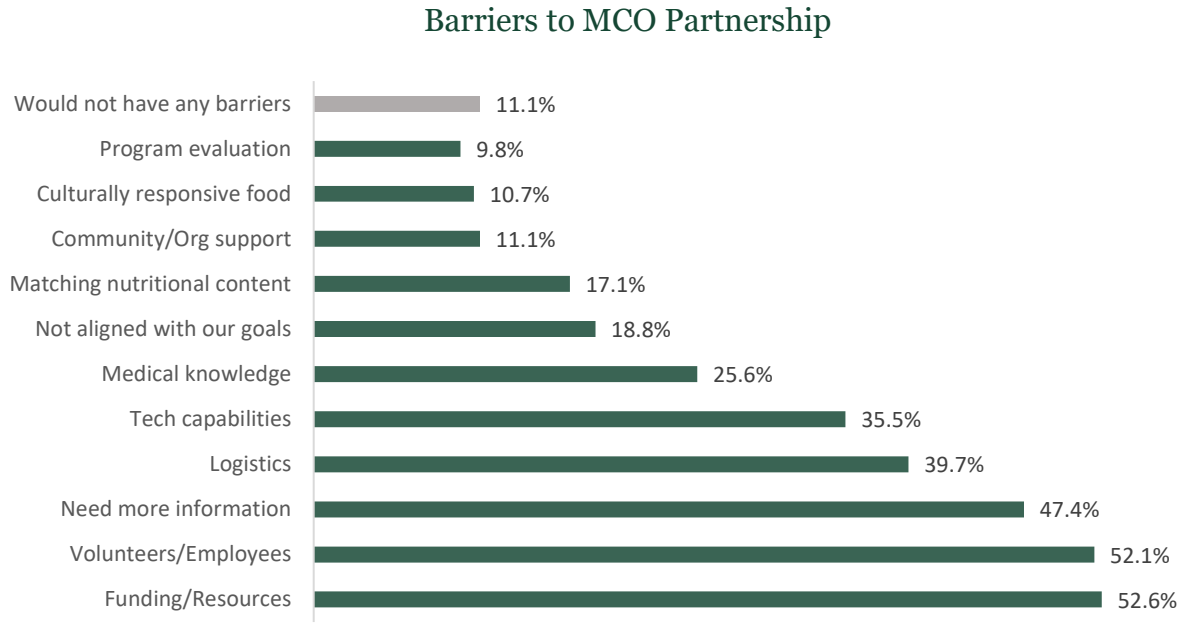

Figure 8. Barriers to MCO partnership (n=234)

There are some organizations (18.8%) that reported a partnership with MCOs does not align with their goals. When looking further into this group, we found they did not differ by organizational type (non-profit vs for-profit), but they were more likely to be non-profit-religious organizations (43.2%) and were largely classified as food bank/food pantry (86.4%). Additionally, far fewer provided free or low-cost meals (19.1%) compared to the sample overall, but did largely provide free or low-cost groceries (90.5%). Those not seeing their organization goals to aligned partnerships with MCOs did not vary greatly on other types of activities. Yet, it could be that food-related services are just one dimension of their organization and not their main overall organizational mission (for example, religious organizations may see their main mission to be that of providing wholistically for their congregations, evangelism, or other faith-based goals, outside of food or health).

In fact, one interviewee described their organization as an "international religious organization." Food pantries were common at many of their locations across Texas, but they indicated that their main objective was, "*not just food. Our main objective is for assistance in rent, utilities, any other assistance that they need. Food is just one component of it.*"

This organization also expressed a lack of understanding about MCO partnerships or even how it could fit into their organization. They said, "*we have not had the capacity to do anything with medical yet. We just stay with the rental assistance, utilities, and food.*" While acknowledging they provide food, the respondent did not connect their work with health or healthcare and thus did not seem to understand how such a partnership could fit into their goals. In fact, as the interviewer asked additional questions about potential future partnerships, the respondent offered the following, "*I'm just curious to see the relationship between food and MCO's… You started out talking about food and then our discussion turned into MCOs… So I just want to see how they're tied together*." This was followed by clarifying questions about MCOs.

There were two things communicated in this interview, first that this organization did not see food as their main goals and second that they lacked an understanding of how a partnership with MCOs could fit into the services they provided. Ultimately, it is clear the goals of the organization matter. In finding partnerships that will work, the CBO must perceive health issues to be at least related to their overall mission as an organization.

Table 1 shows the barriers to partnership by whether the CBO would be interested in partnering with an MCO in the future. Those that are interested in such a partnership are more likely to say that they do not have any barriers at all (31.7%) and, with the exception of program evaluation, are less likely to see any of the options as barriers. Meanwhile, those who are not interested in future partnerships were the least likely to say they would not have any barriers (just 2.0%) and much more likely to say that partnership did not align with their organization's goals. Respondents were also able to expound their selection of "Other" to this question (*see Appendix B*).

Barriers to Partnership by Openness to Future Partnership	Yes	Maybe	No	Total
Would not have any barriers	31.7%	7.7%	2.0%	11.1%
Program evaluation	12.2%	8.4%	12.2%	9.8%
Culturally responsive foods	4.9%	11.9%	12.2%	10.7%
Community/organizational support	9.8%	11.2%	12.2%	11.1%
Matching nutritional content needs of targeted food interventions	4.9%	21.7%	14.3%	17.1%

Barriers to Partnership by Openness to Future Partnership (cont.)	Yes	Maybe	No	Total
Not aligned with our organizational goals	2.4%	10.5%	57.1%	18.8%
Medical knowledge	12.2%	29.4%	26.5%	25.6%
Technological capabilities	26.8%	37.8%	36.7%	35.5%
Logistics	26.8%	45.5%	34.7%	39.7%
Need more information	36.6%	62.9%	12.2%	47.4%
Volunteers/employees	31.7%	55.2%	61.2%	52.1%
Funding/resources	43.9%	58.7%	42.9%	52.6%

Table 1. Barriers to Partnership by Openness to Future Partnership (n=233)

We were also interested in understanding who is most interested in partnering with MCOs in the future. We found that organizations who have already had a partnership with MCOs are highly likely be interested in future partnerships. Of those organizations, 91.7% said they would partner in the future, another 8.3% indicated they might, and none said that they would not be interested in a future partnership. For organizations that have already partnered, these relationships seem beneficial, as indicated by their openness to partnering in the future.

We also found that size of the organization seems to influence willingness to partner in the future. The '*Maybe*' category is high among Small (serving 100 or fewer people/month), Mid (serving 101-1,000 people/month), and Mid-large (serving 1,001 – 10,000 people/month) organizations. The willingness to partner increases as the size of the organization increases, with 58.3% of Large organizations (serving over 10,000 people/month) indicating that they would be interested in partnering with MCOs in the future. Additionally, the likelihood that an organization says "*No*" altogether is highest among Small organizations, with 37.9% indicating they would not be interested in a partnership compared to just 8.3% of Large organizations. While the sample size of Small and Large organizations is limited, the general trend we see by size suggests that this is a key indicator in partnership.

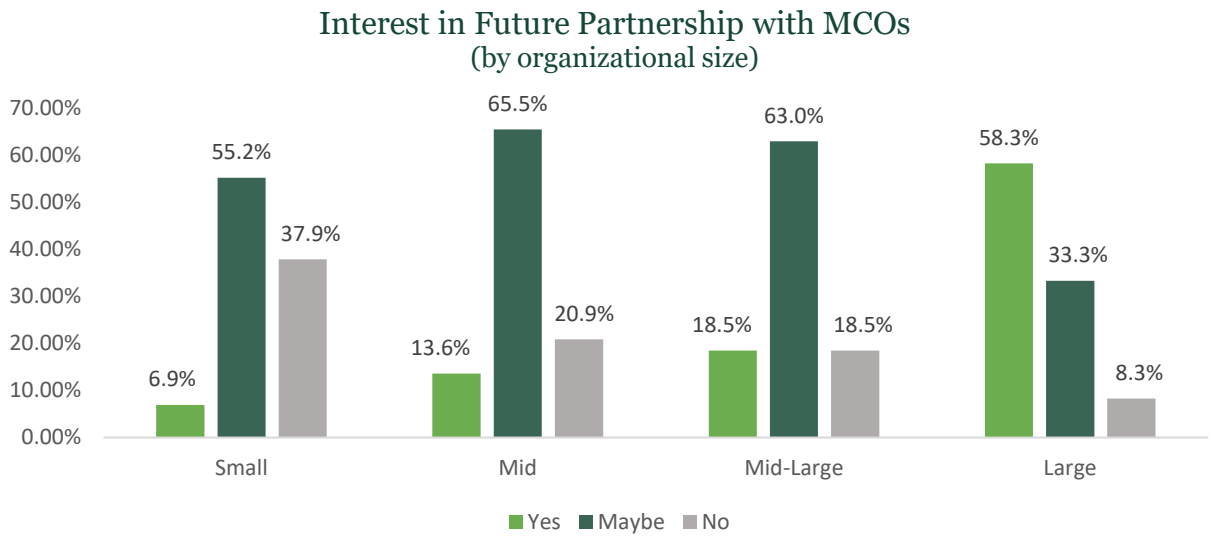

Figure 9. Interest in partnership with MCOs in the future by organizational size (Total n=232, Small n=29, Mid n=110, Mid-large n=81, Large n=12)

Size may matter because of the types of barriers faced by organizations of certain sizes (see Table 2). For example, one food bank we interviewed indicated that they had not yet partnered with an MCO and described themselves as "*... just a small food bank, so we can't... it's not efficient for us to go out, and the other 22 food banks in Texas to go out, so we're looking at doing things that may be a more collaborative effort. But we're not yet… And it's not efficient for healthcare organizations either because they don't want to deal with 20-something food banks, right?"* They expanded on this idea of size later in the interview, *"for a small food bank and a small healthcare organization, that might work… Like, our communities… We've got communities that have 3,000 people and have a hospital in them. So, is that worth their time and our time to partner together for them? I don't know. Maybe it is."* This sentiment illustrates that some of the smaller organizations may not feel like these partnerships are beneficial/possible for them or even beneficial for the MCOs. When asked again about barriers to partnership, a common barrier was, *"we just don't have the resources internally to be able to put together a plan, or leverage a plan from somebody else, that may already [be] further ahead than what, obviously, we are."*

Table 2 shows the barriers compared to the sample overall broken out by size of the organization. It should be noted that "no barriers" is more likely among larger organizations (33.3%) and that small organizations are more likely to note "volunteers/employees" being a barrier (70.4%).

Responses	Small	Mid	Mid-large	Large	Total
No barriers	3.7%	9.4%	13.8%	33.3%	11.1 %
Program evaluation	7.4%	9.4%	10.0%	16.7%	9.8%
Culturally responsive foods	14.8%	8.5%	12.5%	8.3%	10.7%
Community/organizational support	18.5%	9.4%	10.0%	8.3%	11.1%
Matching nutritional content needs of targeted food interventions	14.8%	18.9%	18.8%	8.3%	17.1%
Doesn't align with organizational goals	14.8%	19.8%	18.8%	16.7	18.8%
Medical knowledge	29.6%	26.4%	27.5%	16.7%	25.6%
Technological capabilities	40.7%	40.6%	30.0%	25.0%	35.5%
Logistics	51.9%	38.7%	41.3%	33.3%	39.7%
Need more information	55.6%	50.0%	43.8%	41.7%	47.4%
Volunteers/employees	70.4%	56.6%	46.3%	41.7%	52.1%
Funding/resources	59.3%	52.8%	48.8%	50.0%	52.6%

Table 2. Barriers to Partnership by Organization Size (n=225)

We also looked at the interest in partnership by primary focus of the organizations in our sample. While this breakout is reported in *Table 3*, we recognize there are very few organizations that reported a primary focus beyond '*Food Bank/Food Pantry*' or '*Meal or Food Delivery Service*', and caution against generalizing about these types of organizations from these findings. However, we did have higher numbers of organizations identify as '*Food Bank/Food Pantry*' or '*Meal or Food Delivery Service*', so we did look at these organizations separately to understand their interest and barriers to partnering with MCOs in the future.

	Food Bank/ Food Pantry	Producing Food	Farmers Market	Educational Organization	Meal or Food Delivery Service	SNAP and/or WIC Application Assistance	Congregate Meals	Total
Yes	15.2%	16.7%	100.0%	0.0%	20.0%	0.0%	44.4%	17.0%
Maybe	63.9%	66.7%	0.0%	75.0%	45.0%	100.0%	33.3%	61.4%
No	20.9%	16.7%	0.0%	25.0%	35.0%	0.0%	22.2%	21.6%
Total (n)	**191**	**6**	**1**	**4**	**20**	**2**	**7**	**240**

Table 3. Willingness to partner by primary focus (n=240)

Food Pantry/Food Bank Organizations

Organizations that identified their primary function being a food bank or food pantry did not differ largely from the overall sample. This is in large part because they made up nearly 80% of the sample. The majority of these organizations (63.9%) said they might be interested in partnering in the future, closely mirroring the survey findings overall.

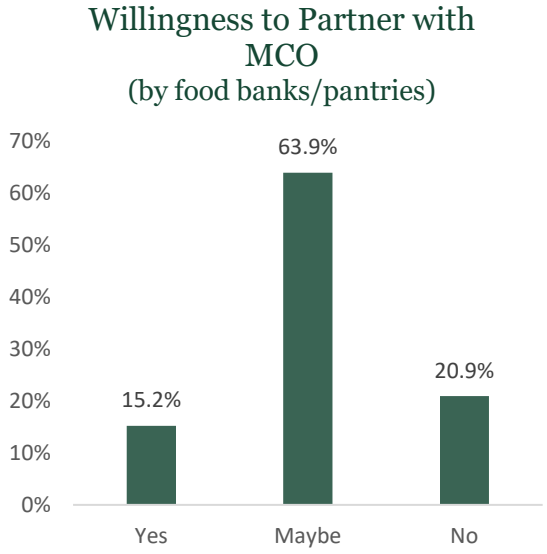

Figure 10. Willingness to partner with MCO by food banks/pantries (n=240)

It should be noted that there is a large variety of organizations that make up this category, from the large food banks to religious organizations running small food pantries. We see a similar trend when we divide these organizations out by size, with larger organizations being more likely to say they would be interested in a future partnership with MCOs, and smaller organizations being less likely to be interested (see Figure 11).

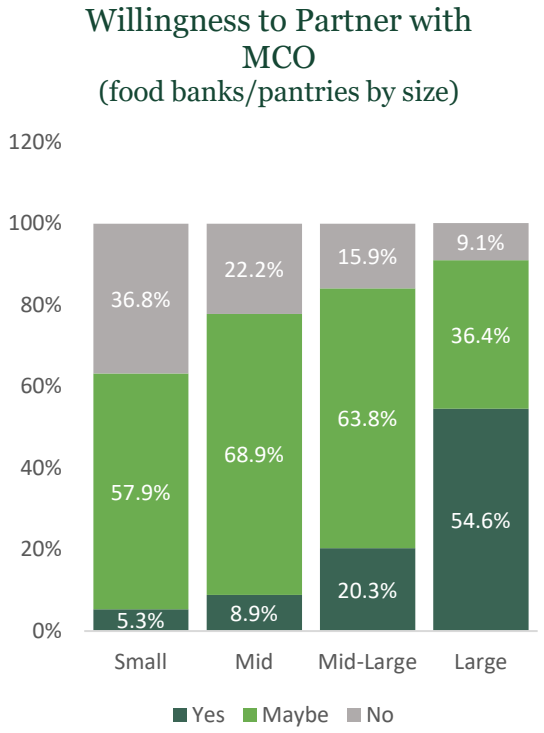

Figure 11. (Total n=189; Small n=19; Mid n=90; Mid-large n=69, Large n=11)

Meal Delivery Service Organizations

The second largest primary focus of the organizations was meal delivery. Figure 12 shows willingness to partner with MCOs by organizations that identified primarily as meal delivery organizations as well a second subgroup of organizations who reported any meal delivery

activities (even if it was not their primary focus). For both these groups, 'maybe' is the largest category when asked if they would be interested in a future partnership with MCOs.

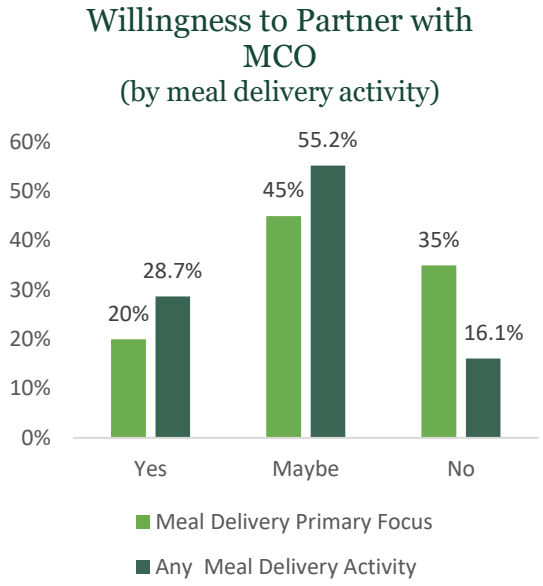

Figure 12. Willingness to partner with MCO by meal delivery as their primary focus (n=20) and by organizations who report any meal delivery activities (n=87)

The larger subsample of organizations that reported meal delivery activity was further divided by size. Figure 13 represents these results. As with the overall sample of organizations, size seems to matter with interest in partnership among those organizations engaged in meal delivery increasing as size increases. Among Large organizations that deliver meals, 57.1% indicate they would be interested in a future partnership with none indicated that they would not be interested.

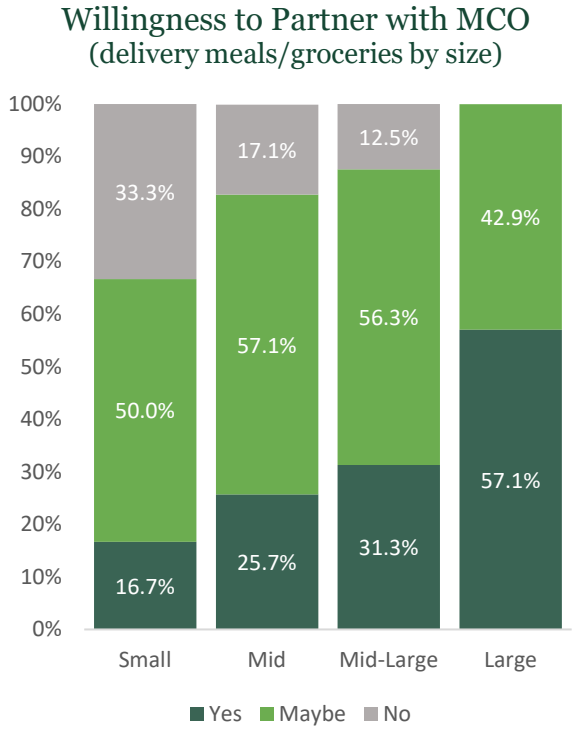

Figure 13. Willingness to partner with MCO by organizations that deliver meals or groceries by size (Total n=86; Small n=12; Mid n=35; Mid-large n=32, Large n=7)

Conclusion and Recommendations

Previous research indicates nutritious food has a positive impact on health (Gundersen & Ziliak, 2015; Silverman et al., 2015) and partnerships with CBOs can increase access to food, increase well-being, and decrease health care costs (McCarthy et al., 2022; Wilken et al., 2023). In Texas, HHSC has prioritized increasing partnerships between Medicaid MCO and CBOs in their NMDOH Action Plan. The research here aimed to identify the food-oriented CBO landscape in Texas as well as learn about potential MCO-CBO partnerships. While few of the organizations that responded to our survey already partnered (current or in the past) with MCOs, those that did, wanted to keep these partnerships in the future; speaking to the importance of such partnerships to achieving their goals. We find throughout the report that the size of the organization matters to both their desire to partner with MCOs in the future as well as the

types of potential barriers to such partnerships. Larger organizations were more likely to say they would be interested in a partnership and smaller organizations were more likely to report more barriers, particularly not having enough volunteers/employees.

There were also many organizations that expressed an overall positive outlook on partnering with MCOs in the future, as demonstrated by these survey responses:

- *"Food banks are really good at targeting and distributing food and have extensive networks into rural communities. We do not want to become medical units but do recognize that healthcare is a huge factor in perpetuated poverty. We are motivated to partner with MCOs but would need the way forward to be fully funded and to mold as much as possible to our existing distribution processes in order to be successful long term."*

- *"As a farmers market, we would be interested in seeing a produce prescription program for Medicaid customers to be used at local markets."*

And while several organizations expressed such interest, a theme that was also seen throughout the survey in both quantitative and qualitative responses was the uncertainty that CBOs had about what MCOs do and what those partnerships entail. While less than a quarter of the sample were not interested in partnering with an MCO in the future, of those that were interested, a large portion responded 'maybe' to future partnership. Among those who indicated 'maybe', nearly 63% said they need more information about MCOs (the largest barrier seen among this group). This could be seen in the open-ended comments as well:

- *"We aren't sure how MCOs work and would need to fully understand it to begin with."*

- *"We Don't know enough about Medicaid MCOs to even consider one way or the other."*

- *"We would need A LOT more information but would be open to it."*

This indicates there is potential for more future partnerships with increased education about MCOs.

Finally, for all respondents the largest barriers to partnership outside of a lack of understanding include funding and resources, volunteers/employees, logistics and tech capabilities. Additionally, the perception that these are barriers decreased as organizational size increased. Some of these barriers would take a considerable amount of investment to overcome.

Based on the findings in this report we offer the following recommendations:

1. Develop educational material for MCOs and CBOs – Many CBOs may not be aware of MCOs and the many ways in which MCOs and CBOs can partner. Material should also include information about funding and other resources that may be available for CBOs in the event of a partnership. This would not only allow CBOs to imagine such opportunities, but it may also reduce the perception of barriers such as funding, staffing, logistics, and tech capabilities. Additionally, interviews conducted in this study revealed that CBOs didn't feel the MCOs fully understood what they did or how they ran. This misinformation was a challenge as they had to mitigate the MCOs expectations related to what they could and could not provide. These expectations can also be addressed by both parties dedicating time to relationship building (see recommendation 2).

2. Invest in relationship building – Of the organizations that had partnered with MCOs, a good relationship (communication, understanding, consistent interaction) was seen as leading to their success. When MCOs did not understand each other's model, capabilities, and common language used, this was seen as a challenge to partnerships. Meanwhile, more frequent interactions, a shared vision, a shared knowledge about community and client needs, and better understanding of one another were seen as qualities that lead to a successful partnership. This mirrors findings and recommendations from a 2023 report by the Center for Health Care Strategies and Treaty Oak Strategies which carried out interviews with MCOs and CBOs across Texas (Spencer et al., 2023).

3. Work to overcome CBO size-based barriers – While any size of CBO can have a successful partnership with MCOs, stakeholders should be aware that size changes the challenges that an organization may face during that partnership. In doing so, it should be considered as a factor in building partnerships with additional resources meeting the needs of smaller CBOs to reduce barrier to partnerships. There are a number of different incentives, payment arrangements, upfront seed money, capacity-building funds, grant opportunities and other financial support that could be used to overcome some of these challenges above and beyond current CBO funding streams.[3] Accounting for CBO administrative costs is also a suggestion of the US Department of Health and Human Service's Food is Medicine Virtual Toolkit (Food is Medicine, 2024). Cost to overcome infrastructure and technology needs for partnership will vary by CBO size.

4. Build and maintain a database of MCOs and CBOs willing and able to partner – while there are databases for individuals (like findhelp.com) which can be used for MCOs to find CBOs in the area, these databases are set up mainly for individuals looking for CBOs. A database set up and maintained to help facilitate partnerships in a geographic area could be beneficial. While it would include its own challenges (for example, it would need to be consistently updated with new CBOs in the area and/or CBO interest, focus, or activities may change), it could be a place where MCOs and CBOs learn about such partnerships, express interest in partnering, express needs to be filled, and hopefully facilitate partnerships.

[3] For funding diversity and examples see (Sim et al., 2023)

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Appendix

Other Write-in Responses[4]

A. Prompt: Activities your organization engages in to address food insecurity within your community
Activity center, exercise classes, medical seminars
Adult Education and Children's Education to address the learning gaps for those in poverty
Allow Tarrant County Health Dept. to set up a table for WIC, etc.
Backpack food for kids
Backpack meals
Besides grocery delivery we provide mobile food distributions throughout the greater Waco area
Bill Assistance, Dental Clinic, Fuel, Bus Pass,
Case Management
Client assistance
Community garden that is open to the public.
Connect individuals with resources.
Crisis financial aid, Cancer Support (travel expenses for cancer patients) Emergency Health - helps with prescription and other medical supplies and gas for doctor visits, Bus Ministry- provides transportation to get participants to the center for food, Christmas of Hope- helps with Christmas gifts for the underprivileged
Distribute groceries to qualified people in collaboration with Tarrant Area Food Bank
Distribute healthy food boxes
Donate unsold food to local non-profits
Education about food insecurity, school snacks
Feed free breakfast/lunch 4days a week; free groceries twice a month; free Produce 3 times a week, shelter for all.
Financial Assistance
Financial assistance
Food backpacks for children
Help with community food drives for our four area pantries
Help with other expenses, such as utilities, a funeral, other non-profit fundraisers
Help with RX & Electric bills
Host monthly produce giveaways
Job Training
Meal Ministry-stocked freezer for needy
Meals on Wheels here
Parent workshops on nutrition
Partner with local agencies to identify needs and develop solutions to address food needs, increase access to food resources, education about food systems and support local farmers

[4] Other responses were left even when included in activities represented in Figure 2. For example, the response "backpack food for kids" was left to demonstrate the many things people wanted to communicate in this write-in 'other' response, but this organization was also classified as 'provide free or low-cost meals'.

Provide "hygiene packs", monetary assistance for rent, utilities, medical appointments, transportation and clothing.
Provide Christmas and school supplies for children and gently used clothing
Provide clothing, provide financial assistance to help people remain housed, provide workforce education, provide empowerment services
Provide food and other resources on home visits
Provide food over weekends during school year
Provide grants/refrigeration
Provide hygiene products 6 times a year; Provide clothing, furniture, household items free or at low cost as applicable; provide 24/7
Provide rental assistance, household items and clothing
Provide weekend meals to low-income children, food program to afterschool children, blessing box outside of facility
Senior Commodity Food Box and emergency food boxes
Supports other organizations such as Under the Bridge (homeless), an animal sanctuary (with discarded produce), Salvation Army (lunches)
Train enrollers on policy and eligibility changes
We also administer a program for people who come to our center to have lunch, fellowship with others, and participate in activities.
We also do the Program for Seniors over 60, the PAN Program.
We also will be selling breeding stock of sheep so that people can grow their own meat.
We deliver meals to the elderly inside the city limits of Brownwood. We also have a congregate site that the elderly come to daily for a meal at noon and socialization along with activities and exercise daily.
We have a food pantry with some dry goods, canned goods and a few toiletry items that we give out to the needy that come in and ask for them.
We have a Resource List that supplies our families with other valuable resources
We have mini food pantries
We promote SNAPS and WIC and we are a Partner Pantry with Houston Food Bank and Feeding America
We work with direct-service organizations to identify obstacles and opportunities and lead the local system to change
Wrap-around assistance focused on overcoming barriers to food security.

B. Question: What are some things that have been barriers?
Depends on what we would have to do
Would duplicate what is already being offered in our community
I'm not sure what this is
We just generally need more information to see if it would work for our organization.
We are ecumenical faith based and Christian. But we serve all clients from all the communities or ideologies.
We are not equipped to partner with Medicaid for we have barely enough volunteers to deal with handing out food to the needy.
Expanding into a new area when we are focusing on expanding our space
We are currently partners of the Houston Food Bank

	Paperwork
	Staffing
	Do not know MCO's are or what they do.
	Honestly don't know enough about what a partnership would look like to identify barriers.
	need more info about you and how you work
	NOT REALLY FAMILIAR WITH THIS PROGRAM
	Many of our volunteers and board members are resistant to change
	We partner with Community Health Network
	I am unsure what barriers if any would be present.