



Austin/Travis County Health and Human Services Department

The role of public health is to:
PROMOTE community-wide wellness,
PREVENT disease, and
PROTECT the community from infectious diseases,
environmental hazards, and epidemics



Social Services Contracting Process

September 23, 2010

David Lurie, Director, HHSD
Byron Johnson, Purchasing
Vincent Cobalis, Assistant Director, HHSD

Objective: Contract for Services that Promote Self-Sufficiency

- Develop an Request for Proposals (RFP) that addresses the Self-Sufficiency Continuum
 - Based on the 5 goals in the Comprehensive Plan
- Focus on promoting and sustaining self sufficiency to individuals and families at or below 200% of poverty (some exception for victims, elderly or disabled may be considered)
- RFP will be broad enough to encourage innovative strategies and partnerships
- Separate processes, but still focused on 5 goals
 - Separate RFP for Planning/Administration (3% total)
 - Separate RFP for HIV Services (time frame and grant requirements)
 - Direct Childcare through Workforce Solutions (100%+ leverage)
 - Separate RFP for ARCH and Women and Children Shelter

Self Sufficiency Goals

Safety Net/Infrastructure Services

- ensure basic necessities and legal rights

Transition Out of Poverty

- providing education, employment and other services to transition out of poverty

Problem Prevention

- deterring the growth of problem conditions at the individual and community level

Universal Support Services

- family and societal support services

Enrichment

- encourage personal development and community enrichment

Scoring Process

- **Two review levels:**
 - Threshold and Evaluation
- **Threshold – minimum criteria**
 - Board of Directors, IRS 990, unqualified audit (2 yrs), fiduciary bond, 2 yr experience
- **Evaluation – Scoring matrix**
 - 80 points: Connection to goals (target populations, program strategy, outcomes/performance, evaluation)
 - 10 points: Cost effectiveness (Leverage, budget, cost)
 - 10 points: Experience/Capacity

Funding

Available Funding based on FY2010 budget

- \$18,482,160
- <\$107,122> Sickle Cell
- <\$ 673,179> HIV Services RFP
- <\$1,933,493> ARCH
- <\$1,676,430> Women & Children Shelter
- <\$331,832> Direct Childcare
- <\$554,465> Admin and Planning RFP (3%)
- \$13,205,639 for Social Services RFP**

Timeline

- September 23, 2010 presentation to City Council
- September 30, 2010 Council action to approve proceeding with recommended RFP.
- Oct 2010: Issue RFP. Responses due January 2011
- Oct 2010: No Contact period begins (Anti-Lobbying Ordinance)
- April 19, 2011 – PHHS Subcommittee reviews evaluation matrix w/o agencies identified and transition plan
- May 10, 2011: RCA with contract recommendations and proposed transition plan reviewed by PHHS (Specially Called Meeting)
- May 26, 2011: Council approves contracts and transition plan
- October 2011: New contracts begin

Transition Plan

Communication: The RFP process should be clear and transparent for current providers, new applicants and other community stakeholders. Staff will analyze the effect on current programs on a case-by-case basis to mitigate the impact on clients and programs (timing, referrals, client options). Transition recommendations will be the last step in the process.

- **September 2010:** Notify agencies of pending PHHS and Council action on RFP process
- **October 2010:** Meet with agencies to explain the process, answer questions, and review *timeline (all current agencies eligible to apply)*
- **October 2010:** Brief Community Action Network (CAN) Board of Directors on the RFP process and timeline
- **April 2011:** Assess transition requirements for specific contracts
 - Client impact
 - Service/Program impact
 - Length of time and funding for transition
- **April 19, 2011:** PHHS approves transition plan