APPLICANT NAME:

**General Direction: Limit responses to focused information that directly addresses the questions. Do not include unrelated or superfluous information in responses.**

**INTRODUCTION: GENERAL APPLICANT INFORMATION**

**No points are assigned to this section, but a response is required to each question to provide reviewers with an overview of the Applicant and its administrative experience capacity.**

**QUESTION** **0.1**: Provide a brief description of the Applicant submitting this solicitation.

**QUESTION 0.2:** Austin Public Health uses a Standard Agreement for social services contracts, in addition to negotiated work statements and other exhibits that are specific to each APH program. Review all portions of Form H-9 - STANDARD AGREEMENT AND MODIFICATIONS DOCUMENT andconfirm that the Applicant will comply with all terms and conditions included in the documents. **The Applicant may not cite exceptions with which it will not comply and be considered responsive to this solicitation.** Describe any previous experience the Applicant has with managing Agreements with similar requirements.

**PART I – PROGRAM OVERVIEW & STRATEGY**

**TOTAL POINTS: 45**

See **Introduction** section for Client Eligibility Requirements.

The Applicant will provide services in *at least one* of the following Service Categories through direct or subcontracted means. Applicants may apply for funding in one or more Service Categories but **must complete a** **separate application package for each proposed service**.

IDENTIFY **ONE** SERVICE CATEGORY UNDER WHICH SERVICES IN THIS APPLICATION WILL BE DELIVERED:

**Early Intervention Services**

**Housing Services**

**Medical Case Management Services**

**Mental Health Services**

**Non-Medical Case Management Services**

**PROGRAM STRATEGY**

**QUESTION 1.1:** Describe in detail the activities and other content of the proposed service. Include how and by whom services are delivered, the average client/case load per assigned staff, and other relevant information that clearly illustrates service provision processes. If the Application is a formal collaboration with the Applicant as Lead and Fiscal Agent, include descriptions of the other partners in the collaboration.

**QUESTION 1.2:** Describe the anticipated duration of services for clients, including average service duration per client, any duration limit on services for clients, and how the duration of services supports program goals.

**QUESTION 1.3:** Describe the discharge process for clients and how the Applicant ensures that discharged clients remain connected to core medical and other needed services.

**QUESTION 1.4:** Describe the Applicant’s service coordination with other social service agencies. Describe how collaboration with these agencies, formal or otherwise, leads to improved health outcomes for clients. Describe specific ways in which coordination and collaboration minimize duplication of efforts and maximize client access to services.

**QUESTION 1.5:** Describe any barriers and/or challenges the Applicant may encounter in implementing the proposed services and how the Applicant will overcome them.

**QUESTION 1.6:** New developments and medical advances have changed the landscape for HIV services in recent years. Describe any evidence-based/promising practices that the Applicant has developed or implemented over the last five (5) years related to the services proposed in this Application. If proposing new services, describe any planned evidence-based/promising practices that will be used to inform the proposed services.

See the following for examples of evidence-based/promising practices:

* <http://cahpp.org/wp-content/uploads/2017/06/HHR-prism-health.pdf>
* <http://cahpp.org/wp-content/uploads/2017/06/Operation-Link-PPHD.pdf>
* <http://cahpp.org/wp-content/uploads/2015/04/intervention-manual.pdf>

**QUESTION 1.7:** Viral suppression is a key component of the Getting To Zero/Fast Track Cities Strategies to end the AIDS epidemic. Provide the specific process through which the Applicant ensures that its clients are engaged in and retained in primary medical care, are counseled and educated to be medication-compliant, and any other ways in which the proposed services encourage viral suppression in clients.

**QUESTION 1.8:** Prevention services, e.g., HIV Health Education and Risk Reduction, Pre-Exposure Prophylaxis (PrEP), are a fundamental part of the Getting To Zero/Fast Track Cities Campaigns to end the AIDS epidemic. Describe the ways in which the Applicant’s services are linked into an integrated model of prevention/care in Austin and Travis County.

**POPULATION(S) TO BE SERVED**

**QUESTION 1.9:** Describe the target population(s) for the proposed services (see “Targeted Populations” in Introduction section) and explain how the population is similar to or different from the Applicant’s current service population.

**QUESTION 1.10: A)** If the target population(s) is/are similar to the Applicant’s current service population, provide a description of experience and success working with this population. **B)** If the target population(s) is different from the Applicant’s current service population, identify any organization with culturally appropriate experience with which the Applicant may partner to serve the targeted population. Describe what modifications and new strategies the Applicant will implement to serve the new target population(s).

**QUESTION 1.11:** Describe how the Applicant will obtain and utilize involvement from the target population(s) to develop and improve the proposed service.

**QUESTION 1.12:** Describe any barriers and/or challenges the target population(s) may encounter accessing the proposed services and how these barriers and challenges will be mitigated.

**QUESTION 1.13:** Specify what eligibility criteria and process the Applicant will use for the proposed program. The default criteria for City General Fund contracts is included in Form H-7 - CLIENT ELGIBILITY REQUIREMENTS. Applicants may propose alternate criteria, such as the existing RWHAP eligibility policy and procedures. At a minimum, clients served with City General fund contracts must be residents of the City of Austin Full Purpose Jurisdiction and/or Travis County and, with specific exceptions for EIS programs, be documented as HIV-positive. Special residency exceptions may be made for clients experiencing homelessness who are present in Austin and/or Travis County. [Please note that, as with all parts of Agreements arising from this solicitation, the City may negotiate alternate criteria from what is proposed.]

**CONNECTION TO IMAGINE AUSTIN GOALS**

**QUESTION 1.14:** Describe how the proposed program strategy/strategies correspond to the Imagine Austin Comprehensive Plan vision statement and one or more of its core mission statements.

**PART II – QUALITY MANAGEMENT, DATA MANAGEMENT, AND PROGRAM EVALUATION**

**TOTAL POINTS: 10**

**QUESTION 2.1:** Provide an overview of the Applicant’s quality management plan, including quality assurance and quality improvement activities. Provide two examples of quality management activities in the past year that have led to improvements in service delivery and/or client outcomes.

**QUESTION 2.2:** Describe how aggregate data regarding clients and service delivery are synthesized and analyzed, used to identify problems in strategies, service delivery and expenditures, and used to improve practices and program effectiveness.

**QUESTION 2.3:** Describe past successes and challenges with client-level data management and service reporting, including experience using electronic data management systems.

**PART III – STAFFING PLAN**

**TOTAL POINTS: 10**

**QUESTION 3.1:** The Applicant must completeForm H-6 - PROGRAM STAFF POSITIONS AND TIME, which lists ALL PROPOSED City-funded staff by title, along with position descriptions, minimum qualifications including required credentials, and number of positions and FTEs per title. **Do not use names in the response**. Summarize below the overall staffing plan to accomplish program activities, including project leadership, chain of command/reporting responsibilities, and responsibility for daily program direction and execution.

**QUESTION 3.2:** Describe the Applicant’s plan and procedures for providing regular continuing education for staff, including training that relates directly to the GTZ/FTC Strategy/Initiative. Is continuing education/training provided to all levels of staff, from management to clerical?

**QUESTION 3.3:** Provide a description of how the Applicant’s staff is representative of the population it serves, comparing client demographics to staff demographics. Provide the same information for the Board. **Do not use names in the response.** Responses may break down staff positions by class (management/C-level, professional, paraprofessional, clerical, facilities) or by position function (administrative, direct services, etc.) if desired.

* If there is a significant demographic (gender, race, and ethnicity) variance between staff composition and clients served, provide the Applicant’s plan to increase representation of the Applicant’s staff during the initial term of a 42-month Agreement.
* If there is a significant demographic (gender, race, and ethnicity) variance between Board composition and clients served, provide the Applicant’s plan to increase representation of the Board during the initial term of a 42-month Agreement.

**PART IV – PROGRAM PERFORMANCE**

**TOTAL POINTS: 10**

**OUTCOMES & OUTPUTS**

Austin Public Health measures outcomes resulting from services delivered under social service Agreements to determine the impact of the services and the ability of the Applicant to deliver the services as proposed. Target outcome rates and unit of service definitions are located in Part 1 – Program Overview and Strategy. **Outcome text and rates must match the outcome rate goal(s) for the proposed Service Category listed in Form H-3 – INSTRUCTIONS & SCOPE OF WORK**.

**QUESTION 4.1:** Complete the tables below for each Outcome Measure associated with the proposed Service Category.

|  |  |
| --- | --- |
| **Total Program Performance - OUTCOME #1** | **Total Program Goal** |
| **Outcome Measure:** |  |
| **Numerator:** |  |
| **Denominator:** |  |
| **Outcome Rate:** | **%** |

|  |  |
| --- | --- |
| **Total Program Performance - OUTCOME #2** | **Total Program Goal** |
| **Outcome Measure:** |  |
| **Numerator:** |  |
| **Denominator:** |  |
| **Outcome Rate:** | **%** |

**QUESTION 4.2:** Provide the proposed goal for the number of unduplicated clients served and units of service provided for the proposed service for each period of the initial contract period. Goals **are to be for** **the total service category,** including City funding and all other funding sources. Only unduplicated clients to be served by the service proposed in this Application are to be included in this response.

Note that although each period must include number of unduplicated clients and units of service, a client receiving services in more than one period should be counted in each period that s(he) will receive services. **The full period totals must include unduplicated clients and services across the entire initial contract period,** and are unlikely to be the sum of the four periods.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | PERIOD 1: 4/1/2019-9/30/2019 | PERIOD 2: 10/1/2019-9/30/2020 | PERIOD 3: 10/1/2020-9/30/2021 | PERIOD 4: 10/1/2021-9/30/2022 | FULL PERIOD 4/1/2019-9/30/2022 |
| Unduplicated Clients Served |  |  |  |  |  |
| Units of Service Delivered |  |  |  |  |  |

**QUESTION 4.3:** Explain the method for collecting and reporting data, including the personnel responsible for each step, how data necessary for reporting on program performance will be collected and maintained in HIPAA-compliant manner, and how you will protect patient confidentiality.

**PART V – BUDGET AND COST EFFECTIVENESS**

**TOTAL POINTS: 15**

The Applicant must complete Form H-5 – PROGRAM BUDGET AND NARRATRIVEprior to responding to the questions in this section. A minimum $50,000 annual budget must be requested in each Application. (If award, the first six months- award will be appropriately prorated.)

**BUDGET**

**QUESTION 5.1:** Applicants must use Form H-5 - PROGRAM BUDGET AND NARRATIVEto provide required budget information in detail.

Provide the total amount of City funding requested across the full 42-month period.

**QUESTION 5.2:** Provide an overview of other funding sources the Applicant will use for the proposed service.

**QUESTION 5.3:** Provide the percentage of requested City funds, as well as the actual dollar figure, that will be used for Administrative costs. Note that Administrative Costs are not limited to 10% of the proposed City funding; however, provide a justification for the percent and amount of proposed Administrative Costs if they exceed 10% of the proposed City funding. NOTE that the use of Indirect Cost Rate methodology is not permitted in Administrative Cost amounts for this RFA, nor will it be approved in budgets for contracts that are awarded.

**COST PER CLIENT & UNIT OF SERVICE**

**QUESTION 5.4:** Provide the average cost per client for the proposed service. The response must include the total number of unduplicated clients for the proposed program regardless of funding source.

Although an Applicant may submit multiple Applications that request funding for different Service Categories, the calculation below must provide the cost per client only for the Service Category proposed in this Application. Use the simple formula below to specify the cost per client. Show the actual calculation, not just the result. Do not deviate from the formula.

In addition to providing the average cost per client, explain why the cost is reasonable and justifiable, taking into account the proposed outcome(s) in this Application. If the cost per client is higher than what might be expected from similar service providers in the Austin market, provide a justification for the higher cost.

Cost per client = Total service funding (City funding requested & all other funding sources)

Total clients served by program

**QUESTION 5.5:** Provide the average cost per unit of service for the proposed service. The response must include the total number of units of service for the proposed program, regardless of funding source.

Although an Applicant may submit multiple Applications requesting funding for different Service Categories, the calculation must provide the cost unit of service only for the Service Category proposed in this Application. Use the simple formula below to calculate the cost per unit of service. Include the actual calculation, not just the result. Do not deviate from the formula.

In addition to providing the average cost per unit of service, explain why the cost is reasonable and justifiable relative to the proposed outcome(s) in this Application. If the cost per unit is higher than what might be expected from similar service providers in the Austin market, provide a justification for the higher cost

Cost per unit of service = Total service funding (City funding requested & all other funding sources)

Total units of service provided by program

**PART VI – HEALTH EQUITY AND REDUCING DISPARITIES**

**TOTAL POINTS: 10**

**QUESTION 6.1: This question applies to all current and proposed Applicant programs and activities.** Describe how the Applicant’s policies and practices will align with the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>) to ensure cultural and language differences are not a barrier to receiving HIV/AIDS services.

1. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
2. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
3. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
4. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

*Applicants are encouraged to implement all 15 CLAS Standards listed on the website identified in the previous sentence, but no additional points will be given for doing so.*

**QUESTION 6.2: This question applies to all current and proposed Applicant programs and activities.** Other than observing the above CLAS standards, describe activities and methods that the Applicant utilizes to ensure progress toward health equity among all populations served.

**QUESTION 6.3: This question applies to all current and proposed Applicant programs and activities.** Based on available data regarding the Austin/Travis County population, quantify the degree to which the Applicant’s proposed target population(s) experience health disparities (including but not limited to HIV prevalence). Identify the specific health indicators that will be tracked. Describe how the Applicant’s proposed services and tracking methodology will be designed to show, over the initial 42-month contract period, a measurable and significant improvement in the health status of the program’s targeted participants.

**PART VII – BONUS EVALUATION POINTS**

**TOTAL POINTS: 5**

**HEALTHY SERVICE ENVIRONMENT**

A maximum of 10 points will be awarded for Applicants who create a healthy service environment for their clients, visitors, and staff. Applicants will be awarded the point values indicated below for having implemented or agreeing to implement prior to April 1, 2019 any or all of the four Healthy Service Environment policies with a maximum award of five (5) points for all four policies described below.

* Tobacco-free Campus (**2 points**) - Applicant has established and is enforcing a tobacco-free worksite policy and has developed initiatives and programming that promotes tobacco-free living. A tobacco-free campus policy states:
  + Use of tobacco products of any kind are not permitted on any property owned, leased, or rented by the organization (indoors and outdoors). This also includes parking areas and company cars. The policy applies to all employees, subcontractors, temporary workers, and visitors.
* Mother-Friendly Workplace (**1 point**) - Applicant actively promotes and supports breastfeeding by employees and maintains a written worksite lactation support policy that is regularly communicated to employees. The policy includes:
  + employer provides work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;
  + the provision of accessible locations allowing privacy;
  + access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and
  + access to hygienic storage alternatives in the workplace for the mother’s breast milk (may include the allowance of personal coolers onsite).
* Employee Wellness Initiative (**1 point**) - The Applicant has a comprehensive Employee Wellness Initiative in place that promotes nutrition, physical activity, tobacco-free living, and the mental health of employees. The initiative encompasses healthy changes to the physical worksite environment as well as formal, written health promotion policies, programs or benefits impacting all employees. The initiative is promoted through educational and issue awareness efforts by the Applicant, signage and a supportive company culture, championed by leadership.
* Violence Prevention Policy (**1 point**) - The Applicant is committed to providing a safe environment for working and conducting business. The Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. The Applicant has a procedure to provide guidance for identifying and reporting threats and workplace violence.

Technical assistance is available from the Austin Public Health’s Disease Prevention and Health Promotion (DPHP) Unit to assist Applicants in planning and implementing any of the above policies. This unit may be contacted at 512.972.6760. Requesting Technical Assistance from the DPHP Unit in developing such policies does not require prior authorization from the Single Point of Contract assigned for this solicitation

**QUESTION 7.1:** If applicable, describe how the Applicant **has implemented** one or more of the Healthy Service Environment policies outlined above. Include the approved and signed policy/policies as an attachment to the application.

**QUESTION 7.2:** If applicable, describe how the Applicant **plans to implement** one or more of the Healthy Service Environment policies outlined above. Include the key personnel, by position title only, responsible for ensuring implementation.