Form 2c - RFP Work Statement – Behavioral Health V.2

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one service category per proposal. Offerors may submit multiple proposals for different service categories. Offerors may submit only one Work Statement per proposal. A separate RFP Proposal is required with each Work Statement submitted. All questions are highlighted in green. Click on the sections below the questions to type in your answers. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

**Please note:** Only name uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

**The total word count limit is 10,000 for the entire word document (including proposal questions and your answers).** The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”.

**Part III. SCORED SECTIONS - Total Points Available: 75**

**Offerors must answer every question and every part of each question. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**Section 2: Program Design**

**PROGRAM WORK STATEMENT**

In this section, keep answers concise and only describe concrete services and actions. Answer each item fully, making sure to address each part of each question.

1. **Program Goals and Objectives:** Describe the program type you propose and the purpose of the program, including goals, objectives, and how program success is defined.

Click or tap here to enter text.

1. **Program Clients Served:** Describe who are the program clients for this proposal. If your program will prioritize a subpopulation of those experiencing homelessness, please identify those criteria for prioritization here.

Click or tap here to enter text.

1. **Outreach:** Describe the outreach strategies the program will use to reach clients and traditionally hard to reach populations.

Click or tap here to enter text.

1. **Program Services and Delivery:** Provide a description that addresses the entire scope of the proposed program including:

a) an overview of the program strategy/strategies for service delivery.

b) a detailed description of program activities, including how services are delivered.

c) if submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Offeror serving as the APH Grantee and primary fiscal agent), a description of the framework and how the activities described in the SOW will be delineated and how accountability will be maintained.

Click or tap here to enter text.

1. **Evidence-Based Practices:** Briefly describe how the program incorporates evidence-based practices per Exhibit C – Scope of Work.

Click or tap here to enter text.

1. **Counselor Competencies:** Briefly describe how the Offeror will ensure service providers’ knowledge, skills, and attitudes are appropriate to deliver the proposed services to individuals who have experienced, are experiencing, or are at risk of experiencing homelessness.

Click or tap here to enter text.

1. **Service Coordination and Planning with other Agencies:** Describe how the program will work alongside other agencies to connect households to mainstream benefits and access services not provided by the Offeror.

Click or tap here to enter text.

**Section 3: Data-Informed Program Management**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City.

**PERFORMANCE MEASURES**

1. Please provide: A) Output Measure(s) and B) Outcome Measures below.

**8A**. **Output Measures**: Provide a proposed 12-month goal for the number of unduplicated clients served by the total program as well as any additional context. The goal should be based on past performance experience, budgeted program costs, and best estimates.  The contract goal for unduplicated clients served should be for the total program including City funding and all other funding sources.

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **Oct 1, 2022 – Sept 30, 2023** |
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

**8Ai**. Describe how the data will be calculated for the output.

Click or tap here to enter text.

**8Aii.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**8Aiii.** Describe how demographic and eligibility data will be collected from clients and the method for reporting this data.

Click or tap here to enter text.

**Additional Outputs**: Offerors may propose additional output(s) to highlight the work of the program. Additional outputs are optional.

Proposals may include the following output(s):

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **Oct 1, 2022 – Sept 30, 2023** |
| Optional Supplemental Output 1 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |
| Optional Supplemental Output 2 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

**8Aiv.** Describe how the data will be calculated for the output(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**8Av.** Provide an explanation for determining the annual goal(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**8B**. **Social Services Outcome Measure**: Proposals must include at least one of the following standard Social Services outcome measures. Please enter a program goal for the numerator, denominator, and percentage:

**Outcome**: Percentage of individuals whose mental health status as measured on a standardized assessment improves

**Numerator:** Number of individuals with improved mental health status as measured on a standardized assessment

**Denominator**: Number of individuals initially evaluated with a standardized assessment

**Outcome:** Percent of individuals who demonstrate improved life skills

**Numerator**: Number of individuals demonstrating improved life skill(s)

**Denominator**: Number of individuals participating in the activity

**Outcome:** Percent of individuals making progress toward their treatment plan goals

**Numerator**: Number of individuals making progress on their treatment plan goal(s)

**Denominator**: Number of individuals evaluated for progress on treatment plan goals(s)

|  |  |
| --- | --- |
| **Required Outcome:** | **12-month Goal**  **Oct 1, 2022 – Sept 30, 2023** |

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter outcome numerator text. |  | Click or tap here to enter numerator #. |
| Click or tap here to enter outcome denominator text. |  | Click or tap here to enter denominator #. |
| Click or tap here to enter outcome percentage text. |  | Click or tap here to enter outcome percentage % (num/denom). |

**8Bi.** Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**8Bii.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage).

Click or tap here to enter text.

**Additional Proposed Outcomes**: Proposals may provide an additional outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals. Outcome measures listed above may be used, or you may provide your own. Additional proposed outcome(s) is not required.

|  |  |  |
| --- | --- | --- |
| **Proposed Outcome:** |  | **12-month Goal**  **Oct 1, 2022 – Sept 30, 2023** |
| Click or tap here to enter outcome numerator text. |  | Click or tap here to enter numerator #. |
| Click or tap here to enter outcome denominator text. |  | Click or tap here to enter denominator #. |
| Click or tap here to enter outcome percentage text. |  | Click or tap here to enter outcome percentage % (num/denom). |

**8Biv.** Describe how the data will be calculated for the outcome measure(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**8Bv.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage). Write “N/A” if not applicable.

Click or tap here to enter text.

**AUSTIN PUBLIC HEALTH PRIORITIES**

**Strategic Direction 2023**

The Austin City Council adopted a strategic direction on March 8, 2018, guiding the City of Austin for the next three to five years, through a shared vision: Together we strive to create a complete community where every Austinite has choices at every stage of life that allows us to experience and contribute to all the following outcomes: Economic Opportunity and Affordability, Mobility, Safety, Health & Environment, Culture and Lifelong Learning, and a government that Works for All.

All City funding should align with Strategic Direction 2023 (SD23). More information can be found here: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160).

Programs funded under this RFP must support achievement of the Health and Environment and/or Economic Opportunity and Affordability Strategic Outcomes.

1. Explain how the proposed program aligns with at least one of the Strategic Direction 2023 Strategic Outcomes identified above. Please provide evidence-based information as appropriate.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING AND TIME**

1. Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations.

Click or tap here to enter text.

1. In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, background check requirements and/or certifications required for staff members and/or volunteers that work directly with clients in the proposed program.

**Required** **Attachments:**  Attach Resumes or job/position descriptions of program staff and/or volunteers working with clients. Offerors may attach up to 5 additional pages that include staff resumes and/or job descriptions as supplemental documentation for this question.

Click or tap here to enter text.

**Check here to indicate that** staff resumes, or job descriptions are attached to proposal in PartnerGrants (as applicable).

1. What training will be provided for program staff to ensure effective program services?

Click or tap here to enter text.

1. Complete the Program Staffing form below.

**Instructions:**

1. List CITY FUNDED positions FIRST, then list OTHER-FUNDED Staff positions that will be working on the program that you are applying for in this RFP. If you have several volunteers who are certified to provide key programmatic services, please list them in this table as well.
2. List position titles only (do not include staff names) for all staff – programmatic, administrative, and executive level – who will be partially or totally funded by the requested CITY FUNDING portion of the Budget in this proposal.
3. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position.
4. Click on the + button to add more rows, as needed.
5. Total all full and partial FTE positions at the bottom.

Example:

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Title** | **FTE** |
| *APH Social Services* | *Program Director* | 0.20 |
| *APH Social Services* | *Executive Director* | 0.05 |
| *Travis County HHSD* | *Case Managers* | 2.00 |
| *NA* | *Volunteers* | 8.00 |
|  | *Total FTEs* | *10.25* |

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **List Program Staff by Title**  **(City-funded positions first, then Other Funded positions)** | **Program Staff FTE Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
|  | **TOTAL FTEs =** | Click here to enter TOTAL FTEs. |

**PROGRAM BUDGET AND FUNDING SUMMARY**

1. Complete Form 3 - Program Budget and Funding Summary (Excel spreadsheet) and upload completed document into PartnerGrants to complete this question. There are three tabs in the spreadsheet: Budget and Narrative, Funding Summary, and Instructions.

**Required Attachment:** Attach Form 3 – Program Budget and Funding Summary in Partnergrants

**Check here to indicate that** Form 3 – Program Budget and Funding Summary is attached in Partnergrants

**General Form 3 Program Budget and Funding Summary Instructions**

Form 3 - Program Budget and Funding Summary is a spreadsheet intended to capture the budget of the proposed program, including City funding as well as program funding from other sources.

The Instructions tab contains instructions on how to fill out each section. Any activities or eligible costs for which the offeror does not intend to request funding, or apply funds from other sources, should be left empty.

In general, Offerors must:

* Enter all line-item amounts as whole dollars
* Apportion your funding request into 12 months of funding
* Include Other Funding for the first program period (12 months) in the Budget
* Do not erase or change formulas or functions - only enter information into the orange-colored cells
* If a formula error is discovered, please alert your Solicitation Point of Contact as soon as possible. Excel formulas and functions exist throughout the workbook and across worksheets to limit the necessity of the applicant to enter duplicitous information.
* Ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct
* For every budget line containing a requested amount of City of Austin funding, enter a short description or list of items included in that budget line in Column E
* Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding.

1. Provide the total amount of City funding requested for the 12-month period.

Enter $ Total amount of City funding requested.

In the text box below include a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**COST EFFECTIVENESS**

1. Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program.

Click or tap here to enter text.

1. Enter below the average cost per client from the **Form 3 -** **Program Budget and Funding Summary** spreadsheet (cell B7 on the Cost per Client tab).

Enter $ Average Cost per Client.

Describe in the text box below why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.