



I. Introduction

The City of Austin (City) seeks proposals in response to this Request for Proposals (RFP) from qualified nonprofit organizations or quasi-governmental entities (Offerors) with demonstrated experience in providing mental, physical, and social health services to older adults (ages 65 and older) residing in Austin/Travis County.

II. Background and Purpose of Funding

People ages 65 and older represent the fastest-growing age group in Austin, increasing at a rate of 64.7% from 2010 to 2020. Data from UT Austin Texas Aging and Longevity Consortium projects that the population over the age of 65 in Texas will increase by 90% in the next 20-30 years. In consideration of older adults as a valuable resource for their families and communities, the City of Austin is taking action to continue being an age-friendly place.

In 2016, Austin City Council adopted the <u>Age Friendly Austin Action Plan</u>, which includes the following areas that Austin Public Health (APH) funds: Social Participation (Connection and Community, Access and Empowerment), Community Support and Health Services, and Transportation. Within these areas, the Age Friendly Austin Action Plan identified the following needs for older adults:

- Options to participate in accessible, affordable, and fun social activities; opportunities to stay actively engaged in community life
- Multiple ways to learn about activities, opportunities and their neighbors
- Transportation that is safe, affordable and accessible
- Access to health support services, community resources and information for successful aging environments
- Information, education and training to ensure the safety, wellness and readiness of seniors in emergency situations.

Findings from the Office of the City Auditor 2022 audit report, City Services to Older Adults, demonstrate that the City needs to support safe and affordable transportation options and clear consistent outreach about programs and services for older adults. In their Fiscal Year 2025 Budget Recommendation, Austin's Commission on Aging echoed the need for emergency preparedness outreach and immunizations for people aged 65 and older.

III. Funding and Timeline

Available Funding: \$631,119 annually

Request Limits: minimum of \$150,000; maximum of \$631,119

Anticipated Number of Awarded Agreements: APH anticipates awarding up to 4 agreements.

Contract term: 5-year period (60 months). Offerors will submit Proposal and Budget information for 12 months for this RFP. Funding for the remaining years of the agreement is contingent upon available funding in future City budgets.





Agreement Type: Reimbursable agreements are APH's standard agreement type. With a reimbursable agreement, an agency is reimbursed for expenses incurred and paid through the provision of adequate supporting documentation that verifies the expenses.

IV. Priority Population(s)

Priority populations include:

- Older adults, defined as people ages 65 and older
- Older adults with disabilities
- Older adults who are Black, Indigenous, and People of Color (BIPOC)
- Older adults residing in Austin/Travis County
- People living at or below 250% of the federal poverty line.

V. Austin Public health Emergency Response

All agencies that are awarded funding through Austin Public Health Requests for Proposals are expected to provide emergency services in the event of a public health emergency (see Sections 8.6 and 8.6.1 of Exhibit E: Standard Boilerplate). Should agencies be called upon to engage in response activities, contract resources may be shifted, or new uses of resources approved within an awarded program budget at the discretion of the City.

VI. Services Solicited

The City allows and encourages Offerors to propose programs that effectively engage and empower older adults. The list below is a non-exhaustive summary of senior-centered mental, physical, and social health programs that Austin Public Health can support with this funding.

- Culturally responsive aging in place services including dementia care, respite care, palliative care and other in-home supportive services
- Mental Health Services, including individual counseling, support groups, and education
- Formalized emergency preparedness outreach and training for older adults and their caregivers to include:
 - Print, digital and face-to-face communications with attention to language access and access to seniors with disabilities
 - Promotion of existing registries to seniors and caregivers at senior community centers, congregate sites, and any other venue relevant and accessible to seniors
- Immunizations clinics, including mobile clinics
- Access to healthy, culturally appropriate food and nutrition education, including grocery and meal delivery, mobile markets, and pantries; and education on food choices related to better health outcomes
- Safe, accessible transportation at low to no cost to clients





- Financial education and services
- Navigation of and education on public benefits such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Veterans benefits, Supplemental Security Income Program (SSIP), Social Security, Social Security Disability Insurance (SSDI), Medicare, Housing Choice Voucher, health insurance, tax preparation and filing, exploring tax credits, obtaining or changing identification documentation
- Basic needs assistance, including but not limited to direct client assistance such as emergency rental payments, utility payments, clothing, household items, home modification for accessibility needs, and program participation fees
- Social inclusion programming such as intergenerational activities, volunteer activities, and fitness and creative classes.
- Outreach for, education on, case management, and referrals to public, private and nonprofit senior programs and services at low to no cost to clients, including but not limited to health programs and community care clinics
 - Communication methods should include face to face, print, and digital methods such as websites, radio, TV, newsletter, signs, brochures, to reach older adults in a variety of ways

Ineligible Services

Please note that funding awarded through this solicitation cannot be used for:

- Direct medical and dental care, including medical visits, immunizations, payment of copays, or payment for medicine.
- Services dedicated exclusively to housing for people experiencing homelessness, including rapid rehousing, rental vouchers, encampment services, and shelters; and services dedicated exclusively to people in permanent supportive housing.
- Digital literacy and workforce development

VII. Principles of Service Delivery and Best Practices

Required Principles of Service Delivery

- 1. <u>Trauma-Informed Care Practices</u>: Successful applicants will apply the principles of trauma-informed practice to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment.
- 2. Language Access Plan: Applicants will be in development of or already have developed a Language Access Plan. A language access plan is a document that guides the implementation of or plan to provide access to translation and interpretation services. Language access plans include a four-factor assessment that links service provision with the languages spoken in a grantee's geographic service area. Language access services, such as interpretation and translation, including sign language interpretation, are eligible expenses for program budgets funded through this solicitation. Please refer to Form 3 Program Budget Narrative and Funding Summary within the Instructions tab for information on which budget categories would include such expenses.





- 3. <u>Referrals</u>: Applicants should offer access to referrals and information on how to access other aligned services and providers.
- 4. <u>Program Accessibility</u>: Programs should actively seek to eliminate barriers to services such as lack of transportation, limited communication and outreach, immigration documentation status, institutional barriers, and other restrictions.
- 5. <u>Equitable Service Delivery</u>: Offerors must ensure that programs are providing services that meet the needs of diverse populations, considering systemic, institutional, and environmental barriers and inequities that exist and seeking to mitigate the effects on participant outcomes.
- 6. <u>Evidence-based Practices</u>: <u>Evidence-based practices</u> are those which have been developed from research, are found to produce meaningful outcomes, can be standardized, and replicated, and often have existing tools to measure adherence to the model. The Offerors are encouraged to use evidence-based practices in their proposed program designs which should include developmentally appropriate practices and research based instructional practices for school readiness.

Best Practices

Offerors are encouraged to incorporate the following best practices:

- 1. <u>Incorporating Perspectives from People with Lived Experience</u>: Programs should be designed with input from individuals with lived expertise.
- 2. <u>Livable Wage</u>: The City of Austin recommends offerors pay at least a livable wage to all staff working on the program.
- 3. <u>Collaboration with the Community:</u> Successful candidates will participate in local working groups and engage with community stakeholders

VIII. Data Collection and Program Performance

Data Collection and Reporting

For all programs serving individuals or providing client services, agencies will track and report the number of unduplicated clients served and document proof of the services provided where applicable. Client tracking should include methods for securely recording identity, zip code, income, and demographics of the people served without violating client confidentiality. The City does not collect personal health information (PHI) or personal identifying information (PII). No PHI or PII should be submitted to the City and if collected by the agency, must be securely maintained.

Performance Measures

Required Performance Measures

The awardee(s) will be required to report on the following performance measures:

1. Output:

Number of unduplicated individuals served in a 12-month period





2. Outcome:

Percent of individuals who achieve healthy outcomes as a result of receiving services through Health Equity Social Service Contracts

- <u>Numerator:</u> Number of individuals who report improvement in physical, mental, emotional, or social functioning
- <u>Denominator</u>: Number of individuals receiving services through Health Equity Social Service Contracts

Optional Outcomes

In addition to the required outcome listed above, Offerors may report on the following outcomes, or propose other outcomes. Additional outcomes are not required and may be negotiated with the APH contract manager post award.

- 1. Percent of participants who obtain or maintain public benefits
 - a. Numerator: Number of individuals obtaining or maintaining public benefits
 - b. Denominator: Number of individuals in program
- 2. Percent of individuals whose mental health status as measured on a standardized assessment improves
 - a. Numerator: Number of individuals with improved mental health status as measured on a standardized assessment
 - b. Denominator: Number of individuals "initially" evaluated with a standardized assessment
- 3. Percent of individuals making progress toward their treatment plan goals
 - a. Numerator: Number of individuals making progress on their treatment plan goal(s)
 - b. Denominator: Number of individuals evaluated for progress on treatment plan goals(s)
- 4. Percent of individuals who complete an educational program and demonstrate improved knowledge
 - a. Numerator: Number of individuals who complete an educational program that improves their knowledge
 - b. Denominator: Number of individuals participating in the educational program
- 5. Percent of individuals who demonstrate improved life skills
 - a. Numerator: Number of individuals demonstrating improved life skill(s)
 - b. Denominator: Number of individuals participating in the activity

IX. Application Evaluation

A total of 100 points may be awarded to the application. All applications will be evaluated as to how the proposed program aligns with the goals of this RFP and whether each question has been adequately addressed.





| RFP 2025-002 Aging Services | | |
|---|---|---|
| Form 1: Offer Sheet | Offerors must print, sign, scan and upload signed forms. | No points, but Offeror must submit signed form. |
| Form 2: RFP Proposal | | |
| Part I: Fiscal and Administrative Capacity | Agency Information | No points awarded, but Offeror must pass threshold defined in Offeror Minimum Qualifications in C - Scope of Work. |
| Part 2: Scored Proposal | | |
| | Agency Experience & Performance Principles of Service Delivery Cultural Competence & Racial Equity | 12 points |
| Section 2: Program Design | Program Work Statement Goals and Objectives Clients Served Outreach Program Services and Delivery Program Accessibility Referrals Evidence Based Practices Collaboration with Community | 48 points |
| Program Management | Data Security & Systems Management Quality Improvement & Feedback Performance Measures | 15 points |
| Section 4: Cost Effectiveness Form 3 | Program Staffing Program Budget | 15 points |
| | Cost Effectiveness & Number of individuals served/ total budget = Cost Analysis | 10 points |
| | | Total: 100 points |
| | Offerors must print, sign, scan and upload signed forms. | No points, but Offeror must submit signed form. |

X. Applicant Minimum Qualifications

- Agencies, board of directors, or leadership staff submitting a proposal must have a minimum of two years established, successful experience providing services.
- Be a non-profit organization or quasi-governmental entity able to conduct business in the State of Texas and legally contract with Austin Public Health.

Have submitted all applicable tax returns to the IRS and the State of Texas (e.g., Form 990 or 990-EZ and state and federal payroll tax filings).

 Be eligible to contract and are not debarred from contracting with the City of Austin, State of Texas and Federal government, according to SAM.gov, and State and City Debarment information.





- Be current in its payment of Federal and State payroll taxes.
- Not owe past due taxes to the City.
- Have the ability to meet Austin Public Health's standard agreement terms and conditions, which include Social Services Insurance Requirements.
- Have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget. The Board of Directors shall have a strong commitment to fundraising to ensure well-funded, sustainable programs and operations.

XI. Application Format and Submission Requirements

See Exhibit B: Solicitation Provisions, and Instructions for all requirements. The Application must be submitted in the PartnerGrants database. No late submissions will be accepted. Responses should be included for each question.

Please note: Only name your 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

Offerors Initial Steps: Registration

1. Confirm your organization is a registered vendor with the City of Austin.

- To find the City of Austin Vendor Number please visit Austin Finance Online and search for the organization's legal name.
- To register to become a potential City of Austin vendor, go to Austin Finance Online to register.
- 2. Confirm registration in the PartnerGrants system, which is where proposals will be submitted.
 - To register, visit PartnerGrants and click on "Register Here."
 - Note that the organization's City of Austin Vendor number is required to complete registration in PartnerGrants.

Offeror Initial Steps: Pre-Application

3. Complete an Annual Agency Threshold Application in the PartnerGrants database.

- This form must be submitted once per 12 months and remains valid for all competitions closing within that time period. The threshold application will be reviewed by APH staff, and the agency will be notified once approved
- Once logged into PartnerGrants, click on "Opportunity" and then opportunity title "Annual Agency Threshold Application-Applicants for Funding Start Here" to complete a new threshold application.
- Submit one per agency per 12 months and note the submission date for future use.
- **Note** The threshold application must be submitted prior to the Intent to Apply

4. Complete an Intent to Apply form for each proposal the offeror plans to submit by the due date identified in Form 1 – Offer Sheet.





- Once logged into PartnerGrants, click on "Opportunity" and then opportunity title "SSAU RFP 2025-002 Aging Services" and complete an Intent to Apply form, including a Threshold Certification verifying completion of Step 3 above.
- If more than one Proposal will be submitted, Offerors must submit a unique Intent to Apply form for each proposal per the guidelines of the RFP.