

City of Austin
Austin Public Health
RFP 2022-004 Homeless Crisis Response
Exhibit C – Scope of Work



I. Introduction

Austin Public Health (APH) seeks proposals in response to this Request for Proposals (RFP) from qualified non-profit organizations or government entities (Offerors) for the provision of Crisis Response services for individuals and households experiencing homelessness, including Emergency Shelters, Street Outreach, Day Resource Center, Medical Respite Care, and Youth Services, specifically Emergency Shelter, Street Outreach and Transitional Housing for Youth.

Offerors may apply for more than one program area but only one proposal will be accepted per program area.

Austin Public Health is releasing this solicitation as part of our homeless response strategy. Each solicitation will focus on a different component of the Homelessness Response System. Below is the remaining solicitation schedule, which is subject to change:

Request for Proposals	Program Types	Timeline
RFP 2022-001 Housing Stabilization Programs	<ol style="list-style-type: none"> 1. Permanent Supportive Housing 2. Rapid Rehousing 3. Supportive Services 	Closed on March 15
Current - RFP 2022-004 Crisis Response	<ol style="list-style-type: none"> 1. Emergency Shelter 2. Street Outreach 3. Day Resource Center 4. Medical Respite Care 5. Youth Services <ul style="list-style-type: none"> • Emergency Shelter for Youth • Street Outreach for Youth • Transitional Housing for Youth 	Open Due May 12, 2022
Capacity Building and Other Supportive Services	<ol style="list-style-type: none"> 1. Mental Health 2. Substance Misuse 3. Benefits Access 4. Capacity Building 5. Employment Services 	May 2022

II. Background and Purpose of Funding

The City of Austin is deeply committed to ending homelessness and has worked with community partners to assemble and coordinate investments across the Homelessness Response System. Crisis Response is core to a well-functioning Homelessness Response System. An effective Crisis Response system quickly identifies those experiencing literal homelessness, provides safe temporary emergency shelter and basic needs supports, and connects households to housing and support services that will resolve their homelessness.

Through City Council Resolution [No. 20210729-118](#)¹, adopted on July 29, 2021, the Austin City Council directed the City Manager to facilitate, support, promote and work collaboratively with relevant stakeholders, businesses, non-profits, neighboring City and County partners, and any others appropriate, without seeking to take over leadership and with resources otherwise designated for this purpose, to help

¹ Resolution No. 20210729-118 can be viewed here:
<https://www.austintexas.gov/edims/document.cfm?id=361638>



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achieve the community goals of meeting the challenge of homelessness. The Summit worked closely with a wide variety of stakeholders to develop a community-wide implementation strategy to significantly reduce the unsheltered homeless population in Austin. Summit participants included individuals with lived experience, social service providers, social justice advocates, local governments, local philanthropies, and issue area experts. The Summit resulted in an ambitious three-year community-wide investment plan to:

- House an additional 3,000 people
- Create 1,300 new affordable housing units
- Strengthen our Homelessness Response System

The Summit investment strategy calls for \$515 million in public and private funding sources to fully implement the three-year plan. To date, over \$414 million has been committed and/or is anticipated towards this goal. Of this amount, the city has pledged over \$200 million from a variety of sources, including \$106.7 million in American Rescue Plan Act (ARPA) funds. \$10 million of the ARPA homelessness allocation is for Crisis Response programs and activities.

In line with the City's goal to strengthen the Homelessness Response System ("the system"), the City has allocated \$3 million of ARPA funding to invest in the organizational capacity needs of new and established organizations operating in the system. This funding is not available through this solicitation, but will be made available in an upcoming solicitation. To ensure the resources align with organizations' needs, the City seeks to understand the capacity-building needs of Offerors serving individuals experiencing homelessness in Austin/Travis County. Through this RFP, the City provides an opportunity for Offerors to describe their need for capacity building within their organization and/or program. In Question 9 of the unscored section of "Form 2 - RFP Application" Offerors are encouraged to describe the resources and activities which could strengthen their skills, abilities, and processes to provide Crisis Response.

Solicitation Objectives:

The objectives of this funding are to:

1. Maintain and increase the current **Emergency Shelter Program** capacity to provide low-barrier, housing focused crisis beds to persons experiencing homelessness.
2. Increase coordinated **Street Outreach Programs** to actively identify and engage persons experiencing unsheltered homelessness to connect them to needed services to resolve their homelessness.
3. Develop and manage **Day Resource Programs** to connect persons experiencing homelessness, sheltered or unsheltered, with mainstream benefits, housing opportunities, and community services.
4. Develop and implement **Medical Respite Care Programs** to ensure individuals that are too ill or frail to recover from a physical illness or injury on the streets have access to shelter and medical care to address immediate physical health needs and connect to mainstream benefits and community services.
5. Identify qualified recipient(s) to operate crisis services for youth to include **emergency shelters, street outreach, or transitional housing.**

III. Funding and Timeline

Department: Austin Public Health

Services Solicited: Crisis Response Services

Available Funding: \$9,999,808 total available through the following funding sources: City of Austin General Funds, Federal Funds through the American Rescue Plan Act (ARPA), or State of Texas Funds

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through the Texas Department of Housing and Community Affairs, Homeless Housing and Services Program (HHSP).

Austin Public Health will determine the appropriate funding source for each awardee.

City of Austin General Funds: \$543,866, which will be allocated across Crisis Response programs depending on the outcome of this solicitation.

Number of Agreements and Contract Term: APH anticipates awarding up to 3 agreements for an initial term of 12 months, beginning October 1, 2022, with up to four 12-month extension options. Funding is contingent upon City of Austin Council Budget approval, agreement performance and contract compliance.

Minimum Request: \$150,000 is the minimum annual amount that may be requested for use of General Funds.

ARPA Federal Funds: \$9,000,000, which is allocated as follows:

- \$4,000,000 for Emergency Shelter Services
- \$2,000,000 for Street Outreach Services
- \$3,000,000 available across the following four service types: Emergency Shelter, Street Outreach, Medical Respite and Day Resources.

Number of Agreements and Contract Term: APH anticipates awarding up to 20 agreements for an initial term of 12 months, beginning October 1, 2022, with up to two 12-month extension options. Funding is contingent upon agreement performance and contract compliance.

Minimum Request: \$500,000 is the minimum annual amount that may be requested for use of ARPA Funds.

Homeless Housing and Services Program (HHSP) State of Texas Funds: \$455,942, which is allocated as follows:

- \$309,350 available across the following four service types: Emergency Shelter, Street Outreach, Medical Respite and Day Resource Services.
- \$146,592 for Youth Set Aside Services including Transitional Housing, and the other four service types solicited in this Scope of Work.

The final amount is contingent upon HHSP award made by the Texas Department of Housing and Community Affairs.

Number of Agreements and Contract Term: APH anticipates awarding 3 agreements for an initial term of 12 months, beginning September 1, 2022, with up to four 12-month extension options. Funding is contingent upon the State of Texas award allocation, agreement performance and contract compliance.

Minimum Request: \$100,000 is the minimum annual amount that may be requested for use of HHSP Funds.

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Awarded programs will be structured as a reimbursable-based agreement. This is an agreement where an agency is reimbursed for expenses incurred and paid through the provision of adequate supporting documentation that verifies the expenses.

Leveraging Resources

As the first point of support for households experiencing homelessness, it is critical to ensure the Crisis Response System utilizes funds efficiently and flexibly to respond to participants’ unique situations and housing opportunities. To this end, competitive proposals will leverage cash and/or in-kind resources, including but not limited to facility space, volunteer hours, dedicated funds for Diversion or Rapid Exit, and partnerships with healthcare providers for health services.

Crisis Response RFP Timeline²

Date	Action
March 31, 2022	RFP Release
April 4, 2022 at 2 PM CST	Pre-Bid Meeting via Teams
April 5, 2022 at 11 AM CST	Pre-Bid Meeting via Teams
April 14, 2022 by 3 PM CST	Threshold Pre-Application Deadline. Threshold Pre-Proposal must be submitted electronically via PartnerGrants
May 12, 2022 by 3 PM CST	Proposal submission deadline. Proposals must be submitted electronically via PartnerGrants
June 3, 2022	Selection Notifications
July – August 2022	Newly awarded agreement negotiation period
September 1, 2022	Implementation period begins for HHSP agreements
October 1, 2022	Implementation period begins for General Fund and American Rescue Plan Act agreements

IV. Eligible Program Types

The following program types are eligible to be awarded through this solicitation. An Offeror can submit multiple proposals to this RFP, but can only apply for one of the following program types per proposal: Emergency Shelter, Street Outreach, Day Resource Program, Medical Respite Care, Emergency Shelter for Youth, Street Outreach for Youth, Transitional Housing for Youth.

A. Emergency Shelter

Emergency Shelter programs are designed to provide emergency lodging in congregate or non-congregate settings for households who are experiencing homelessness, enroll households in the Coordinated Entry System, and help households access mainstream benefits, housing opportunities, and community resources to end their homelessness.

Shelters may serve those experiencing homelessness and who identify with specific subpopulations including, but not limited to, families, youth, single adult females, males, or those with specialized needs such as mental health or substance use treatment so long as the shelter complies with anti-discrimination and Fair Housing Laws and ordinances. Offerors may request funds to operate sanctioned encampments on private land in accordance with the requirements of this section.

Offerors may propose to provide shelter services exclusively overnight or to operate full time. Shelter facilities must meet the Shelter and Housing standards established in 24 CFR 576.403.

² Timeline is subject to change based on APH organizational and administrative capacity

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Service Delivery Components:

Emergency Shelter proposals must include or identify alternative sources for the following:

1. Operations
2. Hygiene Services
3. Housing Focused Case Management

Proposals may also choose to include any of the following:

1. Hotel / Motel Voucher
2. Child Care
3. Employment Assistance
4. Transportation
5. Identification and Vital Document Recovery

Household Eligibility: Households experiencing Homelessness as defined by the McKinney – Vento Homeless Assistance Act 42 USC 11302 Sec.103 as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

Best Practices: APH promotes [NAEH's Emergency Shelter Learning Series](#) and USICH's [Key Considerations for Implementing Emergency Shelters](#) to ensure principles of Low Barrier Shelter and other best practices are incorporated. Competitive programs will also incorporate the techniques of Trauma Informed Care and Critical Time Intervention. Emergency Shelter offerors are expected to adhere to the following principles of service delivery:

- Housing-focused shelter principles whereby staff and volunteers emphasize and maintain a focus on connecting shelter guests to permanent housing. This focus can include:
 - Prominently displaying information about how to access housing
 - Linking people rapidly to the Coordinated Entry System
 - Ensuring easy and rapid access to housing navigation services
 - Providing assistance with collecting documentation necessary for determining program eligibility.
- Emphasis on strategies for appropriate diversion from shelter
- Low-barrier access to shelter (removing unnecessary or complex rules and requirements for access to shelter)
- Housing-focused rapid exit services
- Housing-focused Case Management services available to all shelter participants
- Ensure assertive engagement to households residing near the shelter to access services
- Prioritizing services and engagement to participants who have resided in the shelter the longest

Duration of Assistance: Participants may receive the crisis services from the program until no longer eligible. Programs should prioritize resources and services to households with the longest shelter stays to support those households with exiting to permanent housing.

B. Street Outreach

Street Outreach programs are designed to actively identify, engage, and help individuals or households who are experiencing unsheltered homelessness get connected to emergency shelter, permanent housing, or support services to help resolve their homelessness. Programs can also provide urgent, non-facility-based care to unsheltered households who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

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Service Delivery Components:

Street Outreach proposals must include the following:

1. Engagement
2. Operations – As necessary for a staff “base of operations”, to prepare and store equipment or services to be provided in the field to unsheltered participants, and to operate HMIS

Proposals may also choose to include any of the following:

1. Employment Assistance
2. Hotel/Motel Vouchers
3. Hygiene Services
4. Transportation
5. Identification and Vital Document Recovery
6. Coordination of Medical Care
7. Housing focused Case Management

Household Eligibility: Households experiencing unsheltered Homelessness as defined by the McKinney – Vento Homeless Assistance Act 42 USC 11302 Sec.103 as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

Best Practices: APH Promotes USICH’s [Core Elements of Efficient Street Outreach](#).

Street Outreach offerors are expected to adhere to the following principles of service delivery:

- Housing-focused program that will address urgent physical needs and connect households to permanent housing or shelter opportunities
- Programs will coordinate with the broader Crisis Response Systems, such as shelters, day resource centers, behavioral health providers, child welfare agencies, faith-based organizations, and other community-based providers and connect recipients to the local Coordinated Entry System

Duration of Assistance: Participants may receive the street outreach services until the household exits unsheltered homelessness.

C. Day Resource Program

Day Resource Programs are designed to engage with households experiencing homelessness and to connect them to housing opportunities, mainstream benefits, and community services. Programs offer services to both sheltered and unsheltered households during daytime hours and should support unsheltered households in connecting to emergency shelters and the Coordinated Entry System.

Service Delivery Components:

Day Resource proposals must include the following:

1. Operations
2. Engagement

Proposals may also choose to include any of the following:

1. Employment Assistance
2. Transportation
3. Hygiene Services
4. Identification and Vital Document Recovery
5. Coordination of Medical Care

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6. General Housing Assistance
7. Housing focused Case Management

Household Eligibility: Households experiencing Homelessness as defined by the McKinney – Vento Homeless Assistance Act 42 USC 11302 Sec.103 as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

Best Practices: Offerors should be familiar with Motivational Interviewing, Critical Time Intervention, and De-escalation techniques.

Day Resource Center offerors are expected to adhere to the following principles of service delivery:

1. Housing-focused program that works to engage with sheltered and unsheltered households experiencing homelessness to connect them to housing opportunities, mainstream benefits, and community services
2. Housing-first approach that does not impose pre-conditions to make referrals to permanent housing, shelter, or temporary housing programs

Duration of Assistance: Participants may receive program services until no longer eligible.

D. Medical Respite Care

Medical Respite Care provides short-term emergency lodging for persons experiencing homelessness to recover from acute and post-acute medical illnesses while having access to medical care and other supportive services, such as SOAR assistance, Coordinated Entry, and other mainstream benefits. Medical Respite Care programs are designed to support individuals who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital.

APH staff, offerors, and their identified medical partners will work together closely to ensure the funded programs operate in such a way as to provide these specific services to households experiencing homelessness with acute and short-term medical issues. Proposals must include dedicated medical services from identified healthcare partners. Austin Public Health is unable to fund the direct provision of medical services.

Service Delivery Components:

Medicare Respite Care proposals must include the following:

1. Operations
2. Coordination of Medical Care
3. Medical direction/care through either third-party funding source or partnering organization

Proposals may also choose to include any of the following:

1. Hygiene Services
2. Transportation
3. Identification and Vital Document Recovery
4. Housing focused Case Management

Household Eligibility: Households experiencing Homelessness as defined by the McKinney – Vento Homeless Assistance Act 42 USC 11302 Sec.103 as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. Recipients must work with identified medical provider partners to develop a medical screening procedure for enrollment, in accordance with Fair Housing regulations, to ensure participant receive necessary and sufficient medical and supportive services to address acute medical issues.



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Best Practices: APH promotes the National Healthcare for the Homeless Council's [Standards for Medical Respite Care Programs](#).

Medical Respite offerors are expected to adhere to the following principles of service delivery:

1. Medical respite program provides safe and quality accommodations in a safe environment.
2. Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.
3. Medical respite program assists in health care coordination, provides wraparound services, and facilitates access to comprehensive support services including enrollment in the local coordinated entry system.
4. Programs will discharge participants to either permanent housing opportunities or emergency shelter opportunities. Offerors should make every effort to avoid Participants being discharged to unsheltered homelessness unless at the household's request.

Duration of Assistance: Participants may receive Medical Respite Services until the participant's acute medical issue has stabilized as determined by a qualified medical provider. Most households will resolve their acute medical issue within 30 days of admission, and lengths of enrollment should be carefully reviewed to ensure the participant is enrolled in the program only for the duration necessary for medical stability.

E. **Youth Programs**

Youth Dedicated TDHCA HHSP Funds must be used to provide services to unaccompanied homeless youth and homeless young adults 24 years of age and younger through emergency shelter, street outreach, or transitional housing.

Emergency Shelter for Youth Program - must be provided in accordance with Emergency Shelter Program Services outlined above.

Street Outreach for Youth Program - must be provided in accordance with the Street Outreach Program Services outlined above.

Transitional Housing for Youth Programs - must provide youth ages 18 to 24 temporary housing with supportive services with the goal of interim stability and support to successfully move to and maintain permanent housing. Transitional Housing programs can cover housing costs and accompanying supportive services for program participants for up to 24 months. Funding for this program service shall not exceed the TDHCA HHSP Youth Set aside amount.

Service Delivery Components for Transitional Housing:

Transitional Housing for Youth program proposals must include the following:

1. Housing-focused Case Management
2. Operations

Proposals may also choose to include any of the following:

1. Administrative costs as listed under 10 TAC §7.27(a)
2. Homelessness Assistance services as listed under 10 TAC §7.27(e)

Household Eligibility: Youth-headed Households aged 24 and under experiencing Homelessness as defined by the McKinney – Vento Homeless Assistance Act 42 USC 11302 Sec.103 as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.



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Best Practices: Participants in a Transitional Housing program must have a signed lease, sublease, or occupancy agreement with the following requirements:

- An initial term of at least one month
- Automatically renewable upon expiration, except by prior notice by either party
- A maximum term of 24 months

Duration of Assistance: Participants may receive Transitional Housing assistance for up to 24 months from enrollment. Households exited from services must follow adopted enrollment selection procedures.

V. Services Sought

Service Definitions and Eligible Activities:

The list below includes all services and activities for which funding is allowed under this RFP. Note that a service or activity may be allowable under one program service type and not another.

- 1) **Engagement:** Actively working in the community to locate, identify, and build relationships with unsheltered people experiencing homelessness for the purpose of providing immediate supports, such as Emergency Shelter, mainstream benefits and community services, and enrolling participants in the Coordinated Entry System to connect them with homeless assistance programs and housing programs to resolve their homelessness. Eligible activities consist of:
 - ii. Engaging the unsheltered population
 - iii. Making an initial assessment of needs and eligibility
 - iv. Providing crisis counseling
 - v. Completing SSI/SSDI Outreach, Access and Recovery (SOAR) Applications
 - vi. Addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries
 - vii. Enrolling participants in the Coordinated Entry System
 - viii. Training staff in relevant skills
- 2) **Housing Focused Case Management:** Assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the eligible program participants. Component services and activities consist of:
 - i. Enrolling households in the Coordinated Entry System
 - ii. Conducting the initial evaluation of service needs, including verifying and documenting eligibility
 - iii. Developing, securing, and coordinating services and obtaining Federal, State, and local benefits including SOAR Services and SSI completion
 - iv. Monitoring and evaluating program participant progress
 - v. Providing information and referrals to other services and providers
 - vi. Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking
 - vii. Developing an individualized housing and service plan, including planning a path to permanent housing stability
 - viii. Training staff in relevant skills
- 3) **Operations:** Managing and operating facilities to meet the needs of the population. Recipients must be able to demonstrate adequate infrastructure and obtain the required permits to operate facilities. Eligible costs include the following:
 - i. Facility rent and insurance
 - ii. Staffing needed to operate and maintain the facility



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- iii. Homeless Management Information System (HMIS) costs to enter information into the CoC HMIS system
 - iv. Facility maintenance and repairs (including minor or modest repairs provided pre-approval from APH)
 - v. Facility security costs
 - vi. Costs for maintaining sanitary conditions inside the shelter (e.g., pest control, janitorial)
 - vii. Food for clients residing in shelter
 - viii. Supplies for facility operations
 - ix. Staff parking (if required)
 - x. Equipment for the facility for staff or participants (e.g., technology, computers, internet, phones)
 - xi. Kitchen (e.g., furnishings, storage, upgrades, replacements, repairs)
- 4) **Hygiene Services:** Provide participants with basic hygiene services, shower facilities, or laundry facilities. Recipients must be able to demonstrate adequate infrastructure and obtain the required permits to operate hygiene facilities and services. Eligible costs include
- i. Participant Hygiene Supplies
 - ii. Shower Facilities
 - iii. Laundry Facilities
- 5) **Hotel / Motel Vouchers:** Providing Hotel / Motel Vouchers for program participants to reside in when no appropriate emergency shelter is available for a homeless family or individual. Offers utilizing this funding must establish policies and processes for use. APH may release future guidance and restriction on usage and will work with subrecipients to ensure compliance has minimal programmatic impact. Funds may only be used once an assessment of cost, reviewing at minimum three bids, is completed.
- 6) **Child Care:** Childcare for program participants, including providing meals and snacks, and comprehensive and coordinated sets of appropriate developmental activities, are eligible. The child-care center must be licensed by and in good standing with the jurisdiction in which it operates in order for its costs to be eligible.
- 7) **Employment Assistance:** To assist individuals in the program in securing employment, acquiring skills, and/or increasing earning potential. Such activities include employment screening, assessment, or testing; structured job skills and job-seeking skills; training and tutoring, including literacy training and pre-vocational training; books and instructional material; counseling or job coaching; and referral to community resources.
- 8) **Transportation:** Enabling program participants travel to and from medical care, employment, childcare, or other eligible essential services facilities. These costs include the following:
- i. The cost of a program participant's travel on public transportation
 - ii. If service workers use their own vehicles, mileage allowance for service workers to visit program participants.
 - iii. Upon APH approval, the cost of purchasing or leasing a vehicle for the recipient or subrecipient in which staff transports program participants and/or staff serving program participants, and mileage at the annual city approved rate, insurance, and maintenance for the vehicle.
 - iv. The travel costs of recipient or subrecipient staff to accompany or assist program participants to use public transportation.
- 9) **Identification and Vital Document Recovery:** Assisting participants to recover necessary identification documentation including state ID, driver's license, or birth certificate when necessary for employment or housing access.

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- 10) **Coordination of Medical Care:** Assisting participants to gain access to necessary healthcare through coordination with qualified medical personnel to ensure medical stability is allowable. Eligible costs include:
- i. Assisting individuals to understand their health needs
 - ii. Assisting individuals to obtain and utilize appropriate medical treatment
 - iii. Coordinating medication management
 - iv. Coordinating non-cosmetic dental care
- 11) **General Housing Assistance:** Financial assistance to assist participants in rental deposits, utility deposit, and application fees on a discretionary basis for outreach and day resource programs. Households may receive this assistance once per program enrollment. Units must meet rent reasonability as outlined in 24 CFR 982.507 and passes Habitability Standards as outlined in 24 CFR 576.403(c). This is an eligible expense category for City of Austin General Funds and TDHCA HHSP funds only.

VI. Data Collection and Reporting Requirements

Offerors must comply with the following data requirements:

1. Utilize the local Homeless Management Information System (HMIS) to track and report client information and program services for individuals who are experiencing homelessness.
2. Adhere to all requirements of HMIS data submission, Coordinated Entry (CE), CoC and related regulatory requirements. Full information on metric assessment and logic can be found in the [CoC APR and ESG CAPER HMIS Programming Specifications](#).
3. Assist individuals with the collection of documentation to determine eligibility for program participation, including appeals of rejection of eligibility, if applicable.
4. Align performance measures with the City's Austin Strategic Direction 2023 indicators for homelessness and HUD's System Performance Measures. APH staff will work with recipient staff to develop and track meaningful, measurable performance measures.
5. For programs funded by HHSP, adhere to TDHCA requirements for HHSP monthly reporting, which can be found on the TDHCA.State.TX.US website.

VII. Performance Outcomes

Programs must identify the following metrics within their proposals. Agencies may also suggest additional performance measures.

City Output Measure

The number of unduplicated clients served per quarter

Outcome Measure

Of the total unduplicated clients served, the percentage of participants provided first time or updated Coordinated Assessments by the program.

City Business Plan Outcome Measure

City Business Plan Outcome 1B – The percentage of case-managed households that transition from homelessness into housing



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VIII. Principles of Service Delivery

1. Awardees are strongly recommended to comply with the [Austin/Travis County Continuum of Care \(CoC\) Written Standards for Program Delivery](#), including the Written Standards for Coordinated Entry, as approved by the Homelessness Response System Leadership Council. Where the finalized Program Work Statement conflicts with the Written Standards for Program Delivery, the Program Work Statement, finalized between APH staff and the Offeror, will take priority and all other parts of the Written Standards for Program Delivery apply.
2. Best Practices may include, not limited to, Housing First, Screening & Admission, Participant Choice, Supportive Services, Discharge & Transfer, and Participant Termination & Grievance.
3. Awarded agencies must ensure practices and services are provided in accordance with evidence-based practices such as Critical Time Intervention, Motivational Interviewing, Trauma-Informed Care, and Harm Reduction.
4. The City of Austin is dedicated to selecting Crisis Response providers with a strong understanding of the needs of individuals and households experiencing homelessness and a demonstrated history of client-centered care and culturally competent services delivery.
5. The City of Austin is committed to addressing the disproportionate impacts of homelessness and poverty on marginalized communities. All recipients of APH funding are expected to design programs with input from individuals with lived expertise and ensure equitable access and outcome in program performance.
6. Offer language assistance, in writing and verbally, to all 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.
7. Offerors must ensure service delivery and enrollment is conducted in accordance with the City of Austin's Antidiscrimination Ordinance, Chapter 5-1 Housing Discrimination and federal Fair Housing regulations.
8. Offerors must make every effort to ensure participants do not receive duplication of services or assistance from different funding sources.
9. The City of Austin recommends Offerors follow Strategic Direction Measure EOA.C.3 and pay at least a livable wage to all staff working on the program.

IX. Additional Resources

- [The Ending Community Homelessness Coalition \(ECHO\)'s Action Plan](#) including recommendations from ECHO and the Bloomberg iTeam
- The Austin / Travis County Continuum of Care [Written Standards for Program Delivery](#)
- The Austin / Travis County [Written Standards for Coordinated Entry](#)
- [Austin Strategic Direction 2023 \(SD2023\)](#) informs the City of Austin's 6 pillars and direction for 5 years
- The [Summit to Address Unsheltered Homelessness](#) in Austin is a working document of the city's plan presented in March 2021
- The Barbara Poppe and Associates Report of July 2020, [Investing for Results: Priorities and Recommendations for a Systems Approach to End Homelessness](#), provides consultant recommendations for the City of Austin's plan to end homelessness
- ECHO's [Addressing Racial Disparities in Austin / Travis County](#) reported on September 9, 2019 provides an overview and analysis of racial disparities in Austin/Travis County
- SAMHSA's [Assertive Community Treatment](#) is a toolkit of evidence-based practices of customized, community-based services for people living with mental illness disorders
- National Coalition for the Homeless defines [Trauma-Informed Care](#) for homeless services as a structure that emphasizes understanding, compassion, and responding to the effects of all types of trauma
- [Trauma-informed Care, The Trauma Toolkit](#)



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- [Critical Time Intervention](#) is a time-limited case management model designed for people experiencing homelessness with mental illness after a discharge from hospitals, shelters, prisons, and other institutions
- SAMHSA’s [Client Centered Approach to Homeless Services and Behavioral Health](#) provides definitions and suggested services for agencies providing services to people experiencing homelessness and behavioral health disorders
- Partnership for Opening Door’s [summit on integrating employment and housing strategies to prevent and end homelessness](#)
- Progressive Engagement - <https://endhomelessness.org/what-is-progressive-engagement/>
- Medical Respite Care - <https://nhchc.org/clinical-practice/medical-respite-care/>

X. Proposal Evaluation

Proposals meeting the minimum requirements for threshold review will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the strengths and weaknesses of the proposal.

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

The City of Austin may award additional points to proposals which identify non-city funded resources such as facilities or services to be leveraged to a proposed program, and to proposed programs that enroll eligible households without establishing any additional subpopulation requirements or priorities beyond those set aside for youth.

RFP #2022 – 004 Homeless Crisis Response Evaluation Rubric		
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 1: Fiscal and Administrative Capacity	Agency Information	No points awarded, but Offeror must pass threshold defined in Offeror Minimum Qualifications below.
Part 2: Scored Proposal		
Section 1: Experience and Cultural Competence	Agency experience and performance	10 points
	Cultural competence and racial equity	10 points
		20 points total
Section 2: Program Design	Program Implementation	25 points
	Principles of Service Delivery	20 points
		45 points total

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Section 3: Data Informed Program Management	Performance Measures and Data Collection	4 points
	Performance Evaluation, Quality Improvement, and Alignment with SD23	6 points
		10 points total
Section 4: Cost Effectiveness Form 3	Program Staffing Plan	5 points
	Efficient Budget Allocation	5 points
	Leveraging Resources	5 points
	Program Budget and Funding Summary	5 points
	Number of individuals served/ total budget = Cost Analysis	5 points
		25 points total
		Total: 100 points
Form 4: COA Certifications and Disclosures	Offerors must print, sign, scan and upload signed forms.	No points, but Offeror must submit signed form.

XI. 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 includes 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.

XII. 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.

City of Austin
Austin Public Health



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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.

PartnerGrants Registration

1. Confirm that their organization is a registered vendor with the City of Austin.
 - To confirm: enter the organization's City of Austin Vendor Number when registering as a user in the PartnerGrants system (see #2 below).
 - 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. Be a registered user in the [PartnerGrants database](#). The proposals will be submitted through this web-based system. **To register, visit the PartnerGrants website** and click on "Register Here." Note that the organization's City of Austin Vendor number is required to complete registration in PartnerGrants site and click on "Register Here." Note that the organization's City of Austin Vendor number is required to complete registration in PartnerGrants.
3. Have completed 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.