

Exhibit C – Scope of Work

I. Introduction

The City of Austin (City) seeks proposals in response to this Request for Proposals (RFP) from qualified social service providers (Offerors) with demonstrated experience in providing all of the following HIV and Sexually Transmitted Infection (STI) services: testing for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C; low cost or free walk-in testing for new and existing patients; mobile testing, low-cost or free same day STI treatment; HIV medical care and treatment, to include Rapid stART; and Pre-Exposure Prophylaxis (PrEP) access.

II. Background and Purpose of Funding

During the FY 2023-24 budget session, City Council members Velásquez, Fuentes, Qadri, Alter, and Vela submitted a [Budget Amendment](#) to address a growing community need for affordable and accessible HIV and STI testing and treatment for the city’s most vulnerable communities disproportionately impacted by HIV and other STIs. This Budget Amendment also directed the City Manager to prioritize funding allocation for community organization-based testing and treatment for HIV and other STI’s in future budget proposals.

HIV Testing and Treatment

The City of Austin has prioritized efforts to end the HIV epidemic through its the [Fast-Track Cities](#) initiative since [2018](#), when City of Austin Mayor and Travis County Judge signed the Paris Declaration committing to achieve a set of 95-95-95 targets (recently raised from 90-90-90) to end the global AIDS epidemic by 2030. In February 2022, these Austin/Travis County leaders signed the updated [Paris Declaration 4.0](#). This declaration calls for jurisdictions to do the following:

1. Diagnose 95% of people living with HIV,
2. Provide anti-retroviral treatment (ART) for 95% of those diagnosed, and
3. Achieve viral suppression for 95% of those on ART

The City of Austin funds HIV Prevention and Care Services via general funds and multiple federal grants, including Ryan White Part A and the Minority AIDS initiative, Ryan White Part C, Housing Opportunities for Persons with AIDS, and Ending the HIV Epidemic grants from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC).

Human immunodeficiency virus (HIV), the virus that can lead to AIDS (acquired immunodeficiency syndrome), remains a persistent public health problem in Texas. Highly effective treatments that are currently available lengthen the lifespan of people with HIV. In 2022, 108,486 Texans were living longer with HIV, an increase of 12 percent over the past five years¹. According to [one study](#) this increase is due to the efficacy of treatment. In 2021, 227 Travis County residents were newly diagnosed with HIV, and the number of Texans newly diagnosed with HIV has remained constant during the last year. Knowledge

¹ DSHS (2022). [Unpublished raw disease surveillance data on people living with HIV and people with new diagnoses of HIV in 2021]. Data from the Enhanced HIV/AIDS Reporting System (eHARS).

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of HIV status is important because those living with HIV can engage in care and treatment for optimal health outcomes and can prevent transmission to others. Approximately 15% of the 5,433 people living with HIV in the Travis County today do not know their status.²

STI Testing and Treatment

The City of Austin provides examinations for STI's, as well as testing and referrals to service providers for follow up care via it's [Sexual Health Clinic](#). Funding awarded through this RFP will enable one community STI service partner to expand services in order to further address growing needs in the Austin area.

According to the CDC, the levels of many STI's, including gonorrhea, syphilis and chlamydia, have increased across the nation, and Austin-Travis County is following suit. Gonorrhea incidence rates for Travis County increased by 50% from 2015 to 2020. The incidence rate for primary and secondary syphilis in Travis County increased over 30% from 2015 to 2020 (15.7 per 100,000 population in 2015; 20.7 per 100,000 population in 2020). The incidence rate for Chlamydia has had no significant changes over time; and remains high at 614.8 cases per 100,000 population in 2020.

Funding Objectives:

The objectives of this funding are to:

1. Reduce new chlamydia, gonorrhea, syphilis, and hepatitis C, and HIV infections
2. Increase access to testing and treatment for HIV, including antiretroviral therapy (ART; Immediate ART is referred to as Rapid sART throughout documents for this RFP).
3. Increase access to testing and treatment for chlamydia, gonorrhea, syphilis, and hepatitis C.

III. Funding and Timeline

Department: Austin Public Health

Available Funding: \$1,350,000 million, one-time general funds

Request Limits: \$1,350,000 million

Anticipated Number of Awarded Agreements: APH anticipates awarding 1 agreement to an agency that provides all services solicited.

Contract term: May 15, 2024 – April 30, 2025

Agreement Type: Reimbursable agreements are APH's standard agreement type, as defined below. In rare instances, based on an agency's needs and when fitting with RFP funding priorities, a deliverable agreement may be possible.

Reimbursable Agreement- An agreement where an agency is reimbursed for expenses incurred and paid through the provision of adequate supporting documentation that verifies the expenses

Deliverable Agreement- An agreement where an agency is reimbursed for a report or product that must be delivered to the City by the grantee (or by the Subgrantee to the Grantee) to satisfy contractual requirements. It can include goods or finished works, documentation of services provided or activities undertaken, and/or other related documentation.

² DSHS (2022). [Unpublished raw disease surveillance data on people living with HIV and people with new diagnoses of HIV in 2021]. Data from the Enhanced HIV/AIDS Reporting System (eHARS).

IV. Priority Population(s)

Programs serving a variety of populations will be considered. Priority will be given to a program that include a focus on:

- LGBTQIA+ community , especially [Black MSM](#), [Latinx MSM](#), White MSM, transgender and gender non-binary people of color. City and [national data](#) show that HIV and other STI's disproportionately affect these populations.
- Latina WSM
- Black women
- Persons with HIV (PWH)
- Youth up to 24 years of age
- Persons who inject drugs (PWID)

City of Austin Eligibility Requirements

Clients must be residents of the City of Austin and/or Travis County. Clients must meet all other requirements to be eligible as described in Exhibit A.3: City of Austin Client Eligibility Requirements (Exhibit D of this Solicitation Package). Some eligibility criteria may be waived for specific program models. Changes to eligibility are subject to negotiation and approval by APH staff.

V. Austin Public Health Emergency Response

All agencies which 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

One organization must provide all of the following services, at a minimum:

1. Low-cost or free walk-in testing for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C for new and existing patients
2. Mobile HIV and STI testing services conducted by awarded agency
3. HIV medical care and treatment initiation available within 72 hours of new diagnosis, including Antiretroviral Therapy (Rapid stART) Initiation, with appointments and prescriptions offered the same day as diagnosis
4. PrEP access, including rapid start PrEP through mobile STI testing.
5. Counseling for persons diagnosed with HIV.
6. Low-cost or free same day STI treatment.
7. Telemedicine services for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C

The awarded organization must currently be operating all of these services at the time of application and cannot apply for this funding opportunity to design and implement a program that meets these requirements.

VII. Principles of Service Delivery and Best Practices

Service providers must adhere to the following principles:

1. Organizational Standing Delegation Orders must adhere to [current clinical guidelines for STI and HIV testing and treatment established by the CDC](#) and authorized by a Texas Licensed Physician.
2. Funds must be utilized for direct health care provisions including operating expenses, clinical services, lab, medications, and training.
3. Organization must have previous experience in successful government health program grant management, including compliance with the [Texas Department of State Health Services' \(DSHS\) HIV and STD Program Operating Procedures and Standards](#).
4. [Status Neutral HIV Prevention and Care](#) practices must be used.
5. For persons diagnosed with HIV, then Rapid stART should be employed. Organization must adhere to [Rapid stART Standard of Care as established by APH/HRAU](#)
6. Organization must follow [Austin HIV Planning Council Service Standards](#) for City of Austin General Funds.
7. Provide Pre-Exposure Prophylaxis (PrEP) for people who are HIV-negative and at high risk for HIV
8. For clients that test positive for HIV and/or chlamydia, gonorrhea, syphilis, and hepatitis C, the organization must participate in or upload data to Provide Enterprises.
9. Organization must work with local [Public Health Follow-up Program](#) to expand partner elicitation and notification measures for individuals who test positive for HIV.
10. Organization must have sustainable plan for client treatment or referral for long term HIV-care and treatment after the termination of these funds.
11. Organization must follow established guidelines for Doxy PEP treatment, such as [those by the National Coalition of STD Directors](#).
12. For clients that test positive for HIV and/or chlamydia, gonorrhea, syphilis, and hepatitis C, the organization must upload data to Provide Enterprises.
13. [Trauma-Informed Practices](#): Organization will apply the [principles of trauma-informed practice](#) to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment.
14. [Language Access Plan](#): Organization 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 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.
15. [Referrals](#): Organization should offer access to referrals and information on how to access other aligned services and providers.
16. [Collaboration with other organizations](#) to strengthen outreach, quality service provision, and community planning related to priority populations listed in section IV.
17. [Program Accessibility](#): 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.
18. [Equitable Service Delivery](#): Organization 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.

Best Practices

Service providers are encouraged to incorporate the following best practices:

- Provide pregnancy, chlamydia, gonorrhea, and syphilis testing for individuals of childbearing age.
- Implement the [CDC's five major strategies](#) for prevention of STI's:
 1. Risk assessment and education to reduce the burden of STIs
 2. Vaccination for vaccine-preventable STIs
 3. Screening of patients who do not show symptoms to prevent passing the disease to others
 4. Effective diagnosis, care, and treatment, with appropriate follow-up of infected patients
 5. Evaluation, care, and treatment of a sexual partner who may have an STI

VIII. Data Collection and Program Performance

Data Collection and Reporting

The 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 agency must upload data to Provide Enterprises and have a data sharing agreement with the City of Austin, which will be negotiated upon award.

Performance Measures

The awardee will be required to report on the following output and list a goal in their Proposal

Output:

Number of unduplicated individuals served in a 12-month period

Note: This output will be a cumulative unduplicated count of all individuals who received testing and treatment for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C. Each client should be reported within this measure only once during the contract period.

The awardee will be required to report on each of the following outcomes; numerators and denominators will be negotiated upon agreement award.

Outcome 1:

Percent of individuals who achieve healthy outcomes as a result of receiving services through APH funding

Numerator: Number of individuals who report improvement in physical, mental, emotional, or social functioning

Denominator: Number of individuals receiving services through APH funding

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Note: This outcome will be a cumulative count of the following outcomes, listed below, for all individuals who received testing and treatment for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C. The following outcomes are specific to different types of HIV and STI testing and treatment.

Outcome 2:

Percent of newly diagnosed individuals linked to Rapid stART within 72 hours

Outcome target: 80-90%

Numerator: Number of individuals started on HIV treatment within 72 of preliminary HIV+ test result

Denominator: Number of newly diagnosed HIV+ individuals

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Outcome 3:

Percentage of persons newly diagnosed with HIV infection who attended a routine HIV medical care visit within one month of diagnosis

Outcome target: 80-90%

Numerator: Number of newly diagnosed persons in the denominator who attended a routine HIV medical care visit within one month of diagnosis

Denominator: Number of persons newly diagnosed with HIV infection in a 12-month measurement year

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Outcome 4:

Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Patient Exclusions:

1. Patients who died at any time during the 12-month measurement period

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2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Outcome 5:

Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 80-90%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Outcome 6:

Percent of individuals who tested positive for syphilis and were successfully treated

Numerator: Number of individuals who complete full treatment

Denominator: Number of individuals who tested positive for syphilis

Outcome 7:

Percent of individuals who tested positive for chlamydia and were successfully treated

Numerator: Number of individuals who complete full treatment

Denominator: Number of individuals who tested positive for chlamydia

Outcome 8:

Percent of individuals who tested positive for gonorrhea and were successfully treated

Numerator: Number of individuals who complete full treatment

Denominator: Number of individuals who tested positive for gonorrhea

Outcome 9:

Percent of individuals who tested positive for hepatitis C and were referred to appropriate care

Numerator: Number of individuals who complete full treatment

Denominator: Number of individuals who tested positive for hepatitis C tests

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 2024-001 HIV, STI Testing and Treatment 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 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		
Section 1: Experience and Cultural Competence	Agency Experience & Performance Principles of Service Delivery Cultural Competence & Racial Equity	26 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	50 points
Section 3: Data Informed Program Management	Data Security & Systems Management Quality Improvement & Feedback Performance Measures	4 points
Section 4: Cost Effectiveness Form 3	Program Staffing & Time Program Budget & Funding Summary	10 points
	Cost Effectiveness & Number of individuals served/ total budget = Cost Analysis	10 points
		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.

X. Applicant Minimum Qualifications

- The agency 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).

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- 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.

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. Be a registered user 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.

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- Once logged into PartnerGrants, click on “Opportunity” and then opportunity title “RFP 2024-001 HIV, STI Testing and Treatment” 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.