

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 administering holistic social and mental health services to operate a [Trauma Recovery Center](#) (TRC) serving residents of Austin/Travis County. The City will fund one offeror contracting with the office of violence prevention (OVP) to implement a TRC model of care developed to provide comprehensive, high quality, effective mental health services to survivors of violent crime from underserved populations, many of whom faced insurmountable barriers to connecting with support services after victimization.

II. Background and Purpose of Funding

The City of Austin seeks to address and redefine public safety while investing in communities most impacted by systemic racism, violence, and divestment. In August of 2020, the Austin City-Community Reimagining Public Safety Task Force, comprised of community members and City of Austin staff, was established. The purpose of the Task Force was to develop recommendations to create alternatives to policing and investments in communities most impacted by violence leading to healing and community transformation. One recommendation from the Task Force was to bring the Trauma Recovery Center (TRC) model of care to Austin/Travis County. Following this recommendation, Alliance for Safety and Justice (ASJ) and Crime Survivors for Safety and Justice (CSSJ) educated members of the community and Austin City Council about the model and the benefits it could bring to those most likely to experience violence in Austin/Travis County.

On March 24, 2022, Austin City Council passed [resolution 20220324-061](#) directing the City Manager to provide recommendations related to the feasibility of the City's support of the implementation and operation of a TRC. Based on this resolution and the responses provided by City Staff the 2023 Fiscal Year budget for the City of Austin included \$1,000,000 in funding over two-years to implement a TRC in Austin/Travis County. This solicitation is for one-time funding. The purpose of this funding is to increase services available to victims of violent crime while sustainable funding models are developed to continue work past the two-year funding.

Throughout the contract, the Austin Public Health Office of Violence Prevention (OVP) and the [National Alliance of Trauma Recovery Centers](#) (NATRC) will support implementation of the program through technical assistance, access to templates examples, connections to peer TRCs and the NATRC learning community.

Solicitation Objectives

The objectives of this funding are to:

- Increase access to healing resources for those most impacted by violence.
- Disrupt cycles of violence through healing and support services.
- Pilot use of the TRC model to increase access to healing and support services in Austin/Travis County in a community with high need.

III. Funding and Timeline

Department: Austin Public Health
Services Solicited: Austin Trauma Recovery Center
Available Funding: \$1,000,000
Request Limits: \$1,000,000
Anticipated Number of Awarded Agreements: 1

Contract Term: 24 Months (\$500,000/year)

Awarded programs will be structured as a reimbursable-based agreement as defined below:

- 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.

IV. **Services Solicited**

Program Services

Services that promote the objectives stated in the Background and Purpose of Funding section must include the following:

1. Assertive Outreach And Engagement With Underserved Populations: Conduct outreach and provide services to survivors of violent crime who typically are unable to access traditional services, including, but not limited to, survivors who are homeless, chronically mentally ill, members of immigrant and refugee groups, disabled, who have severe trauma-related symptoms or complex psychological issues, are of diverse ethnicity or origin, or juvenile survivors, including minors who have had contact with the juvenile dependency or justice system.
2. Serving Survivors of All Types of Violent Crimes: Serve survivors of a wide range of crimes, including, but not limited to, survivors of sexual assault, domestic violence, battery, crimes of violence, vehicular assault, human trafficking, and family members who have lost a loved one to homicide
3. Comprehensive Mental Health and Support Services: Mental health and support services are structured and evidence-based, including but not limited to crisis intervention, individual and group treatment, medication management, substance abuse treatment, case management and assertive outreach. Care must be provided in a manner that increases access to services and removes barriers to care for survivors of violent crime. This includes providing services in the client's home, in the community, or other locations that may be outside the agency.
4. Multidisciplinary Team: Staff shall consist of a multidisciplinary team that includes psychiatrists, psychologists, social workers, and marriage and family therapists. The TRC Clinician is a licensed clinician, or in some cases a closely supervised clinician engaged in the applicable licensure process. Clinical supervision and other support are provided to staff on a weekly basis to ensure the highest quality of care and to help staff constructively manage the vicarious trauma they experience as service providers to survivors of violent crime.
5. Coordinated Care Tailored to Individual Needs: Psychotherapy and case management are coordinated through a single point of contact for the survivor, with support from an integrated multidisciplinary trauma treatment team. All treatment teams shall collaboratively develop treatment plans in order to achieve positive outcomes for clients.

6. Clinical Case Management: Services shall encompass assertive case management, including but not limited to: accompanying a client to court proceedings, medical appointments, or other community appointments as needed; case management services such as assistance in the completing and filing of applications to the Victim Compensation Board, the filing of police reports, assistance with obtaining safe housing and financial entitlements, linkages to medical care, providing assistance securing employment, working as a liaison to other community agencies, law enforcement or other supportive service providers as needed.

7. Inclusive Treatment of Clients with Complex Problems: Clients are not excluded from services solely on the basis of emotional or behavioral issues that result from trauma, including but not limited to: substance abuse problems, low initial motivation or high levels of anxiety.

8. Use of Trauma-informed, Evidence-based Practices: TRC staff shall adhere to established, evidence-based practices, including but not limited to: Motivational Interviewing, Seeking Safety, Cognitive Behavioral Therapy, Dialectical Behavior and Cognitive Processing Therapy.

9. Goal-Driven: Primary goals are to decrease psychosocial distress, minimize long-term disability, improve overall quality of life, reduce the risk of future victimization, and promote post-traumatic growth.

10. Accountable Services: Provide holistic and accountable services that ensure treatment shall be provided up to 16 sessions. For those with ongoing problems and a primary focus on trauma, treatment may be extended after special consideration with the clinical supervisor. Extension beyond 32 sessions requires approval by a clinical steering and utilization group that considers the client's progress in treatment and remaining need.

11. Services are Provided Regardless of Immigration Status: Programs use a trauma-informed and healing-centered framework to inform and guide all aspects of service provision and organizational functioning. Services build on the best evidence available for client and family engagement, empowerment, and collaboration. All staff and trainees should have regular opportunities to learn and practice cultural humility skills with each other, in order to foster a culture of equity and lifelong learning / skills-building. Organizational leadership should infuse policies and protocols with trauma-informed principles and language, and work towards the goal of ending systemic inequities

Data Collection and Reporting

The collection of Clinical measures is required for the implementation of the TRC model. These measures can be referenced in the TRC Manual on page 102 – 115. It is necessary that the agency use a software capable of capturing the clinical metrics that are indicated below.

For all programs serving individuals, 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.

Standardized Clinical Assessments and Other Measures:

1. Trauma Recovery Center (TRC) Referral Form
2. Client Identifying Info

3. Post Traumatic Stress Disorder Checklist (PCL) in Diagnostic Statistical Manual-5
4. Carlson Trauma History Screen (adapted version)
5. Patient Health Questionnaire-9 (PHQ-9)
6. Patient Reported Outcomes Measurement Information System (PROMIS sleep scale)
7. The Pain, Enjoyment of Life and General Activity scale (PEG scale)
8. World Health Organization Quality of Life Assessment (WHOQOL-BREF)
9. Plan of Care
10. Client Service Satisfaction Survey
11. Updated demographics
12. Needs/barriers assessment, TRC services and referrals provided

Performance Measures

On a quarterly basis, the awardee(s) will be required to report on the following:

Outputs:

1. Number of unduplicated individuals served in a 12-month period.
2. Number of Staff trainings completed.

Outcomes:

3. Percent of individuals who obtain or maintain public benefits.
4. Percent of individuals making progress toward their treatment plan goals.
5. Percent of individuals who demonstrate improved life skills.

V. Principles of Service Delivery

1. Trauma-Informed Practices: Successful applicants will apply [the principles of trauma-informed practice](#) to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment. Examples of applied principles may include an expanded food choice that honors an individual's health preferences and needs, education, program co-creation with those directly impacted, resource referrals, and discreet delivery of services that avoid or eliminate stigma.
2. Language Access Plan: Applicants will be developing 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.
3. Referrals: Applicants should offer access to referrals and information on how to access other services and providers.

4. Program Accessibility: Programs should actively seek to eliminate barriers to services such as lack of transportation, limited communication and outreach, drug and alcohol related requirements for admission, immigration documentation status, and other restrictions.
5. Equitable Service Delivery: 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.

Best Practices

All supportive services programs are encouraged to incorporate the following best practices:

- Evidence-based Practices: Evidence-based practices 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 required to use evidence-based practices in their proposed program designs. Some examples of evidence-based therapy for trauma recovery treatment includes, but are not limited to, Eye-movement desensitization and reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Cognitive Processing (CPT), etc.
- Livable Wage: 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.¹

VI. Priority Populations

Focus Population:

TRC is for survivors of violent crime who are experiencing post-traumatic distress but are not receiving other mental health care. The model has been successfully used with recent survivors of sexual assault, domestic violence, gunshot injuries, human trafficking, stabbings, physical assaults, and criminal motor vehicle accidents, as well as family members of homicide victims. Many of the individuals served have risk factors that made them vulnerable to becoming survivors of crime. These include one or more of the following: poverty, homelessness, social isolation, sequelae of previous traumatic events, ongoing exposure to community or domestic violence, substance use, and pre-existing mental disorders.

Priority populations within the focus populations should include:

- Victim of a violent crime.
- Violent crime occurred in the last 3 years.

City of Austin Client Eligibility Requirements:

- Clients must be residents of the City of Austin and/or Travis County.
- No duplication of trauma recovery services.
- A police report is not required to receive services.

VII. Additional Resources

[TRC Manual](#)

[TRC Model Website](#)

¹ [EOA.C.3 - Dollars-per-hour wage that an individual must earn to support a family in Austin | Open Data | City of Austin Texas](#)

VIII. 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 2023-003 Austin TRC 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	Agency experience and performance	15 points 15 points total
Section 2: Program Design	Program Work Statement Program Services Data Collection and Program Evaluation Coordination and Collaboration Principles of Service Delivery	45 points 20 points 10 points 15 points 5 points 50 points total
Section 3: Data Informed Program Management	Performance Measures (Breakdown - tracking, etc.)	20 points 20 points total
Section 4: Cost Effectiveness	Program Staffing and Time Program Budget and Funding Summary	2.5 points 7.5 points 10 points total
Form 3	Number of individuals served/ total	5 points total

	budget = Cost Analysis	
		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.

IX. Applicant Minimum Qualifications

- Agencies, board of directors, or leadership staff submitting a proposal must have a minimum of two years established, successful experience providing similar 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 of Austin.
- 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.

X. 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. The proposals will be submitted through this web-based system.
 - 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
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 "RFP 2023-003 Austin TRC" and complete an Intent to Apply form including a Threshold Certification verifying completion of Step 3 above.
 - Offerors may submit more than one Intent to Apply form and must submit a unique Intent to Apply form for each proposal per the guidelines of the RFP.