|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Request for Information (RFI) | | | KClogo_v_b_m2 | | **Department of Public Health**  Contracts, Procurement & Real Estate Services (CPRES)  401 Fifth Avenue, Suite 1300  Seattle, WA 98104 TTY Relay: 711 | | | | |
| Advertised Date: January 25, 2024 | | | | | | | | | |
| RFI Title: | Public Health Center Services – Explore Interest of Community and Partner Organizations for Potential Transition of PHSKC Services | | | | | | | | |
| RFI Number: | 2024ODIR539RFA | | | | | | | | |
| Due Date: | Monday, February 26 - 5:00 p.m. PT | | | | | | | | |
| Contract Specialist: | Allen Cantara, [CPRES-ODIR@kingcounty.gov](mailto:CPRES-ODIR@kingcounty.gov), (206) 263-8744 | | | | | | | | |
| Alternate Contract Specialist: | Saba Al Harazi, [CPRES-ODIR@kingcounty.gov](mailto:CPRES-ODIR@kingcounty.gov), (206) 477-7111 | | | | | | | | |
| Responses are hereby solicited and will only be received by the Contract Specialist and Alternate Contract Specialist via email to: CPRES-ODIR@kingcounty.gov | | | | | | | | | |
| Pre-Response Conference | | | | | | | | |
| Date: February 8, 2024  Time: 2 to 3 :30 PM PT  Location: Microsoft Teams  [Click here to join the meeting](https://gcc02.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_NjE2YTg5MjctMDQzMS00MWU4LWI4NzYtZGY2YzU2ODNmZDU5%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522bae5059a-76f0-49d7-9996-72dfe95d69c7%2522%252c%2522Oid%2522%253a%252295edaee0-5c86-4b90-9dd7-111c759a20ef%2522%257d&data=05%7C02%7CAllen.Cantara%40kingcounty.gov%7C127747e98fe24157e76208dc17bceb0c%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C638411347374494283%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=N5gcwB0YVuG%2BTyetJ2uPKtD6vZdZTInyg4Dc%2BX1YfYA%3D&reserved=0)  Meeting ID: 230 189 010 976  Passcode: Hnbkau  [Download Teams](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.microsoft.com%2Fen-us%2Fmicrosoft-teams%2Fdownload-app&data=05%7C02%7CAllen.Cantara%40kingcounty.gov%7C127747e98fe24157e76208dc17bceb0c%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C638411347374505484%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=KlcHnGRcVs49YJwdB8iKoHS7ht5vGEMZ0cyd7c38o9U%3D&reserved=0) | [Join on the web](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.microsoft.com%2Fmicrosoft-teams%2Fjoin-a-meeting&data=05%7C02%7CAllen.Cantara%40kingcounty.gov%7C127747e98fe24157e76208dc17bceb0c%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C638411347374512828%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=KB3eTgAWot%2FF0VVll6citsPMa%2FToGgcuoZ%2FpKaXFYD4%3D&reserved=0) | | | | **Join with a video conferencing device**  [kcsc@m.webex.com](mailto:kcsc@m.webex.com)  Video Conference ID: 116 942 597 8  [Alternate VTC instructions](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.webex.com%2Fmsteams%3Fconfid%3D1169425978%26tenantkey%3Dkcsc%26domain%3Dm.webex.com&data=05%7C02%7CAllen.Cantara%40kingcounty.gov%7C127747e98fe24157e76208dc17bceb0c%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C638411347374518787%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=nAl6Qws%2FMn5rgaUqufANMWx0x50g9BNPDFhj0PEUJ%2B4%3D&reserved=0)  **Or call in (audio only)**  [+1 425-653-6586, 750715819#](tel:+14256536586,,750715819# )   United States, Seattle  Phone Conference ID: 750 715 819#  [Find a local number](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdialin.teams.microsoft.com%2F18f41467-8f70-4471-898f-3a898245e90d%3Fid%3D750715819&data=05%7C02%7CAllen.Cantara%40kingcounty.gov%7C127747e98fe24157e76208dc17bceb0c%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C638411347374524370%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=lBS%2FwL3CLcojhVdV7OFoAYY2KyEnrxS3sAnkJo10NNo%3D&reserved=0) | [Reset PIN](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdialin.teams.microsoft.com%2Fusp%2Fpstnconferencing&data=05%7C02%7CAllen.Cantara%40kingcounty.gov%7C127747e98fe24157e76208dc17bceb0c%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C638411347374531047%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=k6UbJZThjj8Ify4oVb%2FiTh65PI6jwST4CyzkcAlJ7X8%3D&reserved=0) | | | |
| Company Name | | | | | | |
|  | | | | | | |
| Address | | | | | | City/State /Postal Code |
|  | | | | | |  |
| Signature | | Print name and title | | | | |
|  | |  | | | | |
| Email | | Phone | | | | Fax |
|  | |  | | | |  |
| Company Headquarters Located in State/Province of | | | | | | |
|  | | | | | | |

1. Response Preparation

Introduction

Public Health – Seattle & King County (“PHSKC”) is issuing a Request for Information (RFI) from interested and qualified health care and community-based and partner organizations (“Respondents”) to provide information regarding interest in and capacity to transition existing PHSKC parent-child health, primary care, and other clinical services to their organization per the potentially significant budget reductions facing PHSKC’s Public Health Center system and description of the Scope of Work. The purpose of this RFI is to receive industry and/or market information, insight, and knowledge. No contract will be awarded as a result of this RFI.

* 1. Communications

Upon release of this RFI, no oral interpretations of the RFI will be made to any Respondents. Oral explanations or instructions will be considered unofficial and are not binding. Any information modifying a solicitation will be furnished to all Respondents by addendum. Communications concerning this RFI, with other than the listed Contract Specialist or Alternate Contract Specialist may cause the Respondent to be disqualified from any future relate procurements. Separately and concurrently to this RFI, Public Health staff will conduct a Racial Equity Budget and Services Analysis (REBSA) to gather community input that may involve correspondence or interviews with individuals who may also participate in this RFI. Engagement with REBSA is permissible and will not result in disqualification, as it will not overlap with the content of this RFI. Any information modifying the RFI will be furnished to all Respondents by addendum**.**

To view all bidding opportunities, Respondent’s shall go to <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/funding-opportunities>

A pre-information conference will be held on Thursday, February 8, 2024 at 2:00 PM to 3:30 PM, via Microsoft Teams.

* 1. Deadline for Questions

All questions and any explanations must be requested in writing and directed to the Contract Specialist no later than seven (7) days prior to the close date specified in the RFI. Questions about this RFI may by submitted on or before the deadline via email to the listed Contract Specialist.

King County will respond via an addendum and/or clarification via email.

* 1. Late Proposals

PHSKC’s will not allow late Responses or modifications of submission after the close date and time specified for receipt. Respondents shall assume full responsibility for ensuring electronic delivery of Proposals on or before the close date and time as specified or via email to the Contract Specialist. Responses, or modifications of Responses, received via the email of the Contract Specialist designated in the solicitation after the exact hour and date specified for receipt may be considered at the discretion of PHSKC.

* 1. Cancellation of RFI or Postponement of RFI Closing

PHSKC reserves the right to cancel this RFI at any time. PHSKC may change the date and time for submitting proposals prior to the date and time established for submittal.

* 1. Addenda and Clarifications

If at any time, PHSKC changes, revises, deletes, increases, and/or otherwise modifies the RFI, PHSKC will issue a written Addendum to the RFI. Respondent must acknowledge all Addenda to the RFI before submitting a proposal in the E-Procurement Portal or via e-mail. Clarifications are for informational purposes only.

* 1. Response Instructions
     1. Responses shall address the questions pertaining to the Scope of Work, information requests, and problem statement(s) as described throughout the RFI and in the order presented identifying RFI questions and sections by number (if applicable). Responses need to be specific, detailed and straight forward using clear, concise, easily understood language and speaks to the Respondent’s approach, commitment and ability to perform the services described in the RFI.
     2. Respondents answering the RFI questions shall examine the entire RFI document including the instructions, background information, specifications, applicable standards and regulations. Responses should be as concise as possible and focus on similar experience your company has previously provided. Respondents may include active, informative and up-to-date web links in their proposal, but web content should not substitute full and complete responses to the questionnaire.

* 1. Limited Use of Responses

Responses to this RFI will not be used in the evaluation of future bids or proposals. This RFI will not be used to pre-qualify a Respondent’s solutions for a future procurement, disqualify any company from responding to a future procurement and selection for a demonstration has no bearing on or connection to any future procurement. Responses are strictly voluntary and failure to provide a response will not affect a company’s standing with King County or its ability to bid or propose on future procurements.

* 1. Demonstrations

Any demonstrations and interviews conducted as part of this process are undertaken by a Respondent solely to assist PHSKC in gaining a better understanding. Selection of a specific Respondent for inclusion in a demonstration and interview does not guarantee or imply that it or its product will be specified in a future Request for Proposal (RFP). Any limitations or conditions related to performing demonstrations or conducting interview should be noted in the response. Public Health may conduct interviews or follow up with respondents to this RFI to seek clarifications or additional information.

* 1. Cost of Responses and Samples

PHSKC is not liable for any costs incurred by Respondent in the preparation and evaluation of responses submitted. If applicable, samples of items required must be submitted to the location and by the date and time specified. Unless otherwise specified, samples shall be submitted with no expense to PHSKC. If not destroyed by testing, samples may be returned at the Respondent’s request and expense unless otherwise specified. Public Disclosure of Responses

This RFI is subject to the Public Records Act, Chapter 42.56 RCW: <https://apps.leg.wa.gov/rcw/default.aspx?cite=42.56>. Responses submitted under this RFI shall be considered public documents unless the documents are exempt under the public disclosure laws.

If a Respondent considers any portion of its response to be protected under the law, the Respondent shall clearly mark each section as “CONFIDENTIAL” or “PROPRIETARY”. If any materials are marked “CONFIDENTIAL” or “PROPRIETARY”, Respondents have ten (10) calendar days from the receipt of the Notice of Selection/Non-Award to obtain a court order enjoining release pursuant to RCW 42.56.

If a Respondent does not take such action within said period, PHSKC may post or share the materials after its review is complete.  By submitting a response, the Respondent assents to this procedure and shall have no claim against PHSKC.

1. Scope of the Request for Information

Public Health – Seattle and King County (PHSKC) is facing a potentially significant General Fund budget reduction, set to take effect in 2025. The reduction is anticipated to impact the department’s ability to sustain the Public Health Center system. In preparation for that possibility, PHSKC is preparing for the likelihood of transitioning all or most of its current Public Health Center clients and services to partners. The extent of the budget impact isn’t fully known yet, so PHSKC is preparing for all outcomes.

As part of this preparation, PHSKC is asking health care and community partner organizations to respond to this Request for Information to share initial thoughts about interest and capacity to transition the PHSKC services listed in the Questions section below to partner organizations. All organizations that have any interest are strongly encouraged to respond. The information received through this RFI is critical to PHSKC’s planning process and will inform the need for a possible RFP process later this year, likely during the summer months of 2024. Washington State-administered or State-funded programs\* currently provided by PHSKC may also use this information to issue RFPs or initiate other processes for transferring services to other providers or organizations.

*\* Programs/services that are administered and/or funded by Washington State include Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Title X Sexual and Reproductive Health Services, and Refugee Health Screening.*

PHSKC is deeply committed to advancing racial and health equity in King County by addressing the root causes of health inequities and systemic racism. (Please visit the [PHSKC Office of Equity and Community Partnerships website](https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/equity-community-partnerships) for more detail.) These principles are core to everything we do, including how we navigate this unfortunate budget situation and aim to mitigate the potential impacts to clients/patients, community, staff, and partners. This is why we are engaging early with partners through this RFI, aiming to learn as much as possible as early as possible to inform planning as we await more certainty about the 2025 budget.

PHSKC’s Public Health Center system currently provides over 220,000 visits and serves 78,000 clients across all programs.

* 67% of clients served are Black, Indigenous, and People of Color
* 43% speak a language other than English
* 19% are experiencing homelessness
* 26% are uninsured
* More details are available in the Appendix.

PHSKC’s Public Health Center system currently provides the following services (program descriptions in Appendix), all of which are at risk as part of the General Fund budget reduction:

Parent Child Health Services

* WIC (25 locations – full and part time)
* First Steps - Maternity Support Services and Infant Case Management (25 locations – full and part time)
* Nurse Family Partnership (county-wide)
* Children with Special Health Care Needs (county-wide)
* Kids Plus (county-wide) – serving families experiencing homelessness

Clinical Services:

* Primary Care + Integrated Behavioral Health & Pharmacy (2 sites: Bellevue, Downtown Seattle)
* Dental (5 sites: Bellevue, Columbia City, Downtown Seattle, Lake City, Renton)
* Sexual & Reproductive Health (4 sites: Auburn, Bellevue, Federal Way, Kent)
* School Based Health Centers (Cleveland, Ingraham, Rainier Beach)
* Mobile Medical and Dental Vans (Seattle, South King County) – serving people experiencing homelessness
* Street Medicine Team (county-wide) – serving people experiencing homelessness
* Pathways for Opioid Use Disorder Clinic (Downtown Seattle)
* Domestic Refugee Health Screening (currently Downtown Seattle) – Specific service provided via DSHS subrecipient contract serving [eligible populations](https://www.dshs.wa.gov/esa/frequently-asked-questions) per [Washington State Domestic Medical Screening Guidelines](https://doh.wa.gov/sites/default/files/2023-04/420-115-RefugeeScreeningGuidelines.pdf)

Other:

* Health Care for the Homeless Network:
  + Funding provided to network partners to serve people experiencing homelessness via PHSKC’s 330(h) grant from HRSA
  + PHSKC also oversees and administers the Governance Council and Community Advisory Board for the Network

Below is an overview of the timeline for this RFI, a possible RFP process, and for 2025 budget adoption:

* RFI Released – 01/25/2024
* Pre-information conference – 02/8/2024
* Last day for questions – 02/16/2024
* RFI Closes – 02/26/2024, 5 PM.
* Outreach to RFI Respondents – Early April 2024
* Possible RFP Process for programs/services within PHSKC’s scope for decision making – Summer 2024
* Possible RFP Process for programs/services within Washington State’s scope for decision-making - TBD
* 2025 Budget Reductions Begin to Take Effect/Potential Start Date for Transition of Services to Partners – January 2025

The following information and datasets are included in the Appendices at the end of this document to provide additional context related to the Public Health Center services at risk of reduction:

* Map of current service locations
* Description of each program/service
* Client/patient demographics by program
* Uninsured rates by program
  + Note: PHSKC serves clients regardless of ability to pay. This includes, but is not limited to, clients/patients who are not eligible for Medicaid/Medicare, those who are unable to access health insurance due to other circumstances (i.e., necessary documents are not accessible or are lost), and those who are insured but are unable to utilize their coverage in order to maintain privacy (i.e., teens accessing sexual and reproductive health services that wish to keep this confidential from their household).

*Note regarding simultaneous* **Health Care for the Homeless Network (HCHN) RFP for Services 2025-2027***:*

*The timing of the* **Health Care for the Homeless Network (HCHN) RFP for Services 2025-2027** *(open from February 2 to March 18) is driven by an upcoming three-year project period application that PHSKC’s Health Care for the Homeless Network (HCHN) intends to submit to HRSA in summer 2024 in order to sustain PHSKC’s federal 330(h) grant for 2025-2027. Entities selected under the* **Health Care for the Homeless Network (HCHN) RFP for Services 2025-2027** *would be named in that grant application as contractors or sub-recipients with the intent that funding would continue for the three-year period 2025-2027, pending approved renewal of federal and local funds, compliance with contract requirements, and successful implementation of the scope of work. Anticipated deficits in the 2025 King County budget may also impact future funding availability. All funding is awarded in one-year allocations and subject to King County and PHSKC budget approval processes.*

1. INFORMATION

Responses shall follow the order and enumeration listed to assist PHSKC in analyzing the responses in a uniform, manageable way. The information requested is in an outline format with topics and prompts for type of information desired.

* 1. Responder Information:

1. Company length of time in business.
2. Company mission, vision, and values
   1. Questionnaire

Expand your answers to show how your organization addresses the following questions, if applicable.

* + - 1. Which of the following health care and human services programs does your organization currently provide? Or if expansion is planned to occur by the end of 2024, please indicate this as well, and include more detail in Comments. Please use the Comments section to provide any additional detail your organization wants to share.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program (Descriptions in Appendix)** | **Please Indicate Current Services with an “X”** | **Please Indicate which Geographical Area(s) your Organization Currently Provides Each Service Marked with an ”X”** | **Comments** |
| WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) |  |  | *Please note current WIC caseload size here.* |
| Maternity Support Services (MSS) and Infant Case Management (ICM) |  |  |  |
| Nurse Family Partnership |  |  |  |
| Children with Special Health Care Needs |  |  |  |
| Kids Plus *(serving families experiencing homelessness)* |  |  |  |
| Primary Care with Integrated Behavioral Health |  |  |  |
| Pediatric Primary Care |  |  |  |
| Dental |  |  |  |
| Sexual and Reproductive Health |  |  |  |
| Title X |  |  |  |
| Medication Assisted Treatment for Opioid Use Disorder *(no barrier or very low barrier)* |  |  |  |
| Domestic Refugee Health Screening *(specific service provided via contract with WA State DSHS* for [*eligible populations*](https://www.dshs.wa.gov/esa/frequently-asked-questions) *per*[*Washington State Domestic Medical Screening Guidelines*](https://doh.wa.gov/sites/default/files/2023-04/420-115-RefugeeScreeningGuidelines.pdf)*)* |  |  |  |
| School Based Health Centers |  |  |  |
| Mobile Medical Van/RV *(services for people experiencing homelessness)* |  |  |  |
| Street Medicine *(services for people experiencing homelessness)* |  |  |  |

* + - 1. Please share demographic data for your organization’s patient/client population in the table below. Please use the Comments section to provide any additional detail your organization wants to share.

|  |  |  |  |
| --- | --- | --- | --- |
| **Population Currently Served** | **Total Number of Patients/ Clients** | **% of Total Patients/ Clients** | **Comments** |
| People Experiencing Homelessness |  |  |  |
| Uninsured |  |  |  |
| Best Served in a Language Other than English |  |  |  |
| American Indian/Alaska Native |  |  |  |
| Asian |  |  |  |
| Black, African American |  |  |  |
| Hispanic/Latinx |  |  |  |
| Native Hawaiian/Pacific Islander |  |  |  |
| White Non-Hispanic |  |  |  |
| More than one race |  |  |  |

* + - 1. In what ways does your organization currently provide services? (Please mark with an “X” for all that apply):

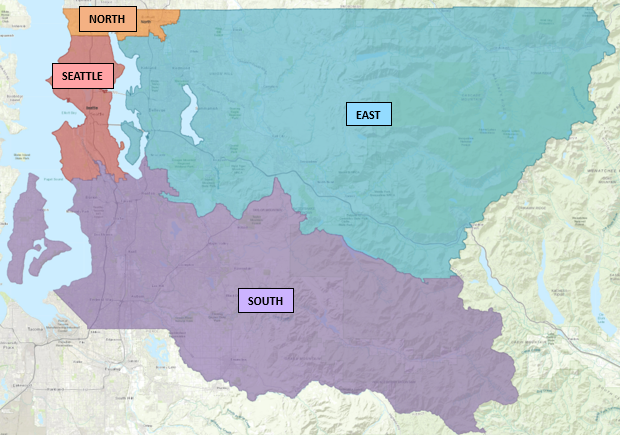
|  |  |
| --- | --- |
|  | clinic/brick and mortar |
|  | remote via phone/video |
|  | field/home visiting |
|  | mobile vans |
|  | other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* + - 1. For each program and location in the grid below, please check the option that best matches your organization’s interest in expanding services (Interest in expanding current services in this area/ Interest in beginning to provide services in this area/ Not interested). Please use the Comments section to provide any additional detail your organization wants to share.

**Public Health – Seattle and King County Current Service Locations by Program**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Parent Child Health Services** | | | | | | |
| **WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)** | | | | | | |
| **Current service locations for this program** *(Note: Some WIC appointments must be in-person to collect measurements and perform hemoglobin tests, but many WIC appointments can also be remote.)* | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Auburn |  | |  | |  |  |
| Bothell |  | |  | |  |  |
| Carnation |  | |  | |  |  |
| Columbia City |  | |  | |  |  |
| Des Moines |  | |  | |  |  |
| Eastgate/Bellevue |  | |  | |  |  |
| Enumclaw |  | |  | |  |  |
| Federal Way |  | |  | |  |  |
| Kent |  | |  | |  |  |
| Kent/Birch Creek |  | |  | |  |  |
| Kent/East Hill |  | |  | |  |  |
| Kirkland/Totem Lake |  | |  | |  |  |
| Muckleshoot |  | |  | |  |  |
| North Bend |  | |  | |  |  |
| Seattle/Northgate |  | |  | |  |  |
| Renton |  | |  | |  |  |
| SeaTac |  | |  | |  |  |
| Seattle/Belltown |  | |  | |  |  |
| Seattle/Northgate |  | |  | |  |  |
| Shoreline |  | |  | |  |  |
| Skyway |  | |  | |  |  |
| West Seattle |  | |  | |  |  |
| White Center |  | |  | |  |  |
| Vashon Island |  | |  | |  |  |
| **Parent Child Health Services** | | | | | | |
| **First Steps - Maternity Support Services (MSS) & Infant Case Management (ICM)** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Auburn |  | |  | |  |  |
| Bothell |  | |  | |  |  |
| Carnation |  | |  | |  |  |
| Columbia City |  | |  | |  |  |
| Des Moines |  | |  | |  |  |
| Eastgate/Bellevue |  | |  | |  |  |
| Enumclaw |  | |  | |  |  |
| Federal Way |  | |  | |  |  |
| Kent |  | |  | |  |  |
| Kent/Birch Creek |  | |  | |  |  |
| Kent/East Hill |  | |  | |  |  |
| Kirkland/Totem Lake |  | |  | |  |  |
| Muckleshoot |  | |  | |  |  |
| North Bend |  | |  | |  |  |
| Seattle/Northgate |  | |  | |  |  |
| Renton |  | |  | |  |  |
| SeaTac |  | |  | |  |  |
| Seattle/Belltown |  | |  | |  |  |
| Seattle/Northgate |  | |  | |  |  |
| Shoreline |  | |  | |  |  |
| Skyway |  | |  | |  |  |
| West Seattle |  | |  | |  |  |
| White Center |  | |  | |  |  |
| Vashon Island |  | |  | |  |  |
| **Parent Child Health Services** | | | | | | |
| **Nurse Family Partnership** | | | | | | |
| **Current service locations for this program (Map of regions follows this table)** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| South King County |  | |  | |  |  |
| East King County |  | |  | |  |  |
| North King County |  | |  | |  |  |
| Seattle |  | |  | |  |  |
| **Parent Child Health Services** | | | | | | |
| **Children with Special Health Care Needs** | | | | | | |
| **Current service locations for this program (Map of regions follows this table)** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| South King County |  | |  | |  |  |
| East King County |  | |  | |  |  |
| North King County |  | |  | |  |  |
| Seattle |  | |  | |  |  |
| **Parent Child Health Services** | | | | | | |
| **Kids Plus *(serving families experiencing homelessness)*** | | | | | | |
| **Current service locations for this program (Map of regions follows this table)** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| South King County |  | |  | |  |  |
| East King County |  | |  | |  |  |
| North King County |  | |  | |  |  |
| Seattle |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Primary Care with Integrated Behavioral Health** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Eastgate/Bellevue |  | |  | |  |  |
| Seattle/Belltown |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Pediatric Primary Care** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Eastgate/Bellevue |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Dental** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Columbia City (Adult) |  | |  | |  |  |
| Columbia City (Pediatric) |  | |  | |  |  |
| Eastgate/ Bellevue (Adult) |  | |  | |  |  |
| Eastgate/Bellevue (Pediatric) |  | |  | |  |  |
| Seattle/Belltown (Adult) |  | |  | |  |  |
| Seattle/Lake City (Adult) |  | |  | |  |  |
| Seattle/Lake City (Pediatric) |  | |  | |  |  |
| Renton (Adult) |  | |  | |  |  |
| Renton (Pediatric) |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Sexual and Reproductive Health** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Auburn |  | |  | |  |  |
| Eastgate/Bellevue |  | |  | |  |  |
| Federal Way |  | |  | |  |  |
| Kent |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Title X** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Auburn |  | |  | |  |  |
| Eastgate/Bellevue |  | |  | |  |  |
| Federal Way |  | |  | |  |  |
| Kent |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Medication Assisted Treatment for Opioid Use Disorder *(no barrier or very low barrier)*** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Seattle/Belltown |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Domestic Refugee Health Screening** | | | | | | |
| **Current service locations for this program**  *(Refugee Health Screening is a specific service provided via contract with WA DSHS* for [*eligible populations*](https://www.dshs.wa.gov/esa/frequently-asked-questions) *per*[*Washington State Domestic Medical Screening Guidelines*](https://doh.wa.gov/sites/default/files/2023-04/420-115-RefugeeScreeningGuidelines.pdf)*)* | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Seattle/Belltown *(This location is not prioritized, if other geographic locations are of interest for this service but in another location, please add detail in Comments)* |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **School Based Health Centers** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Cleveland High School |  | |  | |  |  |
| Ingraham High School |  | |  | |  |  |
| Rainier Beach High School |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Mobile Medical Van/RV *(serving people experiencing homelessness)*** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Seattle |  | |  | |  |  |
| South King County |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Mobile Dental Van/RV *(serving people experiencing homelessness)*** | | | | | | |
| **Current service locations for this program** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| Seattle |  | |  | |  |  |
| South King County |  | |  | |  |  |
| **Clinical Services** | | | | | | |
| **Street Medicine *(serving people experiencing homelessness)*** | | | | | | |
| **Current service locations for this program (Map of regions follows this table)** | **Please Indicate Interest with an “X”** | | | | | **Comments** |
| Interest in *expanding current* services in this area | | Interest in *beginning* to provide services in this area | | Not interested |
| South King County |  | |  | |  |  |
| East King County |  | |  | |  |  |
| North King County |  | |  | |  |  |
| Seattle |  | |  | |  |  |
| **Other** | | | | | | |
| **Description** | | **Please Indicate Interest with an “X”** | | | **Comments** | |
| Interest in this area | | Not interested |  | |
| HRSA 330h Status, including Health Care for the Homeless Network Governance Council and Community Advisory Board | |  | |  |  | |

*Region map for the programs/services listed in Question 4 – Nurse Family Partnership, Children with Special Health Care Needs, Kids Plus, and Street Medicine:*



* + - 1. What populations does your organization expect to serve as part of expanding or providing new services? Please use the Comments section to provide any additional detail your organization wants to share.

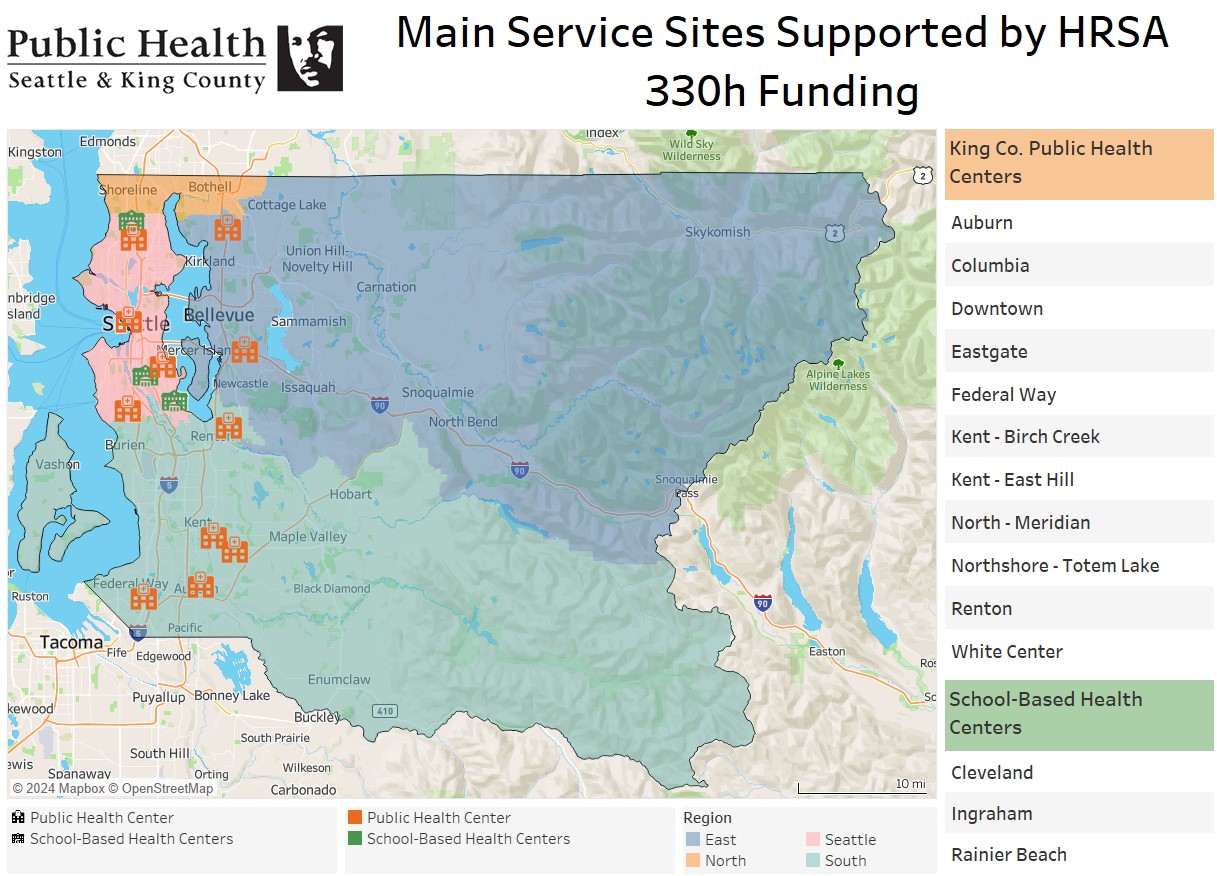
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population** | **Please indicate interest with an “X” if you expect to serve:** | | | **Comments** |
| Interest in *expanding* current services | Interest in *beginning* to provide services | No capacity for expansion at this time |
| People Experiencing Homelessness |  |  |  |  |
| Immigrants and Refugees |  |  |  |  |
| Uninsured |  |  |  |  |
| Best Served in a Language Other than English |  |  |  |  |
| American Indian/Alaska Native |  |  |  |  |
| Asian |  |  |  |  |
| Black, African American |  |  |  |  |
| Hispanic/Latinx |  |  |  |  |
| Native Hawaiian/Pacific Islander |  |  |  |  |
| White Non-Hispanic |  |  |  |  |
| More than one race |  |  |  |  |

* + - 1. For each program and location that your organization selected “interested” in question 4, please describe what your organization would need to expand or provide new services. If your organization is currently unable to meet demand in any service area, please explain. Examples might include training, staffing, additional space, etc.
      2. What lead time does your organization expect to need to begin service provision?
      3. Please share how your organization prioritizes racial equity and social justice in the areas of service delivery, workforce, and partnerships. Please include the ways in which your organization utilizes racial and economic data for prioritization and planning.
      4. What else should we be aware of in considering the potential future landscape of services?

APPENDIX MATERIALS

* + - 1. Map of current PH Center and school-based health center locations
      2. Brief description of programs
      3. Demographics characteristics of program participants
      4. Demographic characteristics of participants by PH Center location

Appendix 1. Map of current PH Center and school-based health center locations:



Appendix 2 – Brief Description of Programs

Public Health – Seattle & King County’s CHS Division delivers health and human services and helps assure that residents of King County have access to quality health services – with the overall aim of reducing health disparities and preventing poor health for historically underserved communities. CHS recognizes that health disparities due to racism have been persistent and must be addressed. CHS delivered direct services to nearly 80,000 people[[1]](#footnote-2) who are underserved due to barriers such as racism, language, violence, uninsurance and homelessness. These services are provided regardless of ability to pay.

**Programs discussed in this RFI include the following:**

|  |  |  |
| --- | --- | --- |
| **This program…** | **Sees clients who are…** | **To do these services…** |
| **First Steps – Maternity Support Services & Infant Case Management (MSS/ICM)** | Medicaid-eligible pregnant, postpartum, infants | MSS/ICM are part of the Washington Health Care Authority’s First Steps programs, which ensure access to medical services, preventive health and education services, and interventions. |
| **Women Infants & Children (WIC) nutrition services** | Low-income pregnant, breastfeeding, and postpartum people and children <5 years | The Special Supplemental Nutrition Program for Women, Infants, and Children is a federal assistance program that is administered by the U.S. Department of Agriculture (USDA) and coordinated throughout Washington by the Department of Health to provide a variety of benefits, including nutrition education, healthy food packages, and access to healthcare and social services. |
| **Nurse Family Partnership (NFP)** | Medicaid eligible, first-time parents until the child turns 2 years of age | During a two-and-a-half-year program period that begins early in pregnancy, first time parents build a strong, personal connection with a registered nurse while working together toward a healthy pregnancy, a healthy birth, and a healthy infancy for the baby. NFP is a proprietary program model developed by the Nurse Family Partnership national service office, which monitors for compliance to the model. |
| **Kids Plus** | Families experiencing homelessness | Outreach and medical case management, focusing on families experiencing homelessness with significant health and/or behavioral health conditions and with children six years of age and younger. |
| **Children with Special Health Care Needs (CSHCN)** | Children and their caregivers ≤ 18 years of age and have a complex health need or a newly diagnosed complex medical condition | Public Health Nurses help with finding or coordinating medical providers and a medical home; accessing local resources and/or services for the child; finding financial assistance for the child’s health-related needs; and/or understanding and/or coping with the child’s health condition. |
| **This program…** | **Sees clients who are…** | **To do these services…** |
| **Primary Care Clinics** | People in need of low-barrier services | Downtown and Eastgate, clinics. Interdisciplinary care teams (MD, Fellows & Residents, RN, MA, LISW, Interpreters, Admin Teams) offer the full spectrum of primary care, including integrated behavioral health. |
| **Mobile Medical Van (MMV)** | People who are homeless or have behavioral health issues | Low-barrier medical, behavioral health and dental care.  The two medical vans, one dedicated to Seattle and the other to South King County, each provide care through a published schedule with approximately 15 community partner organizations per month at locations such as free meal sites, encampments, and drop-in centers. Services include primary care, mental health services, substance use services, dental care, benefits assistance, transportation assistance, and health education. |
| **Street Medicine Team (SMT)** | People living outside | Healthcare services to those living outside – by visiting them where they are, including on the streets, in vehicles, and in encampments. This nimble team consists of a nurse practitioner, a public health nurse, and a behavioral health care coordinator, and has the flexibility to visit multiple sites per day in response to emerging needs, while also linking clients to low barrier clinic-based care. |
| **Pathways** | People living with opioid use disorder | This specialty clinic prevents unintended overdose deaths and improves quality of life by providing very low-barrier access to Medication-for Opiate Use Disorder (MOUD) in a supportive environment. Patients are primarily people experiencing homelessness. Additionally, the clinic provides safer-use strategies, withdrawal management, and behavioral health. |
| **Domestic Refugee Health Screening** | Refugees and other federally eligible humanitarian immigrants  *(Reference link:* [*DSHS Client Eligibility for ORR-funded services*](https://www.dshs.wa.gov/esa/frequently-asked-questions)*)*  Demographics:  Includes children (49%) and adults (51%). Countries of origin for clients served through this program change over time. In FFY2023, top countries of origin included Afghanistan, Ukraine, Iran, Eritrea, and Democratic Republic of Congo. Languages spoken included Dari, Pashto, Ukrainian, and Farsi. | Sub-recipient direct client services contract with the WA Department of Social and Health Services and in collaboration with the WA Department of Health. Provide health screening exam per [Washington State Domestic Medical Screening Guidelines](https://doh.wa.gov/sites/default/files/2023-04/420-115-RefugeeScreeningGuidelines.pdf), including: initial health assessment, behavioral health screening, screening for blood borne pathogens, sexually transmitted infections, tuberculosis, lead, nutrition, and immunization assessment. Agencies must have the ability to provide both childhood and adult immunizations. Provide culturally and linguistically appropriate care and health education, including linkage to primary care, behavioral health, dental care, and specialty care services. Medical interpretation is required for any patient who speaks a language other than English and visits are provided with in-person interpreters, wherever possible. Highly recommend capacity to schedule entire family at one visit (family sizes vary).  Provides domestic health screening within 90 days of eligibility. Eligibility determination based upon immigration status and verification of immigration documentation is required prior to provision of domestic refugee health screening. Interested agencies must accept at least 3 Apple Health Managed Care Organizations, be able to bill for clinical services and directly provide or coordinate lab services. Federal program requirements include submission of line level data on services completed and outcomes. |
| **This program…** | **Sees clients who are…** | **To do these services…** |
| **School-Based Health Centers** | High school students in need of low-barrier services | A comprehensive scope of services including asthma care, immunizations, sexual and reproductive health, and mental health counseling. In addition to addressing health care concerns, they also promote good health for a lifetime through good nutrition education, supportive relationships, and reinforcement of positive self-images. These three clinics are part of King County’s system of school-based health centers ([www.kingcounty.gov/sbhc](http://www.kingcounty.gov/sbhc)) |
| **Sexual and Reproductive Health (SRH) Clinical Services** | People in need of low-barrier services | The SRH Program ensures low-barrier access to SRH services through best practices and innovative money-saving strategies, such as same-day birth control starts; easy access to highly effective long-acting birth control methods (such as the implant and IUD); to decrease unintended pregnancies; and the provision of Partner-Provided Therapy to improve treatment of STIs. The clinics participates in and receives funding through the federal Title X program, through Washington State Department of Health |
| **Dental Clinical Service** | People in need of low-barrier services | Preventive and restorative dental services are provided at five of the Public Health Centers. |
| **Dental Community-Based Prevention Program** | Children aged 0-11 years old | Essential preventive dental care, focuses on providing services for children experiencing homelessness as well as refugees, immigrants, and children with special needs. |

**Partnership Programs and Contracted Services:**

CHS partnership programs leverage the unique position of Public Health to convene and engage community organizations and to coordinate essential services for underserved populations. They also manage contracts with community organizations to deliver services. The one program at risk is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This program…** | **Sees this many clients (2022)…** | **Who are…** | **By these contracted partners…** | **To do these services…** |
| **Health Care for the Homeless Network (HCHN)** | 12,000 (through contracted partners) | Adults, families, and youth/young adults | Network providers at over 60 locations throughout the county | HCHN provides leadership to help change the conditions that deprive our neighbors of home and health. HCHN collaborates and contracts with more than 15 agencies to provide medical, dental, mental health, substance abuse, case management, and health access services. HCHN also holds an essential planning and convening role during periods of communicable disease outbreaks, heat or cold emergencies, and substance-use epidemics. HCHN has a Governance Council that meets monthly to provide strategic direction and community guidance for the program. Learn more at www.kingcounty.gov/hch |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appendix 3. Demographics characteristics of program participants  **Community Health Services** | | | |  |  |  |  |  |  |  |  |
| **January 1 2022 - December 31 2022** | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Program** | **Visits** | **Clients** | **% Black, Indigenous and People of Color** | **% Black or African American** | **% American Indian or Alaskan Native** | **% Native Hawaiian or Pacific Islander** | **% Asian** | **% More than one race** | **% White** | **% Unknown Race** | **% Hispanic** |
| Dental | 35,300 | 14,400 | 68% | 25% | 1% | 1% | 8% | 2% | 35% | 27% | 31% |
| Family Planning | 8,700 | 4,800 | 71% | 15% | 2% | 2% | 8% | 3% | 43% | 25% | 41% |
| Mobile Van | 2,000 | 1,200 | 39% | 20% | 3% | <0.5% | 3% | 2% | 63% | 9% | 11% |
| Pathways | 2,900 | 500 | 26% | 13% | 2% | <0.5% | 3% | 3% | 73% | 5% | 5% |
| Parent and Child Health | 46,700 | 11,800 | 59% | 20% | 1% | 3% | 8% | 5% | 32% | 29% | 22% |
| Primary Care | 22,400 | 7,600 | 59% | 12% | 1% | 1% | 5% | 2% | 55% | 22% | 38% |
| Refugee Screening | 2,800 | 2,700 | 58% | 5% | 0% | 0% | 52% | <0.5% | 39% | 2% | 1% |
| School Based Health Center | 4,600 | 1,200 | 71% | 26% | 1% | 1% | 19% | 8% | 26% | 15% | 16% |
| Street Medicine | 1,000 | 700 | 35% | 17% | 4% | 0% | 2% | 3% | 58% | 15% | 9% |
| WIC | 94,200 | 31,400 | 80% | 23% | 1% | 4% | 15% | 7% | 20% | 0% | 30% |
| **All programs\*** |  |  | **67%** | **19%** | **1%** | **1%** | **10%** | **5%** | **40%** | **24%** | **28%** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| \*all programs, unduplicated,  including WIC | |  |  |  |  |  |  |  |  |  |  |

**Appendix 3, page 2.**

**January 1 2022 - December 31 2022**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Program** | **% Speak Language Other Than English** | **% Requested Interpreter** | **% Homeless** | **% Insured** |
| Dental | 49% | 23% | 15% | 74% |
| Family Planning | 32% | 29% | 4% | 63% |
| Mobile Van | 5% | 1% | 100% | 70% |
| Pathways | 3% | 0% | 85% | 90% |
| Parent and Child Health | 33% | 30% | 18% | 83% |
| Primary Care | 48% | 37% | 26% | 68% |
| Refugee Screening | 99% | 97% | 2% | 98% |
| School Based Health Center | 22% | 1% | 4% | 60% |
| Street Medicine | 28% | 0% | 100% | 60% |
| WIC | - | - | - | - |
| **All programs\*** | **43%** | **31%** | **19%** | **74%** |
|  |  |  |  |  |

Appendix 4 - Demographic characteristics of participants by PH Center location

**January 1 2022 - December 31 2022**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Site** | **Visits** | **Clients** | **% Black, Indigenous and People of Color** | **% Homeless** | **% Uninsured** | **% Requested Interpreter** |
| Auburn PH Center | 18,100 | 4,500 | 67% | 15% | 25% | 33% |
| Columbia PH Center | 20,800 | 5,400 | 78% | 20% | 15% | 37% |
| Downtown PH Center | 28,200 | 8,500 | 64% | 63% | 31% | 26% |
| Des Moines, Midway, White Center | 18,100 | 3600 | 64% | 17% | 4% | 32% |
| Eastgate PH Center | 32,800 | 9,500 | 67% | 4% | 27% | 52% |
| Federal Way PH Center | 20,300 | 3,200 | 67% | 12% | 20% | 22% |
| Kent PH Center | 26,200 | 4,600 | 65% | 22% | 23% | 25% |
| Birch Creek PH Center - Kent | 6,000 | 1,100 | 71% | 4% | 1% | 22% |
| North Seattle PH Center | 10,000 | 3,400 | 70% | 17% | 5% | 43% |
| North Seattle Dental | 7,000 | 2,700 | 68% | 8% | 20% | 22% |
| Northshore PH at Totem Lake | 8,600 | 1,900 | 66% | 8% | 8% | 40% |
| Renton | 16,500 | 4,700 | 67% | 16% | 28% | 33% |
| Cleveland High School | 1,200 | 300 | 76% | 2% | 43% | 9% |
| Ingraham High School | 1,300 | 400 | 57% | 6% | 54% | 10% |
| Rainier Beach High School | 2,100 | 300 | 91% | 7% | 30% | 4% |
| Mobile Programs | 3,500 | 1,900 | 37% | 88% | 53% | 16% |
| Street Medicine | 1000 | 700 | 28% | 100% | 60% | 1% |
| South King Van | 1000 | 500 | 24% | 100% | 38% | 2% |
| Seattle Van | 900 | 700 | 35% | 100% | 38% | 4% |
| Mobile Dental Van (includes Adult Dental Program) | 500 | 500 | 61% | 52% | 74% | 56% |

1. 2022 data, includes some duplication for clients served across multiple programs. Clients are unduplicated within each program. Across/between programs, clients are also unduplicated except for WIC, as we are unable to cross reference and unduplicate between WIC and other PH Center programs because data are in different data systems. Unduplicated client count across all services is 71,000 people. [↑](#footnote-ref-2)