Buncombe County Health and Human Services Poverty Remediation Request for Information July 2014

Introduction

Almost 18% of people in Buncombe County (29,568 adults & 12,494 children) live in poverty, and over 38% of people are low-income (with incomes of less than twice the federal poverty level).*

Poverty has profound effects on individuals and families – whether struggles to secure and maintain sufficient income, difficulties meeting basic needs for food, housing, or health care, or exacerbated issues such as domestic violence, abuse, mental illness, addiction or chronic disease. Poverty impacts service delivery systems including economic services, social work, public health, behavioral health, education, planning and development, law enforcement, criminal justice, and more. The issue of poverty is highly complicated and pervasive, and effective remediation takes a combination of strategies and partnership at all levels and sectors.

*Small Area Income and Poverty Estimates, 2012, American Community Survey, 2010-2012

Request for Information

Buncombe County Health and Human Services (BCHHS) requests information about community practices to remedy poverty. In anticipation of a forthcoming Request for Proposals related to Poverty Remediation, BCHHS seeks information about local anti-poverty programs.

Objectives

BCHHS seeks programs that are:

- A. Evidence-based or evidence informed practice, adopted with fidelity to model
- B. Comprehensive, supporting a holistic approach to achieving client outcomes
- C. Community focused, impacting population-level indicators in high-poverty geographic areas
- D. <u>Collaborative</u>, having substantial and tangible inter-agency partnerships
- E. Experienced, with proven performance achieving results in the areas of:
 - Self-sufficiency and stability
 - o Education and training
 - o Income, wealth and economic factors
 - o Permanent housing
 - o Access to care

- Health factors
- o Food and nutrition
- Healthy living and wellbeing
- Safety
- Social factors

Information Session

Interested programs are invited to attend an information session at 2:00pm on Tuesday, July 15th at Buncombe County Administration Building, First Floor Conference Room, 200 College Street in Asheville. Space is limited to two representatives per organization. <u>RSVP</u> to Christa Lance, <u>christa.lance@buncombecounty.org</u>. Questions may be submitted by Monday, July 14th at 5:00pm to Rachael Nygaard, <u>rachael.nygaard@buncombecounty.org</u>.

Buncombe County Health and Human Services Poverty Remediation Request for Information July 2014

Information Submission

In order to respond, programs should submit responses that address all objectives (limit: 5 pages). Submit to Rachael Nygaard, rachael.nygaard@buncombecounty.org by 5:00pm, July 31, 2014. Submission of an RFI response does not represent an award or any legally binding contract.

Evaluation Criteria

BCHHS will review responses based on the following evaluation criteria. Based on this review, BCHHS will invite a limited set of programs for the Request for Proposals process. Programs should document and submit responses demonstrating the program's ability to meet BCHHS's objectives based on the criteria below.

- A. <u>Evidence-based or evidence informed practice:</u> Thoroughly documented program methodology and approach to poverty remediation. Level of evidence explained and cited. Includes rigorous data collection, quality control methods, and explanation of how performance indicators impact program practices and/or inform decision-making.
- B. Comprehensive, supporting a holistic approach to achieving client outcomes: Key variables, attributes and parameters that program believes contribute to reduced poverty are explained. Client outcomes are specific, measurable, attainable, realistic, and timely, and outcomes address an array of economic, health and social factors. Framework for achieving client outcomes is explained.
- C. Community focused, monitoring and impacting population-level indicators: Targeted to high-poverty geographic area(s). Includes sound rationale for how program services and client outcomes will impact community-level indicators and/or outcomes. Community outcomes are specific, measurable, attainable, realistic, and timely, and outcomes address an array of economic, health and social factors.
- D. <u>Collaborative, having substantial and tangible inter-agency partnerships:</u> Approach for facilitation of actionable collaboration is documented. Includes information about existing partnerships and methods for engaging new partners. Evidence of ability to involve diverse stakeholders, including those with limited access to communication tools, transportation, etc.
- E. <u>Experienced, with proven performance achieving results:</u> Qualifications for applying the above methodology and performing similar work are provided. Results are strong and relevant to poverty remediation in Western North Carolina region.