May 28, 2021

Concept Paper

Family Planning Services

Purpose of the Concept Paper and Program Background

The Department of Health and Mental Hygiene (DOHMH) of the City of New York seeks to increase availability of community-based family planning services and education for centered communities. Centered communities are those that have experienced historical disinvestment and structural racism. As a result, these communities face significant social, economic, and health challenges, and have a disproportionate burden of poor sexual, reproductive, and related health outcomes as compared with other NYC residents and communities who have historically received more resources and investment.

DOHMH believes that everyone has the human right to make informed decisions about their lives, including decisions regarding if and when to have children.[1] Access to unbiased contraceptive counseling can support these rights by providing patients with information and, if desired, their choice of contraceptive method. Patient-centered care has been found to lead to improved health outcomes, and makes patients feel valued and involved in their health care. The Patient Centered Contraceptive Counseling (PCCC) measure, a validated measure, gives health care facilities the opportunity to measure patient-centeredness and implement quality improvement strategies to improve patient experience as needed. The PCCC measure can be used in any healthcare setting providing contraceptive counseling to its patients and can be self-administered by patients immediately after a contraceptive counseling visit.[2,3]

It is well documented that governments and medical communities have long carried out oppressive policies and practices related to sexual and reproductive health, specifically targeting Black, Latina, and Indigenous women.[4,5,6] Furthermore, Black women, women of color, LGBTQ+ communities, and low-income communities frequently experience coercive contraceptive counseling and provision from their health care providers.[7,8,9,10] It is important for government and medical communities to elevate and respond to patient concerns in order to improve contraceptive care.

Leaders in reproductive justice and reproductive health researchers, including SisterSong Women of Color Reproductive Justice Collective[11], have long called for health care providers to offer contraceptive care in a manner that does not coerce patients.[12,13,14,15,16] Providers often do not prioritize patient-centered contraceptive care and frequently recommend contraceptive methods based on efficacy in preventing pregnancy, rather than a patient's top priorities and preferences[17]. Contraceptive counseling is often structured through a "pregnancy intention" framework that research shows is not effective for all patients[18].

Health care facilities in NYC frequently do not train staff to serve all patients equitably and do not stock all FDA-approved contraceptive methods on site.[19] Provider education on how historical and current day injustices continue to affect their patients can improve how they deliver care. Systems changes to reduce gaps in contraceptive service availability are also needed. Patients seen in primary care (including pediatric and adolescent), post-abortion and postpartum settings are often not offered contraceptive counseling or same-day contraceptive method provision, even though these practices are recommended by medical professionals.[20,21,22,23] These gaps persist despite recent policies to address

these inequities. The passage of the Affordable Care Act (ACA) reduced barriers to providing and accessing family planning services by covering the cost of contraception as a preventive service. The federal government issued Providing Quality Family Planning Services: Recommendations of CDC and the US Office of Population Affairs (QFP) providing guidance for the provision of comprehensive family planning services for all providers of family planning services, including in primary care settings.[24] [25] At the New York State (NYS) level, Medicaid started to reimburse for postpartum contraception prior to hospital discharge supporting availability of contraception immediately postpartum,[26] and the Family Planning Benefit Program (FPBP) started offering presumptive eligibility further supporting access to contraception for low-income individuals.[27]

To facilitate the integration of best practices into clinical practice, DOHMH has prioritized the improvement and expansion of unbiased, accessible, and culturally appropriate family planning services, including training of family planning providers to ensure that their clients' priorities, preferences, and needs are prioritized over the promotion of specific contraceptive technologies. DOHMH developed the Four Steps to Contraceptive Access as part of the Quality Improvement Network for Contraceptive Access (QINCA 2.0)[28] (see addendum) identifying key steps for offering high quality contraceptive care:

1. Provide patient-centered care, aligned with the sexual and reproductive justice (SRJ) framework
2. Ensure all patients have same-day access to all FDA-approved contraceptive methods
3. Reduce cost as a barrier to providing patients their preferred contraceptive method
4. Document and report on contraceptive care in accordance with clinical best practices

The term sexual and reproductive justice (SRJ) is used here interchangeably with reproductive justice (RJ)[29] which was coined by a group of black women in 1994. Sexual and reproductive justice exists when all people have the power and resources to make healthy decisions about their bodies, sexuality, and reproduction. That means every person has the right to:

- Choose to have or not have children.
- Choose the conditions under which to give birth or create a family.
- Care for their children with the necessary social support in a safe and healthy environment.
- Control their own body and self-expression, free from any form of sexual or reproductive oppression.

Building meaningful partnerships between health care providers and others in the community, particularly those on the forefront of justice movements, is a key strategy to ensure that family planning programming and education is sensitive to and addresses structural inequalities, and that it is responsive to community preferences, needs, and priorities.[30]

To improve family planning service provision in NYC, staff training and continuous quality improvement must focus not only on contraceptive methods, but also on developing and assuring providers' and other family planning staff communication skills, and sensitizing them to the historical and structural inequities that impact their clients' lives.

Project Objective

NYC DOHMH proposes to issue an RFP to procure services from qualified clinical facilities to deliver quality family planning services for centered communities in New York City.

Eligibility and Program Requirements

1. DOHMH is seeking proposals from outpatient health care provider organizations that offer reproductive health and family planning services, including (but not limited to) federally qualified health centers (FQHCs), family planning services providers, abortion service providers, and hospital outpatient clinics. DOHMH aims to fund services in all five boroughs.

2. Selected clinical providers will be expected to provide quality family planning services for centered communities. Applicants will be asked to specify the centered communities they propose to serve. Applicants would demonstrate that the target communities are facing social, economic and health challenges, and have a disproportionate burden of poor sexual, reproductive and related health outcomes as compared with other NYC communities by referencing published and/or unpublished quantitative and qualitative data.

3. Applicants will also be asked to assess their clinical service provision using the Four Steps to Contraceptive Access (see addendum) and develop a quality improvement (QI) plan, including protocol changes and staff training as appropriate, to support integration of service delivery consistent with the Four Steps.

4. Preference will be given to applicants with a minimum of five (5) years of experience providing sexual and reproductive health and family planning services in communities with the greatest health needs, including low income, uninsured, and hard-to-reach groups.

5. Preference will be given to applicants with demonstrated experience providing family planning services that are unbiased, free of coercion, and whose staff are trained and expected to provide services that are patient-centered and consistent with the Sexual and Reproductive Justice (SRJ) framework. A key component of this work is ensuring that all individuals of reproductive age, including teens, have the information and resources they need to make informed decisions about their sexual and reproductive health, and to act on these decisions.

6. Preference will be given to applicants with experience serving its proposed centered communities. Preference will be given to applicants with experience working with and training community organizations / community residents to increase access to and awareness of family planning services.

7. Contractors would develop and implement a staffing plan to ensure that staff members have appropriate experience and credentials to carry out the proposed activities.

8. If any work needs to be subcontracted, Contractors will develop and implement a subcontractor utilization and monitoring plan. All subcontractor agreements must be pre-approved by DOHMH prior to the commencement of work and must demonstrate that the subcontractor's staff have the appropriate credentials and experience to perform the work.

9. Contractors must conduct employee screening and background checks, including obtaining clearances from the New York State Central Registry of Child Abuse and Maltreatment as applicable, for all direct service staff prior to assigning them to work with any clients under the contracts that result from this RFP. All background check results must be maintained by the contractor throughout the contract period and made available for review on request.

10. Contractors will develop and maintain a training plan for all staff to ensure and promote their continued knowledge of, and skill in, areas necessary to the project activities and to deliver services with an integrated understanding of the SRJ framework.

11. Contractors would maintain operating hours that optimizes the ability of the community to access services (e.g., weekend/early morning/evening hours).

12. Contractors will use an Electronic Medical Record system and have the ability to regularly share de-identified data with the DOHMH. The Contractors would maintain an Electronic Medical Record for clients in a manner that complies with all local, State and Federal confidentiality and privacy regulations.

13. Contractors would perform all services in compliance with all established principles and ethics of the medical professions, and all applicable Federal, State and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), regulations, and, where applicable, Family Educational Rights and Privacy Act (FERPA) regulations, and NYC DOE Chancellor's Regulations. The contractor must comply with all confidentiality and privacy regulations as directed by DOHMH.

14. Contractors would develop and implement a budget management plan that is consistent with the program design. Where possible, contractors would bill public health insurance and other third-party insurance entities for services that are reimbursable according to established Medicaid law. Contractors may only use contract funds for non-billable services (e.g., services never covered by third-party insurance entities or Medicaid, and services delivered to uninsured and under-insured clients).

Approach

The Contractors selected to do this work will provide services including but not limited to the following:

- Provide high quality family planning services based on the Four Steps to Contraceptive Access (see above) and in line with the QFP to centered communities (defined above) including:
    a. patient-centered, unbiased education and counseling to help patients select a contraceptive method, including no method, that best matches their preferences and medical eligibility
    b. offer on-site, same day provision of all FDA-approved contraceptive methods, including insertion and removal of IUDs and implants, as well as telehealth services
    c. enroll eligible patients in Medicaid or the Family Planning Benefit Program (FPBP) and/or link them to other insurance enrollment and government benefit programs as needed
- Develop partnerships and/or referral linkages with community-based organizations that have experience working with centered communities, including
    a. If adolescents are serviced, partnering with the New York City Teens Connection program to establish sustainable linkages to local high schools, middle schools and youth serving

organizations, including tracking referrals received through the linkages, and providing a short evidence-based sexual health intervention designed specifically for implementation in clinic settings.

- Engage in continuous quality improvement efforts for the above services based on routine data collection including demographic data that allows assessment of the quality of services provided to centered communities; data collection methods should include:

    a. For clinical services, patient experience surveys including the PCCC measure

    b. For educational activities, participant evaluations

    c. For educational activities greater than 4 hours (for each session or for a series), include pre- and post-tests

The contractors may also provide related services including the following:

- Provide culturally and linguistically appropriate community education on the following topics: family planning, contraception, sexual and reproductive health, overall health and wellness, sexually transmitted infections, HIV/AIDS, healthy relationships, birth spacing, pre-/inter-conception health.

- Conduct training for external, community-based organizations and health care providers on sexual and reproductive health topics including values clarification in line with the SRJ framework and connecting centered communities to sexual and reproductive healthcare

- Conduct training for clinicians to learn and practice to competently provide all FDA-approved contraceptive methods including IUD insertion and removal along with values clarification in line with the SRJ framework

DOHMH anticipates that it would be responsible for the following:

- Provide reporting template to contractors to report on client level data cross-tabulated by zip code, age, insurance status, gender and race and narrative on accomplishments, challenges and next steps

Use of HHS Accelerator and PASSPort

HHS Accelerator and PASSPort are web-based systems maintained by the City of New York to manage procurement.

To become eligible to submit a proposal to the upcoming RFP and all other RFP's within PASSPort, vendors must first complete and submit an electronic prequalification application using the City's HHS Accelerator System. Please visit http://www.nyc.gov/hhsaccelerator to submit a Business and Service Application.

Only organizations with approved Business Application and Service Applications for at least one of the following services will be eligible to propose to this RFP:

- Advocacy
- Case Management
- Community Engagement
- Family Planning
- Health Care Access

- Health Promotion and Support
- Medical Services
- Outreach

To apply to the upcoming RFP and all upcoming RFP's within PASSPort, all vendors must also create an account within the PASSPort system. Please visit http://www.nyc.gov/passport to create an account in PASSPort.

Proposed Term of the Contract

It is anticipated that the term of the contract awarded for the forthcoming RFP will be (5) years, beginning 7/1/2022- 6/30/2027. DOHMH reserves the right, prior to contract award, to determine the length of the initial contact term and option to renew, if any.

Funding information and Proposed Payment Structure

It is anticipated that the available annual funding amount for the procurement will be approximately $4,348,600 over 5 years ($869,720 per year), contingent upon the availability of funds. DOHMH expects that the payment structure of the resulting contract would be performance-based.

Planned Methods of Evaluating Proposal

DOHMH anticipates that proposals will be evaluated based on proposer's relevant experience; approach to the scope of services; approach to program monitoring, data management, and reporting; organizational capacity, including proposed staffing plan; and proposed approach to budget management. Proposals will be ranked in descending order from highest technical score.

DOHMH reserves the right to award one or more contracts, either by award of all locations to one proposer or by award of separate locations to various proposers as the interests of the City may require, unless the proposer clearly specifies otherwise in the proposal.

Provider Conference

DOHMH will hold a meeting for interested providers as follows:

The purpose of these meeting is for DOHMH to obtain feedback and input from the provider community to gain additional information about citywide Family Planning Services. Agenda topics will be further specified at the meeting.

The meeting will take place on **Thursday, June 24, 2021, from 11:30 a.m. – 1:00 p.m.** via MS Teams. In order to obtain access to the meeting, vendors must RSVP via email to RFP@health.nyc.gov on or before **June 22, 2021** with the attendee name(s) and e-mail contact(s) and indicate "**Family Planning Services RSVP"** in the subject line.

Procurement Timeline

It is anticipated that the RFP issuance date would be late 2021, with an approximate proposal due date in and expected award decision in early 2022.

Contact Information/Deadline for Comments

Comments are invited by **July 12, 2021**. Comments should be emailed to RFP@health.nyc.gov and indicate "**Family Planning Services Concept Paper"** in the subject line of the email.

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