

Safe Havens Open-Ended

EPIN: 07121P0125

Table of Contents

1. Program Background
2. Program Expectations
 - A. Target Population
 - B. Safe Haven Implementation and Approach
 - C. Supportive Services
 - D. Housing Placement Services
 - E. Staffing Plan
 - F. Security, Facilities, and Building Management
 - G. Data Monitoring and Reporting
 - H. Budget Management
3. Basis for Contract Award
 - A. Proposal Evaluation
 - B. Contract Award

Basic Information

Anticipated Contract Term	The term of the contract(s) would be five (5) years with a four (4) year option to renew. DHS reserves the right to adjust the contract term. Longer length engagements may be contracted to correspond with the underlying lease or funding agreements.
Anticipated Funding and Payment Structure	Anticipated Total Maximum Available Funding: As needed through the course of this RFP Anticipated Maximum Startup Funding to be negotiated. The number of awards would be determined by DHS in order to implement the Journey Home plan: nyc.gov/journeyhome Anticipated Payment Structure: Line Item Budget
Minimum Qualifications	To propose for this RFP, the proposer must have a 501(c)(3) IRS Determination letter to be eligible.
Questions Regarding this RFP	- Questions regarding this RFP must be transmitted in writing to the Agency Contact Person. - Substantive information /responses to questions will be released in an addendum to the RFP, unless in the opinion of the Agency, the question is of proprietary nature.
Subcontracting Information	Subcontracting is permissible under the following conditions: - The proposer would identify any proposed subcontract in the proposal. - All contractors and sub-contractors shall be subject to DHS approval before expenses are incurred and payments made.

Proposal Documents

Required Documents	Document Type	Description
	Key Staff Resumes	Key Staff Resumes and/or Job Descriptions
	Organizational Chart	Program Organizational Chart
	Budget	Proposal Budget summary, including Start-up budget (if applicable)
	Property Management Plan	Completed Property Management Plan Narrative
	IRS Determination Letter [501(c)3]	IRS 501c3 Determination Letter
	Letters of Reference	Three (3) Letters of Reference from non-governmental entities
	Annual Report	Financial Audit Report or Certified Financial Statement or letter explaining why no financial statement is currently available

Optional Documents	Medical Linkage Agreements	Linkage agreement(s) from medical organizations providing services that support the achievement of program participants' service plan goals
	Community Linkages and Partnerships	Linkage agreement from organizations providing services that support the achievement of program participants' service plan goals
Additional Requirements for Documents	• Proposal document file size cannot exceed 12 MB. • Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf), and Excel (.xls, .xlsx). • Only one document file can be added to each required document slot. If you need to combine documents, complete one of the following steps: ○ For Word documents: Cut and paste contents of all resumes into one Word document. ○ For PDF documents: Combine files into a single PDF. ○ For Printed documents: Scan the multiple documents into a single document.	

Section 1 – Program Background

In December 2019, Mayor De Blasio announced a new effort to end long-term street homelessness in New York City. The Journey Home: An Action Plan to End Long-Term Street Homelessness calls for the development of 1,000 new Safe Haven beds by the end of 2024. Learn more about the plan at: <https://www1.nyc.gov/assets/dhs/downloads/pdf/the-journey-home-2019-print-web.pdf> The New York City Department of Homeless Services (DHS) estimates that there are approximately 1,500 adults who live on the streets, subways or in other public places, and who are experiencing long-term street homelessness. Street homeless clients are not coming into traditional shelter for a variety of reasons. As a result, DHS has tailored a system based on homeless clients' reports of the type of shelter they would be more likely to accept; namely, a low-threshold, more private site with fewer rules and regulations. This "Housing First" approach reflects DHS' first priority - to get the individual and/or adult couple off the street and to accept a bed, inside. The housing facilities associated with DHS' low-threshold system is known as Safe Havens.

In order to meet the needs of these clients, DHS intends to expand the number of Safe Haven beds and intends to procure Safe Havens city-wide. DHS will coordinate with contracted outreach teams to place street homeless clients without a protracted admissions process. Safe Haven beds would be allocated to street homeless clients with the greatest acuity of need. DHS reserves the right to expand the referral source options, based upon DHS need and available capacity.

DHS acknowledges that many street homeless clients, including couples, would require intensive services over a relatively long period to achieve permanency, while others would be able to move on to an alternative housing option more quickly. Therefore, Safe Havens would not limit the length of stay, which will vary based on each individual client's need. Utilizing a "housing first" approach, this resource is provided to the chronically street homeless individual who has historically not accepted other placement options.

Proposers may propose to develop and operate new stand-alone Safe Havens for street homeless single adults and/or adult couples without minor children. If the proposer plans to lease the site, the lease must include provisions allowing the proposer to 1) assign the lease to an organization approved by DHS, and 2) terminate the lease if DHS terminates the operating agreement. DHS reserves the right to final lease approval. DHS would not reimburse a contractor for lease payments due after the operating agreement expires or is terminated by DHS.

DHS would prioritize facilities that can accept clients with pets, giving priority to contractors who incorporate the allowance of pets into their program model.

Section 2 – Program Expectations

A. Target Population

1. Program Expectations

- a. The target population for Safe Havens is street homeless adults and adult families with no minor children. Safe Havens would be flexible in working with the variety of behaviors and situations a client experiencing street homelessness may present. Some of these may include, but may not be limited to: hoarding; lack of personal hygiene; self-isolation; serious mental illness; substance use disorders, including alcohol and opioid dependence, and injection drug use; and, medical and disabling conditions such as diabetes, heart disease, hypertension, cellulitis, poor dentition, infestation with lice or other parasites or ailments of the feet that need to be addressed. Safe Havens would remove barriers and stigma attached to these issues in an effort to keep clients stable, comfortable, and focused on a search for permanent housing.
- b. The act of entering a Safe Haven and coming in off the streets would be viewed as a successful outcome and a potentially life-saving decision for someone living on the streets. It is expected that the contractor would assist clients to move to permanent housing, and the program would be focused on welcoming clients into the Safe Haven and keeping the client focused on obtaining other appropriate housing. There would be no mandatory program requirements for the client to perform in order to be eligible, admitted or to remain within the Safe Haven.
- c. The contractor would accept clients 24 hours a day, 7 days a week. The Contractor would also accept all referrals deemed appropriate by DHS.
- d. The contractor would have the minimum of three (3) years of experience working directly with the target population.
- e. Greater consideration would be given to contractors who identify space that allows for client's pets to be kept on-site. This includes cats and dogs that clients may bring in with them from the street. Proposers may choose to include an outdoor space for pets and/or a kennel/sleeping area that is separate from client living space.
- f. Greater consideration would be given to providers who propose to specialize in handling clients with issues around violence. Such proposal should include increased security, monitoring plans and working with Clients to reduce violent behaviors while understanding that such clients may have setbacks.
- g. The contractor would not impose a curfew for clients in the Safe Haven. The Contractor would also seek opportunities to remove other barriers, such as curfews, that have historically discouraged individuals from seeking traditional shelter.
- h. The only rules that would be applied to client behavior would be prohibitions against bringing drugs, alcohol, or weapons into the Safe Haven, or engaging in violent or threatening behaviors. Security practice within a Safe Haven would be thorough yet unobtrusive. Safe Haven clients should be able to distinguish the Safe Haven as a preferable alternative to shelter and as a safe and welcoming alternative to remaining on the streets.
- i. Routine room inspections would be encouraged and used as an opportunity to engage clients on negative behaviors, such as hoarding.
- j. Street or subway DHS contracted outreach teams would be the primary referral source into Safe Havens. This would allow an outreach worker the ability to provide an immediate placement option for a street homeless client without a protracted admissions process. Additionally, it ensures that the Safe Haven beds would be allocated to street homeless clients with the greatest acuity of need. DHS reserves the right to expand the referral source options based upon Agency need and available capacity.
- k. The referring outreach worker would initially work closely with the Safe Haven staff, providing client demographic, medical, disabilities, psychosocial and psychiatric information or paperwork they have on record to ensure a smooth transition indoors for the client. The Safe Haven environment would

reinforce a sense of safety and respect while instilling self-determination and dignity in its clients.

- I. The Contractor would develop strong, collaborative relationships with the outreach contractors, who would be the primary referral source into Safe Havens. Sharing of best practices, client issues, information on housing placements, hospitalizations, and/or recidivism back to the street is required. The Safe Haven would be expected to host monthly meetings with the contracted outreach providers for case review.

B. Safe Haven Implementation and Approach

1. Program Expectations

- a. Safe Havens would provide street homeless clients referred by DHS contracted street and subway outreach teams, a safe place to sleep, rich with on-site services that would both improve the individual's baseline standard of living and lead to consideration of housing options. The length of stay in the Safe Haven would therefore be open-ended. DHS recognizes that permanent housing is the best outcome for homeless clients and would expect contractors to assist clients to move into permanent housing at a pace that is comfortable for the client. DHS would set annual permanent placement goals for Safe Havens based on citywide performance and client profile. DHS seeks proposals that utilize this target flexibility to comprise a strategy on how to best engage clients experiencing street homelessness that may have an extensive street homelessness history and need more time to stabilize in the program, while remaining focused on housing permanency for those clients better equipped to progress towards permanency more quickly.
- b. The contractor and/or sub-contractors, if any, would have at least three (3) years of successful demonstrated experience, within the last 6 years, in the operating of Stand-alone Safe Havens and/or low-income housing programs, and/or provisions of other residential social service programs.
- c. The contractor would, at a minimum, provide the following, directly, or through subcontracting agreements with qualified contractors:
 - i. The facility would have a mixture of room sizes as recommended by DHS to meet the needs of the agency.
 - ii. The Safe Haven would have individual shower areas and should be ADA-compliant. Preference would be given to facilities that have air conditioning capabilities in all dorm rooms.
 - iii. All proposed facilities must be able to serve three hot meals per day, plus snacks, for Safe Haven clients on-site, or through contract with another provider. Meals would be nutritious and freshly prepared, and in-between meal snacks would be available both at pre-scheduled times and when needed by a client. Meals provided would be in compliance with NYC Food Guidelines, with no added salt, and subject to DHS approval. Proposer would have the ability to accommodate medically required diets (e.g. diabetic; renal) and religious dietary restrictions. Clients would be afforded the opportunity to engage in preparing meals and chores within the Safe Haven if the facility allows for on-site food preparation.
 - iv. The contractor would provide laundry/linen services, directly or indirectly, through subcontracting agreements with qualified contractors.
 - v. For Safe Havens with a medical component the contractor would provide, through an Article 28-licensed medical provider, full, on-site medical services, if possible, or medical provider triage and linkage to medical clinics, within walking distance of the proposed site.
 - vi. For Safe Havens with mental health services, the contractor would provide, directly or through subcontract, substantive, on-site psychiatric services.
 - vii. Either the contractor or the subcontracted medical provider must have a Medical Director, to whom medical and psychiatric clinicians report, and with whom the contractor would consult, on routine and emergency cases. The contractor, through their Medical Director or that of the contracted medical/psychiatric provider, would be responsible for adhering to DHS' protocols

regarding communicable diseases, Opioid Overdose Prevention, ESAP, and referral to syringe exchange programs, providing guidance to their medical providers in case of emergency as needed, communicating with hospitals in cases where disagreements occur and negotiations are needed with the hospital, and send consultation requests to the DHS Office of the Medical Director.

- d. Based upon DHS' knowledge of the street homeless population, it is anticipated that the greatest need for Safe Haven capacity would be for single adult males, with some capacity designated for single adult females and adult couples without minor children. Proposers may propose a mixed model approach in which both Safe Haven and shelter clients would reside within a single site but would be served by totally discrete and separate programs, without shared staffing.
- e. DHS has determined that the following proposed ranges of bed capacities allow for both economies of scale and the ability to maintain a communal environment that is key to the Safe Haven model:
 - i. Stand-alone Safe Havens for Single Adults would have the capacity to comfortably accommodate a client coming in directly from the streets. Preference would be given to proposals with a maximum capacity of 80 individuals.
 - ii. Stand-alone Safe Havens for Adult Couples without minor children to be located in a new facility or in a converted existing facility would preferably have the capacity to comfortably accommodate 2-4 clients per room. These units would appropriately accommodate adult families of varying family compositions, e.g. two adults, a parent and one or more adult children.
- f. During a Code Blue (cold) or Code Red (heat) emergency the Contractor would admit clients brought in by outreach teams and assist in coordination of capacity utilization of community areas during Code Blue or Code Red. Additionally, DHS reserves the right to determine the use of the Safe Haven beds during Code Blue or Code Red periods.

C. Supportive Services

1. Program Expectations

- a. Contractor Responsibilities
 - i. The contractor would establish referral relationships with appropriate community resources and would disseminate information about community-based programs and services to clients through caseworkers and through public information mechanisms like bulletin boards and house meetings.
 - ii. The contractor would follow all guidelines of the Street Solutions Division, including responding to directives and sharing information in real time with the Joint Command Center (JCC).
 - iii. The contractor would offer the following supportive services directly, by referral, or indirectly through subcontracting arrangements with other qualified organizations:
 - The contractor would make referrals for clients to needed community-based resources.
 - The contractor would create linkages and relationships with local hospitals to ensure continuity of service delivery when clients are sent for medical services and discharge planning is done effectively.
 - The contractor would follow up with community-based service providers to ensure that referred clients are participating in the service and that services remain available. Non-shelter-based providers of care, including outreach workers, outpatient providers of medical, psychiatric, or substance use services, Parole or Probation Officers, ACT teams, ICMs, and Care Coordinators would be offered the opportunity to join routine case conferences at the Safe Haven. Advanced consent would be obtained from clients to communicate with their outpatient providers and/or community-based service providers.
 - The contractor would provide concrete services such as meals, showers, and clothing to serve as an engagement tool to foster clients' independence in daily activities, to encourage the acceptance of medical, mental health or substance abuse services and

prepare for alternate housing.

b. Health Care Services

- i. For some Safe Havens, medical and behavioral health assessment services will be provided on-site as described below. The contractor may provide the services directly or via sub-contract or MOU. Safe Havens with medical services will negotiate the medical services upon award of the contract.
- ii. The contractor would identify within their agency or through a subcontract a senior medical provider staff member who would be identified and designated as the Medical Director for the contractor and would cover the medical needs of the Safe Haven as needed.
- iii. Services would be provided at a minimum of 3 days per week, during morning and/or evening hours so as to ensure maximum accessibility.

c. Assessment

- i. The contractor would ensure that a complete medical history and physical, which includes a screening for psychiatric and substance use disorders, is available for each new client within 72 hours of admission. The behavioral health screening would include the DAST-10, AUDIT-C, PHQ-9, questions regarding any history of mental illness, and suicidal/homicidal ideation. If all the screenings are negative and the client does not present any concerning behavior, the client would not be referred for a more comprehensive behavioral health assessment.
- ii. The contractor would ensure that the relevant information from all assessments and client encounters are entered in CARES and StreetSmart.

d. Primary Care

- i. The contractor would ask about a primary care provider during the completion of the medical assessment.
- ii. If the client doesn't have a primary care provider, the contractor would link the client to a community-based PCP, as appropriate according to the client's managed care plan, and/or link the client to a nearby Federally Qualified Health Center ("FQHC"). If the client does not have health insurance or refuses care in a traditional clinical setting, the client would be offered on-going medical care and follow-up services at the Safe Haven. If necessary, clients would be assisted in changing Medicaid Managed Care Plans or PCP, as per protocols developed for NYC homeless populations.
- iii. The medical provider would handle all consult requests from the site and communicate with outside providers and hospitals as needed, including managing visits to emergency departments, admissions and discharges. As needed, the medical provider would request a consult with the DHS Office of the Medical Director, if assistance and support are needed to manage an issue with a hospital, following the DHS medical consult procedure and using the consult request form.

e. Behavioral Health Services

- i. The scope of mental health services would include screening and assessment, psychiatric evaluation, stabilization, referral and linkage to community-based treatment, and substance use disorder and follow-up services with the treatment provider. Shelter clients would be encouraged to use community-based treatment services. For clients who are unable to use community-based treatment services, the contractor and/or its sub-contractor would provide treatment services on-site.
- ii. The contractor would implement a method to facilitate access to psychiatric medications or obtain medications directly for the client and develop a system of medication administration or supervised self-administration for select clients who are unable to medicate themselves. Providers would encourage use of monthly intramuscular (IM) medication when indicated.
- iii. For clients with co-occurring mental health and substance use disorders, the contractor would stabilize the clients and provide supportive services including harm reduction and health promotion to reduce the frequency and duration of both drug/alcohol and/or psychiatric hospitalizations. The contractor would also provide substance use education, prevention and treatment activities, e.g.,

- group interventions, linkages to community-based services, and peer support.
- iv. The Contractor would provide, preferably directly and onsite or via MOU onsite low-threshold medication-assisted treatment (MAT) for opioid dependence. The medical provider would have at least 2 clinicians with the appropriate waiver to prescribe buprenorphine. As needed, the providers prescribing MAT would participate in MAT learning collaborative as directed by DHS.
- f. Harm Reduction and Ancillary Services
 - i. The contractor would be or become a NY State certified Opioid Overdose Prevention Program and would ensure the Safe Haven has sufficient clinical providers and site staff trained as Certified Overdose Prevention Responders to cover all shifts at all times.
 - ii. The contractor would offer or facilitate access via agreements with outside organizations to syringe exchange programs and harm reduction services.
- g. Response to Emergencies
 - i. The contractor would develop and implement an appropriate and effective plan for emergency response and for transferring clients to and communicating with affiliated hospitals or clinics for treatment when necessary, including an on-call system for phone/email coverage 24hrs/7 days a week.
- h. Additional Care Specific to Shelter Populations
 - i. Each new client would be offered a tuberculosis test, preferably the QuantiFERON® blood test(QFT),and if not, a Tuberculin Skin Test (TST). Clients with a positive QFT or TST must receive a chest X-ray. Those with an abnormal chest X-ray would be immediately reported to the NYC Department of Health and Mental Hygiene (DOHMH) Bureau of TB Control for follow-up.
 - ii. As requested by the site staff, clinical staff would provide training sessions on topics related to identifying and understanding mental health symptoms, mental health treatment, psychotropic drugs and side-effects, substance use and harm reduction, crisis prevention and intervention, and ensure their staff have taken the Mental Health First Aid training. The provider would coordinate, as necessary, completion of a psychiatric screening evaluation, psychosocial summary, SSI/SSD application, 2010e (supportive housing application), M11Q or other documents needed to facilitate diversion from a Safe Haven, and if indicated, referrals to outside programs or psychiatric clinics.
- i. Legal Requirements
 - i. The contractor would ensure that staff follow infection control guidance.
 - ii. The contractor would encourage all clients to sign HIPAA-compliant releases of information, including for the release of information to DHS.
 - iii. The contractor would request that all clients sign consent for participation in Regional Health Information Organizations (RHIOs).
- j. Care Coordination
 - i. The contractor would provide oversight, coordination of care, and liaison, on behalf of clients, with hospital Emergency Department and in-patient unit staff, Visiting Nurse Services, dialysis centers, Health Homes, Managed Medicaid Care Managers, and the DHS Office of the Medical Director.
- k. Other
 - i. The contractor would collaborate with DHS on surveys and program review as needed to understand the needs of the population in order to design better services.

D. Housing Placement Services

1. Program Expectations

- a. The model of service provision utilized by the contractor would adhere to a clear plan for expediting the placement of clients into permanent housing or long-term transitional settings in order to promote their recovery and reintegration into meaningful community life.
- b. The contractor would be expected to use a “housing first” approach wherever feasible. DHS recognizes placement into permanent housing as the best outcome for a street homeless client. The contractor

would be expected to assist each client to move into permanent housing. If transitional steps are required (e.g., substance use treatment), the contractor would be expected to continue to work with the client to achieve permanent housing at the conclusion of the transitional steps.

- c. The contractor would be expected to identify both long-term transitional and permanent housing placement options for client placement. (Contractor would be expected to have at least one full-time staff person responsible for identifying placement resources, expediting client placements and providing follow up as needed.)
- d. The contractor would create an individualized and comprehensive plan for each client, detailing all services and steps necessary to achieve placement in permanent housing or a long-term transitional setting. The contractor would consider the unique service needs of each individual and construct a housing plan that would assist the client in meeting the best outcome possible.
- e. The contractor would work with the client to determine preferences for type of housing and geographic location.
- f. The contractor would be responsible for the completion of all relevant housing applications and paperwork for each client such as the HRA Supportive Housing application (2010e), CityFHEPS, Section 8 Housing, and any other appropriate resources, including, LINC, MRT- or City-funded options, through DHS or the New York State Office of Mental Health (OMH).
- g. The contractor would engage in other efforts to expedite and ensure housing placement, such as escorting clients to services and other appointments when deemed appropriate or necessary, assisting clients in gathering required documentation and preparing and escorting clients for housing interviews.

E. Staffing Plan

1. Program Expectations

- a. The contractor would provide a staffing structure that would enable the Safe Haven to operate a 24/7 facility with an ability to triage client needs upon arrival to the Safe Haven.
- b. The contractor would provide an overall staffing model that would reinforce a low-threshold temporary residential setting. The contractor would maintain a client-to-case manager ratio of approximately 15:1, allowing a significant and consistent amount of time for individual work with clients who are interested in participating in an alternate housing search and receiving case management services. It would also allow time for strengths-based motivational work with clients who are moving at a slower pace toward alternate housing.
- c. The contractor would ensure that:
 - i. Staff are qualified to react appropriately to client situations, to manage crises and to maintain a sense of community and safety at all times. Staff must be qualified to properly evaluate clients upon admission for level of intoxication, intervene appropriately during crises, assess which clients require mental health and/or substance use services, interact with borough-based outreach teams on all client issues and vacancy control within the Safe Haven, share best practices, and ultimately assist the client in achieving permanency.
 - ii. Staff are trained in techniques around de-escalation, crisis intervention, universal precautions, cultural competencies and any other training deemed appropriate by DHS to maintain a safe environment for both staff and clients. The contractor and/or its subcontractors would participate in DHS/DOHMH initiatives to improve the health of the street homeless population.
 - iii. DHS strongly recommends that staff be experienced and knowledgeable in working with street homeless populations.
- d. The contractor would be expected to have at least one full-time staff person responsible for identifying placement resources, expediting client placements and providing follow up as needed.
- e. The contractor and relevant staff would attend meetings, as reasonably requested by DHS. Medical staff under employ or subcontract with the contractor, would attend meetings for medical contractors, as reasonably requested by DHS.

F. Security, Facilities, and Building Management

1. Program Expectations

- a. The physical environment of the Safe Haven would play a significant role in helping to create a safe and welcoming atmosphere that would retain clients who otherwise might return to the streets.
- b. Greater consideration would be given to facilities that can accommodate client pets.
- c. 24-hour security personnel, dressed in plain clothes, would be stationed at the front door for security purposes, at all times. Closed circuit cameras would be used to provide additional security measures as clients enter and leave the building, on accessible rooftop areas, and, as necessary, in hallways, and common areas. DHS reserves the right to approve the security plan for the site prior to budget approval and start date and over the contract term. All proposed security arrangements would meet the safety needs of the facility and are subject to DHS approval.
- d. The contractor would develop a protocol and coordinate a response to emergency situations in the handling of medical and psychiatric emergencies. The provider would provide training and make decision as it relates to determining level of staff response in crises, removing other clients from the vicinity, securing the location to minimize risk of harm to clients and staff.
- e. The contractor would ensure that Safe Havens would be smoke-free environments, with outside areas designated for smoking. All clients who smoke would be offered Nicotine Replacement Therapy (NRT), through the affiliated medical provider, as appropriate, as a harm reduction measure.
- f. The contractor would maintain all areas of the Safe Haven in a sanitary and safe condition and perform routine maintenance and repair of the facility, including but not limited to all mechanical systems and interior and exterior building components, including external facade of building.
- g. The contractor would ensure that the proposed site has no existing violations with the Department of Buildings or any other oversight agency. The site would also be monitored by DHS through the routine inspection process (RSRI).
- h. The contractor would develop a system for recording and tracking all maintenance and repair functions.
- i. The contractor would abide by procedures regarding syringe usage and disposal, as are now in effect or may come into effect after the issuance of this RFP. The contractor would have hazardous waste containers and hazardous waste removal performed by licensed vendors. Sharps boxes must be mounted, braced, with locks, at the front door, and in a centrally located, private, common area. Storage space for clean syringes, as well as refrigeration of medication must be provided, in keeping with the DHS draft Syringe Possession, Storage, Provision, and Disposal policy.
- j. The contractor would develop and implement a “good neighbor” plan for the facility. The plan would address how quality of life issues in the immediate area such as security, loitering, and sanitation would be handled and how the Safe Haven could be used as a resource to the community. In addition, the contractor would develop a community advisory board.
- k. DHS reserves the right to conduct a site visit to assess the quality and location (e.g., borough need for Safe Haven capacity, accessibility to public transportation) of the proposed site and, in the case of an existing facility, its condition, and overall appropriateness for the intended use, and Americans with Disabilities Act (ADA) compliance.
- l. Proposers who lack experience in locating appropriate sites are encouraged to work with qualified consultants or brokers.
- m. Greater consideration would be given to facilities that can accommodate rooms of various sizes, including singles and double occupancy rooms.
- n. Greater consideration would be given to facilities that are wheelchair accessible.

G. Data Monitoring and Reporting

1. Program Expectations

- a. The contractor would submit status reports and statistical information monthly, including health assessment information as required by DHS, DHS Incident Reports, (required immediately after occurrence), annual budget reviews, monthly expenditure reports, expense reports, yearly close-out statements, and any data requested by DHS on an ad hoc basis.
- b. The contractor would use appropriate case record maintenance and recording protocols.
- c. The contractor would use any system, manual or automated, required by DHS to record client information. This includes forms developed by DHS for inclusion in the case record, CARES, and StreetSmart.
- d. The contractor would submit monthly invoices to DHS for review.
- e. The contractor would enter client data into the DHS electronic case management system, CARES and StreetSmart. This data would include nightly rosters, client level data including demographics, the use of screening and assessment tools, and documentation of health-related concerns and contacts, incident reports, and placements.
- f. The contractor's existing internal monitoring system would effectively identify facility, program and fiscal problems, and would include case record maintenance and recording protocols.
- g. The contractor would gather client information in a format to be determined by DHS. Contractors would need standard computers and internet access, at a minimum, to collect and share data.
- h. DHS reserves the right to modify both the method of data collection as well as data elements collected.
- i. The contractor would report vacancies to a centralized vacancy unit within DHS, through a standardized process specified by DHS and complete a roster in CARES and StreetSmart each night by 2:00 AM.
- j. The contractor would move clients to permanent housing and create a flow of available capacity within the Safe Haven. The contractor must meet or exceed the Permanent placement goal set annually. Additional measures would be based on the contractor's demonstrated excellence, as measured by performance outcome indicators for the following areas:
 - i. Housing Placement
 - ii. Program Placement (i.e. detoxification programs, residential treatment programs)
 - iii. Retention in the Safe Haven, and an elimination in client episodes of street homelessness
 - iv. Housing readiness (i.e., completion of housing applications, benefits assistance, and other demonstrations of self-sufficiency)
 - v. Creation of housing packages and applications for housing subsidies
 - vi. Mental health, substance abuse and/or medical services usage, and decrease in Emergency Room and/or inpatient hospitalizations.

DHS reserves the right to implement a performance incentive program that would ensure the work being done is cost effective and incentivizes DHS goals and objectives.

H. Budget Management

1. Program Expectations

- a. The contracts to be awarded through this RFP may include both capital and expense funding. The contracts would be comprised of two phases, as described below.
 - i. Phase I: Facility Development: DHS may provide funding during the development phase that may be used to cover rent or mortgage costs, taxes, insurance, broker and/or consultant fees, and startup costs, in addition to the costs of design and/or construction or renovation
 - Contractors would be encouraged to secure financing for initial facility development themselves, for which they would be reimbursed by DHS through the operating budget. Where self-financing is not available, DHS capital funds may be available. DHS may have capital funds available to support necessary design and/or construction or renovations at the proposed sites. In such cases, DHS and/or the contractor would be required to comply

with the competitive bidding requirements of the City's Procurement Policy Board (PPB) Rules and section 101 of the New York State General Municipal Law.

- ii. Phase II: Facility Operations: Contractors providing Safe Havens would be paid for actual expenses incurred within the limits of a negotiated budget. The rent and other occupancy costs are subject to fair market rate value and further negotiations with DHS. All funds are subject to availability and, ultimately, contract registration.
- b. DHS anticipates that the payment structure for contracts awarded under this RFP would be line-item reimbursement.
- c. The contractor's cost would enable the effective delivery of services described in this RFP.
- d. The proposed budget represents the annual cost to provide services for the proposed program.
- e. The contractor would adopt strict fiscal controls to ensure finances are managed appropriately, including proper separation of duties, grant management to ensure sound financial controls, and financial transactions are authorized and documented appropriately

Section 3 – Basis for Contract Award

A. Proposal Evaluation

All proposals received by DHS will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Demonstration by the proposer of federal tax exemption under Internal Revenue Code Section 501(c)(3) is a minimum requirement for this RFP. All proposers must submit a copy of their IRS 501(c)(3) Determination Letter at the time of proposal. Failure to do so shall result in a determination that the proposal is non-responsive. Proposals which DHS determines to be non-responsive will be rejected: DHS Evaluation Committees will evaluate and rate all submitted proposals based on the Evaluation Criteria outlined in this RFP. DHS reserves the right to conduct interviews and site visits, or to request that proposers make presentations, as deemed applicable and appropriate. Although DHS may conduct discussions with proposers submitting acceptable proposals, it reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic and price terms.

B. Evaluation Criteria

• Target Population	5%
• Safe Haven Implementation and Approach	10%
• Supportive Services	15%
• Housing Placement Services	20%
• Staffing Plan	15%
• Facilities, Security, and Building Management	10%
• Data Monitoring and Reporting	15%
• Budget Management	10%

This is an open-ended RFP; therefore, proposals would be accepted and reviewed on an ongoing basis until the units necessary for the program have been met.

C. Contract Award

Contracts will be awarded to the responsible proposers whose proposal(s) are determined to be the most advantageous to the City, taking into consideration the factors or criteria which are set forth in this RFP. Awards would be made to vendors whose proposals are technically viable and whose prices do not exceed the conditions set forth in the RFP. However:

- DHS reserves the right to select proposals to ensure appropriate geographic distribution of awards.
- DHS reserves the right to select proposals based on need for services at time of award.
- DHS reserves the right to award less than the full amount of funding requested in the best interests of the City.
- DHS reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- DHS reserves the right, prior to contract registration and during the term of the contract, to change the program service size, program type, and/or model depending on the needs of the system.
- DHS reserves the right to make all necessary changes to the scope of services of the contract(s) to be awarded from this RFP. Should a change to the scope of services be required, the contractor(s) would ensure a smooth transition to the new program model where relevant, including the potential transfer of existing clients to more appropriate program settings.
- DHS also reserves the right to incorporate additional services into the Safe Haven, including but not limited to

an increase in program size, reduction of the per diem rate, or the imposition of financial disincentives if a program fails to meet program targets set by DHS.

- Contract award shall be subject to DHS determination that the proposed site is acceptable and appropriate for the intended use. All sites would be able to take clients within two months of the award start date.
- In conjunction with DHS, the provider would need to do community notification no later than 30 days before opening. Notice would be in a form as approved by DHS.
- The proposer would coordinate with the Building Owner to have a process for ensuring all buildings meet the applicable requirements of the Department of Buildings (DOB) and the Department of Housing Preservation and Development (HPD) and be free of building and code violations. Violations would be monitored as a part of contract management on an annual basis.
- DHS reserves the right to reject a proposal for a site that is not accessible to clients with disabilities, or cannot be made accessible by Safe Haven opening, based on the overall needs of the system.
- DHS reserves the right to conduct a site visit to assess the quality and location (e.g., borough need for facility capacity, accessibility to public transportation) of the proposed facility and, in the case of an existing facility, condition, and overall appropriateness for the intended use and Americans with Disabilities Act (ADA) compliance.
- Greater consideration would be given to facilities that have air conditioning capabilities, and accessibility. Greater consideration would be given to facilities that are or can be made ADA accessible.
- Greater consideration would be given to facilities that can accommodate rooms of various sizes, including singles and double occupancy rooms.
- Greater consideration would be given to facilities that are wheelchair accessible.
- Greater consideration would be given to facilities that can accommodate client pets.
- Greater consideration would be given to providers who propose to specialize in handling clients with issues around violence.

Contract Awards shall be subject to timely completion of contract negotiations between DHS and the selected proposer(s) and a determination of both contractor responsibility and administrative capability.