NYC Department of Homeless Services

Lexington Avenue Shelter

EPIN: 07126P0011

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Basic Information

General Guidelines	To respond to this Request for Proposals (RFP) and all other Human/Client service RFPs, organizations must have (i) a PASSPort account, and (ii) have an Approved HHS Prequalification Application in PASSPort. Proposals and Prequalification applications will ONLY be accepted through PASSPort. If you do not have a PASSPort account or an approved PASSPort HHS Accelerator PQL Application, please visit nyc.gov/passport to get started. • Please allow sufficient time to complete and submit proposals electronically (at least 24 hours in advance of the proposal due date and time), which includes entering information, uploading documents, and entering log-in credentials. • Providers are responsible for the timely electronic submission of proposals. • For more information on submitting a proposal and for resources such as user guides and videos are listed on www.nyc.gov/passport. If you need additional technical assistance with PASSPort, please contact the MOCS Service Desk at www.nyc.gov/mocshelp.
Shelter Site Visits (optional)	Date: December 3, 2026, at 10:00 a.m. Location: 85 Lexington Avenue, Brooklyn, NY, 11238 (Bring proper identification)
Anticipated Contract Term	July 1, 2027 – June 30, 2032 with a 4 year renewal option
Anticipated Funding and Payment Structure	• Total maximum available funding: $36,732,530 for 5 years • Anticipated Maximum Start-up funding: $894,824 • The maximum annual budget will be $5,368,945 per year • Payment Structure: Line-item budget
Subcontracting	Subcontracting is permissible under the following conditions: • The proposer will identify any proposed subcontractor in the proposal. • Agency assumptions as set forth in the Program Expectations and other sections of this RFP apply equally to any proposed subcontractor(s). • All contractors and subcontractors shall be subject to DHS approval before expenses are incurred, and payments made.

Questions Regarding this RFP	• Questions regarding this RFP must be transmitted in writing to the Agency Contact Person. • Questions received prior to the Pre-Proposal Conference will be answered at the conference. • Substantive information /responses to questions addressed at the conference will be released in an addendum to the RFP to all organizations that are prequalified to propose to this RFP through the PASSPort system, unless in the opinion of the Agency, the question is of proprietary nature. • The Agency cannot guarantee a timely response to written questions regarding this RFP received less than one week prior to the proposal due date.

Proposal Documents		
Required Documents	**Document Type**	**Description**
	Key Staff Resumes	Key Staff Resumes and/or Job Descriptions
	Organizational Chart	Program Organizational Chart
	Proposal Budget Summary	Completed Proposal Budget summary, including Start-up budget (if applicable)
	Property Management Plan	Completed Property Management Plan Narrative
	Letters of Reference	Three (3) letters of reference from nongovernmental entities
	Annual Report	Financial Audit Report or Certified Financial Statement or a letter explaining why no financial statement is currently available
	Medical Linkages Agreements	Linkage agreement(s) from medical organizations providing services that support the achievement of program participants' service plan goals.
Optional Documents	**Community Linkages and Partnerships**	Linkage agreement(s) from organizations providing services that support the achievement of program participants' service plan goals.
	IRS Determination Letter [501(c)3]	IRS 501(c)(3) Determination Letter

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).
	• 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

A. Program Goals and Objectives

The Department of Homeless Services (DHS) is seeking an appropriately qualified vendor to operate a Mental Health program shelter for homeless adults at 85 Lexington Avenue shelter in Brooklyn. The description for this site is listed below in Section 1, B. Site Profile.

DHS' overall goals and objectives with respect to this procurement is to develop and refine its programming to engage and motivate clients and to encourage participation that will enable clients to achieve independent living outside the shelter system.

DHS intends to enter a contract with a provider who will offer a safe and cost-effective shelter program and will properly assess clients and help move them rapidly towards permanency. For the purposes of this procurement, permanency is defined as living in a stable residence in the community with or without support services (based on the client's needs) and with access to economic resources provided by employment, entitlements, public or other benefits and/or assistance from family that will reasonably ensure that the client will not return to homelessness.

DHS considers shelters to be time-limited, emergency facilities that are available to clients who are temporarily unable to live independently due to disability, adverse life circumstances or other crises. In addition to providing safe and cost-effective room and board, shelter programs must assist clients to return to living self-sufficiently in the community. Through this RFP, DHS wishes to identify providers who, in partnership with DHS, will excel at achieving these goals.

B. Site Profile

The Lexington Avenue shelter is a is a 103-bed single men facility; 25 beds located on the first floor of the two-story building are ADA compliant. Constructed in 1976, the building has a floor area of approximately 20,000 square feet. The lower roof at the back of the building includes an enclosed outdoor terrace area accessible from the second floor.

Section 2 – Program Expectations

A. Experience

1. **Program Expectations:**
   - **a.** The contractor and/or sub-contractors, if any, would have at least three (3) years of successful demonstrated experience, within the last six (6) years, in providing social services to vulnerable populations and homeless adults.
   - **b.** The contractor and/or sub-contractors, if any, would have at least three (3) years of successful demonstrated experience, within the last six (6) years, in operating homeless residences and/or low-income housing programs.
   - **c.** The contractor and/or subcontractors, if any, would have the organizational capability to manage the administrative, social service, and financial components of this program.

2. **Evaluation:**
   - **a.** This section will be evaluated based on the extent to which the proposer demonstrates successful relevant experience to operate the program based on the expectations listed in this section. It is worth a maximum of **15 Percent** in the Proposal Evaluation.

B. Intake, Case Management and Service Planning

1. **Program Expectations:**

a. Intake/Orientation/Assessment

i. The contractor would only accept clients referred to the respective residence by DHS; all DHS-referred clients would be accepted into the residences on a twenty-four (24) hour, seven (7) day a week basis.

ii. The contractor would interview incoming clients at entry and complete a DHS Client Assistance and Re-housing Enterprise System (CARES) conditional check-in. Immediate needs assessment should be completed within twenty-four (24) hours of entry, the contractor would complete a CARES conditional review to establish eligibility for entitlements, medical and behavioral health needs, educational needs, and other appropriate services to stabilize the client. This interview would also serve to establish an exit strategy and target an exit date for the individual.

iii. The contractor would complete an initial CARES service plan within seven (7) calendar days. This assessment of the client's needs would include a mutually agreed upon written service plan designed to help the client obtain viable housing. The service plan would prioritize the individualized goals with projected time frames for completion.

iv. The contractor would complete an initial Independent Living Plan (ILP) within seven (7) calendar days. The ILP would lay out a plan that assists the client in obtaining the skills to enhance their ability to live independently and would set as a goal that the clients move back to the community. The contractor would be required to perform bi-weekly updates and ongoing follow up to the ILP.

v. The contractor would orient new residents to the facility, which includes, but is not limited to, explaining facility rules, providing new residents with a list of rights and responsibilities, grievance complaint procedures and housekeeping items, and assigning them to a specified residential unit Case Management/Service Planning.

vi. The contractor would provide each client with a thorough explanation of the DHS Client Code of Conduct (CCC). The signing of the CCC would initiate the client's understanding of this process.

vii. The contractor would evaluate each client, upon admission, and determine whether

they are eligible for any entitlements or benefits from public or private sources. The contractor would assist clients to secure and maintain all appropriate entitlements, including, but not limited to Managed Medicaid, Public Assistance, SSI, birth certificate, Social Security cards, and/or veterans' benefits. The contractor would also assist clients to secure any benefits from private sources, including, but not limited to, pensions. Clients on public assistance would be expected to adhere to regulations set by the City's Human Resources Administration (HRA), in order to maintain their benefits, although adherence to these regulations is not a requirement for entering shelter.

viii. The contractor would assist in helping clients to accept services, to attend programs within the DHS shelter system or the community, and to actively participate in their service plans. The contractor would refer clients to these services, ensure that the clients are participating in the service, and coordinate with the service providers.

ix. The contractor would cooperate, with the client's permission, with the New York State Division of Parole or Department of Correction and, where appropriate, conduct case planning in collaboration with the client's parole officer.

x. The contractor would maintain a safe, discrete area for clients who require observation (due to intoxication, psychiatric crisis or other situation requiring separation from the client population) before being engaged and fully participating in the shelter program. The designated area would need to be approved by DHS

b. Permanency Planning

i. The contractor would be responsible for assisting clients to achieve permanency in the shortest reasonable period possible.

ii. The contractor would develop a permanency plan for each client as quickly as possible, following admission into the shelter. This plan would be based on the client's strengths and challenges, and would result in the client being re-housed into the community with the supports necessary to prevent the client from re-experiencing homelessness.

iii. Clients would be prepared for and referred to appropriate housing resources, based on their permanency plans.

iv. The contractor would provide regularly scheduled clinical supervision and case conferences to track clients' progress towards permanency and to monitor the effectiveness of caseworkers in assisting clients to achieve their goals.

v. The contractor would provide independent living skills training and skill-building groups covering such issues as employment, housing readiness, managing income or entitlements, banking and savings, using community resources, budgeting, meal planning, time management, healthy living and developing appropriate recreation activities.

vi. The contractor would make appropriate referrals to training and employment programs, to assist clients who are able to work to achieve self-sufficiency.

vii. For a client whose permanency plan is supportive housing, the contractor would arrange or conduct the required assessments, gather the necessary documents, and submit the required applications for the client to be considered for placement into a supportive housing program.

viii. The contractor would conduct family mediation and counseling in cases where the client's permanency plan is reunification with family.

ix. The contractor would assist clients requiring a rental subsidy to secure the subsidy and then assist them to plan the financial and logistical aspects of moving from shelter.

x. For a client whose plan is independent or shared living, the contractor would assist the client to make the necessary arrangements including identifying affordable housing and planning the financial and logistical aspects of moving from shelter.

xi. The contractor would use services provided through DHS to assist clients who wish to return to locations outside of New York City.

xii. The contractor would guarantee that all placements are made according to DHS Title 31, Chapter 2 of the Rules of the City of New York which can be found at the following link: http://www.nyc.gov/html/nycrules/downloads/rules/F_DHS_04_01_13_a.pdf

xiii. The contractor would ensure that clients remain in shelter for no longer than is necessary, preferably for fewer than 60 days. DHS expects that, except in extraordinary circumstances, no client should remain in shelter for longer than nine months. The contractor would design its program to ensure compliance with this objective.

c. Enhanced Client Placement Support

i. The contractor would be expected to implement DHS' Enhanced Client Placement Support Program in accordance with State regulations and DHS procedures. In addition, the contractor must provide each member of the staff and each resident an explanation of the Rights, Responsibilities and Code of Conduct of Clients

ii. The contractor would require all clients to sign a Client Acknowledgement of Responsibility Form (CARF) upon admission to the program.

iii. The contractor would use Enhanced Client Placement Support as a motivational tool and, for clients who are not participating in their permanency plans or who engage in gross misconduct, as a mechanism for holding clients accountable for their actions and decisions.

iv. The contractor would appoint a staff person dedicated to training others on the Enhanced Client Replacement Support procedures and to reviewing sanction requests and supporting documentation.

2. Evaluation:

a. This section will be evaluated based on the quality of the proposed plan to operate the program based on the expectations listed in this section. It is worth a maximum of **20 Percent** in the Proposal Evaluation.

C. Residential and Supportive Services

1. Program Expectations:

a. Residential Services (Food, Laundry, and Transportation)

i. The contractor would provide food services, in accordance with all New York State and City rules, regulations and codes, as per the NYS Office of Temporary Disability Assistance, Part 491 which is accessible on their website, http://otda.ny.gov/programs/shelter/documents/NYCRR-491.pdf.

ii. The contractor would serve three meals a day to each client and snacks to new clients who arrive after the evening meal has been served. Meals would meet Federal recommended daily nutritional allowances.

iii. The contractor would ensure meals would be available for those on modified diets such as but not limited to diabetic, low salt, renal, kosher, vegan, and halal.

iv. The contractor may choose to sub-contract with an experienced food service vendor. All vendors must be reviewed and approved by DHS before expenses are incurred and payments made. DHS encourages the use of Minority and Women-Owned Business Enterprises in subcontracting partnerships. The contractor may use find certified M/WBE vendors through the M/WBE directory located at

v. The contractor and/or subcontractor is required to follow NYC food standards as outlined here: https://www.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf

vi. The contractor would provide clean linens and provide and maintain on-site machines for clients' laundry, or subcontract for a laundry service, as per Callahan regulation. A copy of the Callahan consent decree can be found here: https://www.coalitionforthehomeless.org/wp-content/uploads/2014/06/CallahanConsentDecree.pdf

vii. The contractor would provide client transportation or OMNY fare cards, as needed,

to scheduled appointments in the community including, but not limited to, social service agencies, medical, housing and special recreation events.

viii. The contractor would have wheelchair-accessible passenger vehicles available for transporting residents who require special assistance to clinics, service agencies, and for other special situations, where appropriate.

ix. The contractor's personnel required to drive must be licensed by New York State Department of Motor Vehicles.

x. The contractor would maintain proper insurance for vehicles and drivers.

b. Recreational Services

i. The contractor would provide a therapeutic recreation program that is designed to meet the needs of a homeless population. Recreation is an integral part of the social services milieu of every shelter and can help engage, motivate, and orient clients.

ii. The recreation program would organize varied activities that would be of interest to the clients who would participate. The program would follow all New York Start Part 491 rules and regulations.

c. Savings and Money Management

i. The contractor would monitor each client's efforts to maintain compliance with any rules and requirements for maintaining enrollment in their entitlements or benefits.

ii. The contractor would intervene and assist any client at risk of losing entitlements or benefits.

iii. The contractor would serve as a third-party representative payee for individual clients who require this service.

iv. The contractor would require clients to save 60 percent of their income as stated in their ILP. Clients can choose to open their own saving account. If however, the contractor is allowing clients to save on-site, the contractor would develop a ledger sheet to record all saving transactions as per Office of Temporary and Disability Assistance (OTDA) guidelines.

2. Evaluation:

a. This section will be evaluated based on the quality of the proposed plan to deliver the residential and supportive services based on the expectations listed in this section. It is worth a maximum of **10 Percent** in the Proposal Evaluation.

D. Health Care Services

1. Program Expectations:

a. Preference would be given to proposers who outline a plan to bring an Article 28 clinic on site and provide clinical services at that Article 28 clinic.

b. Medical services would be provided onsite via this Article 28 clinic or the contractor would link clients to community providers, preferably Federally Qualified Health Centers ("FQHC") with homeless designation.

c. Assessment

i. The contractor would obtain and review the assessment performed by the DHS Assessment sites and link clients to follow-up care as indicated in the assessment, including providing care coordination to ensure linkage to care.

ii. The contractor would ensure that the relevant information from all assessments and client encounters are entered in CARES.

e. Primary Care

i. The contractor would assess whether the client has a primary care provider immediately upon arrival and review the medical assessment and plan within 48 hours of admission.

ii. If client has a primary care provider, the contractor would communicate with the primary care provider (PCP) and share a copy of the assessment if necessary and continue on-going communication with the PCP via the case manager or a patient navigator to verify that the client is receiving needed care.

iii. If the client doesn't have a primary care provider, the contractor would link the client to a community-based PCP, as appropriate according the client's managed care plan, and/or link the client to a nearby Federally Qualified Health Center ("FQHC") or local hospital. If necessary, clients would be assisted in changing Medicaid Managed Care Plans or PCP, as per protocols developed for NYC homeless populations.
iv. If there is an Article 28 clinic onsite, primary care services would be offered to all clients who are not ready to be linked to a primary care provider and choose to receive care at the shelter provider. These clinical services would be provided according to standard clinical guidelines, including preventive and screening services according to the US Preventive Services Task Force. This includes complete and age appropriate history and physical examination; routine and age appropriate laboratory tests; and all age appropriate immunizations, including flu vaccine at the beginning of the flu season and pneumococcal, tetanus, and hepatitis B vaccines.
v. The onsite clinic would provide hepatitis A vaccines for all clients. If there is no clinic on-site, clients would be referred to community-based care.
vi. Clients would be assessed for chronic diseases common in the population (hypertension, cardio-vascular disease, etc.) and aggressively treat.
vii. If there is an Article 28 clinic onsite, the medical provider will provide episodic care.
viii. The contractor will assist clients in accessing urgent care in non-emergency situations.
ix. The medical provider would handle all consult requests from the shelter and communicate with outside providers and hospitals as needed, including managing visits to emergency departments, admissions and discharges. As needed, the medical provider will 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.
x. The contractor would ensure that clients are linked to dental care.
xi. The contractor would link clients to specialty care for any issues uncovered during initial comprehensive clinical assessments, including podiatry care, as needed.
xii. The contractor would arrange for access to pharmacy services.
xiii. The contractor would make condoms available.
xiv. Preference would be given to applicants that directly deliver clinical care and behavioral health services, ideally in an integrated setting.

f. 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.
ii. The medical provider would assist the shelter in managing urgent cases, primarily via phone or email consults. True medical emergencies will be managed by calling 911.
iii. For clients who need to be taken to the emergency department (ED), the medical providers or shelter staff would discuss directly with EMS regarding client's condition and needs and would provide a written referral to psychiatric or medical ED (including copies of medical records and a summary of the situation). The medical provider Medical Director or shelter staff would talk to the ED staff as needed to ensure all relevant information is communicated to the ED. The medical provider or shelter staff will follow-up by phone call on the same day to verify plans and discuss with hospital staff.
iv. The medical provider or shelter director would be responsive to the hospital staff and take responsibility to communicate with the hospital and avoid inappropriate discharge of the client back to the shelter. The medical provider or shelter director

will ensure that the DHS institutional referral procedure is followed for clients admitted to the hospital and being discharged to shelter.

g. Additional care

i. The contractor would follow up on screenings that were completed at the assessment shelter, such as TB, HIV, and Hepatitis C. If the screenings were not completed, the provider can offer the screenings or link the client to a community provider who can complete the screenings.

ii. 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.

iii. Clients diagnosed with tuberculosis would be assisted with transportation to a DOHMH TB clinic for care and for Directly-Observed Therapy ("DOT") services. DOT can also be provided on-site, in collaboration with or through DOHMH Bureau of TB Control.

iv. Clients with HIV must be referred to both HRA's HIV/AIDS Services Administration (HASA) and a Ryan White care coordination program, and those with hepatitis C would be linked to a hepatitis C comprehensive care provider.

v. The contractor would cooperate with DHS, the Office of the Chief Medical Examiner (OCME) and the NYC Department of Health and Mental Hygiene on communicable disease containment, outbreak investigations, response to a client's death, natural or man-made emergency, or other crisis.

h. Legal requirements for an onsite Article 28 clinic

i. The contractor would ensure that staff follow infection control guidance.

ii. The contractor would ensure that all clients sign HIPAA-compliant releases of information.

iii. The contractor would request all clients to sign consent for participation in Regional Health Information Organizations (RHIOs).

i. Care coordination

i. The contractor would provide oversight, coordination of care, and liaise, on behalf of clients, with hospital emergency departments and in-patient unit staff, Home Health Agencies (including visiting nurses), dialysis centers, the H+H Health Home, Managed Medicaid Care Managers, and the DHS Office of the Medical Director.

ii. A Care Coordinator would promote health and wellness among clients through education and enhancement of motivation to initiate and maintain services.

2. Evaluation:

a. This section will be evaluated based on the quality of the proposed approach to operate the program based on the expectations listed in this section. It is worth a maximum of **10 Percent** in the Proposal Evaluation.

E. Behavioral Health Services

1. Program Expectations:

a. Services

i. A senior psychiatric provider would be identified as the Medical Director.

ii. The contractor would review the mental health and substance use assessment and complete any missing or incomplete sections.

iii. The contractor would provide behavioral health services on-site, either directly or through a sub-contractor.

iv. Preference would be given to contractors that can provide integrated medical and behavioral health services in an Article 28 on-site clinic.

v. Mental health screening of new clients shall be completed within one business day of admission.

vi. 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 should 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.

vii. The contractor would offer a variety of services to complement the clients' treatment regimens, including psycho-educational groups, rehabilitation and recovery techniques, wellness self-management techniques and recreational activities. All services offered would be evidence based, fundamentally trauma-informed, person-centered, and recovery-oriented.

viii. 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 (following the DHS Medication Management Policy currently in draft.)

ix. 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.

x. Services would be provided 35 hours-per-week, 6 days-per-week, during morning and evening hours to maximize accessibility, budget permitting. At minimum, services must be provided no less than 5 days a week.

b. Coordination of care

i. For clients receiving treatment off-site and/or from another provider, the contractor would maintain close contact with that provider, and with appropriate consent, exchange regular updates on the progress of treatment, participate in case conferences, and integrate the treatment goals into the client's Independent Living Plan. The contractor would ensure that the client keeps their appointments.

ii. Clinical staff would coordinate a client's psychiatric care with the medical and shelter staff as well as outside providers of psychiatric care, as necessary.

iii. The contractor would coordinate with all other providers or teams serving the clients, including but not limited to DOHMH and its Mobile Crisis and Assisted Outpatient Treatment ("AOT") teams, Intensive Mobile Treatment Teams, and Assertive Community Treatment Teams; hospital social workers and medical/psychiatric staff, in compliance with DHS Hospital Discharge Protocols; and with DHS.

iv. The medical provider would work with DOHMH to facilitate AOT orders and access outpatient mental health services as needed, including completing a Single Point of Access (SPOA) application.

c. Harm reduction and ancillary services

i. The contractor would be or become a NY State certified Opioid Overdose Prevention Program, directly or through its medical provider, and have sufficient staff trained as Certified Overdose Prevention Responders to cover all shifts at all times. All staff subject to encountering a client at risk of an overdose would be trained, including security staff. The contractor would identify an Overdose Prevention Champion who would train or coordinate training for staff and clients. The contractor would inquire about history of drug overdose for all clients and provide naloxone training as a priority to all clients with a history of drug overdose and their family and acquaintances. The contractor would make naloxone available at ALL times. Naloxone administration training includes how to identify signs of opioid overdose and how to administer naloxone intranasally.

ii. The contractor would offer or facilitate access via agreements with outside organizations to syringe exchange programs and harm reduction services.

iii. The medical provider would provide medication-assisted treatment for opiate dependence, and refer to detoxification services, and residential rehabilitation.

d. Supportive or ancillary services

i. As requested by the shelter 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.

ii. Would coordinate, as necessary, psychosocial summary, SSI/SSD application, 2010e (supportive housing application), M11Q or other documents needed to facilitate diversion from shelter or transfer to another shelter, and if indicated, referrals to outside programs or psychiatric clinics.

e. Other

i. Preference would be given to contractors who are able to enhance the volume of services offered by incorporating Medicaid-funded behavioral health services into their program.'

ii. The contractor would follow all policy and procedures published by DHS.

2. Evaluation:

a. This section will be evaluated based on the quality of the proposed approach to provide clients with the requisite behavioral health services based on the expectations listed in this section. It is worth a maximum of **10 Percent** in the Proposal Evaluation.

F. Staffing Plan

1. **Program Expectations:**

a. The contractor's proposed staff would have the appropriate qualifications to effectively provide the requisite services to meet the needs of the target population. DHS Programs would require all case managers to have a bachelor's degree or higher

b. All staff members would have the appropriate experience for providing the proposed services and also have opportunities for ongoing professional development and training.

c. Appropriate staff would have a level of computer literacy that allows them to perform case management and operational functions in CARES.

d. The contractor would employ adequate staffing to ensure operational success, based on DHS staffing ratios where they apply. This would include a Director of the Shelter and other appropriate titles including the following:

- Director of Social Services (LCSW or LMSW)
- Employment Specialist
- Housing Specialist
- Case Manager

e. DHS Program Administrators would review and approve all Shelter Director or similar level hires.

f. The contractor would develop a staffing pattern that would ensure that team members have the necessary skills and training to achieve the program goals for this hard-to-serve population.

g. The contractor would employ mechanisms for providing ongoing and consistent staff supervision, ensuring adequate staff coverage (provide staffing schedule including back-up staff, and justifications for each position), procedures for evaluating staff performance and protocols for employee discipline and termination.

h. The contractor would hire staff that are culturally sensitive and able to communicate in the languages of the clients being served. The contractor should also have services for a Language line and provide certified sign language interpretation services to deaf clients and clients with hearing loss

i. The contractor would have the capacity to maintain staffing levels within established guidelines. The contractor would also fill staff vacancies as quickly as possible and not have lines vacant for more than 90 days.

2. **Evaluation:**
   a. This section will be evaluated based on the quality of the proposed staffing plan to operate the program, based on the criteria in this section. It is worth a maximum of **10 Percent** in the Proposal Evaluation.

G. Partnerships

1. **Program Expectations:**
   a. 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, such as bulletin boards and house meetings.
   b. The contractor would make referrals for clients to needed community-based resources.
   c. 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.
   d. The contractor would develop a written "good neighbor" plan or policy ("the plan") for the shelter. The plan would address how quality of life issues, which are related to shelter operations, would be addressed. This includes, in part, but, not limited to, a security plan, policy on loitering outside of the facility, garbage removal, and how the shelter can be supported by the community.
   e. The contractor would establish a Community Advisory Board or other Community Forum consisting of residence staff, residents, and representatives from the community.
   f. Representatives of the single adult shelter comprised of the Shelter Director or a member from the Leadership Team, may be required to attend Community Board meetings when requested.
2. **Evaluation:**
   a. This section will be evaluated based on the proposed plan to operate the program based on the expectations listed in this section. It is worth a maximum of **5 Percent** in the Proposal Evaluation.

H. Security, Facilities and Building Management

1. **Program Expectations:**
   a. Supervision/Security
      i. DHS would provide security services using uniformed special officers who are NYS certified peace officers, authorized to make arrests and issue summonses for violations of law.
      ii. The contractor would ensure that security guards hired are licensed by the State of New York and undergo necessary background checks.
      iii. The contractor would provide all necessary support services to the special officers, including but not limited to office spaces, locker rooms, break rooms, rest rooms, guard booths, furnishings and infrastructure services such as electricity, telephone, internet access, heat and air conditioning, water coolers, cleaning services, office supplies etc. needed to support their function.
      iv. The contractor would provide required security equipment, consisting of x-ray machines and walk-through metal detectors at entry points and provide upkeep, maintenance and repair services for such equipment in a timely manner to ensure continued operational capability.
      v. The contractor would provide Closed Circuit Television (CCTV) system capable of recording up to 30 days of activity with cameras placed at strategic areas of the facility and a suitable climate-controlled monitoring room with furnishings for security staff to view cameras in real time and make necessary copies of recorded video to support investigations and monitor performance of security staff and other activity.
      vi. The contractor would provide upkeep, maintenance, repair and upgrade of the

CCTV system components (cameras, wiring, recording devices, monitors, etc.) and the climate control system of the monitoring room in a timely manner to ensure continued operational capability.

vii. The contractor would provide unlimited access to the CCTV system recordings to DHS personnel at all times without prior approval or notification. Copies of any such material may be requested by the contractor for their use as needed, with approval from the Deputy Commissioner of Security & Emergency Operations at DHS.

viii. The contractor would provide needed space and access to areas of the building for the installation of radio equipment (antennas, repeaters, wiring, etc.) to enhance communications of security staff if required.

ix. The contractor would impose the DHS client curfew (11:00 p.m.) and would support access to the facility in accordance with DHS policies and procedures seven days per week.

x. The contractor would ensure that supervision of the residence includes recording a daily census, admissions, discharges, and other reporting that may be required by Federal, State and City regulations.

xi. The contractor would post building policies, schedules, rules and regulations governing the use of the facility in a location visible to all clients.

xii. The contractor would document residents' emergencies, illness and infractions of rules.

xiii. The contractor would create a security plan for the facility in order to provide a safe environment for all clients, facility staff members, and visitors.

xiv. The contractor would either directly employ security staff or provide security pursuant to a sub-contracting agreement with a duly licensed and authorized security company. All subcontracting agreements must be approved by DHS.

xv. The contractor would meet regularly with the supervisor(s) of special officers to discuss security issues and develop plans and procedures to maintain the order and safety of shelter clients, staff and visitors within and around the perimeter of the facility. All proposed security arrangements would meet the safety needs of the facility and are subject to DHS approval.

xvi. All proposed Security Plans should be reviewed and approved by the New York City Police Department's (NYPD) Security Management team. The proposed security plan would delineate how the contractor would provide security services, 24 hours a day, 7 days a week, pursuant to State regulations. This requirement may be fulfilled by a uniformed agent, nonuniformed monitors, an/or surveillance measures. The plan includes but is not limited to:

- The number of security staff to be provided per shift;
- The number of security staff who possess appropriate fire safety and CPR certification per shift;
- The number and frequency of daily and weekly patrols (both internal and external);
- The location and number of cameras to be placed within and on the façade of the facility the use of a Closed-Circuit Television System to record and retain the images captured by the cameras placed throughout the facility and;
- The equipment (e.g., metal detectors, wands) and procedures for accessing the facility (e.g., bag inspections at entry points).

xvii. The contractor would be required to provide hourly rounds on floors where clients reside. Security staff would check in with individuals who have not signed the in/out log and/or presented a security management issue when social services staff are not on site.

b. Building Management

i. The contractor would maintain all areas of the shelter in a sanitary and safe condition and perform daily preventive, corrective, and emergency maintenance and repair of the facility, including all mechanical systems (HVAC, emergency generator,

elevator, etc.)

ii. The contractor would maintain the interior and exterior building components, including general plumbing, carpentry, electric, window screens, window glass, non-capital masonry, tile repair, door alarms, locks, grounds, equipment, and furnishings.

iii. The contractor would undertake all repairs, major or minor, of damage that are the result of the contractor's negligence or the result of vandalism by the contractor's staff or clients.

iv. The contractor would only be responsible for repairs necessitated by client vandalism to the extent that funds are available in its budget for this purpose and the vandalism was the result of the contractor's negligent supervision of the clients.

v. The contractor would consult with and receive written approval from the Department before initiating any structural changes, including renovations and room reconfigurations.

vi. The contractor would maintain the building in compliance with all applicable Federal, State and City Laws and regulations governing the operation of the building.

vii. The contractor would comply with the Department's violations protocol.

viii. The contractor would incur the expense of and responsibility for resolving all non-capital violations and deficiencies issued against the property.

ix. The contractor would immediately notify the Department if any violations were issued against the facility.

x. The contractor would hire a qualified superintendent for the facility who has a satisfactory knowledge of building maintenance and the appropriate licenses, certifications and credentials to perform the assigned tasks. The Department reserves the right to review a proposed superintendent's credentials. The Department also reserves the right to approve the contractor's employees that are engaged in the maintenance of the facility.

xi. The contractor would develop a Property Management Plan that outlines the contractor's strategy for handling emergency repairs, sets forth a schedule for providing preventive maintenance, and describes how the contractor would meet its responsibilities and obligations.

xii. The contractor would develop a system for recording and tracking all maintenance and repair functions.

xiii. DHS would only be responsible for major structural repairs to the facility and capital improvements to the major building systems, including HVAC, boilers, plumbing systems, electrical systems, elevators, roofing and exterior portions of the Facility. DHS would not be responsible for these repairs if they are the result of the contractor's or its employees' or agents' negligence or willful acts. DHS would consult with the contractor before undertaking any structural repairs or capital improvements.

xiv. DHS' representatives shall be entitled to enter the facility for the purposes of inspection (pre-announced and unannounced), for consultation with the contractor's staff or consultants, to advise the contractor, to perform work or observe work being performed, and to generally represent the interests of DHS and the City of New York.

c. Fire Safety

i. Fire Safety Plans must be up to date and certified by FDNY.

ii. The contractor would implement all fire safety measures prescribed pursuant to the City's Fire Department regulations, including fire drills and safety training for staff and clients.

iii. At least one officer per shift would be required to possess appropriate fire safety and Cardiopulmonary Resuscitation (CPR) certifications.

2. **Evaluation:**
   a. This section will be evaluated based on the proposed plan to operate the program based on the expectations listed in this section. It is worth a maximum of **10 Percent** in the Proposal Evaluation.

I. Data Monitoring and Reporting

1. **Program Expectations:**
   a. Data Collection:
      i. The contractor would ensure that all the relevant information is collected on the forms provided by DHS or their own forms or Electronic Medical Record, as long as the information needed by DHS is made available for a secure DHS data system.
   b. Quality Management:
      i. The medical provider would establish a quality management program and develop appropriate indicators, with DHS.
      ii. The medical provider would send a copy of the indicators monthly to DHS and review the performance indicators with their relevant staff.
      iii. The contractor would collaborate with DHS on surveys and program review, as needed, to understand the needs of the population in order to provide better services.
   c. Reporting, Monitoring and Performance Evaluation:
      i. The contractor would report on clients served and activities, using tools designed and provided by DHS. This includes providing documentation that all new clients were engaged for behavioral health services. If clients are receiving services in the community that are satisfactory to the client and sufficient to address client's needs based on review of their Behavioral Health assessment, they would be encouraged to continue utilizing community services. All other clients would be seen by the contractor for ongoing care. The contractor would document in CARES for clients who have not shown up for their scheduled appointment, including what steps were taken to reach out to the client to engage in services.
      ii. The contractor would report on clinical services, referrals and relevant outcomes as defined by DHS.
      iii. The contractor would maintain written documentation of daily census, admissions, discharges, and client emergencies, as well as illnesses and infractions. The contractor would provide information on available vacancies as required by DHS. All documentation would be completed in a timely manner as specified in DHS policies and procedures.
      iv. Payment may be withheld for non-reporting and poor performance. Monthly reports would be due by the 15th day of the following month.
      v. DHS would monitor the contractor and evaluate service delivery based on site visits and ongoing data and service reporting. DHS reserves the right to terminate or reassign the contract if the contracted services are not provided according to the requirements expressed in the RFP.
      vi. The contractor would report on staff productivity, new hires, and replacements for staff that left the agency.

2. **Evaluation:**
   a. This section will be evaluated based on the quality of the proposed approach to operating the program based on the expectations listed in this section. It is worth a maximum of **5 Percent** in the Proposal Evaluation.

J. Budget Management

1. **Program Expectations:**
   - **a.** DHS anticipates that the payment structure for contracts awarded under this RFP would be line-item budget reimbursement.
   - **b.** 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.
   - **c.** The total maximum available funding for this contract is $56,681,641 for five (5) years ($8,284,771 annually), anticipated maximum start-up funding: $1,380,795. There is also a maximum $2,281,800 allowance for repairs and $6,711,181 for allowance that is included in the total contract amount.
   - **d.** The budget would fit within the DHS Model Budget criteria which would be outlined during budget negotiations. The contractor's proposed budget would remain within the total maximum available funding amount indicated. If necessary, proposers would demonstrate how an increase to the budget is based on a previously approved Indirect Cost Rate.
   - **e.** The contractor would furnish the Department on an annual basis an inventory of all furnishings, equipment, and supplies purchased with Department funds.
   - **f.** An amount equal to ten percent (10%) of the total contract value may be included in the contract and specified as an "Allowance for Repairs." If a new need arises for an "Allowance for Repairs", the contractor would follow the standard new need process specified in the Department of Social Services (DSS) Fiscal Manual. If the "Allowance for Repairs" is not fully utilized by the end of the contract period for which it is allotted, then the funding would not be authorized for reimbursement of expenditures. The "10% contingency reserve" would be configured in each fiscal year of the contract.
   - **g.** An amount equal to twenty-five percent (25%) of the total contract value will be included in the contract to eliminate the administrative burden of processing amendments for anticipated budgetary increases such as cost of living increases, changes in indirect cost rates and other funding increases. We expect to incorporate the allowance clause into the City's Standard Health and Human Services contract and expect that this change will drastically reduce contract delays and create a more efficient contract process.

Community Hiring Requirements

   - **h.** Pursuant to Section 3502 of the New York City Charter, the Contract to be awarded from this solicitation would be subject to the Community Hiring requirements set forth in the rules promulgated under Title 74 of the Rules of the City of New York ("Community Hiring Rules"). The contract(s) awarded with a total/cumulative value more than three million dollars ($3,000,000) will require the Vendor to make best efforts to employ Income-Based Community Hires as defined under Section 1-02 of the Community Hiring Rules, in order to meet the workforce goal (the "Community Hiring Goal"). Any sub-vendor awarded to perform services or other obligation under a sub-agreement exceeding twenty thousand dollars ($20,000) in total dollar value would be required to make best efforts to extend offers of employment to Income-Based Community Hires. The Community Hiring Goal is to hire one Income-Based Community Hires for every five hundred thousand dollars ($500,000) in total value of the Contract(s) awarded. For credit towards the Community Hiring Goal, the Income-Based Community Hire hired by the Vendor or sub-vendor does not need to perform services under this Contract to be credited towards the fulfillment of the goal.
   - **i.** All price and budget proposals should be prepared in accordance with The City of New York's Health and Human Service Cost Policy and Procedures Manual (Cost Manual). For the propose of responding to this solicitation, proposers may budget up to an accepted indirect cost rate or use the 10% de minimis indirect cost rate.

2. **Evaluation:**
   a. This section will be evaluated based on the quality of the proposed plan to operate the program based on the expectations listed in this section. It is worth a maximum of **5 Percent** in the Proposal Evaluation.

Section 3 – Basis for Contract Award

A. Proposal Evaluation

All proposals accepted by DHS will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposers should submit a copy of their IRS 501(c)(3) determination letter at the time of the proposal. Proposals which DHS determines to be nonresponsive will be rejected. DHS Evaluation Committee will evaluate and rate all remaining proposals based on the evaluation criteria outlined above. DHS reserves the right to conduct interviews, 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 based on initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic terms

B. Evaluation Criteria

• Experience	15 Percent
• Intake, Case Management and Service Planning	20 Percent
• Residential and Supportive Services	10 Percent
• Health Care Services	10 Percent
• Behavioral Health Services	10 Percent
• Staffing Plan	10 Percent
• Partnerships	5 Percent
• Security, Facilities, and Building Management	10 Percent
• Data Monitoring and Reporting	5 Percent
• Budget Management	5 Percent

C. Contract Award

An award will be made to the highest rated vendor whose proposal is technically viable and whose price does not exceed the conditions set forth in the RFP. However:

- 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 shelter's program size, program type, and model depending on the needs of the shelter system.
- Should funding not be available for any of the program's components and/or services, DHS reserves the right to make all necessary changes to the scope of services of the contract to be awarded from this RFP.
- Should additional funding become available prior to the commencement of the contract(s), DHS may, at its discretion, negotiate capacity increases beyond the originally proposed levels, consistent with the program's needs and the criteria set forth in this RFP.
- DHS reserves the right to terminate or reassign the contract if the contracted services are not provided according to the requirements expressed in the RFP.
- Should a change to the scope of services be required, the contractor 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 reserves the right to incorporate additional services into the shelter, including but not limited, to an increase in program size, reduction of award amount, or the imposition of financial disincentives if a program fails to meet program targets set by DHS.

- The actual total maximum annual available funding for the contract awarded from this RFP will be negotiated between the Agency and selected Proposer prior to contract award.

Contract Award shall be subject to timely completion of contract negotiations between DHS and the selected proposer.