Department of Homeless Services

Request for Proposals

30th Street Medical Services

EPIN: 07118I0002

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IMPORTANT NOTE: This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Basic Information

RFP Release Date	March 14, 2018
Proposal Due Date	April 18, 2018
Pre-Proposal Conference	Date: March 26, 2018 Time: 2:00 pm Place: 150 Greenwich Street, 37th Floor Bid Room, New York, NY 10007 Please note security at 150 Greenwich Street requires that all visitors provide identification (with picture) to be admitted into the building. To expedite security processing, please send an email to Accoprocurements@hra.nyc.gov with the names of the individuals expected to attend from your organization no later than the day before the Pre-Proposal Conference. **Please include RSVP and the title of the RFP in the subject line of the email.** Please arrive at least fifteen (15) minutes early to ensure adequate time for security procedures. In addition, proposers should bring a copy of the RFP that would indicate the purpose of the individuals' visit to the building.
Shelter Site Visits (optional)	Date: March 20, 2018 Time: 10:00 am Place: 400 East 30th Street, New York, NY 10016
Anticipated Contract Term	July 1, 2018 – June 30, 2021, with one 3-year renewal option
Agency Contact Person	Cinnamon Warner: accoprocurements@hra.nyc.gov
Anticipated Funding and Payment Structure	• Anticipated total maximum available funding: $4,749,624 for 3 years • Anticipated maximum annual funding available: $1,583,208 • Anticipated maximum startup funding: $300,000* **Start-up funds of $300,000 will come out of the first year's allotted budget.* • Anticipated number of contracts: 1 • Anticipated Payment Structure: Line item budget
Minimum Provider Qualifications	• To propose for this RFP, the proposer must have a 501c3 IRS Determination letter to be eligible to propose.
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 HHS Accelerator system, unless in the opinion of the Agency, the question is of proprietary nature.
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.

Proposal Submission Instructions

General Guidelines	• All Proposals must be submitted utilizing the Procurement Tab of the HHS Accelerator system at www.nyc.gov/hhsacceleratorlogin by providers with approved HHS Accelerator Applications, including Business Application and required Service Application(s) for the areas listed in the Services and Providers Tab. • Proposals received after the Proposal Due Date and Time are late and shall not be accepted, except as provided under New York City's Procurement Policy Board Rules, Section 3-16(o)(5). • Please allow sufficient time to complete and submit Proposals, which includes entering information, uploading documents and entering log-in credentials. The HHS Accelerator system will only allow Providers to submit Proposals prior to the Proposal Due Date and Time. • Providers are responsible for the timely electronic submission of proposals. **It is strongly recommended that Providers complete and submit their Proposals at least 24 hours in advance of the Proposal Due Date and Time.** • Resources such as user guides, videos, and training dates are listed on at www.nyc.gov/hhsaccelerator. For more information about submitting a proposal through the HHS Accelerator system, please contact help@mocs.nyc.gov
Proposal Details	
Basic Information	• 30th Street Shelter
Provider Contact	• Select member of your organization who will be primary contact
Funding Request	• Enter the total funding request.
Site Information	• 400-430 East 30th Street, New York, NY 10016
Proposal Documents	

	Document Type	**Description**
Required Documents	Proposal	Structured Proposal Form
	Key Staff - Resumes	Key Staff Resumes and/or Job Descriptions
	Organizational Chart	Program Organizational Chart
	Budget	Completed Proposal Budget summary, including Start-up budget (if applicable)
	Doing Business Data Form	Completed Doing Business Data Form
	IRS Determination Letter [501(c)3]	IRS 501c3 Determination Letter
	Linkages	Linkage letters or letters from organizations providing community services, health services, subcontractors, and partners

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

A. Program Goals and Objectives

The Department of Homeless Services (DHS) is seeking an appropriately qualified medical provider to provide medical and behavioral health services at an 850 bed shelter for homeless men at the 30th Street Shelter – 400-430 East 30th Street, New York, NY 10016. The description for this site is listed below in Section1, B. Site Providers. The contractor selected through this RFP will provide the services in accordance with New York State Codes, Rules and Regulations, Title 18, Part 491 (18 NYCRR 491), DHS policies and procedures, and related court decrees.

DHS' overall goals and objectives with respect to this procurement are to re-open the medical clinic at this site, which has been closed for several years. Resources will be primarily utilized for the clients on the assessment side to provide comprehensive medical and behavioral health assessments, support, referrals and linkage to care in the community at the front door of the system. This will ensure that clients' needs are identified and addressed so that they can succeed in transitioning into permanent housing. Clients diagnosed with Serious Mental Illness will have an HRA 2010e completed at the assessment site to expedite their approval for supportive housing. Care coordinators will provide health promotion and coaching on key health issues, refer and link clients to medical and behavioral health services. The contractor will provide crisis prevention and intervention, conduct assessments, and provide short-term care and counseling to both clients on the assessment side and the general shelter.

Providers are required to have services on site for clients. Those services have been outlined below. Preference will be given to contractors who are able to provide integrated healthcare within their agency, thus minimizing the need for sub-contractors. If sub-contractors are utilized, it should be limited to one sub-contract, thus maximizing integration of care. In addition, providers are expected to have affiliations with tertiary care centers and/or large healthcare systems for access to specialty care.

B. Site Profile

30th Street Shelter – 400-430 East 30th Street, New York, NY 10016

The 30th Street Men's Shelter is a multi-functional facility with a total of 850 shelter beds located at 400-430 East 30th Street, Manhattan. This site acts as the Department of Homeless Services' main point of entry for all single adult men as well as adult families and, as such, acts as DHS's primary location for Intake and Diversion efforts. Intake and Diversion for single adult men is focused on a strengths-based assessment of each client and their available resources, and provides valuable services including, but not limited to, family mediation, emergency one-shot deal applications to assist with rent arrears to prevent eviction, referral for short- and long-term rehabilitation, and financial assistance for family reunification. On a daily basis, 145 beds are made available for Intake and Diversion efforts.

In addition, the 30th Street Men's Shelter serves as two different single adult programmatic shelters. The 30th Street Assessment program shelters 230 men on a nightly basis, and serves as one of four assessment shelters for men in the shelter system. Social services are tailored to a 21-day assessment of clients and recommendation for program type. The 30th Street General Shelter has capacity for 475 clients, and offers case management and employment-related assistance with long-term placement as the goal of social services.

Both single adult programs provide three meals a day, clean linens and toiletry essentials, a lock/locker to secure valuables, a safe and respectful environment, and case management services. Case management services are built around each individual's unique set of strengths and aid the client as they move from emergency shelter to permanent independent living. Case management services include entitlement enrollment, employment assistance, financial management, substance abuse/mental illness support, medical management, and permanent housing assistance.

The 30th Street Men's shelter was formerly Bellevue Psychiatric Hospital. The building was completed in 1931 and is 9 stories high. In 1984, the city began phasing it out as a psychiatric center. In 1998, it was transformed to the Homeless Intake Shelter. The facility contains client dormitories, laundry areas, cafeteria, recreation area, administrative offices including space for social service and case workers, and offices that were formerly used to provide medical services.

Section 2 – Clinical Expectations and Proposal Instructions

A. Experience

1. General Expectations:

a. The contractor would have tax-exempt not-for-profit status under 501 (c) (3) of the internal revenue code.

b. The contractor would have at least five years of successful demonstrated experience in operating medical and behavioral health (mental health and substance use) services. Greater consideration will be given to providers who are able to deliver integrated medical and behavioral health services.

c. The contractor would have at least five years of successful demonstrated experience in serving homeless and/or low-income clients and optional experience serving clients who have had contact with the criminal justice system. Preference will be given to providers of healthcare with homeless designation and providers with demonstrated success in caring for the homeless and achieving demonstrable positive outcomes.

d. Personnel would have the appropriate qualifications in terms of appropriate degree, certification, and/or licensure, etc. and experience as needed to perform in their respective role, i.e., Medical Doctor (MD), Nurse Practitioner (NP), and Licensed Clinical Social Worker (LCSW), to effectively provide the requisite services to homeless clients.

e. The contractor would have the organizational capability to manage the delivery of services, administrative, and financial components of this program.

2. Proposal Instructions:

a. Complete Section A of Attachment E: Structured Proposal Form, questions 1-4.

b. Attach an IRS Determination Letter for 501 (c)(3) status.

3. Evaluation:

This section would be evaluated based on the extent to which the proposer demonstrates relevant experience to operate the program based on the expectations listed in this section. It is worth a maximum of **20 points** in the Proposal Evaluation. Greater consideration will be given to contractors who can provide integrated medical and behavioral health services on-site.

B. Assessment

1. Clinical Expectations:

a. All assessment shelter providers would provide clinical services on-site as described below. The contractor may provide the services directly, or via sub-contract, or MOU with an Article 28 organization. Greater consideration will be given to providers who will provide the services directly and those who have or will obtain Article 28 designation. Providers who bill Medicaid or other insurances will report the revenues which they received in reimbursement to DHS or the shelter contractor and subtract the reimbursement amount from their monthly invoice. Medical contractors would receive a 5% bonus, up to $100,000 per year, for reimbursements they receive from billing Medicaid and other insurances.

b. A senior Medical Provider staff member would be identified and designated as the Medical Director for the Shelter.

c. If used, the MOU or subcontract would be subject to the review and approval of DHS. The contractor is required to utilize the same scope of service as outlined in the RFP for all subcontracted medical services.

d. The contractor would ensure that medical and behavioral health services are available 6 days a week at a minimum of 8 hours a day on weekdays, with evening hours at least 2-3 days per week. They will also provide services on one weekend day, for a minimum of 4 hours.

e. The provider would be responsible for the health of shelter clients, offering primary care, linkage to Care, Care coordination, and communication with hospitals and outside providers.

f. 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 will 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 will not be referred for a more comprehensive behavioral health assessment. The contractor would ensure that the relevant information is entered in the appropriate sections in CARES based on guidance from DHS provided at the time of contracting. The contractor or clinical staff would enter the information into CARES within 2 calendar days of completion of assessment. Access will be given to selected staff.

g. If a full history and physical examination has been completed by another medical provider within the previous month and a signed copy is received by the medical provider, a new physical examination is not needed. In such cases, the medical provider would review and update the history and physical examination with the client and arrange for on-going care as needed.

h. Clients who report having a history of behavioral health issues or present concerning behavior will be referred by medical or shelter staff for a comprehensive behavioral health assessment. Clients would be seen by clinical staff to complete a Brief Psychiatric Assessment using a standard tool provided by DHS within 10 business days of entry to the shelter.

i. Shelter staff would identify and prioritize clients who are in need of immediate medical or psychiatric evaluation or care for examination by the clinical staff. If a client is in need of medical attention but is refusing to enter the clinic, the contractor would evaluate the client wherever he is in the facility. However, every new entrant must have a complete medical evaluation that includes a behavioral health screening within 72 hours and a behavioral health evaluation if indicated within 2 weeks of intake. Contractors would complete a medical and behavioral health evaluation on at least 80% of new clients per month. 90% of the evaluations will be entered in CARES within 2 days.

j. The following guidelines and timeframes will be used for prioritizing clients:

    i. Stat Referrals – someone who needs to be seen by a medical provider immediately as client is likely to be sent to the hospital. Examples of stat referrals include: a client who is delirious, heavily intoxicated or in acute withdrawal, and acutely psychotic. In addition, the clinic may be asked to see adult family clients. The client would have to be seen by the medical provider that day, prior to being transferred to an Adult Family shelter, if the referral is urgent. Otherwise, the client can be transported back for an appointment on a later date.

ii. Urgent Referrals –clients would be seen within 24-48 hours. Examples of urgent referrals include clients with uncontrolled asthma, diabetes, recent hospitalization, and AOT orders.

k. Clients who have a medical or behavioral health issue would be linked to care for follow-up treatment.

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

m. The contractor would ensure that all clients sign HIPAA-compliant releases of information, including the release of information to DHS.

2. Proposal Instructions:

a. Complete Section B of Attachment E: Structured Proposal Form, questions 5-9.

3. Evaluation:

a. This section would be evaluated based on the quality of the proposed plan to provide assessment services based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

C. Medical Services

1. Clinical Expectations:

a. The medical examination would be comprised of review of any acute illness, communicable diseases, chronic diseases common in the population (hypertension, cardio-vascular disease, etc.), and mental health and substance use disorders; any prior or current treatments; history of prior medical or behavioral health hospitalization; history of overdose or detoxification; and history of violence, arson, and any current outpatient mental health services, including AOT order or having at ACT team.

b. Each new client would receive a tuberculosis test, preferably the QuantiFERON® blood test(QFT) , and if not available, 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 must immediately reported to the NYC Department of Health and Mental Hygiene (DOHMH) Bureau of TB Control for follow-up.

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

d. Relevant infectious disease screening should be offered following DOHMH or CDC recommendations, including HIV and hepatitis C and B testing. Clients with HIV will be referred to both HRA's HIV/AIDS Services Administration (HASA) and Ryan White care coordination program, and those with hepatitis C will be linked to a hepatitis C comprehensive care provider and/or HCV Patient Navigation Program.

e. The contractor and medical provider 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.

f. The medical provider would inquire about the client's relationship with a primary care provider and date or month of last visit to that provider and the existence of an on-going relationship with the provider.

g. If the client does not have a primary care provider or has not seen their provider in over a year, the shelter medical provider would provide essential medical services,

including episodic care and access to medications via prescription or on-site, and referral information, including the list of Health and Hospital facilities and of federally qualified health centers that provide services to homeless persons.

h. The contractor would provide episodic care or assist the client in accessing urgent care as needed. Clients with Medicaid managed care, Medicare Advantage and exchange plans can be linked preferentially to City MD for urgent care, instead of going to the ED.

i. The contractor would provide access to dental care, podiatry services, and other specialty services, either on-site, directly at their central location, or by MOU or linkage to Care.

j. The contractor would develop and implement an appropriate and effective plan for emergency response and for transferring clients to affiliated hospitals or clinics for treatment when necessary, including an on-call system for phone/email coverage 24hrs/7 days a week. 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.

k. For clients who need to be taken to the emergency department (ED), the medical providers would discuss directly with EMS regarding client's condition and needs, and will 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 would talk to the ED staff as needed to ensure all relevant information is communicated to the ED. The medical provider would follow-up by phone call on the same day to verify plans and discuss with hospital staff.

l. If admitted, the medical provider will 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 would ensure that the DHS institutional referral procedure is followed for clients admitted to the hospital and being discharged to shelter. Medical staff would oversee reviews of the referral forms and documents and discuss with hospitals any client referrals that may be medically inappropriate for shelter.

m. 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. The medical provider is responsible as the provider of medical services to all shelter clients for providing coverage and consultation 24/7 as needed. If the medical provider is unable to resolve an issue with a hospital, the medical provider would request a consult with the DHS office of the medical director, following the DHS medical consult procedure and using the consult request form.

n. The medical provider would complete forms needed for diversion to other settings (i.e. PRI for Nursing Home placement; M11Q for Home Health Aide application; or supportive housing form).

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

p. The facility would be ADA accessible.

q. The contractor would make condoms available to clients for the prevention of pregnancy and sexually transmitted diseases.

r. The contractor would obey by the non-smoking policy of the City of New York and provide smoking cessation education, including information on the NYS Quit Line (https://www.nysmokefree.com/) and access to nicotine replacement therapy.

2. Proposal Instructions:

1. Complete Section C of Attachment E: Structured Proposal Form, questions 10-13.

3. Evaluation:

1. This section would be evaluated based on the quality of the proposed plan to provide medical services based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

D. Behavioral Health Services

1. Clinical Expectations:

a. The scope of behavioral 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.

b. Crisis Prevention - In many instances, behavioral problems escalate over time. Site staff will consult with their clinical provider at the first sign of need from a client and not wait until the situation is at crisis level. Site staff would request that the clinical provider see clients that are decompensating or becoming more medically frail and the site clinical staff must be responsive to the site and evaluate the client as needed. Potential problems should be anticipated and plans made prior to weekends and holidays on how the cases can be managed. Site staff and clinical providers would ensure that a detailed note is left in the client's chart with a summary of the client's clinical problems.

c. The on-site clinical provider would provide linkage to care and assistance in enrolling into Medicaid Health Homes or complete a Single Point of Access (SPOA).

d. The contractor would develop and implement an appropriate and effective plan for behavioral health emergency response and for transferring clients to affiliated hospitals or clinics for treatment when necessary, including an on-call system for phone/email coverage 24hrs/7 days a week. 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.

e. For clients who need to be taken to the emergency department (ED), the medical providers would discuss directly with EMS regarding client's condition and needs, and will 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 would talk to the ED staff as needed to ensure all relevant information is communicated to the ED. The medical provider would follow-up by phone call on the same day to verify plans and discuss with hospital staff.

f. If admitted, the medical provider 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 would ensure that the DHS institutional referral procedure is followed for clients admitted to the hospital and being discharged to shelter. Medical staff would oversee reviews of the referral forms and discuss with hospitals any client referrals that may be medically inappropriate for shelter.
g. 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. The medical provider is responsible as the provider of medical services to all shelter clients to provide coverage and consultation 24/7 as needed. If the medical provider is unable to resolve an issue with a hospital, the medical provider would request a consult with the DHS office of the medical director, following the DHS medical consult procedure and using the consult request form.
h. The contractor would complete mental health evaluations to be included on the HRA 2010e supportive housing application.
i. The contractor would provide regularly scheduled clinical supervision and case conferences to discuss complex cases and include IMT, AOT, ACT, Care Coordination and other service providers as appropriate.
j. The provider would offer or facilitate access via agreements with outside organizations to syringe exchange programs and other harm reduction services, including medication assisted treatment (MAT). DHS' Substance Use and Overdose Response policy is currently in draft.
k. The provider is expected to make rapid naloxone administration available at ALL times through training shelter staff. This can be done either by becoming a State-Certified Opioid Overdose Prevention Program, or training sufficient staff to have coverage on all shifts. The provider will work with DHS to establish a system to have naloxone on site at all times. DHS would facilitate training, as needed.
l. The clinical provider would be expected to work with shelter staff to train as many at-risk clients as possible, directly or via shelter staff, to identify signs of overdose and be able to administer naloxone intranasally.

2. Proposal Instructions:

a. Complete Section D of Attachment E: Structured Proposal Form, questions 14-18.

3. Evaluation:

a. This section would be evaluated based on the quality of the proposed plan to provide mental health services based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

E. Care Coordination

1. Clinical Expectations:

a. A care coordinator or patient navigator would be assigned to coordinate client's medical and behavioral care with the provider's medical clinic and shelter staff as well as with any outside medical and behavioral health providers as necessary.
b. The provider would check all available data sources including, but not limited to, discussions with the client, records from referral sources, CARES, and

PSYCKES, to identify providers involved in the client's care (e.g., Health Home Care Coordinators, Primary Care Providers, Assertive Community Treatment Teams, Intensive Mobile Treatment teams, Assisted Outpatient Treatment, substance use disorder services providers, clinics, PROS, etc.) and request the client's written consent to communicate with those providers for the purposes of coordinating care. With written consent, the provider would reach out to the other providers involved in the client's care, to establish contact and initiate services collaboration.

c. **Primary care:** the provider would assess whether the client has a primary care provider at the time of the medical assessment. If client has a primary care provider, the contractor would communicate with the primary care provider (PCP) and share a copy of the assessment and continue on-going communication with the PCP via the care coordinator to verify that the client is receiving needed care.
d. If the client doesn't have a primary care provider, the care coordinator will 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 a PCP and the DHS shelter houses an Article 28 clinic, the client would be offered on-going medical care and follow-up services there. If necessary, clients will receive assistance in changing Medicaid Managed Care Plans or PCP, as per protocols developed for NYC homeless populations.
e. The Care Coordinator would coordinate care and liaise, on behalf of clients, with hospital Emergency Department and in-patient unit staff.
f. 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.
g. Following the medical and behavioral health evaluation, the care coordinator would ensure the client is connected in 15 days to community-based medical and behavioral health service providers as recommended by the evaluations.
h. For clients receiving specialty care (HIV, Hepatitis C, dialysis, etc.) and may have their own specialized care coordinators, the contractor would also facilitate care coordination and continuity of care.
i. Through establishing and maintaining contacts with providers in the neighborhood, the care coordinator would advocate for timely and adequate community-based services
j. The Care Coordinator would promote health and wellness among clients through education and enhancement of motivation to initiate and maintain services.

2. <u>Proposal Instructions:</u>

a. Complete Section E of Attachment E: Structured Proposal Form, questions 19-21.

3. <u>Evaluation:</u>

a. This section would be evaluated based on the proposed plan to provide care coordination services based on the expectations listed in this section. It is worth a maximum of **<u>10 points</u>** in the Proposal Evaluation.

F. Staffing Plan

1. Clinical Expectations:

a. The contractor's proposed staff would have the appropriate clinical qualifications to effectively provide the requisite services to meet the needs of the target population. The following clinical positions should be included: Medical Director, 1.5 FTE Medical Clinicians, 2 Psychiatric NP, and 1.5 FTE LCSW. In addition, 2 FTE Care Coordinators should be included in the proposed staffing pattern, along with other support staff.

b. All staff members would have at least two years of experience in serving homeless and/or low-income clients. Staff members will also have cultural competencies for providing the proposed services and also have opportunities for ongoing professional development and training.

c. The contractor would employ and maintain ongoing and consistent staff supervision, procedures for evaluating staff performance and protocols for employee discipline and termination

d. The contractor would employ and maintain staffing, which includes the positions indicated above in a., to ensure operational success in providing medical and behavioral health assessment, follow-up care, care coordination, and emergency coverage, including evening and weekend hours to maximize the access to medical and behavioral health services for clients. With the current budget and staffing, the contractor is expected to complete at least 300 medical assessments for new clients per month and at least 200 comprehensive psychiatric evaluations for new clients per month. The contractor would ensure on-call coverage for phone/email 24hrs/7 days a week.

e. DHS reserves the right to interview and review the credentials of key program staff, including the medical director, and to approve the contractor's employees who work in the shelter.

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

g. Recommended Clinical Staffing Model:

   i. A Clinical Director, preferably an LCSW or equivalent, will oversee the day to day operations of the clinic, and collaborate with DHS staff.

   ii. The clinical team would get to know the clients they serve, well, and meet regularly to discuss the clinical approach for individual clients and best practices. These meetings will be facilitated by the medical director.

h. **Crisis Prevention, De-Escalation and Management**

The contractor would train all staff with direct client contact, including sub-contractors, in mental health first aid, trauma-informed policies and procedures relevant to the staff's role, and crisis de-escalation techniques.

2. Proposal Instructions:

a. Complete Section F of Attachment E: Structured Proposal Form, questions 22-24.

b. Proposers should attach:

i. An organizational chart specifically for the proposed program, showing how proposed services will fit into the proposer's organization and indicating lines of supervision.

ii. A resume and/or description of the qualifications of proposed program staff. If resumes are not available, include the intended job descriptions with qualification requirements. Specify administrative, managerial and clerical positions and indicate whether staff members work full-time or part-time.

iii. Attach a chart with a sample staffing schedule; including staff titles, work hours and days.

3. Evaluation:

a. This section would 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 points** in the Proposal Evaluation.

G. Data Collection, Quality Management, and Performance Evaluation

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 EMR, as long as the information needed by DHS to be entered into CARES is collected.

ii. All data required by DHS is entered into CARES.

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 the 80% monthly target was reached. The monthly target consists of the contractor addressing 80% of the referrals received in a given month, which includes new clients to DHS, and returning clients. In addition, the contractor would see 80% of clients who need to be seen for follow-up after their initial assessment. 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.

d. Payment may be withheld for non-reporting and poor performance. Monthly reports are due by the 15th day of the following month. December's monthly report (due on January 15th of the following year) should be a cumulative report of the past year.

e. 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.

f. The contractor would report on staff productivity, new hires, and replacements for staff that left the agency.

1. Proposal Instructions:

a. Complete Section G of Attachment E: Structured Proposal Form, questions 25-27.

2. Evaluation:

a. This section would be evaluated based on the extent to which the proposer demonstrates a plan to establish a quality management program and meet performance targets based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

H. Partnerships (Linkages and Community Relations)

1. Clinical Expectations:

a. **Linkages**

i. The contractor would establish referral relationships with appropriate community providers and will disseminate information about community-based programs and services to clients through care coordinators.

ii. The contractor would make referrals for clients to needed community-based providers. Direct linkage or warm hand-off is expected.

iii. The contractor would follow up with community-based service providers to ensure that referred clients are participating in the service and that services are received in a timely manner and are adequate.

iv. The contractor is expected to have affiliations with tertiary care centers and/or large healthcare systems for access to specialty care.

2. Proposal Instructions:

a. Complete Section H of Attachment E: Structured Proposal Form, questions 28-29.

3. Evaluation:

a. This section would be evaluated based on the extent to which the proposer demonstrates a viable plan based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

I. Budget Management

1. Program Expectations:

a. DHS anticipates that the payment structure for contracts awarded under this RFP will be line-item budget reimbursement.

b. The total maximum available funding for this contract is $4,749,624 for 3 years or $1,583,208 annually.

c. Start-up funds of $300,000 will come out of the first year's annual budget. It is expected that on day one of operations, not all staff will be hired. Therefore, there will be an excess of funds in staff salary lines for the first year that would be utilized for start-up funds.

2. **Proposal Instructions:**
    a. Proposers should complete and attach the Proposal Budget Summary (Attachment D).
        i. If a Start-Up Budget is required, proposers must also complete the Start-Up Budget Summary tab and include a separate Budget Narrative justifying all costs
    b. Complete Section I of Attachment E: Structured Proposal Form, question 30.

3. **Evaluation:**
    a. This section will be evaluated based on the extent to which the proposer presents a viable budget to operate the clinic based on the expectations listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

Section 3 – List of Attachments

**All attachments for this RFP can be found in the RFP Documents tab in the HHS Accelerator system.*

- Attachment A – General Information to Proposers
- Attachment B – Doing Business Data Form
- Attachment C – Question and Answers about the Doing Business Data Form
- Attachment D – Proposal Budget Summary
- Attachment E – Structured Proposal Form
- Attachment F – Client Code of Conduct (CCC) and Process
- Attachment G – Floor Plans for the 30th Street Medical Clinic

Section 4 – Basis for Contract Award and Procedures

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. Proposals which DHS determines to be nonresponsive will be rejected. DHS Evaluation Committees will evaluate and rate all remaining proposals based on the Evaluation Criteria outlined in this RFP. DHS reserves the right to conduct interviews and/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 terms. Greater consideration will be given to contractors who are able to enhance the volume of services offered by incorporating Medicaid-funded behavioral health services into their program and provide integrated medical and behavioral health services on- site.

B. Contract Award

A contract award will be made to the responsible Proposer whose proposal is determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in the RFP.

Proposals will be ranked in descending order of their overall average technical scores and DHS will establish a shortlist through a natural break in scores for technically viable proposals. An award will be made to the highest rated vendor whose proposal is technically viable and whose prices do 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 model and/or gender of its population 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 a change to the scope of services be required, the Contractor will ensure a smooth transition to the new program model where relevant, including the potential transfer of existing clients to more appropriate program settings.
- 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, and a determination of both contractor responsibility and administrative capability.