



DATE: 4/11/25

TO: Robert Gleason, Director, Purchasing Division

THRU: Tara Williams, Director, Human Services Department

FROM: Patrice Paldino, Director, Housing Options, Solutions, and Support

PROJECT TITLE: Homeless Low Demand Shelter - South Broward

REQUISITION NO.

SOURCE/BRAND NAME: Miami Rescue Mission, Inc. d/b/a Broward Outreach Center

## SOLE SOURCE/SOLE BRAND/ONLY ONE REASONABLE SOURCE REQUEST



SOLE SOURCE



SOLE BRAND



ONLY ONE REASONABLE  
SOURCE

I. REQUEST: Provide a description of the features of the product/service or Scope of Work.

Low Barrier Emergency Shelters provide temporary or transitional places to sleep (bed nights) for individuals & families experiencing homelessness in the community. In line with the Broward County Board of County Commissioner's (BOCC) value of "building partnerships & working collaboratively with others to meet shared objectives" as well as the goal to "deliver accessible human services that holistically address the whole person collaboratively & compassionately." The Broward County Human Services Department ("HSD"), Housing Options, Solutions, and Supports Division ("HOSS-D") desires to procure the provision of enhanced homeless services for 18 clients by providing 18 low-barrier emergency shelter beds annually to the Homeless Continuum of Care. HOSS-D is requesting approval of the designation of Sole Reasonable Source for Miami Rescue Mission, Inc. d/b/a Broward Outreach Center to provide Low-Barrier Emergency Shelter Services so that it may seek BOCC approval for an agreement. - Please see attached document -

II. JUSTIFICATION: Please check all boxes that describe your reason(s) for determining that only one source or brand is reasonably available.

### Sole Source/Uniqueness

- ☐ Proprietary Item - this vendor/source has the only rights to provide this service or commodity. A letter from the manufacturer or authorizing entity is included in this request.
- ☐ Technology Improvements - updates or upgrades to an existing system, software, software as a service (SaaS), hardware purchases.
- ☐ Engineering Direction - engineering drawing or specification identifies product; "no substitutes or equivalents will be acceptable."
- ☐ Only qualified supplier - reliability and maintainability of the product or service would be degraded unless specified supplier is used; may void warranty. This request includes a copy of the current warranty information.

- ☒ Other/or Additional information - the County requires this sole source purchase for the following reasons.

Miami Rescue Mission, Inc. d/b/a Broward Outreach Center is an active, verified 501(c)(3) organization under the United States Internal Revenue Code. Per the Continuum of Care Housing Inventory Chart, the Miami Rescue Mission, Inc. d/b/a Broward Outreach Center is the only organization with the resources to provide overnight beds for homeless individuals in accordance with City of Hollywood Ordinance.

**Business Case (Only One Reasonable-Source<sup>1</sup> or Only One Reasonable Brand)**

- ☐ Operational Compatibility - replacement parts from alternate suppliers are not interchangeable with original part and causes equipment incompatibility. Previous findings and/or documentation is included with this request.
- ☐ Ease of Maintenance - maintenance or retooling prohibits competition. Section III, Comparative Market Research includes estimated costs associated with changing current source and/or brand.
- ☐ Follow-On - potential for continued development or enhancement with same supplier and eliminates costs incurred by using different supplier. Section III, Comparative Market Research includes estimated costs for replacing current or existing system.
- ☒ Complies with existing community and safety standards, and/or laws, rules, and regulations.
- ☒ Other/or additional information - using this only one reasonable source, only one reasonable brand purchase benefits the County for the following reasons:

The Human Services Department services are exempt from the Procurement Code.

III. COMPARATIVE MARKET RESEARCH: Provide a detailed source or market analysis for justification of sole source/brand or most reasonable source (attach extra sheets as needed).

Estimated project value: Year one \$160,000, Year 2&3 Contract length (if applicable): 1 year with 2 option pe

Has this commodity or service been previously provided to the County? ☒ Yes ☐ No

If yes, provide the following and attach any supporting documentation (e.g., previous approved memoranda):

Vendor name and date Miami Rescue Mission, ll Method of Procurement RFQ

What is the current contract (Procurement Catalog) or purchase order number? N/A

Expenditures to date: N/A

Will this procurement utilize any local/state/federal grant funding? ☐ Yes ☐ No

If yes, attach any supporting documentation (e.g., grant agreement).

If this is a sole brand, is there an "authorized" dealers/resellers list? ☐ Yes ☒ No

If yes, provide the manufacturer's "authorized" dealers/resellers list.

<sup>1</sup> Commonly known as Most Reasonable Source

Cost/Benefit Analysis: What would the cost be to utilize an alternate vendor or source? This explanation should include the savings and/or additional costs to the County by not using the preferred vendor or source. Attach additional sheets if needed.

There are no alternate vendors available. There are three other organizations in the County that are able to provide Low-Demand Shelter services, (Broward County owned facilities - operated by Broward Partnership for the Homeless, Women in Distress - domestic violence only, and The Salvation Army) Broward County has contracts for all of these locations and none of these locations have additional beds available. Miami Rescue Mission is the only Low Demand Shelter in South Broward, all other shelters are located from Fort Lauderdale to Pompano Beach. These beds would represent the only shelter capacity the County would have south of Fort Lauderdale. We are not aware of any other low demand homeless shelter in Broward County other than the ones discussed above.

CERTIFICATION: I have thoroughly researched the sole source, sole brand, only one reasonable source, or only one reasonable brand justification and fully understand the implications of Section 838.22 of the Florida Statutes:

(2) "It is unlawful for a public servant or a public contractor who has contracted with a governmental entity to assist in a competitive procurement to knowingly and intentionally obtain a benefit for any person or to cause unlawful harm to another by circumventing a competitive solicitation process required by law or rule through the use of a sole-source contract for commodities or services".

(5) "Any person who violates this section commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084".

Sean Morales

Sean Morales Digitally signed by Sean Morales  
Date: 2025.04.11 11:19:59 -04'00'

4/11/25

REQUESTOR/EVALUATOR (PRINT) REQUESTOR/EVALUATOR (SIGN) DATE

Patrice Paldino

Patrice Paldino Digitally signed by Patrice Paldino  
Date: 2025.04.11 11:26:49 -04'00'

DEPT/DIV DIRECTOR OR DESIGNEE (PRINT) DEPT/DIV DIRECTOR OR DESIGNEE (SIGN) DATE

#### PURCHASING DIVISION USE ONLY

The Purchasing Agent has reviewed the request and has completed the required due diligence per the Procurement Code Section(s) 21.25 and 21.26. The Purchasing Agent recommends the following:

☒ Sole Source ☐ Sole Brand ☐ Only One Reasonable Source/Brand<sup>2</sup> ☐ Reject  
☐ Authorization to Negotiate ☐ Standardization ☐ Board Award

#### Attachments

☒ Request for Information ☐ Previous Approved Documentation  
☐ Vendor Letter

<sup>2</sup> As per Florida Statute 287.057(3)(c), FLL projects valued ≥\$325,000 require 15 business day posting of intended sole source designation

Additional Information (e.g., Number, opening date, # of responses, Agency reviewed yes/no):

In accordance with Broward County Procurement Code, Section 21.5(b 6), "Services provided directly to individual persons or families pursuant to County-administered or County-designated programs (such as behavior health programs or veterans services by the Human Services Department; or housing finance, minor home repair, or affordable housing services or programs by the Housing Finance Division)", these services are exempt from the requirements of the Procurement Code. However, pursuant to Procurement.

Code, Section 21.25(a), a Request for Information (RFI) / Notice of Intent to Designate Sole Source/Only Reasonable Source, RFI No. OPN2129926F2 was posted from March 5, 2025, through March 14, 2025; no responses were received. I contacted Hope South Florida. They showed interest in participating but once I talked to them, they confirm they do not have a licensed shelter in place. I contacted Grace Marketplace, but they only have 1 shelter located in Gainesville, FL. I contacted COSAC Foundation in Davie, FL, they offer homeless services but don't have any beds availability. I contacted Second Chance Society, they offer education services to the homeless but don't have a shelter in place. Previous solicitations, GEN2128664FI - Request for Information: Low Barrier Emergency Shelter Beds and GEN2128668FI - Request for Information: Domestic Violence Emergency Shelter and Supportive Services both advertised on July 1, 2024.

In accordance with the Procurement Code, Section 21.25(a) Purchasing Agent affirms that the required due diligence has been completed and recommends this sole source/most reasonable source designation.

In addition, pursuant to Chapter 23- Operational Policy, Human Services, Section 23(d), and consistent with past practices, this recommendation is to allow the Human Services Department to proceed with the approve the sole source to Miami Rescue Mission, Inc. d/b/a Broward Outreach Center to provide the requested services.

The annual amount is estimated at \$393,557, for a three-year potential amount of \$1,180,671.

Below is the continuation request from the Agency, including taxonomy rates used for all providers (per bed night fees), what the breakdown cost would be for Miami Rescue Mission, and the Service Delivery Model for Emergency Shelter Services from Human Services Department, which was attached to the RFI.

Purchasing Agent: **DAVID CAMPBELL**  
Digitally signed by DAVID CAMPBELL  
Date: 2025.04.23 11:39:12 -04'00'

Purchasing Manager: **Jose Hidalgo**  
Digitally signed by Jose Hidalgo  
Date: 2025.04.23 11:42:42 -04'00'

APPROVAL AUTHORITY



APPROVED



DISAPPROVED

Purchasing Director: **Robert Gleason**  
Digitally signed by Robert Gleason  
Date: 2025.04.24 10:35:38 -04'00'

I. Request – Continued

effective May 1, 2025 through September 30, 2025. The County currently provides shelter access through three methods. One is the two County owned shelters which are over capacity. One is located in Fort Lauderdale and the other in Pompano Beach. Please see the attached email which we receive daily showing the census at these locations. The second method is via a contract with Women in Distress of Broward County. This is a shelter for victims of domestic violence only and the location is confidential. This is the only certified domestic violence shelter in Broward County and the contract was procured via a sole source process. The third method is via a contract with The Salvation Army. This contract was also procured via a sole source process. This is the only privately owned and operated homeless shelter in Central Broward County. They do not have any more beds available. Attached is the service delivery model for the shelter to give you a better idea of the program description and services involved. This sole source request is to add a fourth option and is the only option available in south Broward.

III. Comparative Market Research - Continued

1. The contract would be based on the taxonomy rates used for all providers of this services which are as follows:
  - A. Emergency Shelter Low Demand (BH-1800) \$45.38 per bed night
  - B. At Risk/Homeless Housing Related Assistance Programs/Support Services (BH-0500) - \$42.00 per hour
  - C. Administrative Services (TD-0350) – Actual monthly admin. Expenses not to exceed 15% of the actual expenses
2. The initial term of the contract would be 5/1/25 to 9/30/25 with two one-year option periods. Please see the calculations below.

Miami Rescue Mission - The Caring Place									
	# of Units per Day	Daily Rate	Daily Total	Annual Total	Taxonomy Name	Taxonomy Number	Page Number	Rate	# of Units
Individual Beds	9	\$ 45.38	\$ 408.42	\$ 149,073.30	Emergency Shelter Low Demand	BH-1800	23	\$45.38 per night	9 beds per day for 365 days = 3,285 bed nights per year
Family Rooms	9	\$ 45.38	\$ 408.42	\$ 149,073.30	Emergency Shelter Low Demand	BH-1800	23	\$45.38 per night	9 beds per day for 365 days = 3,285 bed nights per year
Supportive Services				\$ 50,000.00	At risk Homeless Housing Related Assistance Programs/ Support Services	BH-0500	6	\$42.00 Per Hour	1,190.5 hours of services per year
Admin				\$ 45,410.00	Administrati ve Services	TD-0350	1	Actual administrative expenses. Can claim expenses for up to 15% of Services Provided	Based on allowable expenses up to maximum in line item
			Annual Total	\$ 393,556.60					
			FY25 Prorated Amount (5 months)	\$ 163,981.92					

# **BROWARD COUNTY HUMAN SERVICES DEPARTMENT**

---

## **EMERGENCY SHELTER SERVICES**

### **SERVICE DELIVERY MODEL**



## **Broward County Human Services Department Emergency Shelter Services Service Delivery Model**

Providers contracted to do business with the Human Services Department are required to follow the policies and procedures in the Standard Terms and Conditions, Unit of Service Funding Agreement, Provider Handbook, Taxonomy Table, and the applicable Service Delivery Model, located online at, <https://www.broward.org/CommunityPartnerships/Pages/Default.aspx> to receive reimbursement for services provided to individuals meeting eligibility requirements.

This Service Delivery Model serves as a minimum set of standards to be followed by all providers of Emergency Shelter Services (“ESS”) funded by the Broward County Human Services Department.

For purposes of this Service Delivery Model, the term “Agreement” refers to the executed contract between County and Provider including the Standard Terms and Conditions, Funding Agreement, and all exhibits and documents incorporated by reference. The term “Provider” means any entity or group that has an agreement with Broward County Human Services. The term “Client” describes an individual who meets the eligibility requirements for County-funded services outlined below.

### **I. SCOPE OF SERVICES: PROGRAM DESCRIPTION AND POPULATION OF FOCUS:**

- A. PROGRAM DESCRIPTION:** Emergency shelters are a critical component of an effective crisis response system because people experiencing a housing crisis or fleeing an unsafe situation need to access a safe and decent place to stay for a brief period until they can obtain permanent housing. Providing Low Barrier Emergency Shelters significantly reduces the risks faced by people experiencing homelessness who would otherwise be on the streets. In an effective homeless crisis response system, anyone experiencing a housing crisis should easily access shelter and housing supports without pre-requisites and be able to access appropriate support to either retain their current housing situation or identify a safe, appropriate alternative.

There are key considerations for ensuring that ESSs and similar crisis settings are equipped to provide low-barrier access and quick and effective pathways to permanent housing.

Specific areas of focus for strengthening the implementation and impact of ESS include the following:

- a. Promote dignity and respect for every person seeking or needing shelter,
- b. Divert people from the homelessness service system, when possible,
- c. Adopt a Housing First approach and create low-barrier access to emergency

shelter,

- d. Equip ESS to serve as a platform for housing access, and
- e. Provide housing case management to assist individuals moving out of the shelter into a stable housing situation.

**B. POPULATION OF FOCUS:** Individuals who are experiencing homelessness, are currently located in Broward County, Florida, and meet all the eligibility criteria listed below:

- 1. Eligibility Criteria:** To be eligible for Emergency Shelter Services, an individual must meet all the following criteria:
  - a. Be living in Broward County;
  - b. Be at least 18 years of age; and
  - c. Must be experiencing homelessness under HUD Category 1 or 4; definitions are located in the HSD Provider Handbook
- 2. Documentation of Eligibility:** Provider must verify Client eligibility for participation prior to Client receiving services. All Clients must be screened for the following:
  - a. Verification living in Broward County;
  - b. Verification of age; and
  - c. Verification of homelessness from Provider or another third-party such as, an outreach provider, other emergency shelters, or documented intake worker's observations, Verification of homelessness may also be obtained from prior records in the Homeless Management Information System ("HMIS").

**Note:** Victims of domestic violence must be referred immediately to Women in Distress of Broward County. "Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or he or she is afraid to return to, their primary nighttime residence (including human trafficking).

## **II. STANDARDS AND OTHER REQUIREMENTS:**

Providers must adhere to standards and requirements set forth in the Provider Handbook, located online at, <https://www.broward.org/CommunityPartnerships/Pages/Default.aspx> and requirements contained in any applicable amendments and contract adjustments.

### **A. REQUIREMENTS FOR ELIGIBILITY VERIFICATION**

Providers must verify Client eligibility prior to Client receiving services by examining acceptable documentation as described in the Quality Assurance and Compliance section of the Provider Handbook, located online at, <https://www.broward.org/CommunityPartnerships/Pages/Default.aspx>. This includes all pertinent backup documentation in accordance with the Coordinated Entry Written Standards of Care, if applicable. Providers must also review Client eligibility for all

funding streams and services for which each prospective Client may qualify and document findings of the review in the progress notes. Providers must include all supporting documentation in the Client's file no later than three (3) calendar days after meeting with the Client. If the Client is legally unable to make their own decisions or manage their own affairs due to a condition that limits their functional capacity, Provider must meet with the prospective Client with their parents, legal caregivers, or other authorized custodial representatives (each a "Caregiver") and note the outcome of the eligibility verification in the prospective Client's file and/or the HMIS.

## **B. CLIENT INTAKE**

Before beginning Services, Provider must obtain express and informed consent for admission from each prospective Client or the prospective Caregiver, as appropriate. Provider must review all intake documentation with the Client and Caregiver, which includes, but is not limited to, the Client Confidentiality Form, Client Grievance Policy, Client Rights and Responsibilities, and Consent to Release Information. Provider must ensure that all documents are completed and signed by the Clients, Caregiver (if applicable) and Provider. Provider must ensure that completed, executed releases of confidential information and records forms for referrals and/or disclosures are maintained in the Client's file and/or the HMIS within three (3) calendar days.

## **C. ASSESSMENT OF CLIENT NEEDS**

1. Provider must ensure that each Client completes or has an up-to-date HCoC approved assessment and housing barrier assessment in HMIS. This assessment must be consistent with the Client's immediate needs and entered no later than three (3) calendar days after entry in HMIS into the project. The assessment must be reviewed and signed by the case manager and case manager supervisor. The assessment, at minimum, must include the following:
  - a. Source of referral.
  - b. Presenting needs.
  - c. Barrier to housing.
  - d. History of the presenting needs/problem.
  - e. History as it relates to the services needed.
  - f. Relevant personal and family history.
  - g. Need for referrals and further evaluation by other professionals.
  - h. Expected Outcomes.
2. Provider must ensure that Clients are not turned away from shelter due to lack of income, employment, or sobriety.
  - a. Provider must remove barriers to entry into the program to ensure access for those with the most severe needs and longest histories of homelessness as long as admission to the Emergency Shelter is deemed safe.
  - b. Individuals diagnosed with substance use or mental health disorder, or a disability

must be encouraged to participate in services.

#### **D. INDIVIDUALIZED SERVICE PLAN**

1. Provider must work with each Client to develop a detailed individualized service plan based on Client needs identified in the Housing Barrier Assessment and the intake assessment. The plan must be jointly developed by the Client and the Provider. Case staffing must occur when there are barriers to the identified housing intervention to resolve these barriers. The plan must be Client-centered and consistent with the Client's identified abilities, needs, and preferences. The service plan and the service plan of care must be reviewed and signed by the Client, case manager, and case management supervisor. **The plan must contain, at minimum, the following components:**
  - a. The Client's presenting need(s).
  - b. A list of the services to be provided to Clients (service plan development, individualized plan review, and evaluation or assessment services provided to gather information for the development of the individualized plan).
  - c. The Client's presenting housing needs and barriers.
  - d. The amount, frequency, and duration of each service for the individualized service plan.
  - e. Goals that are individualized, strength-based, and appropriate to the Client's diagnosis, age, culture, strengths, abilities, preferences, and needs, as expressed by the Client.
  - f. Measurable objectives with target completion dates identified for each goal.
  - g. Dated signature of the Client, case manager, and case manager supervisor.
  - h. Case closure criteria.
2. Provider must assist the Client to define goals for needs that are identified in the service plan. Provider must document strategies to achieve the goals, and the progress and assistance provided to the Client in the Client File and HMIS. Progress notes must be documented in the Client's File and HMIS within three (3) calendar days of meeting with the Client.

#### **E. SERVICE IMPLEMENTATION**

1. Provider must incorporate the "Housing First Approach" into service delivery and document evidence of the approach in policies, procedures, and client files. Provider will complete a "Housing First Approach" assessment annually and submit to the County to demonstrate compliance with the model. A Housing First Approach is defined as the concept that the first and primary need of individuals or families experiencing homelessness is to obtain stable housing and that other challenges can be addressed after stable housing is obtained.
2. Unless exempted by law, Provider must adhere to the HUD HMIS data standards for all projects that serve clients experiencing homelessness, regardless of whether the project is HUD funded or funded through the County's General Fund to support data

collection and reporting. Failure to enter required data in an accurate and timely manner may delay or suspend reimbursement payment.

3. Provider must begin case management and supportive services for clients and create and implement a service plan for placement within 72 hours of admission to the shelter.
4. Provider must train case management staff providing services in the required models or systems of Housing First, Motivational Interviewing (MI), and Social Security Income/Social Security Disability Income (SSI/SSDI), Outreach, Access and Recovery (SOAR) and the designated Case Management model if applicable within (3) three months of hire.

## **F. REVIEW/FOLLOW-UP**

### **1. Review/Follow-up**

Provider must conduct a formal review of the individualized plan at least annually or when/if significant changes to the Client's life occur. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the individualized plan review. Any modifications or additions to the individualized plan must be documented based on the review results. The individualized plan must be reviewed and signed by the Client, and/or Caregiver, and the Provider. Documentation must be entered in the Client's file within three (3) business days of completing the review.

The formal individualized plan review must contain, at minimum, the following components:

- a. Client progress toward meeting individualized goals and objectives.
- b. Updates to the discharge summary.
- c. Recommendations.
- d. Dated signature of the Client or Client's Caregiver,
- e. Dated signature of the Provider's staff who participated in the review of the plan.

### **2. No Show/AWOL**

Provider must contact "no show" or "AWOL" Clients, when possible, to assess potential barriers and/or conditions leading to the "no show/AWOL. The case manager and Clients must determine future steps to resolve the situations that triggered the "no show/AWOL." The Provider must establish coordination with the street outreach teams to re-activate the referral after the Client consents. All documentation must be in HMIS three (3) calendar days following the conversation with the Client.

### **3. Referrals and Coordination of Care**

- a. Provider must refer Clients to appropriate resources to assist in the resolution of Client's other needs. Open referrals must be followed up at least monthly. Coordination of Client care must be documented in the individualized plan and

Client File. Case manager must assess Client needs by completing a needs assessment. The need assessment analysis must assist the case manager in determining the referrals needed. Referrals must be documented in HMIS and the Client's File. The case manager must follow up and document the results of each referral in HMIS and the Client's File. The case manager and Provider must communicate on the status of referrals to ensure continuity of care coordination.

- b. Providers must refer families and individuals whose goal is to obtain permanent housing to stable housing interventions that are deemed the most appropriate and least restrictive, within 30 days of admission. Service plans and/or Employment Plans must be detailed, individualized and comprehensive. Service plans must be created at the time of intake. Providers must update the service plan at least every 60 days to ensure the plan includes the most appropriate housing intervention based on the Client's current needs.

#### **4. Retention in Shelter/Discharge**

Provider must assist the Client in adhering to the shelter services and establish missed appointment protocols for Clients who miss scheduled appointments. Provider must discuss with the Client the reasons for not adhering to services and, with Client participation, discuss strategies to ensure adherence to services. The Provider must document the assistance provided in HMIS and Client's File. Documentation must be signed and dated by the Provider and entered in HMIS and the Client's File within three (3) calendar days of meeting with the Client.

#### **5. Discharge Plan/Case Closure**

Clients and their case managers should start planning for discharge at intake. Discharge planning may not necessarily mean permanent housing as a goal. Emergency shelters, although a path to housing, may not be the goal for one hundred percent (100%) of Clients. ESS are not designed to be long-term, when Clients achieve their goals to obtain and retain permanent housing, they should prepare to exit from the program. A Client may voluntarily terminate their services at any time for any reason. Case managers must discuss the nature of the level of assistance and exit procedures with the Client during the initial intake.

When determined that these services are no longer required, a case closure note must be completed within three (3) calendar days of the Client accomplishing individualized plan goals or within thirty (30) calendar days of a Client who has transitioned out of shelter services.

Completion/discontinuation of services can be determined based on the following criteria including, but not limited to:

- a. Successful completion of all plan goals.
- b. The case manager determines that the Client is no longer adherent to the plan.
- c. Client is transferred to another Provider.
- d. Client exerts disruptive behavior.
- e. Client is non-compliant.

- f. Client dies, declines services, or relocates.
- g. Client desires to return to the street.
- h. Client goes AWOL

Providers who have a case closure due to termination or ban from the shelter because of disruptive behavior must ensure a staffing is completed with HOSS-D staff before the discharge and, if appropriate, refer and provide due diligence to successfully link the Client to a new Provider. This must be documented in HMIS

Provider must establish fair and equitable policies and procedures for discharging clients, if safety support an immediate termination. These must include an internal multidisciplinary case conference review process and that the HOSS-D contract manager be notified prior to discharge. The case conference review process should include the assigned HOSS-D Contract manger whenever possible. This must be documented in HMIS.

If safety concerns make it unreasonable to delay termination until after a hearing is conducted, the HOSS-D case manager mut be notified prior to the termination taking effect.

For all discharges, including successful discharges to stable housing, the Client case manager and the case manager supervisor must sign the discharge plan/case closure notes. Discharge plans/case closure notes must include a summary in the Client's File, including, at a minimum:

- a. Date and reason of case closure.
- b. Summary of services provided.
- c. Completion date of Individualized Plan goals.
- d. Referrals given.
- e. Benefits obtained or applied.
- f. Client needs assessment at the time of case closure.
- g. Documentation of post-discharge continuity of care.

## **6. Professional Requirements**

Providers of Emergency Shelter Services – Homeless Assistance Centers must adhere to the required minimum credentials outlined in the Provider Handbook and Taxonomy Table located online at, <https://www.broward.org/CommunityPartnerships/Pages/Default.aspx>.

## **G. CASE MANAGEMENT**

Case Management services are comprehensive to ensure a more effective service delivery is tailored to the client's needs, including outreach, engagement, setting individual goals, completing service plans, referral/linkage to supportive services, maintaining motivation for change, and updating HMIS records.

In ESS, case management services offer Client support in establishing independent residential stability. Case managers identify households at most significant risk, determine

the type of support needed to obtain stable housing and address clients' biological, psychological, and social needs. Case managers assist Clients with developing independent living skills, provide ongoing support while at the shelter with treatment, and serve as the point of contact with their social and professional support systems.

**Essential Program Elements:**

1. Provision of or linkage to assessment, intervention, mainstream resources, community building peer to peer, and all other services that assist a person remain stably housed.
2. Employment assessment and assistance.
3. Assist with the completion of housing readiness paperwork.
4. As appropriate, ensure Clients are referred to Coordinated Entry and Assessment at the County for the housing intervention(s) indicated in the service plan within ninety (90) days of entry into the project.

## **H. OTHER SUPPORTIVE SERVICES**

### **Housing Navigator**

Emergency shelters must provide housing navigation services with the goal of housing identification to find housing for people quickly. This can be a challenging task, especially in high-cost, low-vacancy markets. Programs should recruit landlords continuously. The more partnerships created proactively, the greater the opportunity to rapidly house Clients that need housing.

## **I. QUALITY ASSURANCE**

### **Continuous Quality Improvement**

The Provider is required to have an established, written, ongoing quality assurance program.

The Provider must conduct random monthly chart reviews of Clients' Files in HMIS monthly to ensure all required documentation of provided services, such as housing barrier assessment, Client notes, entry and exit data, demographics, income verification, standard lease agreement, rent reasonableness information, quality safety inspection, and an updated Release of Information. This information must be discussed during the monthly Provider calls with HOSS-D to ensure outcomes and data quality are discussed frequently.

The Provider must also submit a monthly certification form regarding data quality to the HMIS Project Management team. This certification notes that all data has been reviewed for the month and is updated and accurate.

The Provider must have a policy and procedure that outlines a Quality Improvement Plan that includes guidelines and facilitation of quality-of-service delivery, Client satisfaction and staff training. The Quality Improvement Plan must be submitted to the HMIS Project Management Team and the corresponding HOSS-D Contract Grants Administrator no later than April 15th of each year.

Mandatory Provider calls are held monthly to ensure clear and consistent communication related to contracts, invoicing, utilization, quality and timeliness of data, outcome

barriers, and monitoring. This forum allows the Provider the opportunity to discuss any concerns or barriers they are having pertaining to the contract. These are schedule at a consistent time each month and cannot be cancelled without the prior approval of the HOSS-D Administrator or designee.

## **J. ADDITIONAL RESOURCES**

### **2. Job Training/Life Skills**

Emergency Shelters must offer basic job and life skills training while Client s resides in the facility. Job training includes assistance with resume preparation, interview practice, and job location and referral. Life skills can include budgeting, shopping, basic self-care skills, etc.

## **III. SUMMARY OF REQUIREMENTS:**

<b>Requirements</b>	<b>Measure</b>
1. Each Client is screened for program eligibility, and documentation must be entered into the Homeless Management Information System (“HMIS”) upon entry into the project.	1.1. Documentation of eligibility in HMIS.
2. Each Client is asked to give Expressed and Informed consent for services and a Release of Information (“ROI”) in the HMIS upon entry to the project	2.1 Documentation of signed informed consent and ROI in in HMIS.
3. Each Client participates in an intake/orientation session relative to services provided and inclusive of Client rights, grievance procedures, expectations of Client participation and attendance, and discharge criteria. This must be completed within three calendar days.	3.1 Documentation of Client’s receipt of orientation via a signature in the Client Notes section in HMIS
4. The provider completes a housing barrier assessment and then completes the Homeless Continuum of Care (HCoC) Shelter(s) intake packet with each Client. These items are to be reviewed and signed by the case manager and case management supervisor. This must be completed no later than three calendar days after entry into the project in HMIS.	4.1 Documentation of completed intake packet and the housing barrier assessment in HMIS.
5. The provider works with each Client to develop a detailed, individualized service plan that contains attainable goals and is signed by the Client, case manager, and case manager supervisor within three calendar days of entering the project in HMIS.	5.1 Completed and fully signed individualized service plan in HMIS.

Requirements	Measure
6. The provider will evaluate the needs assessment and individualized service plan to submit referrals to CEA within three calendar days. The provider must note any referral discussed and refused by the Client.	6.1 Documentation of referrals given and/or discussed with Clients in HMIS.
7. The Client File contains detailed progress notes, which must be connected to the plan goals. Case managers will evaluate the Client's progress, determining a need for possible reassessment and developing new service linkages, referrals, or other dispositions as indicated and entered in the HMIS and Client File within three calendar days.	7.1 Documentation in the Client file and HMIS.
8. The provider assists Clients with obtaining federal, state, and local benefits, including but not limited to Social Security, SNAP, etc., and documents in the Client File within three calendar days.	8.1 Documentation in HMIS and Client File.

#### IV. OUTCOMES AND INDICATORS:

Outcomes	Outcome Indicators	Data Source (Where the data used to complete the quarterly report is found, verified, and kept)	Data Collection Method (Who collects data, when how; special calculation instructions, if needed)
Clients who desire permanent housing must be referred to CEA within 90 days of entry into the project.	50% of Clients served in the program will be referred to CEA within 90 days of entry.	Referral report for CEA.	Assigned staff maintain records regarding Clients' housing referral, compiles the data, and reports to the County quarterly.  <b>Calculation:</b> Number of referrals processed through CEA during the quarter under review/the number of Clients served during the quarter under review.
Clients exit to permanent living situation.	25% of Clients will exit the shelter to a permanent living situation.	APR section 23F.	Assigned staff maintain records regarding Clients' housing status, compiles the data, and reports to the County quarterly.  <b>Calculation:</b> Number of clients who exit the shelter during the quarter under review/Total number of Clients to exit to a permanent living situation during the quarter under review.
Clients maintain or increase income.	25% of Clients maintain or increase their total income (from all sources).	HMIS Custom Report.	Assigned staff maintain records regarding Clients' income, compile the data, and report to the County quarterly.  <b>Calculation:</b> Number Clients with active entries who maintain or increase income (from all sources) during the quarter being measured/Total number of Clients with active entries served during the quarter being measured.

# OPN2129926F2 - Request for Information: Low Barrier Emergency Shelters

## Project Overview

Project Details	
Reference ID	OPN2129926F2
Project Name	Request for Information: Low Barrier Emergency Shelters
Project Owner	David Campbell
Project Type	RFI
Department	FASD - Purchasing
Budget	\$0.00 - \$0.00
PeopleSoft Requisition ID	HOS0000138
Contract Duration	Not Applicable (RFQ/RFI)
Contract Renewal	Not Applicable (RFQ/RFI)
Estimated Amount (Initial Term or Fixed; Not Shown to Vendors)	393557
Bid Validity	Not Applicable
Bonding Required	No

<b>Total Amount of Pass-Thru Allowance (Initial Term or Fixed)</b>	0
<b>Goal Assigned Percentage (0 if No Goal)</b>	0
<b>Public Works/Construction</b>	No
<b>Workforce Investment Program (WIP) Applicable</b>	No
<b>Construction Apprenticeship Program (CAP) Applicable</b>	No
<b>Living Wage Applicable</b>	No
<b>Go Green Applicable</b>	No
<b>Mobility Advancement Program (MAP)/Surtax Funded</b>	No
<b>Grant Funded</b>	No; Not Applicable
<b>Federal Requirements included for FEMA reimbursement</b>	No; Not Applicable for FEMA reimbursement
<b>Special Purchase</b>	Not Applicable

<b>Standardized</b>	No; Not Applicable
<b>User ID Contract Administrator (i.e., TFISHER)</b>	TWILLIAMS
<b>User ID Project Manager (i.e., JTHOMPSON)</b>	SMORALES
<b>Best and Final Offer</b>	No
<b>OESBD Designation Goal Participation Type (Non-Multi)</b>	No Goal
<b>Project Description</b>	<p>Notice of Intent to Designate Sole Source/Sole Brand: This Request for Information (RFI) Notice of Intent to Designate Sole Source is to determine if the specified commodity or service is available from multiple providers, or if an alternate commodity or service is available that would meet the County's needs. This is not a request for pricing or a purchase commitment. The following commodity or service is thought to be available from only a sole source (or reasonable source) and is the only commodity/services that meets the County's needs: Miami Rescue Mission, Inc. d/b/a Broward Outreach Center to provide Low Barrier Emergency Shelters to provide a temporary or transitional place to sleep (bed nights) for individuals and families experiencing homelessness in the community. Vendor must be licensed as a homeless shelter. Please review the attached "Service Delivery Model" document for additional information and reference. This RFI will remain posted until closing date and time. Prospective Vendors are requested to provide information regarding their ability to provide the commodity or service described or written explanation or other documentation contesting the proposed RFI designation. If you are capable of meeting or exceeding the County's requirements for the specified commodity or service, respond to this RFI through the electronic bidding system. Vendor should upload any supporting information in the electronic bidding system as part of its response to assist the County in determining if commodity or service is comparable, is available from multiple suppliers, and meets the County's needs. The Director of Purchasing shall have sole authority in deciding what is comparable. The Director of Purchasing shall consider such submittals and notify all submitting vendors (thru the electronic bidding system) of the decision</p>

	whether to designate as a Sole Source/Brand, which decision shall not be subject to objection, protest, or appeal.
<b>Open Date</b>	Apr 11, 2025 4:30 PM EDT
<b>Close Date</b>	Apr 18, 2025 2:00 PM EDT

<b>Highest Scoring Supplier</b>	<b>Score</b>
---------------------------------	--------------

### Seal status

<b>Requested Information</b>	<b>Unsealed on</b>	<b>Unsealed by</b>
Vendor's RFI Response	Apr 18, 2025 2:00 PM EDT	Shelome Sterling-Boothe

## Signatures

Name	Signatures
<b>David Campbell</b> (Project Owner)	
<b>Debbie Storme</b> (Evaluator)	
<b>Joseph Lisa</b> (Evaluator)	
<b>Shelome Sterling-Boothe</b> (Evaluator)	
<b>Rodeline Robinson</b> (Evaluator)	
<b>David Campbell</b> (Evaluator)	

## Vendor Discussions

No messages

## Public Q&A

No messages

## Public Notices

No messages

## Internal Discussions

No messages



## Approvals

Name of Approver	Name	Dept.	Status	Dates
Jose Hidalgo (jhidalgo@broward.org)	Manager Approval to Advertise	Purchasing	Approved	Sent: Apr 11, 2025 Responded: Apr 11, 2025 Required By: Apr 11, 2025



## Submissions

Supplier	Date Submitted	Name	Email	Confirmation Code
----------	----------------	------	-------	-------------------

## Project Criteria

Criteria	Points	Description
Total	0 pts	



## Scoring Summary

Generated on Apr 21, 2025 3:20 PM EDT - David Campbell

Page 13 of 15



## Proposal Scores



## Proposal Score Comments

Generated on Apr 21, 2025 3:20 PM EDT - David Campbell

Page 15 of 15