



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
Mayor

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Commissioner

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August 8, 2006

## NY/NY III Congregate Supportive Housing Programs Concept Report

### **A. Purpose of the Intended RFP**

In November, 2005, Mayor Michael R. Bloomberg and Governor George E. Pataki announced the *New York/New York III Supportive Housing* agreement, a pact between the City and State to develop and fund 9,000 new units of supportive housing in New York City over the next ten years. These units will help fulfill the City's overall commitment to create 12,000 new units of supportive housing for homeless New Yorkers. Supportive housing combines affordable housing with appropriate social services to help people with special needs who are homeless or at risk of becoming homeless achieve housing stability and independence in the community. It is the proven cost-effective solution to homelessness, as it is less costly to provide housing than to expend resources on emergency care such as shelters, hospitals, jails and prisons.

Pursuant to two prior *New York/New York* agreements, the City and State produced over 5,000 units of supportive housing. However, those housing units were solely for single adults with serious and persistent mental illness who had some history of homelessness. *New York/New York III*, on the other hand, targets a much broader range of eligible clients that more accurately reflects the populations of homeless people living on the streets and in shelters today.

*New York/New York III* provides for the development and funding of both congregate (single-site) and scattered-site rental apartment models of supportive housing. The New York City Department of Health and Mental Hygiene (DOHMH) will be the lead agency contracting for the ongoing operation and support services in the City's share of *New York/New York III* housing, with the exception of the units designated for individuals with HIV/AIDS for which the NYC Human Resources Administration (HRA) will be responsible. DOHMH will issue two separate Concept Reports and Requests for Proposals: one for all of the congregate models and another for the scattered-site units.

Pursuant to the intended Congregate RFP for *New York/New York III*, DOHMH will seek appropriately qualified not-for-profit social service organizations to provide supportive housing programs to one or a combination of the following six target populations in congregate buildings located within NYC:

1. Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed with SPMI and who are also chemically addicted (MICA) (1,750 total units).
2. Chronically homeless families, or families at risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder (400 total units).
3. Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e. a medical or mental health (non-SPMI) condition that further impairs their ability to live independently) (250 total units)\*
4. Single adults who have completed a course of treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need transitional supportive housing (that may include half-way houses) to sustain sobriety and achieve independent living (125 total units)\*
5. Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS (375 total units)\*
6. Young adults (ages 18-25 years) leaving or having recently left foster care or who had been in foster care for more than a year after their 16<sup>th</sup> birthday and who are at risk of street homelessness or sheltered homelessness (100 total units).

\*Up to 100 units in these categories will be targeted to young adults (ages 18-25 years).

For the purposes of the congregate RFP, a “chronically homeless” individual is defined as anyone who has a disability and has been homeless for at least 365 days of the last two years, not necessarily consecutively. “Homeless” is defined as anyone sleeping in an emergency shelter, a drop-in center, or in public or other places not meant for human habitation, or living in transitional/supportive housing but having come from the streets or emergency shelters.

For the purposes of the congregate RFP, a “chronically homeless” family is defined as a family that has lived in a homeless shelter for at least 365 days of the last two years, not necessarily consecutively.

Each housing program would be located in a newly-constructed or rehabilitated single-site apartment building. Pursuant to the RFP, not-for-profit social service agencies will have the option to propose to construct/rehabilitate and manage a building directly or indirectly through a housing developer.

Proposers will be permitted to propose to serve more than one target population delineated above in a single building. In addition, proposers may propose programs for more than one building; however, a separate and complete proposal will be required to be submitted for each proposed site. In the event that a proposer is eligible for an award to serve more than one target population and/or operate programs in more than one building, DOHMH will reserve the right to determine, based on the proposer's demonstrated organizational capability and the best interests of the City, how many and for which population(s)/buildings the proposer will be awarded a contract.

## **B. Planned Method of Evaluating Proposals**

The RFP will be “open-ended” – that is proposals will be accepted on an ongoing basis. As such, proposers will not directly compete against one another. Rather, a proposer will be determined to be eligible for a contract award based upon the rating its proposal achieves when evaluated pursuant to the criteria set forth in the RFP – demonstrated quantity and quality of successful relevant experience; demonstrated level of organizational capability; and quality of proposed approach.

DOHMH will tentatively set aside a prescribed number of units for proposers determined to be eligible for a contract award from this RFP. Tentative set-asides will be officially assigned to proposers on a first-come basis until all available units under this RFP are sited. The City reserves the right to set aside a total number of units greater than the designated number of units to be developed under NY/NY III to ensure that the full development target is achieved in the minimum feasible amount of time. Tentatively set-aside units will be permanently assigned to the proposer once site control has been secured. Contract awards and final determination of the units to be awarded to a proposer shall be subject to all of the following: proposer’s documented control of a site that meets the criteria of the New York City Department of Housing Preservation and Development (HPD), the New York State Division of Housing and Community Renewal (DHCR) and/or the New York State Homeless Housing and Assistance Program (HHAP), as applicable; proposer’s documented attainment of the approval of the local community board or provision of community notification, as required; and continued availability of DOHMH funding. Although greater consideration will be given to proposers who have already identified an appropriate site or have a building in development at the time of proposal submission, organizations are encouraged to respond to the RFP regardless of whether such a site has been so identified.

Contracts will be awarded to the responsible proposers whose proposals are determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria that are set forth in the RFP.

## **C. Anticipated Contract Term**

It is anticipated that the term of each contract awarded from the RFP will be for an initial period of up to three years, and will include two three-year options to renew. The Department reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

## **D. Anticipated RFP Timetable**

It is anticipated that the RFP will be released in October, 2006. As cited above, proposals will be accepted on an ongoing basis until all units are sited. A non-mandatory (but strongly suggested) pre-proposal conference for potential proposers will be held approximately two weeks after the RFP release date. A second pre-proposal conference will be held four months after the first conference. It is anticipated that the selection of proposers determined to be eligible for contract award will begin by January, 2007, in accordance with the procedure outlined in B. above. The RFP will specify anticipated contract start dates when funding sources are finalized.

## **E. Funding Information**

### **Programmatic Funding**

Funding to initiate contracts for these programs will become available as new units are created in accordance with the NY/NY III ten-year development schedule (i.e., City fiscal years 2007-2016). The exact annual funding levels for ongoing operations and support services to the six target populations are currently awaiting final determination by the City and State. However, the funding source and the City's current estimates of the total annual funding range for each of the target populations (as cited in Section A, above) are set forth in the chart below. As soon as a final funding determination is made, the Department will post an addendum to this Concept Report on its website setting forth the finalized annual funding levels for each target population. In addition, proposers are advised that, should additional Cost of Living Adjustments (COLA's) for these programs be made available through future City and State budgets, annualized funding rates for each housing unit may be adjusted to reflect these increases.

<u>Population</u>	<u>Funding Source</u>	<u>Estimated Range</u>
1.	State Office of Mental Health	\$25,375,000 – \$30,625,000
2.	State Office of Mental Health	\$7,800,000 – \$9,000,000
3.	City Tax Levy and State Office of Alcoholism and Substance Abuse Services	\$3,875,000 – \$5,125,000
4.	City Tax Levy	\$1,812,500 – \$2,312,500
5.	City Tax Levy	\$7,312,500 – \$8,437,500
6.	City Tax Levy and State Office of Children and Family Services	\$1,850,000 – \$2,250,000

### **Capital Development Funding**

Funding for the capital development component of these programs is available through HPD, DHCR, and HHAP. Proposers will also be permitted to use any other available sources.

## **F. Program Information**

The subject programs would provide single-site (i.e., congregate) housing and appropriate support services to individuals and/or families, as applicable to each of the six target populations, to enable them to live as independently as possible.

### 1. Site considerations

Sites would be located Citywide in neighborhoods that are in close proximity to public transportation and accessible to other amenities like shopping, healthcare and other services. The contractor would provide apartments to clients, preferably in mixed-use buildings where approximately 40% of the other units are not designated for individuals or

families with special needs. The number and size of the rooms will be subject to the requirements of HPD, DHCR, HHAP or other capital funding source. The buildings would have appropriate on-site programmatic, office and community space. The contractor would enter into leases with the clients, who would be required to contribute up to a maximum of 30% of their household income toward rent and utilities.

## 2. Support Services

The contractor would develop in conjunction with each client an individualized housing-related needs assessment and support services plan, including an action plan with clearly stated goals aimed at assisting clients to achieve maximum functional capacity. In addition, the contractor would coordinate services for each client with the organization's own programs or other appropriate providers in the community. Core supportive services to be provided to all target populations include, but are not limited to: case management, medication management, rehabilitation, personal assistance that emphasizes learning daily living skills, residential stability in housing, financial management, and assistance in gaining access to public benefits and services. In addition, the contractor would provide linkages/referrals to primary medical and mental health care, substance abuse counseling and treatment, vocational training, employment placement and retention, HIV prevention services. In the provision of all services, the contractor would ensure sufficient program flexibility during evenings and on weekends to accommodate the work, training and/or treatment requirements applicable to clients receiving or applying for public assistance.

In addition to their individualized service plans, all clients would have direct input into ongoing program implementation and management through regular community meetings, advisory boards, or other means.

Housing would not be lost due to hospitalization, relapse, or failure to participate in program activities.

## 3. Specialized program information for each of the six target populations.

### a. Chronically homeless SPMI/MICA adults

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These permanent housing programs would focus on the skills and services that the clients would require to remain housed and live independently in the community. In addition to the core services prescribed above, the contractor would provide and/or coordinate the provision of recovery-oriented services emphasizing education and job skills. All services would be provided either through the contractor's own programs or through linkages to appropriate community providers.

DOHMH currently estimates that the maximum available annual rate to provide support services and cover ongoing operation costs for each unit housing this population would be in the range of \$14,500 to \$17,500.

b. Chronically homeless/at risk families with SPMI/MICA head of household

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These permanent housing programs would focus on family functioning and stability. In addition to the core services prescribed above, the contractor would coordinate for the SPMI/MICA head-of-household recovery-oriented services such as education and job skills. The contractor would also provide or coordinate the provision of appropriate family supportive services including family mental health counseling, parenting skills training, conflict resolution, nutritional counseling, childcare and afterschool programs, school retention for children, domestic violence counseling, family planning, and respite or alternative caregiver services. All services would be provided either through the contractor's own programs or through linkages to appropriate community providers.

DOHMH currently estimates that the maximum available annual rate to provide support services and cover ongoing operation costs for each unit housing this population would be in the range of \$19,500 to \$22,500.

c. Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living

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Because a majority of clients in these permanent housing programs will have an active substance abuse disorder upon admission, these programs would adopt a client-centered, non-judgmental and flexible approach whereby sobriety is encouraged and supported, but not enforced or presumed as a primary goal. Neither current sobriety nor a recent history of sobriety will be acceptable admissions criteria. Rather, the focus of individualized service plans will be the enhancement of housing stability and the avoidance or reduction of high risk and harmful behaviors related to substance abuse. Program emphasis would be on relationship and trust building, where clients are allowed to set the goals of services themselves.

In addition to providing the core supportive services prescribed above, the contractor's approach would incorporate a wide variety of interventions and services, including but not limited to: crisis intervention, conflict resolution, Alcoholics Anonymous or Narcotics Anonymous groups, nutrition counseling, community building activities, individual and group counseling, home visits, and recreation skills. Contractors would also provide harm reduction services focusing on the avoidance of high risk behaviors and disease prevention, including, but not limited to: safe injection, use of naloxone to prevent death from opioid overdose, safe sex practices, needle exchange, health education and infectious disease prevention. Since many individuals dealing with substance abuse disorders have been victimized or abused either as children or later in life, all supportive services must be trauma-informed in order to address the underlying issues of addiction. All services would be provided either through the contractor's own programs or through linkages to appropriate community providers.

Although there would be no length of stay restrictions, staff would be knowledgeable about housing placement in order to assist clients who would like to move on to a more independent setting.

Up to 100 units in this program category will be targeted to young adults, ages 18-25 years

DOHMH currently estimates that the maximum available annual rate to provide support services and cover ongoing operation costs for each unit housing this population would be in the range of \$15,500 to \$20,500.

d. Homeless single adults who have completed a course of treatment for a substance abuse disorder

Bridging the gap between intensive substance abuse treatment and the long-term needs of the individual, these transitional programs would support clients in sustaining sobriety and achieving independent living. Recovery planning and relapse prevention founded on individual counseling and support provided by mental health and substance abuse professionals and peer counselors would be at the center of these programs. High levels of trust and a non-judgmental stance would characterize the relationships between staff and clients. Accordingly, in addition to providing the core supportive services prescribed above, service plans would include, but not be limited to: opportunities for education, community building activities, home visits, and Alcoholics Anonymous or Narcotics Anonymous groups. Since many individuals dealing with substance abuse disorders have been victimized or abused either as children or later in life, all supportive services must be trauma-informed in order to address the underlying issues of addiction. All services would be provided either through the contractor's own programs or through linkages to appropriate community providers.

Although there would be no length of stay restrictions, a goal of these programs would be to move clients on to independent, non-programmatic housing or, where appropriate, to other supportive housing settings. Therefore, staff would assess each client's housing and ongoing service needs soon after admission in order to plan for future housing options.

Up to 100 units in this program category will be targeted to young adults, ages 18-25 years

DOHMH currently estimates that the maximum available annual rate to provide support services and cover ongoing operation costs for each unit housing this population would be in the range of \$14,500 to \$18,500

e. Chronically homeless/at risk families where household head has a substance abuse disorder, a disabling medical condition, or HIV/AIDS

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These permanent housing programs would seek to strengthen family and residential stability, with an emphasis on health and wellness. Due to the range of needs presented by this population, the contractor would take a highly flexible approach and incorporate harm reduction and preventive health principles into programming. Accordingly, in addition to providing the core supportive services prescribed

above, the contractor would coordinate for the head of household services recovery-oriented services such as education and job skills, as appropriate. The contractor would also provide or coordinate the provision of family supportive services including family counseling, parenting skills training, conflict resolution, nutritional counseling; health education, childcare and afterschool programs, school retention for children, domestic violence counseling, family planning, and respite or alternative caregiver services. All services would be provided either through the contractor's own programs or through linkages to appropriate community providers.

Up to 100 units in this program category will be targeted to young adults, ages 18-25 years.

DOHMH currently estimates that the maximum available annual rate to provide support services and cover ongoing operation costs for each unit housing this population would be in the range of \$19,500 to \$22,500.

f. Young adults (aged 18 - 25 years) leaving or having recently left foster care

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Housing stability, unsubsidized employment, educational gain and homelessness prevention are the primary goals of these housing programs. These programs would take into account the developmental needs of young people being served, creatively engage them in services and ensure sufficient program flexibility during evenings and on weekends to accommodate work, training and school schedules as well as clients' changing needs over time. Services would be based on positive youth development principles that recognize and build on the strengths of the participants rather than focusing on their deficits.

Accordingly, in addition to providing the core supportive services prescribed above, the contractor's approach would focus on employment and educational achievement, fostered through comprehensive on and off-site vocational, educational and employment services and resources, including, but not limited to: "hard" job skills, resume writing, job search and job retention skills, employment placement services, GED/ABE/ESL classes, mentoring, and leadership development. In addition, taking a harm reduction approach, the contractor would offer health and nutritional counseling, health education and infectious disease prevention, relationship skills and crisis intervention, home visits and other community supports. All services would be provided either through the contractor's own programs or through linkages to appropriate community providers. Since some young adults in this population are lesbian, gay, bisexual, transgender or questioning (LGBTQ), programming and staff need to be responsive, sensitive and reflective of the full range of the population. Although there would be no length of stay restrictions, a goal of these young adult programs would be to move clients on to independent, non-programmatic housing or, where appropriate, to other supportive housing settings for adults. Therefore, at least one year prior to each client reaching the age of 26 years, staff would assess their housing and ongoing service needs to assist them with moving on as described above.

DOHMH currently estimates that the maximum available annual rate to provide support services and cover ongoing operation costs for each unit housing individuals 25 years or younger would be in the range of \$18,500 to \$22,000. The extent to which clients who attain the age of 26 will be funded, if at all, is currently awaiting final determination by the City and State. As soon as a final determination is made, the Department will post an addendum to this Concept Report on its website setting for the funding status for clients who surpass the upper age limit of this program.

#### 4. Eligibility and Placement

Referral sources such as shelters, street outreach teams, drop-in centers, hospitals, etc. will be required to complete and file a housing application for each potential client through HRA. Clients whose HRA applications are approved and who are deemed eligible for the *NY/NY III* housing based on the criteria in the RFP will be referred directly to housing providers by the Administration for Children Services (ACS) in the case of young adults or by the New York City Department of Homeless Services (DHS) for all other clients. Housing providers will be required to obtain authorization from ACS or DHS as appropriate prior to placing these clients into a *NY/NY III* unit. In addition, intake criteria would be low-barrier and low-threshold, and would permit reconsideration of clients who initially turned down an apartment.

#### **G. Proposed Vendor Performance Reporting Requirements**

In accordance with the provisions of the *NY/NY III Supportive Housing* agreement, the State and the City will develop data collection and reporting systems to evaluate the outcomes and determine the costs and benefits of the services provided under the agreement. These evaluations will include, but not be limited to, the clients' use of Medicaid and other publicly-funded services/facilities such as behavioral health care, shelter, jail and prison, before and after placement into supportive housing. The RFP will request that proposers submit a written assurance of their willingness to submit all data and reports required by the State and the City to evaluate client, program and fiscal outcomes. A determination of eligibility for contract award shall be subject to submission of such written assurance.

Submission of required documents and information in accordance with the terms of the contract including but not limited to the following:

1. Claims
2. Levels of Service Reports
3. Program and Fiscal Audits
4. General client level information such as demographics, referral source, income source, place discharged to, and other outcome data, as requested.

## **H. Comments**

Written comments on this concept report will be accepted until September 19, 2006, and must be directed to the following contact person:

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