



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## NY/NY III Scattered - Site Supportive Housing Programs Concept Report

### **A. Purpose of 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 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 separate Concept Reports and Requests for Proposals (RFP) for the congregate models and for the scattered-site units. For the scattered-site units, DOHMH will issue two separate RFPs: one for the programs scheduled to open in City fiscal year 2006-2007 and another one for the programs scheduled to open in City fiscal year 2007-2008.

Pursuant to the intended 2006-07 and the 2007-08 Scattered-Site RFPs for *New York/New York III*, DOHMH will seek appropriately qualified not-for-profit social service organizations to provide scattered-site supportive housing programs within NYC to the following three target populations:

1. 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. (Two awards of 25 units each for a total of 50 units)
2. 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 condition (non-SPMI) that further impairs their ability to live independently.) (Ten awards of 25 units each for a total of 250 units)\*
3. 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 to sustain sobriety and achieve independent living. (Five awards of 25 units each for a total of 125 units)\*

\*During 2006-2007 up to 50 units in these categories will be targeted to young adults (ages 18-25 years).

For purposes of this Scattered-Site 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, 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.

Proposers will be permitted to propose to serve more than one target population delineated above and/or to propose programs in more than one borough. However, a separate and complete proposal must be submitted for each proposed target population and/or borough. In the event that a proposer is eligible for an award to serve more than one target population and/or borough, 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)/borough(s) the proposer will be awarded a contract.

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

Proposals will be evaluated pursuant to the criteria set forth in the RFP: demonstrated quantity and quality of successful relevant program experience; demonstrated level of organizational capability; and quality of proposed program approach. Preference will given to proposers who target geographic areas of the City that have the greatest need for homeless housing. The RFP will specify the areas in each of the five boroughs with the greatest need. 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 the contracts awarded from the RFP will be for an initial period of up to three years, and will include two three-year options to renew. DOHMH 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 this FY 2006-07 Scattered-Site RFP will be released in October 2006, and that the deadline for receipt of proposals will be approximately four weeks thereafter. A non-mandatory (but strongly suggested) pre-proposal conference for potential proposers will be held approximately two weeks after the RFP release date. It is anticipated that contractors will be selected beginning in January 2007.

**E. Funding Information**

The exact annual funding levels available for the rental subsidy and support services to the three 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 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.	City Tax Levy and State Office of Children and Family Services	\$925,000 – \$1,100,000
2.	City Tax Levy and State Office of Alcoholism and Substance Abuse Services	\$3,875,000 – \$5,125,000
3.	City Tax Levy	\$1,812,500 – \$2,312,500

**F. Program Information**

Generally, these programs would provide scattered-site housing and appropriate support services to individuals in each of the three designated populations in order to enable them to live as independently as possible.

1. Site Considerations

Apartments would be located Citywide in neighborhoods that are in close proximity to public transportation and accessible to other amenities like shopping, health care and other services. Living units should be studio or one-bedroom apartments, which offer clients access to individual food preparation and private bathrooms. Clients would be required to contribute up to a maximum of 30% of their household income toward rent and utilities. Contractors may rent clusters of apartments in a single building for purposes of siting these programs. However, programs would rent no more than 20-25 % of the units in any one building. Whenever possible, providers would include the name of their agency along with the tenant’s name on the apartment lease with the landlord.

## 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, vocational training, employment placement and retention, 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, HIV prevention services. In the provision of all services, the contractor would ensure sufficient program flexibility during evenings and weekends in order 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 three target populations

### i. Young adults (ages 18- 25 years) leaving or having recently left foster care

Housing stability, unsubsidized employment, educational gain and homelessness prevention are the primary goals of supportive housing programs for young adults leaving or recently having left foster care. 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 include services such as: "hard" job skills, job readiness, including resume writing, job search and job retention skills training and employment placement services, GED/ABE/ESL classes, mentoring, and leadership development. Moreover, taking a harm reduction approach, the contractor would offer health and nutritional counseling, health education and infectious disease prevention, relationship skills, 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 and 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, staff would undertake an assessment of each client's housing and ongoing service needs at least one year prior to each client reaching the age of 26 years, in order to assist them in 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.

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

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. 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 would provide 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.

These programs will also serve up to 50 young adults who have a substance abuse disorder that is a primary barrier to independent living as referenced in Section A above.

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.

- iii. 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 the foundation 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, the service plans would include, but not be limited to: community building activities, Alcoholics Anonymous or Narcotics Anonymous groups, home visits and other support services. Since many individuals receiving substance abuse treatment have been victimized or abused, either as children or later in their lives, all supportive services must be trauma-informed in order to address any 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.

These programs will also serve up to 50 young adults who have completed a course of treatment for a substance abuse disorder as referenced in Section A above.

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.

#### 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 as directed 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 and facilities such as behavioral health care, shelter, jail and prison, before and after placement into supportive housing. The RFP will request proposers to 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 a 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, etc.

#### **H. Comments**

Written comments on this concept report will be accepted until September 25, 2006, and must be directed to the following contact person:

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