



**Department of
Youth & Community
Development**

Jeanne B. Mullgrav
Commissioner

CONCEPT PAPER

for

Residential and Non-Residential Runaway and Homeless Youth Services

April 5, 2013

**The Department of Youth and Community Development
Residential and Non-Residential Runaway and Homeless Youth Services**

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Purpose

This concept paper is the precursor to a forthcoming Request for Proposals (RFP) that will be issued by the Department of Youth and Community Development (DYCD) for contracts starting in July 1, 2014.¹ The RFP will seek appropriately qualified not-for-profit organizations to provide services for runaway and homeless youth (RHY) and youth at risk for homelessness in New York City (City). Services covered by the RFP will include Drop-In Centers, Crisis Shelters, Transitional Independent Living (TIL) Programs, and Street Outreach Services. It is anticipated that total available funding for the RHY programs will be \$4,592,000.

Background

Youth become homeless for multiple and complex reasons including shortages of affordable housing, family poverty, child abuse and neglect, physical violence and abuse, mental illness and substance abuse among family members, problems at school, or because they exit from detention facilities or age out of foster care without securing stable housing.² In some cases, families reject their adolescent children for reasons such as sexual orientation or gender identity, an unplanned pregnancy, or use of drugs and alcohol; in other cases, youth themselves run away following conflict with family members over these or other issues.

In 2006, DYCD created an integrated and coordinated continuum of care comprising Drop-In Centers, Crisis Shelters, TIL programs and Street Outreach Services. The continuum is designed to provide effective responses that protect and assist homeless youth and those at risk for homelessness, by making it easier for youth and families to access services that can help them. In keeping with the federal Runaway and Homeless Youth Act of 1978 and New York State (State) RHY regulations, where it is inappropriate or unrealistic to reunite youth with their families, the task for service providers is to move program participants from crisis to transitional care to independent living, with a special focus on educational attainment, vocational training and other career development opportunities that lead to self-sufficiency. The model supports efficient use of resources, offering more robust services at the end of the continuum after an evaluation of who can benefit from longer term support.

DYCD has developed and refined the continuum of care to include specialized services for particular sub-groups of homeless youth such as lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) youth, pregnant and parenting youth, and sexually-exploited youth, and to increase flexibility and promote greater efficiency in the allocation of scarce resources. Other notable developments since the last RFP

¹ The New York State Office of Children and Family Services (OCFS) regulates the RHY residential services (Crisis Shelters and TILs) that youth bureaus across the State are designated to provide. Under the New York City Charter, DYCD is the designated Youth Bureau for the City's five boroughs. The RHY residential programs (Crisis Shelters and TILs) serve youth from 16 up to age 21. Street outreach and drop-in center services, which are not covered by the State RHY Regulations, may serve youth outside this age limit. The New York State Regulations 9 NYCRR Sub-Parts 182-1 (Runaway and Homeless Youth Regulations for Approved Runaway Programs) and 182-2 (Runaway and Homeless Youth Regulations for Transitional Independent Living Support Programs) can be accessed through the DYCD website at: http://www.nyc.gov/html/dycd/html/runaway/transitional_independent_living.shtml.

² See, e.g., Toro, Paul A., Amy Dworsky, and Patrick J. Fowler. *Homeless Youth in the United States: Recent Research Findings and Intervention Approaches*. National Symposium on Homelessness Research. April 2007. <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Homeless>.

include publication of the 2010 Report of the Mayoral Commission on LGBTQ Runaway and Homeless Youth³ and DYCD's launch of a homeless youth family therapy pilot program based on one of the Commission's recommendations.

The ideas set out in this concept paper are informed by the experience of DYCD in administering the RHY programs, relevant research, emerging strategies to combat youth homelessness, site visits to RHY programs, and input from stakeholders who participated in interviews and focus groups, including current DYCD contractors, homeless youth experts and advocates, and young people with experience of the DYCD continuum of services.

DYCD Continuum of Care Going Forward

Given the challenging economic environment, it is especially important for DYCD to continue improving the quality and efficiency of the RHY programs it supports. To reflect lessons learned since 2009, the new RFP will highlight key features of the continuum of care, clarify DYCD expectations, maintain a continuing focus on family-related strategies, and adjust some current program requirements, including aspects of the referral process and bed utilization rates.

A safe and welcoming environment

Participation in an RHY program is voluntary and many young people, as a result of trauma experienced prior to or as a result of becoming homeless, find it hard to trust those seeking to help them. Consequently, it is critical that RHY contractors remain sensitive and alert to the diverse cultures, religious affiliations, and backgrounds of participants and that all members of their staff have the experience and training to work effectively with any youth who comes through the door. Unless homeless youth are confident they will be treated with dignity and respect and encounter supportive adults and peers, they may be deterred from taking full advantage of available services and resources. Accordingly, DYCD requires all its contractors to provide a safe and welcoming environment for all youth who seek their help: "*Participants in DYCD programs should never have to confront behaviors that make them feel unwelcome or unsafe.*"⁴ Even where programs target particular sub-groups of homeless youth (for example, LGBT or pregnant and parenting youth) they must still provide a safe and welcoming environment for every young person who turns to them for assistance, irrespective of whether he/she belongs to the targeted group. In addition, as part of their obligation to ensure a safe and welcome environment, RHY contractors must also ensure that all program participants understand their rights and responsibilities relating to the services offered.

Positive youth development

The DYCD RHY system provides for a range of responses to youth who are currently homeless and those at-risk for homelessness. It is fundamental that services throughout the continuum are rooted in and informed by the principles of positive youth development.

Homeless youth do not, by definition, have the everyday guidance and support of parents or other caregivers to help them with the transition to adulthood. In effect, RHY contractors must take on this role, protecting youth from harm and providing the kinds of services, activities and experiences that benefit young people as they address the challenges of adolescence. It is the task of RHY contractors to build trusting relationships and promote the safety, engagement, confidence and empowerment of the

³ DYCD Commissioner, Jeanne B. Mullgrav, was director of the Commission. See, *Our Children: Strategies to Prevent Homelessness, Strengthen Services, and Build Support for LGBTQ Youth*. NYC Commission on Lesbian, Gay, Bisexual, Transgender and Questioning Runaway and Homeless Youth, June 2010. <http://www.hmi.org/document.doc?id=31>

⁴ See, Dignity and Respect For All: Creating and Maintaining a Welcoming Environment - A Guide for DYCD Contractors. This guide can be accessed at: <http://www.nyc.gov/html/dycd/html/resources/resources.shtml>

youth they serve. As long as youth participate in the program, staff members will be the responsible, caring adults and positive role models in their lives, fostering pro-social norms, setting high expectations, and helping them visualize their lives in positive ways. If they are engaging in destructive, harmful, or unhealthy behaviors, staff should explore the underlying causes, offer referrals to specialist health, mental health/behavioral health services, and try to make sure they receive the expert assistance they need.

RHY programs are well-placed to help participants develop many of the life-skills and competencies they will have to succeed in a diverse and challenging world. By offering individual and group counseling and a range of other activities, and taking advantage of formal and informal teachable moments, staff can encourage youth to persevere and strive for success despite setbacks, inspiring them to take control of their lives. In workshops, discussion groups and counseling sessions, program staff can address a wide range of relevant issues including healthy habits and life-styles; pro-social behaviors; responsible decision-making; reliability (e.g., showing up on time for school, work, and medical appointments); what it takes to be a good team player, leader or role model; and the importance of developing good critical thinking and communication skills. By persuading participants to think seriously about their futures and engaging them in constructive endeavors, RHY contractors can move them in the direction of stability and independence and away from unstable and hazardous lifestyles.

*Addressing family relationships*⁵

Homelessness among young people is the result of multiple and overlapping factors, but youth who run away or get thrown out by their families consistently cite family conflict as the major cause.⁶ Nevertheless, studies show that greater family connectedness correlates with more positive outcomes for homeless youth, whether or not they eventually return home and even in situations where there are high levels of family distress.⁷ While it will be neither appropriate nor realistic to promote closer family connections in certain cases,⁸ in many others it is likely to be a desirable goal, for participants and families alike. Furthermore, in all cases, DYCD expects contractors to be mindful of the potential benefits of improved family relationships for youth and the importance of addressing family issues that interfere with their ability to move forward and gain stability.

National research indicates that most youth return home within a fairly short time.⁹ In addition, it appears that a significant number of youth stay in touch with relatives and home-based friends while they are

⁵ DYCD defines family broadly to include extensive kinship networks beyond the nuclear family and significant, caring non-relative adults.

⁶ See, e.g., Toro, Paul A., et al (2007) Op. Cit.

⁷ See, e.g., Slesnick, Natasha and Jillian L. Prestopnik (2009) "Comparison of Family Therapy Outcome with Alcohol-Abusing, Runaway Adolescents," *Journal of Marital and Family Therapy*. Vol. 35 (3), Jul 2009, 255-277.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697451/>; Arnold, Elizabeth Mayfield and Mary Jane Rotheram-Borus (2008)

"Comparisons of HIV Prevention Programs for Homeless Youth." *Prevention Science*. 9 Dec. 2008.

www.springerlink.com/content/t2112j1m612875h1/fulltext.html. Norweeta G. Milburn et al (2012). "A Family Intervention to Reduce Sexual Risk Behavior, Substance Use, and Delinquency Among Newly Homeless Youth" *Journal of Adolescent Health* 50 (2012) 358-364. See also, Caitlin Ryan et al (2010) "Family Acceptance in Adolescence and the Health of LGBT Young Adults" *JCAPN* Volume 23, Number 4, November, 2010 and Caitlin Ryan et al (2009) "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults" *Pediatrics*, Journal of the American Academy of Pediatrics. January 2009. http://familyproject.sfsu.edu/publications#peer_reviewed;

⁸ Notably, where there is a history of violence, abuse or neglect.

⁹ See, e.g., "Emerging Framework for Ending Unaccompanied Youth Homelessness." The National Alliance to End Homelessness March 2012. This publication suggests that family reunification or support should be prioritized as the initial intervention in all RHY programs, with ongoing support after the youth returns to the family.

<http://www.endhomelessness.org/library/entry/an-emerging-framework-for-ending-unaccompanied-youth-homelessness>;

"Ending Youth Homelessness Before It Begins: Prevention and Early Intervention Services for Older Adolescents." National Alliance to End Homelessness 2009. <http://www.endhomelessness.org/library/entry/ending-youth-homelessness-before-it-begins-prevention-and-early-intervention>. See also, Milburn NG, Rosenthal D., Rotheram-Borus MJ, et al (2007). "Newly homeless youth typically return home." *J. Adolesc Health* 2007 574-6. <http://www.ncbi.nlm.nih.gov/pubmed/17531769>. This study reports that most newly homeless adolescents return home for significant amounts of time within two years of becoming homeless.

homeless, through email, phone, text messaging, and social media. In addition, it appears that a significant number of youth stay in touch with relatives and home-based friends via email, phone and other social networking technologies while they are homeless.¹⁰ This suggests that many youth harbor a desire to maintain connections to their homes, providing contractors with a basis for addressing family-related issues. In the course of undertaking in-depth, comprehensive assessments, RHY program case-managers should uncover reasons for family conflict and identify individuals, inside or outside the family, who could be potential sources of support for the youth in future. Programs should also offer support and reassurance to increase confidence and make youth feel safer if they want to reach out to family members. In counseling sessions and psycho-social or life-skills workshops, staff can facilitate discussions about common causes of family strife or why parents impose rules, model behavior through role play with participants, highlight the benefits youth may gain by staying connected or reconnecting with family members. In some circumstances, they may also be able to act as a mediator between the youth and his/her family. Family situations and dynamics may change over time. Thus, throughout the period a participant remains in the program, staff should be alert to all opportunities to ameliorate family relationships and remain open to the possibility that family members may be an untapped resource for some youth.

In recent years, a variety of family-based interventions have emerged in efforts to improve outcomes for homeless youth, some having proved effective with non-homeless youth. These interventions include Ecologically-Based Family Therapy (EBFT), Functional Family Therapy (FFT), Multi-systemic Therapy (MST), short-term cognitive behavioral approaches such as the STRIVE intervention (Support to Reunite, Involve and Value Each Other), Family Group Decision Making or Family Group Conferencing, and the Family Acceptance Project.¹¹ If RHY programs do not offer specialized family-based interventions, they will be expected to provide information about such approaches and make referrals to other resources.

Health and Mental Health

Homeless youth are vulnerable to a variety of health and mental health challenges. Health issues include exposure to sexually transmitted infections (including HIV), unwanted pregnancy, asthma, tuberculosis, diabetes and hepatitis. Common mental health issues include anxiety, depression, post-traumatic stress disorder, suicide ideation/attempts, and substance abuse /dependency.¹² Some of these problems result from homelessness; others, for example, substance abuse, may be its cause. DYCD expects RHY contractors to be knowledgeable about health and mental health needs that can affect homeless youth, and provide them with information and treatment, or referrals for treatment, as necessary. Proposers responding to the RFP will be expected to describe the systems they have developed to encourage youth

¹⁰ One recent study reported that 62 percent of homeless youth own a cell phone, 51percent connected with home-based peers on the phone and 41% connected to parents and 17 percent of youth used their phone to call a case manager. Cell phone use among homeless youth: potential for new health interventions and research. Rice E, Lee A, Taitt S. *J Urban Health*. 2011 Dec; 88(6):1175-82. <http://www.ncbi.nlm.nih.gov/pubmed/22076445>. Anecdotal evidence also suggests that some youth spend Thanksgiving and other holidays at home with their families.

¹¹ See e.g., Slesnick, Natasha and Jillian L. Prestopnik. "Comparison of Family Therapy Outcome with Alcohol-Abusing, Runaway Adolescents." *Journal of Marital and Family Therapy*. Vol. 35 (3), Jul 2009, 255-277. http://findarticles.com/p/articles/mi_qa3658/is_200907/ai_n32422585/; "A Family Intervention to Reduce Sexual Risk Behavior, Substance Use, and Delinquency Among Newly Homeless Youth." Op. Cit; "Family Intervention: Building Relationships and Increasing Stability for Runaway and Homeless Youth." National Alliance to End Homelessness. Webinar June 18 2012. <http://www.endhomelessness.org/pages/youth>; Caitlin Ryan et al (2009) Op. Cit. Some researchers have suggested that family-based interventions may be "viable and underdeveloped alternatives to address adolescent problem behaviors and issues of family conflict and communication" especially for youth under 20 who are more likely to return home. See Milburn et al (2007) Op. Cit.

¹² See, e.g., Edidin JP, Ganim Z, Hunter SJ, Karnik NS (2012). "The mental and physical health of homeless youth: a literature review." Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL, USA. <http://www.ncbi.nlm.nih.gov/pubmed/22120422>.

to access treatment, including arrangements to deliver health and mental health care at the program site or escorts to ensure they keep scheduled appointments. Where lack of income is a bar to treatment, contractors will be expected to connect youth to free health clinics as well as help with Medicaid applications.

Education, career development, and job readiness

As soon as urgent needs have been addressed, contractors must turn attention to key factors that influence a young person's ability to be successful in adult life. DYCD expects RHY programs to maintain the highest expectations with regard to educational and employment aims and aspirations. In particular, staff must help participants identify short and long-term academic and career goals and motivate them to pursue those goals, developing a program culture that values effort, self-discipline, and achievement. Programs also have a prime responsibility to provide or facilitate access to education and employment-related resources such as GED programs, paid internships and vocational training programs which will open doors to opportunity. By focusing attention on the years ahead, showing youth they can acquire the knowledge, skills and qualifications needed to achieve their education and employment goals, and helping them take advantage of relevant resources, RHY programs can restore hope, build confidence and encourage persistence.

Linkages/Partnerships

RHY contractors will be expected to have in place a set of meaningful linkages or partnerships and an effective system of referrals that will maximize the resources available to program participants. The aim of the linkages and partnerships is to create an integrated network of services such that, at any point along the continuum, youth can gain access to a range of supports.

Therefore, the RFP will require proposers to demonstrate that they have a network of linkages with relevant service providers¹³ and describe how the services in this network will be coordinated to enrich and expand the health, mental health, educational, employment, and other resources the program offers.

Community outreach

The community outreach component of the RHY Drop-In Centers will be retained in the new RFP. The Drop-In Centers were conceived as hubs for information and resources for the whole borough, not just the immediate neighborhood in which they are located. Accordingly, a major part of the role for the centers is to build awareness and educate the wider community about the causes of youth homelessness and available resources and to foster critical linkages with local services providers. The RFP will clarify requirements pertaining to the role of the Community Connections Coordinator outlined below.

Effective use of scarce resources/utilization rates

Given the shortage of longer-term housing options for homeless youth who cannot be reunited with their families, it is essential to optimize use of the RHY residential beds. Accordingly, in the new RFP, DYCD will expect contractors to achieve 100 percent utilization rates for both Shelter and TIL beds. However, in the case of the TILs, DYCD will allow up to 48 hours for the process of assessing referrals. DYCD reserves the right to place a youth in the vacant TIL bed to ensure it is filled expeditiously if a TIL fails to meet this deadline.

¹³ If proposers are multi-services organizations, linkages may include services provided by other units within the agency.

Summary Chart: Service Options, Funding, Service Levels

Service Option	Anticipated Maximum Annual Funding	Levels of Service/Utilization Rates
I – Drop-In Centers (Five borough-based competitions)	\$980,000 annually to provide a drop-in center for each of the five boroughs, with funding allocated as follows: <ul style="list-style-type: none"> • <i>Manhattan, Brooklyn, the Bronx and Queens</i>: maximum of \$200,000 each. • <i>Staten Island</i>: maximum of \$180,000. 	<ul style="list-style-type: none"> • Each drop-in center would serve a minimum of 1,000 youth annually and provide annually at least 8 community outreach presentations and at least 12 youth workshops. • Each drop-in center would provide case management to at least 10 percent of unduplicated youth served annually
II – Crisis Shelters (One citywide competition)	\$1,365,000 annually to provide 39 to 54 crisis shelter beds with allowable funding per-bed ranging from \$25,000 to \$35,000.	Each shelter would maintain a utilization rate of 100%.
III – TIL Programs	\$2,047,000 million annually for 48 to 68 TIL beds with allowable funding per bed ranging	Each TIL would maintain a utilization rate of 100%.

(One citywide competition)	from \$30,000 to \$42,000.	
IV – Street Outreach Services (One citywide competition)	\$200,000 total annual funding for one citywide contract.	The street outreach program would make at least 4,800 contacts with youth annually.

All Service Options

As part of their overall services, programs under all four service options in the chart above will provide transportation services for youth who need to be taken to a residential program or other safe location. In addition, all contractors will be required to have one key staff member with a master’s degree in social work or other relevant area such as psychology or therapeutic counseling and at least two years supervisory experience.

Service Option I: Borough-based Drop-In Centers

DYCD will support one Drop-In Center in each of the five boroughs. Each center will be located at a site that is easily accessible by public transportation from anywhere in the borough and will operate on at least six (6) days a week, as follows:

- 12:00 noon to 9:00 pm on four (4) weekdays
- 1:00 pm to 9:00 pm on Saturdays and Sundays.

To ensure that Drop-In Center services are available seven days a week, the day that each center selects for closure will be subject to DYCD approval.

Services

The Drop-In Centers will offer homeless youth, as well as youth at-risk for homelessness and families, a range of direct services including referrals to other services providers and informational literature about youth homelessness and local resources that are available to address the issues.

Services to be provided directly by the Drop-In Centers will include, but not be limited to, the following: crisis intervention, assessment, counseling, and mediation; work on family issues and relationships; life skills and work readiness programming; educational and employment counseling; referrals to other service providers; assistance with acquisition of identification documents; and transportation to residential programs and other safe locations, as necessary.

Where youth or families are referred for case management and counseling services, the Drop-In Center will open a case file. The file will remain open until contact with the client ceases for a period of 90 days, at which point, the file will be closed. If the client subsequently seeks services from the program, a new case file will be opened. Drop-In Centers will be expected to provide case-management services for at least 10 percent of their annual service level under the contract.

In addition to homeless youth and youth at risk for homelessness, the Drop-In Centers will be allowed to serve residents of DYCD RHY shelter and TIL programs. Youth enrolled in these residential programs

may count towards the Drop-In Center's total minimum service level, but not towards the case management caseload total.

As part of their life-skills, work-readiness and other program services, the Drop-In Center will offer a minimum of 12 workshops per year for youth. Workshops will be structured, age and developmentally appropriate and address topics such as interpersonal relations, communication, decision-making, work readiness, financial literacy, health, and career exploration. These workshops are for program participants and are distinct from the community outreach meetings described below.

Staffing

Minimum staffing for each Drop-In Center will include one Program Director and one Community Connections Coordinator (Coordinator). Either the Program Director or the Coordinator must have a master's degree in social work or related field such as counseling or psychology and at least two years supervisory experience. The other individual would have at least either a four-year degree in social work or related field or four years or more experience working with youth.

Role of the Coordinator

Under the supervision of the program director, the Coordinator will help youth and families to access appropriate services and resources in their neighborhoods. He/she will be responsible for establishing direct linkages with local providers such as City agencies, schools, and other RHY programs, to create an interlocking network of services, especially services of most relevance to participants' education and career goals. The Coordinator will ensure that the Drop-In Center and other RHY resources are visible and well-known in the community and connect those who need assistance to specialist providers.

In addition, the Coordinator will undertake *community outreach*. This work will include convening a minimum of eight community meetings per year at off-site venues such as schools, churches, or community centers or at the program site. The purpose of the outreach meetings is to prevent or shorten the duration of youth homelessness by raising awareness of youth homelessness, educating the community about key risk factors, breaking stereotypes, creating a nexus between RHY and the community, disseminating information about local resources, and identifying new sources of support. The community outreach meetings are separate and distinct from the workshops designed for program homeless participants or youth at risk for homelessness.

Service Option II: Crisis Shelters

Crisis Shelters (shelters) are voluntary, short-term residential programs for youth up to age 21, housing youth for up to 30 days, with possible extensions, granted by DYCD, for up to 30 days more. Shelters are intended to provide emergency shelter and services for RHY with the primary goal of reuniting youth with their families or finding them appropriate longer-term placements. RHY crisis shelters are certified by OCFS and must comply with State regulations 182-1.¹⁴ DYCD expects all its crisis shelters to operate at a utilization rate of 100 percent. Anticipated allowable funding per-shelter-bed under each contract will range from \$25,000 to \$35,000.¹⁵ Proposers will be expected to explain and justify the cost per bed included in their budget calculations.

The shelters will operate and provide staff supervision 24 hours per day, 7 days per week and ensure a safe and welcoming environment for all youth. Under the new RFP, the proposer may target under-served

¹⁴ See footnote 1.

¹⁵ This cost range is comparable to congregate care rates paid by other public agencies. The costs per bed range from \$22,000 (DOHMH Supportive Housing) to \$73,000 (average rate for Group Home beds paid by State OCFS/ACS). Differences in the rates are largely due to occupancy patterns and staff-to-participant ratios.

groups of homeless youth such as LGBT, pregnant and parenting, or sexually exploited youth. However, a shelter designed to address the needs of a specific group will, subject to bed availability, be required to accept any young person in need of emergency housing, regardless of whether he/she is a member of the target group.

Staffing

Each shelter will employ at least one full-time program director and one full-time counselor. Either the program director or the counselor will have a master's degree in social work or related field and at least two years relevant experience.

Services

For each youth admitted to the shelter, the contractor must undertake a comprehensive assessment and create an *individualized service plan* identifying immediate needs and actions to be taken to address them, including work on family issues and relationships and the possibility of reunification. Shelter programs provide shelter, food, clothing, individual and group counseling, and transportation services. Shelters also provide, directly or through written agreements with other service providers, the following services: medical and mental health care, including psychiatric evaluations; dental care; legal assistance; and any other urgent services needed by youth and their families. The shelter will work closely with the RHY Drop-In Centers and Street Outreach services, both of which are involved in identifying youth in need of emergency shelter.

Shelters will refer youth assessed to be in need of longer-term placements to TIL programs or seek other options for them such as supportive housing. Crisis Shelter contractors are responsible for follow-up communication and referrals for at least 90 days from the date of discharge of each youth from the shelter.

Service Option III: Transitional Independent Living Programs (TILs)

TILs provide transitional housing for RHY (and any dependent children) for **up to 12 months**. In the case of youth 18 years and older, DYCD may grant a 6-month extension, allowing for a maximum TIL stay of 18 months. In the case of youth ages 16 to 18 years, DYCD may grant extensions allowing for a maximum stay of 2 years. TILs are certified by OCFS and must comply with State regulations 182-2.¹⁶ Allowable funding per TIL bed will range from \$30,000 to \$42,000. Proposers will be expected to explain and justify the costs per bed included in their budget calculations.

The primary goal of TIL programs is to serve youth for whom family reunification is not currently an option, equipping them with the skills they need to live independently, support themselves, and advance their educational and career goals. TIL residents live in a cooperative housing setting that allows them maximum responsibility for their daily lives while offering on-site counseling and support services. In the new RFP, DYCD will encourage submission of innovative program designs that reflect the diversity of RHY and respond to the specific needs of groups who historically have been underserved: for example, youth who are LGBTQ, pregnant and parenting, sexually exploited, or have special mental health challenges.

Referrals process/bed utilization

Youth are eligible to enter a TIL program only through referral from a DYCD Crisis Shelter or with DYCD approval. The Crisis Shelter making the referral will provide the TIL with a comprehensive assessment of the youth and a recommendation for admission. DYCD expects all TILs to operate at a 100 percent bed utilization rate, but will allow 48 hours to process the referral, as indicated below.

¹⁶ See footnote 1 above.

Following receipt of a referral from a Crisis Shelter or Drop-In Center, the TIL will undertake an assessment, building on the facts documented in prior assessments and related medical reports. The TIL may conduct one interview with the youth but **must communicate within 48 hours, to the Shelter and to DYCD, its decision to accept or reject the referral.** In the event that a TIL fails to confirm its decision within this timeframe, DYCD reserves the right to place another youth in the vacant bed. Given the shortage of TIL beds relative to the number of youth in need of transitional housing, it is critical that all TIL beds are filled expeditiously and a utilization rate of 100 percent maintained.

TILs may refuse referrals only on the limited grounds indicated in the RHY regulations. For example, refusal may be based on documented evidence that the youth is likely to be a danger to himself, herself or others, or requires a level of medical mental health or other assistance that cannot reasonably be provided through the program. (See, 182-2.9 (b) intake.) In cases where there is no independent psychiatric evaluation or other documentary proof demonstrating unsuitability, the TIL will accept the youth, and, following enrollment, seek the necessary specialist assessment.

Staffing

Each TIL will have at least one full-time program director and one full-time counselor. Either the director or the counselor will have a master's degree in social work or related field and at least two years relevant experience.

Services

Each TIL will operate and provide on-site staff supervision 24 hours a day, 7 days a week. Following enrollment, the contractor will undertake a comprehensive, in-depth, skills and needs assessment for the participant and create an appropriate, individualized service plan. The plan will be reviewed, with the participant, every 30 days. The contractors will provide TIL residents with shelter, food, clothing, transportation, and individual and group counseling. They will also offer, directly or through written agreements with other providers, medical/mental health, legal, and educational services. They will make it a priority to connect participants to educational and employment resources and help them grasp the importance of educational and other qualifications to their future success. In addition, the TIL will be expected to teach participants independent-living skills through activities that develop their problem-solving, decision-making, and communication skills, focusing on topics ranging from personal hygiene, health maintenance, housekeeping, financial management, employment opportunities, and career pathways, to the effective use of their leisure time. TILs will also work with youth to address family issues and relationships.

Each TIL contractor will be responsible for providing follow-up communication and referrals for at least 90 days after each youth leaves the program.

Service Option IV: Street Outreach

DYCD will fund one Citywide Street Outreach program for RHY and at-risk youth under the age of 25. Outreach workers will be expected to engage at least 4,800 youth annually, in the street and elsewhere, and provide safe transportation services for them to Crisis Shelters and other safe locations, as necessary. Funding for the street outreach program will be \$200,000.

It is anticipated that DYCD will require Street Outreach services to operate 6 days a week from Wednesday through Monday or Tuesday through Sunday. Required hours per day will vary by the season, as follows:

- Fall/Winter: 7:00 p.m. to 3:00 a.m.
- Spring/Summer: 9:00 p.m. to 5:00 a.m.

DYCD reserves the right to adjust the above schedules during the contract period based on usage of the services.

The Street Outreach contractor will focus its efforts on locations where homeless and at risk youth are known to congregate in the evenings and at night, on weekdays and weekends. Street Outreach services will target public spaces, subway stations, and transportation hubs such as those in Jamaica, Queens, Atlantic Avenue, Brooklyn, the Port Authority Bus Terminal in Manhattan, and the Staten Island Ferry Terminal. Proposers responding to the RFP will be expected to identify and demonstrate knowledge of popular locations and the number of RHY and at risk youth who typically congregate in these locations during weekdays and on weekends. They will also be expected to demonstrate the capacity to provide safe transportation for youth to their homes, crisis shelters, or other safe locations.

The role of the Street Outreach contractor is to distribute information about RHY services, provide food, clothing and other resources; make referrals to other service providers; and transport youth to their homes, to crisis shelters, or to other safe locations. By developing rapport with youth in the streets and elsewhere, outreach workers can directly inform RHY and youth at risk for homelessness about available services and refer youth who need services to the Drop-In Centers and other RHY programs. In this way, the Street Outreach program serves as a point of entry into the wider DYCD RHY system.

Proposers will be expected to identify specific places for focused street outreach. However, the contractor will be expected to collaborate with DYCD and adjust its operations, as necessary, to ensure coverage of key locations in the City where RHY and at risk youth congregate.

Minimum Qualification Requirements

No minimum qualification requirements are anticipated for the upcoming RFP. However, by the date of contract award, if not previously demonstrated, the proposer must prove its status as a private, not-for-profit organization by submitting a copy of the certificate of incorporation. Proposers for Crisis Shelter and TIL contracts must be certified, or have filed for certification, to operate a residential facility as defined by State RHYA Regulations, by the proposal submission due date indicated in the RFP. DYCD reserves the right to conduct site visits to proposed program sites prior to the award of contracts. Youth cannot be served in an RHY residential facility until State OCFS RHY certification has been secured.¹⁷

Monitoring and Performance Reporting Requirements

DYCD will conduct regular site visits to all RHY programs. These visits will include inspection of the physical plant, operations, services provided to participants, staffing schedules, personnel and staff training records, youth case records, and other documentation required to demonstrate compliance with DYCD contract obligations and State certification regulations. To ensure 100 percent utilization rates in the residential programs, DYCD reserves the right to monitor cases where TILs reject referrals from Drop-In Centers or Crisis Shelters.

¹⁷ State OCFS RHY certification for residential providers can take several months to complete. Proposers of programs that include sites not currently certified will be required to submit a completed State OCFS Report of Inquiry form to DYCD to begin certification and must be certified prior to the contract start date.

Providers will also be required to submit comprehensive statistical data as requested by DYCD, including youth served, demographics, utilization rates, and referrals. Contractors will be required to utilize the DYCD data management systems, including Capricorn and Luna and other systems, as directed. In addition, contractors will be required to attend monthly (program director) meetings, trainings and other events designed to enhance the skill levels of program staff.

Planned Method of Proposal Evaluation

Proposals will be evaluated pursuant to the evaluation criteria set forth in the RFP, which will include: quality and quantity of successful relevant experience, demonstrated level of organizational capability, and quality of proposed approach.

Proposed Term of Contracts

It is anticipated that the term of the contracts awarded from the RHY RFP will be three years, with an option to renew for up to three additional years. DYCD anticipates entering into three-year contracts starting July 1, 2014, with an option to renew for up to an additional three years.

Procurement Timeline

It is anticipated that DYCD will release an RFP for this procurement by May 20th, 2013. The proposal submission deadline will be approximately six weeks after the release of the RFP.

Comments

Please email comments on the concept paper by April 26, 2013 to cp@dycd.nyc.gov inserting the words “runaway and homeless youth concept paper” in the subject line. Written comments may also be mailed to:

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