



**THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION (“HRA”)
CONCEPT PAPER on the
Provision of Supportive Housing for Homeless and At-Risk Persons with
Clinical Conditions under the NYC Supportive Housing Initiative
EPIN: 09616I0009**

A. Purpose of the Intended RFP

In November 2015 Mayor Bill de Blasio announced the NYC Supportive Housing Initiative to fund and develop 15,000 new units of supportive housing in New York City over the next 15 years. This far reaching and comprehensive initiative targets the most vulnerable homeless New Yorkers in need of supportive housing. The City’s 15,000-unit plan is comprised of a projected 7,500 newly-developed congregate units and a projected 7,500 scattered-site units. Supportive housing combines affordable housing with appropriate social services to help special populations, including individuals and families with serious mental illness, substance use disorders and/or disabling medical conditions, and young adults aging out of foster care, and other special populations as determined by the City in the future that are homeless or at risk of becoming homeless achieve housing stability and independence in the community. It is a proven solution to homelessness for individuals and families with special needs, and less costly and more appropriate than expending resources on institutional and temporary settings such as shelters, hospitals, jails and prisons. HRA will begin the procurement of 500 scattered site units immediately. The populations targeted for this procurement will continue to be categories described in the NY/NY III agreements, as the Mayor’s Supportive Housing Task Force is currently developing recommendations which will be incorporated in the procurement of the remaining scattered site units and congregate units subsequently released after this concept paper and Request for Proposals. These populations are:

1. Chronically homeless single adults with a serious mental illness or with a mental illness and a co-occurring substance use disorder.
2. Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household has a serious mental illness, a substance use disorder, a disabling medical condition or HIV/AIDS .
3. Young adults (aged 18-25 years) leaving or having recently left foster care or who have been in foster care for more than one year after their 16th birthday and who are homeless or at-risk of street or sheltered homelessness.

Contractors will be permitted to propose to serve one or more target populations delineated above and/or to propose programs in more than one borough. Proposals may include sub-

populations within the target populations such as, street homeless, individuals re-entering the community or shelter from correctional facilities, survivors of domestic violence, and LGBTQI youth. In the event that a proposer is eligible for an award to serve more than one target population and/or borough, HRA reserves 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. Programmatic Information

The contractor will provide scattered-site supportive housing along with appropriate supportive services to eligible persons as defined below. The procurement of 500 scattered site units is for immediate occupancy, commencing on or about December 1, 2016. The contractor will work with all eligible clients. Services provided by the program will allow the clients to live full, healthy, independent lives.

Site Consideration

Scattered-site supportive housing proposals will be located in neighborhoods that are in close proximity to public transportation and accessible to other amenities, such as shopping, health care and other services. Facilities shall be private apartments, including studios, or suites of attached private rooms in a single apartment, containing not less than one full bath, a refrigerator, a kitchen sink and a stove. Clients will be required to contribute up to a maximum of 30% of their household income toward rent and utilities. Contractors may also propose leasing several apartments in a single building for purposes of operating these permanent housing programs. However, programs should not propose to rent more than 20% of units in any one building. The contractor will provide services in a facility leased or owned by the contractor. Site control may include, but is not limited to signed leases between the landlord and the proposer, letters of intent between the landlord and the proposer, or memoranda of understanding between the parties.

Support Services

The contractor will 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 and maintain recovered, independent lives. In addition, the contractor will 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

services, and assistance in gaining access to public benefits and services. In addition, the contractor will provide linkages and referrals to: primary medical and mental health care, substance use counseling and treatment, harm reduction and HIV prevention services. In provision of all services, the contractor will ensure sufficient program flexibility during evening and weekends in order to accommodate the needs of residents who are working, in school, or training, or in treatment services.

Contractors will ensure that no client will lose his or her housing due to hospitalization, relapse, or failure to participate in program activities alone.

Specialized Support Services For Each Target Population

1. Chronically homeless single adults with a serious mental illness or with mental illness and a co-occurring substance use disorder.

Contractors will ensure the provision of services through linkages/referrals to appropriate providers located nearby or that are readily accessible through public transportation, comprehensively address clients' physical and mental health needs in the areas of primary medical, mental health and dental care, substance use counseling and treatment, domestic violence counseling and HIV/STD prevention, treatment and support services (including access to condoms and rapid HIV/AIDS testing), as appropriate.

Because a majority of clients in these permanent housing programs will have an active substance use disorder and/or co-occurring medical or mental health condition upon admission, these programs will adopt a person-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 use. Program emphasis will be on relationship- and trust- building, where clients are encouraged to set the goals of services for themselves.

In addition to providing the core supportive services described above, the contractor will 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 will 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 use

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 will be provided either through the contractor's own programs or through linkages to appropriate community providers.

Although there will be no length of stay restrictions, staff will be knowledgeable about housing placement assistance services in order to assist clients who desire to relocate to a more independent setting.

2. Chronically homeless families or those at risk of becoming chronically homeless, in which the head of the household has a serious mental illness, a co-occurring substance use disorder, a disabling medical condition or HIV/AIDS.

Providers will develop a highly flexible and comprehensive service approach to the entire family unit and incorporate harm reduction and preventive health principles into programming. Providers will also deliver to each family, either directly or through linkages, the following supportive services including, but not limited to: family reunification services; nutritional counseling and services; health education; medical case management; nursing assessments, as necessary; parenting skills training; educational support mentoring; legal services; domestic violence counseling; family planning; respite or alternative caregiver services in cases where the head of household requires hospital or out-of-home residential treatment; aftercare planning in the event of the death of the head of household; conflict resolution services; as well as any other skills and services that the families would require to remain stably housed.

In addition, providers will, directly or through linkages, provide each child with childcare, after-school programs, on-site tutoring and summer camp services.

If the head of household originally qualifying the family for the supportive housing unit dies or moves out, the contractor will assess the family's continuing needs and work with the remaining family members to provide services or transition them to more appropriate housing in terms of support services and/or unit size so that service and operating dollars can be used to support another eligible family in the program.

3. Young adults (aged 18-25 years) leaving or having recently left foster care or who have been in foster care for more than one year after their 16th birthday and who are homeless or at-risk of street or sheltered homelessness.

Housing stability, unsubsidized employment, educational gain, and homelessness prevention are the primary goals of supportive housing programs for young adults leaving or who have recently left foster care. These programs will take into account the developmental needs of the 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 will be based on positive youth development principles that recognize and build upon 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 will 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 will offer health and nutritional counseling, health education and infectious disease prevention, relationship skills, crisis intervention, home visits and other community supports. All services will be provided either through the contractor's own programs or through linkages to appropriate community providers. A target group within this population will be young adults who are lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI). Therefore, the programming and staff will need to be responsive, sensitive and reflective of the full range of the population. Additionally, consideration should be given to those with children.

Although there will be no length of stay restrictions, a goal of these young adult programs will be to assist clients to obtain independent, non-programmatic housing or, where appropriate, to other supportive housing settings for adults. Therefore, staff will undertake an assessment or reassessment of each client's housing and ongoing services needs at least one year prior to each client reaching the age of 26 years, in order to assist them in moving on to independent, non-programmatic housing as described above.

C. Eligibility and Placement

Referral sources such as shelters, street outreach teams, drop-in centers, hospitals and others will be required to complete and file online with HRA a form 2010-e supportive housing application for each potential client. Clients whose HRA applications are approved and who are deemed eligible for the supportive housing category based on the criteria in the RFP will be referred directly to housing providers by the City-designated Placement Agency (TBD). Housing providers will be required to obtain authorization from the placement entity, as appropriate, to place these clients into the NYC Supportive Housing Initiative units. In addition, intake criteria will be low-barrier and low-threshold, and will permit reconsideration of clients who may have initially rejected an apartment.

D. Proposed Vendor Performance Reporting Requirements

The provisions of the NYC Supportive Housing Initiative call for the implementation of an evaluation protocol to ensure quality and effectiveness of the services developed. 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. The contractor will submit the required documents and information in accordance with the terms of the contract.

E. Funding

It is anticipated that a maximum of \$12,500,000 will be available for the operation of 500 units of scattered-site supportive housing, with up to \$10,000 per unit per year for Support Services and Rental Subsidies/Operations up to the Fair Market Rent (FMR). It is anticipated that the Agency will make multiple awards.

Payment will be made for units actually utilized.

F. Planned Method of Evaluating Proposals

Proposals will be evaluated pursuant to the criteria set forth in the RFP. All proposals accepted by the Agency will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined by the Agency to be non-responsive will be rejected. The Agency's Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed in the RFP. The Agency reserves the right to conduct site visits and/or interviews and/or to request that Contractors make presentations, as the Agency deems applicable and appropriate. Although discussions, site visits, interviews and/or presentations may be conducted with Contractors submitting acceptable proposals, the Agency reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic and price terms.

Proposals will be evaluated pursuant to the criteria set forth in the RFP. This will include the quality of the proposer's approach and program design. In addition, the evaluation will assess the proposer's successful, relevant experience providing similar services. Proposals will also be evaluated based on the organization's staffing model and organizational structure as it relates to capacity to deliver these services. Proposals may include sub-populations within the target populations such as, street homeless, individuals re-entering the community or shelter from correctional facilities, and LGBTQI youth.

For each competition, HRA will award contract(s) to the highest technically rated proposals which do not exceed the average cost per case, and which are determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria

set forth in the RFP. HRA reserves the right to skip proposals to ensure appropriate geographic and/or target population coverage.

G. Proposed Contract Term

It is anticipated that the term of the contracts awarded from the intended RFP will be for five years from the Agency's notice to proceed. The contract may include a four-year option to renew. HRA reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

H. Use of HHS Accelerator

To respond to HRA's Provision of Supportive Housing for Homeless and At-Risk Persons with Clinical Conditions under the NYC Supportive Housing Initiative RFP Requests for Proposals (RFPs) released during the Spring of 2016 or later, vendors must first complete and submit an electronic prequalification application using the City's Health and Human Services (HHS) Accelerator system. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its Human Service Agencies to manage procurement.

Required Service Pre-qualifications

The Provision of Supportive Housing for Homeless and at-Risk Persons with Clinical Conditions under the NYC Supportive Housing Initiative RFP will be released exclusively through the HHS Accelerator system. Only organizations with approved HHS Accelerator business Application and Services Applications for one or more of the following will be able:

- Case Management
- Substance Abuse Services
- Entitlement Assistance
- Mental Health Services
- Preventive Services
- Life Skills
- Outreach
- Housing
- Homeless Prevention

To submit a prequalification application to become eligible to apply for this and other CCS RFPs, please visit <http://www.nyc.gov/hhsaccelerator>.

I. Procurement Timeline

- Expected RFP Release Date – June 2016
- Expected Pre Proposal Conference Date – June 2016
- Expected Proposal Submission Due Date – August 2016
- Expected Award Announcement Date – October 2016

J. Feedback on Concept Paper

Please submit all comments to this concept paper no later than June 8, 2016 to accoprocurements@hra.nyc.gov