

Date of Issue
February 16, 2007

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Thomas R. Frieden, M.D., M.P.H.
Commissioner

Lloyd I. Sederer, M.D.
Executive Deputy Commissioner
Division of Mental Hygiene

REQUEST FOR PROPOSALS

**NEW YORK/NEW YORK III SCATTERED-SITE SUPPORTIVE
HOUSING PROGRAMS FOR AT RISK YOUNG ADULTS
LEAVING FOSTER CARE AND HOMELESS INDIVIDUALS
WITH SUBSTANCE ABUSE DISORDERS**

PIN:08PO 0825

Patricia A. Thomas
Associate Commissioner
Agency Chief Contracting Officer

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NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE**

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INDIVIDUALS WITH SUBSTANCE ABUSE DISORDERS
FISCAL YEAR 2007-2008**

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AUTHORIZED DEPARTMENT CONTACT PERSON

Proposers are advised that the Authorized DEPARTMENT Contact Person for all matters concerning this Request for Proposals is:

Name:	Karen L. Mankin
Title:	Contracting Officer
Address:	Office of the Agency Chief Contracting Officer New York City Department of Health and Mental Hygiene 93 Worth Street, Room 812 New York, NY 10013
Telephone #:	(212) 219-5873
Fax #:	(212) 219-5890
Email:	<u>kmankin@health.nyc.gov</u>

SECTION I - TIMETABLE

A. Release Date of the Request for Proposals: February 16, 2007

All questions and requests for additional information concerning this RFP should be directed to Karen L. Mankin, the Authorized Department Contact Person using the contact information shown on the Table of Contents page.

B. Pre-Proposal Conference:

- Dates: March 8, 2007
- Time: 1:00 PM
- Location: 22 Reade Street, Spector Hall Auditorium, New York, NY 10007

DOHMH encourages vendors to submit questions by email prior to the Pre-Proposal Conference to facilitate further discussions at the Conference. All responses to questions will be summarized in an Addendum to be released shortly after the Conference. Please e-mail questions to Karen Mankin at the e-mail address kmankin@health.nyc.gov. You may also call Ms. Mankin at (212) 219-5873.

Attendance by proposers is optional but strongly recommended by DOHMH.

C. Proposal Due Date, Time and Location:

- Date: March 26, 2007
- Time: 3:00 PM
- Location: 93 Worth Street, Room 812, New York, NY 10013

Proposals received at this location after the proposal due date and time are late and shall not be accepted by the Department, except as provided under New York City's Procurement Policy Board Rules.

The Department will consider requests made to the Authorized Agency Contact Person to extend the proposal due date and time prescribed above. However, unless the Department issues a written addendum to this RFP that extends the proposal due date and time for all proposers, the proposal due date and time prescribed above shall remain in effect.

Proposals shall be submitted to Karen L. Mankin, Contracting Officer
E-mailed or faxed proposals will **not** be accepted by DOHMH.

D. Anticipated Contract Start Date: July, 2007

SECTION II - SUMMARY OF THE REQUEST FOR PROPOSALS

A. Purpose of RFP

DOHMH is seeking appropriately qualified organizations to provide high quality scattered-site supportive housing citywide for at-risk young adults leaving foster care and homeless individuals with substance abuse disorders as set forth in Section C, below, to enable them to live as independently as possible.

B. NY/NY III Supportive Housing Agreement Overview

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. 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 people living on the streets and in shelters today.

The *New York/New York III* agreement provides for the development and funding of both congregate (single-site) and scattered-site (apartments rented from private landlords that are spread throughout a community) models of supportive housing. The Department of Health and Mental Hygiene (DOHMH) is 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) is responsible. This Request for Proposals (RFP) is for all scattered-site programs for which DOHMH will be contracting during **both** City fiscal year 2006-2007 **and** City fiscal year 2007-2008.

C. Population Options

The three Population Options and number of units targeted for each are as follows:

1. *Population Option I (Total Units - 100)* – 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 16th birthday and who are at risk of street homelessness or sheltered homelessness and need supportive housing to achieve independent living.
2. *Population Option II (Total Units -500)* – 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 (excluding serious and persistent mental illness (“non-SPMI”)) that further impairs their ability to live independently.)*
3. *Population Option III (Total Units - 250)* – 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.*

* Up to 50 total units in each of these two Population Options will be targeted to young adults (aged 18-25 years). These units will be in addition to the 100 young adult units in Population Option I. In

order to be placed in Population Options II and III the young adults must meet the applicable eligibility requirements for these Population Options as described in Section III, except that young adults aged 18-25 who are homeless, but do not meet the “chronic” requirement, may be accepted into these units, although chronically homeless young adults will be given priority. Greater consideration will be given to proposers who include young adult units in proposals for Population Options II and III.

Proposers may propose to serve more than one Population Option; however, in such case, the proposer must submit a separate and complete proposal for each Population Option proposed. In addition, proposers must propose a program that will be comprised of a minimum of 25 units, 50 units or 75 units. Greater consideration will be given to proposers that propose additional units above the applicable minimum in combination with a high quality program.

In the case that a proposer is eligible for award to serve more than one Population Option or for an award to serve more than 25 units, DOHMH reserves the right to determine, based on the proposer’s demonstrated organizational capability and the best interests of the City, respectively, for which population(s) and/or for how many units the proposer will receive an award.

D. Housing Considerations

Apartments would be located citywide in neighborhoods that are in close proximity to public transportation and accessible to other amenities like shopping, laundry, health care and other necessary services. Apartments for any single program may be located in more than one borough. Living units should preferably be studio or one-bedroom apartments, which offer clients access to individual bathrooms, kitchens and storage space for clothing and other personal items

Due to the limited availability of supportive housing options in some areas of the City, greater consideration will be given to proposers who propose to operate scattered- housing in the following community districts:¹

Bronx Community Districts: 7, 8,9,10, 11 and 12

Brooklyn Community Districts: 1,4,6,9,10,11,12,13,14,15, 17 and 18

Manhattan Community Districts: 1, 2, 6 and 8.

Queens Community Districts: Any Community District

Staten Island: Any Community District

E. Anticipated Contract Term

It is anticipated that the term of the contracts awarded from this RFP will be for an initial period of three years, commencing on July 1, 2007. The contracts 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.

¹ Based on 2006 inventory of New York City Housing Preservation and Development (HPD) funded Supportive Housing Projects, inclusive of pipeline projects.

F. Anticipated Available Annual Funding

DOHMH will fund the rent subsidy and support services components of the programs through this contract. In addition, proposers may apply for other rental subsidies from any other available sources. In the case of programs that obtain such other rent subsidy funding, the maximum amount per unit from DOHMH will be reduced to fund only the support services provided to the clients. Clients must contribute 30% of their income towards rent and utilities combined, or in the case of a client who is eligible for public assistance through HRA, the applicable amount as required by State regulation.

The total anticipated maximum available annual funding, exclusive of the client rent contribution, for each of the Population Options I – III is set forth in the chart below. In addition, proposers are advised that, to the extent that Cost of Living Adjustments (COLAs) for these programs are made available through future City and State budgets, annualized funding rates for each housing unit may be adjusted to reflect these increases. However, DOHMH makes no guarantee regarding the timing or availability of COLAs.

<u>Population Option</u>	<u>Total Maximum Available Annual Funding (Exclusive of Client Rent Contribution) per each 25 Units</u>
I	\$550,000
II	\$450,000
III	\$400,000

G. Anticipated Payment Structure

It is anticipated that the payment structure of the contract(s) awarded from this RFP will be based on a line-item reimbursable budget with annual performance-based disincentives, as further described in Section III (Scope of Services). DOHMH reserves the right to implement additional performance-based outcome measures and related financial incentives and/or disincentives in combination with or in lieu of a reimbursable budget payment structure. DOHMH will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City’s best interest.

SECTION III – SCOPE OF SERVICES

A. Department Goals and Objectives

DOHMH's goals and objectives are 1) to create stable housing opportunities combined with appropriate support services that meet the needs of homeless individuals and families and enable them to live as independently as possible, and 2) in so doing, to reduce the rates of incarceration, hospitalization and use of emergency services by the clients of the supportive housing programs funded under this RFP.

B. Target Populations and Programming Goals

1. General Definitions

“Homeless” means anyone who is sleeping in an emergency shelter or drop-in center; in public or other places not meant for human habitation; living in transitional/supportive housing but having come from the streets or emergency shelters; at risk of imminent homelessness due to a pending eviction or discharge with no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.

“Chronically homeless” means anyone who has a disability and has been homeless for at least 365 days of the last two years, not necessarily consecutively.

Documentation of chronic homelessness is established in one of the following ways:

- a. A client is identified as meeting the above criteria based on his/her lodging history as contained in the Department of Homeless Services (DHS) SCIMS system. Other emergency lodging history (such as time spent in commercial SROs used by the HIV/AIDS Service Administration (HASA) as emergency housing, Human Resources Administration (HRA) domestic violence shelters or Housing Preservation and Development (HPD) emergency shelters) must be documented by a written attestation by an employee of the applicable agency included as part of the supportive housing application.
- b. An outreach team or drop-in program provides a written attestation that their staff has been working with a client for a period of time that satisfies the above criteria.
- c. A combination of shelter lodging history, street engagement and/or HASA documentation that satisfies the above criteria. For an applicant whose period of homelessness has included time spent in an institution (specifically, in a nursing home, a psychiatric hospital or a correctional facility), the relevant period for determining chronic homelessness (i.e., 365 days out of the past two years for someone with a disability or 730 days out of the past four years for someone without a disability) will be extended by the number of days spent in the institution, up to a maximum of three years or 1,095 days. In other words, although time spent in one of the institutions identified above will not count as time spent homeless, that time will not count against an applicant when establishing eligibility for NY/NYIII housing. It will be the responsibility of the referral source to provide verifiable documentation of time spent in an institution and verifiable documentation of the homeless history prior and subsequent to the time spent in an institution, as part of the application.

2. Target Populations:

Population Option I – Young adults (aged 18-25 years) leaving or having recently left foster care or who had been in foster care for more than a year after their 16th birthdays, who are at risk of street homelessness or sheltered homelessness and need supportive housing to achieve independent living.

“Leaving” means preparing for discharge within the next 24 months.

“Having recently left” means having left foster care within the past 24 months.

“At risk of street homelessness or sheltered homelessness” means leaving or having recently left foster care and having no subsequent residence identified and lacking the resources and support networks needed to obtain housing.

Proposers are advised that clients must be no younger than 18 years of age in order to enter this program. In addition, as the expectation is for young adults to move on, services funding from DOHMH will terminate when a client reaches the age of 26 while the rental subsidy will continue. Extended services funding may be requested from DOHMH for clients who reach age 26 and who are diagnosed with a mental illness and/or substance abuse disorder. Such requests would be handled on a case-by-case basis. Approved extensions would be for a limited amount of time while the client transitions into an adult supportive housing program or into another appropriate setting.

The programming goals for these clients are to ensure housing stability in a supportive environment based on positive youth development principles that recognize and build on the clients’ strengths, and to maximize educational and employment opportunities to enable clients to achieve self-sufficiency and, upon attainment of age 26, transition out of the supportive housing program into independent living and integration into the community.

Population Option II – 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).

“Substance abuse disorder” means a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period: recurrent substance abuse resulting in failure to fulfill major role obligations at work, school or home; recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use); recurrent substance related legal problems (e.g., arrests for substance related disorderly conduct); or continued substance abuse despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of use.

“Disabling condition” means a condition that significantly impairs an individual’s ability to function independently which results in a restriction of activities of daily living (ADL) and difficulties in self-care and maintaining social functioning.

“Clinical condition” means a medical or mental health condition which is evidenced by a diagnosis of a (1) mental illness (non-SPMI), (2) a developmental disability or (3) a physical illness.

Contractors are advised that up to 50 units in this Program Option may be targeted to young adults (aged 18 - 25 years). Young adults who are homeless but do **not** meet the chronic requirement may be accepted into these units, but chronically homeless young adults will be given priority.

The programming goals for these clients are to ensure housing stability in a safe, non-judgmental and supportive environment; to avoid or reduce high risk and harmful behaviors related to active substance abuse; and to enable clients to achieve the maximum possible recovery and integration into the community.

Population Option III – Homeless 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 long-term transitional supportive housing to sustain sobriety and achieve independent living.

“Have completed a course of treatment” means successful completion/participation as attested (in writing) by the provider in one or more of the following substance abuse treatment programs: (1) residential treatment, or (2) outpatient treatment programs including MMTP, Buprenorphine and other approved programs.

“At risk of street homelessness or sheltered homelessness” means having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing (would require written attestation by the treatment provider).

Contractors are advised that up to 50 units in this Program Option may be targeted to young adults (aged 18 - 25 years). Young adults who are homeless but do **not** meet the chronic requirement may be accepted into the units, but chronically homeless young adults will be given priority.

The programming goals for these clients are to ensure housing stability in a non-judgmental, safe and supported environment; to enable them to sustain sobriety and transition to independent living outside of a supportive housing setting; and to enable clients to achieve the maximum possible recovery and integration into the workforce and the community.

C. Department Assumptions Regarding Contractor Approach

DOHMH’s assumptions regarding which approach will most likely achieve the goals and objectives set forth above are:

1. Contractor Qualifications

The contractor would:

- a. Have successful experience providing housing and/or services to the target population.
- b. Have successful experience locating and managing scattered site apartments and relationships with landlords in the targeted area.
- c. Have linkages with other appropriate not-for profit agencies and/or service providers in the community in which the proposed program will be located or readily accessible through public transportation, that could serve as resources for and/or provide off-site services to program clients.

2. Housing Services

The contractor would:

- a. Locate apartments in the proposed target area in neighborhoods that are in close proximity to public transportation and accessible to other amenities like shopping, laundry, health care and other necessary services.
- b. Rent clusters of apartments in a single building (preferably no more than 20 % of the units in a single building) for purposes of siting these programs. In cases where the provider agency is the lease holder for the apartment(s), a sub-lease that is in easily understandable language shall be provided to the client and a copy of such sub-lease must be maintained as part of the client file. In cases where the client is the primary lease holder, a copy of the lease shall be maintained in the client file.
- c. Rent living units that are preferably studio or one-bedroom apartments, which offer clients access to individual bathrooms, kitchens and storage space for clothing and other personal items. Contingent upon client preference and the availability of appropriate housing in the community, two bedroom apartments in which clients share bathroom and kitchens are also permissible. However, each client must have their own room with storage space for clothing and other personal items.
- d. Require clients to contribute 30 % of their gross household income toward rent and utilities (electric and gas, at minimum).
- e. Ensure that apartments meet New York City building and fire codes and have a current Certificate of Occupancy that is appropriate for the number of clients to be served.
- f. Ensure that apartments meet Federal Housing Quality Standards.
- g. Provide air conditioning, if not otherwise provided.
- h. Provide furnishings and household items that are new, good quality and durable.
- i. Make minor renovations to make the apartment (s) handicapped accessible based on the individual needs of the client.
- j. Consider the clients' medical conditions and/or disabilities when placing them in living arrangements above the second floor.
- k. Ensure that gross rents do not exceed the U.S. Department of Housing and Urban Development (HUD) fair market values.

3. Staffing and Training

- a. The contractor would ensure that the program has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications. The contractor would initially train staff and conduct ongoing training.
- b. Program directors overseeing case managers would be required to have a graduate degree and experience serving the target population or a Bachelor's degree, supervisory experience and experience serving the target population.
- c. The contractor would have the capacity to provide training to staff that would include, but not be limited to: health education and infectious disease prevention, nutrition, relationship skills, crisis intervention, counseling techniques and motivational interviewing, depression screening, street drugs and their effects, symptoms of overdose and withdrawal, best practices in employment services, harm reduction and housing first service approaches, including safe injection, safe sex practices and availability of naloxone to prevent death from opioid overdose, addiction treatment and recovery, the stages of change model, trauma and relapse prevention.

4. Client Eligibility and Placement

The eligibility of an individual seeking housing under *NY/NY III* will be determined by HRA upon electronic submission of the supportive housing application by the client or anyone acting on behalf of the client such as an outreach worker, case manager, shelter or drop-in center staff person, etc. Except for Population Option I, DHS will be responsible for placing approved applicants by sending *NY/NY III* housing providers a limited but reasonable number of eligible clients from which they will be required to select tenants. For Population I, the Administration for Children's Services (ACS) will be responsible for placement in accordance with the same procedure.

5. Supportive Services

To deliver the core services for all Population Options, the contractor would:

- a. In conjunction with each client, develop an individualized housing-related needs assessment and support services plan, including an action plan with clearly stated goals and outcomes. The plan should adequately address client access to preventive, ongoing and emergency services as well as the interval at which the support plan will be reviewed. The plan should be designed to assist the client to remain in housing while the type and intensity of services vary to meet the changing needs of the individual.
- b. Encourage direct client participation into ongoing program implementation and management, through regular community meetings, advisory boards, or other means.
- c. Focus on the multiple service needs of the clients as well as those skills and services that the clients would require to remain stably housed in the community.
- d. Coordinate all support services for each client directly with the contractor's own programs or through appropriate providers located nearby or at a central location that is readily accessible to public transportation.
- e. Directly provide: 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 appropriate public benefits and services, peer support, 24 hour/7 day on-call staffing, help in the establishment of the household including, if apartment mates are involved, facilitating cooperative apartment mate agreements on bill payments, division of household responsibility and other matters.
- f. 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 abuse counseling and treatment, domestic violence counseling and HIV/STD prevention services, treatment and support services (including access to condoms and rapid HIV/AIDS testing) as appropriate.
- g. Make programming available during evenings and on weekends to accommodate the work, training and/or treatment requirements of clients.
- h. Focus on and promote each client's recovery to his or her fullest potential, by providing educational opportunities, job readiness skills, vocational training and employment placement and retention. Where feasible, actively seek qualified clients to employ as housing support staff.
- i. Train staff in housing placement in order to assist clients who would like to move on to a more independent setting.

- j. For individuals with substance abuse disorders, many of whom have been victimized or abused as children or later in life, ensure that all supportive services are trauma-informed in order to address the underlying issues of addiction.
- k. Provide services in a culturally and linguistically competent and sensitive manner.
- l. Employ low-threshold, flexible intake criteria and utilize a progressive demand approach that encourages clients to engage and participate in supportive housing services. With respect to Population II, proposers are especially advised that neither current sobriety nor a recent history of sobriety may be required as admission criteria.
- m. In cases where the provider agency is the lease holder for the apartment(s), a sub-lease that is in easily understandable language shall be provided to the client and a copy of such sub-lease must be maintained as part of the client file. In cases where the client is the primary lease holder, a copy of the lease shall be maintained in the client file.
- n. Require clients to contribute 30% of their household income toward rent and utilities (electric and gas, at minimum).
- o. Allocate contingency funds in the budget to cover events that may lead to non-payment of rent, such as hospitalization. The contractor should make every effort to preserve the client's/family's housing in the event of hospitalization or relapse.
- p. Establish appropriate procedures for terminating the client's sub-lease if a tenant does not comply with the sub-lease provisions and/or requires assistance beyond the scope of the program. In such circumstances, the contractor would identify alternate appropriate placement. Due process procedures and New York City's landlord/tenant law would be followed. Programs are urged to develop a positive and effective means of transitioning clients to independent or other long-term permanent housing as appropriate.
- q. Track clients who have moved on from the program to non-supported independent housing or other placements by maintaining contact with such clients for a period of one year following their departure from the program. At a minimum, contact with the client would be made at three months, six months and one year after departure.
- r. If/when required by DOHMH, conduct a consumer perception of care survey using a survey instrument to be provided by DOHMH. Failure to conduct the survey (if required by DOHMH) would result in liquidated damages under the contract.
- s. Track, record and report information to DOHMH as required in the contract, including, but not limited to, client demographics, income source, place discharged to, and outcome data, including occupancy rate; housing retention; reduction in hospitalization; and reduction in rate of incarceration.
- t. In addition to the reporting responsibility as may be required under its contract with DOHMH, participate in NY/NY III Supportive Housing Evaluation. 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/systems such as behavioral health care, shelter, jail and prison, before and after placement into supportive housing. The contractor would participate in this effort by submitting data and reports required by the City to evaluate program and fiscal outcomes.

In addition to the core supportive services described above, for each applicable Population Option cited below, the contractor would:

Population I – Young Adults Leaving Foster Care

- a. Creatively engage the clients in services, ensuring sufficient program flexibility to accommodate work and school schedules as well as the clients' changing needs over time.
- b. Base services on positive youth development principles that recognize and build on the strengths of the participants rather than focusing on their deficits.
- c. No later than one year before a client turns 26, assist the client in planning for and locating appropriate independent housing or, where appropriate, other supportive housing, so that the client's unit may become available for a new young adult age 18-25.
- d. Provide directly or through linkages comprehensive vocational, educational and employment services and resources, to each client 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.
- e. Also provide directly or through linkages the following services, including, but not limited to: health and nutritional counseling; health education; sex education and infectious disease prevention; relationship skills; crisis intervention; and home visits.
- f. Ensure that programming and staff are responsive, sensitive and reflective of the lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth who are likely to be part of this population.

Population Option II – Adults with Substance Abuse Disorder/Disabling Clinical Condition

- a. Use a client-centered, non-judgmental and flexible approach whereby sobriety is encouraged and supported, but not enforced or presumed as a primary goal. Emphasis should be on relationship and trust building where clients are allowed to set the goals of services themselves.
- b. Provide directly or through linkages the following support services for each client including, but not limited to: crisis intervention; peer counseling and advocacy conflict resolution; Alcoholics Anonymous, Narcotics Anonymous and similar groups; nutrition counseling; community building activities; individual and group counseling; home visits; and recreation opportunities.
- c. Also provide directly or through linkages harm reduction services focusing on the avoidance of high risk behaviors and disease prevention, including, but not limited to: safe injection, availability of naloxone to prevent death from opioid overdose, safe sex practices, needle exchange, health education and infectious disease prevention.
- d. Ensure that all units dedicated to young adults (aged 18-25) remain filled with clients meeting that age criteria.

Population Option III – Adults who have Completed a Course of Substance Abuse Treatment

- a. Focus on those skills and services that clients would require to achieve self sufficiency and the ability to eventually move into independent housing in the community, particularly educational, vocational training and employment placement services.
- b. Address the substance abuse recovery-related needs of the clients as well as those skills and services that the clients would require to sustain sobriety and avoid relapse.
- c. Focus on recovery planning and relapse prevention using individual counseling and support provided by mental health and substance abuse professionals and peer counselors.
- d. Assist each client in planning for and locating appropriate independent housing or, where appropriate, other supportive housing placement. Although there would be no length-of-stay restrictions, the program should expect clients to move on.

- e. Provide directly or through linkages the following support services for each client, including, but not limited to: peer counseling and advocacy; relapse prevention; crisis intervention; Alcoholics Anonymous, Narcotics Anonymous and similar groups; social and community building activities; individual and group counseling; home visits; and recreation opportunities.
- f. Ensure that all units dedicated to young adults (aged 18-25) remain filled with clients meeting that age criteria.

D. Department Assumptions Regarding Outcome Indicators

DOHMH's assumptions regarding outcome indicators that will most likely assure that the selected proposer(s) will perform the work under the contract(s) awarded from this RFP in a manner that is cost-effective for the Agency and most likely to achieve the Agency's goals and objectives set forth above are:

- The contractor will be expected to achieve a 95% occupancy rate within six months or less of contract registration and maintain a 95% annual occupancy rate throughout the term of the contract. This six month period includes three months of start-up in order to purchase furniture, linens and other household items as well as hiring program staff and client recruitment. Failure to meet the 95% occupancy rate will result in liquidated damages.

SECTION IV -- FORMAT AND CONTENT OF THE PROPOSAL

Proposal Submission Instructions: All proposals must meet the requirements listed below. The proposal should be typed double-spaced on both sides of 8 ½" X 11" paper. Pages should be paginated. The proposal would be evaluated on the basis of its content, not length. The City of New York requests that all proposals be submitted on paper with no less than 30% post-consumer material content, i.e., the minimum recovered fiber content level for reprographic papers recommended by the United States Environmental Protection Agency (for any changes to that standard please consult: <http://www.epa.gov/cpg/products/printing.htm>). The proposer should state on Attachment A whether its response is printed on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in these instructions. Failure to comply with any of the instructions set forth in this paragraph will not be considered non-responsive.

A. Proposal Format

1. Proposal Cover Letter

The Proposal Cover Letter form (Attachment A) transmits the proposer's Proposal Package to DOHMH. It should be completed, signed and dated by an authorized representative of the proposer.

2. Program Proposal

The Program Proposal is a clear, concise narrative that addresses the matters set forth in items (a) – (c) below.

a. Experience

Describe the successful relevant experience of the proposer, each proposed subcontractor, if any, and the proposed key staff, in providing the program described in Section III: the Scope of Services of this RFP. Specifically address the following:

Program

- i. Indicate the Population Option, the number of units the proposer intends to serve and the borough(s) and community district(s) in which the proposed program will operate. If this proposal is for Population Options II or III, indicate whether or not the program will serve young adults and how many units will be dedicated to this age group.
- ii. Describe the proposer's successful experience providing services to the proposed target population, including the specific nature of those services and when and where they are/were provided. If the proposer has limited or no experience with the proposed population, describe the proposer's successful experience providing services to other populations and demonstrate the relevance of that experience to the proposed population. Include the specific nature of those populations and the services provided and when and where they are/were provided.
- iii. Describe the proposer's successful experience providing supportive housing services in or related to housing settings (either transitional or permanent). Include the specific nature of those services and when and where they are/were provided.

Housing Management

- iv. Demonstrate the proposer's successful experience managing scattered-site supportive housing for the target population. Provide specific examples, if applicable.
- v. In the case of a proposer that has limited or no such experience, describe successful experience managing scattered-site housing for other special needs populations and any other experience relevant to managing scattered-site supportive housing for the target population.

In addition:

- Attach a listing of at least two relevant references (other than employees of the DOHMH or the New York State Office of Mental Health) for the proposer, each other applicable entity cited above, including the name of the reference entity, a brief statement describing the relationship between the proposer/entity and the reference entity, and the name, title and telephone number of a contact person at the reference entity.
- Attach for each key staff position a resume and/or description of the qualifications and experience that will be required. In addition, state extent of staff expertise in relevant cultures and languages.

b. Organizational Capability

Demonstrate the proposer's organizational (i.e., programmatic, managerial and financial) capability to perform the services described in the Scope of Services. Specifically address the following:

- i. Demonstrate that the proposer has an appropriate staffing plan with sufficient numbers of staff for the number of clients to be served and with salaries commensurate with these qualifications.
- ii. Demonstrate that the proposer has an appropriate staff training program.
- iii. Demonstrate that the proposer has an appropriate client record keeping and data management system, in view of both efficient internal management as well as meeting the *NY/NY III Supportive Housing* evaluation and the other client tracking and data reporting responsibilities set forth under subsection C(5) in Section III – Scope of Services of this RFP.
- iv. Demonstrate the proposer's capability to identify the required number of appropriate apartments for the population to be served and to successfully secure leases for studio, one and two bedroom apartments as described in Section II (Housing Considerations) of this RFP.
- v. Describe and demonstrate how the proposer will ensure that all apartments used for the proposed program meet all appropriate New York State and City Codes.
- vi. Demonstrate that the proposer has established effective linkages with other appropriate not-for-profit agencies and/or service providers in the community in which the proposed program will be located or readily accessible through public transportation that could serve as resources for and/or provide off-site services to program clients. Be as specific as possible and attach copies of all relevant linkage agreements.

- vii. State whether or not the proposer has submitted or plans to submit multiple proposals to operate programs for more than one Population Option. If proposing to operate multiple programs, indicate the total number of separate programs for which the proposer has submitted and/or intends to submit a proposal and demonstrate the proposer's capability to successfully operate the total number of proposed programs concurrently. **Please note that proposers who intend to operate programs for more than one Population Option must submit a separate and complete proposal for each proposed target population.**

In addition:

- Attach a chart showing where, or an explanation of how, the proposed services would fit into the proposer's organization.
- Attach a copy of the proposer's **latest** financial audit or certified financial statement, or a statement as to why no report or statement is available.

c. Program Approach

Describe in detail how the proposer will provide the services set forth in the Scope of Services section for each Population Option to be served and demonstrate that the proposer's proposed approach would fulfill DOHMH's goals and objectives. Specifically address the following:

- i. Describe and demonstrate the effectiveness of the proposer's approach for providing directly, or through linkages, the supportive housing services prescribed in the Scope of Services.
- ii. Describe and demonstrate the effectiveness of measures that will be taken to ensure that services are provided in a culturally competent and linguistically appropriate and sensitive manner.
- iii. State and justify each of the outcomes to be achieved by clients to be served and demonstrate how the program would effectively assist them to achieve those outcomes.
- iv. Describe and demonstrate the effectiveness of the contractor's approach to transitioning clients out of the program.
- v. Describe and demonstrate that the proposer has actively participated in community and citywide consortia and networks appropriate to the clients' needs.
- vi. Describe and demonstrate your emergency response plan including response to medical emergencies. Include in your description an explanation of personnel training including assessing risk and safety, handling emergencies, coordination with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures.

DOHMH's assumptions regarding programmatic approach as set forth in Section III – Scope of Services represent what DOHMH believes to be most likely to achieve its goals and objectives. However, proposers are encouraged to propose an approach that they believe would most likely achieve DOHMH's goals and objectives. Proposers may also propose more than one approach. However, if an alternative approach affects other areas of the proposal such as experience, organizational capability or price, that alternative approach should be submitted as a complete and

separate proposal providing all the information specified in this Section.

3. Price Proposal

The payment structure for the contracts awarded from this RFP will be a combination of a line-item reimbursable budget with annual performance-based disincentives. Outcome indicators will include occupancy rate; housing retention; reduction in hospitalization; and reduction in rate of incarceration. Failure to meet the requisite outcome level for any of the aforementioned indicators will result in liquidated damages. As set forth in Section IV(A)(3)(b), DOHMH will consider proposals to structure payment in a different manner. DOHMH reserves the right to select or modify the payment structure to one that is in the City's best interest.

Proposers are encouraged to propose innovative payment structures. DOHMH reserves the right to select any payment structure that is in the City's best interest. For the purposes of comparison, proposers should submit a Price Proposal that meets the standards of subsections (3) (a) and (3) (b), below.

a. Proposed Pricing

The Price Proposal should include the following for providing the Scope of Services for **each** Population Option being proposed:

- The proposed offering price for each of the budget components in a line item budget included in this RFP as Attachment B.

In addition:

- i. State the proposed annual per unit rate for each population/borough being proposed. If requesting the maximum per unit rate, demonstrate that the proposer has no other source of services and/or operating funds.
- ii. State whether or not the proposer has secured or is applying for other sources of rental assistance/operating subsidies. If so, specify such source and the amount.
- iii. State whether or not the proposer has secured or is applying for other sources of funding for support services. If so, specify each such source and the amount.
- iv. **Itemize the amount of start-up funds** (i.e., non-recurring costs for the first three months of the program, which may include, but are not limited to, furniture, other furnishings and other costs to be incurred by the provider to operationalize the program.
- v. State the proposed **annual** operating and program service expenses for a **typical full year**, which shall not exceed the maximum available annual funding level per unit for services.

b. Performance Outcome Measures and Financial Incentives and/or Disincentives

List and describe potential performance-based payment components (i.e., specific performance-based outcome measures and related financial incentives and/or disincentives, unit payments tied to outcomes, milestone payments tied to outcomes, and/or liquidated damages tied to outcomes) for providing the work to be performed by the proposer under the contract that could potentially be

applied to the contract, in whole or part, as a reliable means for measuring and paying for success, as described in the Scope of Services. DOHMH's determination in Section III D regarding performance-based payment structure represents what DOHMH believes would most likely achieve its goals and objectives. However proposers are encouraged to propose measures, incentives and disincentives that they believe would also achieve DOHMH's goals and objectives in a cost-effective manner. Proposers may also propose more than one approach.

4. Acknowledgment of Addenda

The Acknowledgment of Addenda form (Attachment C) serves as the proposer's acknowledgment of the receipt of addenda to this RFP which may have been issued by DOHMH prior to the date on which the proposer is submitting its proposal. The proposer should complete this attachment as instructed on the attachment.

B. Proposal Package Contents ("Checklist")

The Proposal Package should contain the following materials. Proposers should utilize this section as a "checklist" to assure completeness prior to submitting their proposal to DOHMH.

A sealed envelope containing **one original set and **four (4) duplicates** of the documents listed below in the following order:**

1. Proposal Cover Letter Form (Attachment A)
2. Program Proposal
 - a. Narrative
 - b. References for the Proposer and, if applicable, each Housing Manager and Sub-Contractor
 - c. Documentation of capital funding commitment, site acquisition and/or capital funding source preliminary appropriateness determination, as applicable
 - d. Resumes and/or Description of Qualifications for Key Staff Positions
 - e. Organizational Chart
 - f. Financial Audit Report or Certified Financial Statement
3. Price Proposal Forms (Attachment B)
4. Acknowledgment of Addenda Form (Attachment C)

The envelope should be labeled as follows:

- The proposer's name and address, the Title and PIN # of this RFP and the name and telephone number of the Proposer's Contact Person.
- The name, title and address of the Authorized Department Contact Person, Karen Mankin.

**SECTION V – PROPOSAL EVALUATION AND
CONTRACT AWARD PROCEDURES**

A. Evaluation Procedures

Proposals will be reviewed to determine whether they are responsive or non-responsive to the requisites of this RFP. Those that are determined by DOHMH to be non-responsive will be rejected. DOHMH's Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. DOHMH reserves the right to conduct interviews, site visits and/or to request that proposers make presentations, as DOHMH deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, DOHMH 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, except as noted in the pricing guidelines.

B. Evaluation Criteria

Demonstrated quantity and quality of successful relevant experience	35%
Demonstrated level of organizational capability	20%
Quality of proposed approach	45%

C. Basis for Contract Award

Final contract awards for the units under this RFP shall be subject to availability of Department funding and will be awarded to the responsible proposer(s) whose proposal(s) is/are determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in this RFP.

In addition, all contract awards shall be subject to the timely completion of contract negotiations between the DOHMH and the selected proposers, oversight approval, as well as documentation of appropriate insurance.

In the case that a proposer is eligible for award to serve more than one Population Option or for an award to serve more than 25 units, DOHMH reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interests of the City, respectively, for which population(s) and/or for how many units the proposer will receive an award.

DOHMH will award contracts to the responsible proposer(s) whose proposal(s) is/are determined to be the most advantageous to the City, taking into consideration the price, such other factors or criteria which are set forth in this RFP, including the level of services needed, proposers' demonstrated capability to provide the proposed level of services, and proposers' targeted service area(s) in order to ensure the most equitable distribution of services citywide. DOHMH reserves the right to determine, based on the proposer's demonstrated organizational capability, capacity and the best interest of the City, respectively, for how many slots and which community district(s) the proposer will receive an award. Contract award will be subject to the following: 1) in the case of a not-for-profit organization, demonstration of not-for-profit and tax exempt status, if not previously demonstrated; and 2) timely completion of contract negotiations between DOHMH and the selected proposer.

SECTION VI – GENERAL INFORMATION TO PROPOSERS

A. Complaints. The New York City Comptroller is charged with the audit of contracts in New York City. Any proposer who believes that there has been unfairness, favoritism or impropriety in the proposal process should inform the Comptroller, Office of Contract Administration, 1 Centre Street, Room 835, New York, NY 10007; the telephone number is (212) 669-3000. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.

B. Applicable Laws. This Request for Proposals and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained by accessing the City’s website at www.nyc.gov/ppb.

C. General Contract Provisions. Contracts shall be subject to New York City’s general contract provisions, in substantially the form that they appear in “Appendix A -- General Provisions Governing Contracts for Consultants, Professional and Technical Services” or, if the Department utilizes other than the formal Appendix A, in substantially the form that they appear in the Department’s general contract provisions. A copy of the applicable document is available through the Authorized Department Contact Person.

D. Contract Award. Contract award is subject to each of the following applicable conditions and any others that may apply: New York City Fair Share Criteria; New York City MacBride Principles Law; submission by the proposer of the New York City Department of Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite VENDEX Questionnaires/Affidavits of No Change and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.

E. Proposer Appeal Rights. Pursuant to New York City’s Procurement Policy Board Rules, proposers have the right to appeal Department non-responsiveness determinations and Department non-responsibility determinations and to protest a Department’s determination regarding the solicitation or award of a contract.

F. Multi-Year Contracts. Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to the Department to support continuation of performance in any City fiscal year succeeding the first fiscal year and/or if the contractor’s performance is not satisfactory. The Department will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor will be reimbursed for those costs, if any, which are so provided for in the contract.

G. Prompt Payment Policy. Pursuant to the New York City’s Procurement Policy Board Rules, it is the policy of the City to process contract payments efficiently and expeditiously.

H. Prices Irrevocable. Prices proposed by the proposer shall be irrevocable until contract award, unless the proposal is withdrawn. Proposals may only be withdrawn by submitting a written request to the Department prior to contract award but after the expiration of 90 days after the opening of proposals. This shall not limit the discretion of the Department to request proposers to revise proposed prices through the submission of best and final offers and/or the conduct of negotiations.

I. Confidential, Proprietary Information or Trade Secrets. Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide any justification of why such materials, upon request, should not be disclosed by the City. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by the City.

J. RFP Postponement/Cancellation. The Department reserves the right to postpone or cancel this RFP, in whole or in part, and to reject all proposals.

K. Proposer Costs. Proposers will not be reimbursed for any costs incurred to prepare proposals.

L. Charter Section 312(a) Certification.

The Department has determined that the contract(s) to be awarded through this Request for Proposals will not directly result in the displacement of any New York City employee.

Agency Chief Contracting Officer

Date

ATTACHMENT A

PROPOSAL COVER LETTER
SCATTERED-SITE SUPPORTIVE HOUSING PROGRAMS

PIN: 08PO 0825

Proposer: _____

Name: _____

Address: _____

Tax Identification # _____

Proposer's Contact Person:

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Is this response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?

Yes ___ No ___

Population Option Proposed (Check one ONLY)

I II III

Number of Units (Check one ONLY; indicate additional proposed units or check "N/A" in the parenthesis, as applicable)

___ 25 Units (+ ___ Units; ___ N/A)

___ 50 Units (+ ___ Units; ___ N/A)

___ 75 Units (+ ___ Units; ___ N/A)

Proposed Borough(s) and Community District(s) to be Served (Check all that apply)

Manhattan/CD's:___ Bronx/CD's:___ Brooklyn/CD's:___ Queens/CD's:___ Staten Island/CD's:___

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

ATTACHMENT B
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Budget Proposal Forms

COMPLETE ALL LINES – USE “n/a” AS APPROPRIATE

Proposer		Program			PIN #		
	EXPENSE ITEM	Start-Up (one-time only)			ANNUAL OPERATING		
		# of FTEs	# of Persons	Budget	# of FTEs	# of Persons	Budget
1	Professionals						
2	Other Direct Service Staff						
3	Program Administration & Support Staff						
4	Sum Ln (1-3) PS SUBTOTAL						
OTHER THAN PERSONAL SERVICE SUMMARY							
5	Equipment						
6	Supplies and Materials						
7	Travel Expenses						
8	Occupancy and Building Expenses						
9	Communication						
10	Fringe Benefits						
11	Other (specify on Schedule D- Explanation Page)						
12	Sum Ln (5-11) OTPS SUBTOTAL						
13	AGENCY ADMIN/OVERHEAD (Attach Methodology)						
14	(Ln 4+Ln 12+Ln 13) TOTAL EXPENSES						
15	APPLICABLE CLIENT INCOME (Sched. C, Ln 5)						
16	BUDGET AGENCY CONTRIBUTION (Optional)						
17	(Ln 14 - [Ln 15+Ln 16] TOTAL CONTRACT AMT.						

THIS SECTION MUST BE COMPLETED FOR ANNUALIZED BUDGET

A. # Unduplicated Person Served Annually:	
B. # Persons Served Per Month:	
C. # Units of Service Per Year (see note) (explain on Schedule E)	
D. Gross Unit Cost Ln (14/Ln C):	
E. Net Cost per Unit of Service (Ln 17/Ln C):	

Note: Agency Contribution: Other sources of revenue which shall be included in annual, on-going budget. It includes fundraising, grants, etc. It excludes funds targeted for a specific use by a governmental entity or other benefactor.
 Start-Up: Includes all expenses required to make program operational (See Scope of Services). Unit of Service: Residential Day.

Schedule A

Personal Service and OTPS Details

Attach additional pages for each expense item, as needed.

PROPOSER	PROGRAM	PIN #

	EXPENSE ITEM	START-UP	ANNUAL
1	Professionals (#FTEs for each position)		
	Sub-Total		
2	Other Direct Service Staff (#FTEs for each position)		
	Sub-Total		
3	Program Admin & Support Staff (#FTEs for each position)		
	Sub-Total		
4	Equipment (Specify on Schedule B) Subtotal		
5	Supplies and Materials		
	Office		
	Program		
	Sub-Total		
6	Travel Expenses		
	Staff		
	Client		
	Sub-Total		
7	Occupancy Expenses		
	Costs (maintenance, cleaning, security, equipment, leases, etc.)		
	Itemize proposed building expense on Schedule D.		
	Sub-Total		
8	Communication		
	Telephone		
	Other (Explain)		
	Sub-Total		
9	Fringe Benefits - Rate -----%		
	FICA		
	Health Insurance		
	Unemployment/Disability		
	Pension		
	Other (Explain)		
	Sub-Total		
10	Other (Specify)[Includes equipment rentals & Minor Rehab]		
	Sub-Total		

Schedule B

Equipment

PROPOSER		PROGRAM	PIN #
	EQUIPMENT ITEM	START-UP	ANNUAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20	Equipment Total:		

**Schedule C
Income**

	APPLICABLE INCOME	START-UP	ANNUAL
1	SSI/SSD		
2	Third Party		
3	Client Fees		
4	Other (specify)		
5	TOTAL INCOME:		

Schedule D

Explanation Page

Please use this page to explain program budget as necessary. (Attach additional pages if necessary). Be sure to explain how you calculated the **levels of service** reported on the Budget Proposal Summary Page.

ATTACHMENT C

ACKNOWLEDGMENT OF ADDENDA
PIN 08PO 0825

COMPLETE EITHER PART I OR PART II, WHICHEVER IS APPLICABLE, AND COMPLETE AND SIGN PART III.

PART I. LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS RFP:

ADDENDUM # 1, DATED _____, 20____

ADDENDUM # 2, DATED _____, 20____

ADDENDUM # 3, DATED _____, 20____

ADDENDUM # 4, DATED _____, 20____

ADDENDUM # 5, DATED _____, 20____

PART II.

_____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

PART III.

ORGANIZATION _____

SIGNATURE _____
(Authorized Contact Person)

DATE _____