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Executive Summary

Much of the public discourse around supportive housing in New York State revolves around the need to create more, driven by a troubling 39% annual increase of statewide homelessness in 2023ⁱ, escalating rents, dwindling housing supply, and heightened awareness of mental health and substance use issues. Two of the most ambitious supportive housing production initiatives in history – the [Empire State Supportive Housing Initiative \(ESSHI\)](#) and [NYC 15/15](#) – are currently underway, seeking to create 35,000 units between them. However, a singular focus on the new obscures the diverse and multi-layered tapestry of supportive housing that has been created across the state over the past 44 years.

The first-ever *State of Supportive Housing* report offers a comprehensive snapshot of the 62,299 units that exist in New York today, spanning 18 different supportive housing programs, overseen by 9 government entities, and encompassing 46 specific population categories. Until now, there has been no single source for all of this data and information.

Supportive housing – permanent affordable housing with voluntary services – started out in the 1980s as an experiment by a handful of nonprofits and faith-based organizations responding to what people living on the streets wanted. The movement has grown from a few hundred units of rehabbed single room occupancy residences (SROs) in New York City to 62,299 apartments and homes in every county across the state. 40,472 units exist today in New York City and 21,827 outside New York City.

Half of the state’s supportive housing units are contained in what are known as congregate residences, where staff work onsite to provide services to tenants. The other half of the state’s supportive housing units are scattered site, where apartments (and sometimes single-family homes) are rented on the private market and mobile services are provided to tenants in their homes. While congregate residences started as SROs, today’s buildings tend to be state-of-the-art new construction with apartments featuring full bathrooms and kitchens. Still, 21% of the

statewide portfolio of congregate supportive housing was created fifteen or more years ago – a milestone in the affordable housing industry for refinancing and preservation – but only 6% of that older stock has been rehabbed.

The target tenant population has evolved over time as well. While early supportive housing primarily served unhoused individuals with serious mental health diagnoses or HIV/AIDS, programs now serve an array of unhoused and at-risk populations including people with substance use disorders, young adults, families, veterans, individuals leaving incarceration, survivors of domestic violence, and older adults with additional barriers to stability.

This report focuses on the range of service and operating programs created over the past several decades. Service funding provides for the staff who work with tenants to maintain their housing stability and meet their self-determined goals. Operating funding provides for the ongoing cost of the housing itself. In scattered site housing, this is primarily paying the rent set by a private landlord. In congregate housing, it encompasses the costs of building security, cleaning, maintenance, repairs, insurance, utilities, and more. Capital funding to build new supportive housing is outside the scope of this report and an area for future analysis.

The funding levels for New York’s supportive housing programs are starkly different: the oldest and lowest-funded, the [New York State Supportive Housing Program \(NYSSHP\)](#), provides \$2,964 for an individual and \$3,900 for a family per year for services only. [ESSHI](#) and [NYC 15/15](#) provide funding for both services and operating: ESSHI at \$25,000 per household per year (individuals or families) and NYC 15/15 at up to \$38,632 for a single adult and \$54,835 for a family.

New York is the birthplace of modern supportive housing and home to the most comprehensive suite of supportive housing resources in the world. This is a tremendous accomplishment and a testament to thousands of passionate, creative and dedicated members of our community. At the same time, inequity is embedded into the system. The myriad funding sources, program types, and target populations creates a labyrinth that can be very difficult to navigate for tenants, advocates, housing providers and government employees alike.

The purpose of this first-of-its-kind report is to provide a comprehensive overview of the entirety of New York’s supportive housing landscape. Planning for a future without homelessness requires a clear understanding of our past and present efforts. We hope this report can serve as a resource to do just that.

Introduction – What is supportive housing?

Supportive housing is affordable housing with onsite, voluntary services. These services are designed to connect tenants to whatever assistance they need to remain stably housed. Services are based on a case management model, where staff help tenants strengthen their support system and coordinate access to resources in the community, including mental health and addiction treatment, public benefits, education, and job training. Modern supportive housing was developed by New York nonprofits and faith-based institutions as a humane,

commonsense means of helping the most marginalized individuals and families struggling with homelessness live in the community with dignity. Tenants often face multiple barriers to stability, such as mental health diagnoses, substance use disorders, chronic illnesses including HIV/AIDS, and histories of trauma and abuse.

Supportive housing is permanent and affordable. Tenants hold leases and pay 30% of their income in rent and can live there for as long as they need it. There are two main models of supportive housing: congregate (also known as single-site) and scattered site. Congregate residences are generally owned and operated by nonprofit organizations and typically combine supportive units with affordable units available to the broader community. In scattered site housing, apartments are rented on the open market and services are delivered by case managers to tenants in their homes.

Supportive housing is primarily funded by state and federal government agencies, as well as local New York City agencies. Both congregate and scattered site models require funding for social services and rental assistance, which is the difference between 30% of the tenant's income and the actual rent. In congregate residences, rental assistance, also known as operating funding, supports the cost of managing and maintaining the building. Nonprofits apply for and receive contracts from government agencies to provide social services and operating funding. The congregate model also requires capital funding to either develop new housing or rehab an existing building. Capital funding is usually a combination of government and private sources, including Low-Income Housing Tax Credits, private activity bonds, bank loans, and subsidized loans and grants from New York State Homes and Community Renewal (HCR), the New York State Office of Temporary and Disability Assistance (OTDA), and the New York City Department of Housing Preservation and Development (HPD).

Supportive housing has evolved over the years and continues to evolve, integrating new models, programs and populations. In this report, we include housing programs in New York State that are permanent, specifically targeted to people who have experienced or are at risk of homelessness or experienced some traumatic life event such as surviving domestic violence or involvement in the criminal legal system, and include ongoing funding for social services. A basic principle of supportive housing is that it serves people who could not maintain housing stability without services and who could not access adequate services without stable housing. The New York State Office of Mental Health (OMH) holds contracts for two types of housing, licensedⁱⁱ and unlicensed. While in some cases, OMH-licensed housing operates very similarly to permanent supportive housing, it is still considered a transitional model by the State and thus is not included in this report. The scope of this report is primarily the services and operating funding for supportive housing statewide. This report does not include data or information on capital funding, the supportive housing workforce, or tenants, which are all crucial components of supportive housing and deserve acknowledgement.

Timeline

1930s: Redlining is born, drawing boundaries around neighborhoods based on residents' race for mortgage lending purposes, effectively racializing poverty in cities across the U.S. and causing generational consequences for wealth creation and housing instability.¹

1955-1970s: NYC government enacts a series of measures that drastically shrink the Single Room Occupancy (SRO) housing stock.² Over 100,000 units are lost.

1961: De-institutionalization begins. The Federal Joint Commission on Mental Health releases *Action for Mental Health*, a report calling for a national program and policies to treat people with mental illness in community-based clinics³.

1974: The Federal Housing and Community Development Act of 1974 created the Housing Choice Voucher program, also known as the Section 8 program, to provide low-income housing through rental subsidies paid to the private sector.⁴

1975: A group of volunteers associated with Manhattan Psychiatric Center (now known as Community Access) pool money to rent apartments in a tenant-controlled building on the Lower East Side for people with mental health concerns and provide services onsite. The group would come to control the building.

Late 1970s/early 1980s: Homelessness becomes increasingly visible in American cities, in particular New York City.

1980: In December 1980, Rick Wellikoff, a Brooklyn grade-school teacher, becomes the first New Yorker to die of AIDS in New York City.^{5 6}

1980: St. Francis Friends of the Poor pioneers the concept of permanent, affordable housing with on-site services for people with serious mental illness who are unhoused, the start of what is now called supportive housing.^{7 8}

1981: The first major study on homelessness, *Private Lives / Public Spaces: Homeless Adults on the Streets of New York City*, is released.⁹

1981: Landmark 1981 case *Callahan vs. Carey* establishes “right to shelter” in New York City.¹⁰

¹ <https://a816-dohbesp.nyc.gov/IndicatorPublic/data-stories/redlining/>

² [Single-Room Occupancy Housing in New York City: The Origins and Dimensions of a Crisis \(cuny.edu\)](https://www.cuny.edu/center-for-urban-studies/research/single-room-occupancy-housing-in-new-york-city-the-origins-and-dimensions-of-a-crisis/)

³ <https://www.kff.org/wp-content/uploads/2013/01/7684.pdf>

⁴ [The History of Homelessness in the United States - Permanent Supportive Housing - NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811111/)

⁵ [The Terrifying Early Days of AIDS Chronicled in YA Book, 'VIRAL' \(advocate.com\)](https://www.advocate.com/news/2013/12/19/the-terrifying-early-days-of-aids-chronicled-in-ya-book-viral)

⁶ [HIV/AIDS Timeline — New York City AIDS Memorial \(nycaidsmemorial.org\)](https://www.nyc.gov/html/nycaids/html/about-us/nycaids-timeline/)

⁷ [Father John Felice, Friar St Francis Friends of the Poor and Supportive Housing Pioneer Passes | Network Newsfeed | Supportive Housing Network of New York \(shnny.org\)](https://www.shnny.org/newsfeed/father-john-felice-friar-st-francis-friends-of-the-poor-and-supportive-housing-pioneer-passes/)

⁸ [December Member Feature: St. Francis Friends of the Poor - New York City, Long Island, Westchester | Nonprofit New York](https://www.nyc.gov/html/nycaids/html/about-us/nycaids-timeline/)

⁹ https://www.coalitionforthehomeless.org/wp-content/uploads/2022/12/PrivateLivesPublicSpaces_Feb1981.pdf

¹⁰ [The Callahan Legacy: Callahan v. Carey and the Legal Right to Shelter - Coalition For The Homeless](https://www.coalitionforthehomeless.org/wp-content/uploads/2022/12/PrivateLivesPublicSpaces_Feb1981.pdf)

1981: Reagan-era cuts to the U.S. Department of Housing and Urban Development (HUD) begin. In 1981, HUD had budget authorizations of \$32.2 billion; by 1989 they had been slashed to a mere \$6.9 billion – a reduction of 78 percent.¹¹

1983: The Homeless Housing Assistance Program (HHAP) is created under the New York State Office of Temporary and Disability Assistance (OTDA) – the first capital financing offered to create housing for people experiencing homelessness.¹² The first HHAP appropriation was \$10 million, awarded 36 p

rojects for seven-year contracts. Many were for shelters and permanent supportive housing.¹³

1983: AIDS Resource Center, later renamed Bailey House, innovates by creating Supportive Housing Apartment Program (SHAP), bringing services to people in their homes, which becomes the first scattered site supportive housing for people living with AIDS.¹⁴

1984: On May 25, 1984, the State of New York issued a check in the amount of \$282,944, payable to the Committee for the Heights-Inwood Homeless (later known as Broadway Housing Coalition), to support the purchase of a vacant building in Upper Manhattan, a milestone in direct government funding for supportive housing. BHC’s first building, The Heights, opened in 1986, providing permanent supportive housing for 55 single adults.¹⁵

1986: The Federal Low-Income Housing Tax Credit (LIHTC) was created under the Tax Reform Act of 1986. The LIHTC program gives State and local allocating agencies the equivalent of approximately \$9 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households.¹⁶

1987: The New York State Office of Temporary and Disability Assistance (OTDA) creates the SRO Support Services program, to fund social services in housing for people who have been homeless. The program is later renamed New York State Supportive Housing Program (NYSSHP).

1987: The McKinney Homeless Assistance Act, later renamed McKinney-Vento Homeless Assistance Act, is passed. The term “supportive housing” becomes widespread when HUD uses this legislation to create the Supportive Housing Demonstration Program to develop and

¹¹[The Source of America's Housing Problem: Look in Your Own Back Yard \(cato.org\)](https://www.cato.org/publications/white-paper/2012/04/the-source-of-americas-housing-problem-look-in-your-own-back-yard)

¹²[Contract and Grants | OTDA \(ny.gov\)](https://www.ny.gov/contract-and-grants)

¹³ Dana Greenberg, Director, Bureau of Housing & Support Services, NYS Office of Temporary and Disability Assistance. Email received March 13, 2024.

¹⁴[Bailey-Holt House- The first supportive housing for those living with HIV/AIDS | Network Newsfeed | Supportive Housing Network of New York \(shnny.org\)](https://www.shnny.org/news/bailey-holt-house-the-first-supportive-housing-for-those-living-with-hiv-aids)

¹⁵<https://www.broadwayhousing.org/ellen-baxter>

¹⁶[Low-Income Housing Tax Credit \(LIHTC\) | HUD USER](https://www.huduser.gov/portal/low-income-housing-tax-credit-lihtc)

operate transitional and permanent housing for homeless populations. It was the first significant federal legislative response to homelessness.¹⁷

1988: New York City's SRO Loan Program, established in the early 1980s, moves to the NYC Department of Housing Preservation and Development (HPD) to offer one percent loans for up to 30 years. A portion of the loan was forgivable in projects owned by non-profit organizations that converted SROs and hotels into supportive housing.¹⁸

1988: West Side Federation for Senior and Supportive Housing (WSFSSH) and Goddard Riverside call a meeting of ten nonprofit housing providers to discuss common concerns, creating the SRO Providers Group, which later becomes the Supportive Housing Network of New York.

1990: The New York/New York Agreement (NY/NY I) to House Homeless Mentally Ill Individuals is signed. NY/NY was a collaboration between the City and State and was the first long-term commitment to supportive housing, with a goal to create 3,000 units of housing for individuals experiencing homelessness and mental illness. Five hundred additional units were added to NY/NY I in 1993.^{19 20}

1990: OMH introduces Supportive Housing (formerly referred to as Supported Housing) in 1990 as an initiative to facilitate an increase in long-term/permanent housing options for people with mental illness coupled with individualized support services designed to help them maintain their housing in a community-integrated setting.²¹

1991: Common Ground (later renamed Breaking Ground) acquires the Times Square in Manhattan, a former grand hotel. With over 650 units, the Times Square becomes the largest supportive and affordable housing residence to utilize NY/NYI funding.

1991: Congress enacts the Housing Opportunities for People with AIDS (HOPWA) Act of 1991 to provide housing assistance to people with HIV/AIDS and their families.²²

1991: Corporation for Supportive Housing (CSH) is created as a financial intermediary designed to seed and expand the creation of supportive housing nationally.

1992: Pathways to Housing is founded in NYC. The organization is the originator of the Housing First model of addressing homelessness among people with severe psychiatric disabilities and

¹⁷ [The McKinney-Vento Homeless Assistance Act As Amended by S.896 The Homeless Emergency Assistance and Rapid Transition to Housing \(HEARTH\) Act of 2009 \(hud.gov\)](#)

¹⁸ [Supportive Housing Loan Program – Directory of NYC Housing Programs – NYU Furman Center](#)

¹⁹ [https://shnny.org/blog/entry/eight-reasons-why-the-new-york-new-york-agreement-made-supportive-housing-](https://shnny.org/blog/entry/eight-reasons-why-the-new-york-new-york-agreement-made-supportive-housing-a)
[a](#)

²⁰ [Microsoft Word - NY-NY I, II & III Housing Eligibility 2019 \(cucs.org\)](#)

²¹ <https://omh.ny.gov/omhweb/adults/supportedhousing/supportive-housing-guideline-revision-letter-2019.pdf>

²² [HIV/AIDS Timeline — New York City AIDS Memorial \(nycaidsmemorial.org\)](#)

substance use disorders, without pre-conditions for sobriety or medication compliance through a scattered-site model paired with Assertive Community Treatment (ACT) teams.²³

1993: Community Access uses a New York State Office of Mental Health (OMH) services contract to provide services in 258 E 4th Street in Manhattan, for the first time mixing 28 people struggling with mental illness with 22 families.

1994: HUD establishes the Continuum of Care (CoC) planning process, whereby local communities create plans to end homelessness and apply for federal homeless assistance funding, including funds for supportive housing. CoCs are later codified by Congress into law in 2009.²⁴

1995: In an innovative blending of funding sources, Neighbors of Watertown converts Watertown's only Single Room Occupancy building into supportive housing using HHAP, Low-Income Housing Tax Credits and Historic Tax Credits. The building was originally constructed in 1897 by former Watertown mayor Nelson Burdick and currently contains 28 apartments, with services funded by NYSSHP.²⁵

1999: The U.S. Supreme Court decides [Olmstead](#) v. L.C., finding that unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act (ADA). The Court ruled that people with disabilities have the right to live in the most [integrated setting](#) appropriate to their needs.

1999: The New York/New York II agreement is signed. The initiative created 1,500 units of housing for individuals experiencing homelessness and mental illness and was intended to do so within five years.²⁶

1999: NYC AIDS Housing Network, an activist group supporting people living with HIV/AIDS, is founded. Later becomes VOCAL.²⁷

2002: The landmark study *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing* is released. It tracks the public service use of 4,679 homeless, mentally ill New York City residents from 1989 to 1997 and quantifies costs of both homelessness and supportive housing.²⁸

2003: Supported Housing for Families and Young Adults (SHFYA) Program launched by the NYS Office of Temporary and Disability Assistance (OTDA) using \$2 million in Federal funds from Temporary Aid to Needy Families (TANF) to fund emerging youth and family projects.²⁹ SHFYA later becomes part of New York State Supportive Housing Program (NYSSHP).

²³ [Pathways Housing First](#)

²⁴ https://nlihc.org/sites/default/files/Sec7.04_Continuum-of-Care_2015.pdf

²⁵ <https://www.neighborsofwatertown.com/residential-properties/the-burdick.html>

²⁶ [NY-NY-II-Agreement.pdf \(shnny.org\)](#)

²⁷ <https://www.vocal-ny.org/about-us/#mission-vision>

²⁸ [The Culhane Report | Research | Supportive Housing Network of New York \(shnny.org\)](#)

²⁹ https://shnny.org/uploads/Supportive_and_Service-Enriched_Housing_for_Families.pdf

2004: Chelsea Foyer, a transitional housing program for young adults “aging out” of the foster care system or experiencing homelessness is created at the Christopher, a Manhattan supportive housing residence operated by Common Ground (later known as Breaking Ground). Good Shepherd Services administers the Foyer Program, providing education, career and other assistance to resident young adults preparing for independence.^{30,31}

2005: A third New York/New York agreement (NY/NY III) is signed, the largest yet, adding 9,000 units of supportive housing for nine different populations.³²

2007: Keeping Families Together pilot is launched in NYC. Between August 2007 and June 2009, 29 eligible families were identified and placed in the supportive housing.³³

2008: The study *The Impact of Supportive Housing on Surrounding Neighborhoods: Evidence from New York City* is released and examines the influence of 123 supportive housing developments across New York City’s five boroughs had on surrounding property values over an 18-year period.³⁴

2009: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 was enacted and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes, including a consolidation of HUD's competitive grant programs and a change in HUD's definition of homelessness and chronic homelessness among other things.³⁵

2011: West End Residences HDFC, Inc. opened the first-ever supportive housing residence for formerly homeless LGBTQ youth, True Colors Residence. West End Residences and True Colors Housing Programs are now called Homeward NYC.

2011: Governor Andrew Cuomo issues Executive Order #5 establishing the Medicaid Redesign Team (MRT), designed to address escalating costs and quality issues in the state’s Medicaid program through the development of a comprehensive, multi-year action plan. The plan included the MRT Supportive Housing Program, which used projected state savings under a Medicaid cap to pay for supportive housing.³⁶

2013: Son House Apartments opens in Rochester. Developed by Providence Housing Inc., it is the first residence in New York State to receive capital funding from the MRT Supportive Housing Program via HHAP. Twenty-one one-bedroom apartments are dedicated to individuals who are homeless and are living with HIV/AIDS, chronic substance use disorder, or mental illness.

2013: Evaluation report released for the Frequent User Service Enhancement (FUSE) supportive housing program, a data-driven partnership between CSH, supportive housing providers and

³⁰ [Good Shepherd Services | Member Profiles | Supportive Housing Network of New York \(shnny.org\)](#)

³¹ [The Christopher | Breaking Ground](#)

³² https://www.health.ny.gov/diseases/aids/general/resources/docs/supportive_housing_agreement.pdf

³³ [Tool_KeepingFamiliesTogetherBrochure.pdf \(csh.org\)](#)

³⁴ [Impact_of_Supportive.pdf \(furmancenter.org\)](#)

³⁵ [Homeless Emergency Assistance and Rapid Transition to Housing Act - HUD Exchange](#)

³⁶ [Redesigning the Medicaid Program \(ny.gov\)](#)

various NYC agencies that provided supportive housing to 200 individuals cycling in and out of jails and homeless shelters. The analysis compared FUSE participants to a similar unhoused group and revealed increased housing stability, decreased shelter and jail stays, and positive impacts on substance use outcomes and mental health functioning.³⁷

2015: NYC Mayor Bill de Blasio commits to creating 15,000 units of city-funded supportive housing over 15 years, later named [NYC 15/15](#). This is the first commitment of exclusively New York City-funded supportive housing in history.³⁸

2016: New York Governor Andrew Cuomo commits to developing 20,000 units of supportive housing over 15 years under the Empire State Supportive Housing Initiative (ESSHI), serving ten different populations. This is the first long-term commitment to creating supportive housing outside NYC.³⁹

2016: New York State Homes and Community Renewal's (HCR) [Supportive Housing Opportunity Program](#) (SHOP) is created, providing capital funding for primarily ESSHI projects.

2017: The NYC Mayor's Office of Criminal Justice and Department of Health and Mental Hygiene (DOHMH) rollout the Justice-Involved Supportive Housing (JISH) program aimed at stabilizing individuals who frequently cycle through jail and shelter.⁴⁰

2017: Access Supports for Living, Inc. opens first ESSHI residence, Temple Hill II Apartments in New Windsor including 31 supportive apartments for a variety of populations.⁴¹

2017: HUD issues "coordinated entry" requirements for CoCs, formalizing an interim rule from 2012. Coordinated Entry policies are intended to create more centralized systems for accessing homeless assistance resources, including supportive housing, helping local communities prioritize need and identify gaps in services.⁴²

2018: Jericho Project's Walton Avenue opens – first NYC 15/15 project, serving veterans and young adults.

2022: Supportive Housing Tenants Bill of Rights becomes law in New York City as a result of advocacy from the Supportive Housing Organized and United Tenants (SHOUT).

³⁷ [The Frequent User Service Enhancement Initiative: New York City FUSE II | Research | Supportive Housing Network of New York \(shnny.org\)](#)

³⁸ <https://shnny.org/what-we-do/advocacy-policy/getting-to/>

³⁹ <https://shnny.org/what-we-do/advocacy-policy/getting-to/>

⁴⁰ <https://criminaljustice.cityofnewyork.us/in-the-news/mayors-office-of-criminal-justice-department-of-health-announce-successful-rollout-of-justice-involved-supportive-housing-program-stabilizing-individuals-who-frequently-cyc/>

⁴¹ <https://montefiorehvc.org/wp-content/uploads/2018/07/MHVC-Summer-2018-newsletter.pdf>

⁴² <https://www.hud.gov/sites/documents/17-01CPDN.PDF>

2022: NYS Homes and Community Renewal (HCR) [Supportive Housing Preservation Fund](#) is created, providing financing for the preservation and improvement of existing permanent supportive housing.

2023: The Cornerstone, owned and operated by Safe Harbors of the Hudson in Newburgh, becomes first residence to receive financing from HCR's Supportive Housing Preservation Program.

2023: CSH releases a 10-year follow-up to the initial FUSE study presenting a unique opportunity to examine stable housing as a critical component of successful community reentry from jail, not simply in the short term but over people's lives.⁴³

2023: Governor Hochul releases \$1 billion [mental health plan](#), including the creation of 3,500 new units of OMH housing, 1,500 of which are permanent supportive housing.

Data Sources, Methodology and Limitations

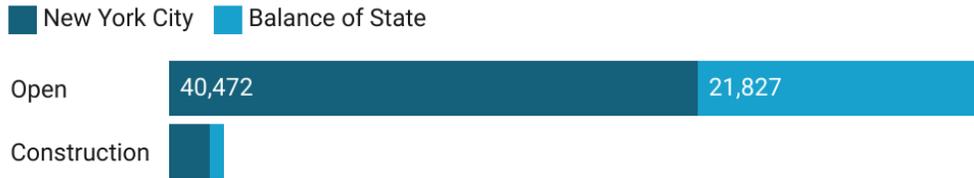
Historically, there has been no single source for data on supportive housing in New York State. Primary data sources for this report include government agencies responsible for funding supportive housing and social service providers who operate them. However, differences in data collection methods across agencies make it difficult to get detailed information on all supportive housing units. For example, some scattered site contracts cover multiple counties, and we do not know the exact distribution of units per each county. Moreover, discrepancies arise when projects are known by different names across agencies, sometimes with overlapping units, and different data sources may provide conflicting information on the same units. Some datasets include total building units – including both supportive and affordable units – while others include only supportive units. Consequently, while extensive efforts were made to compile data on supportive housing units statewide, it must be acknowledged that absolute completeness cannot be guaranteed at any given time. That said, this report represents the most comprehensive effort to-date, compiling all supportive housing units across New York State.

⁴³ [FUSE 10-Year Follow-Up Report: Initial Findings | Research | Supportive Housing Network of New York \(shnny.org\)](#)

Supportive Housing Data Overview

As of March 2024, there are 62,299 open supportive housing units across New York State, with an additional 4,079 units under construction (or that have secured permanent capital financing and will begin construction imminently).

Supportive Housing Units



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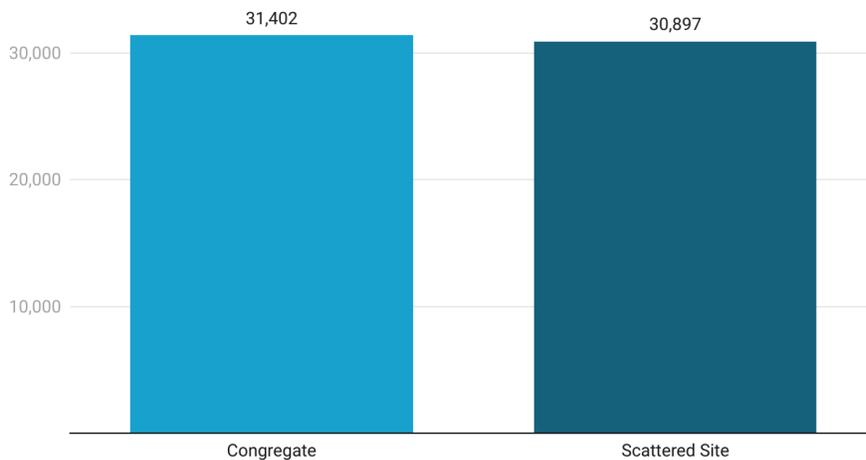
Supportive Housing Units

	Congregate	Scattered Site	Total
Statewide Total	31,402	30,897	62,299
NYC (subtotal)	23,125	17,347	40,472
Balance of State (subtotal)	8,277	13,550	21,827

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Across the state, about 50% of supportive units are congregate and 50% are scattered site.

Supportive Housing Units in New York State by Site Type



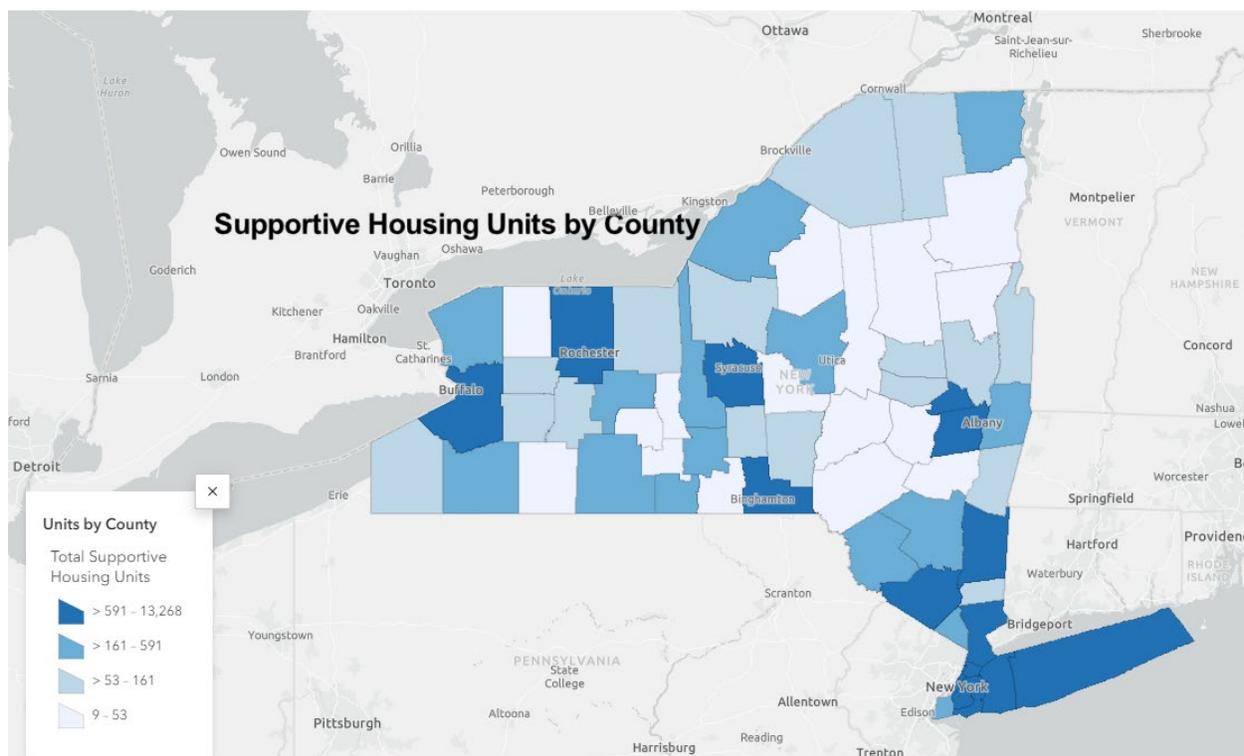
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New York City is home to nearly two-thirds of the supportive housing units across the state (40,472 or 65%) and more than half (57%) of those units are congregate. Throughout the rest of the state, the balance is opposite, with only 38% of the units being congregate and the remainder being scattered site. This scattered site subtotal includes the typical model where units are rented on the private market and may also include a hybrid model that is more common outside of the major cities, where development projects include multiple smaller sites, sometimes even individual houses. Because these units are not the typical congregate model in the sense that multiple tenants are living in the same apartment building, they are often categorized by government agencies or providers as scattered site.

Supportive Housing Units by Site Type and Location



Created with Datawrapper



Note: counties are divided into quantiles, with an equal number of counties in each category representing four ranges of supportive housing units. For more information about Continuums of Care (CoCs) and the Point-in-Time (PIT) count, see the [HUD Continuum of Care section](#).

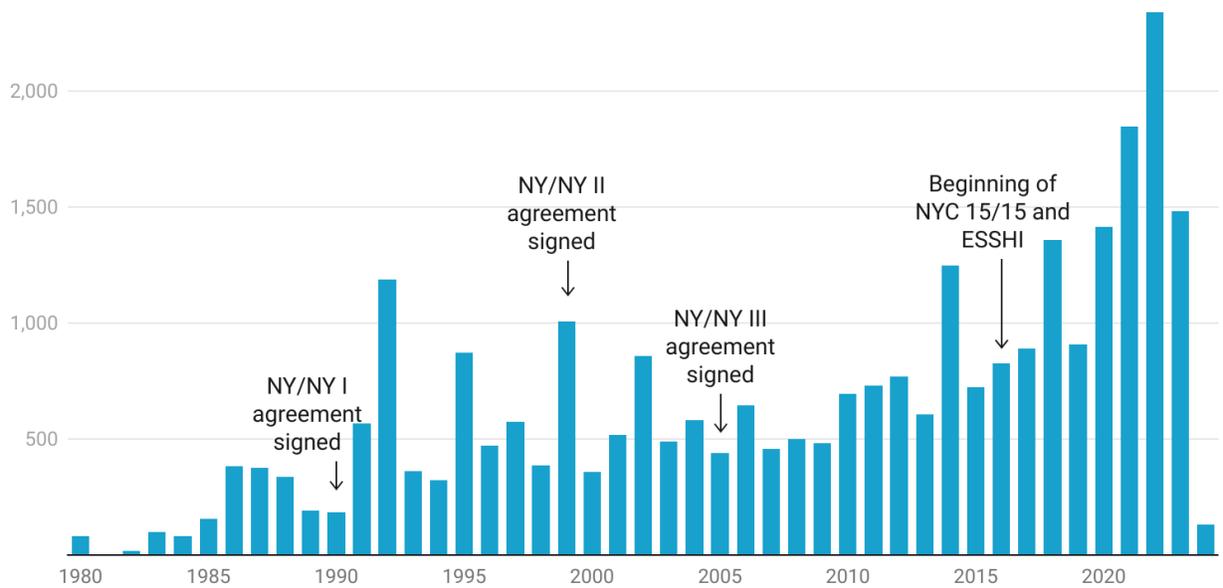
There are currently 972 unique congregate supportive housing residences across New York State. Throughout the state, over 350 different nonprofit providers operate congregate and/or scattered site supportive housing. Additionally, nearly 40 providers began operating supportive housing for the first time with the Empire State Supportive Housing Initiative (ESSHI) and NYC 15/15, which both started in 2016.

All supportive housing programs in New York State require a nonprofit to provide the services. Historically, nonprofits have also represented the vast majority of developers and owners of supportive housing. As encouraged by supportive housing capital programs at New York City and State, these congregate residences typically contained at least 50% supportive units, while the remaining units were affordable to low-income households in the broader community. There are currently at least 21,256 affordable units in supportive residences, likely an undercount due to incomplete data, especially in buildings funded by the New York State Supportive Housing Program (NYSSHP).

New development types emerged alongside ESSHI and NYC 15/15, in which supportive housing units can be a smaller part of a larger affordable housing development. Many of these projects are developed and owned by for-profit developers, opening the door to new types of collaboration and joint ventures.

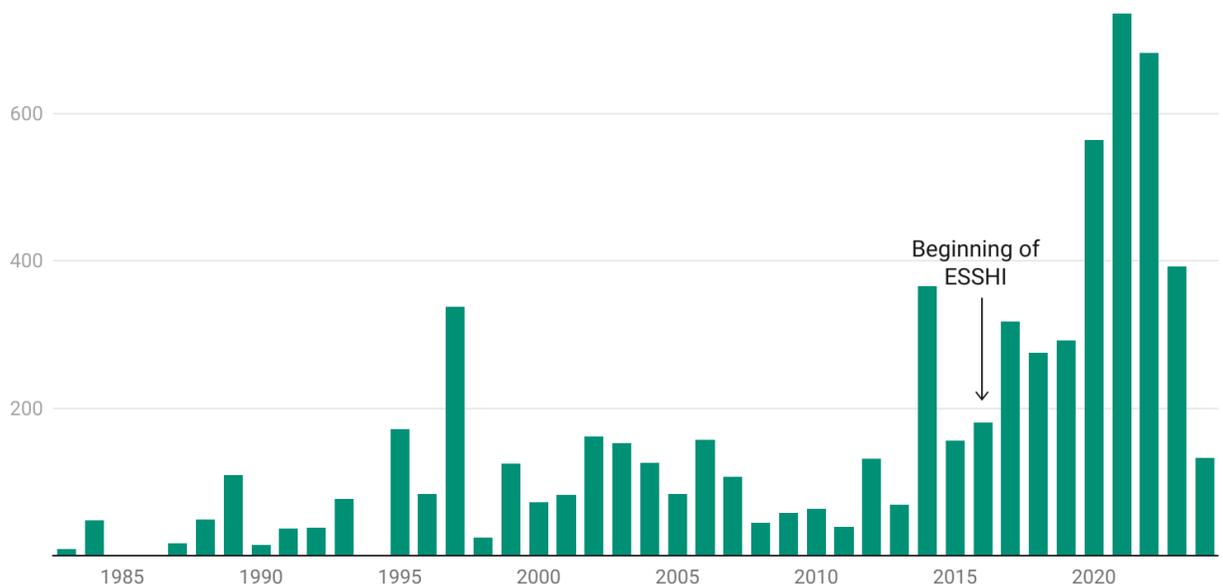
The first supportive housing residence opened in 1980, and the number of units has been steadily increasing since. Major funding initiatives like the NY/NY agreements, NYC 15/15, and ESSHI have all encouraged the creation of more supportive housing. Scattered site units are challenging to track over time because there is no dedicated building and contracts may change more frequently. While the graph below shows the year congregate programs opened, the building may have been built long before it became supportive housing. Additionally, with both changes to buildings and to services and operating contracts, the number of supportive units in a building may change over time, and current unit counts do not necessarily reflect how many units there were when a project opened. These data also do not capture buildings or projects that were once supportive but are no longer supportive or have closed entirely.

Number of Congregate Units by Open Year - Statewide



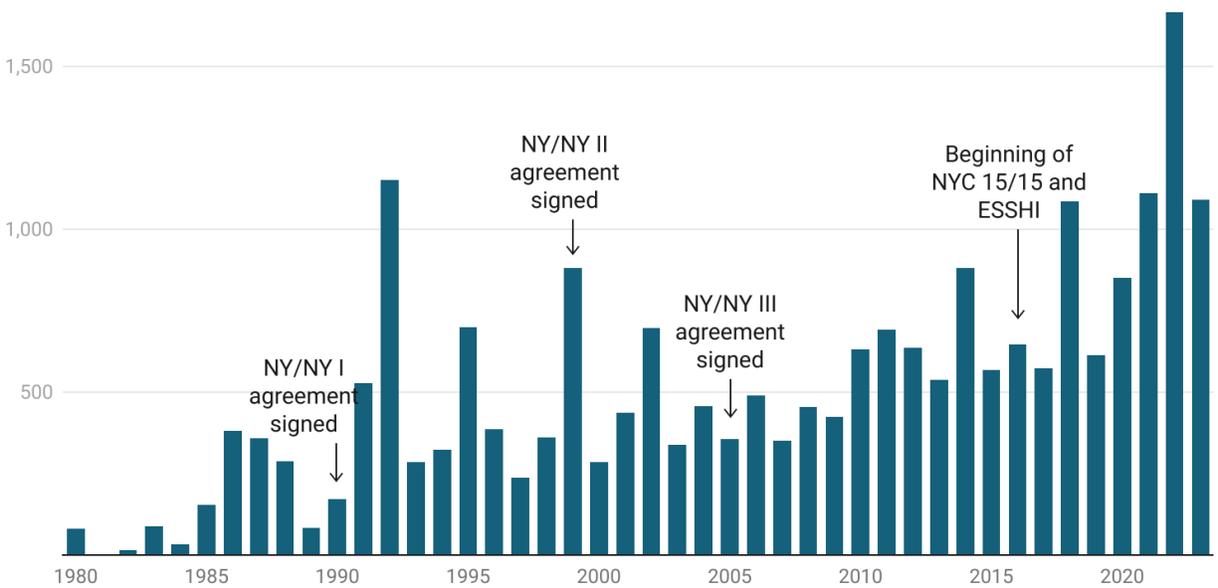
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Number of Congregate Units by Open Year - Balance of State



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Number of Congregate Units by Open Year - New York City



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Fifteen years is a common milestone for refinancing and rehabilitating affordable housing. This aligns with the compliance period for the Low-Income Housing Tax Credit. There are currently 12,187 units in 301 congregate residences across the state that opened fifteen or more years ago that have not been rehabbed since opening. The majority of these units are in New York City, but over 2,100 units in 97 residences are outside of New York City. Over one third of these units opened thirty or more years ago, in 1994 or earlier, and have yet to be rehabbed.

Supportive Housing Initiatives

Supportive housing in New York is often funded and contracted collaboratively across multiple government agencies. Below are the major supportive housing initiatives that fit these criteria.

New York State Supportive Housing Program (NYSSHP)

The New York State Supportive Housing Program (NYSSHP) was the first program in the state to fund services in housing for people experiencing homelessness. It began in 1987 with no specific unit goal or end date. Initially, the program was called SRO Support Services. In 2003, Supported Housing for Families and Young Adults (SHFYA) was created. Today, both programs are consolidated under the New York State Office of Temporary and Disability Assistance (OTDA) and called NYSSHP. Currently, 18,783 units receive NYSSHP funding for permanent supportive housing, 16,458 of which are congregate and 2,325 are scattered site.

Single adults, young adults (18-25), and families in need of supportive services are eligible for NYSSHP, which provides services “designed to assist residents in remaining stably housed so that they do not enter or re-enter the homeless services system.”ⁱⁱⁱ Some programs choose to

serve more specific populations like veterans, older adults or survivors of domestic violence. As of January 2024, providers receive \$2,964 per unit per year for single adults and young adults, and \$3,900 per unit per year for families.

10,537 congregate NYSSHP units in New York City are contracted directly to the New York City Human Resources Administration (HRA), with the rate funded half by OTDA and half by HRA. This program is still called SRO Support Services and only serves single adults.

NYSSHP funding is significantly lower than other supportive housing initiatives and only covers services, with no rental assistance. Providers are left to find other sources of operating funding and additional services funding to fill the gaps. Some providers layer other government or private funding on top of NYSSHP, covering some or all of their NYSSHP units. However, 10,213 NYSSHP units have no additional source of service funding, and 7,780 units have no project-based source of rental assistance. Although newer supportive housing initiatives like ESSHI and NYC 15/15 have significantly higher rates, there is currently no way for NYSSHP programs to convert to these programs.

NYSSHP Case Study: Kathlyn Gardens, YWCA of Rochester and Monroe County

Residence Name	Kathlyn Gardens
Provider	YWCA of Rochester and Monroe County
Year Opened	2003
Model Type	Congregate
# of Units	12 units, supportive
Service Funding	OTDA NYSSHP
Operating Funding	Section 8 Project-Based Vouchers (PBV)
Capital Funding	9% LIHTC to rehab, Monroe County, City of Rochester, Town of Irondequoit, FHLB NY, building donated by Natapow Foundation
Unit Type Mix	8 two-bedroom, 4 three-bedroom
Population(s) Served	Homeless families, many of whom are fleeing domestic violence
Location	Rochester
Geography	Suburban

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YWCA of Rochester's Kathlyn Gardens' 12-apartment residence opened in 2003 and provides eight two bedrooms and four three bedrooms for the 12 families living there. It sits on the border of both urban and suburban – City of Rochester/Town of Irondequoit. Up until recently, operations were largely covered by rent and the YWCA, but the organization successfully applied for Project Based Section 8 in 2019 to help pay operating costs.

Since the residence opened before ESSHI, it is one of the many residences that depend solely on the New York State Supportive Housing Program to pay for services which YWCA augments with private funds. Kathlyn Gardens and a similar residence split one case manager who is supported by a team leader and a supervisor.

“My mother moved here when Kathlyn Gardens opened, when I was four. My brother was born here and this is the only home he knows. (...) Because of where we live, both my brother and I were able to go to a highly rated school. I have a good job and my brother is attending college next September. (...) This place has given our mom the ability to raise us safely.” – Kathlyn Gardens Resident

NY/NY I

NY/NY I (originally known as the *New York/New York Agreement to House Mentally Ill Individuals*) was the first of three agreements between New York City and State government to create supportive housing in New York City. It started in 1990 with the goal of creating 3,000 new units and was later amended to provide subsidies to 500 scattered site units. Funding for 1,400 units was to be provided by the City with the remainder funded by the State.^{iv} In total, 3,615 units were created by 1998.^v While some of the units initially created as part of NY/NY I are no longer operational, there are currently 2,521 open units: 2,170 congregate and 351 scattered site.

Eligible tenants must be diagnosed with a serious mental illness and most must be documented as homeless. The original agreement laid out three eligibility categories for “homeless mentally ill shelter system users:”

- 1. Individuals with histories of 4 or more months of continuous shelter use. At the time of placement these individuals may be current shelter residents participating in a mental health program or they may be in a hospital awaiting placement but have a history of 4 or more months of continuous shelter use prior to such hospitalization.*
- 2. The second category includes all individuals who have used the shelter system 14 out of the last 60 days, and are known to a mental health program or are currently hospitalized.*

3. *The third category includes all other mentally ill individuals who have used the shelter system or drop-in center 14 out of the last 60 days.*

The agreement further identifies eligibility for “homeless mentally ill non-shelter system users,” including “persons who reside on streets, or in parks, subways, transportation terminals and other public spaces or are undomiciled and in hospitals awaiting placement” and stipulates that this category shall not exceed 10% of placements during the three fiscal years of the Agreement.^{vi}

Funding for services and operating is provided by the New York State Office of Mental Health (OMH) and the New York City Department of Health and Mental Hygiene (DOHMH). Some units are funded by OMH but contracted by DOHMH (and are considered DOHMH units for the purposes of this report). Rates for NY/NY I units depend on the contracting agency. OMH funds all of its non-ESSHI programs based on region or county ([see tables in the OMH section](#)). The current OMH congregate rate in New York City is \$25,276 and the scattered site rate is \$27,372. DOHMH currently provides \$21,304 for congregate units and \$34,681 for scattered site units for services and operating. This reflects a recent concerted effort to raise rates to be on par with newer supportive housing initiatives.

NY/NY I Case Study: Euclid Hall, West Side Federation for Senior and Supportive Housing

Residence Name	Euclid Hall
Provider	West Side Federation for Senior and Supportive Housing
Year opened	1995 (as supportive housing)
Model Type	Congregate
# of Units	182 supportive, 91 affordable
Service Funding	DOHMH NY/NY I, HRA SRO Support Services, HASA
Operating Funding	DOHMH NY/NY I, HASA, Section 8 Project-Based Vouchers (PBV), HUD CoC, Tenant-Based Vouchers
Capital Funding	HPD Supportive Housing Loan Program (SHLP), 9% LIHTC
Unit Type Mix	SRO units, shared kitchens and baths
Population(s) Served	Adults over 50; 90 older adults with SMI, SUD or other special needs (NY/NY I), 74 formerly homeless adults (SRO Support Services), 18 persons living with HIV/AIDS, 91 low-income individuals
Location	Manhattan
Geography	Urban

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Euclid Hall was originally built as an apartment building in 1903. After the Stock Market crash of 1929, the apartments were split into separate rooms and the building became the Euclid Hall Hotel. In the 1940s it was converted into Single Room Occupancy. Under the sponsorship of the West Side Federation for Senior and Supportive Housing, Inc. (WSFSSH), Euclid Hall was acquired in 1989.

When COVID hit, the tenants and staff of Euclid Hall were deeply impacted, and the physical

layout promised widespread infection. As a result, WSFSSH leadership arranged to [move all 273 residents to hotels in mid-town](#) where they could have their own rooms and bathrooms and continue to receive services. WSFSSH provides services, property management and owns the building. There are 18 building staff members and 22 social services staff. Services include counseling, entitlement assistance, mental health services, substance abuse services, job readiness, and health services/linkages. WSFSSH provides breakfast five nights a week and a light dinner Tuesday-Friday. They provide recreation services and a recreation room, medication support, housekeeping and escorts to appointments as well as a library room.

“When WSFSSH first came to Euclid, the building was a disaster. There were about 45 residents, two of whom still live here today. Many rooms had no windows or broken windows and there was broken glass everywhere and pigeons flying around. Inside the building in many places there was no fresh air and it smelled very bad. Many people in the neighborhood picketed in front of the building (to stop the process of WSFSSH rehabbing). They would try to block the door so staff couldn’t come in. They were very afraid to have us. But [WSFSSH founder] Laura Jervis was very good at demonstrating to them that it would be a benefit to them, as well as to the people needing housing, for WSFSSH to operate Euclid. Now the building is beautiful.” – Mohammad Aslam, Administrative Assistant Euclid Social Services, WSFSSH employee since 1985

NY/NY II

[NY/NY II](#) began in 1999 as a continuation of NY/NY I with the goal to create 1,500 units over five years, comprised of 500 State-constructed SRO units, 500 City-constructed SRO units, 190 State Supported Housing scattered site units, and 310 City Supported Housing scattered site units.^{vii} The parties also agreed to encourage the placement of eligible tenants in vacant units in other City and State financed housing. As with NY/NY I, some units have closed, but there are currently 1,005 units: 827 congregate and 178 scattered site. Eligibility criteria is the same as NY/NY I, although the agreement had no stipulation to limit the placements of “homeless mentally ill non-shelter system users.” Rates are currently the same as NY/NY I (see above).

NY/NY III

Beginning in 2005, [NY/NY III](#) was a much broader expansion of supportive housing than the previous NY/NY agreements. NY/NY III served nine different populations with different eligibility criteria (labeled Population A through I, see table below), expanding beyond single adults with a serious mental illness. The initiative included programs for young adults aging out of foster care and those coming from OMH residential settings, families with a head of household living with a chronic health condition including substance use disorder or HIV/AIDS, families with a head of household living with a serious mental illness, as well as individuals currently using substances and those leaving residential treatment. NY/NY III’s goal was to create 9,000 units, 7,500 for single adults and 1,500 for families. As with NY/NY I and II, OMH and DOHMH both fund and contract units, but some NY/NY III units are funded and/or contracted by the New York City HIV/AIDS Services Administration (HASA, Pop H) and the New York State Office of Addiction Services and Supports (OASAS). (Pop E units are funded by OASAS

but contracted by DOHMH, and Pop F and Pop G units are funded by and contracted by OASAS).^{viii} There are currently 8,081 NY/NY III units, 4,872 congregate and 3,209 scattered site.

NY/NY III Eligibility Criteria & Units

	Eligibility Criteria	Agency	Congregate	Scattered Site	Total
Pop A	Chronically homeless single adults with serious mental illness	NYC DOHMH and NYS OMH	2,679	907	3,586
Pop B	Single adults exiting a State-operated psychiatric center who are at risk of homelessness	NYS OMH	181	411	592
Pop C	Young adults with serious mental illness or severe emotional disturbance who are at risk of homelessness	NYS OMH	82	0	82
Pop D	Chronically homeless families or families at risk of homelessness where head of household has a serious mental illness	NYC DOHMH	400	0	400
Pop E	Single adults who have been homeless for at least six of the last 12 months and who have an active substance use disorder	NYC DOHMH contracts, NYS OASAS provides funding	250	571	821
Pop F	Single adults who are at risk of homelessness and in recovery from a substance use disorder	NYC DOHMH and NYS OASAS	150	589	739
Pop G	Families in which the head of household sufferance from a substance use disorder, HIV/AIDS or disabling medical condition. Families must be chronically homeless or at serious risk of becoming chronically homeless.	NYC DOHMH and NYS OASAS	430	225	655
Pop H	Chronically homeless single adults living with HIV/AIDS and serious mental illness or substance abuse diagnosis	NYC HASA	600	400	1,000
Pop I	Young adults aging out of foster care who are at risk of homelessness	NYC DOHMH	100	106	206

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NY/NY III Rates

	Agency	Original Rates - Congregate	Original Rates - Scattered Site	Current Rates - Congregate	Current Rates - Scattered Site
Pop A	NYC DOHMH and NYS OMH	\$ 16,009	\$ 14,493	\$25,276 (OMH) \$21,304 (DOHMH)	\$ 27,732 (OMH)
Pop B	NYS OMH	\$ 16,009	\$ 14,493	\$ 25,276	\$ 27,732
Pop C	NYS OMH	\$ 38,619	N/A	\$ 25,276	N/A
Pop D	NYC DOHMH	\$ 25,000	N/A	\$ 21,304	N/A
Pop E	NYC DOHMH contracts, NYS OASAS provides funding	\$ 16,000	\$ 16,000	\$ 21,304	\$ 36,782
Pop F	NYC DOHMH and NYS OASAS	\$ 18,000	\$ 18,000	\$26,576 (OASAS)* \$21,304 (DOHMH)	\$28,906 (OASAS)* \$36,782 (DOHMH)
Pop G	NYC DOHMH and NYS OASAS	\$ 25,000	\$ 25,000	\$39,110 (OASAS)*	\$ 33,767 (OASAS)*
Pop H	NYC HASA	\$ 25,444	\$ 24,000	\$ 24,404	\$ 38,790
Pop I	NYC DOHMH	\$ 22,000	\$ 22,000	\$ 21,304	\$ 34,681

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*Average rate

NY/NY III Case Study: Louis Nine House, Neighborhood Coalition for Shelter

Residence Name	Louis Nine House
Provider	Neighborhood Coalition for Shelter
Year opened	2009
Model Type	Congregate
# of Units	46 units, supportive
Service Funding	DOHMH NY/NY III, DOHMH Young Adult SMI, HRA SRO Support Services
Operating Funding	DOHMH NY/NY III, 20 HUD CoC, 26 NYCHA Section 8 Project-Based Vouchers (PBV)
Capital Funding	HPD Supportive Housing Loan Program (SHLP); HPD 9% LIHTC, New York State Energy Research and Development Authority (NYSERDA), New York City Council discretionary funding
Unit Type Mix	Studios
Population(s) Served	46 young adults (aged 18-25) (SRO Support Services), including 15 with SMI (YA SMI), 26 exiting foster care (NY/NY III Pop I), and 5 in recovery from SUD (NY/NY III Pop F)
Location	Bronx
Geography	Urban

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NY/NY III was the first long-term supportive housing initiative to provide comprehensive service and operating funding for supportive housing serving at-risk young adults, and Neighborhood Coalition for Shelter along with co-developer WHEDCo created the first single site residence for this population, Louis Nine House. Opened in 2009, amenities at Louis Nine include WiFi, a computer lab, lounge and conference room, a rooftop garden, and on-site laundry. With some nine staff associated

with the residence providing everything from mental health services to education and employment services, Louis Nine provides stable housing and comprehensive on-site services designed to help young adults who have aged out of foster care or experienced homelessness, and have a history of serious mental illness or substance use, progress to greater independence and the next stage of their lives. Services are client-centered and trauma-informed and give tenants the space they need to build the future they determine. With support of NCS staff, including their Options vocational and education program, tenants have learned to manage their households and finances and have obtained valuable internships, credentials and employment. They have earned college degrees, and they have gone on to their own independent apartments.

“I felt safe right away, and everyone was welcoming. The staff is here to help with jobs, school... anything you need, they help you figure it out. Now I’m working in an afterschool program at Mosholu Montefiore Community Center and am thinking about going back to school and hopefully owning my own business.” – Tamia, Louis Nine House Resident

Medicaid Redesign Team (MRT)

In 2011, New York State established the Medicaid Redesign Team (MRT), designed to comprehensively address escalating costs and quality issues in the state’s Medicaid program through the development of a comprehensive, multi-year action plan.^{ix} According to the Department of Health, “the MRT Affordable Housing Workgroup identified increasing the available of affordable supportive housing for high-utilizers of Medicaid members who are homeless or living in institutional settings as a significant opportunity for reducing Medicaid cost growth.”^x MRT created and funded scattered site supportive housing programs across the Office of Mental Health (OMH), the Department of Health (DOH), DOH AIDS Institute, and the Office of Addiction Services and Supports (OASAS). (It also created capital funding for supportive housing, which is outside the scope of this report).

MRT Units

Contracting Agency	Current MRT Units (Scattered Site)
OMH	706*
DOH	477
DOH AIDS Institute	180
OASAS	260

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Empire State Supportive Housing Initiative (ESSHI)

The Empire State Supportive Housing Initiative (ESSHI) began in 2016 with the goal of creating 20,000 units across the state by 2030. All ESSHI units are congregate. It is the most ambitious long-term commitment to funding supportive housing statewide. ESSHI releases a new Request for Proposal (RFP) annually and the populations and eligibility criteria have evolved over the eight RFPs released to date. Units are contracted by the Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Department of Health (DOH), DOH AIDS Institute, Office of Addiction Services and Supports (OASAS), or Office for People with Developmental Disabilities (OPWDD).

Different populations are funded by different contracting agencies, but sometimes multiple populations are housed within one program, and are funded and contracted by a single agency. Generally, DOH AIDS Institute funds units for people living with HIV/AIDS, DOH funds units for seniors, OASAS funds units for people living with substance use disorder, OMH funds units for people living with serious mental illness, OPWDD funds units for people with intellectual and developmental disabilities, and OTDA funds units for survivors of domestic violence, veterans, people who have been chronically homeless, young adults, and people re-entering the community from incarceration.

Conditional awards are given to qualifying nonprofits and programs when they first apply to the ESSHI RFP. Once a program receives all the necessary capital financing, they receive a permanent award. About 8,400 units have received permanent awards to date. Of these, 5,444 units have opened. Providers request up to \$25,000 per unit per year for services and operating, regardless of the population or geographic location. There is a 2% annual escalator. ESSHI attracted many new stakeholders to the supportive housing sphere and has expanded supportive housing opportunities to new populations and geographies.

ESSHI is a State-government program, but many units have been created in New York City and have received capital financing from City agencies. Some residences contain units funded by ESSHI along with units funded by other programs, such as NYC 15/15.

According to the most recent ESSHI RFP issued in 2023,

The eligible target populations to be served under this program are families with a qualifying individual, individuals and/or young adults who are both homeless^{xi}...and who are identified as having an unmet housing needs as determined by the CoC or local planning entity..., AND have one or more disabling conditions or other life challenges [listed in the chart below].^{xii}

ESSHI Units

Population	Lead Contracting Agency	Total Units
Serious mental illness (SMI)	OMH	1,650
Substance use disorder (SUD)	OASAS	225
Persons living with HIV or AIDS	DOH AIDS Institute	322
Victims/Survivors of domestic violence (DV)	OTDA	657
Military service with disabilities (including veterans with other than honorable discharge)	OTDA	308
Chronic homelessness as defined by HUD (individuals experiencing street homelessness or long-term shelter stays)	OTDA	428
Chronic homelessness as defined by HUD (families experiencing street homelessness or long-term shelter stays)	OTDA	91
Youth/Young adults between 18 and 25 years old who are homeless or at risk of becoming homeless who left foster care within the prior five years and who were in foster care at or over age 16	OTDA	47
Homeless young adults between 18 and 25 years old	OTDA	268
Reentry: Adults, youth or young adults reentering the community from prison or juvenile justice placement, particularly those with disabling conditions	OTDA	250
Seniors: Individuals who are age 55 and older, enrolled in Medicaid, and has either a chronic condition or physical disability	DOH	1,170
Individuals with intellectual or developmental disabilities (I/DD)	OPWDD	28

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ESSHI Case Study: Liberty Station, Concern Housing

Residence Name	Liberty Station
Provider	Concern Housing
Year opened	2021
Model Type	Congregate
# of Units	45 supportive, 31 affordable
Service Funding	OMH ESSHI
Operating Funding	OMH ESSHI
Capital Funding	HCR SHOP, 9% LIHTC, Suffolk County, Foundation Grant, Private Mortgage
Unit Type Mix	75 one-bedroom, 2 two-bedroom
Population(s) Served	25 veterans (ESSHI), 20 individuals with disabilities (ESSHI), 31 low-income individuals and families
Location	Port Jefferson
Geography	Suburban

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As part of Concern Housing’s mission to serve veterans, the organization created Liberty Station which opened in 2021. The complex fosters a vibrant sense of community where residents, regardless of their backgrounds or housing arrangements, unite under the shared vision of creating a thriving living environment.

Staff actively cultivate a culture of mutual support and collaboration and tenants view themselves as integral parts of a larger whole. Their collective efforts shape the community's

direction and resolve communal challenges: through participation in the garden, Community Advisory Board meetings, and event planning.

Participants in the supportive program receive service coordination. Initially, these primarily focus on maintaining stability as staff assist tenants in identifying risk factors, such as mental health and/or substance use disorders, as well as disabling conditions or life challenges. Support staff connect individuals with benefits, health insurance, medical and mental health providers, and community resources in addition to helping tenants improve independent living skills. Residents collaborate on resident-centered recovery plans that focus on individual strengths and opportunities to enhance empowerment. As a result, there has been an overall decrease in the utilization of emergency services and hospitalizations.

Liberty Station adheres to Enterprise's Green Community standards and aligns with New York State's commitment to sustainable and affordable development. Each apartment is furnished with Energy Star-rated appliances, and the design emphasizes water conservation, incorporating surface stormwater management features into the landscaping.

“Without Liberty Station, I don’t know where I would be. After years of being homeless, I finally have a place to call my own.” – Liberty Station Tenant

NYC 15/15

NYC 15/15 began in 2016 with the goal of creating 15,000 units, 7,500 congregate and 7,500 scattered site, in New York City by 2030.^{xiii} This was the first long-term supportive housing commitment funded exclusively by the City. There are currently 3,944 open units, 2,764 congregate and 1,180 scattered site, and an additional 1,272 congregate units under construction. The program serves chronically homeless adults and families with a serious mental illness and/or substance use disorder, young adults and young adult families who are homeless or at risk of homelessness with high service utilization, and single adults with HIV/AIDS. NYC 15/15 represents the first time that supportive housing was created specifically for families with young adult heads of household, as well as a significant expansion in the supportive housing opportunities for people living with substance use disorder. Rates vary by population and site type (see below for table).

NYC 15/15 Units

	Congregate	Scattered Site
Single Adults/Adult Families	1,827	845
Adult Families with Children	342	110
Young Adults	135	75
Young Adult Families	111	150
HASA	349	0

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NYC 15/15 created separate dedicated funding streams for services and operating, the first time this was done with intention in a supportive housing initiative. This program design was created to prevent escalating rents and operating costs from slowly diminishing the share of the contract dedicated to social services, which had been a problem with previous supportive housing programs where services and operating were available as a blended per-unit rate. Services are funded by the New York City Department of Health and Mental Hygiene (DOHMH) and HIV/AIDS Services Administration (HASA), with operating in congregate residences funded by the Department of Housing Preservation and Development (HPD).

Scattered site rental assistance rates start at the current year Fair Market Rent (FMR, a metric determined annually by the U.S. Department of Housing and Urban Development), with a 2% yearly escalator. Most scattered site contracts were created in 2017, so their operating rates are lower than more recent contracts because the 2% escalator is less than the annual FMR increases.

NYC 15/15 Rates

	Services-Congregate	Services-Scattered Site	Rental Assistance*-Congregate	Rental Assistance*-Scattered Site**	Total Congregate	Total Scattered Site
Single Adults	\$17,500	\$10,000	\$18,276	\$28,632	\$19,023	\$38,632
Adult Families	\$17,500	\$10,000	\$18,276	\$28,632	\$19,023	\$38,632
Adult Families with Children	\$28,738	\$19,200	\$22,128	\$33,024	\$50,866	\$52,224
Young Adults	\$25,596	\$20,669	\$18,276	\$28,632	\$43,872	\$49,301
Young Adult Families	\$28,738	\$30,091	\$22,128	\$24,744***	\$50,866	\$54,835
HASA	-	-	-	-	\$26,758	-

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*Assumes studios for single adults and 2 bedrooms for families with children

**2024 HUD FMR

***2019 HUD FMR with 2% yearly escalator; all scattered site young adult family units opened by 2019, so units may receive up to this amount depending on the opening year

NYC 5/15 Case Study: The Hannigan, Center for Urban and Community Services

Residence Name	The Hannigan
Provider	Center for Urban Community Services (CUCS)
Year opened	2021
Model	Congregate
# of Units	71 supportive, 45 affordable
Service Funding	DOHMH NYC 15/15 Single Adults, DOHMH NY/NY III
Operating Funding	Section 8 Project-Based Vouchers (PBV), HPD NYC 15/15
Capital Funding	HPD SHLP, 4% LIHTC, HDC mortgage, OTDA HHAP, NYSERDA, New York City Council discretionary funding
Unit Type Mix	57 studios, 24 one-bedroom, 30 two-bedroom, 5 three-bedroom
Population(s) Served	37 SMI/SUD individuals (NYC 15/15 Pop 1), 34 SMI Families (NY/NY III Pop D), 45 low-income individuals and families
Location	Manhattan
Geography	Urban

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The Hannigan welcomed its first residents on February 8, 2021. Designed with compassion and purpose, The Hannigan has 37 supportive units for singles and 34 for families. Far more than providing shelter, the Hannigan offers its tenants a transformative pathway toward stability, recovery, dignity and a sense of belonging. From the moment individuals and families cross its threshold, they are enveloped in a network of support, with access to on-site case managers, mental health services, primary medical services, employment assistance, and substance use treatment.

Under the umbrella of CUCS, The Hannigan partners with Breaking Ground to provide property management, ensuring a safe and nurturing environment. The dedicated staff, including case managers, social workers, and clinical supervisors, work tirelessly to tailor individualized services, fostering empowerment and self-sufficiency among tenants. With access to primary medical and psychiatric care through CUCS' Janian Medical Care program, residents receive holistic support, reducing reliance on emergency services and fostering positive change within the community.

"I want a place to live with my family. The Hannigan team is helping me find the right services and information to achieve that. I wasn't able to finish school, and I'm looking forward to the day when I move and continue my education." – Shanon, Hannigan Resident

Contracting Agencies

In addition to the supportive housing initiatives above, New York State, New York City and Federal agencies provide funding for supportive housing services and operating on an ongoing basis. State agencies include the Office of Mental Health (OMH), the Office of Temporary and Disability Assistance (OTDA), the Department of Health (DOH), DOH AIDS Institute, the Office of Addiction Services and Supports (OASAS), and the Office for People with Developmental Disabilities (OPWDD). New York City agencies include the Department of Health and Mental Hygiene (DOHMH), the HIV/AIDS Services Administration (HASA), and the Human Resources Administration (HRA). Federal funding is provided by the Department of Housing and Urban Development (HUD) and distributed by local Continuums of Care (CoCs).

NEW YORK STATE

NYS Office of Mental Health (OMH)

The New York State Office of Mental Health (OMH) holds contracts for ESSHI, ESSHI scattered site, NY/NY I, II, & III (Populations A, B, and C), and additional congregate and scattered site units known as SP-SRO and Supported Housing (OMH's terminology for OMH-funded scattered site), respectively. The SP-SRO and Supported Housing monikers represent the consolidation of many years of procurements that may have utilized specific funding sources or targeted specific sub-populations with serious mental illness. In addition to ESSHI, Governor Hochul's 2023 \$1 billion mental health plan included 1,500 supportive housing units,^{xiv} 750 new SP-SRO units and 750 new Supported Housing units. Procurement for these new units is currently underway.

OMH currently holds contracts for 25,069 units total, 6,311 congregate and 18,758 scattered site. ESSHI units account for 2,138 of the congregate units and are funded at up to \$25,000 per unit per year. ESSHI scattered site units are not part of the 20,000-unit ESSHI initiative and are funded at \$25,000 per unit in NYC and \$20,000 per unit outside NYC. Rates for all other OMH programs vary by county and region (see below for table, appendix for full table), cover services and operating costs, and are provided as a per-unit annual rate.

OMH Units

	Congregate Units	Scattered Site Units	Total Units
NY/NY I	404	295	699
NY/NY II	158	160	318
NY/NY III	1,254	1,318	2,572
ESSHI	2,138	285*	2,423
Other	2,357	16,700	19,057

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*These units are referred to as ESSHI Scattered Site but are not part of the 20,000-unit ESSHI initiative. They are funded at \$25,000 per unit per year in New York City and \$20,000 outside New York City.

OMH Scattered Site Rates (varies by county, see appendix for full breakdown)

Region	Rate Average
Central	\$11,410
Hudson River	\$16,576
Long Island	\$24,300
NYC	\$27,372
Western	\$11,945

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OMH Congregate Rates

Region	Rate
Central	\$20,659
Hudson River (Upper)	\$20,659
Hudson River (Lower)	\$23,671
Long Island	\$23,785
NYC	\$25,276
Western	\$20,659

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OMH Supported Housing Case Study: Scattered Site, Transitional Living Services of Northern New York

Provider	Transitional Living Services of Northern New York
Year opened	2010
Model Type	Scattered site
# of Units	7 units, supportive
Service Funding	OMH Supported Housing
Operating Funding	OMH Supported Housing
Unit Type Mix	One to three bedroom, depending on family size
Population(s) Served	Adults with serious mental illness (SMI)
Location	St. Lawrence County
Geography	Rural

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Transitional Living Services of Northern New York provides support to individuals and families to live independently in the community in housing of their choice. It is successful in preventing reoccurrences of homelessness and helping tenants focus on what is important to them using a client-centered approach. Most importantly, it gives them the opportunity to live, grow, and participate in the community where they want to be, near family and close friends. Two

tenants have chosen to live in very remote regions of the county, some distance from TLS offices. Tenants have ongoing rental assistance, furnishings and housewares, case management services provided by a specialized case manager, tenant advocacy, service linkage and referrals. Three of the seven tenants have been in the program since the spring of 2015. Says the program case manager: - "I enjoy helping people secure and maintain housing. Everyone would struggle if we didn't know where we were sleeping on a nightly basis." And one of the tenants said "I really love the program."

NYS Office of Temporary and Disability Assistance (OTDA)

The New York State Office of Temporary and Disability Assistance (OTDA) holds contracts for ESSHI units and NYSSHP units, while also providing pass-through NYSSHP funding to New York City for the SRO Support Services program. There are currently 20,449 units, 1,666 of which are ESSHI and the remaining 18,783 are NYSSHP. Of the NYSSHP units, 10,537 are SRO Support Services units contracted directly to HRA, funded half by OTDA and half by HRA. ESSHI units are all congregate, while NYSSHP units (excluding SRO Services) are a mix of congregate (5,921 units) and scattered site (2,325 units).

Funding for NYSSHP is \$2,964 per unit per year for single adults and young adults and \$3,900 for families. Funding for ESSHI is up to \$25,000 per unit per year.

NYS Department of Health (DOH)

The New York State Department of Health holds contracts for ESSHI units as well as Health Home Supportive Housing (part of the Medicaid Redesign Team, or MRT, supportive housing program). There are 1,441 units total, 964 ESSHI (all congregate) and 477 Health Home Supportive Housing (all scattered site). Health Home Supportive Housing targets homeless high-utilizers of Medicaid,^{xv} many of whom have complex medical conditions. Funding is not provided on a per unit, per year basis. Rather, supportive housing providers apply for a set contract amount and the number of units provided is determined from there. Based on contract funding levels and units provided, below is a chart that shows the minimum, maximum and average services and operating rate per unit, per year for the upstate and downstate regions.

DOH MRT Rates

	Minimum Rate	Maximum Rate	Average Rate
Downstate	\$19,000	\$28,000	\$23,714
Upstate	\$12,500	\$25,000	\$16,000

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NYS DOH AIDS Institute

The DOH AIDS Institute holds contracts for ESSHI and MRT supportive housing units. There are currently 382 ESSHI units, all congregate, and 180 MRT units, all scattered site. Eligible tenants for MRT are “high-need Medicaid beneficiaries living with HIV/AIDS as well as other morbidities, who are homeless, unstably housed, or at high risk of becoming homeless.”^{xvi} Like DOH, funding is not provided on a per unit, per year basis. Rather, supportive housing providers apply for a set contract amount and the number of units provided is determined from there. Rates vary by contract, but the average rate for DOH AIDS Institute MRT units is \$20,179 per unit per year, covering services and operating.

NYS Office of Addiction Services and Supports (OASAS)

The New York State Office of Addiction Services and Supports (OASAS) holds contracts for a variety of supportive housing programs, including but not limited to ESSHI and NY/NY III (Populations F and G, while also providing funds for Population E, contracted by the NYC Department of Health and Mental Hygiene). There are currently 1,965 units, 508 congregate and 1,457 scattered. Service and operating funding is provided for all programs excluding those labeled CoC Rental Assistance (COCRA). These programs get their service funding from OASAS but their rental assistance from the Continuum of Care (CoC), which is the local body charged with distributing homeless assistance funding from the Federal Department of Housing and Urban Development (HUD).

Eligibility for OASAS supportive housing programs varies slightly based on population, but all eligible tenants or heads of household have a history of substance use disorder.^{xvii}

OASAS Populations and Unit Counts

	Eligibility	Congregate Units	Scattered Site Units	Total Units
CoC Rental Assistance	Families and individuals with a primary diagnosis of substance use disorder as well as co-occurring disabilities such as mental illness and/or HIV	134	571	705
ESSHI	Diagnosed substance use disorder	229	0	229
NY/NY III Pop F	Single adults who are at risk of homelessness and in recovery from a substance use disorder	25	325	350
NY/NY III Pop G	Families in which the head of household suffers from a substance use disorder, HIV/AIDS or disabling medical condition. Families must be chronically homeless or at serious risk of becoming chronically homeless.	60	225	285
Parole Re-Entry	Persons with substance use problems, recently released on parole in New York City.	0	12	12
Permanent Supported Housing	Individuals and families in recovery in rural communities and small suburban regions of Upstate New York	0	124	124
MRT Permanent Supportive Housing	High frequency, high cost Medicaid beneficiaries who are homeless or precariously housed	20	240	260

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Rates for non-ESSHI programs vary by individual program, and are summarized in the table below. Like DOH, funding is not determined on a per unit per year basis, but rather based on an overall contract funding amount. The minimum, maximum, average and median rates in the chart below show the variety across programs and are calculated using the total contract amount and number of units served.

OASAS Rates

	Minimum Rates	Maximum Rates	Average Rates	Median Rates
CoC Rental Assistance (services only)	\$1,220	\$5,489	\$2,899	\$2,391
NY/NY III Pop F	\$25,000	\$39,762	\$28,712	\$26,899
NY/NY III Pop G	\$26,502	\$42,543	\$34,769	\$35,220
Parole Re-Entry	\$29,087	\$29,087	\$29,087	\$29,087
Permanent Supported Housing	\$4,024	\$18,996	\$11,988	\$13,176
MRT Permanent Supportive Housing	\$11,836	\$25,000	\$17,660	\$17,011

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The chart above includes both congregate and scattered site programs. To see a breakdown of average rates by congregate and scattered site, refer to [Rate Comparisons](#).

NYS- Office for People with Developmental Disabilities (OPWDD)

The New York State Office for People with Developmental Disabilities (OPWDD) currently holds contracts for 34 ESSHI units. The ESSHI eligibility requirements for people with an intellectual or developmental disability include eligibility for OPWDD services as established by the NYS Mental Hygiene Law and who are homeless or at risk of homelessness.^{xviii} Like all other ESSHI programs, OPWDD providers receive up to \$25,000 per unit per year.

NEW YORK CITY

NYC Department of Health and Mental Hygiene (DOHMH)

The New York City Department of Health and Mental Hygiene (DOHMH) funds and contracts NY/NY I, II, and III (Populations A, D, E, F, G and I), and NYC 15/15, as well as various legacy supportive housing programs known as High Service Need (HSN), Justice Involved Supportive Housing (JISH), Reinvestment, and Young Adult SMI (serious mental illness). DOHMH receives some State Aid funding from OMH and OASAS for their various supportive housing programs, as well as New York City funding. There are currently 11,939 units, 9,099 congregate and 2,840 scattered site. Eligibility criteria varies by population. While rates vary by program, DOHMH has recently made significant efforts to create parity across older programs. In City Fiscal Year 2023, rates for congregate units were raised to match State Office of Mental Health rates, and all scattered site rates match the NYC 15/15 funding model, with services and operating funded in both site types.

DOHMH Units

	Congregate Units	Scattered Site Units	Total Units
NY/NY I	1,766	56	1,822
NY/NY II	669	18	687
NY/NY III	2,933	941	3,874
NYC 15/15	2,415	1,180	3,595
HSN I	311	19	330
HSN II	806	8	814
JISH	0	120	120
Reinvestment	147	498	645
Young Adult SMI	52	0	52

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DOHMH Rates

	Congregate Rate	Scattered Site Rate
NY/NY I	\$21,304	\$34,681
NY/NY II	\$21,304	\$34,681
NY/NY III	Single Adult/Young Adult: \$21,304; Families: \$37,521	\$34,681 - \$36,782*
NYC 15/15	\$35,776 - \$50,866**	\$38,632 - \$55,567
HSN I	\$21,304	\$34,681
HSN II	\$21,304	\$34,681
JISH	N/A	\$25,000
Reinvestment	\$21,304	Single Adult: \$34,681 Families: \$45,387
Young Adult SMI	\$24,743	N/A

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*Depends on population; see NY/NY III table above.

**Depends on population; see NYC 15/15 table above.

NYC HIV/AIDS Services Administration (HASA)

The New York City HIV/AIDS Services Administration holds contracts for NY/NY III, NYC 15/15, and other supportive housing simply referred to here as HASA. There are currently 5,542 total units, 2,860 congregate and 2,682 scattered site. Eligible tenants are those with HIV/AIDS who “require assistance with barriers that make it difficult for them to live independently in the community.”^{xix} NY/NY III eligibility also requires a client be chronically homeless at the time of referral and have a serious mental illness or substance use disorder diagnosis. NYC 15/15 also has a chronic homelessness requirement. Some HASA units also receive funding from the Continuum of Care (CoC), which prioritizes people who are chronically homeless. Funding for some HASA contracted units comes from the DOH AIDS Institute and OTDA.

HASA Units

	Congregate Units	Scattered Site Units	Total Units
HASA	1,911	2,282	4,193
NY/NY III	600	400	1,000
NYC 15/15	349	0	349

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HASA Rates

	Congregate	Scattered Site
HASA	\$24,607	\$39,781
NY/NY III	\$24,404	\$38,790
NYC 15/15	\$26,758	-

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NYC Human Resources Administration (HRA)

The New York City Human Resources Administration (HRA) provides half of the funding for NYSSHP’s 10,537 SRO Support Services units and oversees the contracts with providers. These units are all congregate and serve single adults. The rate is the same as for OTDA NYSSHP units: \$2,964 per unit per year and fund services only. Eligible tenants are those experiencing homelessness and who need services to live independently. Some SRO Support Services units are located in buildings with other service and operating contracts, some serving a portion of the SRO Support Services units, and some serving other units in the building. Over one third of

SRO Support Services units have SRO Support Services as their only source of service funding, and over half of these units have no source of dedicated, project-based rental assistance.

FEDERAL

HUD Continuum of Care (CoC)

The US Department of Housing and Urban Development's Continuum of Care program is broadly dedicated to ending homelessness. In addition to the yearly Point-in-Time (PIT) count^{xx} of people experiencing homelessness and administering the Homeless Management Information System,^{xxi} local CoCs also allocate funding to some permanent supportive housing programs. This is usually meant to supplement other funding sources, often in the form of rental assistance, and rates are dependent on what providers apply for. While programs with CoC funding often do provide services to specific populations, the only eligibility criteria from the CoC is chronic homelessness. HUD's definition of chronic homelessness is:

- *A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:*
 - *Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and*
 - *Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.*
- *An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or*
- *A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.*

**A "break" in homeless is considered to be 7 or more nights.*

***An individual residing in an institutional care facility does not constitute a break in homelessness.^{xxii}*

There are 24 CoCs across New York State, and while CoC grant information is publicly available, it is very difficult to parse out which specific supportive housing programs get funding and how many units the funding covers. See table for total permanent supportive housing funding by CoC in 2023.^{xxiii}

CoC Funding

CoC number	CoC name	Total Funding
500	Rochester, Irondequoit, Greece/Monroe County CoC	\$10,730,583
501	Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC	\$1,657,813
503	Albany City & County CoC	\$5,172,791
505	Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC	\$8,050,768
507	Schenectady City & County CoC	\$5,043,499
508	Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC	\$12,623,860
510	Ithaca/Tompkins County CoC	\$643,055
511	Binghamton, Union Town/Broome, Otsego, Chenango, Delaware, Cortland, Tioga Counties CoC	\$2,241,285
512	Troy/Rensselaer County CoC	\$3,895,698
513	Wayne, Ontario, Seneca, Yates Counties CoC	\$262,467
514	Jamestown, Dunkirk/Chautauqua County CoC	\$90,600
518	Utica, Rome/Oneida, Madison Counties CoC	\$2,748,113
519	Columbia, Greene Counties CoC	\$473,408
520	Franklin, Essex Counties CoC	\$175,018
522	Jefferson, Lewis, St. Lawrence Counties CoC	\$1,037,435
523	Glens Falls, Saratoga Springs/Saratoga, Washington, Warren, Hamilton Counties CoC	\$1,520,466
525	New York Balance of State CoC	\$1,011,619
600	New York City CoC	\$114,255,992
601	Poughkeepsie/Dutchess County CoC	\$1,112,092
602	Newburgh, Middletown/Orange County CoC	\$2,870,147
603	Nassau, Suffolk Counties CoC	\$9,412,328
604	Yonkers, Mount Vernon/Westchester County CoC	\$18,084,434
606	Rockland County CoC	\$450,559
608	Kingston/Ulster County CoC	\$1,086,347

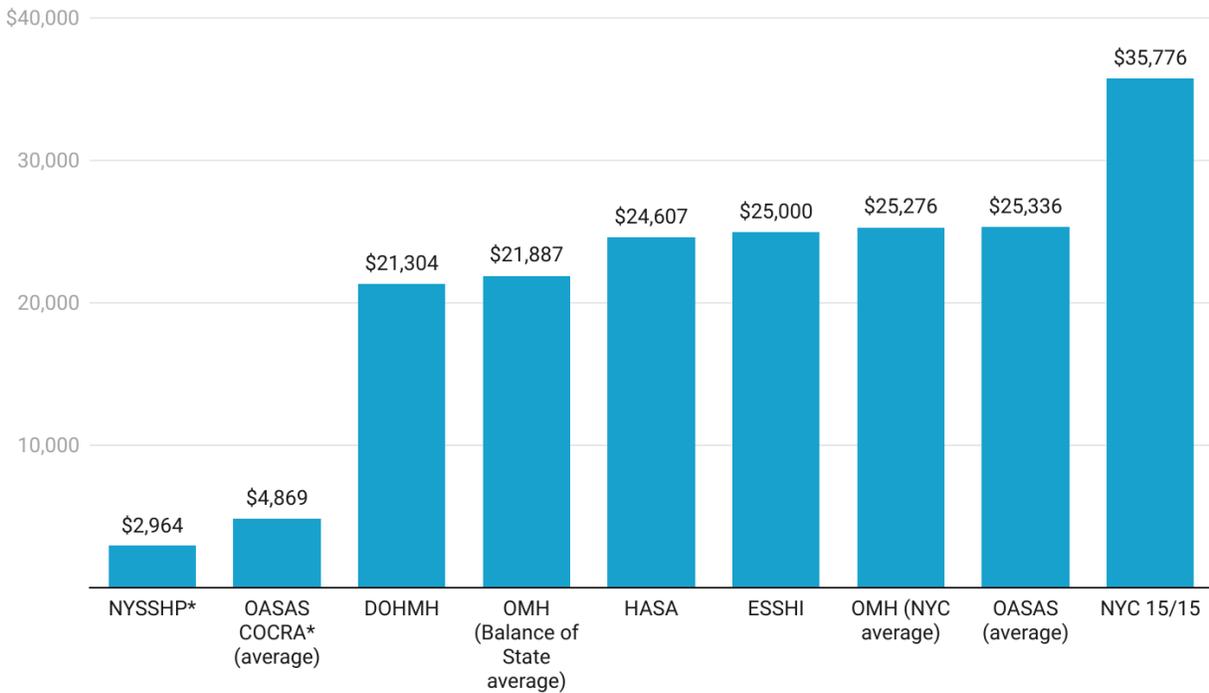
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CoCs administer [Point-In-Time \(PIT\)](#) counts every January, reporting on the current number of households experiencing homelessness in each CoC. Formerly homeless households currently in supportive housing are not included in the PIT count.

Rate Comparisons

Some variation in service and operating rates is natural. Housing costs vary greatly by geography, and different populations need different levels of support. That said, the only rates comparable to NYSSHP are OASAS CoC Rental Assistance units, which receive only services from OASAS and get rental assistance from the CoC, and may also be layered with other sources of funding like NYSSHP.

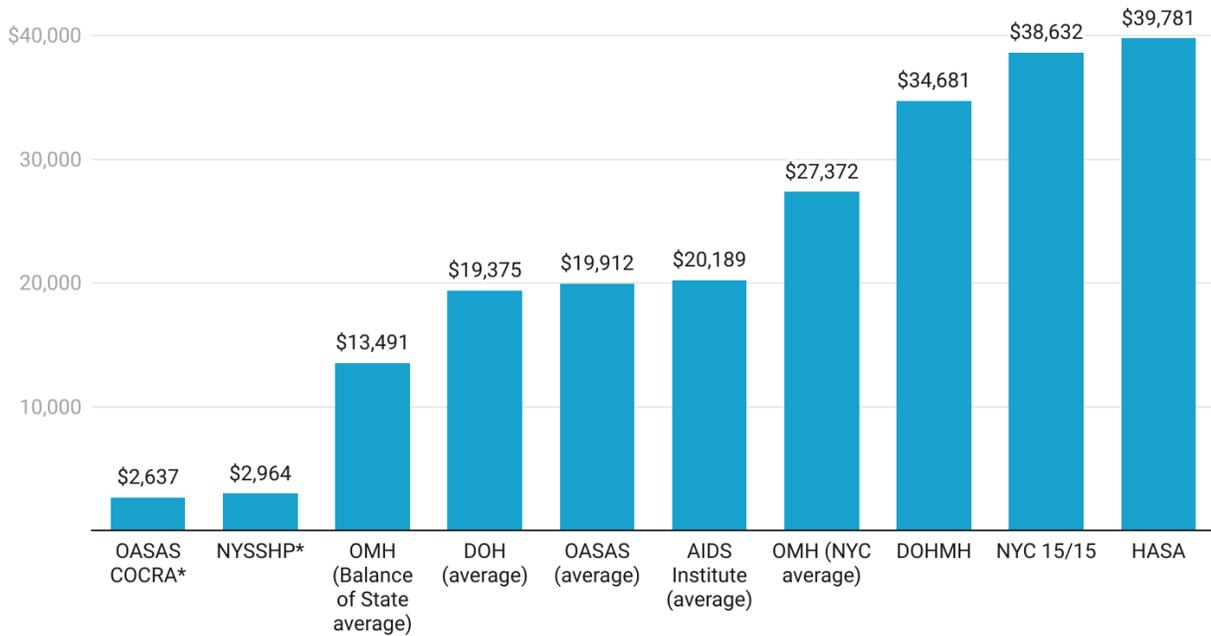
Congregate Single Adult Rates



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*services only

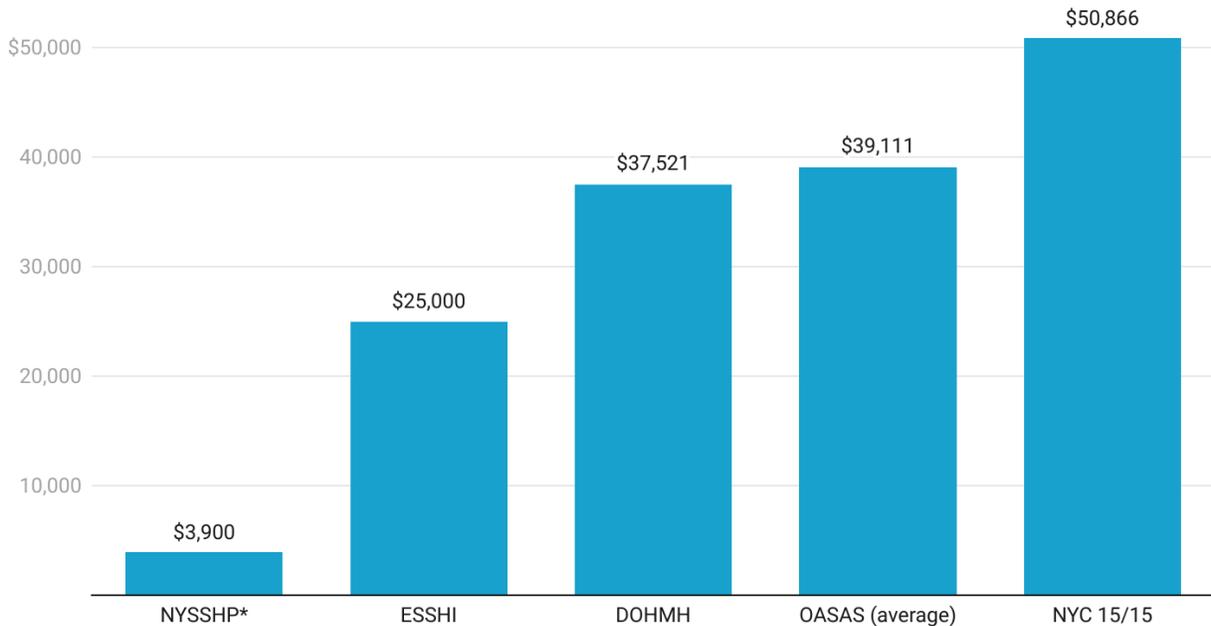
Scattered Site Single Adult Rates



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*services only

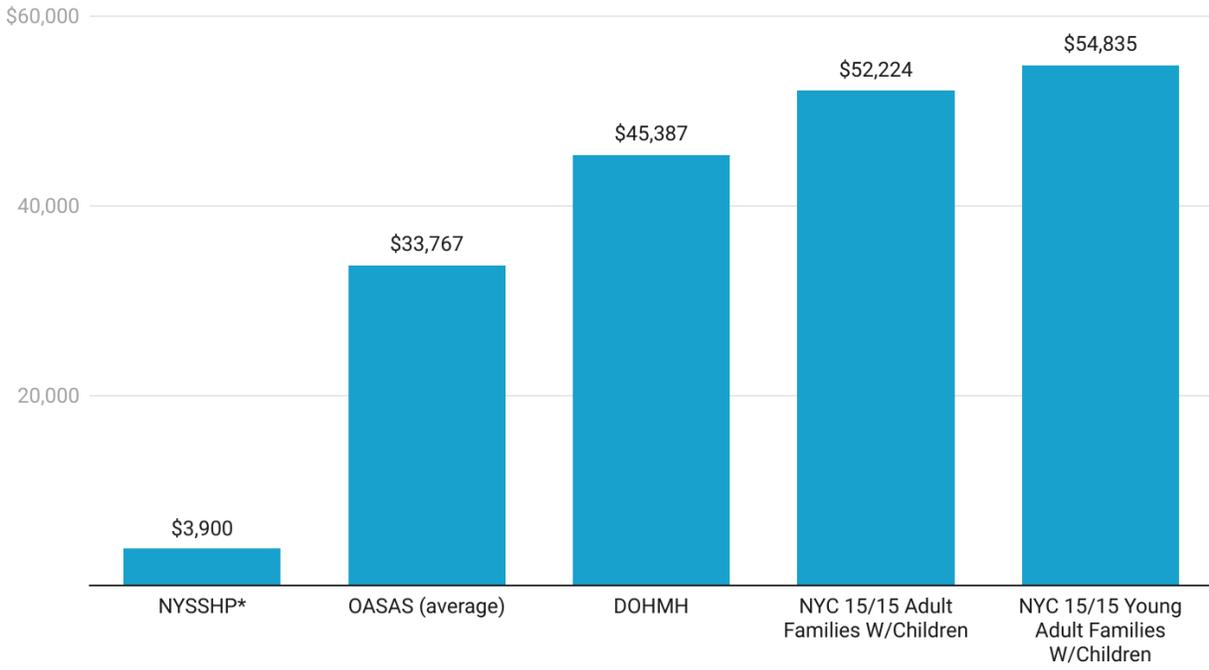
Congregate Family Rates



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*services only

Scattered Site Family Rates



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*services only

Appendix I: OMH Scattered Site Rates by County

Region	County	4/1/23 Rate
Central	Broome	\$ 11,110
Central	Cayuga	\$ 10,822
Central	Chenango	\$ 10,366
Central	Clinton	\$ 11,362
Central	Cortland	\$ 11,374
Central	Delaware	\$ 10,690
Central	Essex	\$ 11,878
Central	Franklin	\$ 10,534
Central	Fulton	\$ 10,882
Central	Hamilton	\$ 11,254
Central	Herkimer	\$ 11,122
Central	Jefferson	\$ 13,150
Central	Lewis	\$ 10,318
Central	Madison	\$ 12,778
Central	Montgomery	\$ 11,026
Central	Oneida	\$ 11,122
Central	Onondaga	\$ 12,778
Central	Oswego	\$ 12,778
Central	Otsego	\$ 11,938
Central	St. Lawrence	\$ 10,918
Hudson River	Albany	\$ 14,962
Hudson River	Columbia	\$ 13,438
Hudson River	Dutchess	\$ 16,810
Hudson River	Greene	\$ 13,186
Hudson River	Orange	\$ 16,810
Hudson River	Putnam	\$ 27,372
Hudson River	Rensselaer	\$ 14,962
Hudson River	Rockland	\$ 27,372
Hudson River	Saratoga	\$ 14,962

Hudson River	Schenectady	\$ 14,962
Hudson River	Schoharie	\$ 14,962
Hudson River	Sullivan	\$ 12,070
Hudson River	Ulster	\$ 15,874
Hudson River	Warren	\$ 12,766
Hudson River	Washington	\$ 12,766
Hudson River	Westchester	\$ 21,944
Long Island	Nassau	\$ 24,300
Long Island	Suffolk	\$ 24,300
NYC	Bronx	\$ 27,372
NYC	Kings	\$ 27,372
NYC	New York	\$ 27,372
NYC	Queens	\$ 27,372
NYC	Richmond	\$ 27,372
Western	Allegany	\$ 10,042
Western	Cattaraugus	\$ 9,910
Western	Chautauqua	\$ 9,898
Western	Chemung	\$ 11,734
Western	Erie	\$ 12,910
Western	Genesee	\$ 11,338
Western	Livingston	\$ 13,414
Western	Monroe	\$ 13,414
Western	Niagara	\$ 12,910
Western	Ontario	\$ 13,414
Western	Orleans	\$ 13,414
Western	Schuyler	\$ 10,450
Western	Seneca	\$ 10,798
Western	Steuben	\$ 10,582
Western	Tioga	\$ 11,110
Western	Tompkins	\$ 17,326
Western	Wayne	\$ 13,414
Western	Wyoming	\$ 9,778
Western	Yates	\$ 11,098

Appendix II: Supportive Housing Units and CoC PIT by County

County	CoC	Congregate Units	Scattered Site Units	Total SH Units	2023 Household PIT Count	Total SH Units by CoC
Albany	503	298	455	753	696	753
Allegany	501	7	29	36	412	527
Bronx	600	9,171	4,097	13,268	49,478	38,134
Broome	511	375	296	671	543	952
Cattaraugus	525	90	86	176	508	964
Cayuga	505	91	83	174	673	1,630
Chautauqua	514	89	47	136	103	136
Chemung	501	73	175	248	412	527
Chenango	511	14	53	67	543	952
Clinton	525	100	75	175	508	964
Columbia	519	25	61	86	110	132
Cortland	511	45	67	112	543	952
Delaware	511	0	37	37	543	952
Dutchess	601	485	256	741	487	741
Erie	508	730	1,447	2,177	1,040	2,670
Essex	520	4	43	47	58	185
Franklin	520	36	102	138	58	185
Fulton	525	83	59	142	508	964
Genesee	508	88	47	135	1,040	2,670
Greene	519	0	46	46	110	132
Hamilton	523	0	9	9	307	250
Herkimer	525	0	40	40	508	964
Jefferson	522	85	91	176	134	353
Kings	600	6,069	3,570	9,639	49,478	38,134
Lewis	522	0	53	53	134	353
Livingston	501	30	35	65	412	527
Madison	518	10	43	53	189	644
Monroe	500	963	1,092	2,055	541	2,055
Montgomery	525	60	40	100	508	964
Nassau	603	151	1,045	1,196	1,690	3,347
New York	600	7,011	4,513	11,524	49,478	38,134
Niagara	508	50	187	237	1,040	2,670
Oneida	518	205	386	591	189	644
Onondaga	505	559	736	1,295	673	1,630
Ontario	513	104	77	181	313	401

Orange	602	419	458	877	316	877
Orleans	508	22	31	53	1,040	2,670
Oswego	505	96	65	161	673	1,630
Otsego	511	0	38	38	543	952
Putnam	525	0	77	77	508	964
Queens	600	787	2,369	3,156	49,478	38,134
Rensselaer	512	313	196	509	108	509
Richmond	600	87	460	547	49,478	38,134
Rockland	606	68	212	280	124	280
Saratoga	523	63	76	139	307	250
Schenectady	507	335	336	671	361	671
Schoharie	525	0	39	39	508	964
Schuyler	501	0	12	12	412	527
Seneca	513	8	39	47	313	401
St. Lawrence	522	22	102	124	134	353
Steuben	501	39	127	166	412	527
Suffolk	603	475	1,676	2,151	1,690	3,347
Sullivan	525	116	99	215	508	964
Tioga	511	0	27	27	543	952
Tompkins	510	135	84	219	229	219
Ulster	608	153	224	377	313	377
Warren	523	37	0	37	307	250
Washington	523	18	47	65	307	250
Wayne	513	12	125	137	313	401
Westchester	604	1,040	1,420	2,460	839	2,460
Wyoming	508	34	34	68	1,040	2,670
Yates	513	22	14	36	313	401

Appendix III: PIT Count and Supportive Housing Units by CoC

CoC	CoC Name	2023 Household PIT Total	Total SH Units
500	Rochester, Irondequoit, Greece/Monroe County CoC	541	2,055
501	Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC	412	527
503	Albany City & County CoC	696	753
505	Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC	673	1,630
507	Schenectady City & County CoC	361	671

508	Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC	1,040	2,670
510	Ithaca/Tompkins County CoC	229	219
511	Binghamton, Union Town/Broome, Otsego, Chenango, Delaware, Cortland, Tioga Counties CoC	543	952
512	Troy/Rensselaer County CoC	108	509
513	Wayne, Ontario, Seneca, Yates Counties CoC	313	401
514	Jamestown, Dunkirk/Chautauqua County CoC	103	136
518	Utica, Rome/Oneida, Madison Counties CoC	189	644
519	Columbia, Greene Counties CoC	110	132
520	Franklin, Essex Counties CoC	58	185
522	Jefferson, Lewis, St. Lawrence Counties CoC	134	353
523	Glens Falls, Saratoga Springs/Saratoga, Washington, Warren, Hamilton Counties CoC	307	250
525	New York Balance of State CoC	508	964
600	New York City CoC	49,478	38,134
601	Poughkeepsie/Dutchess County CoC	487	741
602	Newburgh, Middletown/Orange County CoC	316	877
603	Nassau, Suffolk Counties CoC	1,690	3,347
604	Yonkers, Mount Vernon/Westchester County CoC	839	2,460
606	Rockland County CoC	124	280
608	Kingston/Ulster County CoC	313	377

Acknowledgements

Government Agencies

NYC DOHMH

NYC HASA

NYC HPD

NYC HRA

NYS DOH AIDS Institute

NYS DOH

NYS HCR

NYS OASAS

NYS OMH

NYS OTDA

Member Agencies and Individuals

Center for Urban Community Services: Adina Barbosa

Concern Housing: Robin Smith

CSH: Ryan Moser, Nancy McGraw

DePaul: Gillian Conde
Goddard Riverside: Larry Wood
Neighborhood Coalition for Shelter: Ann Shalof
Transitional Living Services of Northern New York: Maureen Cean
West Side Federation for Senior and Supportive Housing: Eustacia Smith
YWCA of Rochester and Monroe County: Carrie Michel-Wynne

Ellen Baxter
Rev. Laura Jervis
Mike Newman
Connie Tempel

Funders

Altman Foundation
Capital One
The Charles H. Revson Foundation
Deutsche Bank
New York Community Trust
The Robin Hood Foundation
van Ameringen Foundation

Acronyms

- ACT: Assertive Community Treatment
- CoC: Continuum of Care
- CSH: Corporation for Supportive Housing
- DOH: New York State Department of Health
- DOHMH: New York City Department of Health and Mental Hygiene
- DV: Domestic violence
- ESSHI: Empire State Supportive Housing Initiative
- FMR: Fair Market Rent
- FUSE: Frequent User Service Enhancement
- HASA: New York City HIV/AIDS Services Administration
- HEARTH Act: Homeless Emergency Assistance and Rapid Transition to Housing
- HDC: New York City Housing Development Corporation
- HDFC: Housing Development Fund Corporation
- HPD: New York City Housing Preservation and Development
- HCR: New York State Homes and Community Renewal
- HOPWA: Housing Opportunities for People with AIDS
- HRA: New York City Human Resources Administration
- HUD: U.S. Department of Housing and Urban Development

- I/DD: Intellectual and development disabilities
- LIHTC: Low Income Housing Tax Credit
- MRT: Medicaid Redesign Team
- NYCHA: New York City Housing Authority
- NYSEDA: New York State Energy Research and Development Authority
- NYSSHP: New York State Supportive Housing Program
- OASAS: New York State Office of Addiction Services and Supports
- OMH: New York State Office of Mental Health
- OPWDD: New York State Office for People with Developmental Disabilities
- OTDA: New York State Office of Temporary Disability Assistance PIT: Point in Time
- PBV: Project-Based Voucher
- PIT: Point-In-Time
- SHFYA: Supported Housing for Families and Young Adults
- SHLP: Supportive Housing Loan Program
- SHOP: Supportive Housing Opportunity Program
- SMI: Serious mental illness
- SRO: Single Room Occupancy
- SUD: Substance Use Disorder
- TANF: Temporary Aid for Needy Families

Endnotes

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ⁱⁱ New York State Office of Mental Health. *Licensed Program Type Definitions*. Retrieved March 28, 2024 from <https://omh.ny.gov/omhweb/licensing/definitions.htm>

ⁱⁱⁱ New York State Office of Temporary and Disability Assistance. *New York State Supportive Housing Program (NYSSHP)*. Retrieved March 14, 2024 from <https://otda.ny.gov/programs/housing/spu.asp>.

^{iv} *The New York/New York Agreement to House Homeless Mentally Ill Individuals*. (1990). <https://shnny.org/images/uploads/NYNYAgreement.pdf>.

^v Houghton, Ted. (2001). *A Description and History of the New York/New York Agreement to House Homeless Mentally Ill Individuals*. Corporation for Supportive Housing. https://shnny.org/uploads/NY-NY_Agreement_History.pdf.

^{vi} *The New York/New York Agreement to House Homeless Mentally Ill Individuals*. (1990). <https://shnny.org/images/uploads/NYNYAgreement.pdf>.

^{vii} *The New York, New York II 1999-2004 Agreement to House Homeless Mentally Ill Individuals*. (1999). <https://shnny.org/images/uploads/NY-NY-II-Agreement.pdf>.

^{viii} *New York/New York III Supportive Housing Agreement*. (2005). <https://shnny.org/images/uploads/NY-NY-III.pdf>.

^{ix} Shah, Nirav R., M.D., M.P.H. (2013). *Managed Long Term Care Mandatory Enrollment (MRT #90), Report to the Governor and Legislature*. NYS Department of Health. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2013-02_mlhc_legislative_report.pdf.

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- ^x New York State Department of Health. *Medicaid Redesign Team Supportive Housing Initiative*. Retrieved March 14, 2024 from https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm.
- ^{xi} **Definition of homeless in the most recent ESSHI RFP:** “In order to be considered homeless for the purposes of this RFP, an individual must meet one of the following criteria: (1) be an undomiciled person (whether alone or as a member of a family) who is unable to secure permanent and stable housing without special assistance. This includes those who are inappropriately housed in an institutional facility and can safely live in the community and those young adults, survivors of domestic violence, and individuals with I/DD who are at risk of homelessness; (2) be an adult of young adult reentering the community from incarceration or juvenile justice placement, who was released or discharged and who is without permanent or stable housing; or (3) be a young adult between the ages of 18 and 25 years of age without a permanent residence, including those who left foster care within the prior five years and who were in foster care at or over age 16, and those aging out of a residential school for individuals with an intellectual or development disability.” *Empire State Supportive Housing Initiative: Inter-Agency Service and Operating Funding Opportunity Request for Proposals*. (2023). https://omh.ny.gov/omhweb/rfp/2023/esshi/esshi_round_eight_rfp_final.pdf.
- ^{xii} <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/>
- ^{xiii} Population eligibility descriptions are current as of the most recent Request for Proposal (RFP). Existing units procured through previous RFPs may have slightly different eligibility criteria. *Empire State Supportive Housing Initiative: Inter-Agency Service and Operating Funding Opportunity Request for Proposals*. (2023). https://omh.ny.gov/omhweb/rfp/2023/esshi/esshi_round_eight_rfp_final.pdf.
- ^{xiv} NYC Human Resources Administration. *New York City 15/15 Supportive Housing Initiative*. Retrieved March 14, 2024 from <https://www.nyc.gov/site/hra/help/15-15-initiative.page>.
- ^{xv} New York State Office of Mental Health. (2024, January 12). *New York State Announced Progress in \$1 Billion Plan to Strengthen the Mental Health Care System* [Press release]. <https://apps.cio.ny.gov/apps/mediacount/public/view.cfm?parm=F1C82858-0809-1E3F-D8C011C4AC1DA899&backButton>.
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- ^{xvii} New York State AIDS Institute. *Supportive Housing Services and Standards*. (2022). https://www.health.ny.gov/diseases/aids/general/about/docs/housing_services.pdf.
- ^{xviii} New York State Office of Addiction Services and Supports. *Permanent Supportive Housing Providers*. Retrieved March 14, 2024 from <https://oasas.ny.gov/providers/housing>.
- ^{xix} *Empire State Supportive Housing Initiative: Inter-Agency Service and Operating Funding Opportunity Request for Proposals*. (2023). https://omh.ny.gov/omhweb/rfp/2023/esshi/esshi_round_eight_rfp_final.pdf.
- ^{xx} NYC Human Resources Administration. *HASA FAQs: Housing*. Retrieved March 14, 2024 from <https://www.nyc.gov/site/hra/help/hasa-faqs.page>.
- ^{xxi} U.S. Department of Housing and Urban Development. *Point-In-Time Count*. Retrieved March 14, 2024 from https://www.hud.gov/program_offices/comm_planning/coc/pit-count.
- ^{xxii} U.S. Department of Housing and Urban Development. HUD Exchange. *HMIS: Homeless Management Information System*. Retrieved March 14, 2024 from <https://www.hudexchange.info/programs/hmis/>.
- ^{xxiii} <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/>
- ^{xxiv} U.S. Department of Housing and Urban Development. HUD Exchange. *CoC Grant Inventory Worksheet Reports*. Retrieved March 14, 2024 from <https://www.hudexchange.info/programs/coc/coc-giw-reports/>.