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Executive Summary

As homelessness rates surged over the past several decades, researchers increasingly examined the demographics of the nation's unhoused population in an attempt to address present day disparities driven by long-standing structural and systemic inequities. However, there has never been a comprehensive, statewide analysis of the demographics of tenants currently living in supportive housing – a model designed to end chronic homelessness through the combination of affordable housing and on-site or mobile services – until now.

The *State of Supportive Housing: 2025* builds on last year's inaugural report with updated data, including service and operating rates for the 64,000 units statewide, spanning 18 different supportive housing programs, overseen by nine government entities, and encompassing at least 46 specific population categories. Consistent with last year's report, about two-thirds of units are located in New York City, although supportive housing exists in every county.

For the first time, this report shifts the lens from infrastructure to tenancy, offering a deep, data-driven analysis of who is living in supportive housing. By examining race, ethnicity, age, and gender, it centers people inside the housing—not just the buildings that house them. The findings are striking: more than half of tenants (54%) are older adults aged 55 and older, underscoring the importance of aging-focused services and infrastructure. This trend is even more pronounced in programs funded exclusively through the New York State Supportive Housing Program (NYSSHP), where 65% of tenants are older adults. The majority of supportive housing tenants (54%) identify as Black or African American, a stark overrepresentation relative to their composition in the general population, but an underrepresentation compared to the Black or African American unhoused population. These disparities point to the persistent impacts of systemic racism on housing and homelessness and underscore the need for culturally responsive services and programming.

This compilation of basic demographic data is a critical first step in understanding the proportionality of different groups in supportive housing – and who it may not yet be reaching. It also suggests the need for further research such as longitudinal data, entry and exit patterns, more nuanced race and ethnicity categorization, and a deep dive analysis on intersectionality. Ultimately these data can be used to improve and better tailor services, advance equity, and ensure that many of the most vulnerable New Yorkers are supported effectively and with dignity.

Supportive housing itself was born from data. In 1979, Ellen Baxter and Kim Hopper, sponsored by the Community Service Society, spent 13 months interviewing people experiencing homeless in the streets of New York City to find out what people were struggling with and how they wanted to live. That research, Private Lives, Public Spaces, sparked the creation of what is now known as supportive housing: a holistic model combining dignified affordable housing with person-centered services. As the supportive housing community continues to grow and evolve in New York State, this report provides a critical, data-driven foundation for future investment, advocacy, and innovation so that our system can not only grow, but grow more equitably and responsibly.

Introduction – What is supportive housing?

Supportive housing is affordable housing with onsite, voluntary services for individuals and families who are both homeless and live with additional barriers to stability. These services are designed to connect tenants to whatever assistance they need to remain stably housed. Services are based on a case management model, wherein 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, pay 30% of their income in rent, and can live there for as long as they choose. 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 do so, 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, licensed[i] 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.

In addition to understanding how many units of supportive housing exist across New York, where they are, how they're funded, and what designated populations they serve, knowing more about who lives in these units is crucial to understanding supportive housing and how best to improve access and services for tenants. This year, in addition to updates on units and services and operating funding, we collected data on the demographics of tenants currently living in supportive housing.

This report does not include data or information on capital funding or the supportive housing workforce, topics that are crucial to supportive housing and that we hope to explore in future reports.

Data Sources, Methodology, and Limitations

Due to the number and variety of government agencies that fund supportive housing, there has been no single source for data on supportive housing in New York State. The government agencies who fund services and operating for supportive housing shared data on programs and units, as well as demographic data where available. Overall, the City agencies collect robust data on tenants, while the State agencies collect limited or no demographic data on tenants, with the exception of DOH AIDS Institute. The chart below identifies which government contracting agencies collect demographic information on tenants, and what information specifically.

Demographic Data Collected by Government Agency

Agency	Age	Race	Ethnicity	Gender
NYC-DOHMH	yes	yes	yes	yes
NYC-HASA	yes	yes	yes	yes
NYC-HRA	yes	yes	yes	yes
NYS-DOH	no	no	no	no
NYS-DOH AIDS Institute	yes	yes	yes	yes
NYS-OASAS	no	no	no	no
NYS-OMH	no	yes	yes	no
NYS-OTDA (NYSSHP)	no	no	no	yes

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While we received unit data from government agencies for most supportive housing initiatives, it can be difficult to account for every single open unit of supportive housing. Many housing programs and units are funded by multiple sources that overlap in different ways and have different names across agencies. This is particularly challenging with scattered site contracts, some of which also span multiple counties, as we typically have no way of knowing how units are distributed across counties. Occasionally, units in congregate buildings have scattered site contracts and vice versa. For example, a congregate program funded by OMH might also layer a scattered site NYSSHP contract. These layered units are included in both the OMH unit totals and the NYSSHP unit totals, but are unduplicated in the total unit count and are considered congregate units.

The change in units from one year to the next is mostly driven by new congregate buildings and scattered site contracts, but can also be impacted by programs closing, no longer operating as supportive housing, or the Network learning new information about overlapping contracts. Consequently, while extensive efforts were made to compile data on supportive housing units statewide, it must be acknowledged that absolute comprehensiveness 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.

The Network collected demographic data from our member agencies between August and December of 2024. We asked for a point-in-time of program-level data for the head of household, including demographic categories based on the HUD Point in Time (PIT) count – the yearly count of unsheltered and sheltered individuals and families experiencing homelessness – so that we would easily be able to compare supportive housing tenant data to the data representing those experiencing homelessness. At the time of data collection, the most recent available PIT data was for 2023. For the 2024 data, released during the writing of this report, HUD changed some of the demographic categories, most notably adding more gender categories and combining race and ethnicity into one variable. We collected data on sexual orientation, but received this at much lower rates than other demographics, as many providers do not collect it, so we did not include it in this report.

We provided agencies with a template to fill in their data, although also allowed different formats for submission to ensure the highest response rate. In some cases, demographic categories or groupings were different, and occasionally household members in addition to the head of household were included. We did not collect individual-level data due to privacy concerns, which limits the analysis we are able to do.

Although these data do not represent every supportive housing tenant in the state and were not selected using statistical sampling protocols, they represent a variety of geographic and supportive housing program types and results are consistent with other data sources, including the demographic data from government agencies. This was the largest demographic data collection effort the Network has undertaken, and we look forward to expanding and improving these efforts in the future.

We also shared preliminary findings with both tenants and providers to collect qualitative data on their experiences living and working in supportive housing. Some of this information is shared throughout the report.

Supportive Housing Demographic Data

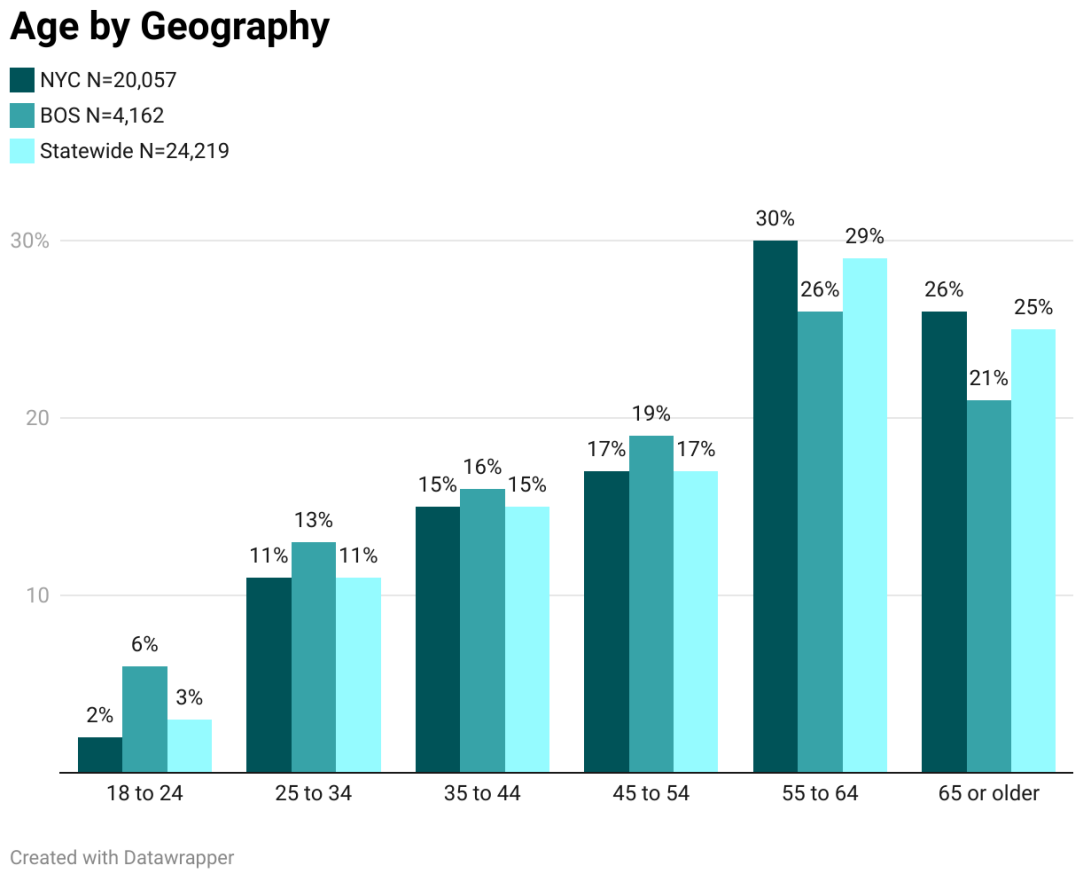
Supportive Housing Demographic Data: Overview

Just like there has been no single source for supportive housing unit data, there has also been no single source for tenant demographic data. Since government agencies inconsistently collect these data, and those that do have typically not publicly shared them, there has been no way to look at even this simple demographic analysis until now. Because it is simple, it does raise more questions for future research, but we hope that this provides a foundation for future data collection and research.

We received data from 65 member agencies, 42 in NYC, 29 outside NYC, and three with programs both in and outside NYC. These data represent 27,374 units of supportive housing, or about 44% of total units in the state. About 91%, or 24,819 of these units were occupied at the time of data collection. The majority of these tenants were located in NYC (83%), with 17%

outside NYC, in the balance of state (BOS). This is partially due to housing programs having fewer units on average in BOS.

Tenants in NYC (56%) are slightly more likely to be older than tenants in BOS (47%), but overall, the majority of tenants in supportive housing are 55 or older. Statewide, 54% of tenants are 55 or older.



Note: N sizes vary across demographics because of varying response rates.

Tenants across the state are slightly more likely to be male, with 59% of tenants identifying as male; 39% as female; and 2% as transgender, gender non-binary or non-conforming, or questioning. Because our BOS response rate was lower, the gender data outside NYC is likely skewed by a small number of housing programs that only serve women.

Gender by Geography

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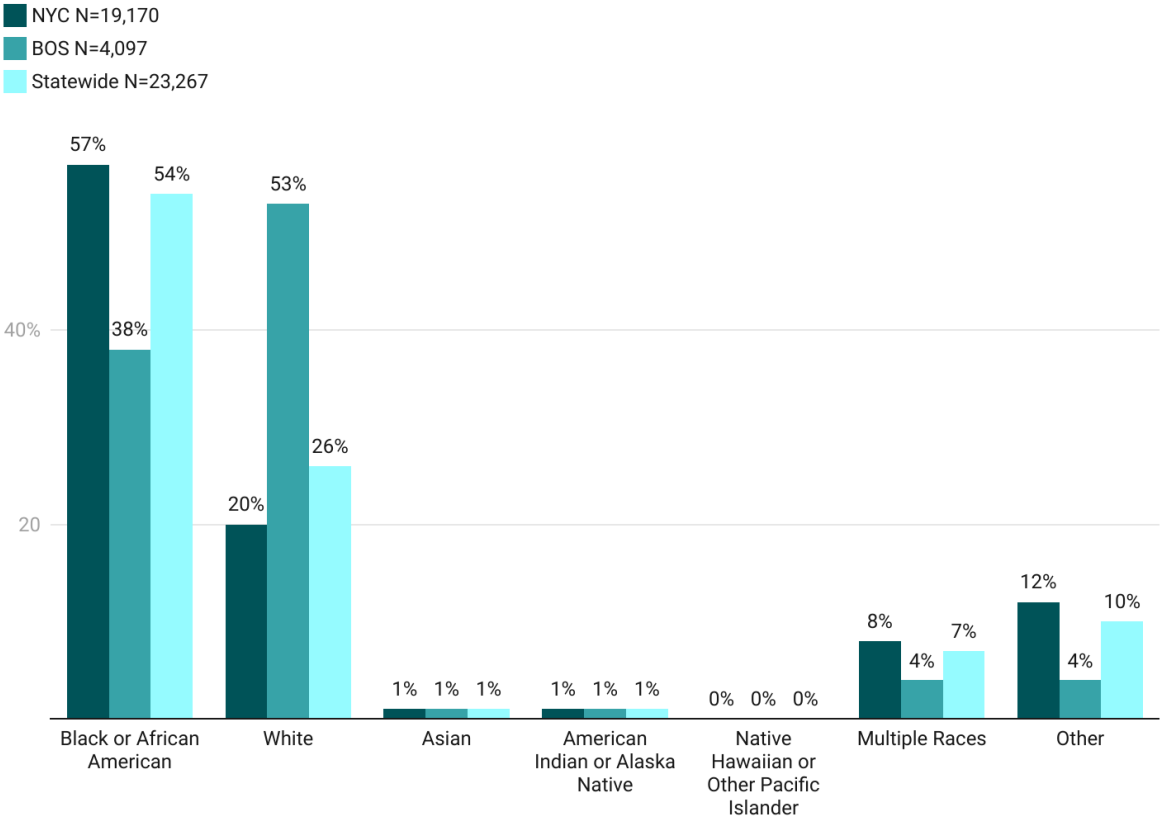
The majority of tenants across the state are Black or African American (54%), although tenants in BOS are more likely to be White (53%). Tenants in NYC were more likely to be Black or African American than tenants in BOS, as well as compared to all other races. Tenants in NYC were also more likely to identify as “multiple races” or “other” than tenants in BOS.

Race by Geography



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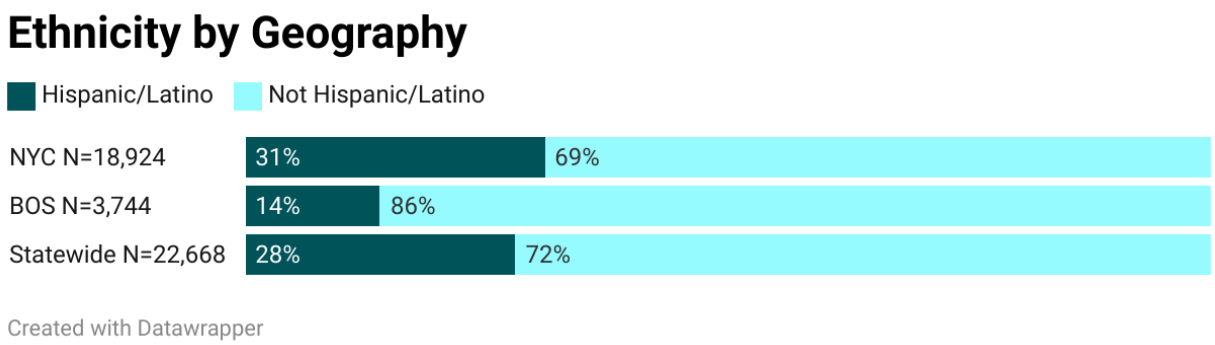
Tenants in NYC were more than twice as likely to be Hispanic/Latino than tenants in BOS.



While the unit of measurement (housing programs) prevents us from being able to analyze the intersection of demographic variables, it is clear that the majority of supportive housing tenants, especially in NYC, are older adults and Black or African American.

Supportive Housing Demographic Data: Race/Ethnicity

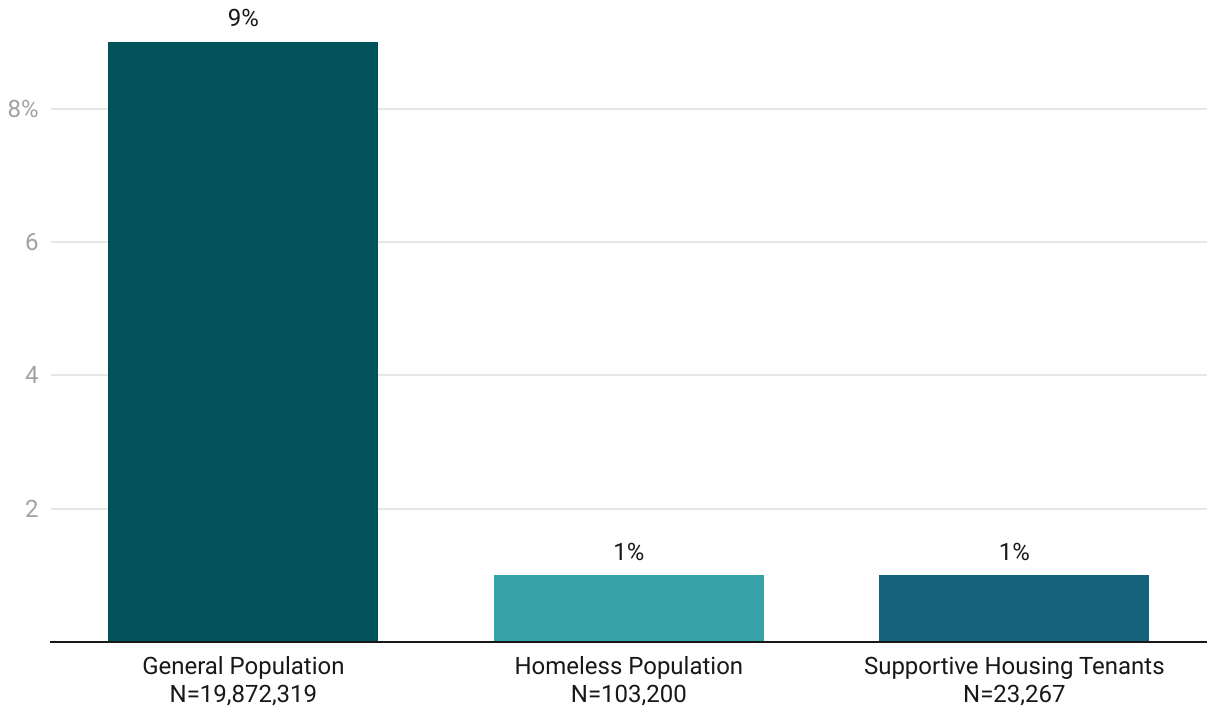
Knowing that the majority of tenants are Black or African American is extremely valuable, though there is nuance that can be lost in the categorization of racial and ethnic data. In our review of the preliminary demographic findings, one tenant shared with us that her case manager is able to support her and provide good service even though he, a Black Nigerian immigrant, cannot exactly understand her experience as a Black African American woman. On paper, they would likely both be considered Black or African American, but their life experiences may differ. Similarly, another tenant offered that there are many cultures that come from the Caribbean. Many tenants may not voluntarily identify as a certain race or ethnicity because they do not feel like they are a part of any of the groups presented as options on a survey or intake form.

No race or ethnicity is a monolith, and it can be challenging to strike a balance from a data collection perspective of ensuring that everyone is represented in the categories presented to them but not including too many categories that data analysis is difficult and loses meaning. Lack of disaggregated racial/ethnic data can be its own form of systemic racism. Not acknowledging the diversity within racial and ethnic groups can diminish the varying needs of these groups, and they are subsequently left out of conversations around policy and resources.[ii] That said, many forms of systemic and structural racism, rooted in White supremacy and including lack of disaggregated data impact the Black community regardless of background or heritage. Collecting this level of data is an important first step in identifying the experiences of any group.

To help contextualize the high number of Black or African American tenants, we compared our data on supportive housing tenants to people experiencing homelessness, using the 2023 HUD PIT count, and the general population, using 2023 Census American Community Survey (ACS) 5-year estimates, specifically looking at the four largest racial/ethnic groups in the state.[1]

[1] Categories for race and ethnicity data are consistent across data sources with the exception of CAPS data, where categories are “Black, Not Hispanic” and “Black, of Hispanic Origin” rather than “Black or African American.”

Asian - Statewide



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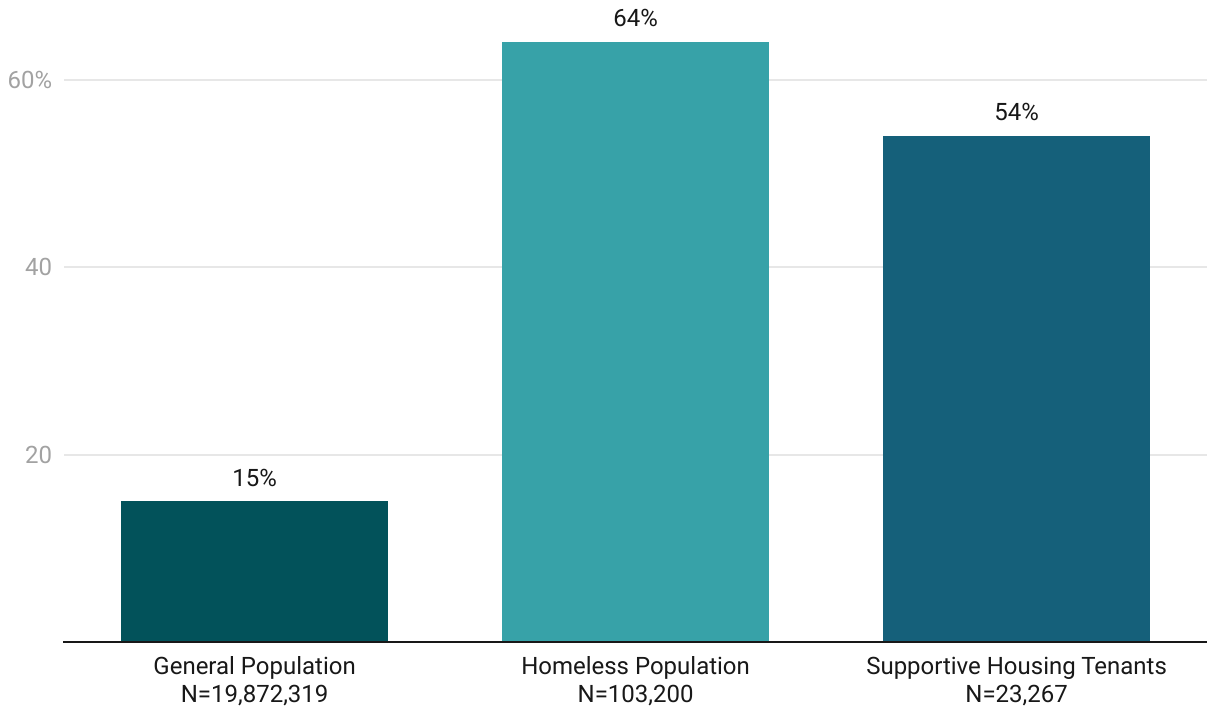
The chart above illustrates that while 9% of the general population statewide is Asian, 1% of the population of people experiencing homelessness and 1% of the population living in supportive housing is Asian.

Black or African American - Statewide



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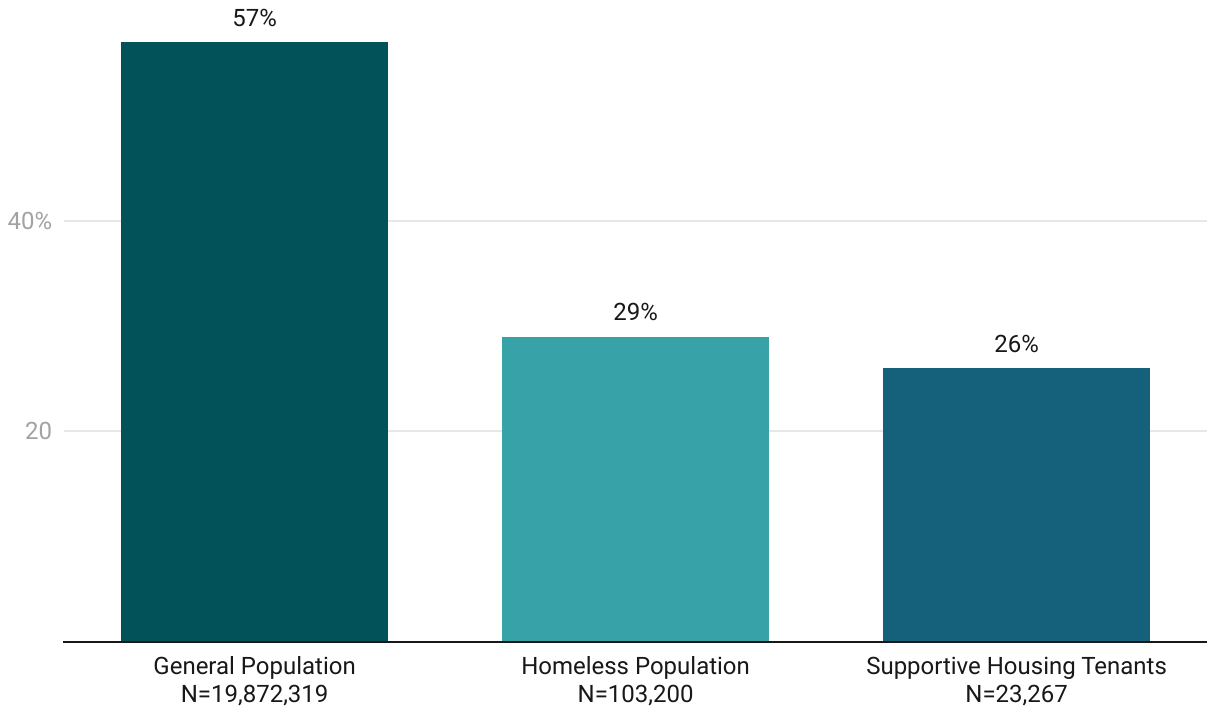
The chart above illustrates that while 15% of the general population statewide is Black or African American, 64% of the population of people experiencing homelessness and 54% of the population living in supportive housing is Black or African American.

White - Statewide



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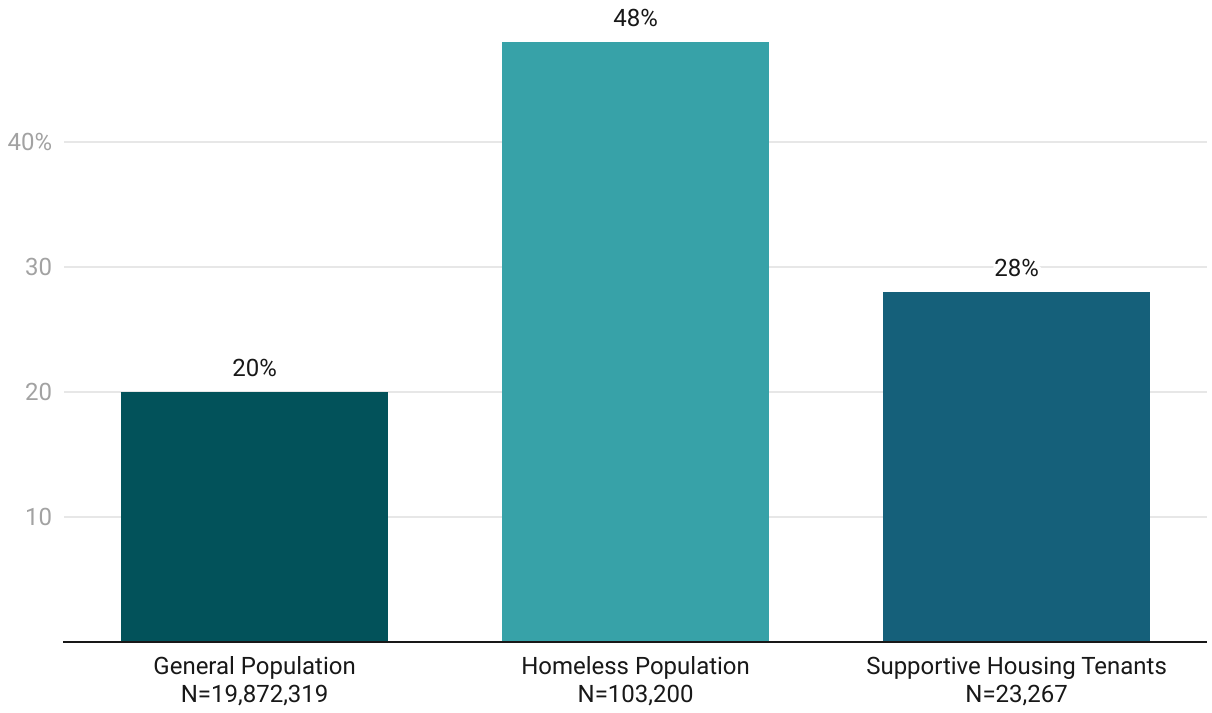
The chart above illustrates that while 57% of the general population statewide is White, 29% of the population of people experiencing homelessness and 26% of the population in supportive housing is White.

Hispanic/Latino - Statewide



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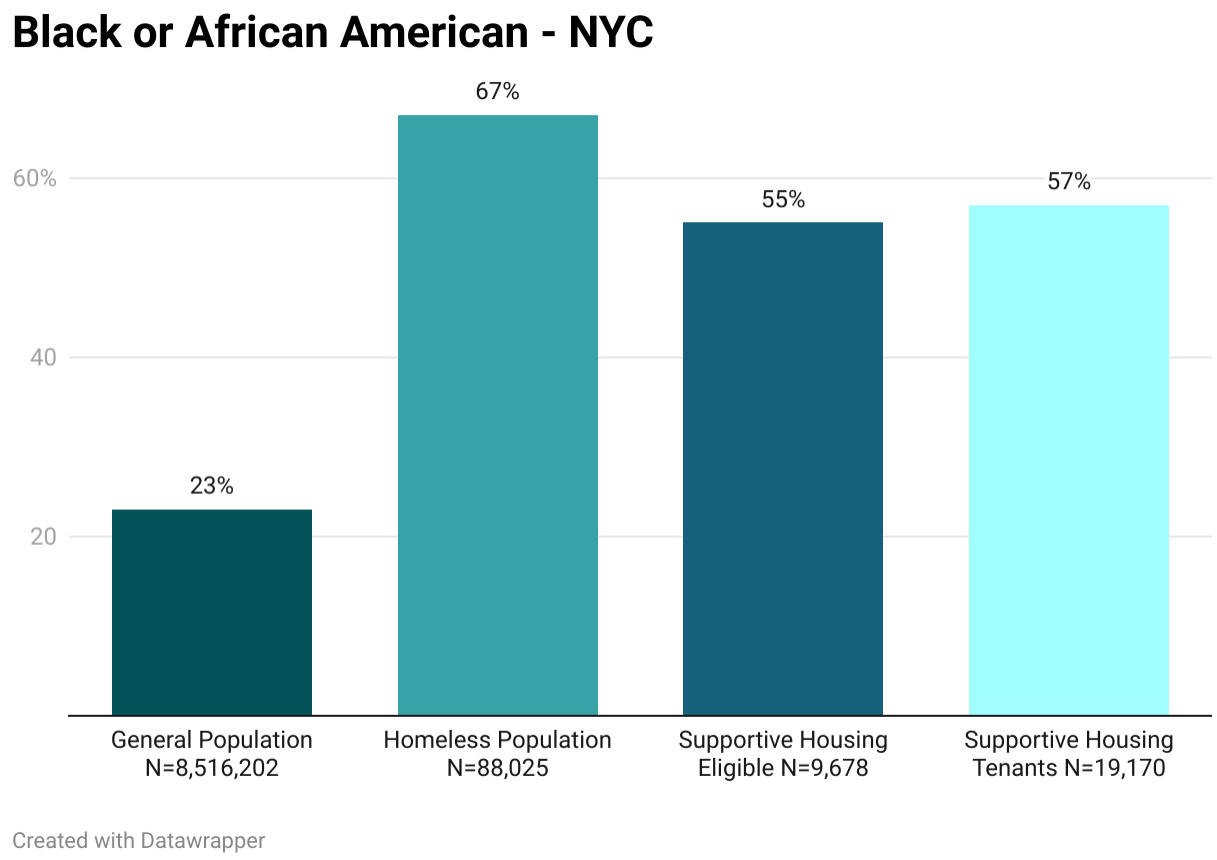
The chart above illustrates that while 20% of the general population statewide is Hispanic/Latino, 48% of the population experiencing homelessness and 28% of the population in supportive housing is Hispanic/Latino.

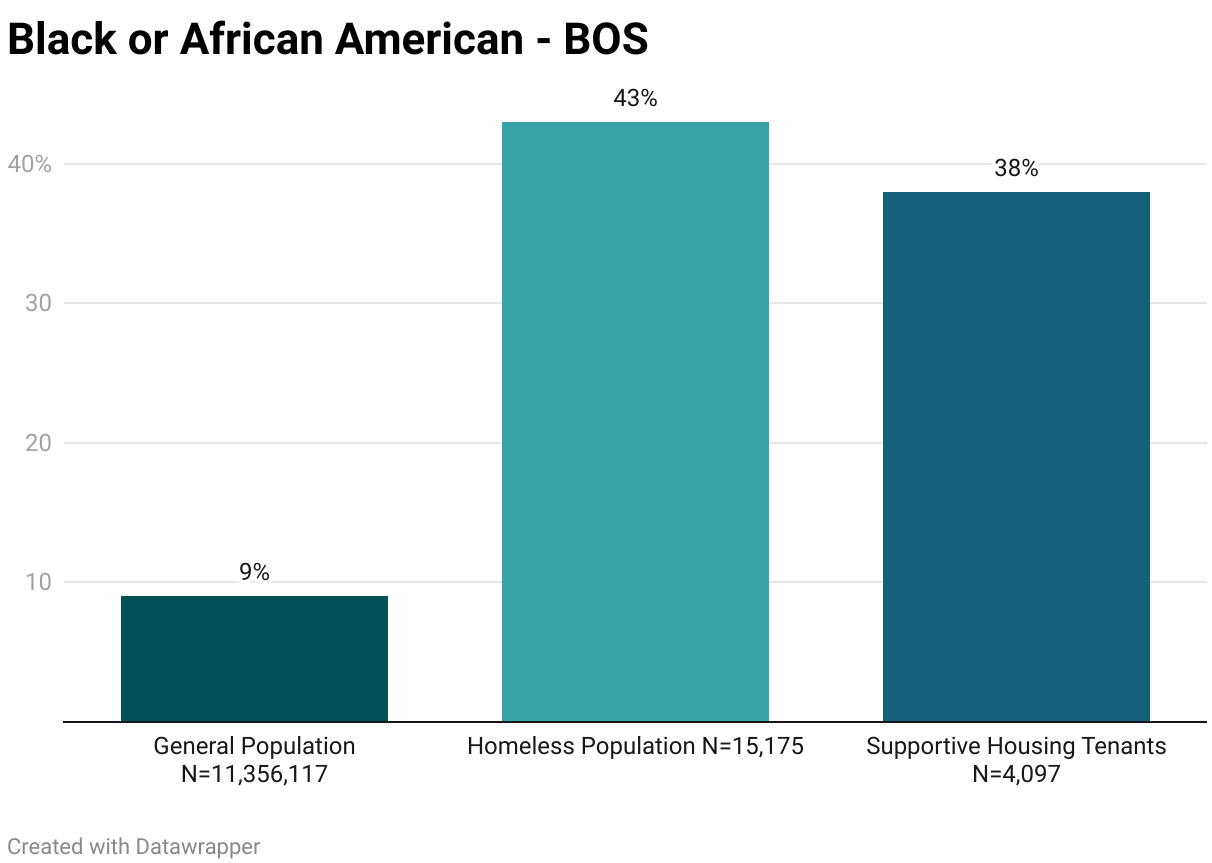
The percentage of Asian and White people experiencing homelessness and living in supportive housing were smaller than the percentage in the general population, but were about equal to each other within each racial group. Nearly half of people experiencing homelessness (48%) were Hispanic/Latino, compared to 28% of tenants in supportive housing and 20% of the general population. Although this is the largest discrepancy between the PIT count and supportive housing, the number of Hispanic/Latino people experiencing homelessness has been increasing, possibly driven to some extent by the influx of migrants. If this trend continues, future research could explore the increase in homelessness and Hispanic/Latino representation in supportive housing. Since Black or African American tenants are the most represented in supportive housing, we chose to focus on them here.

When compared to the general population, both supportive housing tenants and people experiencing homelessness were much more likely to be Black or African American. Tenants in supportive housing were less likely than people experiencing homelessness to be Black or African American.

In NYC, there is additional data available on the race of tenants who have applied and are eligible for supportive housing, which provides another point of comparison. The percentage of people in NYC who were eligible for supportive housing in FY 2024 who were also Black or African American was 55%[iii], about the same as percentage of tenants currently living in supportive housing (57%).



We do not have data on supportive housing eligibility outside of NYC, but the trends regarding the general population and the homeless population were the same outside NYC and across the state, even with the overall lower number of Black or African American tenants outside NYC.



The HUD PIT count is not a perfect proxy for who should be living in supportive housing. Not everyone experiencing homelessness is eligible for supportive housing, and not everyone eligible for supportive housing would be included or accurately represented in the PIT, including youth aging out of foster care, survivors of domestic violence who have not yet left their abuser, and people in hospitals, psychiatric centers, rehab, and jail. However, it does provide a point of reference for people who may be eligible for supportive housing and suggest the need for further inquiry into whether or how biases or structural inequities are at play.

The higher rate of homelessness among Black people in New York is consistent with research from across the country.[iv] Research shows that Black people face a number of factors contributing to higher rates of homelessness: they have lower rates of homeownership (and less generational wealth as a result);[v] they have lower wages;[vi] they face greater discrimination in obtaining housing -- including being denied leases and offered higher rents than tenants of other races,[vii] are more likely to be arrested for minor offenses and therefore be involved in the criminal justice system[viii], and have less access to mental health care.[ix]

There are a number of possible explanations for the comparatively lower rate of Black people living in supportive housing. There can also be systemic racism at play in the supportive housing placement process. For example, the VI-SPDAT, a vulnerability assessment tool used across the

country and in some counties in NYS, has been critiqued for diminishing the experiences of Black people. For example, due to stigma surrounding mental health in many communities, non-White people were less likely than White people to respond that they had a mental health condition. This lowers vulnerability score and can disqualify them from assistance, including permanent supportive housing. The VI-SPDAT also deprioritizes people with evictions and justice system involvement, which are both experienced more among Black people.[x] Although there are typically very specific eligibility criteria for supportive housing, the process can often be subjective and may be influenced by overt racism or unconscious bias.

Provider Spotlight: Bowery Residents' Committee

Bowery Residents' Committee has a strong commitment to and a strong foundation for performance monitoring and evaluation to help the agency succeed in meeting its general mission and specific program objectives. For the last 20 years, they have maintained a comprehensive performance management program that allows them to develop agency-wide and individual program goals, systematically measure their progress, analyze their findings and adjust their programs accordingly. Program directors gather with senior management on a quarterly basis to review performance data, identify the progress of the program toward these goals, and prioritize opportunities for program improvement and development. Senior management and the program directors work together to discuss successful strategies, come up with possible solutions to problems and strategize on how best to address emerging trends. By consistently dedicating the time to analyze why their programs are or are not meeting outcome goals and creating a framework for ongoing performance improvement, they ensure each program achieves its maximum level of success.

An important component of their performance management data is their annual consumer satisfaction survey. This survey is conducted at all of BRC's residential and treatment programs, with more than 2,500 client surveys received last year. Each program director receives a summary of their survey results, and meets with their peers and the data management team to discuss key findings, identify action items and brainstorm ways to better meet client needs. Examples of specific program changes that have come from the consumer satisfaction surveys include changes in the food served at programs, the addition of new groups or holiday celebrations, and an increased focus on supporting clients' religious activities, including creating designated spaces for prayer at a number of programs.

Providers can use race and ethnicity data as they strive to support tenants holistically. The experiences of both majority and minority populations in different contexts help form our identities and can play into both struggles and strengths. For many years, the supportive housing sector has embraced cultural competency training, which provides tools for understanding, appreciating, and interacting with people of different cultural backgrounds. Recent efforts to promote cultural humility, the practice of acknowledging that culture is dynamic and one can never be "competent" in another's culture and must stay open to learning from others about their experiences, are worth noting as well. The Center for Cultural Humility (CHUM) at the University of California Berkeley focuses on cultural humility and cultural responsiveness, or the idea that policies and programs must "advocate for and address the needs of those that they aim to serve, in consideration of that population's cultural experiences and needs" in order to be culturally responsive.[xi] CHUM provides trainings on cultural humility, as well as trauma-informed care, restorative justice, anti-racism, community-based participatory research, and citizen science. Resources like this can help providers acknowledge and appreciate the different life experiences tenants have while providing them with the appropriate services.

Provider Spotlight: Lantern Community Services

Lantern has implemented Diversity, Equity, Inclusion, and Belonging (DEIB) principles with their staff, but is also focused on ensuring this work is meaningfully extended to the tenants they serve. While these efforts are just beginning, staff have already seen the positive impact—tenants are feeling more seen, heard, and supported in ways that honor their unique identities and lived experiences. Embedding DEIB into their supportive housing approach helps the organization break down systemic barriers, foster trust, and create an environment in which all tenants have the opportunity to heal, grow, and thrive.

Two clear examples of these efforts can be seen through intentional, equity-centered programming. One initiative, spearheaded by Senior Director Anthony Mercedes was a health and wellness event titled *Mind Over Matter*, which connected tenants to essential community resources such as home health aides, medical providers, and legal services. The event also prioritized self-care, community-building, and the intentional disruption of traditional power dynamics—staff actively participated alongside tenants, not as overseers but as equals. This approach embodied the principles of DEIB by honoring the dignity and autonomy of tenants, fostering mutual respect, and creating spaces where everyone felt seen and valued.

Another powerful example comes from a 60-year-old tenant who has lived in one of Lantern's programs for the past eight years. He reflected on the deep sense of isolation that emerged during COVID-19, noting that with increased staff turnover and limited engagement, it felt like "we were losing the building." Through their DEIB efforts, staff at a program identified a tenant to serve as a tenant ambassador in order to elevate resident voices and foster shared leadership. This role has empowered him to connect with fellow tenants, bring their concerns to staff, and serve as a trusted advocate for change. Since implementing this model, staff have seen a notable increase in tenant engagement and a renewed willingness to access supportive services, including medical and mental health care that many previously avoided.

These examples underscore the importance of embedding DEIB into every layer of their supportive housing programs—not just in policy, but in practice. When tenants are treated as partners and their voices are amplified, communities thrive.

While the data presented here represent a point in time, further research into numbers and demographics of people eligible for, entering and leaving supportive housing, as well as their lengths of stay, could provide more insight into potential disparities that may exist between population groups.

Provider Spotlight: YWCA of Binghamton and Broome County

YWCA Binghamton uses tenant demographic data—particularly race/ethnicity and age—to inform and adapt their programming and services. Knowing that several of their tenants are older Black women (20%), they intentionally integrate culturally responsive and age-appropriate supports across all programs. For example, they collaborate with healthcare navigators to address disparities in preventive care access, especially for Black women over 55, and shape their case management approach to reflect the lived experiences of tenants who may have endured generational trauma and systemic racism.

In addition, they are intentional about hiring staff who reflect the diverse population we serve, including older adults, individuals with lived experience of homelessness or trauma, bilingual team members, and women of color. This strengthens trust, connection, and cultural humility in their day-to-day work.

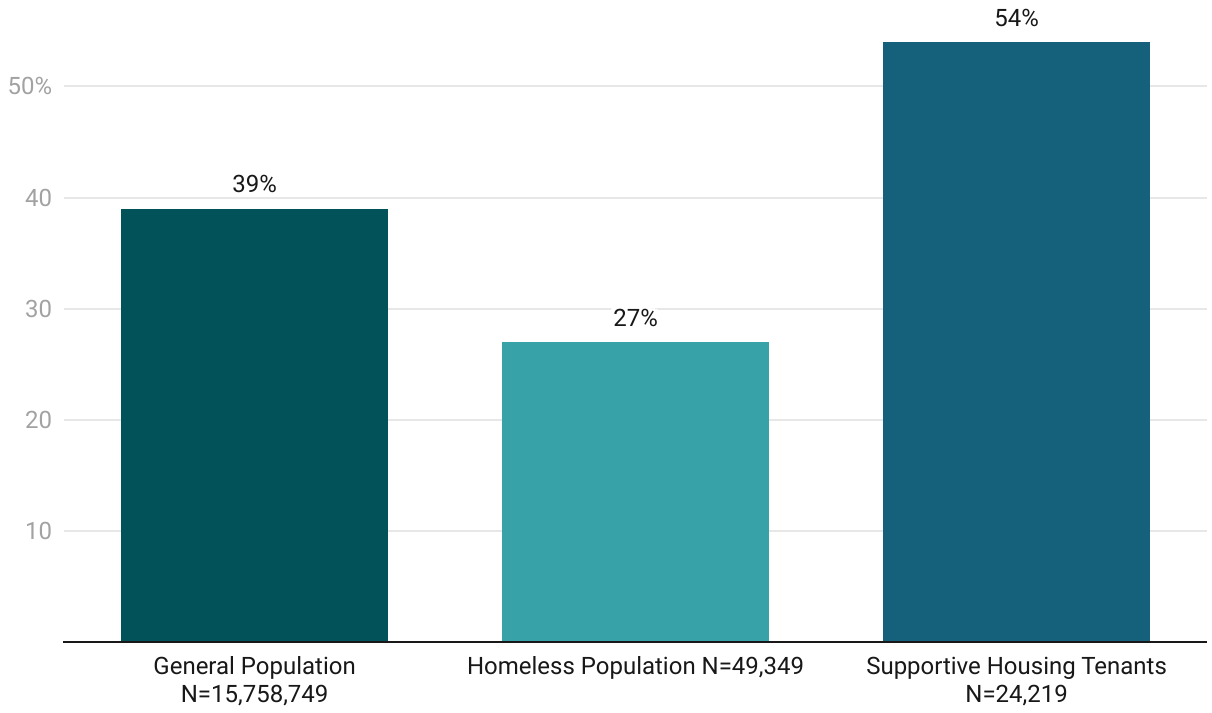
They are currently developing an affordable housing initiative—YWCA's Intergenerational Campus—that will foster meaningful connections across generations. The project intentionally centers older tenants and will include structured opportunities for older adults to engage with children enrolled in our on-site childcare center. This approach builds on our commitment to intergenerational community-building and culturally responsive programming. From wellness workshops to economic empowerment sessions, their services are designed through an equity lens to reflect and respond to the identities, lived experiences, and strengths of those they serve.

Supportive Housing Demographic Data: Age

The majority of tenants living in supportive housing are over the age of 55, despite the fact that there was not a dedicated category of units for this population until 2016 with the creation of the Empire State Supportive Housing Initiative (ESSHI). Even before ESSHI, a lot of supportive housing operated as de facto senior housing, as several providers focus on the older adult population and many older adults seek affordable housing. After looking at the demographics of a housing program, one program manager at Bowery Residents' Committee realized all the tenants were 55 or older and started exploring how he could best support this unintentional older adult population.

Supportive housing tenants are more likely to be older adults (age 55 and older) than both the general population and those experiencing homelessness. Over half of tenants in supportive housing (54%) are older adults, compared to 39% of the general population and 27% of those experiencing homelessness.

Older Adults - Statewide



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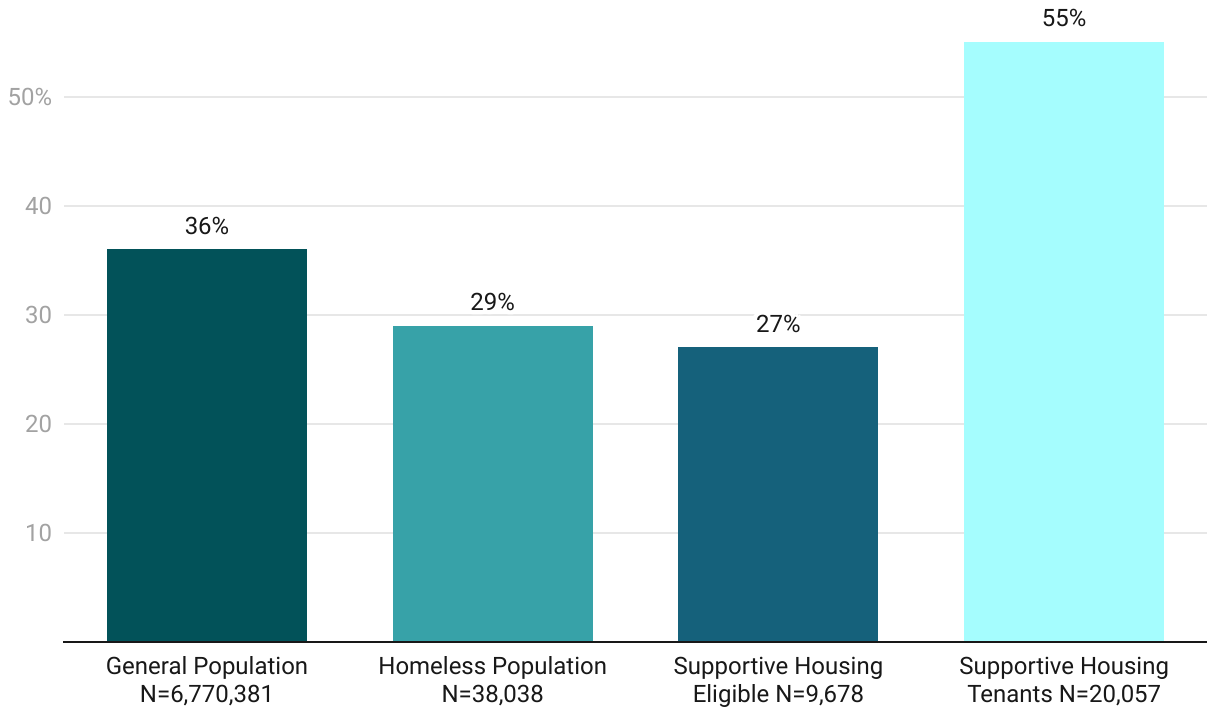
The chart above illustrates that while 39% of the general population statewide are older adults, 27% of the population of people experiencing homelessness and 54% of the population in supportive housing are older adults.

Older Adults - NYC



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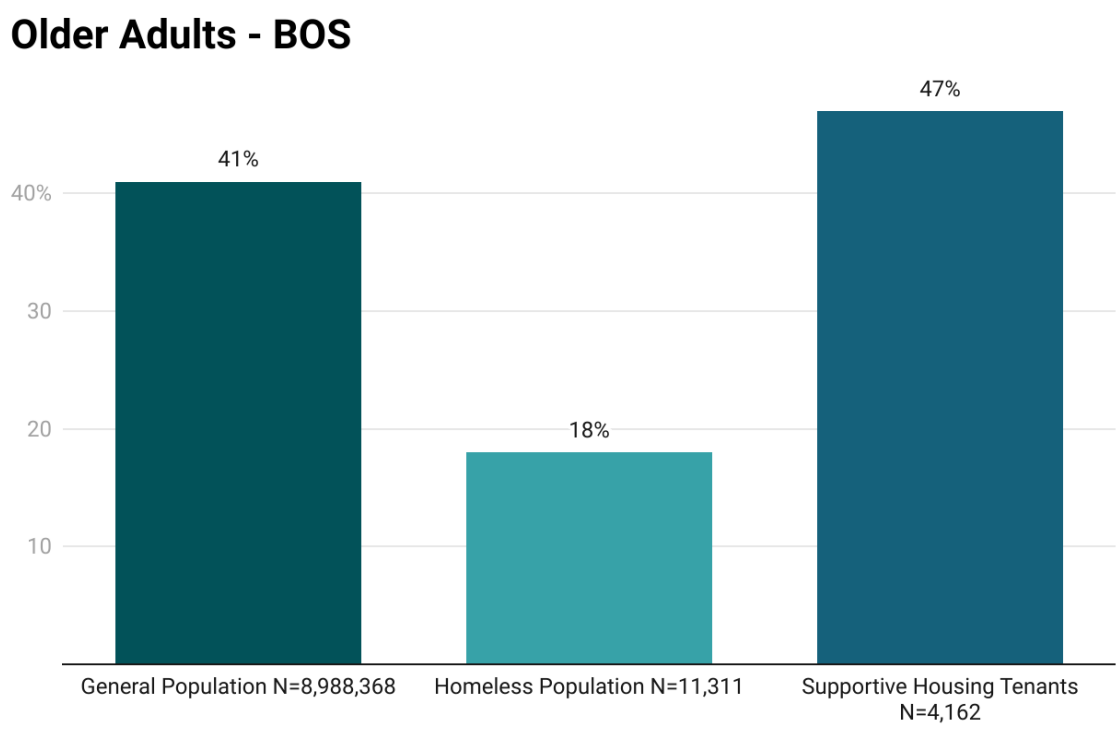
The chart above illustrates that while 36% of the general population in NYC are older adults, 29% of the population of people experiencing homelessness, 27% of the population of people deemed eligible for supportive housing and 55% of the population in supportive housing are older adults.



The chart above illustrates that while 41% of the general population in BOS are older adults, 18% of the people experiencing homelessness and 47% of the population in supportive housing are older adults.

Studies indicate that people living with serious mental illnesses have a life expectancy that is ten to twenty years shorter than those without serious mental illnesses.[xii] Additionally, people experiencing homelessness have a life expectancy up to 20 years shorter than those who are housed.[xiii] There is limited research on outcomes of older adults in supportive housing, but the presence of so many older adults in supportive housing suggests that even after experiencing homelessness, supportive housing can help counteract some of the impacts of prior homelessness. The vast difference between the number of homeless adults over 55 and the number of those in supportive housing suggests that supportive housing can provide the stability and resources necessary to help people live longer.

As indicated elsewhere in the report, not all supportive housing is created equal, especially as tenants age. Scattered site units are frequently in buildings without elevators, elevators often break in older buildings, SRO apartments are often too small to accommodate home health aides, and shared bathrooms become more of a challenge as tenants age. The COVID-19 pandemic highlighted the vulnerabilities of older adults in shared housing arrangements. One study noted that high-risk individuals in congregate living arrangements, like shared rooms, faced both high transmission risks and severe COVID-19 outcomes.[xiv] Although providers flagged that not all tenants will need the same levels of support as they age, most reported the

need for additional resources, both in terms of their buildings' physical features as well as additional services for the aging population.

The data on age in supportive housing reveals the need for programs and services that support older tenants. Several supportive housing providers have innovated programs to meet older adults' service needs. Project Renewal has added occupational therapy to nearly all their programs after it proved so effective with their older tenants and West Side Federation for Senior and Supportive Housing utilizes cluster care, where home health aides provide care to multiple tenants rather than individual tenants having their own home health aides. These innovations are generally funded with philanthropic dollars and creative uses of government funding. Additional government funding would be needed to implement these programs more broadly.

Provider Spotlight: Urban Pathways

Urban Pathways is able to provide additional support to its older adult tenants through the Total Wellness Program. The program was created in 2015 after a notable increase in 911 calls and ER visits and provides holistic care to tenants. In 2023, 65% of those tenants were 51 or older.[xv] As tenants continue to age in place, one program director noticed a significant increase in older adults and implemented a focus on geriatric care within the program. The program saw a 51% reduction in avoidable ER visits between 2022 and 2023,[xvi] and generally improved health outcomes while providing community and support to older adults in supportive housing.

Among tenants in DOHMH-funded supportive housing, the average length of residence is 7.9 years, and death is the most common reason for exit (39%). Despite the challenges many tenants faced before entering supportive housing, the permanence and stability of supportive housing allow tenants the opportunity to age.

There are also opportunities to learn more about older adults in supportive housing. Because we asked for age categories and not individual ages, we do not know how many people will become older adults (turn 55) soon. We also do not have enough information to predict how long the older adults currently in supportive housing will live, or to know how long they have lived there. Some tenants have moved in as older adults, and some have lived in supportive housing for a long time and aged in place. Knowing the ages of tenants right now is helpful, but having a longitudinal sample would allow for more opportunity to analyze patterns in aging tenants.

Supportive Housing Demographic Data: NYSSHP
As part of our demographic data collection, we also collected data specifically on NYSSHP-only units, or units where NYSSHP is the only source of service funding. Last year's State of Supportive Housing revealed that the oldest and one of the largest supportive housing programs received the lowest rate at $2,964 per unit per year, about 8.5 times less than the starting rate for ESSHI at $25,000. While NYSSHP predated specific eligibility categories, we knew that many tenants have lived in NYSSHP units for a long time and we wanted an accurate picture of who lives there today.

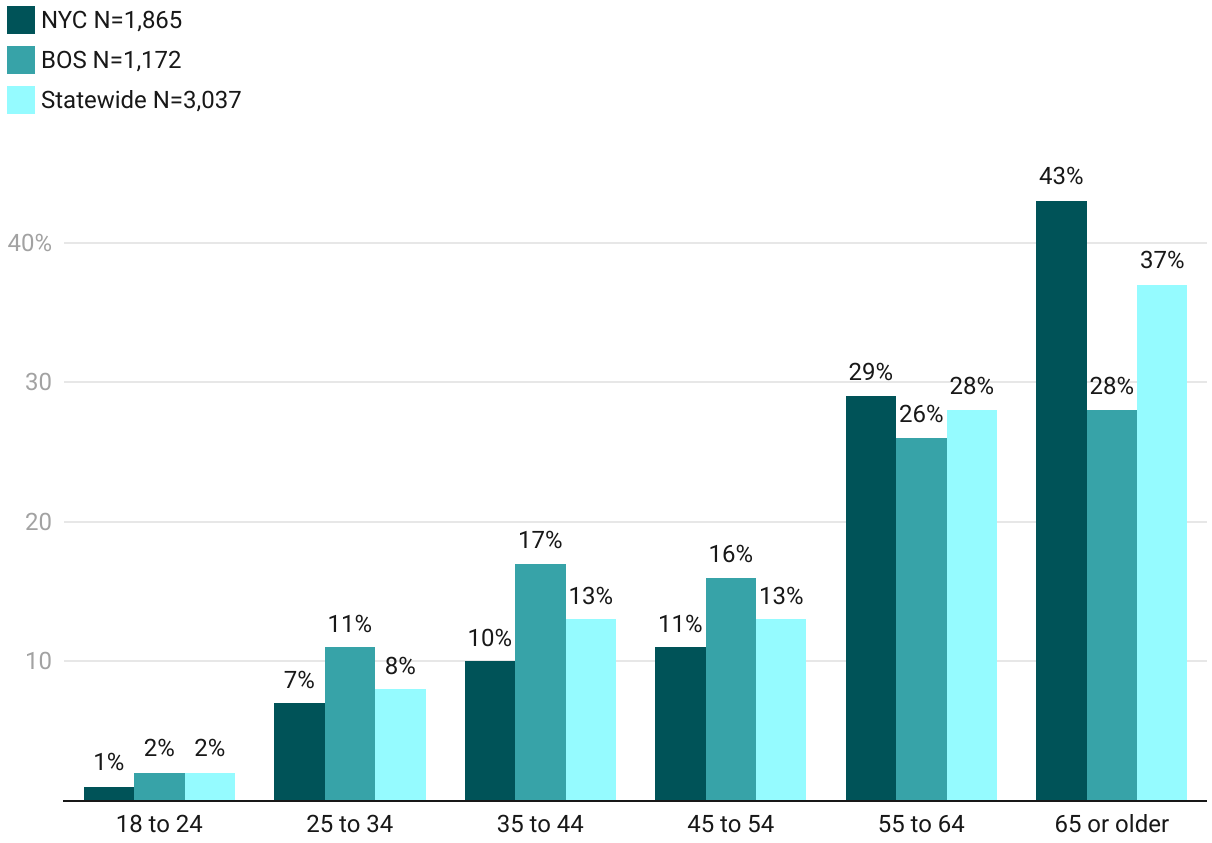
Many of the 18,783 NYSSHP units are layered with other service funding sources, but we estimated that about 9,000 of these units are NYSSHP-only. We received demographic data for about 37% of these units, with NYC and BOS proportionally represented based on how many NYSSHP-only units they have.

Provider Spotlight: The Bridge

Through the course of demographic data collection, The Bridge realized that many of their tenants were older adults and started incorporating services specifically for their aging population, creating a mobile multidisciplinary team to assess and meet older tenants' needs. The Bridge developed a needs assessment for tenants 50 and older, asking a range of questions about use of mobility aids, Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), if they have or need home care, and isolation. Starting this process at age 50 allows time to address changing needs, as enrollment in many programs is age 55 and older. Because The Bridge has robust services to offer, collecting these data allow specialized staff to make appropriate, data-informed referrals without the burden falling on front-line staff, which helps prevent staff burnout.

The Bridge has partnered with a professor at Dartmouth to analyze these data in a variety of academic papers and has begun work on a risk predictive model, by tracking the same tenants annually. The goal is that this will reveal trends and allow them to create specific interventions to prevent negative outcomes.

Age by Geography - NYSSHP



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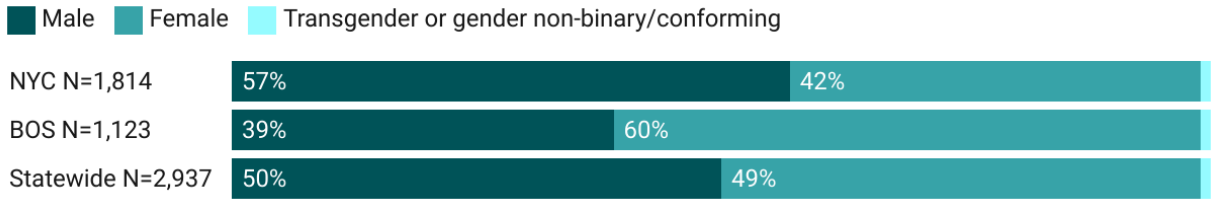
Statewide, 65% of tenants were 55 or older. In NYC 72% of tenants were 55 or older and 54% of tenants in BOS were 55 or older.

Gender by Geography - NYSSHP



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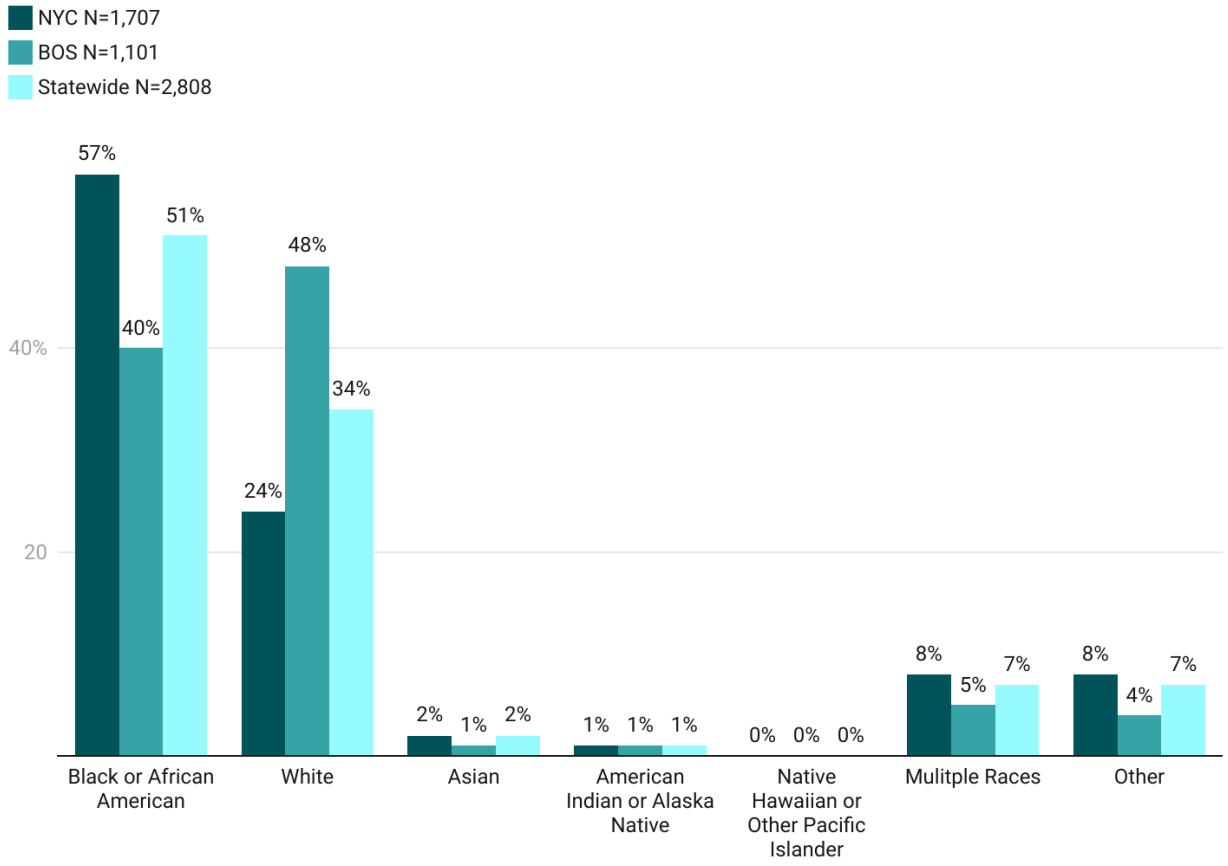
Statewide, 50% of tenants were male. In NYC, 57% of tenants were male and in BOS, 39% of tenants were male.

Race by Geography - NYSSHP



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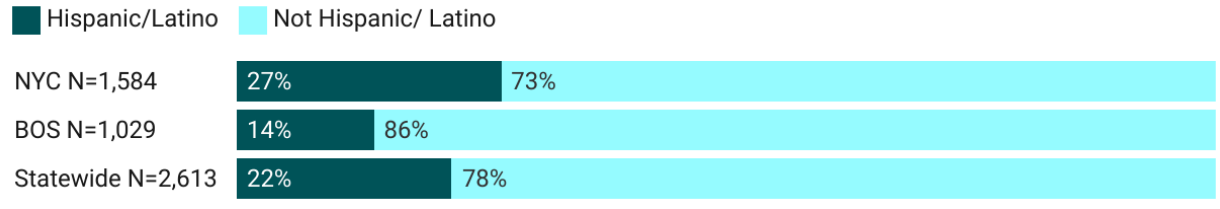
Over half (51%) of NYSSHP-only tenants statewide were Black or African American. In NYC, 57% of tenants were Black or African American and 24% were White. In BOS, 40% of tenants were Black or African American and 48% were White.

Ethnicity by Geography - NYSSHP



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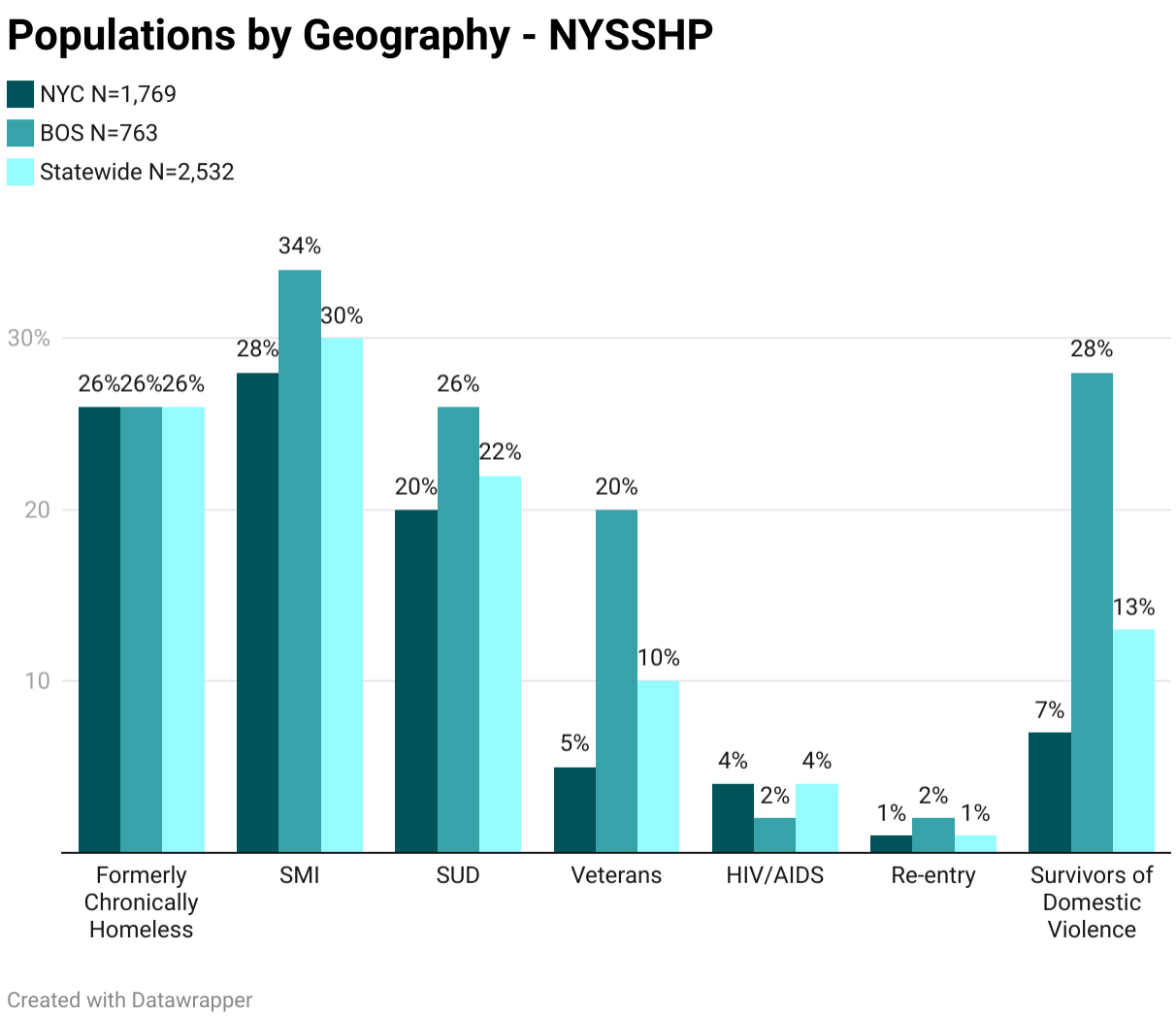
Statewide, 22% of tenants were Hispanic/Latino. In NYC, 27% of tenants were Hispanic/Latino and in BOS, 14% of tenants were Hispanic/Latino.

Since NYSSHP does not have specific eligibility categories or populations, we also collected data on populations that are eligibility categories in other supportive housing initiatives.



Note: categories are not mutually exclusive, tenants can be represented in multiple categories.

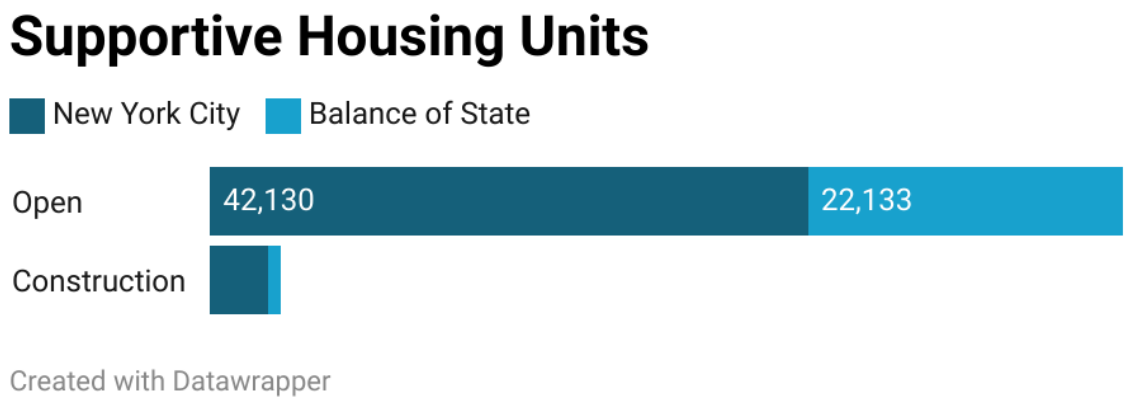
Statewide, 26% of NYSSHP-only tenants were formerly chronically homeless. 30% had a diagnosis of a serious mental illness, and 22% were diagnosed with a substance use disorder. In BOS, 28% of NYSSHP-only tenants were survivors of domestic violence, a population category that did not exist until the creation of ESSHI – making NYSSHP the sole program serving this population for decades.

Despite NYSSHP not having any specific population-based eligibility criteria, age-related or otherwise, the vast majority of tenants in NYSSHP-only units were older adults, especially in NYC, and many have diagnoses and life experiences that would make them eligible for other types of supportive housing. These units receive significantly less funding solely due to their

age, despite the fact that many of the tenants have the same needs and life experiences as other supportive housing tenants.

Supportive Housing Data Overview

As of May 2025, there are 64,263 open supportive housing units across New York State, with an additional 4,891 units under construction (or that have secured permanent capital financing and will begin construction imminently).



Supportive Housing Units

	Congregate	Scattered Site	Total
Statewide Total	33,952	30,311	64,263
NYC (subtotal)	24,774	17,356	42,130
Balance of State (subtotal)	9,178	12,955	22,133

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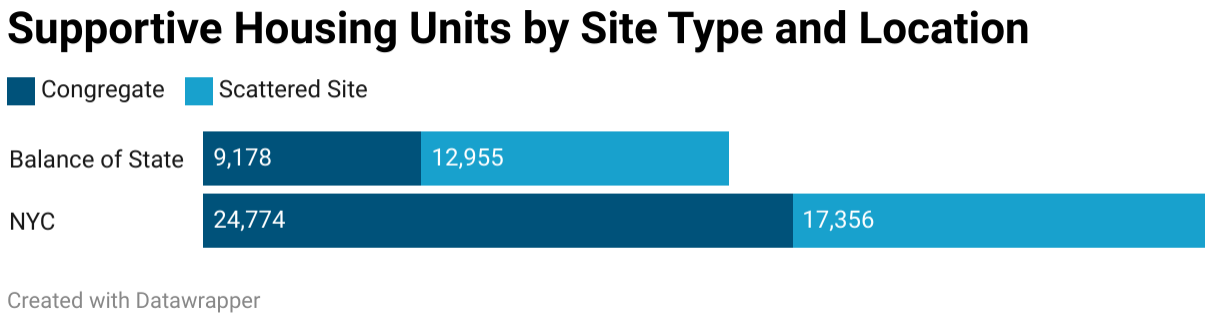
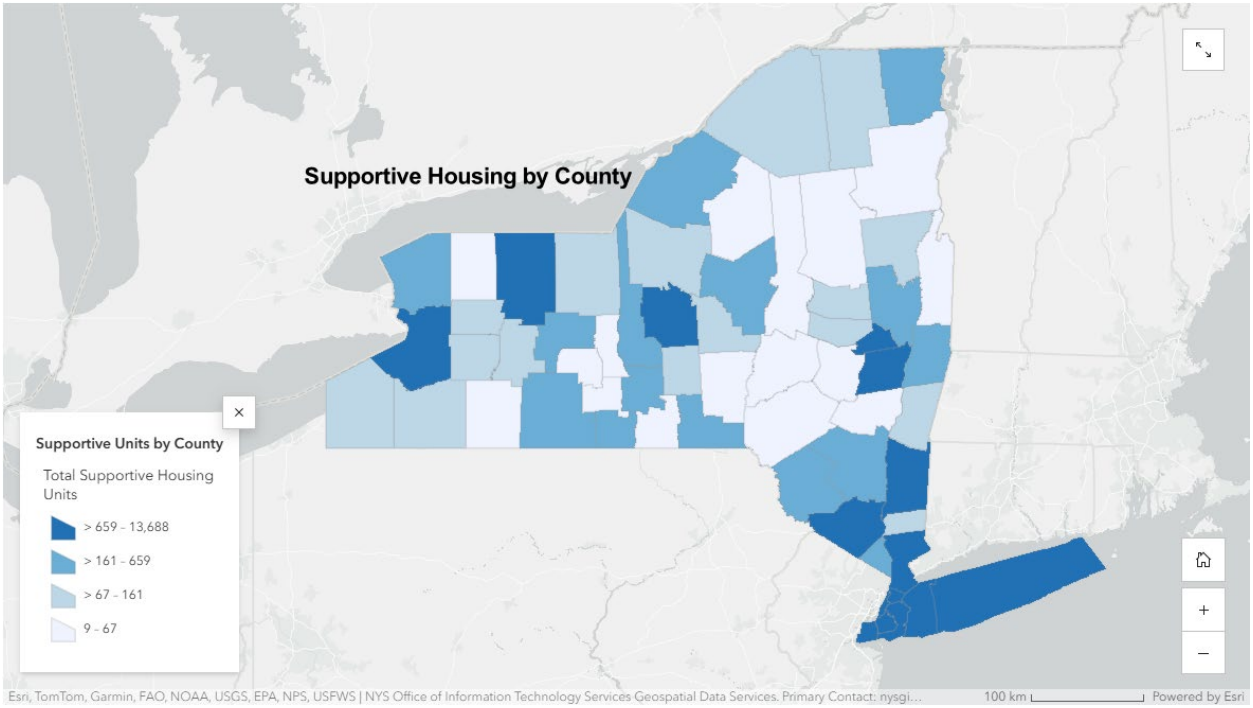
Across the state, 53% of supportive units are congregate and 47% are scattered site. New York City is home to two-thirds of the supportive housing units across the state (42,130 or 66%) and more than half (59%) of those units are congregate. Throughout the rest of the state, the balance is opposite, with only 41% 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.

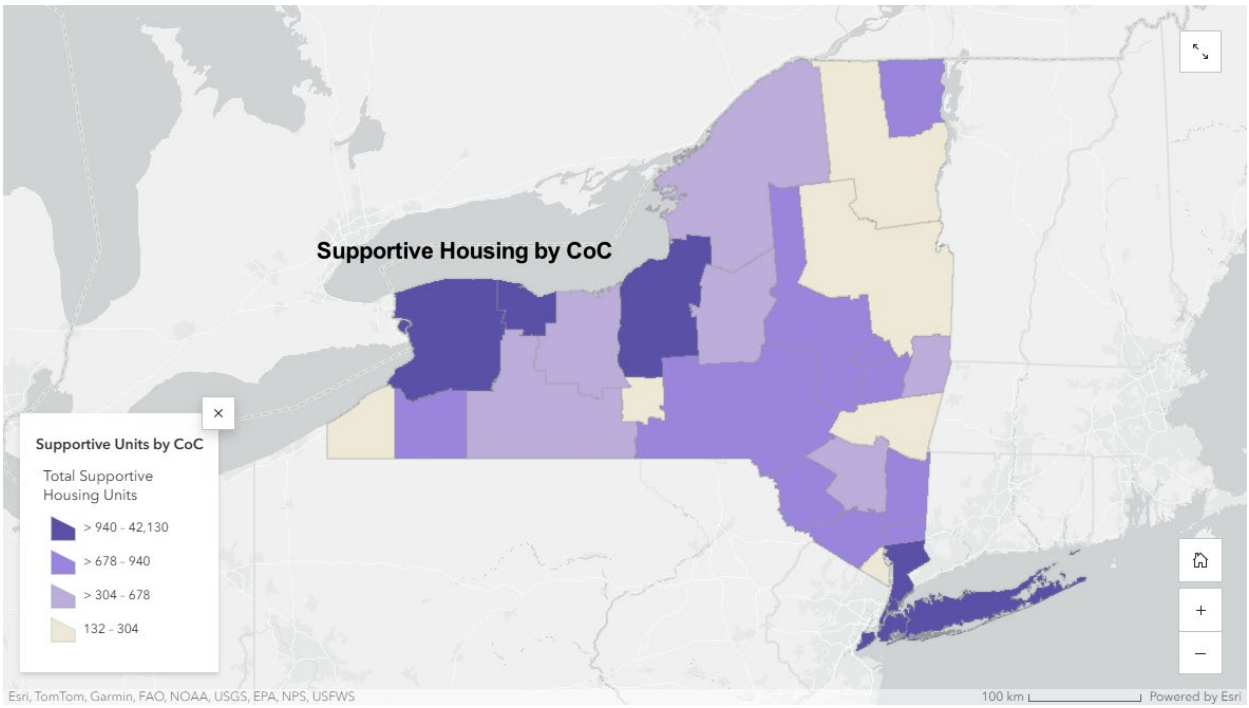


There are supportive housing units in every county across the state, with the fewest units in Hamilton County (9), and the most units in The Bronx (13,688).



Note: counties are divided into quantiles, with an equal number of counties in each category representing four ranges of supportive housing units.

CoC 600, made up of all five boroughs of NYC, has the most supportive units per CoC with 42,130 units. CoC 519, which includes Columbia County and Greene County, has the fewest supportive units per CoC with 132 units.



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

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 25,860 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).

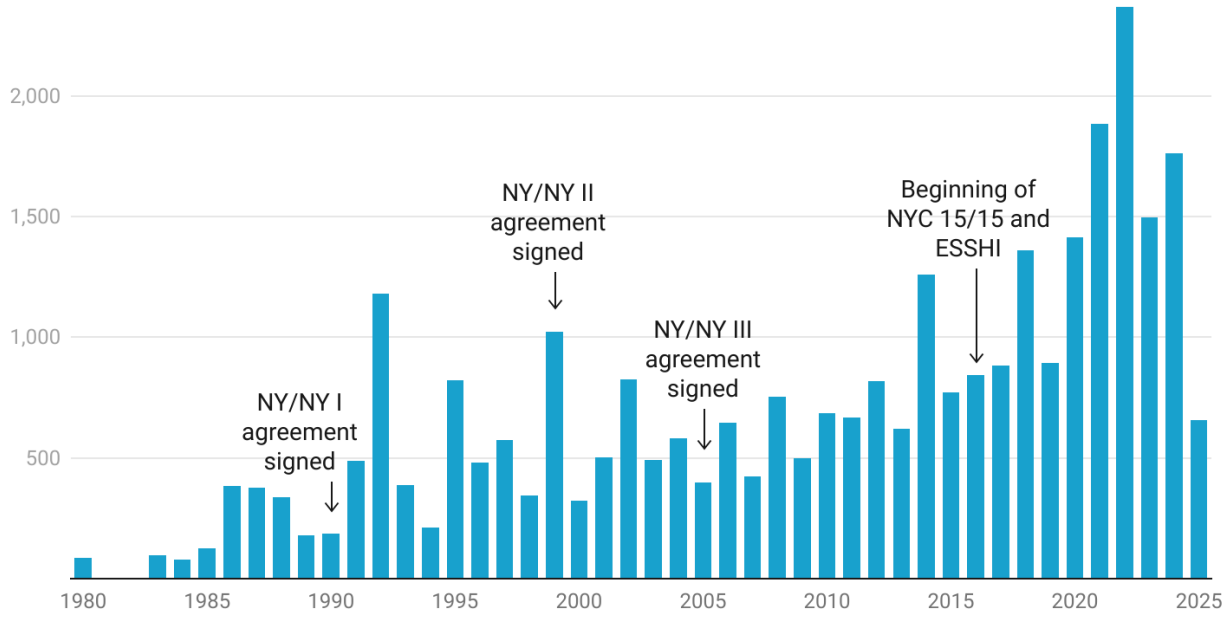
New development types emerged alongside ESSHI and NYC 15/15, in which supportive housing units can be a smaller part of a larger affordable housing development. Many of these projects are developed and owned by for-profit developers, opening the door to new types of collaboration and joint ventures.

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. While the graph below shows the year congregate programs opened, the building may have been built long before it became supportive housing, as the first generation of supportive housing were gut rehabs of old hotels, church facilities and YMCAs or YWCAs. 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.

Scattered site units are challenging to track over time because there is no dedicated building and contracts may change more frequently. It is worth noting that the earliest scattered site contracts presumed single occupancy and that funding – which covered both rental assistance and services – were split evenly between the two. As rents rose dramatically over time, however, contract rates did not, forcing providers to move tenants into two bedroom and three bedroom arrangements in order to keep them housed. There is no publicly available data on how many scattered site units are in shared housing situations.

Number of Congregate Units by Open Year - Statewide



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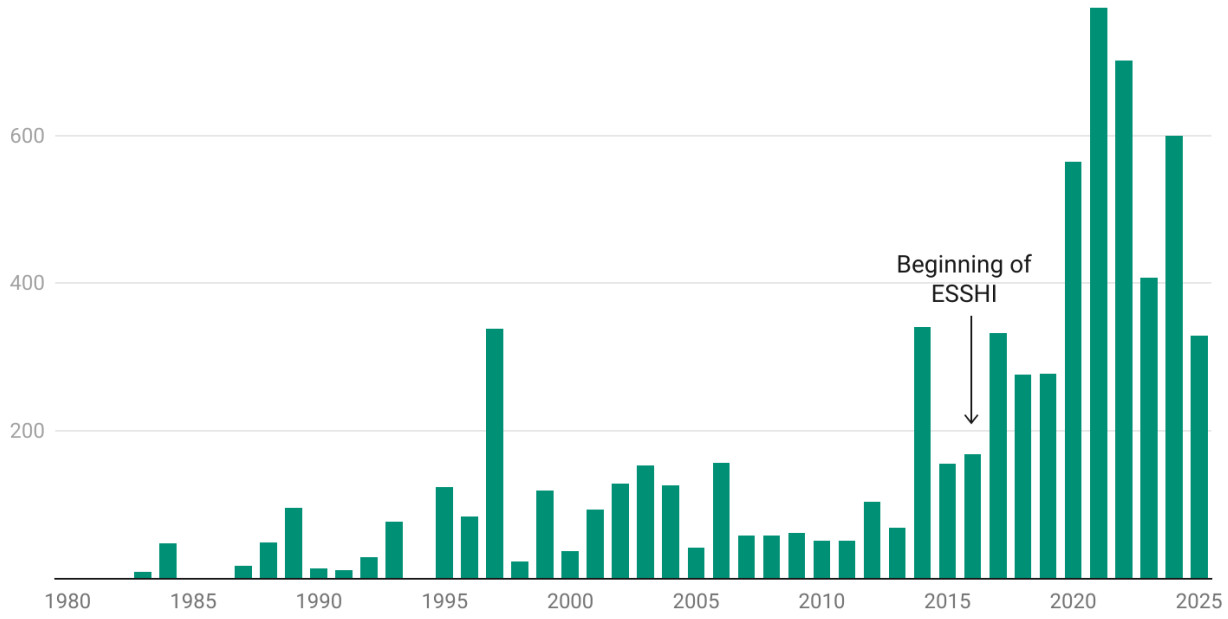
Number of Congregate Units by Open Year - Balance of State



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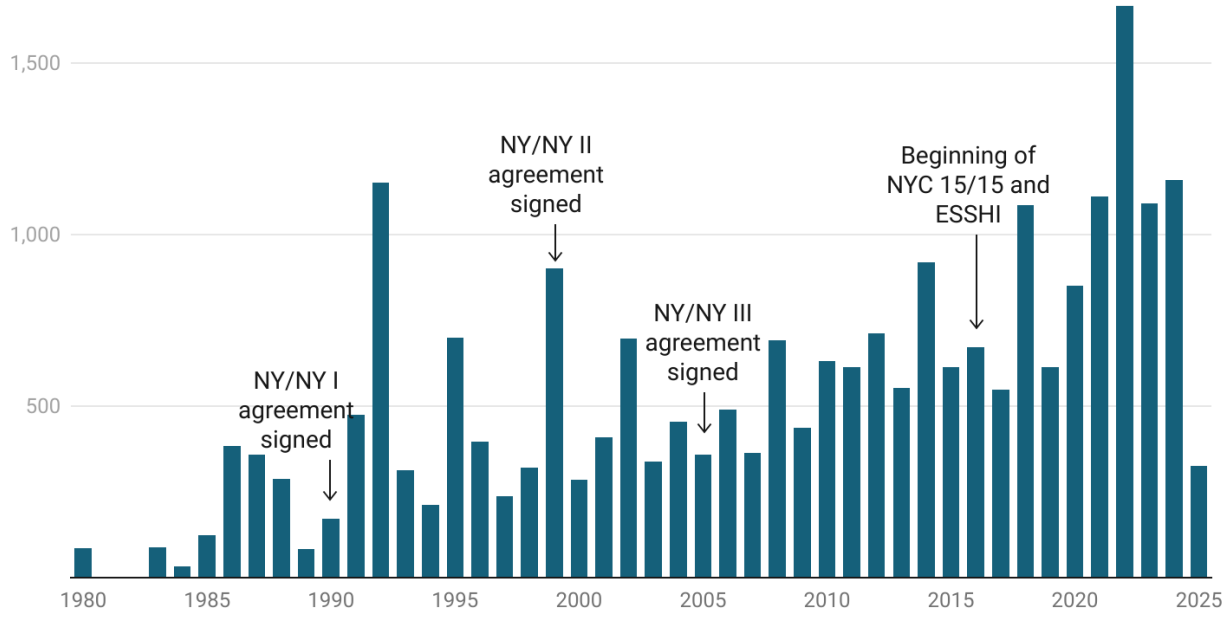
Number of Congregate Units by Open Year - New York City



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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 12,520 units in 302 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 2,010 units in 92 residences are outside of New York City. Over one third of these units opened thirty or more years ago, in 1995 or earlier, and have yet to be rehabbed.

Contracting Agencies

In addition to the supportive housing initiatives below, 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). For more information about the agencies, see the 2024 State of Supportive Housing.

NEW YORK STATE

NYS Office of Mental Health (OMH)
OMH currently holds contracts for 26,349 units total, 7,122 congregate and 19,227 scattered site. ESSHI units account for 2,545 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 $20,00 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	338	295	633
NY/NY II	158	160	318
NY/NY III	1,260	1,220	2,480
ESSHI	2,545	290*	2,835
Other	2,821	17,262	20,083

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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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Note: OMH rates are based on the 4/1/23 rate, the most recent available rates the Network was able to access at the time of publication. The FY 2025-26 state budget included a 2.6% cost of living adjustment (COLA) for most behavioral health programs, which will include OMH programs other than ESSHI.

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 20,822 units, 2,039 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 for services. Funding for ESSHI is up to $25,000 per unit per year for both services and operating.

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, _ MRT _ supportive housing program). There are 2,009 units total, 1,532 ESSHI (all congregate) and 477 Health Home Supportive Housing (all scattered site). 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 439 ESSHI units, all congregate, and 180 MRT units, all scattered site. 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 1,987 units, 490 congregate and 1,497 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).

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	251	0	251
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. 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), NYC 15/15, Justice Involved Supportive Housing (JISH), as well as various legacy supportive housing programs serving single adults with an SMI. 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 12,585 units, 9,745 congregate and 2,840 scattered site. 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	1,771	56	1,827
NY/NY II	669	18	687
NY/NY III	2,933	941	3,874
NYC 15/15	3,056	1,180	4,236
SMI	1,316	525	1,841
JISH	0	120	120

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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	$17,500 - $28,738**	$10,000 - $20,699**
HSN I	$21,304	$34,681
HSN II	$21,304	$34,681
JISH	N/A	$45,387
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 below.
**Services only, rental assistance funded by HPD; depends on population. See NYC 15/15 table below for rental assistance and populations.

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 5,485 total units, 2,847 congregate and 2,638 scattered site. Funding for some HASA contracted units comes from the DOH AIDS Institute and OTDA.

HASA Units

	Congregate Units	Scattered Site Units	Total Units
HASA	1,898	2,245	4,143
NY/NY III	601	393	994
NYC 15/15	348	0	348

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HASA Rates

	Congregate	Scattered Site
HASA	$25,157	$40,707
NY/NY III	$25,105	$39,394
NYC 15/15	$25,354	-

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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. 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 U.S. 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[xvii] of people experiencing homelessness and administering the Homeless Management Information System,[xviii] 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. There are 24 CoCs across New York State. See table for total funding by CoC in 2025.[xix]

CoC Funding

CoC number	CoC name	Total Funding
500	Rochester, Irondequoit, Greece/Monroe County CoC	$14,984,653
501	Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC	$2,240,430
503	Albany City & County CoC	$7,549,623
505	Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC	$12,196,921
507	Schenectady City & County CoC	$5,920,135
508	Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC	$18,535,666
510	Ithaca/Tompkins County CoC	$1,231,964
511	Binghamton, Union Town/Broome, Otsego, Chenango, Delaware, Cortland, Tioga Counties CoC	$3,444,968
512	Troy/Rensselaer County CoC	$4,199,047
513	Wayne, Ontario, Seneca, Yates Counties CoC	$364,288
514	Jamestown, Dunkirk/Chautauqua County CoC	$318,501
518	Utica, Rome/Oneida, Madison Counties CoC	$4,130,769
519	Columbia, Greene Counties CoC	$640,461
520	Franklin, Essex Counties CoC	$233,005
522	Jefferson, Lewis, St. Lawrence Counties CoC	$1,961,567
523	Glens Falls, Saratoga Springs/Saratoga, Washington, Warren, Hamilton Counties CoC	$2,330,958
525	New York Balance of State CoC	$1,962,957
600	New York City CoC	$172,042,471
601	Poughkeepsie/Dutchess County CoC	$2,271,020
602	Newburgh, Middletown/Orange County CoC	$3,452,741
603	Nassau, Suffolk Counties CoC	$14,850,568
604	Yonkers, Mount Vernon/Westchester County CoC	$21,699,672
606	Rockland County CoC	$1,809,373
608	Kingston/Ulster County CoC	$1,568,588

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.

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. For more details on the history and eligibility for each of these initiatives, see the 2024 State of Supportive Housing.

New York State Supportive Housing Program (NYSSHP)
Currently, 18,783 units receive NYSSHP funding for permanent supportive housing, 16,458 of which are congregate and 2,325 are scattered site. 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 called SRO Support Services and only serves single adults.

Currently, NYSSHP units are funded at $2,964 per unit per year for single adults and young adults and $3,900 for families. Governor Hochul included an additional $17.8 million in the FY 2025-26 budget, the largest increase in NYSSHP's nearly 40-year history. Details on how the new funding will be targeted are forthcoming.

NY/NY I
There are currently 2,460 open NY/NY I units: 2,109 congregate and 351 scattered site.

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[2] 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 II
There are currently 1,005 open NY/NY II units: 827 congregate and 178 scattered site. Rates are currently the same as NY/NY I (see above).

[2] These are the most recent rates available to the Network at the time of publication.

NY/NY III

There are currently 8,000 NY/NY III units, 4,926 congregate and 3,074 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	2,689	854	3,543
Pop B	Single adults exiting a State-operated psychiatric center who are at risk of homelessness	NYS OMH	194	366	560
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	460	195	655
Pop H	Chronically homeless single adults living with HIV/AIDS and serious mental illness or substance abuse diagnosis	NYC HASA	601	393	994
Pop I	Young adults aging out of foster care who are at risk of homelessness	NYC DOHMH	100	106	206

NY/NY III Rates

	Agency	Congregate Rates	Scattered Site Rates
Pop A	NYC DOHMH and NYS OMH	$25,276 (OMH), $21,304 (DOHMH)	$ 27,732 (OMH)
Pop B	NYS OMH	$ 25,276	$ 27,732
Pop C	NYS OMH	$ 25,276	N/A
Pop D	NYC DOHMH	$37,521	N/A
Pop E	NYC DOHMH contracts, NYS OASAS provides funding	$ 21,304	$ 36,782
Pop F	NYC DOHMH and NYS OASAS	$26,576 (OASAS)* $21,304 (DOHMH)	$28,906 (OASAS)* $36,782 (DOHMH)
Pop G	NYC DOHMH and NYS OASAS	$39,110 (OASAS)*	$ 33,767 (OASAS)*
Pop H	NYC HASA	$ 25,105	$ 39,394
Pop I	NYC DOHMH	$ 21,304	$ 34,681

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*Average rate

Medicaid Redesign Team (MRT)

There are currently 1,617 open MRT units. 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	700*
DOH	477
DOH AIDS Institute	180
OASAS	260

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*Subset of OMH Supported Housing

Empire State Supportive Housing Initiative (ESSHI)
There are currently 6,840 open ESSHI units, all congregate. Historically, providers requested up to $25,000 per unit per year for services and operating, regardless of the population or geographic location, with a 2% annual escalator. In the FY 2025-26 New York State Budget, Governor Hochul included the first increase to the ESSHI base rate for new units only, with funding at $31,000 per unit per year and $34,000 per unit per year in the NYC metro area.[xx]

ESSHI Units

Population	Lead Contracting Agency	Total Units
Serious mental illness (SMI)	OMH	2,016
Substance use disorder (SUD)	OASAS	254
Persons living with HIV or AIDS	DOH AIDS Institute	379
Victims/Survivors of domestic violence (DV)	OTDA	739
Military service with disabilities (including veterans with other than honorable discharge)	OTDA	395
Chronic homelessness as defined by HUD (individuals experiencing street homelessness or long-term shelter stays)	OTDA	503
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	99
Homeless young adults between 18 and 25 years old	OTDA	285
Reentry: Adults, youth or young adults reentering the community from prison or juvenile justice placement, particularly those with disabling conditions	OTDA	325
Seniors: Individuals who are age 55 and older, enrolled in Medicaid, and has either a chronic condition or physical disability	DOH	1,718
Individuals with intellectual or developmental disabilities (I/DD)	OPWDD	36

NYC 15/15

There are currently 4,584 open units, 3,404 congregate and 1,180 scattered site, and an additional 1,517 congregate units under construction. Rates vary by population and site type (see below for table). While there were originally supposed to be 7,500 congregate units and 7,500 scattered site units created under NYC 15/15, no new scattered site contracts were awarded within the last several years. With specific details yet to be finalized at the time of publication, in April 2025, Mayor Adams announced that in lieu of more scattered site units, the City would allocate the remaining 5,850 units to new congregate development and to preserve existing units.

NYC 15/15 Units

	Congregate	Scattered Site	Total
Single Adults/Adult Families	2,259	845	3,104
Adult Families with Children	529	110	639
Young Adults	157	75	232
Young Adult Families	111	150	261
HASA	348	0	348

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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	$18,636	$22,861	$36,136	$32,861
Adult Families	$17,500	$10,000	$18,636	$22,861	$36,136	$32,861
Adult Families with Children	$28,738	$19,200	$22,560	$26,667	$51,298	$45,867
Young Adults	$25,596	$20,669	$18,636	$22,861	$44,232	$43,530
Young Adult Families	$28,738	$30,091	$22,560	$24,744***	$51,298	$54,835
HASA	-	-	-	-	$26,758	-

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

**2021 HUD FMR with 2% escalator; all scattered site units opened by 2021, so units may receive up to this amount depending on the opening year

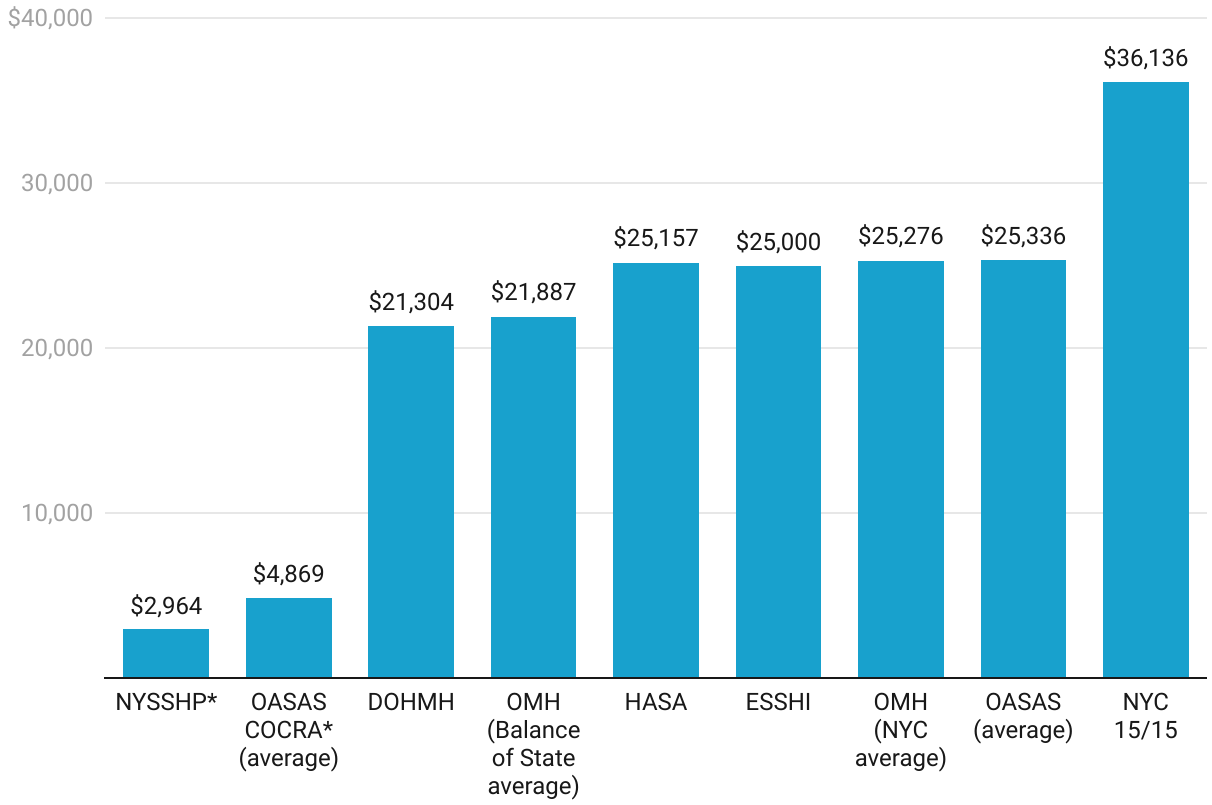
***2019 HUD FMR with 2% yearly escalator; all scattered site young adult family units opened by 2019, so units may receive up to this amount depending on the opening year

Note: NYC 15/15 reallocation is reported to include increases to congregate operating rates, but those details had not been released at the time of publication.

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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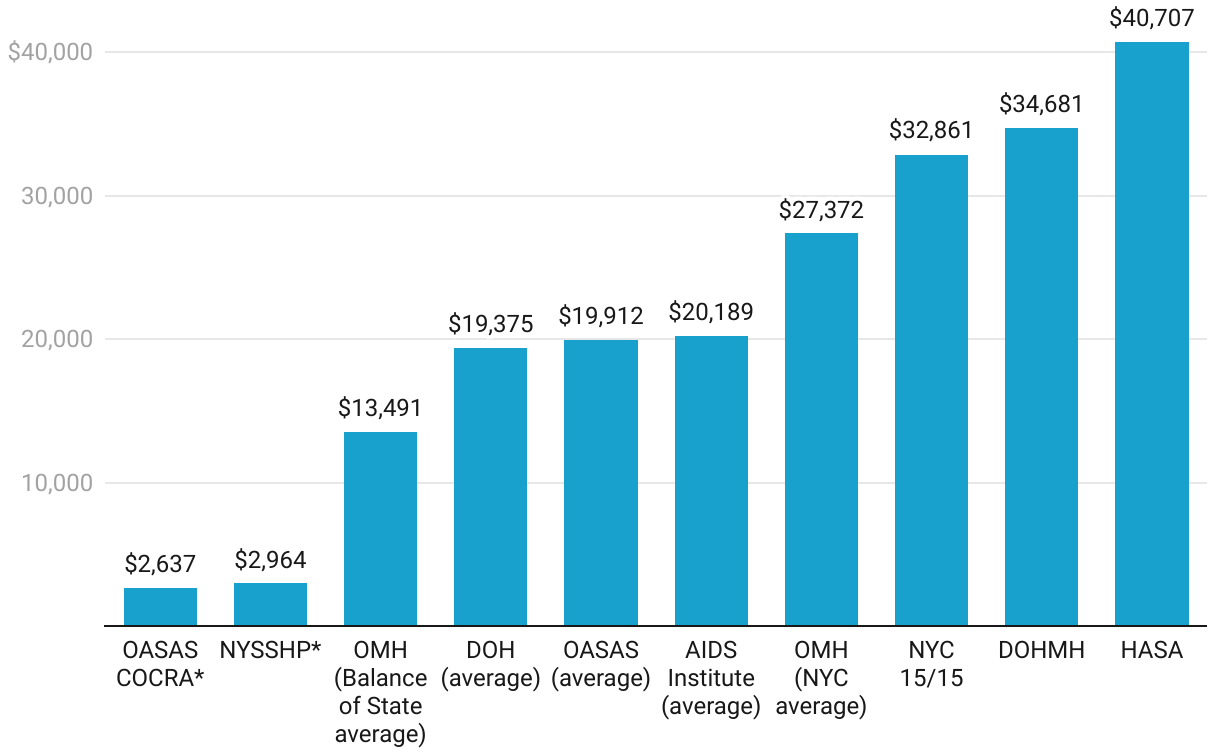
*services only

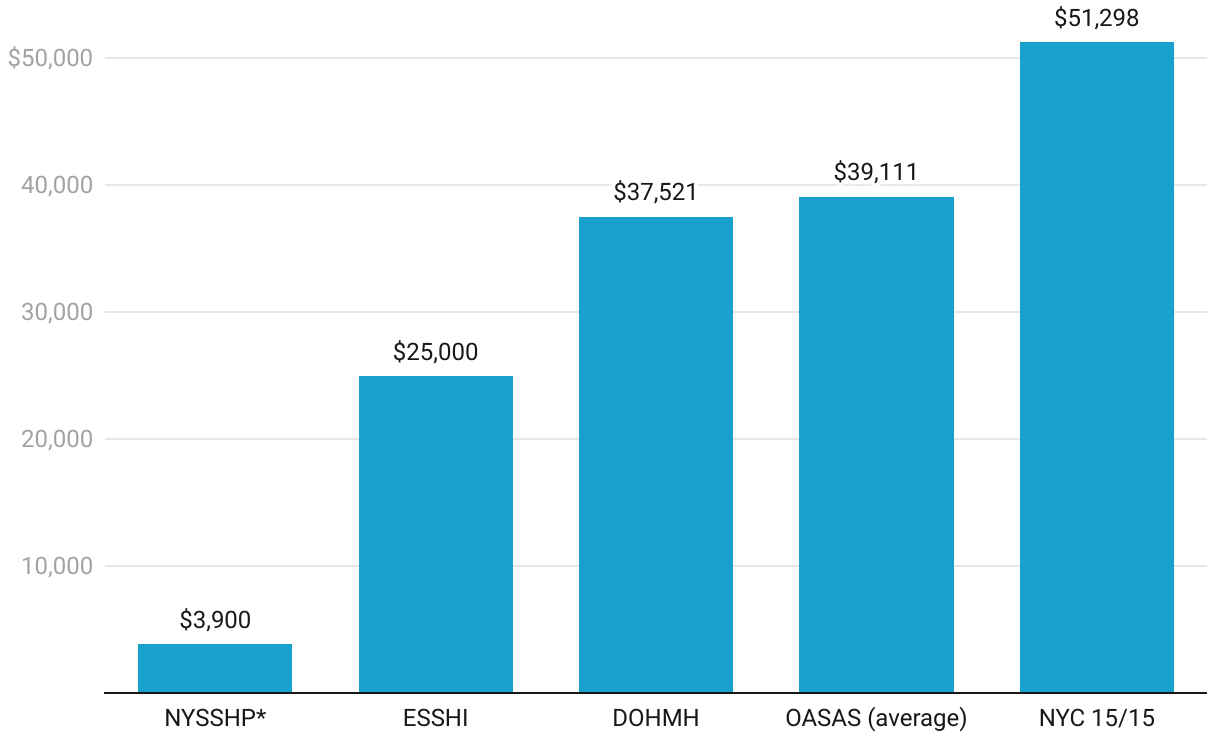
Scattered Site Single Adult Rates



Created with Datawrapper

*services only

Congregate Family Rates



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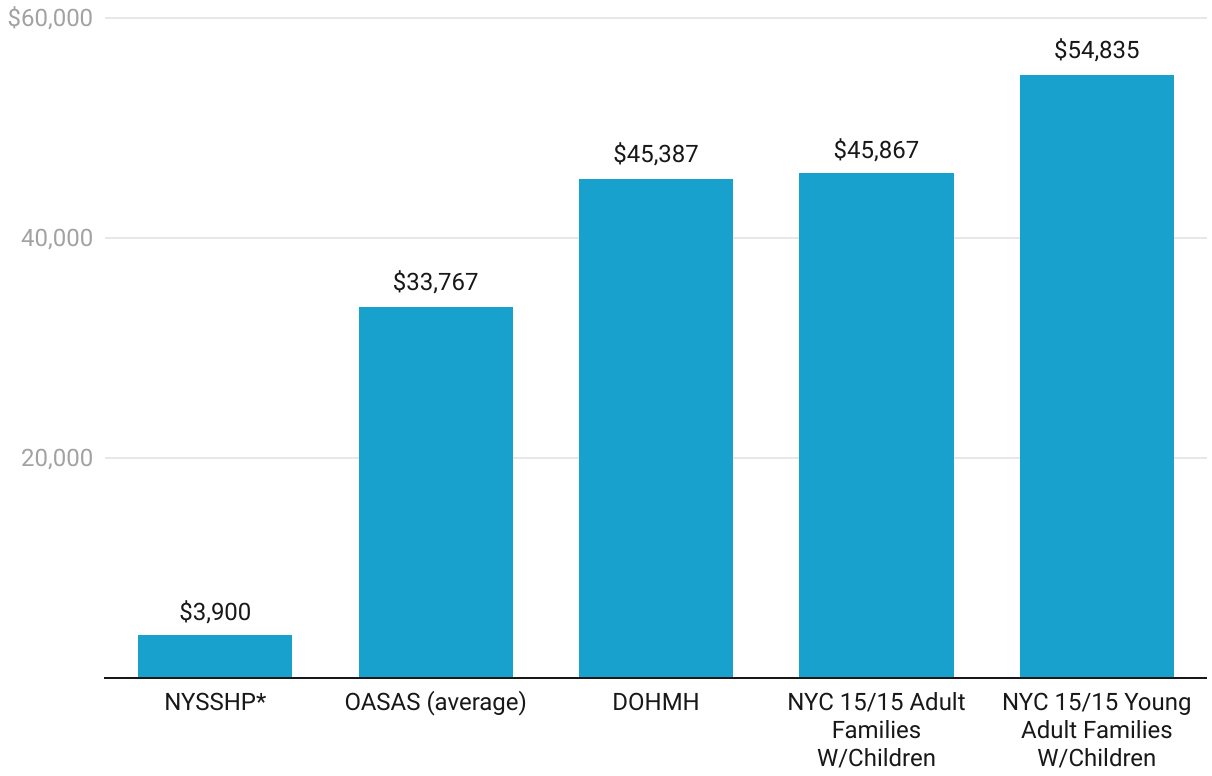
*services only

Scattered Site Family Rates



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*services only

Appendices

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 by County

County	Congregate Units	Scattered Site Units	Total Units
Albany	355	562	917
Allegany	7	29	36
Bronx	9,536	4,152	13,688
Brooklyn	6,801	3,784	10,585
Broome	363	296	659
Cattaraugus	140	0	140
Cayuga	108	68	176
Chautauqua	89	47	136
Chemung	86	175	261
Chenango	14	53	67
Clinton	100	71	171
Columbia	25	61	86
Cortland	45	67	112
Delaware County	0	37	37
Dutchess	440	311	751
Erie	667	1,285	1,952
Essex	4	43	47
Franklin	59	99	158
Fulton	83	0	83
Genesee	88	47	135
Greene	2	44	46
Hamilton	0	9	9
Herkimer	0	40	40
Jefferson	85	85	170
Lewis	0	53	53
Livingston	30	43	73
Madison	40	43	83
Manhattan	7,124	4,046	11,170
Monroe	1,489	765	2,254
Montgomery	60	40	100
Nassau	95	1,165	1,260
Niagara	38	199	237
Oneida	276	319	595
Onondaga	571	1,170	1,741

Ontario	149	77	226
Orange	442	446	888
Orleans	22	31	53
Oswego	96	65	161
Otsego	0	38	38
Putnam	11	77	88
Queens	1,088	2,154	3,242
Rensselaer	244	321	565
Rockland	77	212	289
Saratoga	102	76	178
Schenectady	429	298	727
Schoharie	0	39	39
Schuyler	0	12	12
Seneca	27	39	66
St. Lawrence	22	102	124
Staten Island	225	810	1,035
Steuben	45	121	166
Suffolk	430	1,798	2,228
Sullivan	128	124	252
Tioga	0	27	27
Tompkins	182	78	260
Ulster	153	224	377
Warren	37	57	94
Washington	18	5	23
Wayne	12	125	137
Westchester	1,129	1,093	2,222
Wyoming	34	42	76
Yates	22	14	36

Appendix III: PIT Count and Supportive Housing Units by CoC

CoC	**CoC Name**	**2024 Household PIT Total**	**Total SH Units**
500	Rochester, Irondequoit, Greece/Monroe County CoC	764	2,254
501	Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC	482	558
503	Albany City & County CoC	783	917
505	Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC	784	2,078
507	Schenectady City & County CoC	266	727

508	Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC	1,080	2,453
510	Ithaca/Tompkins County CoC	188	260
511	Binghamton, Union Town/Broome, Otsego, Chenango, Delaware, Cortland, Tioga Counties CoC	625	940
512	Troy/Rensselaer County CoC	159	565
513	Wayne, Ontario, Seneca, Yates Counties CoC	318	465
514	Jamestown, Dunkirk/Chautauqua County CoC	135	136
518	Utica, Rome/Oneida, Madison Counties CoC	250	678
519	Columbia, Greene Counties CoC	140	132
520	Franklin, Essex Counties CoC	49	205
522	Jefferson, Lewis, St. Lawrence Counties CoC	170	347
523	Glens Falls, Saratoga Springs/Saratoga, Washington, Warren, Hamilton Counties CoC	408	304
525	New York Balance of State CoC	701	913
600	New York City CoC	77,749	42,130
601	Poughkeepsie/Dutchess County CoC	490	751
602	Newburgh, Middletown/Orange County CoC	478	888
603	Nassau, Suffolk Counties CoC	2,319	3,488
604	Yonkers, Mount Vernon/Westchester County CoC	942	2,222
606	Rockland County CoC	109	289
608	Kingston/Ulster County CoC	409	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
Acacia Network
ACCORD Corporation
ACMH, Inc.

Bowery Residents' Committee
BronxWorks
CAMBA, Inc.
Catholic Charities of Fulton and Montgomery Counties
Center for Urban Community Services
Community Access
Community Counseling & Mediation
Community Housing Innovations
Comunilife
Concern Housing
DePaul
ETC Housing Corp
Good Shepherd Services
Hands Across Long Island, Inc.
HELPUSA
Homeward NYC
Hour Children, Inc.
Housing and Services, Inc.
Housing Plus Solutions
Housing Visions Unlimited
Housing Works
Hudson River Housing
Institute for Community Living
JCTOD Outreach
Jericho Project
Lantern Community Services
Lenox Hill Neighborhood House
Nazareth Housing
Neighborhood Coalition for Shelter
New Destiny Housing Corporation
Odyssey House
Options for Community Living
Phipps Houses Services
Pibly Residential Programs
Project FIND
Project Hospitality
Project Renewal
Providence Housing Development Corp.
RiseBoro Community Partnership
RiseWell Community Services
RUPCO
Saving Grace Ministries
St. Francis Friends of the Poor
The Bridge

The Doe Fund
The Fortune Society, Inc.
The New York Foundling
Tompkins Community Action
United Veterans Beacon House
Urban Pathways, Inc.
VIP Community Services
Volunteers of America Greater-NY
West Side Federation for Senior and Supportive Housing
YMCA of Binghamton and Broome County
YMCA of Yonkers
YWCA of Binghamton and Broome County
YWCA of Brooklyn
YWCA of Jamestown
YWCA of Rochester & Monroe County
YWCA of the Greater Capital Region
YWCA of Western NY
YWCA of White Plains & Central Westchester

Provider Spotlights

Tenants across the state who participated in roundtables and advocacy

<u>Funders</u>
Altman Foundation
Capital One
The Charles H. Revson Foundation
Deutsche Bank
The Fan Fox and Leslie R. Samuels Foundation, Inc.
Oak Foundation

Acronyms

- CoC: Continuum of Care
- 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
- HASA: New York City HIV/AIDS Services Administration
- HEARTH Act: Homeless Emergency Assistance and Rapid Transition to Housing
- 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
- NYSERDA: 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

Endnotes

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