



Scope of Work

Provision of Scattered-Site Supportive Housing

EPIN: 06922P0021

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Basic Information

General Guidelines	- To respond to this RFx and all other Human/Client Service RFx's, organizations must have (i) a PASSPort account, and (ii) have an Approved HHS Prequalification Application in PASSPort. Proposals and Prequalification applications will ONLY be accepted through PASSPort. If you do not have a PASSPort account or Approved PASSPort HHS Accelerator PQL Application, please visit www.nyc.gov/passport to get started. - This is an open-ended RFx. Therefore, there is no prescribed due date for submission. All proposals will be reviewed by the agency on an ongoing basis as they are received until all agency requirements have been addressed. - Resources such as user guides and videos are listed on www.nyc.gov/passport. For more information about submitting a proposal through the PASSPort system, please submit an inquiry to MOCS Service Desk. - URL: https://mocssupport.atlassian.net/servicedesk/customer/portal/8.										
Anticipated Contract Term	The term for each contract will be five (5) years with one (1) option to renew for up to four (4) years unless the proposer requires a different term based on funding requirements.										
Note on Proposals:	Proposers may submit one proposal to serve multiple Population Options.										
Anticipated Funding and Payment Structure	- Anticipated # of contracts: will depend on proposed number of units, City need and available funding. - Anticipated # of units: 6,578 - Single Adults (SMI/SUD): 5,023 - Adult Families (SMI/SUD): 663 - Adult Families with Children (SMI/SUD): 892 - Anticipated annual service award amount per population: - Single Adults: \$10,000 - Adult Families: \$10,000 - Adult Families with Children: \$19,200 - Anticipated operating cost not to exceed the City's designated annual operating rates, less \$215 per head of household rent contribution at an expected collection rate of 75% annually, and are inclusive of utilities. - Anticipated annual operating rates for units as of 10/20/2021: <table border="1" data-bbox="511 1369 1133 1556"> <thead> <tr> <th>Apartment Size</th><th>Rent Rate</th></tr> </thead> <tbody> <tr> <td>Studio</td><td>\$1,900</td></tr> <tr> <td>One (1) bedroom</td><td>\$1,945</td></tr> <tr> <td>Two (2) bedroom</td><td>\$2,217</td></tr> <tr> <td>Three (3) bedroom</td><td>\$2,805</td></tr> </tbody> </table> - Rental funding can be increased up to two percent (2%) each year from the initial operating rate. - Anticipated payment structure: Line items which may be converted to a unit rate. Proposers would be expected to achieve full occupancy within three (3) months or less of first tenant move-in for programs of twenty (20) units or less and six (6) months or less of first tenant move-in for programs larger than twenty (20) units. Throughout the term of the contract, the Proposer would be required to maintain an annual occupancy rate of ninety percent (90%) for programs with twenty (20) or less units and an annual occupancy rate of ninety-five percent	Apartment Size	Rent Rate	Studio	\$1,900	One (1) bedroom	\$1,945	Two (2) bedroom	\$2,217	Three (3) bedroom	\$2,805
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	(95%) for programs larger than twenty (20) units. Failure to maintain designated occupancy rate may result in liquidated damages or actual damages. • The City reserves the right to change the number of units by population as deemed appropriate and necessary to meet need and demand.	
Minimum Qualifications	• To be eligible and propose for this RFx, the proposer must have an IRS 501(c)(3) Determination Letter.	
Questions Regarding this RFx	• Questions regarding this RFx must be transmitted in writing to the Agency Contact Person as set forth in the Summary section of the View RFx tab.	
Subcontracting Information	• Subcontractors may be used with the Agency’s prior approval. • All subcontractors must be fully approved by HRA prior to the commencement of the subcontractor’s work. • Subcontracting is permitted; however, there must be one lead agency. Strong partnerships with complementary community organizations and businesses are strongly encouraged. • Agency assumptions as set forth in the Program Expectations and other sections of this RFx apply equally to any proposed subcontractor(s). • All contractors and subcontractors shall be subject to HRA approval before expenses are incurred and payments made.	
Proposal Documents		
Required Documents	Document Type	Description
	Budget	Provide a completed Proposal Budget Summary, including Start-up budget (if applicable), in the Budget Management section of the Questionnaire
	IRS 501(c)(3) Determination Letter	Proof of non-profit organization status
	Key Staff Resumes	Resumes and/or job descriptions for key staff positions
	Letters of Intent	One (1) or more letter(s) of intent from a landlord(s) and/or broker(s) partnering with the Proposer
	Letters of Reference	Three (3) letters of reference from non-governmental entities and, if applicable, one (1) letter from each housing manager and/or subcontractor
	Organizational Chart	Organizational chart showing how the proposed services fit into the Proposer’s organization
	Annual Report	Financial Audit Report or Certified Financial Statement or a letter stating why no audit report or financial statement is currently available
	Community Linkage and Partnership Agreements	Community linkage and partnership agreements from organizations providing services to support the achievement of tenant service plan goals
	Proposal Cover Letter	Provide a completed Proposal Cover Letter using the template provided in PASSPort

Section I – Program Background

A. Program Purpose and Goals

In November 2015 Mayor Bill de Blasio announced the NYC Supportive Housing Initiative to fund and develop 15,000 new units of supportive housing in New York City over the next fifteen (15) years. This far reaching and comprehensive initiative targets the most vulnerable homeless New Yorkers in need of supportive housing. Supportive housing combines affordable housing with appropriate social services to help special populations such as those who may have serious mental illness, substance use disorders, are young adults aging out of foster care or with a high usage of homeless services as well as other special populations as determined by the City that are homeless or at risk of becoming homeless so they may achieve housing stability. The goal of the program is to provide individuals access to the affordable housing market in safe New York City communities.

The City's 15,000-unit plan (NYC 15/15) is comprised of a projected 7,500 newly-developed congregate (single-site) units and a projected 7,500 scattered-site apartments rented from private landlords that are spread throughout New York City. The NYC Human Resources Administration (HRA) is the lead agency for procuring awards for the 15,000 supportive housing units. Ongoing contract management will be provided by the NYC Department of Health and Mental Hygiene (DOHMH). DOHMH awarded 133 congregate units in 2016 and HRA has awarded 505 scattered-site units. HRA released the congregate RFx for 7,500 units in February 2017. A competitive procurement for scattered-site units with a specialized service model targeting young adult families and pregnant women ages 18-25 was released in 2018.

The table below contains information about the populations that will be served and projected estimates of the overall number of scattered-site and congregate apartments.

Population	Estimated Projections	Total by Population
Single Adults with SMI/SUD		10,673
<i>Congregate</i>	5,155	
<i>Scattered-Site</i>	5,518	
Adult Families with SMI/SUD		1,004
<i>Congregate</i>	341	
<i>Scattered-Site</i>	663	
Families with Children		2,087
<i>Congregate - Head of Household with SMI/SUD</i>	654	
<i>Scattered-site - Head of Household with SMI/SUD</i>	982	
<i>Congregate - Young Adult Families w/ Children or Pregnant Women ages 18-25</i>	361	
<i>Scattered-Site - Young Adult Families w/ Children or Pregnant Women ages 18-25</i>	90	
Young Adult Singles		1,236
<i>Congregate</i>	989	
<i>Scattered-Site</i>	247	
Congregate TOTAL	7,500	
Scattered-Site TOTAL	7,500	
TOTAL	15,000	

On January 12, 2016, Mayor Bill de Blasio announced the formation of a Supportive Housing Task Force¹ to help the City implement its plan to create 15,000 units of supportive housing. The Task Force included expert advisors who were able to leverage lessons learned from past supportive housing agreements and recommend new, creative approaches for development and service delivery.

For this procurement, proposers are expected to find and lease apartments shortly after receiving an award. Apartments would be located citywide in neighborhoods that are in close proximity to public transportation and accessible to other amenities like shopping, laundry, health care and other necessary services. Apartments for any single program may be located in more than one borough. Living units should be studios, one, two, and three bedrooms, which offer tenants access to individual bathrooms, kitchens, and storage space for clothing and other personal items.

The support services awarded through this RFx will assist individuals to develop and maintain healthy lives leading to an improved quality of life. For example, people with mental illness have life-expectancy seven years less than the general population due to preventable conditions, such as smoking related illnesses. Tobacco is the number one preventable cause of death for people with serious mental illness (SMI), and people with mental illness smoke at much higher rates than the general population. In NYC, the smoking rates are 44% for people with SMI compared to 15.5% of the general population and individuals with SMI do have a desire to stop smoking.

Providers for the Scattered-Site Supportive Housing programs will adopt a harm reduction and recovery-oriented approach to service provision. These approaches to providing services establish tenant choice in the receipt of services and the delivery of services in a manner that will avoid inadvertent (re)-traumatization while facilitating a tenant's engagement in services. The program will increase the tenant's capacity to manage their health and wellness, live a self-directed life, and reach their fullest potential by providing tenant directed, recovery-oriented services. The services are to be trauma-informed.

Providers are expected to accept referrals utilizing systems and criteria developed by the City. In order to provide greater flexibility to account for major life changes, referrals can also be accepted for supportive housing tenants whose family makeup has changed in coordination with the designated placement agency.

The support services focus on assisting tenants in their personal path of rehabilitation and recovery from mental illness with or without co-occurring substance use disorders. Supportive housing is a proven solution to homelessness for individuals and families with special needs, and less costly and more appropriate than expending resources on institutional and temporary settings such as shelters, hospitals, jails and prisons.

B. Target Population

The populations targeted for this procurement are:

- **Population Option 1** – Chronically homeless single adults or adult families with a head of household who has a serious mental illness (SMI), a substance use disorder (SUD) (including those who are actively using or have started their recovery process within the last twelve (12) months), or those who may have a co-occurring SMI and SUD.
- **Population Option 2** – Chronically homeless families with children with a head of household who has a serious mental illness, a substance use disorder (including those who are actively using or have started their recovery process within the last twelve (12) months) or those who may have a co-occurring SMI and SUD.

¹ See <http://www1.nyc.gov/office-of-the-mayor/news/852-15/de-blasio-administration-plan-create-15-000-units-supportive-housing#/0> for more information.

The definition of chronically homeless for Population Options 1 and 2 will follow the U.S. Department of Housing and Urban Development (HUD) definition for the length of time homeless and will remain consistent with the federal definition should it change over time.

A “chronically homeless” individual is defined as a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than ninety (90) days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least twelve (12) months, or on at least four separate occasions in the last three (3) years, where the combined occasions total a length of time of at least twelve (12) months. Each period separating the occasions must include at least seven (7) nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual, as per *75792 Federal Register / Vol. 80, No. 233 / Friday, December 4, 2015 / Rules and Regulations*.

Serious mental illness (SMI) is defined as having a mental illness diagnosis – psychiatric diagnosis other than alcohol or drug disorders, developmental disabilities, organic brain syndromes, or social conditions and one of the following:

- In receipt of (or eligible for) SSI/SSDI due to mental illness.
OR
- Extended impairment in functioning due to mental illness, as evidenced by at least two (2) of the following functional limitations over the past twelve (12) months on a recurring basis:
 - marked difficulties in self care
 - marked restriction of Activities of Daily Living (ADL)
 - marked difficulties in maintaining social functioning
 - frequent deficiencies of concentration resulting in failure to complete work/home/school tasks in a timely manner.OR
- Reliance on psychiatric treatment, rehabilitation and supports.

The definition of Substance Use Disorder (SUD) will follow the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) criteria for Substance-Related Disorders, including Alcohol Use Disorders; Amphetamine Use Disorders; Cannabis Use Disorders; Hallucinogen Use Disorders; Phencyclidine Use Disorders; Inhalant Use Disorders; Opioid Use Disorders; Sedative, Hypnotic or Anxiolytic Related Disorders; Stimulants Use Disorders; and Other (or Unknown) Substance Use Disorders.

The DSM-5 describes substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

Section II – Program Expectations

A. Intake and Assessment

1. Program Expectations

- a. The Proposer would have at least five (5) years of successful, relevant experience providing intake and assessment services for the proposed population(s) as outlined in this section.
- b. The Proposer would employ low threshold, flexible intake criteria. Proposers are especially advised that neither current sobriety nor a recent history of sobriety may be required as admission criteria. Proposer must accept applicants based upon City criteria including a coordinated assessment, vulnerability index or referral process for high need individuals if applicable.
- c. The Proposer would only accept referrals for tenants who have an approved supportive housing application or other City designated application form for placement in NYC 15/15 Supportive Housing Initiative units. Applicants whose HRA applications are approved and who are deemed eligible for the supportive housing category based on the criteria in the RFx will be referred directly to housing providers by the City-designated Placement Agency.
- d. Proposers can propose to serve a specific subpopulation, with the following limitations:
 - i. Proposer needs to describe and demonstrate the specific need by this subpopulation for supportive housing.
 - ii. Proposer needs to describe and demonstrate a specialized skillset to serve the proposed subpopulation.
 - iii. If unable to meet the occupancy deadline with the target population, the Proposer must accept and serve populations as prioritized and referred by the City placement entity.
- e. The Proposer would consider the tenant's medical conditions and/or disabilities and the need for reasonable accommodations up to the standard of Americans with Disabilities Act (ADA) compliance when placing the tenant in living arrangements.
- f. The City also reserves the right to modify eligibility and referral criteria based on changing community needs and by population.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and the extent to which the proposer demonstrates successful relevant experience in Intake and Assessment based on the criteria listed in this section. It is worth a maximum of 5 percent in the Proposal Evaluation.

B. Supportive Services

1a. Program Expectations for Population Option 1: Single Adults and Adult Families with a Head of Household with Serious Mental Illness, Substance Use Disorder or Co-Occurring Serious Mental Illness and Substance Use Disorder

- a. The Proposer would have a minimum of five (5) years of successful, relevant experience delivering supportive services within a congregate or scattered-site housing program and using evidenced-based and/or evidence-informed practices based on the criteria listed in this section.
- b. The Proposer would provide services that are:
 - i. Strengths-based, culturally and linguistically competent and sensitive.
 - ii. Flexible to fit each tenant's individual needs and adapt as their needs change over time, including flexible scheduling during evenings and weekends to accommodate career and academic schedules.
 - iii. Easily accessed by all tenants.
- c. The Proposer would, in conjunction with each tenant, complete a comprehensive needs assessment and individualized support service plan focused on their strengths and needs and designed to assist the tenant to maintain housing, maintain healthy lives and increase their financial stability. Elements

- of assessment and service planning may include but not be limited to physical health (including HIV/STI), mental health, substance use, dental health, tobacco use, education, employment, domestic violence and trauma.
- d. The Proposer would update the tenant-directed service plan at least quarterly, clearly outlining the stated objectives and goals related to housing stability, financial security and progress towards recovery; and would have monthly meetings to review service plan goals with each tenant as long as the tenant is housed.
 - e. The Proposer would utilize an outreach and engagement approach that encourages tenants, and other members of the household as applicable, to engage and participate in supportive housing services, and would provide additional services, such as escorts to services or appointments, skills-building activities, etc. as appropriate based on tenant need. The type and intensity of services may vary.
 - f. The Proposer would provide all services using evidence-based and/or evidence-informed practices, including but not limited to:
 - i. Motivational Interviewing
 - ii. Person-Centered Planning
 - iii. Recovery-Oriented and Trauma-Informed Case Management
 - g. The Proposer would use evidence-based and/or evidence-informed practices to address the substance use and/or mental illness recovery related needs of tenants and support skill building to sustain recovery.
 - h. The Proposer would provide health and wellness services and education, as applicable to need, and provide activities for all tenants including, but not limited to, tobacco cessation, healthy eating, exercise, recreation and Wellness Self-Management.
 - i. The Proposer would provide conflict resolution, crisis intervention and crisis de-escalation to all tenants as needed with a goal of minimizing use of emergency services such as 911.
 - j. The Proposer would provide harm reduction services, for tenants, as applicable, focusing on the avoidance of high-risk behaviors, including substance use and disease prevention, including, but not limited to safe injection, use of naloxone to prevent death from opioid overdose, safer sex practices, needle exchange, health education, infectious disease prevention, and rapid HIV/AIDS testing.
 - k. The Proposer would adopt a person-centered, non-judgmental and flexible approach whereby sobriety is encouraged and supported.
 - l. The Proposer would provide opportunities for direct tenant involvement, contribution and leadership into ongoing program implementation and management, through participation in monthly community meetings, advisory boards, or other means.
 - m. The Proposer would promote the rehabilitation and recovery of tenants by:
 - i. Supporting their involvement in local community groups such as tenant associations, block associations, faith-based organizations, community gardens, and/or community boards.
 - ii. Facilitating individual and group meetings, participation in recreational groups, and participation in manualized group interventions.
 - iii. Assisting in obtaining and maintaining all applicable government benefits.
 - iv. Providing assistance with budgeting and promoting financial literacy.
 - v. Managing adherence to physical and behavioral health medications.
 - vi. Providing assistance learning either daily or independent living skills as appropriate (e.g., preparing food, maintaining a clean living environment, division of household responsibility and other matters).
 - n. The Proposer would provide to each tenant directly, or through referral linkages to other providers, the following services that will support the achievement of their service plan goals including, but not limited to, educational opportunities, job readiness programs, vocational training, employment placement and retention supports, and legal assistance.

- o. The Proposer would develop and implement a plan for making referrals and establishing linkages with a wide variety of service providers in order to meet the current and emerging needs of the tenants. The plan should include how the referral process would accommodate the tenant's language, transportation and insurance specifications, as well as any other factors important to the tenant's engagement in the service(s).
- p. The Proposer would ensure that tenants have a lease that is written in easily understandable language and operate a program with no length of stay requirements.
- q. The Proposer would make every effort to preserve the tenant's housing in the event of hospitalization or relapse.
- r. The Proposer would develop a positive and effective means to transition tenants who no longer need supportive services to independent or other long-term permanent housing as appropriate.

1b. Program Expectations for Population Option 2: Families with Children with a Head of Household who has a Serious Mental Illness, Substance Use Disorder or Co-Occurring Serious Mental Illness and Substance Use Disorder

- a. The Proposer would have a minimum of five (5) years of successful, relevant experience delivering supportive services within congregate or scattered-site housing programs and using evidenced-based and/or evidence-informed practices based on the criteria listed in this section.
- b. The Proposer would provide services that are:
 - i. Strengths-based, culturally and linguistically competent and sensitive.
 - ii. Flexible to fit each tenant's needs and adapt as their needs change over time, including flexible scheduling during evenings and weekends to accommodate career and academic schedules.
 - iii. Focused on holistic family planning.
 - iv. Easily accessed by all tenants.
- c. The Proposer would, in conjunction with each family, complete a comprehensive needs assessment and individualized support service plan focused on their strengths and needs that may include their physical health, mental health and developmental needs, and is designed to assist the tenants to maintain housing, maintain healthy lives and increase their financial stability. The needs assessment and service planning would consider the needs of all the members in the household including the needs of the children (for example HIV/STI, immunizations, mental health, substance use, dental health, tobacco use, educational engagement, employment, domestic violence, trauma, and child safety).
- d. The Proposer would provide services to the family, including, but not limited to, employment and financial management counseling, health services education, and educational support for all members in the household.
- e. The Proposer would update the tenant-directed service plan updated at least quarterly, clearly outlining the stated objectives and goals related to housing stability, financial security and progress towards recovery; and would have monthly meetings to review service plan goals with each family as long as the family is housed.
- f. The Proposer would utilize an outreach and engagement approach that encourages tenants and their families to engage and participate in supportive housing services.
- g. The proposer would provide additional services, such as escorts to services or appointments, skills-building activities, individual family meetings, etc., as appropriate based on tenant need. The type and intensity of services may vary.
- h. The Proposer would hire staff who have core competencies in child development and risk assessment and will provide all services using evidence-based and/or evidence-informed practices, including, but not limited to:
 - i. Motivational Interviewing

- ii. Person-Centered Planning
 - iii. Recovery-Oriented and Trauma-Informed Case Management
- i. The Proposer would use evidence-based or evidence-informed practices to address the substance use and/or mental illness recovery related needs of tenants and support skill building to sustain recovery.
- j. The Proposer would provide health and wellness services and education, as applicable to need, and provide activities for all tenants including but not limited to tobacco cessation, healthy eating, exercise, recreation and Wellness Self-Management and child development.
- k. The Proposer would have staff who are trained in recognizing signs of abuse and neglect.
- l. The Proposer would provide conflict resolution, crisis intervention and crisis de-escalation to all tenants as needed with a goal of minimizing use of emergency services such as 911.
- m. The Proposer would provide harm reduction services focusing on the avoidance of high-risk behaviors, including substance use and disease prevention, including, but not limited to safe injection, use of naloxone to prevent death from opioid overdose, safer sex practices, needle exchange, health education, infectious disease prevention, and rapid HIV/AIDS testing.
- n. The Proposer would adopt a person-centered, non-judgmental and flexible approach whereby sobriety is encouraged and supported.
- o. The Proposer would provide opportunities for direct tenant involvement, contribution and leadership into ongoing program implementation and management, through participation in monthly community meetings, advisory boards, or other means.
- p. The Proposer would promote the rehabilitation and recovery of tenants by:
 - i. Supporting their involvement in local community groups such as tenant associations, block associations, faith-based organizations, community gardens and/or community boards.
 - ii. Facilitating individual and group meetings, participation in recreational groups, and participation in manualized group interventions.
 - iii. Assisting in obtaining and maintaining all applicable government benefits.
 - iv. Providing assistance with budgeting and promoting financial literacy.
 - v. Managing adherence to physical and behavioral health medications.
 - vi. Providing assistance learning either daily or independent living skills as appropriate (e.g., preparing food, maintaining a clean living environment, division of household responsibility and other matters).
- q. The Proposers would provide to each family directly, or through referral linkages to other providers, the following services that will support the achievement of their service plan goals including, but not limited to:
 - i. Educational opportunities, job readiness programs, vocational training and employment placement and retention support.
 - ii. Family reunification services; nutritional counseling and services; respite or alternative caregiver services in cases where the head of household requires hospital or out-of-home residential treatment; conflict resolution; and any other skills and services that the families would require to remain stably housed.
 - iii. Parenting skills training such as first-time parenting programs (where applicable), connection to prenatal service, OB/GYN, and pediatrician for well-baby visits; mentoring; legal services; and family planning, access to childcare, after-school programs, tutoring and summer camp services.
 - iv. Legal assistance.
- r. The Proposer would develop and implement a plan for making referrals and establishing linkages with a wide variety of service providers in order to meet the current and emerging needs of the tenants/families. The plan should include how the referral process would accommodate the tenant's language, transportation and insurance specifications, as well as any other factors important to the tenant's engagement in the service(s).

- s. The Proposer would provide to each child (directly or through linkages to other providers) support with educational and development programs.
- t. Proposer would ensure that tenants have a lease that is written in easily understandable language and operate a program with no length of stay requirements.
- u. The Proposer would make every effort to preserve the tenant's housing in the event of hospitalization or relapse.
- v. The Proposer would develop a positive and effective means to transition tenants who no longer need supportive services to independent or other long-term permanent housing as appropriate.

2. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach and the extent to which the proposer demonstrates successful relevant experience in Supportive Services based on the criteria listed in this section. It is worth a maximum of 35 percent in the Proposal Evaluation.

C. Program Operations

1. Program Expectations:

- a. The Proposer would have a minimum of at least five (5) years successful, relevant experience locating and renting apartments as outlined in this section of the RFX.
- b. The Proposer would locate apartments in neighborhoods that are in close proximity to public transportation and accessible to other amenities like shopping, laundry, health care and other necessary services, that meet Federal Housing Quality Standards and that have gross rents that do not exceed the City's designated annual operating rates that are in effect as of 10/20/2021. Rent rates include utilities costs.
- c. The Proposer would rent living units that are studio, one (1), two (2) or three (3) bedroom apartments that appropriately correspond with household size and which offer tenants access to individual bathrooms, kitchens and storage space for clothing and other personal items. Contingent upon tenant preference and the availability of appropriate housing in the community, two (2) bedroom or three (3) bedroom apartments in which single tenants share bathrooms and kitchens are also permissible. However, each tenant must have their own bedroom with storage space for clothing and other personal items. The Proposer may rent groups of apartments in a single building, preferably no more than twenty percent (20%) of the units in a single building.
- d. The Proposer would ensure all scattered-site units are new to the supportive housing portfolio and any scattered-site units secured via contracts awarded from this RFX would not supplant the units in any other affordable housing program, including those funded by HPD programs. Contract unit locations shall be subject to the final approval of the City.
- e. In cases where the Proposer is the lease holder for the apartment(s), the Proposer would ensure the tenant is provided with a sublease written in easily understandable language and a copy of such sublease would be maintained as part of the tenant file; and in cases where the tenant is the primary lease holder, the Proposer would maintain a copy of the lease in the tenant's file.
- f. The Proposer would establish appropriate procedures for searching for missing tenants and terminating the tenant's sublease if a tenant does not comply with the sublease provisions and/or requires assistance beyond the scope of the program. In such circumstances, the Proposer would follow due process procedures and New York City's landlord/tenant law and identify alternate appropriate placement.
- g. The Proposer would establish appropriate policies and procedures for engaging tenants who are in violation of their lease and work with the tenant to prevent eviction when possible. The Proposer would ensure that due process procedures and New York City's landlord/tenant law would be followed. In the event that a tenant has a housing court case commence, the Proposer would document all intervention efforts made and will alert the designated City agency. The Proposer would

develop a process to engage and transition the tenant who has their housing terminated to appropriate services.

- h. The Proposer would establish policies and procedures for requiring tenants to contribute a maximum of thirty percent (30%) of head of household gross income toward rent and utilities.
- i. The Proposer would ensure that apartments meet New York City building and fire codes and have a current Certificate of Occupancy that is appropriate for the number of tenants to be served.
- j. The Proposer would develop and implement procedures for conducting apartment inspections on a regular basis.
- k. The Proposer would have a process for ensuring all buildings have valid Certificate of Occupancy, meet requirements of Department of Buildings (DOB), and are free of violations. Violations will be monitored as part of contract management.
- l. The Proposer would ensure that each apartment will have kitchen facilities or access to kitchen facilities, access to individual bathrooms, and storage space for tenant clothing and personal items.
- m. The Proposer would provide furnishings including beds, dressers, air conditioners, tables, cribs (as applicable), and other appropriate items, that are new, good quality and durable. If an apartment has living room or common area, the Proposer would provide a sofa.
- n. The Proposer would provide move-in kits to include items that would be useful to establish a new home.
- o. The Proposer would make minor renovations and/or assist the tenant with filing a reasonable accommodation request as needed to make the apartment(s) accessible as per the American Disabilities Act (ADA) and based on the individual needs of the tenant.
- p. The Proposer would achieve full occupancy within six (6) months or less of first tenant move-in, if proposing a program of more than twenty (20) units.
- q. Throughout the term of the contract, the Proposer would be required to maintain an annual occupancy rate of ninety percent (90%) for programs with twenty (20) or less units and an annual occupancy rate of ninety-five percent (95%) for programs larger than twenty (20) units.

2. Evaluation

- a. This section will be evaluated based on the quality of the proposed approach and the extent to which the proposer demonstrates successful relevant experience in Program Operations based on the criteria listed in this section. It is worth a maximum of 35 percent in the Proposal Evaluation.

D. Organizational Capacity and Staffing Plan

1. Program Expectations:

- a. The Proposer would have a minimum of at least five (5) years successful, relevant experience hiring, training and managing staff for supportive housing programs that would demonstrate the Proposer's capacity as a non-profit organization to provide supportive housing to the target population(s).
- b. The Proposer would ensure that the program has an appropriate staffing plan with sufficient numbers of staff to meet a 1:15 case management ratio.
- c. The Proposer would ensure that hired staff have appropriate qualifications and training for the target population(s) and would ensure salaries are commensurate with these qualifications.
- d. The Proposer would ensure that the program director or any staff supervising case managers has a graduate degree in social work or related human services field and experience serving the target population(s); or has a bachelor's degree and experience serving the target population(s) and supervisory experience.
- e. The Proposer would ensure a staffing pattern/plan that provides case management and community building activities during evenings and on weekends to accommodate the work, training and/or treatment requirements of tenants.
- f. The Proposer would hire staff with the core competencies necessary to provide the services outlined in the RFX and would ensure all staff have the skills and training to provide the required evidence-

informed and/or evidence-based practices, including motivational interviewing, person-centered planning and trauma informed case management. The Proposer would supplement staff experience by participating in available trainings and be required to demonstrate evidence of participation.

- g. The Proposer would ensure staff have the skills to provide the required program services, including individual and group meetings, recreational groups, manualized and/or curriculum-based group interventions, assistance in obtaining and maintaining all government benefits, managing adherence to physical and behavioral health medications, assistance learning daily living skills (e.g., preparing food, maintaining a clean living environment, facilitating cooperative apartment mate agreements on bill payments, division of household responsibility and other matters), conflict resolution, crisis intervention and crisis de-escalation, referrals, and housing placement (for tenants who would like to move on to a more independent setting).
- h. The Proposer would be required to provide a minimum of weekly supervision of staff to ensure the appropriate delivery of services and implementation of the evidenced-based and/or evidence-informed practices.
- i. The Proposer would initially train staff and ensure ongoing training.
- j. The Proposer would ensure all staff are trained in harm reduction approaches. This includes basic knowledge of the following: safe injection, safer sex practices, addiction treatment and recovery, naloxone, the stages of change model, trauma and relapse prevention, street drugs and their effects, symptoms of overdose and withdrawal.
- k. The Proposer would ensure all staff are trained in recognizing the signs of abuse and neglect and understand the requirements for mandatory reporting.
- l. For families with children programs, the Proposer would ensure that all direct service staff is trained in child development, mandated reporting, and family dynamics.
- m. The Proposer would ensure all staff have an understanding of co-occurring disorders and understand the supports and interventions effective in recovery-oriented practices.
- n. The Proposer would establish and maintain an on-call system for all tenants to access supportive service staff twenty-four (24) hours a day/seven (7) days a week.
- o. The Proposer would actively seek qualified tenants to employ as housing support staff across their housing portfolio.

2. Evaluation

- a. This section will be evaluated based on the quality of the proposed approach and the extent to which the proposer demonstrates successful relevant experience in Organizational Capacity and Staffing Plan based on the criteria listed in this section. It is worth a maximum of **15** percent in the Proposal Evaluation.

E. Program Evaluation and Reporting

1. Program Expectations:

- a. The Proposer would have at least five (5) years of successful, relevant experience collecting data, following evidence-based and/or evidence-informed practice requirements, developing quality assurance plans, implementing evaluation protocols to ensure the quality and effectiveness of services, and reporting on outcomes as outlined in this section.
- b. The Proposer would adhere to the provisions of the NYC 15/15 Initiative that call for the implementation of an evaluation protocol to ensure quality and effectiveness of the services developed. The City will develop data collection and reporting systems to evaluate the outcomes and determine the costs and benefits of the services provided under the agreement. The Proposer would submit the required documents and information in accordance with the terms of the contract.
- c. The Proposer would utilize their own and City-identified database systems to track, record and report information to the City as required, including but not limited to tenant demographics, income source,

place discharged to, and outcome data (e.g., occupancy rate, housing retention/stability, hospitalization, incarceration, health outcomes, etc.).

- d. The Proposer would track tenants who have moved on from the program to non-supported independent housing or other placements by maintaining contact with such tenants for a period of one (1) year following their departure from the program. At a minimum, the Proposer would make contact with the tenant at three (3) months, six (6) months, and one (1) year after departure.

2. Evaluation

- a. This section will be evaluated based on the quality of the proposed approach and the extent to which the proposer demonstrates successful relevant experience in Program Evaluation and Reporting based on the criteria listed in this section. It is worth a maximum of 5 percent in the Proposal Evaluation.

F. Budget Management

1. Program Expectations:

- a. The Proposer would have a minimum of five (5) years of experience managing contract budgets for the proposed population(s) as outlined in this section.
- b. The Proposer would adopt strict fiscal controls to ensure finances are managed appropriately, including proper separation of duties, grant management to ensure sound financial controls, and financial transactions are authorized and documented appropriately.
- c. It is anticipated that the maximum service awards will be as follows:
 - i. Single Adults: \$10,000
 - ii. Adult Families: \$10,000
 - iii. Adult Families with Children: \$19,200
- d. Anticipated operating awards are not to exceed the City's designated annual operating rates at the time of contract, are inclusive of utilities, and are in consideration of thirty percent (30%) of tenant household contribution towards rent and utilities.
- e. Proposers placing more than one (1) single adult in shared units will be paid service awards per person and operating award per apartment size.
- f. The Proposer would allocate contingency funds in the budget to cover tenant emergency needs and events that may lead to non-payment of rent, such as hospitalization.
- g. Operating expenses will be eligible for an annual two percent (2%) increase each year from the initial operating rate.
- h. The proposed budget represents the annual costs to provide services for the proposed program. The start-up costs for the program would be no more than three (3) months of the first year overall annual budget. Start-up costs are not over and above the full operating/service budget. Proposers will be able to use up to twenty-five (25%) of the first year's potential budget towards start-up including for costs related to seeking apartments.
- i. The Proposer would operate the program with a budget based on the anticipated available funding.
- j. The Proposer's costs would enable the effective delivery of services described in this RFx.
- k. All price and budget proposals should be prepared in accordance with [The City of New York's Health and Human Service Cost Policy and Procedures Manual \(Cost Manual\)](#). For the purpose of responding to this solicitation, proposers may budget up to an Accepted Indirect Cost Rate or use the 10% de minimis Indirect Cost Rate.

2. Evaluation

- a. This section will be evaluated based on the quality of the proposed approach and the extent to which the proposer demonstrates experience in Budget Management based on the criteria listed in this section. It is worth a maximum of 5 percent in the Proposal Evaluation.

Section III – Basis for Contract Award and Procedures

A. Proposal Evaluation

All proposals accepted by HRA will be reviewed to determine whether they are responsive or nonresponsive to the requirements of this RFx. Proposals which HRA determines to be nonresponsive will be rejected. HRA Evaluation Committees will evaluate and rate all remaining proposals based on the Evaluation Criteria outlined in this RFx. HRA reserves the right to conduct site visits, to conduct interviews, or to request that proposers make presentations, as deemed applicable and appropriate. Although HRA may conduct discussions with proposers submitting acceptable proposals, it reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic terms.

This is an open-ended RFx; therefore, proposals will be accepted through PASSPort and reviewed on an ongoing basis until the units necessary for the program have been met.

B. Evaluation Criteria

A. Intake and Assessment	5%
B. Supportive Services	35%
C. Program Operations	35%
D. Organizational Capacity and Staffing Plan	15%
E. Program Evaluation and Reporting	5%
F. Budget Management	5%

C. Contract Award

Proposals will be reviewed and evaluated as they are received by HRA. Proposals will be ranked in descending order of their average technical scores and HRA will establish a shortlist through a natural break in scores for technically viable proposals. A contract will be awarded to the responsible proposer(s) whose proposal is determined to be the most advantageous to the City, while remaining within the Not to Exceed Rates set forth in the RFx and depending on funding availability. HRA will select all technically viable proposals in descending order until the available number of units in this RFx is expended.

Awards will be made to the highest rated vendors whose proposals are technically viable and whose prices do not exceed the maximum service award for the proposed population(s) and the City's designated annual operating rates. However:

- HRA reserves the right to award less or more than the full amount of funding requested and to modify the allocation of funds in the best interests of the City.
- HRA reserves the right to allocate units based on the best interest of the City.
- HRA reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- HRA reserves the right, prior to contract registration and during the term of the contract, to change the program service size (including the number of units funded), program type and model of its population depending on the needs of the system.

HRA reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interests of the City, the dollar amount for each such contract awarded. The City reserves the right to tentatively select a total number of units greater than the designated number of units needed for Scattered-Site Supportive Housing to ensure that the full target is achieved in the minimum feasible amount of time.

The City reserves the right to add funding to this RFx, add additional available units and select additional proposals in the same manner as discussed above.

Contract Award shall be subject to the timely completion of contract negotiations between HRA and the selected proposer(s) and a determination of both Contractor responsibility and administrative capability.

The resultant contract(s) awarded under this Request for Proposals shall be administered by the New York City Department of Mental Health and Hygiene. The City, however, reserves the right to transfer such result contracts to another City Agency.