



NYC Department of Homeless Services



THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE

September 12, 2006

Homeless Street Outreach and
Housing Placement Services Programs
Joint Concept Report Pursuant to Local Law #13 Requirements
PIN: 071-07S-03-1076

A. Purpose of RFP

In June of 2004, Mayor Bloomberg unveiled *Uniting for Solutions Beyond Shelter*, a five-year action plan to end chronic homelessness in New York City. A key goal in this plan is a two-thirds reduction in the street homeless census by 2009. The Department of Homeless Services (DHS) estimates that there are 3,843 homeless adults currently living on the streets or in other public places. Many of these individuals suffer from a serious and persistent mental illness and/or an alcohol or substance use disorder. Typically intolerant of emergency homeless shelters, some of these individuals remain on the streets for years. The challenge facing both DHS and the Department of Health and Mental Hygiene (DOHMH) is to reduce the number of chronically street homeless individuals by maximizing available resources and spearheading a plan to move these individuals into appropriate housing with access to social, medical and behavioral health services.

This RFP combines funding from both DHS and DOHMH and seeks appropriately qualified not-for-profit contractors to provide street outreach and housing placement services to homeless individuals living on the street or in public places, many of whom have severe and persistent mental illness (SPMI) and/or substance abuse disorders. DHS and DOHMH will divide New York City into catchment areas. The RFP will award a single proposal per catchment area. The proposal will outline a program to be funded by both DHS and DOHMH. One joint RFP will be released detailing the scope of services for which each Department will award contracts. Each Department will enter into a contract with the same single proposer for the designated catchment area. Proposers interested in serving more than one catchment area must submit a separate and complete proposal for each catchment area.

Making housing opportunities accessible to chronically street homeless individuals requires significant reconfiguration of the homeless outreach services currently purchased. Historically, the mission of street outreach has been to render emergency assistance to homeless clients in the form of food, treatment referrals or transportation to shelters, drop-in centers and detoxification programs. DHS and DOHMH now seek to shift the focus to expediting the placement of clients into transitional or long-term supportive housing, safe havens, long term substance abuse treatment programs, or specialized DHS program shelters, in order to promote their recovery and reintegration into meaningful community life.

Building on relationships with homeless clients and the common goal of housing, outreach providers would link clients to services, including the completion of psychiatric and medical assessment/evaluation, assistance with housing and public benefits applications, enrollment in mental health and/or substance abuse treatment services, in order to rapidly place clients into permanent supportive housing, transitional housing, or other long-term residential settings. The central premise of the new approach to outreach is that rapid placement into permanent housing, with available support services as necessary to maintain that housing, is the best ultimate outcome for clients. In this housing first approach, any services other than placement provided by the outreach programs should be viewed as routes to assist clients to achieve permanent housing.

Under this RFP, program services will consist of casework and clinical interventions coupled with permanency planning to achieve outcomes with a difficult-to-engage, frequently service-resistant population. Many street homeless clients suffer from a serious mental illness. In addition, most present multiple barriers to housing placement such as active substance abuse, non-compliance with treatment, lack of entitlements or sources of income, and an inability to navigate a sustainable path to self-sufficiency. DHS and DOHMH believe that people who are chronically homeless utilize a disproportionately high amount of public resources such as shelters, hospitals, jails and prisons. Therefore, while contractors will be expected to serve all street homeless clients in their catchment area, they will be required to focus intensively on the chronically street homeless population. A chronically street homeless individual is defined as anyone who is living on the street *and* (1) has a disability (such as a serious mental illness, a disabling substance abuse disorder or another disabling medical condition) and has been homeless for at least 365 days of the last two years, not necessarily consecutively *or* (2) does not have a disability but has been homeless for two out of the last four years, not necessarily consecutively.

DHS has committed to reduce the street homeless census to 1,464 persons by 2009. The 2006 HOPE Street Count estimated that there were 3,843 street homeless clients in February of 2006. Each contractor will be assigned a target based on a reduction of the street homeless census in its catchment area from the 2006 estimate to the census goal. The borough-level targets are included in the following table:

Areas:	HOPE 2005 Estimate:	2009 Census Target:	Census Reduction Goal To Achieve Target:
Manhattan	1805	601	1204
Brooklyn	592	197	395
Bronx	587	195	392
Queens	335	112	223
Staten Island	231	77	154
Subway Locations	845	281	564
TOTAL	4,395	1,463	2,932

Outreach in the subway system will not be included in the scope of services for this RFP. DHS and DOHMH are currently considering how to define the boundaries of the catchment areas. One option under consideration is to identify each borough as a discrete catchment area. A second option is to combine Brooklyn and Queens into a single catchment area, for a total of four areas. Responders to this concept paper are encouraged to consider and comment on these options.

B. Planned Method of Evaluating Proposals

Proposals will be jointly evaluated by both agencies pursuant to the criteria set forth in the RFP. These criteria will include the quality of the proposer's plan for achieving a two thirds reduction by December 2009 in the designated catchment area; demonstrated quantity and quality of successful relevant experience; demonstrated level of organizational capability; and quality of proposed service approaches.

Contracts will be awarded to the proposers whose proposal is determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria as are set forth in the RFP. Each selected contractor will enter into contract with both DHS and DOHMH and all potential contractors are invited to develop subcontracting relationships with other agencies and partners to enhance the quality and comprehensiveness of services offered to clients. DHS and DOHMH reserve the right to approve all subcontractors as proposed under this RFP.

A single primary contractor will be designated by DHS and DOHMH as the single point of accountability for street homeless clients and outreach services in each catchment area. Contractors must demonstrate in their proposals the ability to offer high quality services, service coordination, communication and data management so as to achieve the highest and best outcomes with the street homeless clients in their respective catchment areas.

A successful proposal will demonstrate in detail how the proposer will leverage resources beyond the funding amount included in this RFP. Since much of the success of an outreach team will depend on access to housing resources, medical services, and other supportive services, DHS and DOHMH strongly encourage proposers to partner through subcontracting, letters of intent, or other linkage agreements with other service providers to enhance the service package they will offer and to access services that are not funded by this RFP. It will be necessary to include in the proposal detailed descriptions of the services that will be leveraged and commitments from the potential providers specifically describing the

offered services. Broadly stated referral agreement letters or letters of support will not be sufficient.

As an aid to providers who wish to collaborate in the development of a proposal, the RFP may include a list of the current providers of outreach services in New York City and the agency with which each has a contractual relationship for this service. The RFP may also list providers who offer related services that are used by outreach teams currently to serve street homeless clients.

C. Anticipated Contract Term

It is anticipated that the term of the contract awarded from this RFP will be for an initial period of up to three years and will include two three-year options to renew. DHS and DOHMH reserve the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

D. Anticipated Procurement Timeline

It is anticipated that the RFP will be released in November 2006 and the deadline for receipt of proposals will be approximately six weeks thereafter. A non-mandatory (but strongly recommended) pre-proposal conference will be held approximately two weeks after the RFP release date. Proposals will be jointly evaluated by both DHS and DOHMH. It is estimated that the contractors will be selected by March 2007 and that the start date for the contracts will be July 1, 2007.

E. Funding Information

DOHMH and DHS have determined that a combined maximum of \$9,715,109 will be available annually to fund homeless street outreach and housing placement services. This total is comprised of a combination of DOHMH funding in the amount of \$5,917,453 and DHS funding in the amount of \$3,797,656. (The funding sources of the DOHMH portion are the New York State Office of Mental Health and City Tax Levy funds; DHS dollars include \$781,950 in Emergency Shelter Grant funds and \$3,015,706 in State/City funds.)

These budget amounts are subject to change in the RFP. The RFP will provide details as to any restrictions on spending of dollars, application procedures and updated dollar amounts.

F. Program Information

Outreach and Housing Placements

Each program would provide homeless outreach and housing placement services to street homeless individuals, especially targeting those who are chronically homeless within the designated catchment area, to enable them to access permanent supportive housing or other long-term residential settings. Contractors would make contact with homeless individuals living on the streets and in other public places during varied day, evening and night time hours and

provide intensive case management to engage clients in the housing placement process. Long-term placements for this population may include residential treatment, apartments with private landlords using Section 8 certificates with in some instances Assertive Community Treatment (ACT) or Intensive Case Management (ICM) services, safe havens, New York/New York or other supportive housing, or direct placement into program shelters within the DHS system. To this end, contractors would coordinate with community-based resources to assist clients in securing entitlements, applying for permanent supportive housing or other long-term residential settings, and obtaining mental health and/or substance abuse treatment as needed. Specific assistance could take the form of, among other things, helping clients complete application forms, escorting clients to service and other appointments, and preparing clients for housing interviews using motivational interviewing techniques. For clients who have been engaged and are actively cooperating with the housing application process, contractors would have the option of paying for short-term housing, e.g. a private, rented room at a lodging-type facility, to stabilize the client until he or she is placed in permanent supportive housing, transitional housing, or another long-term residential setting, as appropriate.

Follow-up and Case Planning

Contractors will be expected to perform follow-up activities and participate in case planning and conferencing for all clients placed in DHS program shelters, detoxification programs, hospital inpatient settings, Addiction Treatment Centers, Alcohol Crisis Centers, and other transitional settings. The focus of the follow-up services will be to assist in the development of an appropriate service or housing plan. If a client has a pending housing application, interview, etc., the contractor must continue to follow the client until a long-term placement has been made.

Data Collection and Reporting

DHS and DOHMH expect contractors to deliver these services within a framework of strong collaboration with other outreach providers, treatment programs, housing providers, government agencies, and other community-based resources. In this regard, each contractor would be expected to collect data, conduct street counts of homeless individuals in their borough, track clients and share such information with the relevant providers or agencies in order to better integrate homeless services in the contractor's borough. Until such time as a unified citywide database is developed, all contractors would be required to develop a database containing a standardized list of reporting fields, designated in the RFP by DOHMH and DHS, to be collected by the provider as outlined in the RFP. The purpose of the database is to track client demographic and service-need information, to identify client location/movement, and to document entitlements, engagement in services and the progress of housing applications, and ultimately the achievement of milestones for payment. Both city agencies would like to solicit comments for proposed data sets for reporting on milestone payments from potential providers.

Staffing and Deployment

DHS and DOHMH are considering tying the funding for each contract to the results of the 2006 HOPE street homeless count, excluding subways, for the borough(s) to be served, as well as

comments received by potential providers. DHS and DOHMH reserve the right to adjust funding based on the 2007 HOPE street homeless count and any subsequent counts thereafter. Teams would be deployed for twenty four hours a day, seven days a week with three shifts per day. However, a reduced presence may be allowed on the overnight shift. All contractors would be expected to perform emergency response activities, as determined by DOHMH and DHS, during periods of extreme cold or hot temperatures or other dangerous weather conditions, as part of City coordinated efforts to bring clients indoors for safety. DHS and DOHMH are considering the option that all contractors would be responsible for responding to 311 and calls from the public based upon catchment area. Contractors would be expected to respond to such calls according to an agreed upon protocol between DHS and DOHMH as outlined in the RFP. Contractors may be expected to have clinical staff who can be trained and authorized by DOHMH to remove individuals deemed to require psychiatric hospitalization under the Mental Hygiene Law.

Performance-based Payments

It is anticipated that these contracts will be comprised of a combination of line-item budgeting and performance-based outcome payments. DHS and DOHMH are considering a payment system comprising total budgets in which no more than 50% would be line-item budget and expense reimbursement and at least 50% would be performance-based through milestone payments. DHS and DOHMH are considering giving greater consideration to proposals that increase the percentage of performance-based payment in the budget. In addition, a portion of the line-item budget may be used to fund short-term housing, e.g. a private, rented room at a lodging-type facility, if desired. Both agencies welcome suggestions for structuring budgets that would create the most accountability for performance while still allowing for efficient and effective operations. Client-based performance milestones may include some or all of the following:

1. Successful placement into transitional housing, permanent supportive housing or a long-term residential setting.
2. Successful enrollment in mental health services and/or substance abuse treatment.
3. Successful completion of supportive housing, public assistance, SSI or Medicaid applications.
4. An additional bonus based on the length of street homelessness of the placed client.
5. Retention in housing for a specified follow up period.

A long-term placement in a residential setting is defined as a placement that is expected to last six months or more. Examples include permanent housing, a transitional housing program, a residential substance abuse treatment program, or a DHS program shelter or reception center. Placement in a short term housing or lodging-type facility will not be counted as a milestone placement. DHS and DOHMH are considering giving credit for long-term placements that are preceded by a placement into a hospital, drop-in center, detox program or other short-term setting.

G. Proposed Vendor Performance Reporting Requirements

Reporting requirements will include, but not be limited to the following:

1. Claims for payment
2. Levels of service reports
3. Program and fiscal audits
4. Client-level information and placement and outcome data as requested
5. Catchment-area-level data, such as enumerations of street homeless clients and the status of encampments or places of congregation of street homeless clients

DHS and DOHMH are seeking comments on how to streamline reporting so as to minimize the burden of reporting inefficiencies.

H. Comments

Written comments (e-mails will be gladly accepted) on this concept report are invited and will be accepted until September 26, 2006, and must be directed to the following contact person:

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