

The Department of Youth and Community Development Residential and Non-Residential Runaway and Homeless Youth Services

Concept Paper – September 18, 2017

Purpose

This concept paper is the precursor to two Requests for Proposals (RFPs) to be issued by the Department of Youth and Community Development (DYCD) for contracts starting July 1, 2018. The RFPs will seek appropriately qualified nonprofit organizations to provide services for runaway and homeless youth (RHY) and youth at risk for homelessness in New York City (City) and their families. One RFP (RHY Non-Residential Services) will cover Drop-In Centers and Street Outreach Services. The other (RHY Residential Services) will cover Crisis Shelters and Transitional Independent Living (TIL) Programs.¹ It is anticipated that total available funding for the RHY program contracts awarded through the two RFPs will be \$26,639,000. Awards from this RFP will replace contracts that terminate on June 30, 2018 that were awarded through the Runaway and Homeless Youth Services RFP released on November 20, 2008, and subsequent amendments to those contracts. The RFP will also replace contracts that originated with awards from the City Council.

Background

Young people become homeless for many complex reasons including family conflict, shortages of affordable housing, and family poverty.² Youth run away for many reasons including violence, abuse or neglect in the home; mental illness or substance abuse among family members; challenges at school. Others are rejected by their families or experience family conflict as a result of their sexual orientation or gender identity, an unplanned pregnancy, use of drugs or alcohol, or inability to comply with parent/caretaker rules. Youth who age out of foster care or are discharged from detention in juvenile or other justice facilities are often at high risk for homelessness.

Homeless youth are still developing physically, emotionally, and socially. Many have not completed their education and are disconnected from formal educational or workforce systems. Lacking the financial resources and basic life skills needed to live independently, they often experience high levels of criminal victimization, including commercial sexual exploitation and labor trafficking, resulting in multiple traumas that jeopardize their well-being and development into thriving, self-sufficient adults.

For more than a decade, DYCD has worked to develop an integrated and coordinated continuum of care for RHY comprising Street Outreach Services, Drop-In Centers, Crisis Shelters, and TIL programs. The continuum is designed to make it easier for youth to access services and receive needed supports. In keeping with the New York State (State) law and RHY regulations, when it is inappropriate or unrealistic to reunite youth with their families, the aim is to help them move from crisis to transitional care to independent living.

The ideas set out in this concept paper are informed by DYCD's commitment to respond effectively to the multiple needs of RHY, the agency's experience administering RHY programs, and emerging research on promising strategies to address and prevent youth homelessness. It also reflects funding and policy changes instituted by the administration of Mayor Bill de Blasio which have allowed DYCD to significantly expand Crisis Shelter, TIL, and Drop-In Center programs. Services have also been expanded for vulnerable subgroups among the RHY population such as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth who are over-represented in the general RHY population. In addition, as a result of ThriveNYC supplemental funding has been provided to help RHY programs better address participants' mental health needs. (Regarding the ThriveNYC initiative, see below, page 6.)

Goals and Objectives

Taking into account the developments outlined above and evidence regarding effective strategies to assist RHY and young people at risk for homelessness, the goals and objectives of the RFPs will be:

- To protect and address the needs of RHY, reuniting them with their families whenever possible. Where reunification is not a realistic option, the goal would be to help youth progress toward stability, economic self-sufficiency, and successful independent living.
- To provide a safe and welcoming environment for all RHY regardless of background, culture or status, including LGBTQ youth and other vulnerable groups such as young pregnant women/mothers, victims of abuse, sexually and commercially exploited youth, youth involved with the criminal or juvenile justice systems, and foster care youth.
- To ensure that all programs adopt DYCD's "Promote the Positive" approach offering activities and experiences that help participants build on their strengths and identify realistic goals so they have the best chance of developing into healthy, responsible, and resilient adults.
- To facilitate access to appropriate resources through robust community partnerships, including effective systems for referrals to key additional resources.
- To deliver directly, and through referrals, appropriate and effective mental health services to program participants.
- To foster healthy and positive relationships among program participants, their peers, families and community members in ways that result in development of meaningful support networks.

Service Options and Competitions

| RHY Non-Residential Services | | |
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| Service Option/Competitions | Anticipated Annual Funding | Service Levels |
| <p>I. Drop-In Centers Six competitions as follows:</p> <p>Competitions 1-5 Five borough-based competitions for daytime Drop-In Centers</p> <p>Competition 6 One citywide competition for two 24-hour Drop-In Centers</p> | <p>Total annual funding: \$3,350,000</p> <p>Five contracts, one per borough, each funded at \$350,000</p> <p>Two contracts each funded at \$800,000</p> | <p><u>Borough-based Drop-In Centers</u> would:</p> <ul style="list-style-type: none"> ○ Serve a minimum of 1,500 youth annually ○ Provide case management services to at least 150 youth/families annually <p><u>24-Hour Drop-In Centers</u> would:</p> <ul style="list-style-type: none"> ○ Serve a minimum of 1,900 youth annually ○ Provide case management services to 190 youth/families annually |
| <p>II. Street Outreach Services</p> <p>Two competitions:</p> <ol style="list-style-type: none"> 1. Northern Outreach Services: Manhattan above 59th Street, Bronx, Queens 2. Southern Outreach Services: Manhattan below 59th Street. Brooklyn, Staten Island | <p>Total annual funding: \$400,000</p> <p>Two contracts each funded at \$200,000.</p> | <p>Each Street Outreach program would make at least 4,800 contacts with youth annually.</p> |

| RHY Residential Services (Open-Ended) | | |
|--|--|--|
| Service Option/Competitions | Anticipated Annual Funding | Service Levels |
| <p>III. RHY Residential Services Two citywide competitions:</p> <ol style="list-style-type: none"> 1. Crisis Shelters 2. TILs | <p>Total annual funding: \$22, 889,000 to provide up to a combined total of 487 Crisis Shelter and TIL beds funded at \$47,000 per bed.</p> | <p>Each Crisis Shelter or TIL would be expected to fill vacant beds within 48 hours, maintaining a utilization rate of at least 90%.</p> |

Key Features of RHY Programs

Through the new RFPs, DYCD will continue efforts to improve the quality and effectiveness of all RHY programs, reaffirming well-established features and clarifying DYCD's priorities and expectations.

A safe and welcoming environment

Participation in any RHY program is voluntary and many young people, due to trauma prior to or as a result of becoming homeless, find it hard to trust those who want to help them. Programs must therefore ensure a safe and welcoming environment for all youth, regardless of age, culture, or background. The goal is to ensure that everyone who seeks services feels a sense of belonging. To this end, the contractor will adopt protocols for staff behavior and provide effective training and supervision that guarantees an environment that is friendly and supportive. All youth would be treated with dignity and respect, starting from the very first encounter with program staff. It is important to note that even if a program is designed to target a particular sub-group of homeless youth (e.g., LGBTQ or pregnant and parenting youth) it must nevertheless ensure that any youth seeking services, whether or not a member of that target group, feels welcome and supported. Staff will also ensure that all young people understand the program's rules and participants' responsibilities.

Strengths-based framework and trauma-informed approaches

DYCD expects the programs it funds to recognize and value the strengths and assets of individuals and communities. In addition, RHY programs are expected to adopt trauma-informed principles and practices in service delivery. Key features of programs will include caring, empathetic relationships informed by an awareness and understanding of the effects of trauma, social justice principles such as inclusion, empowerment, respect, and collaboration, and meaningful choices for participants through mobilization of community resources. Within this framework, DYCD emphasizes Positive Youth Development (PYD), Social and Emotional Learning (SEL), and Youth Leadership, three interconnected concepts that act as a guide to help programs to achieve positive outcomes for youth, families, and communities. (See <https://www.flipsnack.com/NYCDYCD/dycd-promote-the-positive-flipbook-for-rfp.html>).

PYD is an assets-based approach that fosters healthy development and resilience by offering a safe environment, a sense of belonging, and authentic opportunities for participants to be heard and effect change in their lives. SEL involves intentional development of key skills including self-awareness, self-management, social awareness, relationship-building, and responsible decision-making. Youth Leadership builds on SEL competencies, adding a focus on *action* (i.e., using skills learned to effect change) and *reflection* (reinforcing lessons learned, building confidence, and responding to new challenges).

DYCD expects its contractors to tailor the above approaches to the context of their particular program area. In the case of RHY programs, where participants are especially vulnerable, critical areas of focus will be relationship-building, development of leadership abilities to set and achieve goals, and responsible decision-making. Homeless youth, by definition, are deprived of the everyday guidance and support of a parent or other caregiver. Therefore, program staff members become the responsible, caring adults and positive role models in their lives. By establishing trusting relationships with participants, staff can provide experiences that promote

their safety, engagement, confidence and empowerment. They can encourage youth to visualize their futures in positive ways, take control, strive for success, and persevere despite setbacks.

Programs can address a wide range of issues through workshops, discussion groups and individual and group counseling. They can foster healthy habits and life-styles and demonstrate the benefits of constructive, pro-social behaviors and the importance of responsible decision-making, reliability, critical thinking and good communication skills to success in adulthood. They can give youth opportunities to become good team players, leaders and role models. By using a variety of PYD approaches, they can steer their participants towards greater stability and independence and away from unstable, hazardous lifestyles.

DYCD has also developed a complementary family engagement framework, “Circles of Support.” This is underpinned by the following values: a philosophy of partnership and trusting relationships; appreciation for families’ strengths, perspectives and diversity; recognition of families of origin or of choice; respect for family culture, language, ethnicity, gender and gender identity; and consideration for the needs of individuals and families, which vary according to the developmental stages of program participants.

Addressing family relationships

Homelessness among young people is associated with multiple and overlapping factors, but those who run away or have been rejected by their families consistently pinpoint family conflict as a significant cause.³ At the same time, studies show correlations between greater family connectedness and more positive outcomes for homeless youth, whether or not youth eventually return home and even where there are high levels of family distress.⁴

In the forthcoming RFPs, DYCD will define “family” broadly to include wider kinship groups and significant, nonrelated caring adults. It will expect contractors to be mindful of the potential benefits of improved family relationships and the importance of addressing unresolved family issues that can undermine efforts to move youth towards stability. Staff should actively seek opportunities to identify and explore family issues, and, unless there is a history of violence or abuse, help youth rebuild family connections even when there is little chance of reunification. Family dynamics can change over time: despite prior conflicts and dysfunctional relationships, youth may want to maintain connections or reconnect with family members. Research shows that most return home within a fairly short time,⁵ and many remain in touch with relatives and friends at home through email, phone, text messaging, and social media.⁶

All staff should be alert to opportunities to ameliorate family relationships. If youth are inclined to reach out to family members, staff should provide support and reassurance to increase their confidence and sense of safety. In counseling sessions and psycho-social or life-skills workshops, staff can facilitate discussions about common causes of family conflict and the reasons parents impose rules. They can use role play to highlight the benefits of family connections, and, if appropriate, act as mediators to resolve particular family issues.⁷

If a homeless youth has been rejected by the family based on his/her sexual orientation or gender identity but wants to reconnect, it may provide case managers with an opening to engage with parents/caregivers and talk to them about the positive impact of family acceptance in protecting

LGBTQ youth against suicidal behavior, depression, and substance abuse and promoting their overall health and well-being.⁸ Notably, “*a little change in how families respond to their LGBT children can make a difference in their child’s health, mental health, and well-being ...*”⁹ Educating parents about the impact of their behavior can be a first step towards improved family relationships. Emerging research about the positive impact of family acceptance offers new opportunities for RHY programs to help youth thrive.

Health and Mental Health

Homeless youth are vulnerable to a variety of health and mental health challenges that may make it especially difficult for them to find stability and flourish. Therefore, it is critical that programs identify and help RHY effectively address their physical, mental, and behavioral health needs.

Health

Common health issues among RHY include exposure to sexually transmitted infections (including HIV), unwanted pregnancy, asthma, tuberculosis, diabetes, and hepatitis. Programs must address needs relating to these or other health conditions directly or through an efficient system of referrals to specialist treatment providers. The RFPs will require proposers to explain steps they will take to ensure that youth actually access the healthcare services they need. If lack of income is a barrier, contractors will be expected to connect youth to free healthcare clinics and help them apply for Medicaid coverage.

Mental Health and ThriveNYC

Common mental and behavioral health issues among RHY include anxiety, depression, post-traumatic stress disorder (PTSD), suicide ideation/attempts, and substance abuse and dependency.¹⁰ Sometimes, these conditions may be triggered by the experience of homelessness; in other situations, they may be one reason youth end up homeless. In all cases, if youth are to make progress towards stability and well-being, their mental and behavioral health challenges must be addressed.

The World Health Organization defines mental health as *a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*. This definition is cited in ThriveNYC – A Mental Health Roadmap for All.¹¹ Launched in 2015, ThriveNYC is a mental health action plan comprising multiple projects. It is designed to change the way people think about mental health and the way City government delivers mental health services. It approaches mental health as a comprehensive public health challenge and aims to change the conversation, eliminate the stigma surrounding mental illness, and improve access to effective treatments.

In 2016, as part of an effort to close treatment gaps, ThriveNYC began to provide supplemental funding to allow RHY program contractors to enhance the mental health services they can provide directly to their participants. Under the new RFPs, the value of DYCD contracts for Crisis Shelter, Transitional Independent Living and Drop-In Center programs will include the additional funding from the ThriveNYC initiative. Services provided directly might include (but would not be limited to) psychological evaluations, individual and group therapy, wellness and mindfulness programs, and arts and recreational activities that promote mental and emotional

health. If proposers are awarded a contract, their annual work plans will include an outline of the services they have committed to provide directly and they will be required to report on those services in accordance with indicators specified by DYCD and ThriveNYC.

Education, career development, and job readiness

In addition to addressing their immediate needs, programs must help RHY develop the skills and competencies that everyone needs to achieve success in adult life. This requires staff to set high expectations and provide the supports that will enable participants to identify and pursue their academic or employment goals. Staff must restore hope and build confidence, guiding youth toward realistic strategies for acquiring the knowledge, skills, and qualifications they will need to achieve their potential. The RFPs will emphasize the importance of developing a program culture that values persistence and achievement and motivates participants to succeed, and to support one another's efforts. They will also stress the critical responsibility of contractors to provide, or facilitate access to, education and employment-related resources which will enable youth to pursue their goals.

Community Partnerships

DYCD expects contractors to have sound knowledge of other services in the neighborhood and elsewhere in the City and establish robust partnerships that enhance program services for the benefit of the participants. The aim of these partnerships is to promote service integration at the local level and build provider networks that give youth access to a wide range of supports, wherever they happen to enter the RHY continuum of services. In particular, they will be expected to improve options for youth in education, career/workforce development, and health and mental health. To this end, the RFPs will require proposers to demonstrate that they have a minimum of three community partnerships with external organizations whose programs and services will expand or enrich resources available to RHY. The partnerships could involve ongoing referrals arrangements, joint projects, co-location of services, and subcontracts. Partners could include DYCD-funded programs operated by other organizations (e.g., educational programs for high-school age youth, workforce development programs), libraries, other City agencies, and specialist providers (e.g., in the areas of arts, recreation and culture, health, dental, or legal services). *Discover DYCD* can be used to identify DYCD-funded programs by neighborhood (see <http://www.dycdportal.nyc/discoverdycd/home>).

Referrals

The RFPs will emphasize the importance of effective systems of referrals to ensure that all significant participant needs are met. Since housing stability is vital to the future well-being of RHY,¹² referrals for emergency, transitional or permanent housing and supports, as needed, will be of primary importance. Other key areas will be specialist health and mental health services and education and career development programs.

Note: contractors who are multi-service providers will be encouraged to refer youth to all relevant services provided by other units, divisions, or programs of their organizations. However, for the purpose of the RFPs, such arrangements will not fulfill the requirement relating to community partnerships, since they would not contribute to the goal of building effective provider networks.

Common requirements relating to organizational experience, services, and staffing

Both RFPs will include the following requirements:

- All contractors will be expected to have a minimum of five years of experience within the last seven years providing services to at-risk youth that included assessments, referrals to other agencies, and case management.
- As part of their overall services for RHY, contractors will be expected to help homeless youth reach safe locations (including a DYCD-funded residential program) by taking them to their destination or making suitable alternative arrangements (e.g., providing Metro Cards or taxi rides).
- All contractors will be expected to have at least one key staff member with a master's degree in social work or other relevant area such as psychology or therapeutic counseling, plus four years of experience including at least two years of supervisory experience.

RHY Non-Residential Services

Service Option I: RHY Drop-In Centers

Drop-In Centers represent an important resource for homeless youth under age 25, youth at risk for homelessness, and their families. Their main purpose is to prevent youth homelessness or minimize its duration by providing information and a range of services including crisis counseling, needs' assessments, case management, workshops, and referrals (for youth and their families) to other key services such as education and career development, health and mental health, and substance abuse treatment. A major aspect of their role is to build awareness and educate the wider community about the causes of youth homelessness and the availability of resources and foster critical linkages with other local service providers. In recognition of their value and to enhance services and reach more youth, the City's investment in Drop-In Centers will be significantly increased in the forthcoming RFP.

Competitions 1-5: Borough-Based Drop-In Centers

- *Location.* At least one Drop-In Center will be located in each of the five boroughs. The Drop-In Centers are expected to be information and resources hubs for the whole borough. Accordingly, they must be easily accessible by public transportation from anywhere in the borough.
- *Hours.* Each center will operate on at least six days per week, as follows:
 - Four weekdays: 10:00 am to 8:00 pm
 - Saturdays and Sundays: 12:00 noon to 8:00 pm.Note: to ensure that Drop-In Center services are available seven days per week, the day each center selects for closure will be subject to DYCD approval.
- *Safe and welcoming environment for all homeless youth.* Drop-In Centers must be environments where even the most vulnerable youth feel safe and welcome, regardless of age, culture, or background. Youth who have spent time in foster care and those who identify as LGBTQ are significantly over-represented among the broader RHY population. Often, these young people have histories of trauma that make it hard for them to trust those offering support and assistance. The Office of the First Lady of New York City and the Children's Cabinet convened to identify opportunities to provide further support to LGBTQ youth, relating, in particular, to (1) cultural stigma, homophobia, and transphobia, (2) barriers to accessing culturally competent services, and (3) lack of safe spaces for these youth

throughout the city. For LGBTQ and other homeless youth, a Drop-In Center that is safe and welcoming will be an important entry point to critical support services.

- *Facility.* The Center's facility will be designed to accommodate program staff, members of the target population and provision of services, including a designated space for private counseling and case-management services. It will be attractive and provide a range of basic amenities including refreshments and meals, clean clothing, bathroom facilities, and, if possible, shower and laundry facilities, and lockers.
- *Participants of RHY Crisis Shelter and TIL programs.* The Drop-In Centers may serve youth who are participants in DYCD-funded RHY residential programs. Such youth would count towards a Center's total minimum service level, but not towards its total minimum case management caseload (described below).
- *Service levels.* Each center would serve a minimum of **1,500** youth annually and provide case management services to at least **150** youth/families.
- *Direct services.* These would include but not be limited to the following:
 - Provision of informational literature about youth homelessness and local resources for RHY and youth at-risk for homelessness and their families.
 - Provision of food, physical care, restrooms, showers, and laundry facilities.
 - Crisis intervention, needs' assessment, case-management/counseling, and mediation services.
 - Mental health services (e.g., psychological evaluations, individual and group therapy, and wellness and mindfulness programs, as selected by the contractor).
 - Access to RHY residential programs and other safe locations, as necessary (e.g., by providing them with Metro Cards, taxi rides).
 - Help youth acquire identification documents.
 - Life skills and work readiness programming.
 - Educational and employment counseling.
 - Referrals to Crisis Shelters or TILs and to key services such as education and career development programs, specialist health and mental health care, and substance abuse treatment.
- *Case management services.* Each center will be expected to provide more intensive case-management/counseling services for at least ten percent of the minimum number of youth/families required to be served under the contract.
 - Where a youth/family is referred for case management services, the center will open a case file. This will remain open until there has been no contact with the participant for 90 days, at which point the file will be closed. If the participant seeks services at a later date, the center will open a new case file.
 - Case managers will develop individual services plans with youth and families referred for these services.
 - Case managers will explore family-related issues with youth, talk to them about the potential benefits of renewing or strengthening family bonds, and will seek opportunities to foster closer family connections.
- *Workshops.* The centers will be required to offer a minimum of twelve structured, age- and developmentally-appropriate workshops per year for youth as part of their life-skills, work-readiness and other program services. Workshops will cover topics such as interpersonal relations, communication, decision-making, work readiness, financial literacy, health, and career exploration.

- *Staffing.* Staffing for each center will include at least one Program Director, one Community Outreach Coordinator (“Coordinator”), and other key staff.
 - The Program Director will have a master’s degree in social work or a related field and four or more years of experience working with youth, including at least two years’ supervisory experience. The Program Director will be the daytime site supervisor.
 - The Coordinator will have at least a bachelor’s degree in social work or related field and four or more years of experience working with youth.
 - Key staff, such as case managers and youth workers, will have at least two years of experience providing services to at-risk youth, including assessments, referrals to other agencies, and case management.

The role of the Coordinator will include:

- *Facilitating access to resources.* The Coordinator, under the supervision of the Program Director, will help youth and families access appropriate local services. He/she will ensure the center and other resources are visible to the community and connect those in need of assistance to specialist providers. The Coordinator will be responsible for establishing direct linkages with local providers such as City agencies, schools, and other RHY programs, and other DYCD-funded programs to help create an interlocking network of services relevant to participant needs, including their identified education and career goals.
- *Outreach.* The Coordinator will undertake community outreach that will include convening a minimum of eight community meetings per year at the program site or off-site venues (e.g., schools, churches, or community centers). The purpose of this outreach is to prevent youth homelessness or shorten its duration by educating the community about key risk factors, breaking stereotypes, creating a nexus between RHY and the community, disseminating information about local resources, and identifying new sources of support. (*Note:* the community outreach meetings are separate and distinct from the structured workshops that the Center is required to provide to RHY or youth at risk for homelessness.)

Competition 6: Twenty-Four Hour Drop-In Centers

- *Location:* one of the two 24-hour Drop-In Centers would be located in Manhattan, the other in another borough.
- *Program hours.* 24 hours a day, 7 days per week.
- *Daytime services.* As described under Competitions 1 -5 above.
- *Core elements of nighttime services.* These will include meeting essential and emergency needs of youth who seek assistance during the nighttime hours, including but not limited to providing food, restroom/washing facilities, and clean clothing; responding to emergency health and mental health needs; and helping youth reach safe locations (e.g., by providing them with Metro Cards or taxi fares).
- *Coordination with daytime services.* Nighttime staff will coordinate with daytime case managers, as necessary, regarding youth who sought assistance the previous night.
- *Service levels:* the centers will be required to serve a minimum of **1,900** youth annually and provide case management services to a minimum of **190** youth/families each year.
- *Nighttime site supervisor.* The Center would have a nighttime supervisor with appropriate experience and qualifications to undertake responsibility for Drop-In Center services provided during the night.

Service Option II: Street Outreach Services

The citywide Street Outreach Services are an entry point into the RHY continuum of services. Their role is to identify and distribute information about available services to RHY and youth at-risk for homelessness, provide food, clothing and other resources, make referrals to other service providers, and encourage youth to accept transport to their homes, to Crisis Shelters, or to other safe locations as appropriate. By developing rapport with young people in the streets and elsewhere, outreach workers provide direct information about RHY programs and refer those in need of services to the Drop-In Centers and Crisis Shelters.

Under this Service Option there will be two competitions:

Competition 1 - Northern Outreach services: Bronx, Queens, and Manhattan above 59th Street.

Competition 2 - Southern Street Outreach services: Brooklyn, Staten Island, and Manhattan below 59th Street.

- *Service levels.* Street outreach workers will be expected to make at least 4,800 contacts annually in the street and elsewhere
- *Hours of operation.* Street Outreach Services will operate for eight hours on six days per week from 7:00 pm in the evening to 5:00 am the next morning. However, schedules may be adjusted during the contract period based on service utilization.
- *Locations for Street Outreach Services.* Within the geographical area of the city indicated in each of the two competitions (see above) the contractor will focus efforts on those locations where homeless and at risk youth are known to congregate in the evenings and at night, on weekdays and weekends. Note: Proposers responding to the RFP will be expected to identify and demonstrate knowledge of popular locations and the number of RHY and at risk youth who typically congregate in these locations during weekdays and on weekends. The contractor will be expected to collaborate with DYCD and adjust its operations, as necessary, to ensure coverage of key locations.
- *Staffing.* DYCD will expect the contractor to have a minimum of two outreach workers with a track record of successful and relevant experience working with youth and one full-time supervisor with a master's degree in social work or other relevant area.
- Proposers will be expected to demonstrate capacity to provide safe transportation for youth to their homes, Crisis Shelters, or other safe locations.

Service Option III: RHY Residential Programs (Open-Ended RFP)

It is anticipated that DYCD will fund up to a combined total of **487** Crisis Shelter and TIL beds through an open-ended RFP. It is anticipated that approximately one third of these beds will be in Crisis Shelters, but the number funded for Crisis and TIL programs, respectively, will depend on changes in needs and priorities over time.

Minimum staffing for each Crisis Shelter or TIL program will be one full-time onsite supervisor and one full-time counselor. Either the onsite supervisor or the counselor will have a master's degree in social work (or related field) and at least two years relevant experience.

Competition 1: Crisis Shelters

Crisis shelters are voluntary, short-term residential programs that are certified by the Office of Children and Family Services (OCFS) and must comply with State regulations 182-1.¹³ They provide emergency shelter and services with the primary goal of reuniting RHY with their families. If that is not possible, the program will seek appropriate longer-term housing placements. Homeless youth may be referred to a Crisis Shelter from a Drop-In Center or Street Outreach Services or go directly to a Crisis Shelter. It is anticipated that under new Regulations to take effect on January 1, 2018, Crisis Shelters will be able to provide services to a youth for up to 60 days, with possible extensions of up to 120 days.

- *Target population.* Crisis Shelters will serve youth ages 16 to 20 years. However, DYCD will reserve the right to allow programs to serve older youth ages 21-24, subject to availability of additional resources and changes in OCFS regulations.
- *Programs tailored to the needs of underserved groups.* The RFP will allow proposers to design a Crisis Shelter for a specific group (such as LGBTQ, pregnant and parenting youth, sexually exploited youth, or youth with severe mental health challenges). However, the contractor will still be required to accept, subject to bed availability, a young person in need of emergency housing, whether or not he/she is a member of the target group. Contractors may also be required to provide respite services for youth referred to them by DYCD. Respite services are usually limited to 21 days and referrals are made subject to bed availability.
- *Effective use of scarce resources/utilization rates.* Given limited resources for longer-term housing options for homeless youth who cannot be reunited with their families, DYCD will expect contractors to make every effort to fill vacant beds within 48 hours and maintain utilization rates of at least 90 percent.
- *Hours of operation.* Crisis Shelters will be required to operate and provide staff supervision 24 hours per day, 7 days per week.
- *Crisis Shelter Services.*
 - The contractor will be required to ensure a safe and welcoming environment for all youth and provide emergency shelter, food, clothing, individual and group counseling, and transportation services.
 - For each youth admitted to the shelter, the contractor will be expected to undertake a comprehensive assessment and create an individual service plan (ISP) identifying immediate needs and actions to be taken to address them.
 - The contractor will provide, directly or through written agreements with other agencies, the full range of services required to address the goals outlined in the ISP including medical and mental health care, psychiatric evaluations, dental care, legal assistance, and any other urgent services needed by the youth or the youth's family.
 - The shelter will work closely with the RHY Drop-In Centers and Street Outreach services, both of which identify youth who are in need of emergency shelter. Where family reunification is not possible, the Crisis Shelter will explore other options, including supportive housing. Where a youth has been evaluated as ready for independent living, the shelter will make a referral to a Transitional Independent Living (TIL) program (subject to consent to share personal information gathered during the comprehensive assessment).

Competition 2: Transitional Independent Living Programs (TILs)

TIL services provide transitional housing placements, as distinct from short-stay accommodation, for homeless youth (and in some cases, their dependent children) who cannot, currently, return home to their families and have been assessed as suitable for programs that teach independent living skills.

- *Target population.* TILs will serve youth ages 16 to 20 years. However, in the RFP, DYCD will reserve the right to allow programs to serve older youth ages 21-24, subject to availability of additional resources and changes in OCFS regulations.
- TIL residents live in a certified cooperative housing setting that allows them maximum responsibility for their daily lives while offering onsite counseling and support services. The primary purpose is to equip youth with the social, emotional and practical skills they need to live independently and advance their educational and career goals. Under new regulations to be issued by OCFS, contractors will be able to provide services to TIL residents for up to 24 months.
- *Hours of operation.* TILs will operate and provide onsite staff supervision 24 hours a day, 7 days a week.
- *TIL program services.*
 - The contractor will conduct a comprehensive, in-depth, skills and needs assessment, and, **within 30 days of admission**, develop an individualized service plan (ISP) with the participant. The ISP will be reviewed with the participant every 30 days and revised as necessary.
 - The contractor will provide a comprehensive range of services including shelter, food, clothing, transportation, and individual and group counseling. It will also offer, directly or through written agreements with other providers, medical/mental health, legal, and educational and employment training services. The TIL will be expected to underscore the importance of educational and other qualifications to future success and connect residents to appropriate educational and employment resources. It will also help participants develop independent-living skills, with activities designed to develop problem-solving, decision-making, and communication skills.
 - The TIL will be required to provide some mental health services and supports directly. Proposals for TIL contracts will justify the choice of mental health services to be provided directly by reference to the needs of youth and other available resources.
- *Follow-up services.* Each TIL contractor will provide follow-up communication and referrals for at least 90 days after a youth exits the program.
- *LGBTQ youth.* All TILs will provide supports for LGBTQ youth. If a TIL lacks the necessary expertise and experience, it will partner with appropriate specialist providers.
- *Process of referrals to TILs.* A youth can get a referral to a TIL from any OCFS-certified Crisis Shelter, following a comprehensive assessment.
 - In the case of a youth who is not referred by a certified shelter, a request for a waiver, with documentation demonstrating the youth's suitability for the TIL program, must be submitted to and approved by the DYCD RHY Coordinator.
 - To ensure notification of potential referrals in a timely manner, the TIL contractor will be expected to communicate regularly with Crisis Shelter and Drop-In Center

- programs and report bed availability daily, using an electronic participant tracking system specified by DYCD.
- On receipt of a referral, the TIL will communicate its ability to accept or reject the referral to the referring agency and DYCD within 24 hours. If the TIL is unable to provide services, it will provide DYCD with a written explanation demonstrating the youth's unsuitability for TIL services. If there is no compelling reason for rejection, DYCD will expect the TIL to accept the referral. If the contractor fails to process a referral within 48 hours, DYCD reserves the right to ensure the vacant bed is filled with minimum delay, by placing the youth referred or another youth (e.g., if the first youth was accepted elsewhere). The provider will make every effort to expedite intake for a young person who requires a direct-referral or is being referred from a Drop-In Center to ensure safe housing for the young person as quickly as possible.

Minimum Qualification Requirements

No minimum qualification requirements are anticipated for the upcoming RFPs. However, by the date of contract award, if not previously demonstrated, the proposer must prove its status as a not-for-profit organization by submitting a copy of its certificate of incorporation. Proposers for Crisis Shelter and TIL contracts must be certified, or have filed for certification, to operate a residential facility as defined by New York State RHYA regulations, by the proposal submission due date indicated in the RFP. Proposers must have appropriate language in their Articles of Incorporation, allowing them to provide Crisis Shelter or TIL services, or will begin the process of adding required language. DYCD reserves the right to conduct site visits to proposed program sites prior to the award of contracts.

Monitoring and Performance Reporting Requirements

DYCD will conduct regular site visits to all RHY programs. These visits will include inspection of the physical plant, operations, services provided to participants, staffing schedules, personnel and staff training records, youth case records, and other documentation required to demonstrate compliance with DYCD contract obligations and New York State certification regulations. To ensure utilization rates of at least 90 percent in the residential programs, DYCD reserves the right to monitor cases where TILs reject referrals from Drop-In Centers or Crisis Shelters.

Providers will also be required to submit comprehensive statistical data as requested by DYCD, including youth served, demographics, utilization rates, and referrals. Contractors will be required to utilize the DYCD data management systems, as directed and cooperate with any internal and external program evaluators

Contractors will also be required to attend monthly (program director) meetings, trainings, and other events designed to enhance the skill levels of program staff, and improve communication and coordination among RHY providers.

Planned Method of Proposal Evaluation

Proposals will be evaluated pursuant to the evaluation criteria set out in the RFPs, which will include: successful relevant experience, demonstrated level of organizational capability, and quality of proposed approach.

Proposed Term of Contracts

It is anticipated that the term of the contracts awarded from the RHY RFPs will be three years, with an option to renew for up to three additional years. DYCD anticipates that the contract start date will be July 1, 2018.

Procurement Timeline

It is anticipated that DYCD will release the RFPs relating to this procurement by November of 2017. The proposal submission deadline will be approximately six weeks later.

Comments

Please submit comments on the concept paper by October 24, 2017. Comments may be e-mailed to CP@dycd.nyc.gov with the words “runaway and homeless youth concept paper” inserted in the subject line. Written comments may also be mailed to:

Cressida Wasserman
Department of Youth and Community Development
Planning, Research and Program Development
2 Lafayette Street, 20th Floor
New York, New York 10007

ENDNOTES

¹ The New York State Office of Children and Family Services (OCFS) regulates RHY residential services (Crisis Shelters and TILs) that youth bureaus provide. Under the New York City Charter, DYCD is the designated Youth Bureau for the City’s five boroughs. RHY residential services serve youth from age 16 through 20, unless otherwise specified by RHY regulations and DYCD contracts. For the New York State Regulations, 9 NYCRR Sub-Parts 182-1 (Runaway and Homeless Youth Regulations for Approved Runaway Programs) and 182-2, see <https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=I8c227200b72a11ddb5e846354f3a78d&originationContext=documenttoc&transitionType=Default&contextData=>.

² See, e.g., Lonnie Embleton, Hana Lee, Jayleen Gunn, David Ayuku, Paula Braitstein, et al., “Causes of Child and Youth Homelessness in Developed and Developing Countries – A Systematic Review and Meta-analysis,” *JAMA Pediatrics*, 170, No.5 (2016), 435-444. doi:10.1001/jamapediatrics.2016.0156. Also, Marjorie J. Robertson and Paul A. Toro, “Homeless Youth: Research, Intervention, and Policy” at <https://goproject.org/wp-content/uploads/2012/06/Homeless-Youth.pdf>.

³ See, e.g., “Emerging Framework for Ending Unaccompanied Youth Homelessness” (The National Alliance to End Homelessness, March 2012). This publication suggests that family reunification or support should be prioritized as the initial intervention in all RHY programs, with ongoing support after the youth returns to the family (see <http://www.endhomelessness.org/library/entry/an-emerging-framework-for-ending-unaccompanied-youth-homelessness>). Also see Caitlin Ryan, David Huebner, Rafael M. Diaz, and Jorge Sanchez, “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults,” *Pediatrics*, (January, 2009), <http://pediatrics.aappublications.org/content/123/1/346>.

⁴ See, e.g., “Family Intervention: Building Relationships and Increasing Stability for Runaway and Homeless Youth” (National Alliance to End Homelessness, Webinar June 18, 2012), <http://www.endhomelessness.org/pages/youth>.

⁵ See, e.g., “Ending Youth Homelessness before It Begins: Prevention and Early Intervention Services for Older Adolescents” (National Alliance to End Homelessness, 2009), <http://www.endhomelessness.org/library/entry/ending-youth-homelessness-before-it-begins-prevention-and-early-intervention>. See also, N.G. Milburn, D. Rosenthal, M.J. Rotheram-Borus, et al., “Newly homeless youth typically return home,” *Journal of Adolescent Health* (2007), 574-76, <http://www.ncbi.nlm.nih.gov/pubmed/17531769>. This study reports that most newly homeless adolescents return home for significant amounts of time within two years of becoming homeless.

⁶ One study has reported that 62 percent of homeless youth own a cell phone, 51 percent connected with home-based peers on the phone, 41 percent connected to parents, and 17 percent used their phones to call case managers. See, E. Rice, A. Lee, and S. Taitt, “Cell phone use among homeless youth: potential for new health interventions and research”, *Journal of Urban Health*, 88, No. 6 (Dec. 2011), 1175-82, <http://www.ncbi.nlm.nih.gov/pubmed/22076445>.

⁷ A variety of family-based interventions have emerged in efforts to improve outcomes for homeless youth. For example: Ecologically Based Family Therapy (EBFT), Functional Family Therapy (FFT), Multi-systemic Therapy (MST), and short-term cognitive behavioral approaches such as STRIVE (Support to Reunite, Involve, and Value Each Other). See Natasha Slesnick and Jillian L. Prestopnik, “Comparison of Family Therapy Outcome with Alcohol-Abusing, Runaway Adolescents,” *Journal of Marital and Family Therapy*, 35, No. 3 (July 2009), 255-277, http://findarticles.com/p/articles/mi_qa3658/is_200907/ai_n32422585/. Also see Milburn NG, Iribarren FJ, Rice E, Lightfoot M, Solorio R, Rotheram-Borus MJ, et al., “A Family Intervention to Reduce Sexual Risk Behavior, Substance Use, and Delinquency Among Newly Homeless Youth”, *Journal of Adolescent Health* (2012); and op. cit., Caitlin Ryan et al. Some researchers have suggested that family-based interventions may be “viable and underdeveloped alternatives to address adolescent problem behaviors and issues of family conflict and communication,” especially for youth under 20 who are more likely to return home. See, e.g., op. cit., Milburn et al. (2007).

⁸ C. Ryan, (2014). “Generating a revolution in prevention, wellness & care for LGBT children & youth”, *Temple Political and Civil Rights Law Review*, 23, No. 2 (2014), 331-344, https://familyproject.sfsu.edu/sites/default/files/Ryanc_Wellness%20Prevention%20%26%20Care%20for%20LGBT%20Youth-fn.pdf.

⁹ Ibid.

¹⁰ See, e.g., J.P. Edidin, Z. Ganim, S.J. Hunter, and N.S. Karnik, “The mental and physical health of homeless youth: a literature review” (Chicago: Department of Psychiatry and Behavioral Neuroscience, University of Chicago, 2012), <http://www.ncbi.nlm.nih.gov/pubmed/22120422>.

¹¹ See <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2016/03/ThriveNYC.pdf>.

¹² The significance of housing stability is illustrated by data from the NYC Department of Education showing that students living in Department of Homeless Services (DHS) family homeless shelters shelter throughout or for some portion of high school graduate at similar rates to housed peers and at a higher rate than those living in temporary non-shelter arrangements. See http://www.icphusa.org/new_york_city/1897/.

¹³ See endnote 1.