High Acuity in Supportive Housing RFP - Letter of Interest

Background

In recent years, there has been a shift in the needs and complexity of the supportive housing population: People are sicker, people are aging, people's needs are greater than what providers can support, and resources seem more challenging to access. We know that supportive housing is still the most appropriate setting for people who need deeply affordable housing and person-centered services and resources, but how can we adapt to meet the increased needs of our most complex tenants?

In NYC and across the country, we are seeing people with high health needs languishing in shelters and on the street. We are also seeing an increase in acuity in the people who are being referred to and entering supportive housing, and an uptick in the needs of people who are already in supportive housing. Our field has struggled post-pandemic: we had to pull away from non-critical face-to-face interactions, people's mental health has been negatively impacted by going through the trauma of COVID and being isolated, many non-profit service providers and community organizations shuttered their doors and have struggled to reopen, leading to more demand and less supply for the resources people need to stabilize.

In addition to this, the supportive housing demographic is changing over time: the aging population has become the fastest growing demographic in supportive housing. A recent report released by The Supportive Housing Network of New York confirms that over half of supportive housing tenants in NYC are 55 or older. People with co and tri morbid conditions are struggling to access the resources and collaborative care needed to help them manage their physical and behavioral health conditions. Since Coordinated Entry efforts began in 2018, the most complex and vulnerable people have been targeted and prioritized for placement in supportive housing to ensure that those most in need are able to access this valuable resource, and we have seen success- however, in many communities, we have failed to secure and implement enhanced funding and programming to account for the shift in the demographic in supportive housing.

Project

To best understand the needs of these high acuity individuals, we set out on a three-pronged approach to understand exactly what those needs are and how our field should adapt to meet them. First, we conducted a landscape assessment on both a national and local scale. This offered a wealth of information on what people- both tenants and staff- are seeing on the ground, and how agencies are pivoting to remain proactive and person centered.

Next, we are proud to launch our High Acuity in Supportive Housing RFP, dispersing multiple awards, totaling $1,000,000 in flexible grant funding to providers in order to help them respond to the needs of their staff and tenants through two-year pilots. Interested parties are encouraged to submit a Letter of Interest for funding through this pilot, and those selected will be invited to apply for the full RFP. The pilot interventions should address the challenges faced by high-acuity New Yorkers in supportive housing (SH) and experiencing homelessness; increase collaboration across stakeholders in the NYC homelessness system; address health needs through increasing access to quality services so providers feel better equipped to accept individuals with more complex health and behavioral needs; and stabilize housing for existing supportive housing tenants by enabling access to greater health services needed.

Finally, we will conduct a robust and in-depth evaluation of what we learn during the two-year pilot period. This evaluation will help us understand how the overall health and well-being of high need individuals in supportive housing can be positively impacted when the right funding is in place, allowing providers to be more responsive to the needs of the populations they are serving, especially when those needs are more acute in nature.

LOIs should be submitted to: highacuityRFP@csh.org by 5:00 PM on June 27th, 2025

High Acuity RFP Letter of Interest

High acuity refers to individuals living in or in need of supportive housing with intensive service needs in homeless services, supportive housing, and healthcare systems. It encompasses complex, co-occurring behavioral, medical, social, and long-term care needs that current systems struggle to address.

Characteristics of individuals with high acuity needs include (but are not limited to):

1. Challenges like:
   a. Substance use disorder
   b. Chronic physical health issues/disability
   c. Serious mental illness/developmental disability
2. Factors such as:
   a. Age (young adult/teen or over 55)
   b. Behavioral concerns
   c. Histories of violence
   d. Recent institutional return (prison/jail, hospital, long-term care)
   e. Hospitalization history (psychiatric/physical health)
   f. Chronic homelessness
   g. Impaired daily living activities
   h. Cognitive/physical health decline

We are seeking pilot projects that will be funded up to $125,000 per year for two years (maximum award $250,000 over two years) that will enhance support to supportive housing referrals and residents with the highest level of need. **Projects must serve a minimum of 40 individuals** who are either transitioning from homelessness into supportive housing or are existing supportive housing residents.

1. Full Funding Request Amount (maximum $250,000 over two years):
2. Describe the population you will serve with this intervention. Please specify the high acuity needs of this target population (150 words):
3. Describe your pilot project (500 words):
4. Detail the specific goals and outcomes of your project (300 words):
5. How many people will benefit/be impacted by your project?
6. Please detail any partnerships you will create or leverage for this project (150 words):

7. Briefly describe your organization and its relevant experience to carry out this project. Describe how the community served by this project is involved in project design, implementation, and/or evaluation. Explain how project staff are qualified to understand the issue and best positioned to implement the work (300 words):