

June 2017

Intensive Mobile Treatment Concept Paper

Purpose of the Proposed RFP

The Department of Health and Mental Hygiene (DOHMH) proposes to issue an RFP to provide Intensive Mobile Treatment (IMT) to adults (18+) with recent and frequent contact with the mental health, substance use, criminal justice, and homeless services systems. IMT is a mobile, flexible and interdisciplinary treatment and engagement team that is designed to provide easy access, sustained engagement, and continuity of care to people with a high degree of transience and complex cross-systems involvement.

During a demonstration period that began in January 2016, IMT proved to fill a critical gap in the behavioral health care system for people with highly unstable housing situations, unclear diagnoses, and/or interaction with the criminal justice system who have often been unsuccessfully served by the existing service system. Most mental health and substance use services are not resourced to respond rapidly to referrals for people in jail or shelter, to enroll people with limited or unclear referral information, to stay connected with people who may move between boroughs, to keep serving people who may not be consistently available for face-to-face contact, and to focus on long term engagement rather than transitions to lesser levels of care. IMTs were successful at doing all of this during the demonstration period. Therefore, DOHMH proposes to competitively solicit contractors to maintain continuity of care for existing caseloads and develop new teams to expand the number of IMT slots in NYC.

The Goals of the RFP

The goals of this solicitation are:

1. To provide easy access to high quality behavioral health treatment and support services for people with recent and frequent contact with the mental health, substance use, criminal justice, and homeless services systems.
2. To provide high quality and sustained engagement in behavioral health treatment and support services to people with histories of complex and continued trauma.
3. To provide continuity of behavioral health care and support to people who may be highly transient either within the community (e.g., between residences, shelters, boroughs) or between the community and institutional settings (e.g. jail, hospital).
4. To measure and reduce of criminogenic and violence risk to decrease future incidents of violence and/or criminal justice involvement among the target population.
5. To promote social inclusion and development of a sense of agency among the target population.

Program Information

Contractors must have an existing license from the New York State Office of Mental Health or the New York State Office of Alcohol and Substance Abuse Services for mental health and/or substance use services for people with mental illness or substance use. The IMT team's regular hours of operation will include evenings and weekends. The contractors will be expected to be flexible with these hours of operation in order to accommodate the needs and schedules of the consumers. Services, including psychiatric services, must be available by IMT staff 24 hours a day, 7 days a week with emergency phone response coverage.

Contractors will accept assignments of new cases exclusively from DOHMH through the Single Point of Access (SPOA). Contractors will respond to DOHMH to confirm receipt of new cases within an hour and will make

arrangements to meet with, or to otherwise attempt to engage newly assigned cases as quickly as possible and no more than 12 hours after assignment (including over the weekend).

IMT teams are multidisciplinary and include a Program Director, 2 Peer Counselors, 3 Behavioral Health Specialists (of which 2 must be licensed), 1 Registered Nurse, .5 Psychiatrist, and 1 Program Administrator. They work closely with all clients and there is approximately a 3:1 client to staff ratio.

IMT services will include psychosocial and psychiatric assessment, medication management, care coordination, peer support, and housing placement assistance. Additionally, IMT will offer specialized treatment interventions for trauma, substance use, aggressive behaviors and criminal justice involvement, including Trauma Informed Care, Motivational Interviewing, Integrated Dual Disorder Treatment (IDDT), Wellness Self-Management (WSM), Reasoning and Rehabilitation, Individualized Placement and Support (IPS), Family Therapy, Harm Reduction, and Medication Assisted Treatment. The Contractors will understand and implement holistic approaches to care.

The IMT will use the HCR-20 to assessing for risk of violent and/or criminal behaviors, and develop treatment plans to reduce those risks. Additionally, they will assessing for criminogenic risk using the LS-CMI, and develop treatment plans aimed to reduce assessed risks

The Contractors will be located near public transportation in the borough in which they propose to operate (IMT teams are expected to serve a person in any borough but every effort will be made to assign people to IMT teams based on their most frequent borough or residence). The Contractors will provide services wherever it is most appropriate to assertively engage the consumer in care. Most interactions take place outside of the program office, including in jail, in hospitals, in shelters, on the street, and in the consumer's home/place of residence. Treatment and support may also be provided in the Contractors' offices due to the transient nature of the population served. The Contractors are expected to have frequent direct and indirect contacts with their clients, depending upon the person and their situation. Daily contacts may be required and contacts may last several hours, as needed.

DOHMH anticipates that contracts for seven IMT teams will be awarded, each with the capacity to serve up to 27 people in the following boroughs:

- Two teams in Manhattan
- Two teams in the Bronx
- One team in Brooklyn
- One team in Staten Island that will also serve people in Brooklyn (based on demand)
- One team in Queens

Reporting Requirements

Contractors will submit a monthly contact log, which details duration, frequency and type of contact for each person served. They will also submit a monthly data report on all people they serve. Data falls into six major categories: adverse events, treatment services, other services, smoking and physical health, discharges, and outcomes. Each Contractor will also complete a monthly Provider Survey.

Use of HHS Accelerator

To respond to the forthcoming Intensive Mobile Treatment RFP, vendors must be appropriately qualified in the City's Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its human services Agencies to manage procurement.

Only organizations with approved HHS Accelerator Business Application and Service Applications for one or more of the following service areas will be eligible to propose:

- **Case Management**
- **Substance Abuse Services**
- **Outreach**
- **Medication Management**
- **Primary Care**

To submit a Business and Service application to become eligible to apply for this and other CCS RFPs, please visit <http://www.nyc.gov/hhsaccelerator>.

Proposed Term of the Contract(s)

It is anticipated that the term of the contracts awarded from this RFP would be as follows:

- July 1, 2018 – June 30, 2027 for awards to the following teams: 1 in the Bronx, 1 in Queens, and 1 in Staten Island also serving Brooklyn depending upon demand
- January 1, 2019 – December 31, 2027 for awards to the following teams: 1 in Brooklyn, 1 in the Bronx, and 2 in Manhattan

The specific duration of the initial term and any renewal options will be determined by DOHMH prior to award.

Procurement Timeline

It is anticipated that the RFP issuance date would be in fall 2017, with an approximate proposal due date in early winter 2017, and expected award decisions in spring 2018.

Funding Information

The total anticipated funding for the first contract year is \$7,700,000. The agency expects to make up to seven (7) awards. The actual funding levels will depend upon the availability of funds.

Contact Information /Deadline for Questions/Comments

Comments are invited by August 14, 2017. Please email rfp@health.nyc.gov and indicate **IMT Concept Paper** in the subject line of the email. Alternatively, written comments may be sent to the following address:

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