# Provision of Intensive Mobile Treatment (IMT)

EPIN: 81618I0002

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**IMPORTANT NOTE:** This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

# Basic Information

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| **RFP Release Date** | November 3, 2017 |
| **Proposal Due Date** | December 8, 2017 at 2:00 p.m. |
| **Pre-Proposal Conference** | Wednesday, November 15, 2017<br>11:00 AM- 12:30 PM<br>Department of Health and Mental Hygiene<br>42-09 28th Street, room 17-12<br>Long Island City, NY 11101<br><br>Please RSVP with the names and titles of all attendees by 11/14/17 to RFP@health.nyc.gov with "IMT Conference RSVP" in the subject line. Due to space limitations, organizations are requested to bring no more than 2 representatives. Attendees are advised to bring picture identification and to allow for sufficient time to proceed through security. |
| **Anticipated Contract Term** | • July 1, 2018 – June 30, 2027, with no renewal options (3 awards: 1 in the Bronx, 1 in Queens, and 1 in Staten Island also serving Brooklyn depending upon demand)<br>• January 1, 2019 – December, 31, 2027, with no renewal options (4 awards: 1 in Brooklyn, 1 in the Bronx, and 2 in Manhattan) |
| **Agency Contact Person** | Dara Lebwohl, RFP@health.nyc.gov (indicate "IMT" in subject line) |
| **Anticipated Funding and Payment Structure** | • Total Anticipated Funding for all contracts for the full term of the contracts: $69,040,440<br>• Total Anticipated Funding Amount is $1,095,880 per award per fiscal year.<br>• Estimated number of Contracts: 7 (3 awards to start 7/1/18, 4 awards to start 1/1/19)<br>• Anticipated payment structure: line item reimbursement |
| **Questions Regarding this RFP** | • Questions regarding this RFP must be transmitted in writing to the Agency Contact Person by November 20, 2017.<br>• Questions received prior to the Pre-Proposal Conference will be answered at the conference.<br>• Substantive information /responses to questions addressed at the conference will be released in an addendum to the RFP to all organizations that are prequalified to propose to this RFP through the HHS Accelerator system, unless in the opinion of the Agency, the question is of proprietary nature.<br>• The Agency cannot guarantee a timely response to written questions regarding this RFP received less than one week prior to the proposal due date. |

# Proposal Submission Instructions

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| **General Guidelines** | • All Proposals must be submitted utilizing the Procurement Tab of the HHS Accelerator system at www.nyc.gov/hhsacceleratorlogin by providers with approved HHS Accelerator Applications, including Business Application and required Service Application(s) for the areas listed in the Services and Providers Tab.<br>• Proposals received after the Proposal Due Date and Time are late and shall not be accepted, except as provided under New York City's Procurement Policy Board Rules, Section 3-16(o)(5).<br>• Please allow sufficient time to complete and submit Proposals, which includes entering information, uploading documents and entering log-in credentials. The HHS Accelerator system will only allow Providers to submit Proposals prior to the Proposal Due Date and Time.<br>• Providers are responsible for the timely electronic submission of proposals. **It is strongly recommended that Providers complete and submit their Proposals at least 24 hours in advance of the Proposal Due Date and Time.**<br>• Resources such as user guides, videos, and training dates are listed on at www.nyc.gov/hhsaccelerator. For more information about submitting a proposal through the HHS Accelerator system, please contact help@mocs.nyc.gov. | |
| **Proposal Details** | | |
| **Competition Pools** | • Bronx 1 –anticipated term 7/1/18 – 6/30/27<br>• Queens –anticipated term 7/1/18 – 6/30/27<br>• Staten Island/Brooklyn –anticipated term 7/1/18 – 6/30/27<br>• Brooklyn –anticipated term 1/1/19 – 12/31/27<br>• Bronx 2 –anticipated term 1/1/19 – 12/31/27<br>• Manhattan 1 –anticipated term 1/1/19 – 12/31/27<br>• Manhattan 2 –anticipated term 1/1/19 – 12/31/27 | |
| **Basic Information** | • Complete the Basic Information section | |
| **Provider Contact** | • Select a provider contact | |
| **Total Funding** | • Enter in the total funding request | |
| **Questions** | • Are you proposing for more than one competition pool? If "yes" please identify all proposed competition pools. | |
| **Site Information** | • Enter the address of your proposed service area | |
| **Proposal Documents** | | |
| **Required DocumOpents** | **Document Type** | **Description** |
| | Proposal | Completed Structured Proposal Form (Attachment C) |
| | Key Staff Resume | Resumes and/or Description of qualifications for Key Staff Positions |
| | Organizational Chart | Program Organizational Chart, showing how the proposed services fit into Proposer's organization |
| | Doing Business Data Form | Completed Doing Business Data Form (Attachment B) |
| | License | Existing license from the New York State Office of Mental Health **or** the New York State Office of Alcohol and Substance Abuse Services |
| | Staffing Plan | Proposed Staffing Plan |
| | Proposal Budget Summary | Completed Proposal Budget Summary Form (Attachment D) |
| | • Annual Report | Financial Audit Report or Certified Financial Statement & Management Letter. If no report or statement is available, submit a statement, singed by an authorized representative of the corporation, as to why no report, statement, or management letter is available |

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| **Optional Documents** | Evaluations or CAP | • Proposers with a history of providing mental health services to NYC DOHMH: copy of DOHMH OPRE audit reports from Fiscal Years 2015 and 2016. If you received a Corrective Action Plan (CAP) in response to these audits, include the CAP along with a narrative explaining how your organization resolved the issues.<br>• Proposers with a history of providing similar services to New York City agencies: copies of your VENDEX performance evaluations from Fiscal Years 2015 and 2016. If you received a Corrective Action Plan (CAP) in response to these performance ratings, include the CAP along with a narrative explaining how your organization resolved the issues.<br>• Proposers with no history of providing similar services to DOHMH and/or other City agencies: copies of performance evaluations performed by an external entity from Fiscal Years 2015 and 2016. If you received a Corrective Action Plan (CAP) in response to these evaluations, include the CAP along with a narrative explaining how your organization resolved these issues. |
| **Additional Requirements for Documents** | • Proposal document file size cannot exceed 12 MB.<br>• Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf), and Excel (.xls, .xlsx).<br>• Only one document file can be added to each required document slot. If you need to combine documents, complete one of the following steps:<br>  ○ For Word documents: Cut and paste contents of all resumes into one Word document.<br>  ○ For PDF documents: Combine files into a single PDF.<br>  ○ For Printed documents: Scan the multiple documents into a single document. | |

# Section 1–Program Background

The mission of the New York City Department of Health and Mental Hygiene (DOHMH) is to protect and promote the health of all New York City residents. In accordance with this mission, the agency's Division of Mental Hygiene aims to break down fragmentation and silos within and between the mental health, homeless service and criminal justice systems that can result in individuals becoming inconsistently engaged and treated. As part of a multi-pronged effort to reduce this fragmentation and improve the quality of services to these individuals, in January 2016 DOHMH rolled out a demonstration project of 3 Intensive Mobile Treatment (IMT) Teams in NYC (Brooklyn, Manhattan and the Bronx). These teams served a total of 75 individuals with recent and frequent contact with the mental health, criminal justice, and homeless systems.

During the demonstration project, 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. In July 2017, a fourth team was rolled out. DOHMH now proposes to competitively solicit contractors to maintain continuity of care for four existing caseloads and develop three new teams to expand the number of IMT slots in NYC, for a total of seven IMT teams that will offer a flexible treatment and support option for more individuals throughout New York City.

**Goals and Objectives:**
The goals of the Intensive Mobile Treatment teams are to improve program consumers' quality of life through engagement in treatment, rehabilitation, housing and support services that promote wellness, recovery, community integration as well as community safety. The teams will provide these services and/or, where appropriate, link consumers to these services.

To achieve these aims, the teams will adhere to the following principles:

- Access: Work with the Department of Health & Mental Hygiene's NYC Safe resources, Department of Homeless Services and Correctional Health Services to serve people across systems (shelter, community housing, hospital, jail). Initial visits will likely occur in institutional settings prior to discharge/release.
- Engagement: Work with the person (and his/her family of choice) as often as needed (flexible # of contacts) wherever the person is (flexible location). The team will have ultimate responsibility to remain connected with the person as much as possible if or when the individual enters into different systems or institutions. IMTs will continue to outreach to, and attempt to engage a person even when the person appears to be actively avoiding/refusing services.
- Continuity of Care: Once the person is successfully engaged, the IMT team provides clinical services including, but not limited to, individual counseling, psychopharmacology and substance use treatment, including medication assisted treatment. If or when an individual enters into an institution, the team will coordinate treatment and discharge from the institution. The individual may choose to access other, additional services at any time (e.g. PROS, Clubhouse etc.) but will be encouraged to remain connected to the team even while accessing such services.
- Awareness of and reduction of criminogenic and violence risk: Risk assessments will be performed to determine which factors can be addressed in treatment to decrease future incidents of violence and/or criminal justice involvement. The team will work with the individual to address any criminogenic factors that may influence the risk of recidivism.
- Promotion of social inclusion and development of a sense of agency.

Services include clinical services listed above in addition to care coordination, and housing placement assistance. Trauma Informed Care will be provided, in recognition of the tremendous impact trauma history has within the target population. Additionally, the Providers will use Motivational Interviewing, Integrated Dual Disorder Treatment (IDDT), Wellness Self-Management (WSM), Reasoning and Rehabilitation, Individualized Placement and Support (IPS), Harm Reduction, and Peer Models of Care as appropriate. Additional specialized treatment interventions found to reduce substance use, aggressive behaviors and criminal justice recidivism may also be used.

Proposers will partner with DOHMH to continue to determine which interventions may best serve the population and service model. As possible, DOHMH will provide training opportunities in the selected interventions, including learning collaborative. All IMT providers/staff are expected to participate in these training initiatives and set aside a minimum of $5,000 in their budget for training.

**Target Population**:

The target population for the Intensive Mobile Treatment (IMT) teams is adults that move frequently across the behavioral health care system (outpatient and inpatient), the housing system (shelter, street, supportive, and independent housing) and the criminal justice system (jail, probation, parole). An existing underlying risk of violence and/or violent behavior is also a requirement for this program. While many individuals enrolled in this service may have a serious mental illness diagnosis, no clear evidence of such a diagnosis is required. It is anticipated that most individuals will have a history of or will be actively using substances. Due to the high needs of these consumers, each IMT team is expected to have a maximum caseload of 27.

The Single Point of Access (SPOA), located at the Department of Health and Mental Hygiene (DOHMH), will make assignment of cases to the IMT teams based on the following eligibility criteria:

- 18 or older
- Resident of New York City
- Reside in the NYC shelter system, be street homeless, have housing that is highly unstable or in jeopardy, or be difficult to locate due to frequent stays within different service systems.
- Recent and frequent contact with the mental health or substance use system and criminal justice systems.
- Recent behavior that is unsafe, and which is escalating or occurring with greater frequency. This may include behavior that involves violence or threats of violence.
- Traditional forms of services and supports have not met the needs, or otherwise been unable to successfully engage the individual.

The individual is considered enrolled in the IMT service at the time of DOHMH assignment. The expectation is that the team will respond as quickly as possible (within an hour during periods of operation), and no longer than 6 hours from receipt of the case assignment. Arrangements to meet with, or to otherwise attempt to engage the individual, must occur within 12 hours of assignment to a team.

IMT staff will provide services that are culturally and linguistically appropriate to their consumers, the consumer's families, and the community served. IMT staff will provide services that are culturally and linguistically appropriate to their consumers, the consumer's families, and the community served. IMT teams work with consumers of various cultural backgrounds and sexual orientations. If a client has a background or need that the team does not have experience in working with then the expectation is that they will seek out resources and additional training as needed (i.e. LGBTQ, complex family dynamics, sex offenders, domestic violence). If there is no available IMT staff to provide services in the primary language of a consumer, then over-

the-phone interpretation services must be made available. These services may be accessed through a contracted vendor of over-the-phone interpretation services. Copies of documents provided to the individual must be provided in the language of their choice.

Due to the nature of the work, the contract(s) resulting from this RFP will include wrap around service dollars for the purpose of meeting immediate and unplanned needs of the people served by the IMT Team.

This RFP is for seven (7) IMT teams which will operate in the following service areas, which comprise different competitions within this RFP:

- Bronx 1 –anticipated term 7/1/18 – 6/30/27
- Queens –anticipated term 7/1/18 – 6/30/27
- Staten Island/Brooklyn –anticipated term 7/1/18 – 6/30/27
- Brooklyn –anticipated term 1/1/19 – 12/31/27
- Bronx 2 – anticipated term 1/1/19 – 12/31/27
- 
- Manhattan 1– anticipated term 1/1/19 – 12/31/27
- Manhattan 2– anticipated term 1/1/19 – 12/31/27

Proposers may propose to serve more than one service area. However, a separate and complete proposal must be submitted for each proposed service area.

**Service Modalities and Program Activities:**
IMT services include, but are not limited to: assessment and treatment planning, crisis intervention, medication management, medication assisted treatment, integrated mental health and substance abuse treatment (i.e. IDDT, MI, etc.), individual and group therapies, psycho-education, psychosocial and vocational rehabilitation, assistance with medical concerns and medication, linkage and follow-up assistance to primary medical care including on-going communication with Primary Care Physicians, assistance with activities of daily living, assistance obtaining entitlements, housing procurement and support, linkage/coordination with the criminal justice system, and shelter system, and assistance in using family and community resources.

IMT teams will provide the primary mode of treatment and intervention for their consumers. However, recognizing that community integration is important to improved outcomes, IMT teams will continue to work with consumers even if/when the consumer has become involved in other community activities, including other treatment and care coordination services. This service continuation will provide continuity and a safety net, should the consumer become disengaged with other services or providers. In working specifically with Health Home and/or HARP Care Coordinators, IMT teams will work with Care Coordinators on the development of the consumer's Plan of Care, recommending inclusion of specific services that may best meet the needs of their consumers as well as providing recommendations on the frequency and duration of such services. Finally, IMT teams will be expected to coordinate closely with any other treatment providers to ensure services provided are beneficial to the consumer and, particularly with medication administration, are not inappropriately duplicated. IMTs may discharge a consumer to the care of another treatment provider only once the individual has demonstrated significant progress in achieving long-term housing stability and maintenance of community tenure.

The crisis intervention service is available 24 hours per day, seven days per week. The IMT team is the first contact for after-hours calls. The team provides services designed to prevent or resolve crises to avoid unnecessary use of emergency services and/or loss of community tenure.

# Section 2–Program Expectations and Proposal Instructions

## A. Provider Experience

### 1. Program Expectations

a. Proposer should 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.

b. Proposer would have at least 5 years of experience in all of the following areas:

   i. Providing field-based behavioral health treatment (i.e., outside of a clinic or traditional service setting) in NYC.

   ii. Providing integrated evidenced-based treatment mental health for adults with a severe mental illness and co-occurring substance use disorders, documented history of non-adherence with traditional treatment, history of criminal justice involvement, and/or homelessness.

   iii. Contacting and successfully engaging adults with mental illness and/or substance use in the community and institutional setting such as jail, prison, and shelter.

   iv. Assessing risk for violent and/or criminal behaviors and developing treatment plans to reduce those risks.

   v. Integrating peer and clinical staff in behavioral health service delivery.

   vi. Successfully transitioning people to lower levels of behavioral health care.

c. DOHMH will review VENDEX performance evaluation history of proposers with a history of providing similar services to New York City government agencies, and will review Office of Program Review and Evaluation (OPRE) audits of proposers with a history of providing mental health services to DOHMH.

### 2. Proposal Instructions

a. Complete the Provider Experience section of the Provision of Intensive Mobile Treatment (IMT) Structured Proposal Form, Attachment D.

b. In addition, attach:

- a copy of your OMH and/or OASAS license
- Proposers with a history of providing mental health services to NYC DOHMH: copy of DOHMH OPRE audit reports from Fiscal Years 2015 and 2016. If you received a Corrective Action Plan (CAP) in response to these audits, include the CAP along with a narrative explaining how your organization resolved the issues.
- Proposers with a history of providing similar services to New York City agencies: copies of your VENDEX performance evaluations from Fiscal Years 2015 and 2016. If you received a Corrective Action Plan (CAP) in response to these performance ratings, include the CAP along with a narrative explaining how your organization resolved the issues.
- Proposers with no history of providing similar services to DOHMH and/or other City agencies: copies of performance evaluations performed by an external entity from Fiscal Years 2015 and 2016. If you received a Corrective Action Plan (CAP) in response to these evaluations, include the CAP along with a narrative explaining how your organization resolved these issues.

### 3. Evaluation

a. This section will be evaluated based on the extent to which the proposer demonstrates successful relevant experience based on the criteria listed in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

## B. Intake and Operational Model

### 1. Program Expectations

a. The Contractor would have the capacity to serve one IMT team consisting of 27 individuals in the proposed geographic Service Area.

b. The Contractor would have the capacity to continue service delivery for an existing caseload (if applicable), and/or to accept and engage newly referred consumers.

c. The Contractor would receive referrals via the Single Point of Access (SPOA)operated by DOHMH, including transfer of eligible individuals from Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) teams, as well as new referrals from newer initiatives such as NYC Safe (a Mayoral initiative), and state priorities.

d. The Contractor would respond to DOHMH to confirm receipt of new cases within an hour and would make arrangements to meet with, or to otherwise attempt to engage newly assigned clients as quickly as possible and no more than 12 hours after assignment (including over the weekend).

e. The Contractor would complete a comprehensive assessment for each consumer within 30 days of admission and regular assessments thereafter.

f. The Contractor would ensure timely communications across team members, with DOHMH, with external partners, and with consumers and their families. The contractor would maintain communication boards, logs and other communication methods.

g. The Contractor would have the capability to provide services that are culturally and linguistically appropriate.

h. The Contractor would maintain regular hours of operation in an office setting. However, the Contractor is 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. Answering devices, services, and referring or forwarding lines to a Crisis Hotline do not meet the expectation of "emergency phone response."

i. The Contractor would provide crisis services via telephone to IMT consumers by IMT staff. IMT staff will be available as needed for face-to-face delivery of crisis services. All IMT consumers shall be given the 24/7 crisis response contact number at point of enrollment/admission.

j. The Contractor would have appropriate office space to provide these services no later than June 2018 or December 2018, depending upon the anticipated contract start date of the proposed service area. Office space would be appropriately located within the geographic service area, and would have adequate space to provide onsite treatment, including groups.

### 2. Proposal Instructions

a. Complete the Intake and Operational Model section of the Provision of Intensive Mobile Treatment (IMT) Structured Proposal Form, Attachment D.

### 3. Evaluation

a. This section will be evaluated based on the extent to which the proposer demonstrates an effective approach to the criteria listed in this section. It is worth a maximum of 15 **points** in the Proposal Evaluation.

## C. Screening and Treatment Model

### 1. Program Expectations

a. The Contractor would provide services that are tailored to meet the consumer's specific needs. Required services include, but are not limited to: assessment and treatment planning, crisis intervention, medication management, medication assisted treatment, integrated mental health and substance abuse treatment (i.e. IDDT), individual and group therapies, psycho-education, psychosocial and vocational rehabilitation, assistance with medical concerns and medication, linkage and follow-up assistance to primary medical care including on-going communication with Primary Care Physicians; assistance with activities of daily living, assistance obtaining entitlements, housing procurement and support, linkage/coordination with the criminal justice system, and shelter system, and assistance in using family and community resources.

b. The Contractor would utilize evidence-based or promising practices, which may include, but is not limited to at least three practices, including: Integrated Dual Disorder Treatment (IDDT), Wellness Self-Management (WSM), Trauma Informed Care, Reasoning and Rehabilitation, Individualized Placement and Support (IPS), Harm Reduction, Motivational Interviewing and Peer Models of Care.

c. The Contractor would deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. This means that interventions and skills training will be carried out at the locations where individuals live, work, and socialize, and where support is needed.

d. The Contractor's staff members would share responsibility for the consumers they serve and use assertive engagement to proactively, creatively and appropriately engage consumers in treatment.

e. The Contractor would assess for risk of violent and/or criminal behaviors using the HCR-20, and develop treatment plans to reduce those risks. HCR-20 is be completed within the first 30 days of admission if clinically possible, however, no more than 6 months after admission and then completed yearly from the date of initial assessment. Treatment plans are completed within the first 30 days of admission, then evaluated/completed every 30 days after initial treatment plan.

f. The Contractor would assess for criminogenic risk using the LS-CMI, and develop treatment plans aimed to reduce assessed risks. LS-CMI is be completed within the first 30 days of admission if clinically possible, however, no more than 6 months after admission and then completed yearly from the date of initial assessment.

g. The Contractor would promote the goal of community integration by, among other things, ensuring that IMT teams work with consumers if/when the consumer becomes involved with other treatment and care coordination services. The Proposer would closely coordinate with other treatment providers to ensure services provided are beneficial to the consumer and, particularly with medication administration, are not inappropriately duplicated. IMT teams would work with Health Home Care Coordinators on the development of the consumer's Plan of Care, recommending inclusion of specific services that may best meet the needs of their consumers as well as providing recommendations on the frequency and duration of such services. The Contractor may discharge a consumer to the care of another treatment provider only once the individual has demonstrated significant progress in achieving long-term housing stability and maintenance of community tenure (see below section requirement for discharge).

h. The Contractor would remain connected to consumers during periods of institutionalization. The Contractor would develop and implement strategies for maintaining continuity of care during periods of incarceration, including regular communication with treating provider during this time. Individuals may not be discharged from IMT services in the event of short-term incarceration or hospitalization.

i. The Contractor would continue to provide services to an individual consumer in whichever borough the person resides. Additionally, as it is expected that the consumers will be homeless, it should be

anticipated that individuals might move repeatedly across boroughs.

j. The Contractor would discharge people for the following reasons, with DOHMH approval:
   i. The individual has demonstrated significant progress in achieving long-term housing stability and maintenance of community tenure.
   ii. The individual has moved out of the NYC area and there is no reasonable expectation that the individual will return.
   iii. Community tenure has not been able to be maintained and there is verification that long-term institutionalization, lasting for more than 1 year, will occur.

**2. Proposal Instructions**

a. Complete the Screening and Treatment Model section of the Provision of Intensive Mobile Treatment (IMT) Structured Proposal Form, Attachment D.

**3. Evaluation**

a. This section will be evaluated based on the extent to which the proposer demonstrates an effective approach to the criteria listed in this section. It is worth a maximum of 20 points in the Proposal Evaluation.

## D. Staffing Plan, Qualifications, and Trainings

### 1. Program Expectations

a. The Contractor would provide an adequate level of professional staffing to support an approximate staffing ratio of 1 IMT team member to 3 consumers.

b. The Contractor would hire staff that meet the specifications below. Based on their respective areas of expertise, the team members would collaborate to deliver integrated services of the consumer's choice, assist in making progress towards goals, and adjust services over time to meet the consumer's changing needs and goals. The minimum staffing per team includes the following required positions:
   i. **Program Director (1 FTE)** The Program Director position would be filled by a single person. S/he shall be licensed in New York State in Clinical Social Work (LCSW) or Psychology (PhD or PsyD). The Director would have primary clinical responsibility for ensuring adequate and appropriate service/treatment delivery, staff training, and maintenance of staff to consumer ratio and coverage. Additionally, the Director would have primary responsibility for the development and maintenance of ongoing relationships with referral sources, service providers, shelters, hospitals, jails, courts and other community resources. S/he would practice according to the principles of recovery oriented and trauma informed service delivery.
   ii. **Peer Specialist (2 FTEs)** The Peer Specialist would have experience as a recipient of mental health services with a willingness to share personal, practical experience, knowledge, and first-hand insight to benefit program enrollees. Experience with substance use services or the criminal justice system is also required. Peer Specialist would be responsible for building of relationships with program consumers and their networks of support in order to support the person's recovery. The Peer Specialist would also assist consumers with navigating the service systems, including behavioral and medical health, criminal justice, shelter system, entitlements and transportation. Additionally, s/he would practice according to the principles of recovery oriented and trauma informed service delivery. All Peer Specialist staff would become certified, with either a Provisional or Professional certification by January 2017.
   iii. **Behavioral Health Specialist (3 FTEs)** This role includes at least one individual licensed in New York State as a Licensed Clinical Social Worker (LCSW), one master's level clinician

with expertise in substance use and one behavioral health specialist with at least a bachelor's degree in social work, psychology, mental health counseling, criminal justice, or other health and human services related field. The Behavioral Health Specialists would practice according to the principles of recovery oriented and trauma informed service delivery. Responsibilities include

1. Screening and assessing (including for risk) consumers, families and /or significant others involved with the consumer to develop a person-centered treatment plan.
2. Screening and assessing consumers for the treatment of co-occurring substance use disorders including through involvement in an interdisciplinary assessment.
3. Advocating and liaising for recipients within the criminal justice and shelter system.
4. Assisting program consumers in securing medical care, entitlement and other community supports that promote integrated physical and mental health, safety, wellbeing and recovery.
5. Providing or connecting consumers with employment counseling, vocational rehabilitation, completion of housing applications and placement, and provision of life skills training.
6. Providing individual counseling that includes principles of Integrated Dual Disorder Treatment as appropriate.

iv. **Registered Nurse (1 FTE)** The Registered Nurse would hold a New York State-issued RN license and will have primary responsibility for improving the overall health of program participants including promotion of physical and mental health integration. The RN will conduct health screenings; provide linkage to primary and specialty care, and educate on health and wellness. Additional duties include performing blood draws, monitoring and administer psychotropic injection consistent with consumer needs preferences and practice standards, and preparation of medication to be dispensed. S/he would practice according to the principles of recovery oriented and trauma informed service delivery.

v. **Psychiatrist or Psychiatric Nurse Practitioner (.5 FTE)** The Psychiatrist would be currently licensed by the NYS Education Department and be certified by, or be eligible to be certified by, the American Board of Psychiatry and Neurology. The Psychiatric Nurse Practitioner would be currently licensed by the NYS Education Department and shall enter into a written collaborative agreement with a physician in order to practice. As possible, all of the psychiatry hours will be performed by a single person. S/he will have responsibility for providing psychiatric assessment and treatment, and the evaluation, prescription, and review for psychiatric medication and medication assisted treatment for substance use disorders. Additionally, the Psychiatrist would provide direct services including responding to crises situation. Additional services include coordination with other treatment providers, including primary care, and providing consultation to the rest of the IMT team. S/he will practice according to the principles of recovery oriented and trauma informed service delivery.

vi. **Administrative Support (1 FTE)** The Administrative Support person would hold an Associate's Degree in a relevant field. S/he would assist with the management of medical records, assisting with staff scheduling, participate in daily meetings. Additionally, the Administrative Support person would conduct other administrative duties including answering and screening phone calls, monitoring office equipment and requesting supplies.

c. The Contractor would develop and execute a plan for recruiting and retaining staff, with the emphasis on peer providers in the context of delivering behavioral health treatment. The

Contractor would address vacancies through an effective contingency plan and active recruitment.

d. The Contractor would practice according to the principles of recovery oriented and trauma informed services, and ensure that staff is trained in evidence based practices such as Trauma Informed Care, CUCS Academy of Justice Training, Levels of Service Case Management Inventory (LS-CMI), Violence Risk Assessment and Supervision (HCR-20), and other trainings determined by DOHMH.

e. The Contractor would maintain a plan for regular supervision of all staff members, including the Program Director.

f. The Contractor would recruit and retain culturally and linguistically diverse staff for matching staff with the population served.

g. The Contractor would develop and implement a plan to promote staff wellness that acknowledges and addresses the unique aspects of challenging, field-based work.

**2. Proposal Instructions**

a. Complete the Staffing Plan, Qualifications, and Trainings section of the Provision of Intensive Mobile Treatment (IMT) Structured Proposal Form, Attachment D.

b. In addition, attach the following:
   i. Proposed staffing plan
   ii. Organization Chart
   iii. Resumes of key staff

**3. Evaluation**

a. This section will be evaluated based on the extent to which the proposer demonstrates an effective approach to the criteria listed in this section. It is worth a maximum of **20 points** in the Proposal Evaluation.

## E. Program Monitoring and Data Management

**1. Program Expectations**

a. The Contractor would maintain a confidential medical record for each consumer that complies with all local, state and federal confidentiality and privacy regulations, including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). All case records shall be maintained in electronic format. Additionally, a hard copy of a case record will be provided to DOHMH for review as requested. Such case records shall be maintained in accordance with recognized and acceptable principles of record keeping including the following:
   i. Each case record note/entry shall be legible and non-erasable
   ii. Each case record note/entry shall be dated
   iii. The staff person writing the entry shall sign each case record note/entry.
   iv. All notes should be written utilizing recovery-oriented language, and should reflect the input and/or point of view of the individual and the members of the individual's network.
   v. Case records shall be periodically reviewed by the Director for quality and completeness
   vi. The case record shall be available to all staff that is providing services to the individual, and to any staff who have need for access, consistent with state and federal confidentiality requirements, as well as to the recipient of services.

b. The Contractor would maintain a case record that shall include the following specific information/ documents:

i. Any referring paperwork
ii. Any pre-enrollment or screening note(s) which includes the date and time of receipt of the referral as well as the date and time of response and follow-up
iii. An enrollment note which includes the primary reason(s) for the enrollment, the primary and secondary service-related needs, and a description of the individual's strengths and challenges as reported by the individual, family members and as observed by the staff person
iv. An Initial Assessment of Immediate Needs to be started upon first face-to-face meeting with consumer and to be completed in no more than 7 days from this initial meeting.
v. A Brief Risk Assessment to determine if there is immediate safety concerns. This brief assessment will further assist the IMT team in determining when the next meeting with consumer should be scheduled, or when the next outreach/engagement attempt should be made. This Brief Risk Assessment should be conducted at the first face-to-face meeting with the consumer.
vi. A Comprehensive Risk Assessment that includes an assessment of suicidality and risk of violence to others, and a plan for reducing such risk. Criminogenic risk factors will also be reviewed as part of this comprehensive assessment. This assessment should be completed within 30 days of the consumer's enrollment. Additionally, the Comprehensive Risk Assessment should be re-visited upon any significant event and/or unexpected incident.
vii. A Comprehensive Needs Assessment and Recovery Plan for addressing such needs. This should include an assessment of all biological, psychosocial and environmental/systematic concerns and needs. To the extent possible, the Needs Assessment shall include information from the consumer regarding their own assessment and prioritization of needs. Additionally, as possible the Recovery Plan should be completed with the individual and reviewed and agreed to by the consumer as evidenced by his/her signature on the plan. This Assessment should be done as soon as possible and no later than 30 days following enrollment. Finally, the Needs Assessment and Recovery Plan should be re-visited upon any significant event and/or unexpected incident.
viii. Progress note completed for every meeting occurring, or for any significant event and/or unexpected incident.
ix. Progress note completed for every collateral contact attempted or made and outcome of contact.
x. All referrals to other programs and services.
xi. All consent forms.
xii. Any relevant referral or other documents completed by outside providers of service.
xiii. WRAP Plan or other Relapse Prevention Plan, or documentation that development of such a plan was offered and the individual declined.

c. The Contractor would maintain the following additional documentation in the case record for individuals prescribed medications, or otherwise in treatment with the IMT Team Psychiatrist or Psychiatric Nurse Practitioner:
i. Comprehensive Psychiatric Assessment that includes an individual's and family psychiatric history, current signs and symptoms, and the individuals needs including the need for integrated treatment for a co-occurring mental health and substance abuse disorders. The assessment would also include current mental status, diagnostic formulation, risk assessment and plan. The Psychiatric Assessment shall be started at point of 1st face-to-face meeting with the Psychiatrist and completed no later than 30 days following enrollment, and signed by the Psychiatrist.

ii. Health Assessment that includes information concerning an individual's medical history, current signs and symptoms, and assess the individual's physical health status and need for referral. The Health Assessment shall be started at the first face-to-face visit with the RN and completed no later than 30 days from time of enrollment, and signed by the RN. Where indicated, this service shall include screening for metabolic syndrome, diabetes, and hypertension on a periodic basis.

iii. Any Medication Management provided should be documented in a progress note.

iv. Evidence and documentation that prescribers have conducted, or arranged for, any associated blood analysis, and toxicology testing, when so indicated. Reports of any mental and physical diagnostic exams, tests and consultations.

v. Progress notes demonstrating that a minimum of one face-to-face contact with a psychiatrist has been conducted every three months, or more frequently as clinically appropriate.

d. The Contractor would send proposed discharges to DOHMH with a summary that includes a description of services provided to the consumer, the consumer's progress during their time working with the Team, and the discharge plan for follow-up services arranged and/or a listing of community resources relevant to their concerns, cultures, and experiences. DOHMH review and approval is required before implementing the discharge plan. The Discharge Summary should be maintained in the consumer record and, as possible, a copy should be provided to the consumer.

e. The Contractor would have a systemic approach for self-monitoring and ensuring ongoing quality improvement for the IMT team, including reviewing utilization review findings and recommendations. This information should be used to measure goal achievement, length of stay, barriers to treatment, etc. and will inform the team's overall quality improvement plan.

f. The Contractor would participate in any DOHMH utilization management process, and would utilize technical assistance when appropriate.

g. The Contractor would have an agency-wide process for reviewing complex, high risk, high need cases and have individuals with clinical expertise who can provide recommendations on treatment strategies for the IMT team.

h. The Contractor would have an Incident Management Policy consistent with New York Code Rules and Regulations Part 524 and the Justice Center, and conforms to the reporting and follow-up requirements of each. The Contractors would ensure that all new staff receive training on the definition of incidents and reporting procedures, are informed about the Incident Review Committee and the importance of risk management in maintaining safety and improving services.

i. The Contractor would retain case records for a minimum of six years following the conclusion of an individual's stay at the program.

j. The Contractor would develop and implement a data management plan to ensure accurate and timely reporting of indicators to DOHMH.

**2. <u>Proposal Instructions</u>**

a. Complete the Program Monitoring and Data Management section of the Provision of Intensive Mobile Treatment (IMT) Structured Proposal Form, Attachment D.

**3. <u>Evaluation</u>**

a. This section will be evaluated based on the demonstrated quality of the proposed approach to the criteria listed in this section. It is worth a maximum of **<u>15 points</u>** in the Proposal Evaluation.

## F. Program Evaluation and Reporting

### 1. Program Expectations

a. The Contractor would coordinate reporting with Care Coordination (if applicable) and/or DOHMH Assisted Outpatient Treatment (AOT) program for all consumers who are court mandated.

b. The Contractor would provide the following data to DOHMH, on a monthly and quarterly basis, in a mutually agreement reporting format, to analyze the effectiveness and efficiency of the Intensive Mobile Treatment Team Model:

   i. Days in shelter;
   ii. Number of arrest and/or days incarcerated;
   iii. Medicaid use and cost data including, as available, days spent in inpatient units and visits to the Emergency Department ;
   iv. Academic involvement and achievement as demonstrated by enrollment in educational activity and/or successful completion of academic course;
   v. Work/Employment involvement and achievement as demonstrated by hours employed and/or enrollment in an employment program; and Involvement in other meaningful activity as demonstrated by engagement in volunteer work or internship.

c. The Contractor would participate in regular (monthly at a minimum) meetings with DOHMH Program Staff

d. The Contractor would participate in site visits from DOHMH on a monthly basis for technical assistance and case review on consumers identified with a "violence flag"

e. The Contractor would participate in programmatic site visits from DOHMH at least twice annually.

### 2. Program Instructions

a. Complete the Program Evaluation and Reporting section of the Provision of Intensive Mobile Treatment (IMT) Structured Proposal Form, Attachment D.

### 3. Evaluation

a. This section will be evaluated based the extent to which the proposer demonstrates an effective approach to Program Evaluation and Reporting based on the criteria listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

## G. Budget Management

### 1. Program Expectations

a. The proposed budget represents the annual costs to provide services for the proposed program.

   i. The Contractor would operate the program with a budget based on the anticipated available funding stated in the "Basic Information" chart.
   ii. The Contractor's costs would enable the effective delivery of services described in this RFP.

### 2. Proposal Instructions

a. Complete the Budget Management section of the Provision of Intensive Mobile Treatment (IMT) Structured Proposal Form, Attachment D.

b. In addition, Proposers should complete and attach the Proposal Budget Summary (Attachment C).

c. In addition, attach:

- A copy of your most recent Financial Audit Report or Certified Financial Statement and Management Letter.

**3. <u>Evaluation</u>**

a. This section will be evaluated based on the quality of the proposed approach planning and managing budgets for this program. It is worth a maximum of **<u>5 points</u>** in the Proposal Evaluation.

# Section 3 – List of Attachments

**All attachments for this RFP can be found in the RFP Documents tab in the HHS Accelerator system.*

- Attachment A – General Information and Regulatory Requirements
- Attachment B – Doing Business Data Form
- Attachment C – Proposal Budget Summary
- Attachment D – Structured Proposal Form (SPF)

# Section 4 – Basis for Contract Award and Procedures

**A. Proposal Evaluation**

All proposals received by DOHMH will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined by DOHMH to be non-responsive will be rejected. Proposals will be sorted by competition (Service Area), and all proposals received in a Service Area will be evaluated together. The DOHMH evaluation committee(s) will review and rate each responsive proposal. DOHMH reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as DOHMH deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, DOHMH 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 and price terms.

**B. Contract Award**

Contracts will be awarded to the responsive and responsible proposers in each competition (Service Area) whose proposal(s) is determined to be the most advantageous to the City, taking into consideration the price and such other factors which are set forth in this RFP. Proposals will be ranked in descending order of their overall average technical scores by competition (Service Area). Awards will be made to the highest rated vendors in each competition (Service Area) whose proposals are technically viable and whose prices do not exceed the budgeted amounts set forth in the RFP. However:

- DOHMH reserves the right to skip over one or more proposals to ensure appropriate distribution across the Service Areas.
- DOHMH reserves the right to award less than the full amount of funding requested and to modify the allocation of funds among competitions in the best interests of the City.
- DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- DOHMH reserves the right to negotiate with viable proposers to provide services in Service Area(s) they did not propose.
- DOHMH reserves the right not to make awards in one or more Service Areas depending on availability of funding or need.
- DOHMH reserves the right to make more than one award per Service Area if additional funding becomes available.
- In the event that a proposer is eligible for award in more than one Service Area, DOHMH reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interest of the City, respectively, how many and for which Service Area(s) the proposer will be awarded a contract.
- DOHMH reserves the right, prior to contract registration and during the term of the contract, to change the reimbursement rate per consumer, program service size, program type, and/or model depending on the needs of the system.

Contract awards shall be subject to timely completion of contract negotiations between DOHMH and the selected proposer(s).