

RFP: Provision of Intensive Mobile Treatment (IMT)

OVERVIEW

On November 3rd, the New York City Department of Health and Mental Hygiene (DOHMH) released a Request for Proposals (RFP) for the development and operation of Intensive Mobile Treatment (IMT) teams. The IMT model provides mobile, flexible, and interdisciplinary treatment to adults in New York City who have frequent contact with the mental health, criminal justice, and/or homeless systems, and who have been unsuccessfully served by the existing service system.

Approximately \$69 million in total funding over ten years will be awarded for the operation of seven IMT teams. This includes the four currently-existing IMT teams, which are located in Brooklyn, the Bronx, and Manhattan, as well as three new teams, which will be located in the Bronx, Queens, and Staten Island. The goal of IMT teams is to improve enrolled individuals' quality of life through engagement in treatment, rehabilitation, housing, and support services that promote wellness, recovery, community integration, and community safety.

The full RFP is attached. Applications are due on December 8th.

FUNDING

There will be seven awards of \$1,095,880 each allocated annually through this RFP. The anticipated payment structure for all grants is line item reimbursement. Organizations must allocate a minimum of \$5,000 in their proposed budget for IMT provider and staff training.

There will be one award in each of the following service areas of New York City:

Service Area	Anticipated Contract Term
Bronx 1	7/1/18-6/30/27
Queens	7/1/18-6/30/27
Staten Island/Brooklyn	7/1/18-6/30/27
Brooklyn	1/1/19-12/31/27
Bronx 2	1/1/19-12/31/27
Manhattan 1	1/1/19-12/31/27
Manhattan 2	1/1/19-12/31/27

Each service area will act as a separate competition for funding through this RFP. If an applicant wishes to serve more than one service area, a separate proposal must be submitted for each proposed service area.

ELIGIBLE APPLICANTS

In order to qualify for funding under this RFP, applicants must have an existing license from the New York State Office of Mental Health (OMH) or the New York State Office of Alcohol and Substance Abuse Services (OASAS). In addition, applicants must have at least five years of experience in all of the following areas:

- Providing field-based behavioral health treatment (i.e. outside of a clinic or traditional service setting) in New York City;
- Providing integrated evidence-based mental health treatment 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;
- Contacting and successfully engaging adults with mental illness and/or substance use in the community and institutional setting such as jail, prison, or shelter;
- Assessing risk for violent and/or criminal behaviors and developing treatment plans to reduce those risks;
- Integrating peer and clinical staff in behavioral health service delivery; and
- Successfully transitioning people to lower levels of behavioral health care.

TARGET POPULATION

The target population for IMT teams is adults (over the age of 18) in New York City who 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). Individuals enrolled in IMT services must have an existing underlying risk of violence and/or violent behavior. Each IMT team is expected to have a maximum caseload of 27 individuals who will be assigned to IMTs by the Single Point of Access (SPOA) at the DOHMH based on the following eligibility criteria:

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

PROGRAM SERVICES

IMT screening and treatment services must 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 ongoing 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/or shelter system; and
- Assistance using family and community resources.

Contractors must use at least three evidence-based practices, including but not limited to:

- Dual Disorder Treatment;
- Wellness Self-Management;
- Trauma Informed Care;
- Motivational Interviewing; and
- Peer Models of Care.

In addition to an office setting with regular hours of operation, all services, including psychiatric services, must be provided to enrolled individuals 24 hours per day, 7 days per week with appropriate emergency phone response coverage by IMT staff. Services should be delivered to individuals in their natural living settings, including work and social settings, rather than in hospital or clinic settings. IMT teams should serve as the primary mode of treatment and intervention for enrolled individuals. Creative, assertive engagement techniques are expected to engage those who appear to be actively avoiding services. As individuals become involved with other community activities, including other treatment and care coordination services, IMT teams should continue to work with individuals and serve as a safety net should those individuals become disengaged with other services or providers.

APPLICATION

Proposals will be scored based on the following criteria:

- Agency Experience (15 points)
- Intake and Operational Model (15 points)
- Screening and Treatment Model (20 points)
- Staffing Plan, Qualifications, and Trainings (20 points)
- Program Monitoring and Data Management (15 points)
- Program Evaluation and Reporting (10 points)
- Budget Management (5 points)

Contracts will be awarded to proposals with the highest overall score in each service area competition that are deemed the most advantageous to New York City and whose prices do not exceed the budget set forth in the RFP.

Timeline

Proposals must be submitted by December 8th. There will be a Pre-Proposal Conference on November 15th from 11:00am-12:30pm at the DOHMH (42-09 28th Street, Room 17-12, Long Island City, NY 11101). Interested applicants may RSVP for the conference by sending an email to RFP@health.nyc.gov with the subject line “IMT Conference RSVP” and the names and titles of all attendees in the body of the email by November 14th. Due to space limitations, organizations are requested to have no more than two representatives attend the conference.

Questions should be submitted to Dara Lebwohl at the email address above with the subject line “IMT” by November 20th. Questions received prior to the Pre-Proposal Conference will be answered at the conference. Additional information and responses to questions addressed at the conference will be released as an addendum to this RFP.