



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## Supported Housing and Assertive Community Treatment (SHACT) Concept Paper

### A. Purpose of RFP

Supported housing combines permanent, affordable housing with services and helps homeless adults with special needs to achieve housing stability and independence in the community. It is the proven cost-effective solution to homelessness, as it is less costly to provide permanent housing than to expend resources on emergency care such as shelters, hospitals, jails and prisons.

This RFP seeks to link housing with an Assertive Community Treatment (ACT) team in order to better serve “high utilizers” of Medicaid services. The target population is individuals who have repeated episodes of acute psychiatric and medical illness, and lack consistent psychiatric care and permanent housing. ACT teams are small, community-based mental health treatment teams that provide a full range of psychiatric treatment to persons with serious and persistent mental illness (SPMI). ACT is designed to assist persons who have had difficulty in engaging in more traditional outpatient mental health services. Services are provided on a long-term, intensive basis to clients in their own homes and communities.

Under this RFP, the Department of Health and Mental Hygiene (“Department”) intends to seek one appropriately qualified not-for-profit contractor to provide permanent scattered site supported housing in the Bronx in combination with an ACT program for 68 individuals who are “high utilizers” of Medicaid inpatient services, and who are diagnosed with (SPMI) or who are diagnosed mentally ill chemical abusers (MICA). Eligible clients must also be chronically homeless or must have been discharged from an acute care psychiatric hospital or a State-operated Psychiatric Center without any permanent housing. A “high-utilizer” is defined as an individual who has utilized more than \$50,000 for mental health inpatient Medicaid services in the most recent city fiscal year for which data is available, as confirmed by the New York State Office of Mental Health (SOMH). A chronically homeless individual is defined as anyone who is currently homeless with a disability and has been homeless for at least 365 days of the last two years, not necessarily consecutively.

### B. Planned Method of Evaluating Proposals

Proposals will be evaluated pursuant to the criteria set forth in the RFP - Demonstrated quantity and quality of successful relevant experience; Demonstrated level of organizational capability; and Quality of proposed approach. A contract will be awarded to the responsible proposer

whose proposal is determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria that are set forth in the RFP.

### C. Anticipated Contract Term

It is anticipated that the term of the contract awarded from this RFP will be for an initial period of up to three years, and will include two three-year options to renew. The Department reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

### D. Anticipated Procurement Timeline

It is anticipated that the RFP will be released in July 2006 and the deadline for receipt of proposals will be approximately four weeks thereafter. A non-mandatory (but suggested) pre-proposal conference will be held approximately two weeks after the RFP release date. It is anticipated that contractors will be selected by October 2006.

Within 14 days of notification of contract award, the contractor must submit a Prior Approval Review (PAR) application to SOMH for a license to operate an ACT team. Final contract award from the Department is contingent on the proposer's ability to obtain a license from SOMH. If after a year of winning the award from the Department the contractor is unable to obtain a license from SOMH, the contract award would then be made to the next highest-ranked proposal.

### E. Funding Information

The Department has determined that a maximum of \$747,088 will be available annually to subsidize the rent in the 68 apartments and fund the housing staff. The funding source is City Tax Levy and New York State Office of Mental Health - Reinvestment Funds. In addition, the contractor will receive a maximum of \$913,095 for the ACT team of which \$821,786 is Medicaid revenue. The balance of \$91,309 plus \$30,900 in wrap-around service dollars for the 68 clients will be added to the \$747,088 for one contract totaling \$869,297.

### F. Program Information

This program will consist of one Assertive Community Treatment (ACT) team licensed by SOMH and a maximum of 68 studio apartments. The Department will fund the ongoing operations of the apartments and the housing staff while the services component will be provided through the ACT team. The housing model will be scattered-site units.

The ACT team would provide counseling and psychotherapy, housing support, substance abuse treatment, employment, and rehabilitative services, in addition to case management and psychiatric services. All services would be mobile and individually tailored to clients and have a rehabilitation approach. The ACT team would employ a policy of low threshold, progressive demand housing, which is flexible and individualized in order to ensure that clients receive the services they need in environments that accept clients at their own level of recovery.

The contractor would provide individualized services for each client, such as housing placement, activities of daily living skills, vocational counseling, appointment escorts and access to medical care. The contractor would coordinate and monitor referrals to appropriate community agencies and supportive services, and advocate for client participation in these services. Also, the contractor would have the capacity to provide clients with varying levels of service intensity over time according to client needs, or connect clients to such services in the community.

ACT services would be provided on a long-term, intensive basis to clients in their own scattered site apartments. Once a client is housed, he or she would be encouraged to participate in the treatment, vocational and rehabilitative programs provided by the ACT team. As supported housing is permanent, clients would not be required to move from housing as their need for services change, and housing would not be lost during hospitalization or due to relapse. There would be no program attendance requirements and no length of stay restrictions.

#### G. Proposed Vendor Performance Reporting Requirements

Submission of required documents in accordance with the terms of the contract including but not limited to the following:

1. Claims
2. Levels of Service Reports
3. Program and Fiscal Audits

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This Concept Paper will be available from June 1, to July 16, 2006. Comments are invited.