

Mental Health Transitional Case Management Services Concept Paper

PIN# 11PR021900R0X00

Prior to the release of a Request for Proposals (RFP) seeking innovative approaches to comprehensive case management treatment and mental hygiene services for mentally ill people leaving the custody of the New York City Department of Correction (DOC), the Department of Health and Mental Hygiene (DOHMH or the Department) has developed this concept paper to present the Agency's vision for a new approach to the provision of transitional case management for severely mentally ill patients leaving city jails.

The Department's mission is to protect and promote the health of all New Yorkers. The New York City Charter requires the DOHMH to promote and provide medical and mental health services to those in the care and custody of DOC. Through its Bureau of Correctional Health Services, the Agency provides comprehensive medical and mental health care to persons incarcerated in the City's correctional facilities.

The DOHMH's Discharge Planning Program is responsible for developing individualized assessments of the need for community-based, clinically appropriate mental health treatment and supportive services including medication, substance abuse treatment, case management services, appropriate housing, and entitlements including, Medicaid, Public Assistance and Food Stamps.

The Department's goals and objectives for the upcoming RFP are:

- To provide transitional case management for people leaving City jails to help them maintain treatment and thereby increase their community survival time.
- To provide a connection between services a consumer is receiving while confined and the community services that are necessary for a successful transition.
- To advocate for these individuals for diversion from the criminal justice system in lieu of continued and/ or repeated incarceration.

In *Brad H. v. City of New York*, a class action lawsuit filed in August, 1999, Plaintiffs alleged that the City violated NY Mental Hygiene Law and the Constitution of the State of New York by failing to provide adequate discharge planning to inmates receiving mental health treatment in correctional facilities operated by the Department of Corrections. The lawsuit resulted in a settlement agreement, signed in January 7, 2003, which stipulates that the City is required to provide discharge-planning services for individuals with mental illness incarcerated in NYC Correctional Facilities.

Mental Health Needs of Incarcerated Individuals

Approximately 100,000 individuals are incarcerated on an annual basis with an average daily census of approximately 13,400. Of these, 25 – 30% are enrolled in mental health services. In FY'09 25% of inmates were released within 3 days of arrest, 50% of inmates were released

within 7 days, and 67% of inmates released within 14 days, The average length of stay for Detainees was 49.4 days, Parole violators 55.2 days and Sentenced individuals 34.3 days.

The most common mental health diagnostic categories (including patients with multiple diagnoses) are:

- Schizophrenia (13%)
- Affective disorder (26%)
- Other Psychoses (9%)
- Non-Psychotic (32%)
- Drug disorders (60%).

Purpose of Forthcoming Request for Proposals

DOHMH intends to issue an RFP to seek approximately 1-5 qualified provider(s) to develop, implement and administer a comprehensive time-limited transitional case management program that meets the aftercare mental health needs of patients in City jails, and thereby promote public health in New York City.

The key expectations of this program include:

- a) Intake assessments that are based on service needs identified through the comprehensive treatment discharge plan and the discharge plan completed while in jail
- b) Court diversion and outreach, defined as pre and post-arraignment screenings of detainees who may benefit from community-based programs in lieu of confinement
- c) Transition management, defined as assisting the consumer with the transition from confinement to reintegration into society
- d) Same day services inclusive of appointments and walk-ins
- e) Easily accessible by public transportation to courts and communities in at least Brooklyn and Manhattan.
- f) Entitlement assurance: providing a mechanism to assist clients with completing and submitting entitlement applications such as: Medicaid, Public Assistance/Food Stamps, Housing, SSI and VA
- g) Peer support, defined as a peer who can assist with escorting clients to appointments, assisting with the entitlement application process and social support.
- h) Identifying and transitioning the consumer to on-going mental health and substance abuse care in the community.

Preliminary discussions with the network of providers who service the mentally ill population have allowed DOHMH to start to develop the parameters of the core services to be provided. The Department now looks to those who read this concept paper to share ideas on how best to provide these services to severely mentally ill patients leaving city jails. The Department will seek vendors who will propose a new vision for providing services to this population.

DOHMH seeks vendors who will propose a new model for the provision of comprehensive case management and mental health services to the incarcerated mentally ill population returning to the community. The vendor should define the optimal amount of time that a “transitional case

management” provider should be in place to assist consumers to find an appropriate and ongoing mental health treatment home. The vendor should describe the best method for a mental health provider to track and monitor clients’ treatment plans and medication compliance, and return those people to care who have not accessed services.

The vendor should be able to identify the average per-individual cost of providing these services, and what is included in these costs. The vendor should delineate currently available revenue streams and the proportion of the cost of activities which are not currently reimbursable and therefore require additional funding.

DOHMH specifically invites your comments on these important issues.

The Department is open to innovative service delivery models including sub-contractual agreements, collaborations and partnerships, or integrated models under a lead provider, that demonstrate capacity to provide comprehensive treatment and mental health services as a seamless model of coordinated care. We specifically invite your comments on innovative models to deliver these services.

The selected organization(s) will be required to provide comprehensive case management treatment and mental health services utilizing a flexible work schedule to accommodate this population. This will include evenings and weekends.

Successful respondents will be required to implement a quality assurance and quality improvement program and provide a description of activities and monitoring, which will include suggested outcome measures, and process improvements. Areas to be considered may include improved mental health status, screening, timeliness of service delivery, service acceptance, compliance rates, outcomes and documented connection to health care services in the community.

Evaluation and Payment Model

The provider(s) will be evaluated and compensated based upon a combination of

- Demonstrated quantity and quality of successful relevant experience.
- Demonstrated level of organizational capability.
- Quality of proposed approach.

Current DOHMH providers are paid based upon a combination of line item budget and achieved levels of services. Proposers are encouraged to propose innovative payment structures. The Agency reserves the right to select any payment structure that is in the City’s best interest.

Anticipated Procurement Timeline

DOHMH anticipates that the RFP will be released in March 2011, and that the deadline for receipt of proposals will be approximately eight weeks thereafter. DOHMH anticipates that the selected contractor(s) will begin to provide services as of September 2011.

Anticipated Term and Contract Level

DOHMH anticipates that the term of contract(s) awarded from the upcoming RFP will be a three year contract with a three year option to renew.

DOHMH anticipates that the maximum available annual funding for the program will be \$5,000,000 with approximately 1-5 awards.

Conclusion

Through the forthcoming RFP, DOHMH seeks to support a program that is of high quality, efficient, accessible and able to provide continuous care for clients in DOC custody returning to the community, and therefore impact the health and safety of the City of New York. The Department seeks a demonstrably qualified and experienced provider that recognizes the public health opportunity that such a continuum of care model provides.

By release of this concept paper, DOHMH officially requests public comment prior to the drafting of an RFP. Please email your comments to DOHMH:

Eric Zimiles
Executive Director of Finance and Contracts
DOHMH/Health Care Access and Improvement
225 Broadway, 17th Floor
New York, NY 10007
ezimiles@health.nyc.gov