

CONCEPT PAPER

High Fidelity Wraparound Services for Children and Families

Purpose and Background:

The New York City Department of Health and Mental Hygiene (DOHMH) Bureau of Children, Youth and Families (CYF) aims to offer High Fidelity Wraparound (HFW) services to youth with the highest mental health needs and cross system involvement in NYC in order to reduce emergency department use and hospitalizations. HFW is an evidence-based model of care coordination that, when practiced to fidelity, improves mental health outcomes and lowers rates of hospitalization and residential treatment for youth with serious mental health needs who are also involved in the child welfare, juvenile justice, or special education systems.

High Fidelity Wraparound (HFW) Model:

HFW is an intensive, individualized planning and management process for children and youth with serious social, emotional, or behavioral concerns who are involved in multiple child service systems (e.g., behavioral health, child welfare, juvenile justice, special education). Although many providers use the term “wraparound” to describe aspects of their services, HFW is something distinct. It uses a highly structured, team-based approach in which a credentialed Family Partner and Youth Partner work in tandem with a Care Manager to ensure youth and families drive the development and implementation of their own plan of care. Each team carries a low caseload (approximately 10 to 12 youth), allowing for in-depth engagement as well as frequent and ongoing follow up with the child and his/her family.

Youth with complex mental health needs and cross system involvement experience unique barriers to care and oftentimes in need of intensive behavioral health services and out-of-home or institutional placements. There is a demonstrated need to improve systems and practices to reduce hospitalization and residential care placement among youth. Youth discharged from residential care such as a Residential Treatment Facility (RTF) experience challenges with transitioning back to the community and accessing community-based supports and services. NYS is undertaking a complementary effort to reduce use of residential treatment and help children to transition successfully back to the community upon discharge. A 2019 workgroup convened by the NYS Coalition for Children’s Behavioral Health recommended HFW to avert the need for RTFs and assist families in addressing barriers to a child’s return to the community upon discharge.¹

Recent NYC Implementation of HFW:

Since January 2019 NYC DOHMH has implemented a demonstration project in the Bronx and Brooklyn to implement and evaluate High Fidelity Wraparound (HFW) in the context of Health Homes Serving Children and Non-Medicaid Care Coordination programs. As we assess the early implementation of this model through the demonstration project, we find that youth eligible for the service are being successfully enrolled into HFW and the teams are implementing key aspects of the model to fidelity. Youth and family outcomes will be analyzed by the end of the demonstration project. In the interim, we can also look to the implementation of HFW by other

¹ Reforming NYS OMH Residential Treatment Facilities by the NYS Coalition for Children’s Behavioral Health.



counties in New York State as part of the NYS' Office of Mental Health's ACHIEVE initiative. ACHIEVE's evaluation of HFW statewide implementation from 2016-2020 demonstrates:

- Family improvements in CANS-NY areas of trauma, behavioral health, child and caregiver needs and functioning, and child strengths.
- Statistically significant improvements in youth impairment and symptomology, and caregivers had a significant reduction in strain over the course of HFW enrollment.
- Decreased residential treatment-related spending of HFW participants after enrollment, while comparison participants showed an increase over the same period. Additionally, participants had lower overall costs in the six months after enrollment in HFW than in the six months prior.

Expansion of HFW practices across NYS continue through OMH's provision of HFW training through its HFW Training and Implementation Institute and funding to support a new cohort of HFW teams. In August 2020, DOHMH received a SAMHSA System of Care Expansion grant to expand HFW services to youth and families residing in Queens.

Based on initial implementation findings and the ongoing need for these services, DOHMH is seeking up to three (3) contractors to provide HFW to youth and their families in the Bronx, Brooklyn and Queens. DOHMH aims to establish a minimum of one HFW team in each of these boroughs. DOHMH expects to issue an RFP for contractors to provide these services after DOHMH's current demonstration project for these services ends.

Target Population:

HFW is a voluntary service available to youth residing in Brooklyn, Queens or the Bronx between the ages of 12 and 21. To be eligible for enrollment, youth must be willing to participate in the HFW process, have Serious Emotional Disturbance, and have a CANS-NY Health Home score of high acuity. They must also have been involved with two or more services systems (e.g., child welfare, education special education services, juvenile justice, mental health and/or substance use) in the last 6 months, and either be at risk of out-of-home placement, or are returning to their home and community from out-of-home placement. Youth and families can enroll in HFW services regardless of their Medicaid status.

Goals of the Concept Paper:

DOHMH intends to issue a Request for Proposals (RFP) to establish HFW teams to provide the comprehensive set of HFW services to youth and their families. Accordingly, the New York City Department of Health and Mental Hygiene proposes to select up to **three contractors** to establish a total of 3 HFW teams to serve children in the Bronx, Brooklyn, and Queens.

Program Information:

The Contractor would be responsible for the following:

- Establish and oversee a HFW team that consists of a care manager, family peer partner, and youth peer partner.
- Collaborate with all parties responsible for the referral and enrollment of youth to the HFW team.
- Provide HFW services to a caseload of 10-12 youth and their families at a time. Services will be provided in the home or in the community based on youth and family preferences.



- Ensure HFW staff fully participate in training, coaching, supervision, and workforce credentialing required for individuals to practice this model to fidelity.
- Implement a standardized system for data collection and reporting.
- Ensure agency has ability to bill Medicaid for Medicaid-billable services associate with HFW services.
- Participate in formative and outcome evaluation that is aligned national and state efforts to assess the implementation of the model and effectiveness of the service
- Participate in forums with government and other stakeholders to engage in shared learning and inform systems coordination and improvements.

Proposed Term of the Contract

The New York City Department of Health and Mental Hygiene anticipates that the term of the contract resulting from the RFP will be nine (9) years, contingent on the availability of funding. DOHMH anticipates that the start date of the contract would be January 2022.

Planned Method of Evaluating Proposals

NYC DOHMH anticipates that proposals will be evaluated based on proposers': relevant experience in serving the RFP target population and providing RFP-funded services; approach to providing RFP-funded services; approach to program monitoring and data reporting; organizational capacity and staffing plan; and approach to budget management.

Procurement Timeline

DOHMH anticipates that the forthcoming RFP will be issued **Summer 2021** and the proposal due date would be **Early Fall 2021**. Expected award decisions would be in **Late Fall 2021**.

Funding Information and Payment Structure

DOHMH anticipates making up to 3 awards, with the total available funding for the contract award from this RFP will be \$6,091,371 over the course of 9 years (\$856,281 annually for first 3 years and reduced to \$587,088/year for remaining 6 years). Actual funding will depend on the availability of funds. The contractors would be expected to comply with all Medicaid billing regulations and requirements. DOHMH welcomes feedback from the provider community on potential payment structures for the described services.

Contact Information /Deadline for Comments

Written comments are invited by **June 19, 2021**. Comments must be submitted via email to RFP@health.nyc.gov. Indicate "High Fidelity Wraparound Concept Paper" in the subject line of the email.