

Concept Paper

Coordinated Intake and Referral for Home Visiting Services

Purpose of the Concept Paper and Program Background

The Department of Health and Mental Hygiene (DOHMH) of the City of New York seeks to improve infant/child health and well-being outcomes by matching families' assessed risks to evidence-based (EB) or evidence-generating (EG) home visiting (HV) models that are most appropriate for them based on their needs through the use of a Coordinated Intake & Referral (CI&R) HV system.

Home visiting programs support families during pregnancy and early childhood with an aim to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting and promote child development and school readiness.ⁱ Research indicates that exposures during pregnancy and early childhood can impact future health and development outcomes, thus this is a critical period to intervene.ⁱⁱ Currently, in NYC, there are approximately 75 home visiting programs provided by 49 organizations. Referrals to these programs come from many sources without any coordination which leads to program inefficiencies and families unserved. This results in disjointed and uncoordinated home visiting services. It may also lead to clinical care providers under-referring patients as it would be challenging to know which program a patient may be eligible for, let alone which may be the best fit to their unique needs. It is important to have an efficient home visiting system in place that ensures those at risk for poor outcomes receive services to meet their needs.

Across the United States, coordinated intake and referral (CI&R) systems have been uniquely designed to meet the needs of the communities they serve. Evidence from several CI&R systems within the healthcare system has shown that single-entry approaches (such as central or coordinated intake) reduce waiting times, increase number of patients seen, improve access and efficiency of patient care, improve measurement and monitoring of outcomes and improve patient satisfaction.ⁱⁱⁱ

Several CI&R systems for family home visiting have been implemented in recent years throughout the United States. Baltimore has seen a decrease in infant mortality, teen births and sleep-related infant deaths since the introduction of its local CI&R system, "B'more for Healthy Babies Coordinated Home Visiting System," in 2009^{iv}. Ohio launched its statewide version of CI&R, "Early Childhood Central Intake and Referral," in 2017 and strives to prevent child abuse and neglect and have a positive impact on maternal and child health, parenting and school readiness.^v

Project Objective

The New York City DOHMH proposes to issue an RFP to procure services from qualified organizations to serve as the borough-based operators for a CI&R system for maternal and child home visiting services in New York City. The goal of this project is to ensure that NYC families, and in particular families that are

Medicaid-eligible ¹ in NYC, facing the most significant social, economic, and health challenges have access to appropriate EB/EG HV models by establishing a CI&R system that incorporates a range of models from low to high intensity and is supported by a newly created infrastructure that:

- Utilizes a standardized risk assessment for families in order to match them to the best home visiting model that meets their needs;
- Creates system efficiencies by centralizing client/family intake;
- Addresses social determinants of health (e.g., housing, family support and services, food security, financial challenges) and mental-health challenges by supporting families through EB/EG home visiting models and connecting them to other city and community services as necessary.

Program Information

The goal of a CI&R system is to provide a single point of entry for NYC families, and in particular families that are Medicaid-eligible families in NYC to be matched to appropriate home visiting services based on their needs and strengths while efficiently managing referrals and tracking referral outcomes. This CI&R system in NYC will:

- Leverage the capacity for home visiting programs provided by DOHMH, other city agencies and community partners;
- Utilize a standardized risk assessment tool for families to match them to the best home visiting model for their needs and strengths;
- Create system efficiencies by centralizing client/family intake and minimizing duplication of services;
- Ensure that home visiting programs are maximizing capacity;
- Address family needs, build on family strengths and allocate home visiting services more efficiently and equitably to ensure that children and families thrive;
- Address family stressors (e.g. lack of housing, involvement with family support/child advocacy services, food insecurity, financial challenges, mental-health challenges) by supporting families through EB/EG home visiting models and connecting them to city and community services as needed;
- Provide data and information for DOHMH and partners to help build and expand a greater evidence base to support the effectiveness of home visiting programs in improving health outcomes for mothers, children and families overall.

The CI&R system will address family-specific needs, build on family-specific strengths, and allocate resources efficiently and equitably. Participation will be voluntary for all families. The system will streamline referral and service linkages both for home visiting providers and for referral partners in city agencies, clinical facilities, and community organizations. In addition, the CI&R project and the operators in each borough will work together with the DOHMH to create standards for participating programs which

¹ Medicaid-eligible is used here as a proxy for families that are low income (under 200% of poverty), whether or not they are covered by or eligible for Medicaid. Under current NYS Medicaid policy, regardless of immigration status, all pregnant people with incomes up to 200% of the poverty level qualify for Medicaid during pregnancy and for a few weeks postpartum.

will contribute to a stronger, higher quality coherent system. The system, once implemented, will also minimize the number of families who are lost to follow-up.

DOHMH anticipates that the Contractors selected to do this work would have experience providing maternal and child health social services, and/or nurse home visiting or comparable services, to low-income families. Contractors would also have experience collaborating effectively with other health and human service providers on behalf of low-income families and would demonstrate strong linkages to such providers in the boroughs and communities they serve through their contracts. DOHMH also expects that the Contractors would have experience with community engagement strategies and practices.

Contractors would develop and implement strategies to staff the program with employees whose racial and ethnic backgrounds and linguistic abilities are reflective of families served by the program. DOHMH also expects Contractors to maintain full compliance with HIPAA rules and regulations, and to ensure that patient confidentiality is protected in all communications.

The contractors selected to operate the CI&R would be responsible for planning, implementation and operation of the CI&R system. For the planning phase, the contractors will be required to form an advisory committee, to recruit and train staff and implement protocols and procedures for the operational components of the borough-based CI&R system and work with the city on the citywide system's implementation, ensuring standardization citywide.

As the operator of the borough-based CI&R system, the entity will be responsible for engaging referral partners and home visiting (HV) programs, contacting families and conducting intake and screening assessments. The information collected will be put into an algorithm in the citywide referral system that will generate options for a HV program assignment based on level of risk and eligibility criteria of the programs. The contractor must be well-versed in the different HV programs and be able to describe the choices to the family while allowing them to choose their preference. The contractor will be responsible for sending the family's information to the HV program selected and will facilitate communication between the HV program and referral partner. The contractor will be responsible for data entry and management for the entire process (from receipt of the referral to HV program assignment and communication back to the referral source, if authorized). Contact attempts, referral assignment and referral outcome will be among the metrics being tracked. The operator will also be responsible for submitting periodic reports and complying with evaluation requirements.

Approach

DOHMH anticipates that CI&R would be implemented incrementally citywide.

In addition to implementing, operating and managing the CI&R system in the assigned borough, the responsibilities of the contractors would include:

- Partnering with community-based organizations that currently deliver home visiting services.
- Working closely with the DOHMH, Community Advisory Committee social service agencies and community-based organizations to guide development and implementation of the CI&R system and provide ongoing input.

- Conducting data entry and management for the entire process (from receipt of the referral to HV program assignment and communication back to the referral source, if authorized)

DOHMH anticipates that it would be responsible for the following:

- Convening city-wide stakeholders to serve as an advisory body to the CI&R system
- Providing outcome measures and data reporting requirements
- Supporting evaluation and quality improvement efforts
- Providing the standardized screening assessment tool
- Creating a decision tree (algorithm) for referral assignment with guidance from stakeholders
- Providing the templates for the following items to be used by the contractors:
 - Policy and procedures manual
 - Partnership agreement documents
 - Data use agreements
 - Marketing materials
 - Professional development plan (including curriculum for staff training)

DOHMH would also provide technology infrastructure, including hardware and software, for system operations and data management and tracking that will be used by the contractors and referral partners.

Use of HHS Accelerator

To respond to the forthcoming CI&R RFP, vendors must be appropriately qualified in the City's Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its human services Agencies to manage procurement. Only organizations with approved HHS Accelerator Business Application and Service Applications for one or more of the following service areas will be eligible to propose:

1. Outreach Services
2. Caregiver Support
3. Case Management
4. Child Care
5. Parenting Services
6. Family Planning
7. Pregnancy Services
8. Preventive Services

To submit a Business and Service application to become eligible to apply for this and other client and community services RFPs, please visit <http://www.nyc.gov/hhsaccelerator>.



Proposed Term of the Contract

It is anticipated that the term of the contract(s) awarded from the forthcoming RFP will be for six (6) years. DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

Funding Information and Proposed Payment Structure

It is anticipated that the available annual funding amount for procurement will be approximately \$5,000,000 per year for all contracts, with an approximate budget annually of \$1,000,000 per borough, contingent upon the availability of funds. DOHMH expects that the payment structure of the resulting contract would be performance-based.

Planned Method of Evaluating Proposals

DOHMH anticipates that proposals will be evaluated based on proposers' relevant experience; approach to the scope of services; approach to program monitoring, data management, and reporting; organizational capacity, including proposed staffing plan; and proposed approach to budget management.

Provider Conferences

DOHMH will hold meetings for interested providers as follows:

Monday, November 18, 2019, 2:00 p.m. – 4:00 p.m.
Brownsville Neighborhood Health Action Center
258 Bristol Street
Brooklyn, New York 11212

Wednesday, November 20, 2019, 10:00 a.m. – 12:00 p.m.
Tremont Neighborhood Health Action Center
1826 Arthur Avenue
Bronx, New York 10457

The purpose of these meetings is for DOHMH to obtain feedback and input from the provider community in CI&R related areas. Agenda topics will be further specified at the meetings.

If you plan to attend either of these meetings, please email RFP@health.nyc.gov with the attendee name and include "**CIR RSVP**" in the subject line. Due to space constraints, organizations may send no more than **one** representative.

Procurement Timeline

It is anticipated that the RFP issuance date would be in winter 2019, with an approximate proposal due date in summer 2020 and expected award decisions in fall 2020.



Contact Information /Deadline for Questions/Comments

Comments are invited by December 26, 2019. Please email RFP@health.nyc.gov and indicate “**CI & R Concept Paper**” in the subject line of the email. Alternatively, written comments may be sent to the following address:

Dara R. Lebowitz
New York City Department of Health and Mental Hygiene
42-09 28th Street, CN 30A
Queens, New York 11101

ⁱ mchb.hrsa.gov

ⁱⁱ “Early Childhood Home Visiting Programs and Health,” Health Affairs Health Policy Brief, April 25, 2019.

ⁱⁱⁱ Bungard et al. Cardiac EASE- The impact of a single-point-of-entry multidisciplinary outpatient cardiology consultation program on wait times in Canada (2009) Canadian Journal of Cardiology, 25 (12), pp. 697-702.

Damani et al. What is the influence of single-entry models on access to elective surgical procedures? A systematic review. BMJ Open. 2017 Feb 24;7(2)

Lopatina et al. Single-entry models (SEMs) for scheduled services: Towards a roadmap for the implementation of recommended practices. Health Policy. 2017 Sep;121(9):963-970.

Wittmeier et al. Central intake to improve access to physiotherapy for children with complex needs: a mixed methods case report. BMC Health Serv Res. 2016 Aug 31;16:455.

^{iv} Infant Mortality Statistics and Research, Healthybabiesbaltimore.com

^v Ohio’s Home Visiting Overview, Ohio Department of Health; Oct 2018