

**EXHIBIT A(x)-SCOPE OF WORK (SOW):
IN-HOME OUTREACH TEAM (IHOT)**

Contractor Name	Account Name Contractor Legal Name
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See Applicable Exhibit A Documents. Any additional specifications or variations in contracted service requirements applicable to this Exhibit A-SOW shall be contained herein.

I. PROGRAM NAME

In-Home Outreach Team (IHOT)

Additional Specifications Program Name - Add Specs
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II. CONTRACTED SERVICES

Outreach and Engagement

Client and Program Support

Medi-Cal Administrative Activities (MAA) Requirements Apply

Additional Specifications Contracted Services - Add Specs

III. PROGRAM INFORMATION AND REQUIREMENTS

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Increase access to care through strategic outreach and engagement with the priority population;
- ii. Provide outreach and engagement services that help the priority population and their family members/caretakers identify goals and improve connections to resources such as education and support services;
- iii. Increase understanding of mental health disorders while reducing the effects of untreated mental illness;
- iv. Provide linkage to appropriate and ongoing services through timely supportive transitions to mental health and treatment services;
- v. Increase family member satisfaction with the mental health system of care;
- vi. Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues; and
- vii. Assist and empower clients to transition to the least intensive level of service appropriate to meet their needs.

Additional Specifications
Program Goals - Add Specs

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to individuals who are experiencing serious mental health issues and are not yet connected to outpatient mental health services. Contractor shall make it a priority to serve the highest need individuals¹ as defined by Alameda County Behavioral Health Care Services (ACBH) for this program. Contractor shall serve individuals who are sex offenders.

Additional Specifications
Service Groups - Add Specs

2. Referral Process to Program

ACBH shall initiate program referrals by providing Contractor with a list of high need clients as defined by ACBH who have not engaged in services. These referrals may also come from ACBH Acute Crisis Care and Evaluation for System-Wide Services (ACCESS), family members or caretakers who request an in-home intervention, crisis stabilization units, psychiatric emergency services, law enforcement, jail or juvenile justice facilities, hospitals, hospital emergency departments, mental health providers, Adult Protective Services, and advocacy agencies within Alameda County. ACBH shall review and authorize referrals and assign them to the IHOT team.

Additional Specifications
Referral Process to Program - Add Specs

3. Program Eligibility

Contractor shall only serve individuals who:

- i. Are Alameda County residents;
- ii. May be experiencing serious mental illness (SMI);
- iii. Are not actively engaged in outpatient mental health treatment services; and
- iv. Are authorized for participation in IHOT by ACBH.

Additional Specifications
Program Eligibility - Add Specs

4. Limitations of Service

Contractor's IHOT staff may provide assistance and support during a crisis. The program is not intended to be a crisis response, **outpatient treatment**, or emergency service.

¹ For the purposes of this program, highest need individuals are defined as those with serious mental health issues who have had one or more episodes of psychiatric hospitalization, emergency room visit, police involvement, incarceration and/or other type of criminal justice system contact in the last year, and who are not engaged in outpatient mental health treatment.

Additional Specifications Limitations of Service - Add Specs
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C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

1. Program Design

Contractor shall deliver services using the phases of the IHOT model as described below:

Contractor shall maintain a MAA claim plan and conduct outreach and engagement in a way that maximizes revenue generation through MAA. Contractor shall assist each client in obtaining and maintaining public benefits and shall screen and review each client's benefits eligibility at each face-to-face contact.

Outreach

Contractor shall conduct outreach to referred individuals into the IHOT program and ongoing outpatient services. Outreach shall be conducted in the client's natural environments including client homes, community settings, acute care settings, shelters, and jails. Contractor shall continue to outreach to individuals until they are engaged, or it is apparent that discontinuing contact for a period of time may be the most beneficial course of action. In some cases, outreach may be a longer-term effort.

Engagement

Contractor's staff shall collaborate with clients to establish life goals and a plan to improve connections with relevant community supports. These supports may include mental health and substance abuse treatment, supported housing, and other relevant services. Contractor shall screen clients to determine the need for referrals to additional services as appropriate. Contractor shall educate clients about existing resources, and help clients understand and carefully weigh the pros and cons of each option. Contractor shall encourage client participation in program through incentives such as gift cards, transit tickets, food vouchers, clothing, shoes, cell phones, and other urgently needed items. Contractor shall provide information about enrolling and obtaining Medi-Cal services to members of the target population that may be eligible.

Contractor shall use Evidence-Based Practices in the program including, but not limited to, Motivational Interviewing, Peer Support Model, and Psychosocial Education. Individuals shall be considered engaged in services when they decide to participate in the IHOT program.

Contractor shall work with each client to identify the individuals who the client would like to involve in their recovery, which may include family members, caregivers, friends, practitioners, clergy, and other identified supports. Contractor shall actively seek to engage these identified family members and other support persons and provide them with education about the causes and consequences of SMI and how they can best support the self-advocacy efforts of the client while also maintaining their own wellness and support systems. Contractor shall refer family members and support persons as needed to

additional community resources and support groups, including those offered by the National Alliance on Mental Illness and the Family Education Resource Center, a program of the Mental Health Association of Alameda County.

Contractor shall convene groups for families/caregivers, with the first hour devoted to educational topics and the second hour dedicated to group sharing and support.

Linkage

Contractor shall link each client with assistance based on their identified needs, which may include assistance with scheduling and getting to appointments. If a client is already assigned to a treatment team, Contractor shall assist clients in re-engaging with the said team. When individuals are eligible for Assisted Outpatient Treatment (AOT), Contractor shall assist with referral to and triage for an AOT program. Clients shall be considered linked when they begin to participate in services outside of IHOT to support their recovery.

Follow-Up

Once the client has begun to participate in services outside of the IHOT, the Contractor's IHOT team shall continue to follow-up with the client for up to 90 days via regular in-home visits, phone calls, text messages, and attendance at initial provider appointments. Should a client stop returning phone calls or messages, miss appointments, or relapse, Contractor's IHOT Team shall persist in attempting to make contact with and re-engage the client in the recovery process.

Additional Specifications

Program Design - Add Specs

2. Discharge Criteria and Process

Discharge planning shall begin at intake. Contractor shall coordinate discharge planning with the client in collaboration with family members and caregivers. Contractor shall arrange for post-discharge services that include a supportive transition to placement in the least intensive level of service appropriate to meet the client's needs, as well as additional referrals to community resources for clients to utilize after discharge.

Contractor shall assess a client for administrative discharge if Contractor is unable to locate the client for a period of 90 days despite Contractor's attempts to contact the client, or if the client consistently declines treatment despite Contractor's attempts to engage the client. The length of stay shall not be extended beyond 180 days without the approval from the ACBH Adult and Older Adult System of Care Director or their designee.

Additional Specifications

Discharge Criteria and Proc - Add Specs

3. Hours of Operation

Contractor shall maintain the following hours of operation:

Hours of Operation - Add Specs

4. Service Delivery Sites

Contractor shall provide services at the following location(s):

Service Delivery Sites - Add Specs

Contractor shall also provide services in community settings where clients are located.

D. Minimum Staffing Qualifications

Contractor shall maintain the following minimum direct service positions:^{2,3}

Minimum Staffing Qual - Add Specs

Contractor shall hire and maintain staff who have at least one year of experience serving individuals with SMI, have a history of homelessness and/or co-occurring disorders. Peer Support Specialists (Peers, Family Partners, or Advocates) shall have lived experience with or histories of SMI, homelessness, or co-occurring disorders, or as a family member/caretaker.

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

On annual basis, Contractor shall deliver the following services/deliverables:

Process Measures	Process Objectives
Number of MAA-billable hours of outreach and engagement	At least 3,525
Number of unduplicated clients served (point in time)	30 - 40
Number of unduplicated clients served (annual)	At least 150
Number of family/caregiver groups	One per month
Percent of engaged clients and family members/caregivers who complete a satisfaction survey within the first twelve months of referral	At least 65%

Additional Specifications
Process Objectives - Add Specs

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

² The positions shall be maintained at the specified level or higher of direct FTE staff.

³ Clinician includes Licensed or Unlicensed Licensed Practitioner of the Healing Arts (LPHA) or Mental Health Graduate Trainee/Student.

Quality Measures	Quality Objectives
Percent of clients who receive their first face-to-face visit from IHOT team members within seven days of the team receiving the referral	At least 65%
Percent of clients who receive weekly face-to-face services	At least 75%

Additional Specifications
Quality Objectives - Add Specs

C. Impact Objectives

Contractor shall provide services toward achieving the following impact objective:

Impact Measure	Impact Objective
Percent of engaged clients who successfully link to outpatient mental health services or rehabilitation and recovery services within the first 90 days of referral	At least 50%

Contractor shall collaborate with ACBH to collect data and evaluate program implementation to refine future outcome measures.

Additional Specifications
Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Contractor shall submit MAA logs that detail Contractor’s activities sorted in ascending order by staff and then by date. These reports shall be submitted to the ACBH Finance Office Specialist Clerk by the 15th of the month for the prior month’s activities.

Contractor shall submit an Annual Mental Health Services Act (MHSA) Community Services and Supports (CSS) Report on an ACBH-provided template that collects demographics data in addition to Contractor’s progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the MHSA Three Year Plan and/or Plan Update established naming convention and shall be uploaded to the ACBH ShareFile within 30 days from the end of **each fiscal year.**

Additional Specifications
Reporting And Eval Req - Add Specs

VI. ADDITIONAL REQUIREMENTS

No additional requirements.

Additional Specifications
Additional Requirements - Add Specs

