

## EXHIBIT A – PROGRAM REQUIREMENTS (A-P): INTERIM HOUSING

### I. Program Name

Interim Housing

### II. Contracted Services<sup>1</sup>

Interim Housing Services

Housing Navigation

Medi-Cal Administrative Activities (MAA) Requirements Apply

### III. Program Information and Requirements

#### A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Assist clients in obtaining and retaining safe, supportive, and sustainable permanent housing<sup>2</sup> as quickly as possible;
- ii. Ensure that clients obtain and maintain health insurance;
- iii. Assist clients in obtaining and maintaining access to quality health care services, including physical, mental, and substance use disorder services, through direct service provision and linking clients with other health care providers;
- iv. Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
- v. Reduce client criminal justice involvement and recidivism;
- vi. Help clients reduce distressing mental health symptoms and improve daily functioning;
- vii. Ensure that clients obtain and maintain enrollment in public benefits programs for which they are eligible;
- viii. Help clients to increase their monthly income and financial assets;
- ix. Increase employment among clients;
- x. Increase educational and/or vocational attainment among clients;
- xi. Help clients expand their community social support networks outside of the professional health and human service system; and
- xii. Help clients achieve personal goals and expand their participation in personally-meaningful activities.

<sup>1</sup> See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A - Scope of Work (SOW), and other Exhibits attached to this Agreement.

<sup>2</sup> Permanent housing status means that a client can stay in the housing for as long as they want or need and that they are living in one of the following Housing Management Information System (HMIS) housing categories: i) Permanent housing for formerly homeless clients (such as Supportive Housing Program [SHP], Shelter Plus Care [S+C], or Single Room Occupancy [SRO]/Moderate Rehabilitation [Mod/Rehab]); ii) Room, apartment, or house that one rents; iii) Apartment or house that one owns; iv) Staying or living in a family member's/friend's room, apartment, or house; or v) Subsidized housing.

## **B. Target Population**

Contractor shall provide services to the following populations:

### **1. Service Groups**

Contractor shall provide services to individuals who are literally homeless<sup>3</sup> and who meet eligibility requirements for specialty mental health services.

Contractor shall make it a priority to serve eligible adults identified as particularly high need by ACBH. ACBH shall utilize an approach adopted by the Alameda County Continuum of Care Council for identifying level of need among homeless individuals.<sup>4</sup>

### **2. Referral Process to Program**

Contractor shall only take referrals prioritized for Interim Housing through the Alameda County Housing Crisis Response System. Referrals shall come from a countywide list of currently homeless individuals with moderate to severe mental illness who have completed an Alameda County Coordinated Entry Standardized Housing Assessment Tool. Staff from the Home Stretch Unit within the Alameda County Health Care Services Agency<sup>5</sup> shall make referrals from this list.

### **3. Program Eligibility**

Contractor shall only serve clients who:

- i. Are literally homeless and residing in Alameda County;
- ii. Meet specialty mental health criteria with impairments in the moderate to severe range per the ACBH Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary, which can be referenced online at <http://www.acbhcs.org/providers/network/CBOs.htm>;
- iii. Have a completed Coordinated Entry Standardized Housing Assessment Tool; and
- iv. Have been prioritized for services and referred by Home Stretch to Interim Housing beds.

### **4. Limitations of Service**

In instances where complex clinical issues complicate the Contractor's capacity to provide services, Contractor shall alert Home Stretch of its concern. In the event that Contractor declines to accept a referral from Home Stretch, Contractor shall transmit to Home Stretch the specific reason for not accepting the referral.

Contractor shall not hold a bed for a referred individual for longer than 72 hours without first obtaining approval from Home Stretch.

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<sup>3</sup> Please use the criteria in Category 1 and Category 4 in the document linked below to define "literally homeless."  
[http://www.acbhcs.org/providers/network/docs/Forms/Housing-Homeless\\_Criteria\\_Def.pdf](http://www.acbhcs.org/providers/network/docs/Forms/Housing-Homeless_Criteria_Def.pdf)

<sup>4</sup> See [http://www.acbhcs.org/providers/network/docs/2015/Everyone\\_Home\\_CoC\\_Prioritization.pdf](http://www.acbhcs.org/providers/network/docs/2015/Everyone_Home_CoC_Prioritization.pdf)

<sup>5</sup> This Unit was formerly called the ACBH Housing Office.

## **C. Program Description**

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

### **1. Program Design**

Contractor shall accept referrals from Home Stretch for the reserved emergency housing beds at Contractor's shelter.

Contractor shall designate staff at the housing site to serve as a housing navigator for interim housing residents. This staff member shall also be responsible for maintaining Medi-Cal Administrative Activities (MAA) service logs and utilizing Alameda County's Clinician Gateway record system to coordinate services for shelter residents with other ACBH providers.

Contractor shall integrate Housing Navigation with Interim Housing Services, and services shall include but not be limited to the provision of:

- i. Emergency shelter beds;
- ii. Meals, shower and laundry facilities, linens, beds, and toiletries;
- iii. More general case management services; and
- iv. An array of additional onsite groups and services.

Contractor's Housing Navigation shall provide an intensive, housing-focused, care coordination role within Alameda County's health and housing services provider networks. Contractor's Housing Navigator(s) shall help clients referred to the ACBH housing beds obtain permanent safe and supportive homes as quickly as possible. Navigators shall also work to ensure that appropriate resources and supports are in place for individuals to maintain their housing. Navigators shall provide time-limited supports to individuals utilizing a Critical Time Intervention (CTI)<sup>6</sup> approach.

Contractor shall utilize CTI to help clients obtain and maintain housing with the three phases of CTI commencing once a client has obtained permanent housing. CTI phases shall last a maximum of three months per phase. Extensions beyond a total of twelve months of care after obtaining housing may be granted on a case-by-case basis via approval from Home Stretch staff.

At least one member of Contractor's program shall have access to the electronic data entry and claiming system approved by ACBH for purposes of coordinating care with other mental health providers in the ACBH provider network.

Contractor shall provide Housing Navigation and Interim Housing Services in accordance with the published ACBH Core Tasks Checklist and Alameda County Emergency Shelter Standards located on the ACBH website at <http://www.acbhcs.org/providers/network/cbos.htm>.

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<sup>6</sup> <https://www.criticaltime.org/>

Contractor shall maintain a MAA claim plan, and shall conduct outreach and engagement in a way that maximizes revenue generation through MAA.

## **2. Discharge Criteria and Process**

### For Interim Housing

Contractor shall follow the discharge criteria and process outlined in the Alameda County Emergency Shelter Standards manual.

### For Housing Navigation Services

Contractor shall ensure discharge planning is reflected in the service/treatment plan goals. Contractor shall engage client in discharge planning through a collaborative service/treatment planning process between the client and Contractor.

Contractor's discharge process shall include, but not be limited to:

- i. Discharge planning that begins at intake;
- ii. Agreement as to when the client shall choose to discharge, where he/she shall discharge to, and identification of the type of follow-up resources required to ensure that the clients' discharge shall be successful;
- iii. Discharge according to the client's discharge plan that describes the role of Contractor's staff in providing follow-up resources or services, and the coordination, if appropriate, with friends, family, and other members of the clients' support network.

In cases where the assessment indicates the need for follow-up case/care management, supervision, and assistance beyond the ability of Contractor to provide, every effort shall be made to secure appropriate resources from another agency. Whenever possible, Contractor shall convene a discharge meeting with all collaborating team members 30 to 90 days prior to a planned discharge to assure clarity of the plan. Contractor shall maintain discharge plans, available to ACBH, in writing as a part of client's record.

Contractor shall assess clients' readiness for discharge by the following indicators:

- i. Client is able to sustain current living situation financially, in terms of activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and in terms of following housing expectations contained in rental or other agreements;
- ii. Client is able to manage their health as evidenced by engagement in health services and ability to understand and follow recommended health care treatments and supports;
- iii. Client is engaged in regular activities of personal meaning; and
- iv. Client has connections with social supports other than those provided by paid staff.

## **3. Hours of Operation**

Contractor shall maintain the hours as specified in Exhibit A-Scope of Work (SOW).

**4. Service Delivery Sites**

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

Contractor shall also provide field-based services to clients in the community where the target population is located.

**D. Minimum Staffing Qualifications**

Contractor shall maintain the direct service staffing as specified in the Exhibit A-SOW.

Contractor shall maintain 0.5 Full-Time Equivalent (FTE) Housing Navigator for every 10 beds under this contract.

**IV. Contract Deliverables and Requirements**

**A. Process Objectives**

Contractor shall deliver units of service as specified in Exhibit A-SOW.

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients with entry/exit information entered into the Homeless Management Information System (HMIS) on the day of entry/exit	At least 80%
Percent of clients with income information recorded in HMIS at entry and annual or exit assessments	At least 80%
Percent of clients who have completed the Alameda County Coordinated Entry Standardized Housing Assessments within their first three months of services	At least 75%
Frequency of client contact recorded in HMIS	At least three contacts per client per month

Contractor shall ensure that staff providing Interim Housing and Housing Navigation for at least six months have attended at least two trainings per year in one or more of the following areas: Motivational Interviewing, Mental Health First Aid, harm reduction, crisis intervention, positive behavioral support, Coordinated Entry System, trauma-informed care, HMIS, staff self-care/burnout intervention, public benefits and health insurance advocacy, and/or culturally affirmative practices.

**C. Impact Objectives**

Contractor shall provide services toward achieving the following impact objectives:

Impact Measures	Impact Objectives
Percent of Housing Navigation clients with increased cash income from entry to their most recent annual or exit assessment, among clients who have been in the program for 12 months or longer	At least 30%
Percent of clients who obtain or maintain one or more of the following non-cash benefits at their most recent annual or exit assessment: WIC, CalFresh, CalWORKs childcare and transportation benefits (excludes health insurance)	At least 65%
Percent of clients accessing health insurance at their most recent annual or exit assessment	At least 75%
Percent of clients who exited Interim Housing to permanent housing or enrollment in Rapid Re-Housing (Excludes exits to Higher Level of Medical Care and Death)	At least 30%
Percent of clients who exit Interim Housing to the streets or places not meant for human habitation (Excludes exits to Higher Level of Medical Care and Death)	Less than 15%

**V. Reporting and Evaluation Requirements**

Contractor shall notify Home Stretch whenever their program is at capacity and unable to accept new referrals. Contractor shall input client status related to housing, income, and other related demographics at episode opening, closing, and in between as changes occur and at least annually via HMIS. Contractor shall also input service data and client discharge status at closing. Contractor shall complete timely input of all required data into HMIS.

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 a Quarterly Program Report that includes the following:

- i. Client Demographics Report (from HMIS);
- ii. Housing and Urban Development (HUD) Annual Performance Report (from HMIS);
- iii. Program Outcomes Report (from HMIS); and
- iv. Narrative report that highlights Contractor's progress in meeting the Contract Deliverables and Requirements.

Reports shall be labeled in accordance with the established naming convention and shall be uploaded to the ACBH Citrix ShareFile according to the following schedule:

Quarter	Dates Covered in Report	Due Date
1 <sup>st</sup>	July 1 – September 30	October 31
2 <sup>nd</sup>	October 1 – December 31	January 31
3 <sup>rd</sup>	January 1 – March 31	April 30
4 <sup>th</sup>	April 1 – June 30	July 31

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 Citrix ShareFile within 30 days from the end of the contract period.

## VI. Additional Requirements

No additional requirements.