EXHIBIT A – PROGRAM REQUIREMENTS (A-P): HOUSING NAVIGATION

I. Program Name

Housing Navigation

II. Contracted Services[1]

Housing Navigation

Federal Funding Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- Improve the ability of clients to secure and maintain stable permanent housing in the least restrictive and most integrated living situation appropriate to meet their needs and preferences;
- Increase and support client choice around appropriate housing;
- Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
- Improve clients' overall health by connecting them with quality health care services, including physical, mental, and substance use disorder services, through direct service provision and linking clients with other health care providers;
- Reduce client criminal justice involvement and recidivism;
- Ensure that clients obtain and maintain health insurance;
- Ensure that clients obtain and maintain enrollment in public benefits programs for which they are eligible;
- Help clients to increase their monthly income and financial assets;
- Increase employment among clients;
- Increase educational and/or vocational attainment among clients;
- Decrease social isolation among clients;
- Improve client mental health status by reducing distressing mental health symptoms and improving daily functioning through direct mental health services provision and connections with appropriate mental health treatment and support; and
- Help clients achieve personal goals and expand their participation in personally-meaningful activities.

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

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to individuals who are literally homeless[2] 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.[3]

2. Referral Process to Program

Contractor shall only take referrals prioritized for Housing Navigation 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[4] shall make referrals from this list.

3. Program Eligibility

Contractor shall only serve clients who:

- Are literally homeless and residing in Alameda County;
- Are not connected to a Full Service Partnership or Service Team;
- 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;
- Have a completed Alameda County Coordinated Entry Standardized Housing Assessment Tool;
- Have been prioritized for services and referred by Home Stretch.

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 initiate and document at least five unique attempts to engage a referred client within 30 days of receiving the referral from Home Stretch prior to sending that client referral back to Home Stretch with the reason that a client could not be reached or engaged.

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[2] 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

[3] See http://www.acbhcs.org/providers/network/docs/2015/EveryOne_Home_CoC_Prioritization.pdf

[4] 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'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 Navigators shall help clients 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)[5] 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. 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 in accordance with the published ACBH Core Tasks Checklists located on the ACBH website at http://www.acbhcs.org/providers/network/cbos.htm.

2. Discharge Criteria and Process

Contractor shall ensure discharge planning is reflected in the service/treatment plan goals. Contractor shall engage the 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:

- Discharge planning that begins at intake;
- 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;
- 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

[5] https://www.criticaltime.org/

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:

- 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;
- 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;
- Client is engaged in regular activities of personal meaning; and
- 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 serve 15 households at any point in time, and 19 households annually, for each 1.0 Full-Time Equivalent (FTE) Housing Navigator.

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%

Quality Measures	Quality Objectives
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
Average length of program participation among clients	Less than or equal to 24 months
Among clients who move into housing, average time from Housing Navigation project enrollment to housing move-in date	Less than or equal to 15 months

Contractor shall ensure that staff providing 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 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 exit Housing Navigation into permanent housing or enrollment in Rapid Re-Housing (excludes exits to higher level of medical care and death)	At least 60%

V. Reporting and Evaluation Requirements

Contractor shall notify Home Stretch whenever their program is at capacity and they are 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 to the ACBH Program Contract Manager and the Housing Solutions for Health Director[6] a Quarterly and Annual Program Report derived from HMIS and other data. Quarterly Reports are due according to the following schedule:

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

The Fourth Quarter Report shall count as the Annual Report. All reports shall include the following:

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

VI. Additional Requirements

No additional requirements.

[6] The Housing Solutions for Health Director works within the Home Stretch Unit.