

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): IN-HOME OUTREACH TEAM (IHOT)

I. Program Name

In-Home Outreach Team (IHOT)

II. Contracted Services¹

Outreach and Engagement

Client and Program Support

Federal Funding Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- Increase access to care through strategic outreach and engagement with the priority population;
- 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;
- Increase understanding of mental health disorders while reducing the effects of untreated mental illness;
- Provide linkage to appropriate and ongoing services through timely supportive transitions to mental health and treatment services;
- Increase family member satisfaction with the mental health system of care;
- Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
- Assist and empower clients to transition to the least intensive level of service appropriate to meet their needs.

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

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

shall make it a priority to serve the highest need individuals² as defined by ACBH for this program. Contractor shall serve individuals who are sex offenders.

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. ACBH shall review and authorize referrals and assign them to the IHOT team.

3. Program Eligibility

Contractor shall only serve individuals who:

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

4. Limitations of Service

Contractor shall not provide treatment services. Although IHOT team members may provide assistance and support during a crisis, the program is not intended to be a crisis response or an emergency service.

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:

Outreach

Contractor shall conduct outreach to quickly engage eligible 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 eligible referred 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.

² 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.

Engagement

To engage clients in readiness to treatment, Contractor shall use evidence based treatment including, but not limited to, Motivational Interviewing, Peer Support Model, and Psychosocial Education. Individuals shall be considered engaged in IHOT services when they decide to participate in IHOT services.

Contractor's IHOT staff shall collaborate with engaged 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 IHOT 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 in Medi-Cal and obtaining Medi-Cal services to which members of the target population may be entitled. Contractor shall maintain a Medi-Cal Administrative Activities (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.

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.

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 an IHOT client is already assigned to a treatment team, Contractor shall assist clients in re-engaging with that team. When individuals are eligible for Assisted Outpatient Treatment (AOT), Contractor shall assist with referral to and triage for the 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 IHOT, the IHOT team shall continue to follow-up with the client for up to 90 days. Contractor's staff shall conduct follow-up 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.

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. The length of stay shall not be extended beyond six months without the approval of the applicable ACBH System of Care Director or their designee.

Contractor shall arrange for the provision of 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.

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 services in community settings where clients are located.

Contractor shall obtain written approval from ACBH through the ACBH Program Contract Manager prior to implementing any changes in service delivery sites.

D. Minimum Staffing Qualifications

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

All staff hired to serve on the IHOT Team shall have at least one year of experience serving individuals with serious mental illness and those with histories of homelessness and/or co-occurring disorders. Peer Specialists/Advocates and Family Partners/Advocates shall have lived experience with or histories of SMI, homelessness, or co-occurring disorders, either personally or as a family member/caretaker.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall provide 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)	25-30
Number of unduplicated clients served (annual)	At least 50
Number of family/caregiver groups	One per week
Percent of engaged clients and family members/caregivers who complete a satisfaction survey within the first twelve months of referral	At least 90%

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients who receive their first face-to-face visit from IHOT team members within three days of the team receiving the referral	At least 80%
Percent of clients who receive weekly face-to-face services	At least 90%

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.

V. Reporting and Evaluation Requirements

Contractor shall administer client, family, and caregiver satisfaction surveys.

Contractor shall complete and submit an Annual Program Report on an ACBH-provided template within 30 days of the end of the contract period to the ACBH Program Contract

Manager that provides a summary of the Contractor's progress, successes, and challenges in achieving the Process Objectives in Exhibit A-SOW and Quality and Impact Objectives in this Exhibit A-P.

Contractor shall submit MAA Logs to the ACBH Finance Office Specialist Clerk by the 15th of the month for the prior month's activities.

VI. Additional Requirements

No additional requirements.