EXHIBIT A(x)-SCOPE OF WORK (SOW):
HOUSING NAVIGATION

Contractor Name	Account NameContractor Legal Name

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

Housing Navigation

Additional Specifications
Program Name - Add Specs

II. CONTRACTED SERVICES

Housing Navigation

Additional Specifications
Contracted Services - Add Specs

III. PROGRAM INFORMATION AND REQUIREMENTS

A. Program Goals

Contractor shall provide services to accomplish the following goals:

i. Improve the ability of clients to secure and maintain stable permanent housing[1] in the least restrictive and most integrated living situation appropriate to meet their needs and preferences;
ii. Increase and support client choice around appropriate housing;
iii. Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
iv. Improve clients' overall health by connecting them with quality health care services, including physical, mental, and substance use disorder (SUD) services, through direct service provision and linking clients with other health care providers;
v. Reduce client criminal justice involvement and recidivism;
vi. Ensure that clients obtain and maintain health insurance;
vii. Ensure that clients obtain and maintain enrollment in public benefits programs for which they are eligible;
viii. Help clients increase their monthly income and financial assets;
ix. Increase education and/or employment among clients;
x. Decrease social isolation among clients;

[1] See the definition of permanent housing: https://www.hud.gov/sites/dfiles/State/documents/Combined_PH-PSH-RRH_Component.pdf

xi. 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
xii. Help clients achieve personal goals and expand their participation in personally meaningful activities.

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 literally homeless[2] and who meet eligibility requirements.

Contractor shall make it a priority to serve eligible adults identified as particularly high need by Alameda County Behavioral Health Care Services (ACBH). Contractor shall utilize an approach adopted by the Alameda County Continuum of Care (CoC) for identifying level of need among homeless individuals.[3]

Additional Specifications
Service Groups - Add Specs

2. Referral Process to Program

Contractor shall only accept referrals from Alameda County Health Care Services Agency's (HCSA's) Office of Homeless Care and Coordination (OHCC) for households which have been assessed through the Alameda County Housing Crisis Response System. Referrals shall come from the Interim Housing Queue that prioritizes individuals and households currently experiencing moderate to severe mental illness and homelessness who have completed an Alameda County Coordinated Entry System Crisis Assessment and been matched to Housing Navigation services.

Contractor shall notify HCSA OHCC in writing whenever their program is at capacity and unable to accept new referrals.

Additional Specifications
Referral Process to Program - Add Specs

3. Program Eligibility

Contractor shall only serve clients who:

i. Are literally homeless and residing in Alameda County;
ii. Are not connected to a Full Service Partnership;

[2] See criteria in Category 1 and Category 4 in the document linked below to define "literally homeless." https://bhcsproviders.acgov.org/providers/network/docs/Forms/Housing-Homeless_Criteria_Def.pdf

[3] See https://bhcsproviders.acgov.org/providers/network/docs/2015/EveryOne_Home_CoC_Prioritization.pdf

iii. Meet service necessity for specialty mental health services as defined by the California Department of Health Care Services (DHCS);
iv. Have an active and completed Coordinated Entry System Crisis Assessment; and
v. Have been prioritized for services and referred by HCSA OHCC.

Additional Specifications
Program Eligibility - Add Specs

4. Limitations of Service

In instances where complex clinical issues complicate the Contractor's capacity to provide services, Contractor shall alert HCSA OHCC in writing of its concern. In the event that Contractor declines to accept a referral from HCSA OHCC, Contractor shall notify HCSA OHCC in writing with the specific reason(s) for not accepting the referral.

Contractor shall document at least five unique attempts to engage a referred client within 30 days of receiving the referral from HCSA OHCC. In the event that Contractor is unable to engage the client during this time, Contractor shall notify HCSA OHCC in writing with documentation of the attempts at client engagement and the reason(s) the client could not be reached or engaged.

Additional Specifications
Limitations of Service - Add Specs

C. Program Description

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

1. Program Design

Contractor's program shall provide an intensive, housing-focused, care coordination role within Alameda County's health and housing services provider networks. Contractor's Housing Navigators (Navigators) shall help clients obtain permanent, safe, and supportive homes as quickly as possible. Navigators shall provide time-limited supports and use evidence-based practices to help clients obtain and maintain housing and shall work towards ensuring that appropriate resources and support are in place for individuals to successfully sustain permanent housing.

Service duration shall be individualized in accordance with client need. Extensions of services beyond twelve months after a client has obtained housing may be granted on a case-by-case basis through written approval from HCSA OHCC.

Contractor's program shall maintain access to the electronic systems 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 ACBH Core Housing Navigator Core Tasks Checklist.[4]

[4] https://bhcsproviders.acgov.org/providers/network/cbos.htm

Additional Specifications
Program Design - Add Specs

2. Discharge Criteria and Process

Contractor shall ensure discharge planning is reflected in the client's care plan goals. Contractor shall engage the client in discharge planning through a collaborative process.

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

i. Discharge planning that begins at intake;
ii. Schedule for when the client shall choose to discharge, where they shall discharge to, and identification of the type of follow-up resources required to ensure that the client's discharge shall be successful;
iii. Description of Contractor's role in providing follow-up resources or services; and
iv. Plans for coordination, if appropriate, with friends, family, and other members of the client's support network.

In cases where the assessment indicates the need for follow-up case/care management, on-going support, and/or assistance beyond the ability of Contractor to provide, every effort shall be made to secure appropriate resources from another agency. Contractor shall convene a discharge meeting with the client, collaborating providers, and family, friends and other members of the client's support network 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, in terms of activities of daily living (ADLs) and instrumental activities of daily living (IADLs), financially, 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 they find personally meaningful; and
iv. Client has connections with social supports outside of the professional health and human service system.

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:[5]

Minimum Staffing Qual - Add Specs

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

Contractor shall serve 20-25 households at any point in time, and 30 households annually for each 1.0 Full-Time Equivalent (FTE) Housing Navigator.

Contractor shall ensure Housing Navigations staff have completed the Homeless Management Information System (HMIS) Security and Privacy training within three months of hiring.

Contractor shall ensure that Housing Navigation staff who have provided these services for at least six months participate in at least two trainings each 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.

Additional Specifications
Process Objectives - Add Specs

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients with an HMIS episode opening with program entry assessment completed on the day of their program entry and an episode closing with exit assessment completed on the day of their exit from the program	At least 80%
Percent of clients with completed income information entered in HMIS on the program entry assessment, update assessments (as appropriate), annual assessment, and exit assessment	At least 80%

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

Quality Measures	Quality Objectives
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 12 months
Among clients who move into housing, average time from Housing Navigation program enrollment to housing move-in date	Less than or equal to six months

Additional Specifications
Quality Objectives - Add Specs

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 their HMIS program entry assessment to their most recent update assessment (as appropriate), annual assessment or exit assessment for clients who have been in the program for six months or longer	At least 30%
Percent of clients who obtain or maintain one or more of the following non-cash benefits from their HMIS program entry assessment to their most recent update assessment (as appropriate), annual assessment or exit assessment: Supplemental Nutritional Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), CalFresh, California's Work Opportunity and Responsibility to Kids (CalWORKs) child care and transportation benefits (excludes health insurance)	At least 65%
Percent of clients who obtain or maintain health insurance from their HMIS program entry assessment to their most recent update assessment (as appropriate), annual assessment or exit assessment	At least 75%
Percent of clients who exit Housing Navigation into permanent housing including enrollment in Rapid Re-Housing (excludes exits to higher level of medical care and death)	At least 60%

Additional Specifications
Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Contractor shall complete timely input of all required data into HMIS, including but not limited to client status related to housing, income, and other related demographics. Contractor shall enter this information into HMIS at episode opening, as changes occur, and upon program exit, but at least annually. Contractor shall ensure that no more than five percent of fields are represented with null values in the Department of Housing and Urban Development (HUD) Annual Performance Report (APR).

Contractor shall submit a Quarterly Program Report that includes the following:

i. HUD APR, extracted from HMIS;
ii. Program Outcomes Report, extracted from HMIS; and
iii. Narrative report that highlights Contractor's progress and challenges in meeting the Contract Deliverables and Requirements.

Reports shall be labeled in accordance with the ACBH established naming convention and shall be uploaded to the ACBH ShareFile 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 be cumulative and shall serve as an Annual Program Report.

Additional Specifications
Reporting And Eval Req - Add Specs

VI. ADDITIONAL REQUIREMENTS

No additional requirements.

Additional Specifications
Additional Requirements - Add Specs