

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):
HOUSING NAVIGATION**

Contractor Name	Account NameContractor 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

Housing Navigation

Additional Specifications Program Name - Add Specs
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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 housing¹ 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 homeless² and who meet eligibility requirements.

Contractor shall make it a priority to serve eligible adults identified as particularly high need by **Alameda County Health, Behavioral Health Department (ACBHD)**. 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, Housing and Homeless Services (AC Health H&H)** 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 **AC Health H&H** 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 AC Health H&H.

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 AC Health H&H in writing of its concern. In the event that Contractor declines to accept a referral from AC Health H&H, Contractor shall notify AC Health H&H 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 AC Health H&H. In the event that Contractor is unable to engage the client during this time, Contractor shall notify AC Health H&H 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 service 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 AC Health H&H.

Contractor's program shall maintain access to the electronic systems approved by ACBHD for purposes of coordinating care with other mental health providers in the ACBHD provider network.

Contractor shall provide Housing Navigation in accordance with the **ACBHD** Core Housing Navigator Core Tasks Checklist.⁴

Additional Specifications Program Design - Add Specs
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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 **ACBHD**, 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:

⁴ <https://bhcsproviders.acgov.org/providers/network/cbos.htm>

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

On an annual basis, Contractor shall serve 20-25 households at any point in time, and 30 households for each 1.**00** Full-Time Equivalent (FTE) Housing Navigator.

Contractor shall ensure Housing Navigation staff have completed the Homeless Management Information System (HMIS) Security and Privacy training within **30 days** of hiring.

Contractor shall ensure that Housing Navigation staff who have provided 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
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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%

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

Quality Measures	Quality Objectives
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%
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 contain cumulative data from the beginning of the contract fiscal year through the current reporting period. Reports shall be labeled in accordance with the ACBHD established naming convention and shall be uploaded to ShareFile according to the following schedule:

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

Additional Specifications

Reporting And Eval Req - Add Specs

VI. ADDITIONAL REQUIREMENTS

No additional requirements.

Additional Specifications

Additional Requirements - Add Specs