

Appendix A-5: Services to be Provided
by
Heluna Health
San Francisco Homeless Outreach Team (SFHOT)
July 1, 2021 to June 30, 2023

I. Purpose of Contract

The purpose of the contract is to provide a comprehensive community response, street outreach, special projects, and case management services to the served population.

II. Served Population

Contractor shall offer and provide services to individuals experiencing homelessness in San Francisco.

For individuals served through Projects for Assistance in Transition from Homelessness (PATH) grant funding, Contractor shall serve individuals with a diagnosed mental illness who are experiencing chronic homelessness.

All services are voluntary.

III. Description of Services

Contractor shall provide the following services:

- A. Community Response: Contractor shall collaborate with Healthy Streets Operation Center (HSOC) to ensure there is a professional and rapid response to community concerns regarding people experiencing homelessness. Contractor shall provide specialized teams, Vehicle Encampment Resolution Team (VERT) Encampment Resolution Team (ERT), to respond to community concerns. Requests are received and processed via Healthy Streets Operation Center (HSOC) and 311.
1. Dispatch/Outreach Responders: Contractor shall process referrals for wellness checks for people experiencing homelessness. Contractor's specialized outreach workers shall perform wellness checks and connect interested participants to the citywide Homelessness Response System (HRS). Beginning January 1, 2022, requests for wellness checks will be processed by the Street Wellness Response Team (SWRT).
 2. HSOC: Contractor shall provide staff to support the outreach requests and organized plans to ensure that people experiencing homelessness are offered services prior to collaborative partners' involvement, such as Department of Public Works (DPW) and/or San Francisco Police Department (SFPD), for street cleaning or enforcement activities.
 3. VERT/ERT: Contractor shall provide a specialized VERT and an ERT to collaborate with HSOC to ensure that long-term encampments are minimal, and those living in cars or vehicles have access to available resources.

4. 311 Community Requests: In collaboration with HSOC, Contractor shall respond to tickets, close them as appropriate, and ensure that outreach has been provided to those experiencing homelessness.
- B. Street Outreach: Contractor shall provide street outreach and engagement for unsheltered individuals throughout San Francisco. Contractor shall act as a Coordinated Entry Mobile Access Point and refer individuals into temporary shelter or other indicated resources. Contractor shall respond to requests within its scope of practice for street outreach/intervention, wellness checks, locating high needs participants, and/or transport to meet treatment goals for participants. In response to severe weather conditions (e.g. cold, rain, and poor air quality), Contractor shall ensure that all street outreach teams focus on emergency services (e.g. wellness checks, distribution of supplies).
 - C. Special Projects: Contractor shall provide specific outreach projects to better meet the needs of specialized populations throughout San Francisco, including, but not limited to, the following:
 1. Emergency Medical Services (EMS-6):
 - a. High Intensity Care Team: Contractor shall provide support for EMS-6, which is a collaboration between Contractor, the San Francisco Fire Department (SFFD) and HSH. EMS-6 is a team comprised of an EMS Fire Captain and an SFHOT Outreach Specialist. This special project works in conjunction with existing social services to stabilize high users of multiple systems and make referrals to non-emergency programs.
 - b. Street Wellness Response Team (SWRT): Contractor shall provide SWRT services, which are comprised of a community paramedic, Emergency Medical Technicians (EMT), and SFHOT specialist that are available to respond to 911 calls that traditionally are coded as police code 910 priority B (e.g. wellbeing checks with no report of violence or weapons), and to engage individuals who appear in need of wellbeing checks in public spaces. Contractor shall engage and assess individuals for medical, behavioral, and social needs.
 2. San Francisco Recreation and Park: Contractor shall provide a specialized team of outreach workers to ensure that people experiencing homelessness who are living in parks throughout San Francisco receive outreach and referrals to appropriate services.
 3. San Francisco Public Library Team: Based at the Civic Center Main Branch, Contractor's San Francisco Public Library Team shall conduct 'in-reach' and offer referrals to homeless, marginally housed and/or mentally ill patrons of the library. In coordination with HSH as lead, Contractor shall educate and help library staff to better understand and serve behaviorally vulnerable patrons while

decreasing the number and severity of incidents that require intervention from library security staff.

4. Outreach Collaborations:

- a. Contractor shall partner with HSH funded outreach programs to support referrals to available temporary shelter and other resources.
- b. Contractor shall partner with San Francisco Department of Public Health (DPH) funded outreach programs to support referrals to available temporary shelter and other resources.
- c. Contractor shall partner with SFFD/DPH outreach programs (Street Crisis Response Team (SCRT), Street Overdose Response Team (SORT)) to support referrals to available temporary shelter and other resources.

5. Transportation: On as-needed basis, Contractor shall provide transportation services through the coordination and purchase of taxi transport. Contractor shall coordinate with HSOC; Street Outreach; and the HSH Rehousing Team to facilitate connections to the HRS, including to housing or other services.

D. Case Management:

1. Contractor shall provide case management services, focused on housing goals, to unsheltered individuals who have been assessed and are “Housing Referral Status” in the San Francisco Coordinated Entry System. Nearly all Case Managed participants experience complex medical, psychiatric, and/or substance abuse tri-morbidity, use a high number of urgent/emergent care services, and are unable to navigate the HSH Coordinated Entry and the HRS on their own.
2. Contractor shall provide Case Management, to partner with the multi-disciplinary HIV Homeless Outreach and Mobile Engagement Program (HHOME) team to serve chronically homeless clients diagnosed with HIV/AIDS. This partnership is the result of an agreement, with ongoing funding from DPH to HSH, for staff from Community Health Network and Contractor to collaborate and coordinate client care. Expectations for this collaboration shall be outlined in a signed Memorandum of Understanding (MOU).

IV. Location and Time of Services

Contractor shall provide services to individuals in San Francisco in the field. Specialized teams will be assigned to a geographical district within San Francisco, based upon SFPD districts.

Contractor shall provide Outreach services at times that align with the needs of the served population in 10-hour shifts, four days per week. Based on staffing and availability, Contractor shall provide coverage from 6:30 am to 7:00 pm, five days a week and

weekend services from 8:30 am to 7:00 pm. If services are required within a particular district of the City when the team assigned to the district is off duty, Contractor shall utilize other staff to complete the tasks in a timely manner.

Contractor shall provide SWRT services 24 hours per day, seven days a week, beginning May 1, 2022.

V. Service Requirements

Contractor shall meet the following service requirements:

- A. Staffing: Contractor shall ensure that the program is staffed at no less than 90 percent at any given time.
- B. Staff Training: Contractor shall provide staff training and development, including but not limited to de-escalation and safety, street engagement, professionalism, ethics, harm-reduction, trauma-informed care, cultural competency, overdose prevention, overdose response, mental health and substance abuse community resources.
- C. Uniforms: Contractor shall ensure that all staff are issued and wear uniforms for visibility and safety in the field.
- D. Feedback, Complaint and Follow-up Policies: Contractor shall provide means for the served population to provide input into the program, including planning and design. Feedback methods shall include:
 - 1. A complaint process, including a written grievance policy informing the served population on how to report complaints and request repairs/services; and
 - 2. A written survey, which shall be offered to the served population to gather feedback and assess the effectiveness of services and systems within the program. Contractor shall help the served population with completion of the survey if the written format presents any challenges.
- E. Case Conferences: Contractor shall participate in individual case conferences and team coordination meetings with HSH-approved programs, as needed, to coordinate and collaborate regarding participants' progress.
- F. City Communications and Policies: Contractor shall keep HSH informed and comply with City policies to minimize harm and risk, including:
 - 1. Activation of HSH severe weather policies and responses to other environmental or public health concerns;
 - 2. Regular communication to HSH about the implementation of the program;
 - 3. Attendance of quarterly HSH meetings, as needed; and

4. Attendance of trainings, as required by HSH.
- G. Critical Incident: Contractor shall adhere to the HSH Critical Incident policy including reports to HSH within 24 hours regarding any deaths, serious violence, or emergencies involving police, fire or ambulance calls using the Critical Incident Report form.
- H. Disaster and Emergency Response Plan: Contractor shall develop and maintain an Agency Disaster and Emergency Response Plan containing site specific Emergency Response Plan(s) for each service site, per HSH requirements. The Agency Disaster and Emergency Response Plan shall address disaster coordination between and among service sites. Contractor shall update the plans, as needed, and Contractor shall train all employees regarding the provisions of the plans for their Agency/site.
- I. Data Standards:
 1. Records entered into the Online Navigation and Entry (ONE) System shall meet or exceed the ONE System Continuous Data Quality Improvement Process standards: <https://onesf.clarityhs.help/hc/en-us/articles/360001145547-ONE-System-Continuous-Data-Quality-Improvement-Process>.
 2. Contractor shall enter data into the ONE System (and other databases as required) and may be required to report certain measures or conduct interim reporting in CARBON, via secure email, or through uploads to a File Transfer Protocol (FTP) site. When required by HSH, Contractor shall submit the monthly, quarterly and/or annual metrics into either the CARBON database, via secure email, or through uploads to an FTP site. HSH will provide clear instructions to all Contractors regarding the correct mechanism for sharing data. Changes to data collection or reporting requirements shall be communicated to Contractors via written notice at least one month prior to expected implementation.
 3. Any information shared between Contractor, HSH, and other providers about the served population shall be communicated in a secure manner, with appropriate release of consent forms and in compliance with 24 C.F.R. Part 578, Continuum of Care; 45 C.F.R. Parts 160 and 164, the Health Insurance Portability and Accountability Act (HIPAA) and federal and state data privacy and security guidelines.
- J. Record Keeping and Files:
 1. Contractor shall maintain all required confidential files for the served population, including service plans, progress notes, and releases of information.

2. For those served with PATH funds, Contractor shall maintain a participant file, which includes an intake form, a service plan (if case management is provided), progress notes, and a discharge summary.
 - a. The intake form must contain participant information to determine eligibility for PATH services, and to obtain data needed for quarterly and annual reports.
 - b. A service plan, also known as the Client (Participant) Service Plan, is required for all PATH enrolled participants receiving case management services to outline goals tailored to the participant's needs. The plan shall be reviewed by the case manager and supervising clinician every three months. Client Service Plans may include the following, as appropriate:
 - i. Methods to obtain community mental health services
 - ii. Assistance in obtaining and coordinating needed services including: shelter, public transportation, linkage to medical care, habilitation, and documents for permanent housing
 - iii. Assistance in obtaining income and benefits
 - iv. Strategies that describe the referral process to other appropriate services.
 - c. Progress notes shall be utilized to assist in the tracking of the progress made towards the goals recorded on the Client Service Plan.

VI. Service Objectives

Contractor shall achieve the following Service Objectives:

A. Community Response:

1. Contractor shall engage at least 35,000 participants annually (tracked by team type across all Outreach activities, including Community Response, Emergency Protocols, Street Outreach, and Special Projects) as verified by the ONE System and/or Encounter Form documentation.
2. Contractor shall complete/update 100 percent of ONE System profiles for all consenting participants. For non-consenting individuals, the Contractor shall track all engagements, linkages, and supplies distributed without collecting Protected Health Information.
3. Contractor shall connect 100 percent of consenting and eligible¹ participants to Coordinated Entry via SFHOT (as a mobile access point) or to identified Access Points in the community, for housing assessments and/or Problem-Solving conversations. Contractor shall complete no less than 50 Coordinated Entry Assessments/ Reassessments per month.

¹ Participants must consent to provide necessary information. Eligible means that they have not completed an assessment in the last six months and are not currently Housing Referral Status.

- B. Street Outreach: Contractor shall achieve the same objectives listed under A. Community Response.
- C. Special Projects: Contractor shall achieve the same objectives listed under A. Community Response.
- D. Case Management:
 - 1. Contractor shall ensure that 80 percent of all participants receiving Case Management services be Housing Referral Status via Coordinated Entry or County Adult Assistance Programs (CAAP) Priority Status.
 - 2. Contractor shall ensure that 80 percent of all participants engaging in ongoing Case Management will enroll in, or maintain, at least one mainstream benefit.
 - 3. Contractor shall ensure that Case Managers contact 90 percent of participants on their caseload at least one time per week and document their efforts in the ONE System.
 - 4. Contractor shall ensure that at least 80 percent of case managed participants obtain documents necessary for permanent housing eligibility.
 - 5. Contractor shall ensure that, upon closure from Case Management, at least 90 percent of participants have organized files, including intake documents, signed releases, service plans, and a closing note.
 - 6. Contractor shall engage at least 150 participants eligible for PATH annually.

VII. Outcome Objectives

Contractor shall achieve the following outcome objectives:

- A. Community Response: Beginning May 1, 2022, Contractor shall, for SWRT, reduce police response to 911 calls by an average of 1,250 per month.
- B. Street Outreach: See A. Community Response.
- C. Special Projects: See A. Community Response.
- D. Case Management:
 - 1. Contractor shall ensure that, upon closure from Case Management, 80 percent of all participants will be enrolled in at least one mainstream benefit.
 - 2. Contractor shall ensure that, upon closure from Case Management, 60 percent of participants will have moved out of stabilization or shelter into permanent housing or experienced an appropriate resolution to their homelessness.

VIII. Reporting Requirements

Contractor shall input data into systems required by HSH, such as ONE System entries, and CARBON.

- A. Contractor shall provide a quarterly and annual report of activities, referencing the tasks as described in the Service and Outcome Objectives section. Contractor shall enter the quarterly metrics in the CARBON database by the 15th of the month following the end of the quarter. Contractor shall enter the annual metrics in the CARBON database 15 days after the completion of the program year.
- B. Contractor shall provide Ad Hoc reports as required by HSH.
- C. Contractor shall participate, as required by HSH, with City, State and/or Federal government evaluative studies designed to show the effectiveness of Contractor's services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of HSH. HSH agrees that any final reports generated through the evaluation program shall be made available to Contractor within thirty working days of receipt of any evaluation report and such responses will become part of the official report.

IX. Monitoring Activities

- A. Program Monitoring: Contractor is subject to program monitoring and/or audits, such as, but not limited to: participant files, review of the Contractor's administrative records, staff training documentation, postings, program policies and procedures, documentation of funding match sources, Disaster Emergency Response Plan and training, personnel and activity reports, proper accounting for funds, and other operational and administrative activities, and back-up documentation for reporting progress towards meeting service and outcome objectives.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Contractor's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plans, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.