Appendix A-4: Services to be Provided

by

Heluna Health

San Francisco Homeless Outreach Team (SFHOT) July 1, 2019 to June 30, 2021

I. Purpose of Contract

The purpose of the contract is to provide comprehensive outreach and case management programming to meet the needs of people experiencing homelessness in San Francisco. These services are known as the San Francisco Homeless Outreach Team (SFHOT).

II. Served Population

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

III. Description of Services

Contractor shall provide the following services during the term of this contract:

A. Case Management

Contractor shall provide short-term stabilization case management to individuals who are unsheltered and who have been assessed as "Priority" in the San Francisco Coordinated Entry System, or who experience complex medical, psychiatric, and substance abuse tri-morbidity, use a high number of urgent/emergent care services and are unable to navigate the Department of Homelessness and Supportive Housing (HSH) Coordinated Entry Assessment process on their own.

B. Outreach

Contractor shall provide outreach, engagement and direct referrals from the street to. or between, Coordinated Entry and other urgent/ emergent care programs. Contractor shall respond to requests for street outreach/intervention and therapeutic transports from 311, HSH Healthy Streets Operations Center (HSOC) staff, Coordinated Entry, other care coordinators, first responders and urgent/emergent programs. Contractor shall also provide targeted search for high-risk or Priority homeless individuals and, once they are found, attempt to engage them in services, perform wellness checks and refer to coordinated entry and other services identified by HSH or Contractor care plans.

C. San Francisco Public Library Team

Based at the Civic Center Main Branch, Contractor's San Francisco Public Library Team shall conduct outreach and offer referrals to homeless, marginally-housed and/or mentally-ill patrons of the library. With HSH, Contractor shall also facilitate education sessions in group or individual settings to help library staff better understand and serve behaviorally-vulnerable patrons while decreasing the number and severity of incidents that require intervention from library security officials. In addition, Contractor shall select participants from HSH PSH by working with Coordinated Entry Housing Navigators to train as Health and Safety Associates (HaSAs), who use their life experiences to engage with other homeless patrons and work to persuade them to accept services.

IV. Location and Time of Services

Contractor shall provide services to individuals in San Francisco in the field. The time of outreach is variable and shall align with the needs of the served population.

V. Service Requirements

Contractor shall meet the following service requirements:

A. Feedback, Complaint and Follow-up Policies:

Contractor shall provide means for the served population to provide input into the program, including the planning and design. Feedback methods shall include:

- 1. A complaint process, including a written complaint 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 offer assistance to the served population regarding completion of the survey if the written format presents any problem.
- B. <u>Case Conferences</u>: Contractor shall participate in individual case conferences and team coordination meetings with HSH-approved programs, as needed, to coordinate and collaborate regarding participants' progress.

C. City Communications and Policies

Contractor shall keep HSH informed and comply with City policies to minimize harm and risk, including:

- 1. Regular communication to HSH about the implementation of the program;
- 2. Attendance of quarterly HSH meetings, as needed; and
- 3. Attendance of trainings, as requested.
- D. <u>Critical Incident</u>: Contractor shall adhere to the HSH Critical Incident policies, 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.
- E. <u>Disaster and Emergency Response Plan</u>: 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 Agency/site(s) plan as needed and Contractor shall train all employees regarding the provisions of the plan for their Agency/site(s).

F. <u>Data Standards</u>:

1. Records entered into the 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, but 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 Health Insurance Portability and Accountability Act (HIPAA) and privacy guidelines, as required.
- G. <u>Record Keeping and Files</u>: Contractor shall maintain confidential files on the served population, including developed Plans, notes, and progress.

XI. Service and Outcome Objectives

Contractor shall achieve the following objectives:

- A. 90 percent of the unsheltered clients engaged will receive a Problem Solving Conversation.
- B. 80 percent of all clients receiving Case Management services will be identified as Priority Status in Coordinated Entry.
- C. 40 percent of the served population engaged in ongoing Case Management will enroll in or maintain mainstream benefits.
- D. Contractor Outreach staff will complete ONE system Profiles for 70 percent of the clients they encounter within one month of the first encounter.

VI. Reporting Requirements

Contractor shall input data into systems required by HSH, such as Online Navigation and Entry (ONE) system, and CARBON.

- A. Contractor shall provide a quarterly and annual report of activities, referencing the tasks as described in Section XI. (Service and Outcome Objectives). 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 the HSH.
- C. Contractor shall participate, as required by Department, 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 response will become part of the official report.

VII. Monitoring Activities

- A. <u>Program Monitoring</u>: Contractor is subject to program monitoring and/or audits, such as, but not limited to, the following, participant files, review of the Contractor's administrative records, staff training documentation, postings, program policies and procedures, documentation of funding match sources, Disaster and 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 plan, 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.