

# **REQUEST FOR PROPOSALS**

## **Projects for Assistance in Transition from Homelessness (PATH) Program**

### **APPENDIX C**

#### **RFP STATEMENT OF WORK**

#### **EXHIBITS 1 - 3**

## **EXHIBITS**

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- EXHIBIT 3      Performance Requirements Summary Chart

**STATEMENT OF WORK**  
**Projects for Assistance in Transition from Homelessness (PATH)**  
**Program Services**

**GLOSSARY OF TERMS AND ACRONYMS**  
**(LIST OF ACRONYMS)**

Board	Board of Supervisors
CMHS	Center for Mental Health Services
CTI	Critical Time Intervention
CES	Coordinated Entry System
DHCS	State Department of Health Care Services
DMH	Department of Mental Health
CDR	Contract Discrepancy Report
EBP	Evidence-Based Practice
FY	Fiscal Year
HIPAA	Health Insurance Portability and Accountability Act
HMIS	Homeless Management Information System
HUD	Housing and Urban Development
IUP	Intended Use Plan
LAC	Los Angeles County
MIT	Multidisciplinary Integrated Team
MOU	Memorandum of Understanding
PATH	Projects for Assistance in Transition from Homelessness
PSH	Permanent Supportive Housing
PRS	Performance Requirements Summary
SAMHSA	Substance Abuse and Mental Health Services Administration
SEI	Statement of Eligibility and Interest
SMI	Severe Mental Illness
SOW	Statement of Work

## **GLOSSARY OF TERMS AND ACRONYMS (TERMS AND DEFINITIONS)**

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The following words as used herein shall be construed to have the following meaning, unless otherwise apparent or defined within the context in which they are used.

**Ambivalence**: shall mean the presence of two opposing ideas, attitudes or emotions at the same time.

**Assisted Referral**: shall mean assisting the client with obtaining the application/intake packet **and** assisting the client with obtaining any supporting documents needed **and** assisting the client with completing the application/intake packet **and** assisting the client with filing the application/intake packet.

**Board of Supervisors**: shall mean the Los Angeles County Board of Supervisors that oversee all county departments, including DMH. This Board is an elected body.

**Chronically Homeless**: shall mean the Housing and Urban Development's current definition of chronically homeless which is homeless continually for at least one year or at least four episodes of homelessness in the past three years.

**Contract**: shall mean the agreement executed between County and Contractor setting forth the terms and conditions for the issuance and performance of the tasks, subtask, deliverables, goods, and services.

**Contractor/Proposer**: shall mean the sole proprietor, partnership, or corporation that has entered into a Contract with County to perform or execute the work covered by the SOW.

**Co-occurring Disorders**: shall mean two or more disorders occurring to one individual simultaneously. Clients said to have co-occurring disorders have more than one mental, developmental, or substance-related disorder, or a combination of such disorders. Co-occurring disorders exist when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.

**Coordinated Entry System**: shall mean a system that uses a standardized assessment tool to collect information about individuals that are homeless and uses the score from the assessment to prioritize individuals with the highest scores to access Permanent Supportive Housing and other housing resources.

**County**: shall mean the County of Los Angeles, California.

**Critical Time Intervention**: shall mean the Evidence-Based Practice designed to prevent recurrent homelessness and other adverse outcomes among persons with severe mental illness. CTI aims to provide continuity of care during the transition from homelessness to housing and from short-term intensive services to long-term community services and supports. CTI is provided for a period of about nine months and is provided in three main phases: (1) transition to housing, providing intensive services and support and assessing the resources that exist for the transition of care to long-term community services and supports; (2) tryout, which involves testing and adjusting the systems of services and support that were developed in the first phase; and (3) transfer of care which completes the transfer of care to long-term community services and supports. See <http://ctiplatform.nl/Pres-tools/CTImanual.pdf>

**Day(s)**: shall mean calendar day(s), unless otherwise specified.

**Department of Mental Health (DMH)**: shall mean the Los Angeles County Department of Mental Health.

**Director**: shall mean the Director of Mental Health.

**Effective Date**: shall mean the date of execution of this Contract by County and Contractor.

**Evidence-Based Practice**: shall mean a practice that has been proven to be effective based on empirical evidence and includes adherence to a fidelity scale.

**Fiscal Year**: shall mean the twelve (12) month period beginning July 1<sup>st</sup> and ending the following June 30<sup>th</sup> of a specified year.

**Harm Reduction Evidence-Based Practice**: shall mean the use of Harm Reduction Evidence-Based Practice that has a non-judgmental approach and focuses on the prevention of harm and risks associated with a behavior rather than on requiring adherence to a particular treatment plan. Individuals are empowered to make their own choices and regardless of their choices they are not treated adversely.

**Health Insurance Portability and Accountability Act**: shall mean the Act that was enacted by the U.S. Congress in 1996 that defines numerous offenses relating to health care and sets civil and criminal penalties for them in Title II. It also creates several programs to control fraud and abuse within the health care system. However, the most significant provisions of Title II are its Administrative Simplification rules. Title II requires the Department of Health and Human Services to draft rules aimed at increasing the efficiency of the health care system by creating standards for the use and dissemination of health care information.

**Homeless Management Information System**: shall mean the federally mandated database used to collect information on homelessness.

**Homeless**: shall mean:

- An individual with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground.
- An individual living in a supervised public or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organization or by federal, State or local government programs for low-income individuals.
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

**Housing First Evidence-Based Practice**: shall mean the use of the Housing First Evidence-Based Practice that recognizes that individuals are more likely to recover from mental illnesses, chronic physical health problems and/or substance abuse disorders if they have a permanent home. Staff immediately provides housing of the individual's choice without any prerequisites/conditions for psychiatric treatment or sobriety. Individuals do not have to demonstrate "housing readiness" as evidenced by sobriety, psychiatric treatment compliance and/or living successfully in transitional housing prior to being housed.

**Los Angeles County (LAC)**: shall mean the County of Los Angeles, California. (See **County**).

**Multidisciplinary Integrated Team (MIT)**: shall mean a team of staff that has different disciplines/areas of expertise that deliver mental health and supportive services to individuals who have a mental illness and intensive needs.

**Motivational Interviewing Evidence-Based Practice**: shall mean the use of the Motivational Interviewing Evidence-Based Practice that describes goal-directed, client-centered counseling for eliciting behavioral change by helping clients to explore and resolve ambivalence.

**PATH Enrolled Client**: shall mean there is a determination that an individual meets the PATH eligibility criteria and there is a mutual agreement between the service provider and the individual that the provider will assist them directly or with referrals to desired/needed services and supports.

**Permanent Supportive Housing**: shall mean a form of subsidized housing designed for individuals with very low incomes and chronic, disabling physical and/or mental health conditions. This housing provides voluntary access to a flexible and comprehensive array of supportive services and places no limits on length of tenancy as long as the terms and conditions of the lease agreement are met.

**Protected Health Information:** shall mean any information about health status, provision of health care, or payment for health care that can be linked to an individual. This term is specifically defined under HIPAA.

**Severe Mental Illness:** shall mean in adults over the age of 18, a mental disorder which is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. See California Welfare and Institutions Code Section 5600.3(b)(1), "Adults and older adults who have a serious mental disorder."

**Statement of Work:** shall mean a written description of services desired by County for a specific Work Order.

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: Prepared: \_\_\_\_\_
Returned by Contractor: \_\_\_\_\_
Action Completed: \_\_\_\_\_

DISCREPANCY PROBLEMS: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_  
Signature of County Representative Date

CONTRACTOR RESPONSE (Cause and Corrective Action): \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor Representative Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor Representative Date

COUNTY ACTIONS: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

CONTRACTOR NOTIFIED OF ACTION:
County Representative's Signature and Date \_\_\_\_\_
Contractor Representative's Signature and Date \_\_\_\_\_

**Performance Requirements Summary**

<b>PERFORMANCE REQUIREMENTS</b>	<b>METHOD OF MONITORING</b>	<b>ACTIONS TAKEN IN LIEU OF NONCOMPLIANCE</b>
Contractor is required to enroll 55% of the individuals who receive outreach and engagement services into their PATH program. (SOW Section 2.0)	DMH will use quarterly PATH reports submitted by Contractor to monitor.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to assist 100% of clients who requested/needed with referrals. (SOW Section 3.4)	DMH will use quarterly PATH reports submitted by Contractor to monitor.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to demonstrate that 80% of clients who requested/needed a referral attain the referral. (SOW Section 3.4)	DMH will use quarterly PATH reports submitted by Contractor to monitor.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to use the CTI EBP to provide services and to receive a fidelity rating of 90% or above. (SOW Section 4.0)	DMH will review the fidelity scales completed by the Contractor and by DMH to monitor.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to demonstrate that 70% of clients obtain permanent housing. (SOW Section 4.0)	HMIS or other tracking form to be developed by Contractor and approved by DMH.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to demonstrate that 90% of clients that are housed retain their housing for at least 9 months. (SOW Section 4.0)	HMIS or other tracking form to be developed by Contractor and approved by DMH.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to conduct Client Satisfaction Surveys and is required to demonstrate a 90% client satisfaction rate. (SOW Section 15.2)	DMH will review the summary reports submitted by the Contractor to monitor.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to use the EBP Housing First. (SOW Section 4.0)	DMH will monitor by client interview and chart review.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.
Contractor is required to use the EBP harm reduction across all modalities of treatment. (SOW Section 4.0)	DMH will monitor by client interview and chart review.	Failure to meet performance requirement will result in a discrepancy report and submission of a corrective action plan to DMH.