

Homeless Family Solutions System (HFSS) Services to Homeless Participants

STATEMENT OF WORK (SOW)

1.0 INTRODUCTION

1.1 HEADINGS/ACRONYMS AND TERMS/DEFINITIONS

The headings herein contained are for convenience and reference only. They are not intended to define the scope of any provision thereof. Throughout this RFP, references are made to certain specialized terms, persons, groups, or departments and agencies. For convenience, a list of acronyms/terms and definitions can be found in the CalWORKs RFP, Appendix B1, SOW Exhibits, Exhibit 1.

1.2 OVERVIEW & BACKGROUND

Background

In 2003, the Departments of Mental Health (DMH) and Public Social Services (DPSS) established a Memorandum of Understanding (MOU) to fund the Homeless CalWORKs Families Project (HCFP) which was operational for ten (10) years, until this MOU was terminated on June 30, 2014.

The HCFP was a collaborative between Los Angeles County Departments of PSS, MH, Public Health (DPH), Community Development Commission Housing Authority (LACDCHA), and the Los Angeles Homeless Services Authority (LAHSA). Over a 10-year period, this interdepartmental partnership worked collaboratively to assist CalWORKs homeless families with mental health issues in becoming stabilized while obtaining and retaining long-term permanent housing.

Homeless Family Solutions System

In 2014, Los Angeles County, Chief Executive Office, Homeless & Housing Division supported the establishment of the Homeless Family Solutions System (HFSS) which was developed to centralize services to homeless families throughout the County of Los Angeles. The HFSS is a network of

family service providers in Los Angeles County that are contracted with LAHSA and other publicly funded agencies. System partners assist families in completing housing and service plans by utilizing existing resources while leveraging the strengths and capacities of each partnering agency to meet the goal of Rapid Rehousing for families.

Family Solutions Centers

The Family Solutions Centers (FSCs) are the HFSS's primary point of entry where homeless families receive a housing assessment and linkages to needed supportive services. FSCs are designed to serve those who are homeless and/or at risk of homelessness. LAHSA is the lead agency for the HFSS.

Gap in Service

The HFSS addresses the needs of homeless families who are able to manage multiple challenges with the support of housing case managers who link them with services in the community. Within this population of homeless families, there is a small group of families who struggle with mental illness. While many of these families may ultimately be successful in securing and maintaining permanent housing, it is highly unlikely that they will be successful without additional mental health services. Thus DMH, in conjunction with DPSS and the Board of Supervisors, developed a proposal to incorporate mental health services into the Homeless Family Solutions System. DMH is contracted, under a Memorandum of Understanding (MOU) with DPSS, to provide mental health services to include screening, crisis intervention/crisis counseling, case management services and linkage to homeless participants, as well as training and consultation to the FSC staff. This will be accomplished through the use of licensed clinical staffs who will be co-located in the FSCs.

2.0 SCOPE OF WORK

2.1 CalWORKs MENTAL HEALTH SUPPORTIVE SERVICES ELIGIBILITY

All HFSS participants will be referred to the co-located clinical staff, referred to as a Mental Health Clinician (MHC), for mental health screening in order to identify whether he/she is in need of mental health treatment (Exhibit 2). If treatment is indicated, linkage to treatment is initiated. Participants may be linked to CalWORKs Mental Health Supportive Services, if eligible, or the DMH network of providers (Exhibit 3).

2.2 HOMELESS FAMILY SOLUTIONS SYSTEM

– Mental Health Clinician Tasks:

- a. The MHC will accept all formal and informal written and verbal referrals from the DPSS Homeless Case Managers (HCMs), FSCs, or the co-located Substance Use Disorder (SUD) Counselor.
- b. For participants who do not need mental health treatment, there will be no further mental health involvement and the participants will be referred back to the HCM, FSC team member, or SUD Counselor.
- c. For CalWORKs participants who meet the criteria as needing immediate crisis resolution, the MHC will provide immediate crisis intervention to the participant.
- d. Should the CalWORKs participants experiencing a crisis need a higher level of service, i.e., involuntary psychiatric hospitalization, the MHC will coordinate with the FSC agency in the initiation of their internal crisis procedure, or contact the Police and/or Sheriff's Department, or DMH's Emergency Operations Bureau – Psychiatric Mobile Response Team for case consultation and disposition.
- e. MHC will maintain a Daily Activity Log of all participant contacts and referrals (Exhibit 4).

- f. MHC will maintain ongoing communication with the mental health provider, HCM, FSC team, SUD Counselor and GAIN Services Worker (GSW), as indicated, to ensure that the CalWORKs participant has access to mental health and housing services.
- g. MHC will provide mental health rehabilitation services, crisis intervention, and crisis counseling services to CalWORKs participants, as needed. Participants eligible for CalWORKs Mental Health Supportive Services will be linked to the GSW for a direct referral to a CalWORKs provider for ongoing treatment services.
- h. For participants who are not eligible for CalWORKs Mental Health Supportive Services, the MHC will provide referrals to mental health services via the DMH network of providers.
- j. MHC will provide training and consultation to the FSC team, as needed, and will report these activities on the HFSS Training and Consultation Log (Exhibit 5).

2.3 TYPES OF TREATMENT SERVICES

Homeless participants who present at the FSCs will be provided mental health services to include crisis intervention and crisis counseling, case management, and linkage services. Participants will be screened by the MHC at the FSC to determine whether mental health treatment is indicated. If eligible for CalWORKs Mental Health Supportive Services, the participant will be linked to their GSW for a direct referral to the countywide network of CalWORKs providers. Non-CalWORKs and non-Welfare-to-Work participants will receive referrals to the DMH network of mental health providers.

2.4 SERVICES DELIVERED at the Family Solutions Centers (FSC)

For this Request for Proposal all services will be delivered at the FSCs.

2.5 COORDINATION WITH DPSS HFSS HCM

2.5.1 MHC shall collaborate and coordinate services to participants with the FSC team, the HCM, the SUD Counselor and/or the participant's

GSW. MHC must confirm that the DPSS HCM has verified participants' GAIN eligibility in order to ensure a GSW referral to the CalWORKs network of providers.

- a. MHC will coordinate linkage and housing case management needs with the HCM and FSC team.
- b. MHC will provide consultation and trainings, or coordinate such trainings, on topics such as identification of mental health issues to FSC and HCM staff, as needed.

3.0 STAFFING AND SPECIFIC TASKS

Contractor shall ensure that the following staff requirements are met:

3.1 Staffing

- 3.1.1 Background and Security Investigations:** Contractor shall ensure that criminal clearances and background checks have been conducted for all Contractor's staff and volunteers, prior to beginning and continuing work under any resulting Contract. The cost of such criminal clearances and background checks is the responsibility of the Contractor whether or not the Contractor staff passes or fails the background and criminal clearance investigations.
- 3.1.2 Language Ability:** Contractor's personnel who are performing services under this Contract shall be able to read, write, speak, and understand English in order to conduct business with the County.
- 3.1.3 Service Delivery:** Contractor shall ensure that the MHC providing CalWORKs services at the FSC is able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community the Contractor proposes to provide services.
- 3.1.4 Driver's License:** Contractor shall maintain copies of current driver's licenses, including current copies of proof of auto insurance of staff providing transportation on an as-needed basis to clients.

- 3.1.5 Driving Record:** Contractor shall maintain copies of driver's Department of Motor Vehicles (DMV) printouts for all Contractor's drivers providing service under this Contract. Reports shall be available to DMH on request. County reserves the option of doing a DMV check on Contractor's drivers.
- 3.1.6 Experience:** Contractor shall be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to provide services required in this SOW. Contractor shall obtain written verification for staff with foreign degrees that the degrees are recognized as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.

3.2 SPECIFIC TASKS

- 3.2.1 Staff Training:** Contractor shall train the MHC in all standard DMH policies and procedures, including documentation, HIPPA and Quality Assurance Standards within 30 business days of their start date. The MHC who provides mental health services to participants must be a Licensed Practitioner of the Healing Arts.
- 3.2.2 Documentation:** Contractor shall maintain documentation in the personnel files of all MHCs of: (1) all training hours and topics; (2) copies of resumes, degrees, and professional licenses; and (3) current criminal clearances. Contractor shall provide DMH, at the beginning of each Contract term and within 30 days of any staff change(s), a roster of all staff that includes: (1) names and positions; (2) work schedule; and (3) fax and telephone numbers.
- 3.2.3 Changes:** Contractor shall advise DMH in writing of any change(s) in Contractor's key personnel at least twenty-four (24) hours before proposed change(s), including name and qualifications of new personnel. Contractor shall ensure that no interruption of services occurs as a result of the change in personnel.

- 3.2.4 Meetings:** Contractor is required to send a representative to attend monthly CalWORKs service area and quarterly CalWORKs providers meetings, and FSC meetings as scheduled.

4.0 OUTCOME MEASUREMENT

Data obtained from the Daily Activity Log will be utilized for outcome and reporting purposes.

5.0 ADMINISTRATIVE TASKS

- 5.1 Record Keeping:** MHC shall keep a record of all services that are provided.
- 5.2 Data Entry:** MHC shall be responsible for collecting and entering data via the data collection instrument developed by DMH.
- 5.3 Days/Hours of Operation:** Contractor shall provide a MHC at the assigned FSC location eight (8) hours per day, Monday through Friday, between the hours of 8:00 am and 5:00 pm. In addition, Contractor's Project Manager or County-approved alternate shall have full authority to act for Contractor on all matters relating to the daily operation of this Contract and shall be available during the County's regular business hours of Monday through Friday, from 8:00 A.M. until 5:00 P.M., to respond to County inquiries and to discuss problem areas.
- 5.4 Computer and Information Technology Requirements:** Contractor shall acquire a computer system, within 30 days of commencement of the Contract, with sufficient hardware and software and an agreement for its on-site maintenance for the entire term of this agreement to comply with the terms of the contract. Broadband access and Internet Explorer will be essential.

6.0 SERVICE DELIVERY SITE(S)

- 6.1** MHC will perform duties as identified in the Statement of Work 2.0.

Services shall be delivered at the identified service delivery sites. Contractor shall notify the DMH Program Manager in writing a minimum of 30 days prior to terminating services.

7.0 QUALITY CONTROL

- 7.1** The Contractor shall establish and utilize a HFSS Services Quality Control and Monitoring Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to DMH for review and approval. The Plan shall be effective on the Contract start date and shall be updated and re-submitted for DMH approval as changes occur.
- 7.2** The plan shall include an identified monitoring system covering the services listed in this RFP. The system of monitoring to ensure that contract requirements are being met shall include:
- 7.2.1 Activities to be monitored, frequency of monitoring, samples of forms to be used in monitoring, title/level of qualifications of personnel performing monitoring functions.
 - 7.2.2 Ensuring the services, deliverables, and requirements defined in the contract are being provided at or above the level of quality agreed upon by the County and the Proposer.
 - 7.2.3 Ensuring that MHC rendering services under the contract has the necessary prerequisites.
 - 7.2.4 Identify and preventing deficiencies in the quality of service before the level of performance becomes unacceptable.
 - 7.2.5 Taking any corrective action, if needed, including a commitment to provide the County, upon request, a record of all inspections, the corrective action taken, the time the problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action.
 - 7.2.6 Continuing to provide services to the County in the event of a strike or other labor action of the Proposer's employees.

8.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contactor's performance using the quality assurance procedures as defined in DMH's HFSS Performance Requirements Summary (Exhibit 6).

9.0 CONTRACT DISCREPANCY REPORT

Verbal notification of a Contract discrepancy will be made to the Contract Project Monitor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed by the County and the Contractor. The County Contract Project Monitor will determine whether a formal Contract Discrepancy Report (CDR) shall be issued (Exhibit 7). Upon receipt of this document, the Contractor is required to respond in writing to the County Contract Project Monitor within five (5) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the CDR shall be submitted to the County Contract Program Manager within ten (10) workdays.

10.0 COUNTY OBSERVATIONS

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

11.0 DATA COLLECTION

The Contractor shall have the ability to collect, manage and submit data as directed by DMH to demonstrate client outcomes. Proposer shall perform data entry to support these activities.

12.0 INFORMATION TECHNOLOGY REQUIREMENTS

12.1 FUNCTIONAL REQUIREMENTS

12.1.1 Contractor shall acquire, manage, and maintain Contractor's own information technology and systems and/or services in order to meet all functional and Electronic Data Interchange (EDI) transaction requirements as specified by County, as referenced in:

- (1) Web Services Companion Guide
- (2) IBHIS 837 5010 Companion Guide

http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_homepage.htm

12.1.2 Contractor shall ensure that all individuals using electronic methods to sign electronic health records in the performance of work specified under this RFP complete an Electronic Signature Agreement annually.

(1) Contractor shall maintain a copy of each Electronic Signature Agreement and make them available for inspection by County upon request.

(2) Contractor shall submit to County a Legal Entity Electronic Signature Certification to certify compliance with this provision of his RFP. Contractors who implement electronic methods to sign electronic health records subsequent to the execution of this RFP shall submit to County a Legal Entity Electronic Signature Certification immediately upon implementation.

(3) County has a Legal Entity Electronic Signature Certification and a sample Electronic Signature Agreement available at http://lacdmh.lacounty.gov/hipaa/ffs_EDI_Secure_File_Transfer.htm

13.0 PRIVACY AND ELECTRONIC SECURITY

13.1 Contractor shall comply with federal and State laws as they apply to Protected Health Information Individually Identifiable Health Information, and electronic information security.

13.2 Any Contractor that is deemed a "Covered Entity" HIPAA shall comply with the HIPAA privacy and security regulations independently of any activities or support of DMH or the County of Los Angeles.

13.3 Contractor shall utilize encrypted email for the communication of any Protected Health Information.

13.4 Contractor shall be solely responsible for complying with all applicable State and federal regulations affecting the maintenance and transmittal of electronic information.

14.0 SUBCONTRACTOR(S)

14.1 There will be no subcontractors performing any services associated with this RFP.

15.0 PERFORMANCE REQUIREMENTS SUMMARY

All listings of services used in the Performance Requirements Summary (PRS) are intended to be completely consistent with the Contract and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and the SOW. In any case of apparent inconsistency between services as stated in the Contract and the SOW and this PRS, the meaning apparent in the Contract and the SOW will prevail. If any service seems to be created in this PRS which is not clearly and forthrightly set forth in the Contract and the SOW, that apparent service will be null and void and place no requirement on Contractor (Exhibit 6).

EXHIBITS

EXHIBIT 1	List of Acronyms - Terms and Definitions
EXHIBIT 2	HFSS Services Workflow Chart
EXHIBIT 3	DMH Provider Directory
EXHIBIT 4	HFSS Daily Activity Log
EXHIBIT 5	HFSS Training and Consultation Log
EXHIBIT 6	Performance Requirements Summary
EXHIBIT 7	Contract Discrepancy Report