



Services
LOS ANGELES COUNTY

July 19, 2011

REVISION #2

Los Angeles County
Board of Supervisors

Gloria Molina
First District

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

#10 JULY 19, 2011

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Don Knabe
Fourth District

Dear Supervisors:

Michael D. Antonovich
Fifth District

**APPROVAL OF AMENDMENT TO CASE MANAGEMENT AND
HOUSING LOCATOR SERVICES AGREEMENT WITH HOMELESS
HEALTH CARE LOS ANGELES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

Mitchell H. Katz, M.D.
Director

SUBJECT:

John Yee, Jr., M.D., Ph.D.
Director & Chief Medical Officer

Approval to extend the term of the Agreement with Homeless Health Care Los Angeles for case management and housing locator services provided to homeless patients in support of the Access to Housing for Health project.

Robert F. Schunhoff, Ph.D.
Chief Deputy Director

IT IS RECOMMENDED THAT YOUR BOARD:

1000 West Temple Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

1. Authorize the Director of Health Services (Director), or his designee, to execute Amendment No. 6 to Agreement No. H-702539 with Homeless Health Care Los Angeles (HHCLA) to extend the term of the Agreement for two years through June 30, 2013, effective upon Board approval, and increase the maximum obligation by \$1,125,000 for a revised total maximum obligation of \$3,490,873 for the Agreement term for the continued provision of intensive case management services to homeless patients discharged from a Department of Health Services (DHS) facility, who currently have or are soon to obtain housing as participants in the Access to Housing for Health (AHH) project.
2. Delegate authority to the Director, or his designee, to execute future no additional cost amendments to the Agreement to: a) revise or incorporate provisions consistent with all applicable federal and State law and regulations, County Ordinances, and Board policy; and b) make appropriate changes to the Agreement to improve operational efficiencies, roll forward any

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unexpended funds, add clarity, and/or correct errors and omissions, subject to review and approval by County Counsel.

3. Delegate authority to the Director, or his designee, to make adjustments between program budget items and categories, and adjust program deliverables in the Statement of Work and Performance Requirements Summary Chart, as needed, to adapt to changing program needs identified jointly by DHS and HHCLA.
4. Delegate authority to the Director, or his designee, to sign Amendments to the Agreement that authorize an increase to the maximum obligation of no more than ten percent of the maximum obligation, that will not to exceed a maximum increase of \$349,087, contingent upon available funding from federal, State, or County funding sources and subject to prior approval by the County Counsel with notice to your Board and the Chief Executive Office.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Approval of the first recommendation will allow the Director, or his designee, to execute an Amendment, substantially similar to Exhibit I, to extend the term of the current Agreement with HHCLA for two years and increase the Agreement's total maximum obligation to \$3,490,873 to continue the provision of intensive case management services to homeless patients who have obtained or are about to obtain housing through the AHH project.

The case management services provided under HHCLA's Agreement meet AHH's goal of providing permanent, affordable housing linked to appropriate services for homeless individuals who are frequent users of the DHS system. Services provided under this Agreement include: Intensive case management; housing case management; housing locator services; access to temporary housing and transportation resources; linkage to health and mental health care, substance abuse treatment, and other supportive services. The success of the AHH project is indicated by the significant decrease in DHS emergency department and inpatient utilization. For the participants that reached their 12-month anniversary in the program by March 31, 2011, there was a 77 percent reduction in DHS emergency department visits, a 77 percent reduction in DHS inpatient admissions, and an 85 percent reduction in the number of DHS inpatient days. As of April 30, 2011, 116 participants had been placed into permanent housing and all of the participants were linked to a primary medical provider.

During the two-year extension period, in addition to continuing to provide case management services for AHH participants who have been in permanent housing less than 12 months, HHCLA will provide case management and housing locator services to 50-70 additional AHH project participants. The Housing Authority of the County of Los Angeles has agreed to provide 50 additional Homeless Section 8 vouchers and the Housing Authority of the City of Los Angeles has agreed to provide an additional 20 vouchers for AHH project participants.

Approval of the second recommendation will allow DHS to amend the Agreement for regulatory or statutory changes and to implement changes to conform to evolving federal and State law. It will also allow DHS to make programmatic changes, as necessary, correct ministerial errors and omissions, and roll forward any unexpended funds to improve operational efficiencies and continue services within the project.

Approval of the third recommendation will allow DHS to make adjustments between budget items and/or categories and in project deliverables, as a result of ongoing operational assessments for program effectiveness.

Approval of the fourth recommendation will allow the Director, or his designee, to increase the maximum obligation of the Agreement, up to a maximum of 10 percent not to exceed a total of \$349,087 over the term of the Agreement, should additional funds be needed for unforeseen expenses and/or unanticipated increases in services, contingent upon available funding.

Implementation of Strategic Plan Goals

The recommended actions support Goal 4, Health and Mental Health of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Funding is requested in Health Services Administration's Fiscal Year 2011-12 Supplemental Budget Resolution and will be requested in future fiscal years, as needed.

The AHH project is 100 percent offset by the Homeless Prevention Initiative (HPI) funding.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On December 5, 2006, your Board approved Agreements with HHCLA to provide case management services and with Del Richardson and Associates, Inc. to provide housing locator services and supportive services for the AHH project through December 31, 2008. Through a collaborative partnership with the Housing Authorities of both the City and the County of Los Angeles, 100 Section 8 vouchers and 15 public housing units were available for AHH project participants.

On May 27, 2008, your Board approved a two-year extension to AHH authorizing DHS to utilize \$1.5 million in unspent HPI funding and the remaining Section 8 vouchers and public housing units for the AHH project.

On December 2, 2008, your Board approved an Amendment to the Agreement with HHCLA to integrate housing locator services into their case management services and to continue these services to support the AHH project for the period January 1, 2009 to

On December 2, 2008, your Board approved an Amendment to the Agreement with HHCLA to integrate housing locator services into their case management services and to continue these services to support the AHH project for the period January 1, 2009 to December 30, 2010. Integrating these two services streamlined the client placement process and allowed HHCLA to assist participants with accessing permanent housing more efficiently. The Agreement with Del Richardson and Associates, Inc. to provide housing locator services expired on December 31, 2008.

On December 7, 2010, your Board approved an Amendment to extend the term of the Agreement with HHCLA to continue the provision of case management and housing locator services for five months, effective December 31, 2010 through May 31, 2011, with delegated authority for three additional month-to-month extensions, provided rollover funding from unexpended funds continue to be available. The Department has exercised its delegated authority to extend the term of the Agreement for an additional two month period, effective June 1, 2011 through July 31, 2011, utilizing rollover funding from unexpended funds until this new two year extension with additional housing vouchers and funding could be finalized.

County Counsel has approved Exhibit I as to use and form.

CONTRACTING PROCESS

Not Applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will ensure the continued placement of homeless DHS patients into permanent housing and provide them with necessary supportive services to maintain in housing and link into care.

Respectfully submitted,



fr Mitchell H. Katz, M.D.
Director

MHK:vn

Enclosure

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Contract No. H-702539-6

**CASE MANAGEMENT SERVICES AGREEMENT
FOR ACCESS TO HOUSING FOR HEALTH PROJECT**

AMENDMENT NO. 6

This AMENDMENT is made and entered into this _____ day of _____, 2011,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

HOMELESS HEALTH CARE LOS ANGELES
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Case Management Services Agreement for Access to Housing for Health Pilot Project", dated December 5, 2006, and further identified as County Agreement No. H-702539 and all amendments thereto (hereinafter collectively identified as "Agreement");

WHEREAS, it is the intent of the parties hereto to amend the Agreement to extend the term, increase the maximum obligation of County, modify the program budget and modify the Scope of Work, and;

WHEREAS, the parties reserve the right to further amend this Agreement within the scope of the delegated authority granted to the Director of Health Services (Director), or his designee; and

WHEREAS, said Agreement provides that changes may be made in the form of a written amendment which is formally approved and executed by both parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective upon execution.

2. The first Sub-paragraph of Agreement Paragraph 3.0, TERM, shall be amended to read as follows:

“3.0 **TERM:**

This Agreement shall be effective December 5, 2006 and shall continue, unless sooner terminated or canceled, in full force and effect to and including June 30, 2013.”

3. Agreement Paragraph 6.0, MAXIMUM OBLIGATION OF COUNTY, shall be deleted in its entirety and revised to read as follows:

“6.0 **MAXIMUM OBLIGATION OF COUNTY:**

During the period December 5, 2006 through June 30, 2013, the maximum obligation of County for Contractor’s performance hereunder shall not exceed Three Million, Four Hundred Ninety Thousand, Eight Hundred Seventy-Three Dollars (\$3,490,873). Agreement may be increased by the Director, or his designee, in an amount not to exceed ten percent (10%) of the maximum obligation.”

4. Agreement Paragraph 7.0, BILLING AND PAYMENT, Sub-paragraph 7.1, shall be revised to read as follows:

“7.0 **BILLING AND PAYMENT:**

7.1 County shall compensate Contractor on a cost reimbursement basis for services provided in the amount of Three Million, Four Hundred Ninety Thousand, Eight Hundred Seventy-Three Dollars (\$3,490,873) for case management services provided to homeless

patients discharged from a Department of Health Services' facility.

Payment to the Contractor will be made in arrears on a monthly basis.”

5. Statement of Work and Technical Exhibits, Attachment A-1, Sections 1.0 through 16.0, shall be deleted and replaced in its entirety by Statement of Work and Technical Exhibits, Attachment A-2, Sections 1.0 through 16.0, attached hereto and incorporated into the Agreement by reference.

6. Budget Sheet, Attachment C-6, shall be added, attached hereto and incorporated into the Agreement by reference.

7. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by its Director of Health Services, and Contractor has caused this Amendment to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Mitchell H. Katz, M.D.
Director of Health Services

HOMELESS HEALTH CARE LOS ANGELES
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

ATTACHMENT A-2:
STATEMENT OF WORK AND TECHNICAL EXHIBITS

STATEMENT OF WORK
CASE MANAGEMENT SERVICES FOR
ACCESS TO HOUSING FOR HEALTH (AHH) PROJECT

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STATEMENT OF WORK
CASE MANAGEMENT SERVICES FOR
ACCESS TO HOUSING FOR HEALTH PROJECT

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STATEMENT OF WORK

CASE MANAGEMENT SERVICES FOR ACCESS TO HOUSING FOR HEALTH PROJECT

1.0 OVERVIEW

In December 2006, the Department of Health Services (DHS) initiated the Access to Housing for Health (AHH) Project, a partnership with the Community Development Commission of the County of Los Angeles (CDC) and the City of Los Angeles to provide permanent housing through the Section 8 Housing Choice Voucher and Public Housing Certificate Programs. Both the CDC and the City of Los Angeles are providing Section 8 vouchers for AHH clients. The Section 8 vouchers can be used in private market rate apartments as well as publicly supported rental units. The CDC is also providing a number of public housing units. The public housing units are federally subsidized and will not require a Section 8 voucher to receive the lower rent cost. Both the Section 8 Housing Choice Voucher and Public Housing certificate programs are permanent housing opportunities predicated on the tenants' income level and homeless status. The voucher/certificate holder will be required to pay up to forty percent (40%) of their monthly adjusted income towards rent.

The AHH Project provides affordable, permanent housing linked to appropriate services to homeless DHS patients, who either have a chronic illness or physical disability and who have had two (2) or more emergency room and/or inpatient visits in the past year. DHS requires a Contractor with professional staff to provide intensive case management services to support placement of homeless DHS clients with various special needs and complex psychosocial issues in affordable permanent rental housing in residential neighborhoods. Los Angeles County has seen escalating homelessness due to various reasons: lack of affordable housing; poverty; loss of employment; low-paying jobs and labor market changes; changes in public assistance; mental and/or physical disabilities; substance abuse; domestic violence; changes in family structure; release from prison or other life situation.

Case Management (CM) Services under this Contract will operate under the guidance and direction of DHS. DHS is a County of Los Angeles department that is subject to State and County rules and regulations, and federal guidelines and standards.

Contractor shall provide innovative solutions to address the homeless DHS clients' barriers and facilitate their placement and retention in permanent affordable housing in residential neighborhoods. In working with homeless DHS participants, Contractor shall provide the services outlined in this Statement of Work (SOW) which details the services the Contractor is expected to provide during the term of the Contract.

1.1 CASELOAD CHARACTERISTICS

County shall refer homeless DHS clients' cases to Contractor based on the participants' eligibility. This caseload is composed of homeless DHS clients of various cultures who speak different languages, are employed/unemployed, and may have varying work history/skills, and/or have other specialized needs (e.g., domestic violence, substance

abuse and mental health barriers). For AHH, English and Spanish language capacity is required.

The projected flow of homeless DHS client referrals within the AHH Project can be found in Technical Exhibit 8.

In assisting this population of homeless participants to reach successful permanent placement in affordable permanent rental housing, Contractor is to be mindful of the barriers that participants must overcome. Examples of these barriers or needs include the following:

- Lack of stable, affordable housing
- Bad credit, no credit
- Eviction histories
- Low income
- Domestic violence, mental health, and/or substance abuse
- History of Incarceration
- Criminal background/history
- Long history of homelessness

1.2 CASELOAD PROJECTIONS

It is anticipated that approximately two hundred- twenty-five (225) total homeless DHS clients will be referred for Case Management Services. Although only 165 slots (150 Section 8 vouchers and fifteen Public Housing certificates) will be available, it is projected that there will be participant attrition and that up to a third may not complete the project within the first year of housing placement.

Contractor will immediately inform the County if they determine that the referred individual or family is not abiding by the established AHH guidelines and thus can no longer continue as an AHH participant or be served by Contractor. Contractor will also provide detailed information that determined participant was not abiding by the established AHH guidelines. DHS Homeless Program staff will review and make the final approval of such determination.

If DHS Homeless Program staff concurs with the Contractor's determination that the individual or family cannot be served by Contractor, DHS Homeless Program staff shall refer a replacement individual or family. If DHS Homeless Program staff determines that the Contractor's decision of not accepting an individual or family is not reasonable, Contractor shall accept and work with the subject individual or family in the program.

Any disputes on the decision of accepting an individual or family to the program shall be submitted to the Director of DHS or his/her designee for resolution. The decision of the Director or his/her designee is final.

1.3 SCOPE OF WORK

Contractor shall meet the expectations as detailed in general in this Attachment A, Statement of Work. Contractor shall meet the specific needs of Service Planning Areas 1 through 8 (see Technical Exhibit 3).

Contractor shall provide an environment that is businesslike, positive and motivating for participants. Contractor staff shall act in a professional manner in welcoming and assisting the homeless DHS clients in linking to needed supportive services.

Services, programs, forms, signs, notices and other written materials that the Contractor uses for the provision of AHH services must be available and offered to homeless DHS clients in English and/or Spanish, with prior approval by the County. When written materials are not available in the homeless families' primary language, the Contractor shall either provide appropriate interpreting services or translate the materials into the homeless families' primary language, as approved by the County.

Contractor shall provide the above mentioned services and has the following case management responsibilities:

- 1.3.1 Employ up to six (6) full-time case managers and a part-time clinical supervisor/program director (AHH Contractor Staff).
- 1.3.2 Maintain maximum active caseloads that do not exceed 25 DHS clients per case manager at any time. Case manager caseloads will vary depending on the number of participants referred by DHS into the AHH program and also depending on attrition.
- 1.3.3 Enroll into the AHH program DHS patients determined to be eligible by DHS AHH Staff.
- 1.3.4 Conduct a comprehensive psychosocial assessment of the homeless DHS clients for support service needs within two (2) working days, or 48 hours from date of DHS referral.
- 1.3.5 Within two weeks of enrollment into the program, develop an Individualized Service Plan (ISP) with each enrolled DHS client that addresses the needs identified in the comprehensive assessment. The case manager will regularly monitor and follow-up on the established goals of the ISP to evaluate client's progress. The case manager will update ISP plans every 30 days (at a minimum).

- 1.3.6 Within two weeks of enrollment into the program, conduct baseline survey with the AHH participant and a follow-up survey every three months thereafter until 12 months.
- 1.3.7 Assist each AHH participant in completing permanent housing application(s) and obtain all necessary paperwork to submit a completed application.
- 1.3.8 Assist homeless DHS clients with social service/life skills needs that are culturally competent.
- 1.3.9 Conduct a face-to-face meeting with each DHS client *at a minimum* of one-time per week until the client is placed into permanent housing (approximately six months or less). Clients will then be visited once every two weeks until they have reached six months in permanent housing and once per month (or as needed) during months seven through twelve.
- 1.3.10 Regularly monitor and follow up with each AHH participant to ensure that each client is linked to primary healthcare, mental health care, substance use treatment and other necessary supportive services.
- 1.3.11 Assist AHH participants in establishing SSI/SSDI benefits or employment opportunities.
- 1.3.12 Ensure that AHH participants secure and maintain a regular primary health care provider in order to reduce reliance on DHS emergency room and inpatient services.
- 1.3.13 Ensure that clients access and receive supportive services in a timely and coordinated manner by ongoing and regular case manager intervention.
- 1.3.14 Provide AHH participants with temporary housing while the housing application is being processed and until permanent housing placement is secured.
- 1.3.15 Ensure that a licensed mental health professional provides regular individual and/or group clinical supervision for case managers and other Contractor program staff involved in the AHH Project.
- 1.3.16 Ensure that newly hired AHH Contractor staff receive program orientation and that the clinical supervisor/program director or other applicable trainers provide ongoing staff training for AHH Contractor Staff.
- 1.3.17 Coordinate all AHH services related to case management, temporary housing, and first and last month's rent to the landlord once a permanent housing unit has been secured.
- 1.3.18 Conduct an initial intake and screening of the homeless DHS clients to assess the housing needs of the clients within one week of enrollment.

- 1.3.19 Assist homeless DHS clients to overcome bad credit, no credit, and/or eviction histories.
- 1.3.20 Assist homeless DHS clients locate affordable permanent rental housing in safe residential neighborhoods; negotiate the rental agreement with the landlord; transport homeless DHS clients to the rental location; ensure the homeless DHS clients move into affordable rental housing within sixty (60) calendar days from the voucher issuance by the Housing Authority.
- 1.3.21 Assist homeless DHS clients with special housing needs that comply with the Americans with Disability Act requirements.
- 1.3.22 Maintain a database of owners/landlords, real estate property management companies, and/or other housing agencies willing to provide affordable, permanent rental housing to homeless DHS clients. Whenever possible, utilize County housing database (www.hacola.org) as a search mechanism to locate permanent, affordable housing for AHH participants.
- 1.3.23 Provide the landlords a brochure or informational fact sheet on the AHH Program, which Contractor will develop, as approved by County. The brochure/informational fact sheet will include specific information about the AHH project and the on-going social service support that the program provides to homeless DHS clients/tenants and the support that the program provides for the landlord (e.g., how the program screens participants for tenant-readiness, etc.).
- 1.3.24 Whenever possible, negotiate below-market rate rents for homeless DHS clients.
- 1.3.25 Avert possible evictions by maintaining professional relationships with property owners and managers and promptly addressing their concerns.
- 1.3.26 Provide information and training to homeless DHS clients on tenant rights and responsibilities including:
- a) How to communicate with landlord or property managers;
 - b) When and how to report maintenance problems or disclosure of financial problems;
 - c) Importance of paying rent and when and how it is permissible to withhold rent;
 - d) How to keep financial and property maintenance records;
 - e) Who is responsible for apartment/house maintenance;
 - f) Resources for tenant rights and fair housing;
 - g) Getting along with neighbors; and
 - h) Crisis Resources (i.e., local programs, 2-1-1 or www.healthycity.org).

- 1.3.27 Advocate for the individuals or families when tenants' rights have been violated and train the individuals or families to advocate for themselves.
- 1.3.28 Prior to terminating AHH services, ensure that each AHH participant is transitioned into appropriate on-going supportive services.

1.4 CONTRACTOR DUTIES

In addition to the above mentioned responsibilities, Contractor will need to provide the following:

- 1.4.1 Meet the individual or family at DHS facility prior to hospital discharge (whenever possible) or within a reasonable timeframe after receiving the AHH Project Coordinator's referral.
- 1.4.2 Obtain a signed DHS Homeless Consent and Release Agreement form (Attachment H) from the participant, if one was not already faxed, allowing Contractor to discuss homeless DHS clients' pertinent, confidential information with County and City Housing Authorities, potential service providers, owner or owner's representative such as landlord or property leasing agent, only if County has not provided one.
- 1.4.3 Notify homeless DHS clients that they will be provided with temporary housing which will be arranged by the case manager until approval of housing application.
- 1.4.4 Transport and accompany homeless DHS clients to potential service agencies when clients are unable to do so for themselves.
- 1.4.5 Assist homeless DHS clients to complete Section 8 and/or Public Housing certificate applications and submit applications to the applicable Housing Authority within a reasonable timeframe.
- 1.4.6 Provide the DHS client with viable housing referrals, in order to facilitate placement into permanent housing within 60 days of voucher issuance by the Housing Authority.
- 1.4.7 Complete an unofficial housing inspection using the Housing Inspection/Screening Form, Technical Exhibit 5, prior to homeless DHS client finalizing of rent/lease contract. In order to approve housing placement, all responses on the Basic Health and Healthy Safety requirements section should be checked as "yes", except for the last item, which should be "no". Should the rental unit fail in any of the basic health and safety requirements as listed in the housing inspection/screening form, individuals and families should not be placed in the unit until all of the basic health and safety requirements have been corrected.

- 1.4.8 Assist homeless DHS clients to complete credit report, rental agreements and/or applications for affordable permanent housing.
- 1.4.9 Inform the homeless DHS clients, upon locating permanent housing, if they will be living in a building subject to rent stabilization or rent control.
- 1.4.10 Maintain ongoing communication with DHS staff for review of AHH participant's progress.
- 1.4.11 Meet on a weekly basis to discuss progress/barriers/ resolutions for homeless DHS clients in obtaining permanent rental housing and issues or progress with service delivery.
- 1.4.12 Meet on a monthly basis with AHH DHS staff to evaluate the program progress and make changes and recommendations to procedures, as necessary.
- 1.4.13 Assist homeless DHS clients to complete a one-time Customer Satisfaction Questionnaire (Technical Exhibit 6).
- 1.4.14 Ensure that all Contractor created forms are reviewed and approved by DHS prior to providing to DHS client or referral agency(ies).

1.5 CONTRACTOR MANAGEMENT SERVICES

In addition to the required responsibilities and duties delineated above, the Contractor is required to perform the following management responsibilities for the duration of the Contract period:

- 1.5.1 Planning, coordinating, implementing and monitoring of these service deliverables.
- 1.5.2 Ensuring there are sufficient professional, experienced, and competent bilingual staff to administer the Case Management Services for homeless DHS clients in English and Spanish.
- 1.5.3 Ensuring key management staff oversees the delivery of services and when there is a vacancy, ensures that a replacement is made within fifteen (15) days. Ensuring all staff levels needed for the delivery of direct services are present and when there is a vacancy, replacements are made within thirty (30) days.
- 1.5.4 Ensuring staffing plan is in place to guarantee uninterrupted delivery of services during a staff reduction situation.
- 1.5.5 Ensuring that all required posters and materials are posted in Contractor's sites as directed by DHS, and are accessible to all homeless individuals, households and AHH Program staff.

- 1.5.6 Ensuring that Contractor meets with DHS on a regular basis to discuss programmatic issues, general procedural issues, and general concerns as needed. Either DHS or Contractor may request such a meeting.

1.6 ADDITIONAL CONTRACTOR RESPONSIBILITIES

Contractor shall:

- Provide supervisory, administrative and direct services to Contractor personnel to accomplish the services required under this Contract.
- Ensure the Contractor personnel performing services herein are considered employees of the Contractor at all times.
- At the sole discretion of DHS, any Contractor employee/worker may be removed from performing any service directly related to the subject matter of this Contract. Such removal shall occur immediately upon the written or oral request of DHS. DHS will confirm any oral requests in writing.
- Provide each employee with an identification badge that includes the Contractor's name, employee's name and photograph. Such badge shall be displayed on the employee's person at all times while employee is in a County facility or a Contractor facility providing case management services or when conducting interviews with an individual or household or providing other related services.
- Ensure Contractor staff providing direct services are:
 - a) Required to maintain a neat, businesslike appearance and behave in a professional manner;
 - b) Able to handle sensitive materials and perform confidential duties;
 - c) Able to multi-task;
 - d) Able to work both independently or within a team;
 - e) Able to communicate effectively using good judgment and diplomacy; and
 - f) Able to fluently read, write, speak, and understand English.

1.7 PERFORMANCE OUTCOME MEASURES

The Contract includes four (4) Performance Outcome Measures that will measure the Contractor's performance related to the Case Management Services for AHH participants. These measures will evaluate the Contractor's ability to enroll, place, and maintain DHS clients in permanent housing by providing intensive case management and linkages to supportive services. AHH seeks to improve the health care status of participants by improving access to primary and specialty care and thus reducing

emergency and inpatient utilization. Should there be a change in federal, State and/or County policies/regulations or the County determines the need for change, the County may amend these Outcome Measures via a Contract amendment, as detailed in Contract Section 9.1, Alteration of Terms.

These measures are as follows:

- Assist in establishing SSI/SSDI benefits or obtain employment training and/or opportunities for at least **sixty percent (60%)** of the permanently housed AHH participants.
- Place at least **eighty percent (80%)** of AHH participants into permanent housing within 60 days of voucher issuance.
- Once the homeless DHS clients are placed in affordable housing, Contractor shall maintain a minimum of **seventy-five percent (75%)** of the homeless DHS clients in affordable permanent housing for six (6) consecutive months.
- Retain a minimum of **sixty percent (60%)** of the homeless AHH participants in affordable permanent housing for twelve (12) consecutive months.
- Demonstrate a reduction in AHH participants' emergency room visit usage and inpatient admissions and associated lengths of stay for **seventy percent (70%)** of the permanently housed AHH participants. DHS will verify healthcare utilization by conducting pre and post record review of client service utilization.

1.8 PERFORMANCE REQUIREMENTS STANDARDS (PRS)

The proposed Contract will include PRS that will measure the Contractor's performance related to the homeless program and operational measures which include Administrative, Fiscal and Service Delivery.

Technical Exhibit 1 includes a PRS chart that summarizes the Standards and their corresponding Acceptable Quality Level (AQL). The County, at its sole discretion, may make changes in the PRS via a change notice, as noted in Contract Section 9.1, Alteration of Terms.

2.0 COUNTY PERSONNEL

2.1 DHS AHH PROJECT COORDINATOR

DHS will designate an AHH Project Coordinator (AHHPC) who will:

2.1.1 Oversee all AHH Project functions.

2.1.2 Manage referrals of all homeless DHS clients interested in participating in AHH

and establish eligibility. Complete all necessary documentation for AHH participation.

2.1.3 Ensure that homeless DHS clients sign the “DHS Homeless Consent and Release Agreement” form (Attachment H) and fax and/or scan the form to the CM agency for the initial intake and screening process.

2.1.4 Oversee all aspects of the overall AHH evaluation process.

2.1.5 Manage the Scope of Work and programmatic elements of the AHH Contracts.

2.2 QUALITY ASSURANCE EVALUATOR (QAE)

DHS will designate one (1) or more persons who will act as a Quality Assurance Evaluator(s) for the County on all services, requirements, and deliverables pertinent to the Contract and monitor the Contractor’s performance under the Contract using the quality assurance procedures established in Technical Exhibit 1, PRS, or any other procedures that may be necessary to ascertain that the Contractor is in compliance with this Contract. Specifically, the QAE shall:

- Ensure that services, requirements, and deliverables of the Contract are met and evaluate the Contractor’s performance under this Contract.
- Inform the Contractor of the name, address, and telephone number of the QAE, in writing, at the time this Contract is awarded, and at any time thereafter if a change of QAE is made.
- Not be authorized to make any changes in the terms and conditions of this Contract or to obligate the County in any way whatsoever.

2.3 CONTRACT MONITOR(S)

DHS shall provide Contract Monitor(s) that may monitor all provisions under the Contract. Monitoring may include Administrative Monitoring primarily involving the Contract’s terms and conditions, Fiscal Monitoring related to the Contract’s fiscal provisions, and Service Delivery Monitoring related to the Contract’s Statement of Work and PRS.

3.0 CONTRACTOR PERSONNEL

Contractor shall ensure that Contractor staff who work directly with homeless DHS clients is provided training prior to performing services under this Contract. The training shall include, but not be limited to:

- Civil Rights and cultural awareness training;
- Housing Authorities (County of Los Angeles and City of Los Angeles) Section 8 and

Public Housing (County of Los Angeles) applications training;

- Child and elder abuse and welfare fraud awareness and reporting training;
- Sexual harassment identifying and reporting training;
- Housing Rights/Renter/Landlord Rights; and
- Learning Disabilities Program training.

3.1 CONTRACTOR STAFF:

3.1.1 CASE MANAGEMENT PROGRAM DIRECTOR (CMPD)

Contractor shall provide the CMPD, who shall be responsible for the overall day-to-day activities, management and coordination of the Contract and liaison activities with County. The CMPD and a designated alternate shall be identified in writing prior to the Contract award and at anytime thereafter if a change of CMPD or alternate is made.

Contractor shall provide qualified CMPD who will provide the following:

- Administrative supervision and management oversight of the AHH project;
- Preparation and submission of monthly reports, invoices and other required documentation;
- Oversight of all AHH study/research requirements;
- Ensure case management duties are being performed fully and effectively; and
- Ensure contract compliance.

3.1.2 CASE MANAGERS

Contractor shall provide qualified case managers who will:

- Conduct a comprehensive psychosocial assessment and develop an ISP to address all of the supportive services needs of the AHH participants;
- Link the AHH participants to services near potential permanent housing locations;

- Provide the AHH participants with the following:
 - a) Transportation assistance to supportive service providers;
 - b) Assistance in establishing public benefits such as General Relief, unemployment, SSI/SSDI, and Medi-Cal, etc..;
 - c) Assistance in completing applications for affordable housing (Section 8 and Public Housing); and
 - d) Information, resources, tools and skills to enable them to overcome health barriers, and enhance their chances of maintaining social services in the community in which they live.

- Create a case file for each AHH participant. All case files shall contain, but are not limited to, the following:
 - a) Case Management comprehensive assessment and ISP;
 - b) Individuals' or households' DHS Homeless Consent and Release Agreement form (Attachment H);
 - c) DHS referral forms, Consent to Release Information and any other applicable documentation or forms;
 - d) AHH application, rental application, Section 8 or public housing application;
 - e) Documentation highlighting all contacts made with or on behalf of the AHH participant;
 - f) Documentation of housing searches, contacts made on behalf of the client with landlords/property owners, and the outcomes of each housing referral.

3.1.3 CLINICAL SUPERVISOR

Contractor shall provide qualified clinical supervisor who will provide the following:

- Clinical supervision and oversight of case management interactions with AHH participants;
- Regular clinical supervision sessions with AHH case management staff;
- Chart review and case conferences on AHH participants; and

- Availability for on-call for emergency situations encountered by AHH case management staff.

3.2 CONTRACTOR STAFF DESIRABLE MINIMUM QUALIFICATIONS

3.2.1 CMPD

- Masters or Bachelors Degree in Human Services;
- At least three (3) years experience working with homeless individuals and families;
- At least three (3) years experience working on issues related to substance abuse and principles of prevention and harm reduction;
- Expertise in homeless, housing, substance use, health care, mental health systems of care;
- Knowledge of County contract compliance, contract requirements, budgets and invoicing processes;
- Ability to document staff work activities and provide administrative supervision and oversight; and
- Ability to plan and organize service activities of staff.

3.2.2 CASE MANAGERS

- Masters or Bachelors Degree in Human Services;
- At least two (2) years experience as a case manager or comparable position working with homeless individuals and families;
- Knowledge and understanding of alcohol and drug related problems and the principles of prevention and harm reduction;
- Knowledge and understanding of mental health related problems and the principles of wellness and recovery models;
- Expertise in homeless, housing, substance use, health care, and mental health, systems of care;
- Ability to document work activities; and
- Ability to plan and organize service activities.

3.2.3 CLINICAL SUPERVISOR

- Licensed Clinical Social Worker or Masters of Family Therapy;
- Significant experience working with homeless individuals and families;
- Significant experience working on issues related to substance use and the principles of prevention and harm reduction; and
- Expertise in homeless, housing, substance use, health care, and mental health systems of care.

4.0 CONTRACTOR'S QUALITY CONTROL PLAN

Contractor shall utilize a comprehensive Quality Control (QC) Plan to assure the County a consistently high level of quality and service throughout the term of this Contract.

The QC Plan, which is subject to approval or rejection by the County, shall be submitted to DHS' AHH Project Coordinator within thirty (30) calendar days from the effective date of this Contract. Revisions to the QC Plan shall be submitted as changes occur during the term of the Contract.

The QC Plan shall include, but not be limited to the following:

- 4.1 Method for assuring that professional staff rendering services under this Contract have qualifying experience;
- 4.2 Method for monitoring to ensure that Contract requirements are being met;
- 4.3 Method for monitoring subcontractors, if any, for compliance and quality of services;
- 4.4 Method for identifying, preventing and correcting deficiencies in the quality of service before the level of performance becomes unacceptable;
- 4.5 Method for assuring that confidentiality of homeless applicant's information is maintained; and
- 4.6 Method for a participant to submit a grievance for proper review and resolution;
- 4.7 Method for resolving problems and addressing any participant grievances that shall include, but is not limited to, when the problem was first identified and the corrective action taken. The report shall be provided to the County upon request.

5.0 COUNTY'S QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Contract on not less than a quarterly basis. Such evaluation shall include assessing the Contractor's compliance with all Contract terms and performance standards. Contractor's deficiencies, which the County

determines are severe or continuing and may place the performance of the Contract in jeopardy if not corrected, will be reported to the Board of Supervisors.

The report will include improvement/corrective action measures taken by the County and the Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate this Contract or impose other penalties as specified in the Contract, Section 9, Terms and Conditions, Sub-paragraph 9.16, County Quality Assurance Plan.

5.1 PERFORMANCE EVALUATION MEETINGS

The AHHPC and the CMPD shall jointly hold Performance Evaluation Meetings as often as deemed necessary. However, if a Contract Discrepancy Report (CDR) is issued, and at the discretion of the AHHPC, a meeting shall be held within five (5) business days, as mutually agreed, to discuss the problem.

The AHHPC shall prepare the minutes of the Performance Evaluation Meeting that shall include any action items from the meeting. Should the CMPD not concur with the action items, he/she shall submit a written statement to the AHHPC within ten (10) business days from the date of receipt of the signed action items.

The CMPD's written statement shall be attached to the AHHPC's minutes and be a part thereof. Failure of the CMPD to provide a written statement shall result in the acceptance of the action items as written. If any dispute is still unresolved, the decision of the DHS Director will be final.

Upon advance notice, either the County or the Contractor may make an auditory recording of the meeting.

5.2 CONTRACT DISCREPANCY REPORTS (CDR)

Verbal notification of a Contract discrepancy will be made to the CMPD, or designee, as soon as possible whenever a Contract discrepancy is identified. The CMPD shall resolve the problem within a reasonable time period mutually agreed upon by the County and the Contractor.

The AHHPC will determine whether a formal CDR (Technical Exhibit 2 hereunder) shall be issued. Upon receipt of this document, Contractor is required to respond in writing to the AHHPC within five (5) business days, acknowledging the reported discrepancies or presenting contrary evidence. A plan, including a timetable, for correction of all deficiencies identified in the CDR shall be submitted to the AHHPC within ten (10) business days.

6.0 HOURS OF OPERATION/HOLIDAYS

Contractor shall be required to provide services Monday through Friday between the hours of 8:00 a.m. to 5:00 p.m. Contractor is not required to provide services on County-recognized holidays. The AHHPC will provide a list of the County's holidays to the Contractor within thirty

(30) calendar days of Contract start date, and annually thereafter, at the beginning of the calendar year.

Contractor is allowed to have a maximum of two (2) days per calendar year, as needed, for in-service and/or training activities in which they may not be required to provide the services stated under this Contract. To request these days, Contractor shall submit a written request to County, no less than fifteen (15) days in advance of the requested dates. County approval is required for the requested dates. County will not provide Contractor any compensation for time spent in these activities.

7.0 COMPLAINTS

Contractor shall establish a procedure to resolve participant and community grievances, including Civil Rights complaints, before they reach a formal complaint level.

7.1 CIVIL RIGHTS COMPLAINTS PROCEDURE

Contractor shall comply with the terms of the Civil Rights Resolution Agreement as directed by DHS, which includes but is not limited to the following:

- 7.1.1 Ensure public contact staff attends the mandatory Civil Rights training provided the County.
- 7.1.2 Ensure notices and correspondences provided to the participants, if any, are in their respective primary language and provide interpreters to ensure meaningful access to services to all participants.
- 7.1.3 Maintain a record of all Civil Rights materials provided by the County and ensure all participants are provided with the Civil Rights materials.
- 7.1.4 Develop, and operate procedures for receiving, investigating and responding to civil rights complaints.

8.0 CUSTOMER SERVICE

Contractor shall implement an active Customer Service Program that is consistent with the County's vision. The Customer Services Program must be approved by County and changes to the Program must be made within thirty (30) calendar days.

County shall monitor the quality of the Contractor's Customer Service by randomly selecting participants for telephone and/or site surveys. The County, at its sole discretion, may change the means of measuring this standard via a Change Notice, as noted in Contract Section 9.1, Alteration of Terms.

9.0 COUNTY FURNISHED ITEMS

All County furnished items are provided by the County for the duration of the Contract only, and solely for the performance of this Contract. County shall provide no materials, equipment, and/or services necessary to perform case management, except as identified below.

9.1 TRAINING

County shall provide training to Contractor staff to include, but not limited to, the following:

- Civil Rights training may be through direct training by County trainers or through a “train-a-trainer” program as agreed upon by County.

County may add mandatory trainings for all Contractor staff, as deemed necessary by the County.

9.2 MATERIALS

County shall supply the following materials:

- All mandated pamphlets and posters;
- Safely Surrender Baby Law fact sheet; and
- List of County-observed holidays.

10.0 CONTRACTOR FURNISHED ITEMS

10.1 FACILITIES

10.1.1 Contractor facilities shall be in close proximity to the County offices and shall be within one-hour travel time using public transportation from DHS Headquarters at 313 N. Figueroa, Los Angeles, CA 90012.

10.1.2 Contractor shall provide sufficient work area large enough to accommodate private cubicles for each AHH staff.

10.1.3 Contractor shall provide no cost parking space for homeless DHS clients at each Contractor facility.

10.2 EQUIPMENT/SUPPLIES/MATERIALS

Contractor shall obtain all equipment and supplies necessary to perform all services required by this Contract in accordance with the Contract Budget, hereunder.

10.3 TRANSPORTATION

Contractor shall ensure transportation for the individual or family for the initial meeting with landlord and/or to potential rental property. Contractor facilities shall be in close proximity to the County offices and shall be within one-hour travel time using public transportation from DHS Headquarters at 313 N. Figueroa, Los Angeles, CA 90012.

11.0 MEETINGS

11.1 WEEKLY MEETINGS

Contractor staff shall meet weekly to discuss progress/barriers/resolutions for homeless DHS clients in obtaining affordable permanent rental housing.

11.2 MONTHLY MEETINGS

Designated AHH DHS staff and Contractor staff shall meet monthly to evaluate the program progress and make recommended changes to procedures, as necessary.

12.0 CONFIDENTIALITY OF RECORDS

Contractor shall maintain the confidentiality of all records by maintaining files in locked drawers and cabinets at the Contractor's sites and at the Contractor's headquarters.

Contractor shall maintain the confidentiality of its employees' records that includes the Employee Confidentiality Agreement, by maintaining files in locked drawers and cabinets at the Contractor's headquarters. Access to these files shall be limited to Contractor's designated staff. These files are subject to audit, and shall be accessible to the County upon request during any business day.

13.0 RECORD KEEPING

13.1 Contractor shall maintain retrievable records relating to each homeless DHS client serviced under this Contract. The records shall be kept in a folder, identifiable by homeless DHS clients' name and case number. These records shall include, but not be limited to, the following:

13.1.1 Referral forms to determine eligibility for AHH Services.

13.1.2 Release of Information forms.

13.1.3 Participation Agreements.

13.1.4 Start date of CM services.

13.1.5 Date permanent housing secured and date AHH participant moved in.

- 13.1.6 Documentation notating any contacts made with or on behalf of the AHH participants.
- 13.1.7 When and why the rental agreement was terminated.
- 13.1.8 Contractor shall maintain all records at a central facility for five (5) years from termination of this Contract or until all audits are completed and settled, whichever is later.

14.0 REPORTING TASKS

Contractor shall make reports as may be required by the County concerning its activities as they affect the Contract duties and purposes contained herein. A sample Monthly Invoice is provided in Technical Exhibit 4.

Contractor shall complete a Monthly Management Report (MMR), in the manner to be described by DHS. The MMR shall be submitted to the AHHPC with the Monthly Invoice by the 15th calendar day following the report month of each month and shall contain:

- A narrative of any concerns and/or changes in staff, sites, recommendations for systems improvements, and/or other processes as necessary.
- Any other ad hoc statistical reports as requested by the County, Board of Supervisors, the State, or other County agencies or entities for budgetary or other purposes. Contractor shall provide the requested data, if available, to the County in a mutually agreeable time period.
- A list of all trainings provided by the Contractor each month, including sign-in sheets.
- A list of all complaints received by the Contractor each month, including the resolution of the complaint.
- Additional information may be required at County discretion.

14.1 AHH MONTHLY PROGRAM REPORTING ELEMENTS

- Demographics of homeless DHS clients served by Contractor.
- Number of homeless DHS clients served by Contractor.
- Number of homeless DHS clients that were placed in permanent housing.
- Number of homeless DHS clients that remained in the rental housing units for at least six (6) consecutive months.
- Number of homeless DHS clients that were referred for services but could not be served and reason(s) why.

- Number of homeless DHS clients who were linked to public benefits, health, mental health, substance abuse treatment or other supportive services.

14.2 CUSTOMER SATISFACTION QUESTIONNAIRE

Contractor shall assist each homeless DHS individual and family to complete a one-time Customer Satisfaction Questionnaire (Technical Exhibit 6) and submit copies to DHS with the MMR and Monthly Invoice utilizing the mailing address and information cited in Technical Exhibit 7.

15.0 COOPERATION WITH COUNTY MONITORING/OVERSIGHT

Contractor shall fully cooperate in assisting the County in its monitoring and oversight responsibilities. County shall make every effort possible in minimizing any adverse impacts this may have on service delivery, and to the extent possible, shall give advance notice of pending reviews. However, advance notice is not required for the County to conduct its reviews.

Contractor shall provide all cases requested by County Contract Administrator for monitoring and shall ensure all appropriate casework is filed in the case. Failure to provide the case file may, at minimum, be deemed an "error" and will adversely affect the Contractor's performance rates as measures in the PRS Chart, Technical Exhibit 1, and described throughout this Statement of Work. Furthermore, failure to provide a requested case may be deemed a serious lack of administrative oversight in safeguarding a participant's confidentiality.

16.0 USE OF OUTSIDE RESOURCES

Contractor, upon County approval, may use outside resources and/or services for providing temporary housing or other supportive service to the homeless if:

- There is NO charge to County;
- Participant's confidentiality rights are protected;
- Services are within allowable time frames; and
- Homeless DHS clients' progress is monitored by Contractor.

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Performance Requirements Summary Chart

Required Services	Performance Indicator	Standard(s)	Acceptable Quality Level (AQL)	Monitoring Methods	Monthly Unsatisfactory Performance Indicator Points For Exceeding the AQL
<u>SOW</u> <u>Section 1.3</u> Scope of Work	Services, programs and any forms, signs, notices and other written materials that the Contractor uses for the provision of the Case Management services must be available and offered to homeless DHS clients in English and/or Spanish. When written materials are not available in the homeless families' primary language, the Contractor must either provide appropriate interpreting services or translate the materials in the homeless families' primary language, as approved by DHS.	Review of forms, materials & notices indicates compliance with primary language requirements.	100%	Notices; on-site review of forms & materials.	50 points per incident.
<u>SOW</u> <u>Section 1.3.4 & 1.3.5</u> Scope of Work	Contractor conducts a comprehensive psychosocial assessment within two (2) working days and an ISP within two (2) weeks of enrollment into the program on each referred DHS patient.	Review indicates Contractor provides comprehensive psychosocial assessment and ISP for each DHS client within the specified time period.	80%	Case Reviews	25 points per incident.
<u>SOW</u> <u>Section 1.4.2</u> <u>Contractor Duties</u>	Contractor obtains a signed DHS Consent and Release Agreement form from the participant allowing Contractor to discuss DHS client's pertinent, confidential information with County and City Housing Authorities, potential service providers, owner or owner's representative such as landlord or property leasing agent, only if County has not provided one.	Review indicates a copy of signed consent forms in records.	100%	Case Reviews	50 points per incident.
<u>SOW</u> <u>Section 1.5.5</u> <u>Contractor Management Services</u>	Notices are posted. Complies with all laws such as EEO & Nondiscrimination Notices in ensuring that all required notices are posted.	Review indicates compliance such as notices posted in Contractor facilities and easily accessible to employees and participants.	100%	User complaint; on-site review.	50 points per incident.
<u>SOW</u> <u>Section 1.7</u> Performance Outcome Measures	Contractor assists in establishing SSI/SSDI benefits or obtain employment training and/or opportunities for the permanently housed AHH participants.	Review indicates that SSI/SSDI benefits are established or employment training has been obtained for AHH participants.	60%	Review of MMR reports and case reviews.	Initiate CDR for corrective action plan.

Performance Requirements Summary Chart

Required Services	Performance Indicator	Standard(s)	Acceptable Quality Level (AQL)	Monitoring Methods	Monthly Unsatisfactory Performance Indicator Points For Exceeding the AQL
<u>SOW Section 1.7</u> Performance Outcome Measures	Contractor places DHS individuals or families (within 60-days of Housing Authority voucher issuance date) into permanent housing.	Review indicates placement of homeless DHS clients into affordable permanent housing within the specified time period.	80%	Review of reports, referral logs, placements, and lease agreements. Review of cases; interview of participants.	Initiate CDR for corrective action plan.
<u>SOW Section 1.7</u> Performance Outcome Measures	Contractor maintains homeless DHS clients in affordable permanent housing for six (6) consecutive months.	Review indicates maintenance of homeless DHS clients in affordable permanent housing for the specified time period.	75%	Review of reports, referral logs, placements, and lease agreements. Review of cases; interview of participants.	Initiate CDR for corrective action plan.
<u>SOW Section 1.7</u> Performance Outcome Measures	Contractor retains homeless DHS clients in affordable permanent housing for twelve (12) consecutive months.	Review indicates retention of homeless DHS clients in affordable permanent housing for the specified time period.	60%	Review of reports, referral logs, placements, and lease agreements. Review of cases; interview of participants.	Initiate CDR for corrective action plan.
<u>SOW Section 1.7</u> Performance Outcome Measures	Contractor demonstrates a reduction in AHH participants' emergency room visit usage and inpatient admissions and associated lengths of stay.	Review indicates a reduction in ER visits and inpatient admissions and associated lengths of stay for AHH participants.	70%	DHS will verify healthcare utilization and case reviews. DHS will verify healthcare utilization by providing a two (2) year pre and post record review of client service.	Initiate CDR for corrective action plan.
<u>SOW Section 8.0</u> Customer Service	Contractor has an active Customer Service Program consistent with County's vision.	Customer Service Program is approved by County. Monitoring of quality indicates that Customer Service Program is successful.	80%	Review of Customer Service plan; Surveys by random sample.	20 points per incident.
<u>SOW Section 14.0</u> Reporting Tasks.	Contractor prepares and submits reports and invoices as directed by County.	Monthly review indicates report and invoice received by the CCA by the 15 th calendar day following the report month.	100%	Review of monthly reports and invoice.	10 points per each day late.

HOUSING INSPECTION/SCREENING FORM

Client Name: _____ Date: _____

New Address: _____

Rent Amount: _____ Move-in Cost: _____ Number of Bedrooms: _____

Unit Type: SFD Mobile Home Duplex Multi-Family Apartment Condo

Terms of Rental Agreement:

Furnished Unfurnished Month-to-month 6-month lease Annual Wheelchair Accessible

Persons named in lease/contract: _____

Appliances included: Stove Refrigerator Dish Washer Waste-Disposal

Utilities/services paid: Gas Electric Water Trash None

Landlord Name: _____ Phone: _____

Address: _____

Owner Name: _____ Phone: _____

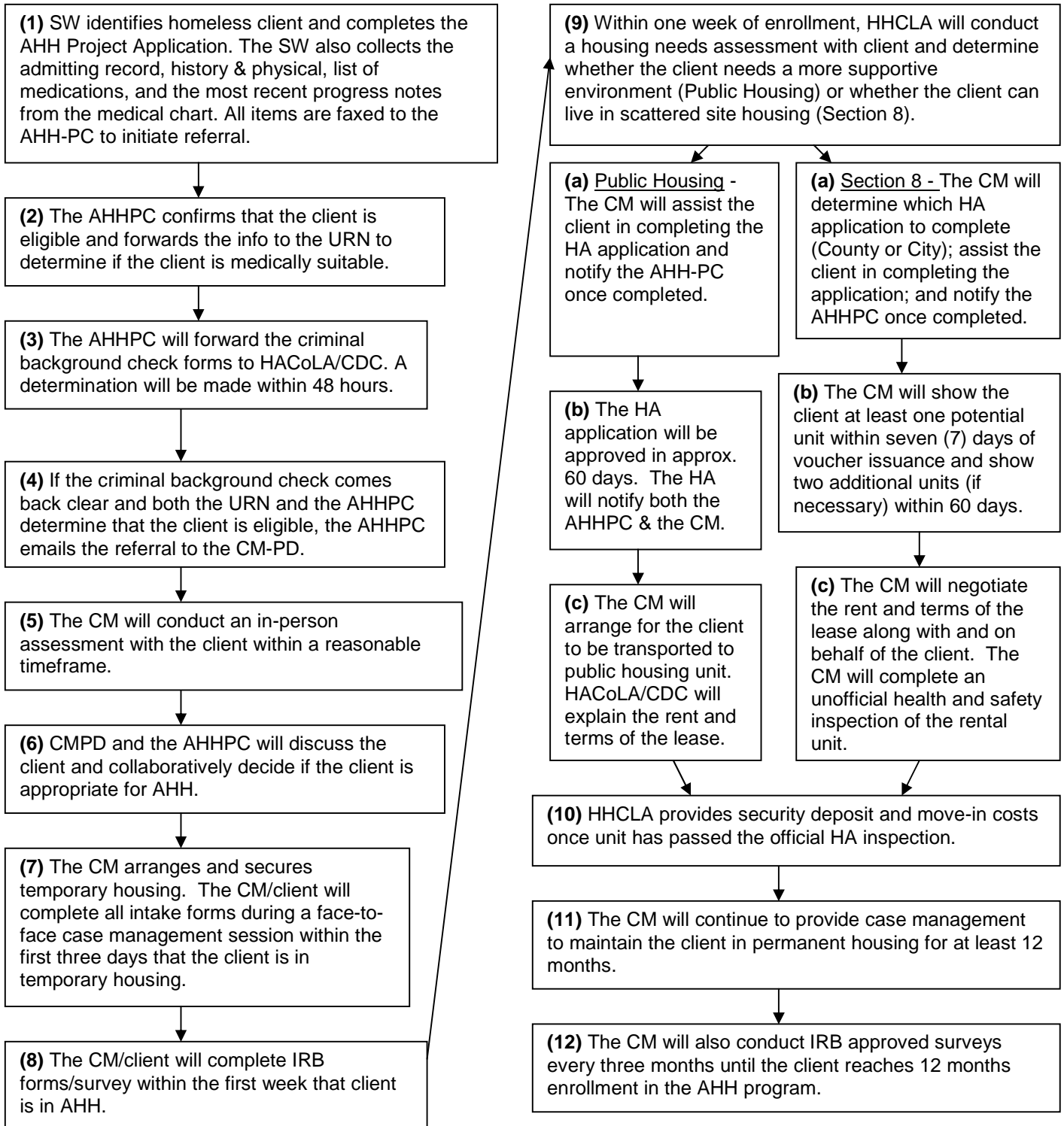
Address: _____

Basic Health and Safety Requirements: (check yes/no)

- Yes No - Building and yard free of rubbish, debris & common/exterior grounds are clear from overgrown grass/weeds
- Yes No - Floor appears in good condition (flooring/carpeting do not pose a tripping hazard)
- Yes No - Interior/Exterior walls and ceilings in good condition
- Yes No - Adequate Lighting in building
- Yes No - Plumbing fixtures are in working condition (no leaks/clogs)
- Yes No - Hot and cold running water is available
- Yes No - Adequate emergency exits in building
- Yes No - Each bedroom has at least one window
- Yes No - Minimum ceiling height of 7 ½ feet for all habitable rooms
- Yes No - Safe and adequate heating facilities
- Yes No - Electric wiring appears in good condition
- Yes No - No fire hazards
- Yes No - Windows and doors adequately screened
- Yes No - Stairs and stair rails in good condition
- Yes No - Smoking alarms in working order
- Yes No - Hot water heater is safe and accessible
- Yes No - Unit appears structurally sound
- Yes No - Unit is ready for occupancy & is free of infestations from vermins/rodents
- Yes No - Unit has a kitchen, bathroom and at least one room for living/sleeping room
- No Yes - The site is subject to serious adverse environmental conditions (i.e., poor sewer drainage, fire hazards, flood, etc.)

Inspected by: _____

Case Management Services Flow Chart



Key:
 SW: Department of Health Services Social Worker
 AHHPC: Department of Health Services Project Coordinator
 URN: Department of Health Services Utilization Review Nurse
 HAcOLA/CDC: Housing Authority of County of Los Angeles/Community Development Commission
 CMPD: Case Management Program Director
 CM: Case Manager
 IRB: Institutional Review Board
 HA: Housing Authority (either City or County)

Homeless Health Care Los Angeles
CASE MANAGEMENT SERVICES
AMENDMENT NO. 6 TERM BUDGET SHEET
Effective upon Board approval through June 30, 2013

	CONTRACT EXTENSION
<u>DIRECT COST</u>	
Salaries	
Project Manager/Social Worker/Case Managers	\$ 355,000
Housing Case Manager(s)	\$ 80,000
Total Salaries	\$ 435,000
 Employee Benefits	 \$ 105,000
 Total Salaries & Employee Benefits	 \$ 540,000
 Other Direct Costs	
Insurance	\$ 8,000
Emergency Housing	\$ 290,000
Equipment	\$ 12,000
Supplies	\$ 40,000
Services	\$ 52,000
Client Transportation	\$ 35,000
Mileage	\$ 18,000
Total Other Direct Costs	\$ 455,000
 Total Direct Cost	 \$ 995,000
 <u>INDIRECT COST</u>	
Facility	\$ 40,000
Indirect Overhead	\$ 90,000
Total Indirect Cost	\$ 130,000
 TOTAL DIRECT + INDIRECT COSTS:	 \$ 1,125,000

Homeless Health Care Los Angeles
CASE MANAGEMENT SERVICES
AMENDMENT NO. 6 TERM BUDGET SHEET
Effective upon Board approval through June 30, 2013

	CONTRACT EXTENSION
<u>DIRECT COST</u>	
Salaries	
Project Manager/Social Worker/Case Managers	\$ 355,000
Housing Case Manager(s)	\$ 80,000
Total Salaries	\$ 435,000
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Total Salaries & Employee Benefits	\$ 540,000
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<u>INDIRECT COST</u>	
Facility	\$ 40,000
Indirect Overhead	\$ 90,000
Total Indirect Cost	\$ 130,000
TOTAL DIRECT + INDIRECT COSTS:	\$ 1,125,000