

**Statement of Work
Mental Health out Homeless Outreach Clinicians**

Contractor agrees to provide the following services and abide by the following provisions:

- A. All individuals compensated under this Agreement must have the requisite training, license and/or certification for the services they will perform and will be in good standing with the applicable authoritative bodies having regulatory authority over the profession of which they are a member; must maintain a valid driver's license and automobile insurance coverage to travel as needed; have experience working with the homeless or formerly homeless population, and crisis intervention.
- B. Contractor's staff must always maintain professional boundaries with clients. In addition, they must have flexibility to adjust their work schedule and be on call during weekends, evenings and holidays as needed.
- C. Contractor shall employ two (2) Licensed Practitioners and one (1) Qualified Mental Health Professional to perform services under this Agreement.

Qualifications for Licensed Practitioner: Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), or a Licensed Master of Social Worker (LMSW) or equivalent from the Texas Department of State Health Services. The Licensed Practitioner will:

1. Provide direct supervision over the Qualified Mental Health Professionals (non-licensed clinicians) described below.
2. Provide counseling intervention, treatment recommendations and provide preliminary diagnosis.
3. Serve as a case manager
4. Perform services (numbered 2-9 as needed) required to be performed by the Qualified Mental Health Professionals listed below.
5. Be able to work independently.

Qualifications for a Qualified Mental Health Professionals: Qualified Mental Health Professionals will:

1. Serve as a case manager under the supervision of a Licensed Practitioner.
2. Provide direct clinical services, assessments, develop individual treatment plans and coordinated services with the goal of mental health and substance abuse stabilization, supporting recovery, wellness services and community reintegration.
3. Monitor the progress of all clients on case load from the initial referral until services are deemed not warranted and document findings as appropriate.
4. Assist with the compiling of information to determine if a client meets the eligibility for a "High Utilizer" designation.
5. Assist with providing clinical oversight for threat assessments referred by the San

Antonio Police Department (SAPD) Mental Health Detail.

6. Connect and refer clients to appropriate medical, behavioral health and homeless services (internal and external).
 7. Apply client-centered and trauma-informed care principles to empower clients to become active participants in their treatment planning and goal setting.
 8. Apply Evidence Based Practices such as Motivational Interviewing, Assertive Outreach and Problem Solving during client engagement..
 9. Assist the client with accessing appropriate social services resources such as housing, clothing, identification documents (IDs), food, water, hygiene materials, etc.
- C. Contractor shall input case management documentation in TAVHealth, the Homeless Management Information System (HMIS) and /or any other specified, secure software platform obtained by the City for performance under this Agreement within 48 hours of the encounter and update to maintain a current record of data.
- D. Contractor will construct and provide structure and guidelines for the Program in collaboration with SAPD Mental Health Detail and the Department of Human Services (DHS).
- E. Contractor will provide program and clinical oversight in collaboration with SAPD Mental Health Detail and DHS.
- F. Contractor shall maintain and update a client-tracking database and provide updates on the progress of the initiative on a monthly basis or as agreed upon by all parties.
- G. Contractor shall have an established staff safety protocol addressing appropriate safety measures during client engagement.
- H. Contractor will provide full coverage health care benefits to personnel employed pursuant to this this Agreement.
- I. Contractor shall allow its staff to maintain current workstation at the SAPD Mental Health Detail Office and make available an alternate workstation with the PICC Team as needed.
- J. Contractor shall allow staff to be transported by SAPD MH Officers and other law enforcement staff, if available.
- K. Personnel employed to perform the services under this Agreement shall be permitted to attend trainings pertaining to job description and responsibilities in addition to providing lectures during trainings such as Crisis Intervention Trainings (CIT) sponsored by the San Antonio Police Department (SAPD), as needed.
- L. Contractor will provide information and opportunities for its staff to participate in relevant training opportunities.
- M. Staff performing services under this Agreement will maintain a caseload that doesn't exceed 15 high acuity cases from the STRAC High Utilizer list and shall also be given flexibility to assist with providing clinical intervention for SAPD Threat Assessment cases with a total caseload not to exceed 25 clients per clinician.
- Contractor acknowledges that clients experiencing homelessness are a priority population and should be included in their caseload.
- N. Contractor will apply client-centered and trauma-informed care principles to empower clients to become active participants in their treatment planning and goal setting.
- O. Contractor shall apply evidence based practices such as motivational interviewing, assertive outreach and problem-solving techniques.

- P. Contractor will provide personnel employed pursuant to this Agreement with equal access to all resources provided to the PICC team, including, but not limited to, access to behavioral health providers, electronic health record, appointment slots for their clients, notifications from Medcom through the Kaizala software to be informed of clients being transported due to an Emergency Detainment, provision of electronic devices (e.g. laptops, cell phones) etc.
- Q. Contractor and its personnel shall comply with Federal laws, regulations, standards and City of San Antonio Directives regarding privacy and information security.
- R. Substitution of Personnel- Contractor shall ensure continuity of service when personnel are absent for whatever reason, and shall submit to the Department of Human Services Contracting Office in writing, a plan for acting/interim coverage of the absent personnel no later than 2 business days of Contractor's knowledge of an intended absence. In addition, Contractor shall submit a copy of all assigned employees' credentials (e.g. resume, licensing, etc.).
- S. Staff is required to keep up to date all requirements to maintain their professional licensing during the performance of services under this Agreement.
- T. Contractor's personnel must have adequate mobility that requires frequent walking, standing, bending, stooping, kneeling, reaching (vertical and horizontal), and using fingers, hands, feet, legs, and torso. The Contractor's personnel must be able to regularly lift and/or move up to 40 pounds and occasionally must lift and/or move up to 50 pounds.

Supportive services provided to participants include, but are not limited to:

- Outreach and Engagement
- Referrals for Shelter and housing placement
- Referrals for Food
- Referrals for Hygiene and daily living supplies
- Service Coordination, including assessment of needs
- Referrals and assistance with coordinating substance abuse, psychiatric and healthcare services
- Life Skills
- Brief Counseling and Crisis Intervention
- Housing search and placement assistance
- Benefits Assistance (e.g. SSI/Disability/VA)
- ID Recovery Assistance

Primary Mental Health/Homeless Clinicians Performance Measures and Indicators:

Performance Measures:

1. Total number of clients served (caseload should not exceed 25 clients per clinician)
2. Total Number/Percentage of clients served experiencing homelessness (minimum 40%)
3. Number of contact hours (minimum 20 contact hours per week per clinician)
4. Percentage (%) reduction in the number of adverse police calls or contacts (Target is $\geq 30\%$).

Metric Indicators (No Target):

1. Percentage of homeless clients transitioned to a Permanent Housing Placement or better living environment.
2. Primary Clinical Concern:(Mental Health, Substance Use or Both)
3. Basic Demographics (Average Age, Race/Ethnicity, Gender)
4. Initial mode of Mental Health and Substance Use Treatment (Detox, Acute Inpatient, Residential (voluntary and involuntary), etc.)
5. Percentage of clients that returned to homelessness (post intervention for clients who were homeless prior to intervention).

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