I. Purpose

A. The Santa Clara County Behavioral Health Services Department (BHSD) is seeking proposals from qualified vendor(s) to provide in-home outreach teams (IHOTs) and engagement services that would serve transitional age youth (TAY) 18 to 25, and adults and older adults ages 26 years and older, diagnosed with Serious Mental Illness (SMI) and/or a co-occurring substance abuse disorder. The two (2) primary regions of focus for services are Central County and South County. The Central County region includes cities of Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Monte Sereno, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, and Sunnyvale. The South County region includes cities of Gilroy, Morgan Hill, and the unincorporated area of San Martin.

B. The BHSD at its sole discretion, intends to enter into agreements with three (3) to four (4) providers that would serve TAY, adult, and older adult residents of Santa Clara County diagnosed with a severe mental illness and/or a co-occurring condition, who would otherwise be unwilling or unable to engage in traditional behavioral health services such as, Full Service Partnership (FSP), Outpatient, and other specialty Outpatient treatment.

C. The IHOTs program is an outreach and engagement initiative funded by the Mental Health Services Act (MHSA) funds. It is designed to provide intensive outreach and engagement, mental health screening, in-home intervention, family education, and support and linkage to treatment for individuals who are not voluntarily engaging in services that connect them with ongoing mental health treatment.

II. Background Information

A. Santa Clara County's Adult and Older Adult (A/OA) Services Division serves individuals 18 years and older, who represent the ethnic and racial diversity of the County and are experiencing serious mental illness. The A/OA Mental Health System consists of a variety of mental health programs, including Emergency and Crisis Services, Residential Services, and Outpatient Services. There is also a collection of community education and prevention services, housing, and specialty services.

B. In the Fall of 2016, the BHSD contracted with a consultant to assess the effectiveness, structure, quality, and impact of MHSA-funded Continuum of Care in Santa Clara CountyThe goals of the project were to conduct a retrospective exploration to determine what had been accomplished with regards to MHSA implementation, document the current landscape of MHSA-funded services, and identify what additional needs remain in order to target future efforts.

C. The project identified the following:

1. 4,104 individuals, representing 25% of adult and older adult clients who participate in specialty mental health services, only received services in emergency and crisis settings and never connected to ongoing services that are likely to promote their recovery. Once people discharge from Emergency Psychiatric Services (EPS), there is little to support them in connecting to ongoing services. Without support to engage clients in ongoing treatment, it is more likely that these individuals will experience further crises and undue suffering.

2. 1,464 individuals admitted to EPS in Fiscal Year 2015-2016 were TAY ages 18-25, with an average age of 22. These individuals had an average of 3 encounters per year, and most did not participate in additional mental health services.

D. The BHSD recognizes the importance of partnering with contract providers to make behavioral health services accessible to Santa Clara County TAY, adult, and older adult residents.

III. Target Population

A. The IHOTs aim is to support individuals with serious mental illness who are not engaging in services and are experiencing repetitive hospitalization, criminal justice system involvement, homelessness, and medical issues which impact their behavioral functioning.

B. Individuals who may benefit from these services include TAY ages 18 to 25 years of age, adults ages 26 through 59, and older adults age 60 and older, who are residents of Santa Clara County and who have been released from the inpatient setting but did not continue engaging in services at outpatient mental health clinics, clients who refuse or struggle to access treatment, and/or clients whose symptoms are so severe that they cannot leave the house or get to a clinic for assessment.

C. Outreach and engagement efforts will target TAY, adults, and older adults by providing support and resources for individuals and families with serious mental illness that are referred to IHOTs.

IV. Goals, Objectives, and Outcomes

A. Goals

1. Increase access to care through strategic outreach and engagement services with priority populations;
2. Identify individual client needs and improve connections to referrals, education, support services, appropriate medical, substance abuse treatment, and mental health care in the community as needed;
3. Increase family member satisfaction with the BHSD System of Care;
4. Reduce the effects of untreated mental illness on individuals and their families;
5. Increase the understanding of mental health issues while reducing the effect of untreated mental illness in TAY and adult individuals with SMI and their families;
6. Maintain or improve the overall level of functioning and self-sufficiency in the community; and
7. Decrease hospitalization, incarceration, homelessness, substance use, violence, and victimization.

B. Objectives

1. To achieve the above-mentioned goals, the proposer will offer services designed to:
    a. Address and reduce root causes for psychiatric hospitalizations and admissions;

b. Assist with maintaining clients in their community and/or in the least restrictive environment or placement;

c. Promote social adjustment and interpersonal relationship/interaction;

d. Provide ongoing education and supports to assist individuals and their families with gaining insight and understanding into mental illness;

e. Strengthen emotional maturity and psychological stability; and

f. Actively connect clients with other supportive services, such as housing, financial and benefits assistance, substance abuse treatment, legal services, and medical care providers.

V. Scope of Service

A. Program Description

1. IHOTs are to provide intensive outreach and engagement, mental health assessment, in-home intervention, family education, and support and linkage to treatment for individuals who are not voluntarily engaging in services. The IHOTs program model is a short-term intervention to reach populations that do not engage in ongoing services or treatment.

2. The model focuses on referrals, outreach, engagement, and linkage to longer term mental health, rehabilitation services, recovery and peer support services, and other services as needed. The program shall utilize wellness and recovery practices to link clients with a variety of services to identify and pursue goals that will improve quality of life, self-sufficiency and independence, by helping the client identify ways to manage their symptoms, their health, and their recovery.

3. The IHOTs program will support participants in accessing appropriate services and navigating care settings. The IHOTs program is not a treatment service and does not provide physical or mental health treatment. Although IHOTs providers may provide assistance and support during a crisis, the IHOTs program is not a crisis response or an emergency service.

4. The BHSD plans to fund five (5) teams within the program. One (1) County-Operated team and three (3) or four (4) vendor operated teams. Each team is designed to have four (4) staff that include one (1) case manager, one (1) family advocate, and two (2) peer support workers with lived experience. It is anticipated that each team will serve clients from ninety (90) days up to one-hundred-twenty (120) days.

5. Santa Clara County's IHOTs service providers will employ an approach to service that is characterized by a sincere belief in change and recovery. Teams meet people where they are at, both emotionally and logistically, and shall use a "whatever it takes" approach to connect referred persons to services. Additionally, IHOTs service providers recognize the importance of family inclusion and support, focusing on supporting clients and their families.

B. Services

1. Proposers will provide services to 20 individual clients and their families at any given time. The IHOTs will provide the use of flex funding for incentives to encourage engagement.

2. Proposers will have the ability to provide services outside regular work hours and weekends, to offer more availability to clients as needed and to meet their needs.
3. Proposers will provide comprehensive outreach services to individuals in their natural environments including homes, the streets, clinical settings such as emergency rooms or hospitals, acute settings, shelters, jails, and anywhere else in the community at a minimum of twice a week.
4. Proposers are expected to be ready to begin operations within ninety (90) days of the start date of the contract.
5. Proposers shall provide services in accordance with community-based culturally relevant and age-specific mobile outreach strategies to build trust and rapport with referred individuals and their families, in order to connect them to specialty mental health services.
6. Proposers shall place equal emphasis on serving individuals with SMI as well as their family members/caregivers to reduce the effects of untreated mental illness on the support system.
7. Proposers shall continue to follow up with individuals and ensure individuals have remained linked to services. Proposer shall serve as a conduit to support transitions to services and provide warm handoffs to appropriate providers as determined by client's clinical needs.
8. Proposers will need to meet the needs of the priority population for this RFP, and the proposer shall invest in strengthening the linkages across programs and services as well as increase coordination across the TAY and A/OA system of care.
9. Proposers shall provide culturally and linguistically proficient client centered services that integrate or directly provide psychoeducation, positive behavioral modification, and rehabilitation resources to meet the needs of individuals in their recovery process.

C. Referrals.

1. The program will accept referrals from the BHSD Call Center, the County Behavioral Health IHOTs, and the Mobile Crisis Team. All referrals will be screened for consistency with the BHSD inclusionary criteria, as determined by guidelines developed with community and service provider input, and approved by the County BHSD Director.
2. Proposer must outreach to the priority population to engage individuals in ongoing outpatient services.
3. Proposers shall evaluate clients' individual needs to identify and link them to appropriate supportive resources and to services such as, the client's primary care provider, substance abuse/recovery partners, or their own specialty mental health programs and services.

D. Hours of Operation

1. The program is expected to be open Monday through Friday 8:00 AM to 5:00 PM, and will have services available during evening hours and on weekends, as needed to meet the clients' needs.

2. Proposers will be expected to provide an updated agency plan for administrative coverage or program-related changes to the BHSD Division Director at the beginning of each new fiscal year and when any changes to this plan occur for approval prior to implementation.

E. Administrative Participation

Proposers will be required to attend regularly scheduled meetings, training sessions, seminars and/or other meetings as scheduled by the BHSD Director and/or designee. This will include A/OA System of Care Meetings, and Quality Improvement (QI) and QI Grand Rounds meetings and sessions.

F. Cultural and Linguistic Competency

1. Proposers will submit a Cultural Competency Plan to the BHSD Director, for approval. The plan shall be in accordance with the BHSD guidelines.
2. Proposers will provide culturally and linguistically proficient services to the target populations for which they have bid. These services shall be delivered in accordance to their Cultural Competency Plan.

G. Staffing

1. Proposers shall provide staffing to fulfill the following positions for each IHOT:
    a. TAY and A/OA IHOTs Staffing Model:
        1) Case Manager (1 FTE)
        2) Peer Support Specialist with lived experience (2 FTE)
        3) Family Advocate (1 FTE)
2. The BHSD prefers the staffing model above, however proposers may offer an alternative staffing structure that reflects their delivery of services, including a description of how the proposed staffing structure is effective in reaching this population.
3. The BHSD is looking for proposers with staff that possess education and experience in the area of mental health, or specialized experience working in a mental health service agency; substance use and abuse issues; crisis and conflict management training and experience.
4. Staff should have knowledge of safety issues that exist when working with this population, the ability to relate effectively with fellow employees and the public, be able to communicate clearly, both orally and in writing, the ability to use sound judgment and good boundary setting, and problem solving skills and tact when working with this target population.
5. Proposers will show the ability to meet the needs that are unique to the varying age ranges of TAY through older adult aged clients (ages 18 and older). Due to the intensive and short-term duration of IHOTs services, as well as the range of supports and services needed, providers shall have a variety of staff that are mental health professionals, paraprofessionals, as well as peer support staff.

6. Proposers shall have staff whose main role is to provide administrative and clinical leadership, total oversight and coordination of day-to-day activities, and tracking and reporting the BHSD's required outcomes, to ensure overall program success.

H. Data Collection and Reporting

1. Expected Outcomes to be achieved

   a. The BHSD expects the implementation of IHOTs to expand access to specialty mental health services for individuals with serious mental illness who are experiencing crisis and hospitalization, incarceration, and/or homelessness and are unable and/or unwilling to participate in treatment.

   b. Specifically, IHOTs is intended to identify individuals in need of services, provide outreach and engagement to increase their willingness and ability to accept and participate in specialty mental health services, and connect them with ongoing mental health services. As a result, the BHSD expects that individuals who engage with IHOTs will connect with ongoing mental health services, improve their experience of mental health services, and reduce experiences of crisis/ hospitalization, and incarceration.

   c. The proposer will track data and outcomes for the purpose of reporting continuous quality improvement of services and the focus is collect and track data that will lead to the following outcomes:

      i. 90% of individuals will receive weekly face-to-face services from the team;

      ii. 80% of the individuals will receive their first face-to-face visit from the team within three (3) days of referral;

      iii. 80% of individuals will successfully be linked to outpatient services or rehabilitation and recovery services within the first twelve (12) months of referral

      iv. Individuals will have a 25% reduction in the number of EPS and Emergency Department (ED) visits within the first twelve (12) months of referral;

      v. Individuals will have a 25% reduction in the number of inpatient psychiatry services visits within the first twelve (12) months of referral.

2. Data Collection Process

   a. Proposers may be required to submit monthly reports of Client and Service Information (CSI) data and the County Data System data.

   b. Proposers will track information including, but not limited to, the following:

      i. Type of services provided to individuals

      ii. Number of engagement contacts (phone or face-to-face) made to the same individual for services using spreadsheet

      iii. Number of EPS/ED contacts

iv. Number of face-to-face and phone contacts of the individuals referred within one (1) month of referral

v. Data Collection & Reporting (DCR) data, survey and related outcome measures, and County Data System data shall be submitted by the Proposer.

c. Proposers will be required to provide incident reports on all incidents that occur during any time that programs and/or sponsored events are occurring, using the standard County-issued Incident Reporting form.