



## SCOPE OF WORK TEMPLATE

### **Name of Program/Services.**

Enhanced Supportive Housing (ESH) Program for individuals with severe and persistent mental illness

### **Description of Services.**

RHD's service model for Enhanced Supportive Housing Program utilizes a Housing First Model. RHD believes that an individual's primary need is to obtain safe, affordable and stable housing and that other issues that may affect the individual can be addressed once housing is secured. In addition to helping individuals meet their housing needs, the Team members will ensure that each individual's plan of care is developed to address their specific needs and goals. Insuring health and safety, community integration, coordination of services and helping each individual maximize their potential independence will be the foundation of this approach. Utilization of natural supports and linkage to community resources will be emphasized.

### **Required Elements of the Program/Service.**

- Psychiatric support including assessment, medication management and crisis support.
- Medical support by nurse assisting with medication management and coordinating medical care with community medical services and hospitals when possible.
- Vocational and employment support will assist individuals in securing competitive employment in the community that fits their particular needs, interests, and skills while supporting them in ways that enable workplace success.
- Individual & Group psychotherapy.
- Assistance with medication management as needed.
- Peer support that promotes the development of wellness self-management, personal recovery, natural supports, coping skills, and self-advocacy skills.
- Assistance with tenancy supports based upon need and availability.
- Assistance with linkage to community and crisis support.
- ADL support including monitoring for health & safety, guidance and training in ADL skills, and crisis support.
- Community integration activities.

**Staffing:** The team design for the Enhanced Supportive Housing program will include:

- Unit Director – part time oversight
- Program Manager – full-time position.
- Psychiatrist – Average of 8 hours/week.
- Vocational Specialist – One (1) full time

- Bachelor's level positions – One (1) full time.
- Peer Specialist – One (1) full time position
- ADL (Bachelor's level) – One full time and one (1) part time position
- ADL Paraprofessional – (2) As needed
- Nurse – One part time position
- Administrative Assistant (part time position)

Based upon the program census of approximately 34 individuals, staff coverage is designed to have two staff scheduled to provide services and support between 7:00am -8:00pm seven days a week. In addition, additional coverage and support may be provided by Program Manager as needed. An on-call crisis number will be staffed between 8:00pm – 7:00am to provide support and link clients to emergency services as needed.

### **Target Population and Eligibility Criteria.**

Adults with Medicaid out of Durham and Wake Counties may be considered for this program. Individuals from Johnston and Cumberland may be considered at Alliance's discretion. There will be an average limit of 34 consumers served during the year. Adults with severe and persistent mental health needs are eligible for this service. These individuals often have several inpatient psychiatric stays, recurrent psychotic symptoms, inability to manage housing or employment

- ESH program participants may choose to authorize RHD to serve as their Representative Payee or may be responsible for their own finances. If RHD is the payee, rent and medication co-pays will be drafted from the consumers social security check. The remaining balance will be given to the consumer weekly in equal installments unless otherwise agreed. If the consumer chooses to take the balance of their money all at one time, RHD will not be responsible for additional monthly expenses.
- ESH program participants handling their own money agree to pay room and board monthly. Room and Board includes electricity, water, and telephone. Room and Board is to be paid to RHD in the form of a cashier's check or money order on the 2nd but no later than the 5<sup>th</sup> of each month.
- ESH program participants who have not paid rent for 30 days will be given an opportunity to set up a payment plan to become current with rental payments.
- ESH program participants who have not paid rent for 60 days will be given the opportunity to have RHD become their payee.
- ESH program participants who have not paid rent for 60 days and choose not to have RHD become their payee will be provided a 30-day discharge notice.

### **Discharge Criteria.**

Discharge from enhanced supportive housing services may occur when the consumer is either in a jail or hospital for more than 90 days. It would be expected that RHD would work with the institution as needed. Discharge may also occur once the individual has achieved all of their goals on their Person-Centered Plan and is functioning at a level where they are able to take care of their basic needs such as housing, bill paying, buying, and preparing food. Discharge may also occur when an individual moves outside of RHD's catchment area. ESH program participants who have not paid rent for 60 days and choose not to have RHD become their payee will be provided a 30-day discharge notice.

**Required Outcomes.**

- At least 65% of individuals receiving enhanced residential supports will have no crisis (ED, crisis facility, mobile crisis, hospitalization) during the contract period.
- RHD will serve on average of 34 individuals annually with enhanced residential supports.
- At least 90% of individuals have face to face contact at least six (6) times per month; phone or collateral contact at least four (4) times per month.
- At least 80% of individuals being served in the program will maintain stable housing for a period of at least twelve consecutive months.
- All consumers served will be referred and appointments made for at least one physical exam every 12 months. Of those referred, at least 80% will show for the appointment.

**Reporting Requirements.**

- Provider shall submit monthly census updates to the Provider Network Development Specialist assigned to RHD. These reports should include consumer's name, referral source and date, date enrolled into the program, date discharged from the program and county of Medicaid coverage. PND Specialist will share reports with Alliance Housing and Care Coordination staff.
- The provider shall submit data on all outcomes listed above by January 10th, 2017, and July 10th, 2017, to Alliance's Quality Management Department via email at [QMHelp@alliancebhc.org](mailto:QMHelp@alliancebhc.org) and to the assigned Provider Network Development Specialist.

Alliance requires providers to develop a formal Quality Management program. Elements of that program include (1) establishing internal performance standards for the delivery of the services for which provider has contracted, (2) collecting data related to the delivery of those services, and (3) creating reports measuring the provider's performance and adherence to required outcomes.

The provider also will document its efforts to identify areas for improvement, implement Quality Improvement Projects (QIPs), and analyze the results of its quality-improvement efforts.

Upon Alliance's request, the provider will submit all documentation related to its QM program and other quality-related activities.

**Collaboration.**

- It is expected that provider shall adhere to System of Care values and principles in providing a person centered, strength-based service delivery approach to assist consumers in achieving their outcomes.
- Provider shall collaborate with Alliance and any other identified partners in implementing this service.
- Provider will collaborate with other provider agencies that are providing services to individuals who receive enhanced residential supports.
- Provider will work with local Alliance Housing Specialists to identify other potential avenues for housing for these individuals that is self-sustaining.
- Provider will work with local churches, nonprofits, thrift stores to identify cost effective ways for individuals receiving this service to furnish their homes.

**Utilization Management.**

Enhanced residential support services do not require prior authorization. Provider is responsible for submitting authorizations for additional services such as medication management, therapy, group, and individual supports as required by Alliance's benefit plan.