



# Statement of Work

## Peer Pathfinders' Homeless Outreach Program

---

### **PURPOSE**

Provide Washington State Opioid Response 2025 (SOR IV) grant funding to current Peer Pathfinders' Homeless Outreach programs. Funding is to be used to support programs providing outreach and engagement services for those who are, or who are at risk of, homelessness and have, or are suspected to have, Opiate Use Disorder and/or Stimulant Use Disorder, or who are suspected of being at risk to opioid overdose/drug poisoning.

The purpose is to also provide funding and a framework for Peer Pathfinder support services within the State of Washington, consistent with funding provided under Mental Health Block Grant – American Rescue Plan Act (MHBG-ARPA). These funds are intended to provide support to Peer Pathfinder eligible individuals who are homeless, or at risk of homelessness, and who use or are suspected of having OUD and/or SUD, to remove barriers to accessing treatment and recovery services.

### **SERVICE POPULATION**

The SABG program targets the following populations and service areas:

1. Pregnant women and women with dependent children;
2. Intravenous drug users;
3. Tuberculosis services;
4. Early intervention services for HIV/AIDS; and
5. Primary prevention service.

### **SERVICES**

#### Outreach and Engagement

Provider will provide outreach and engagement services to individuals who are homeless, or at risk of homelessness, and who use or are suspected of having Opiate Use Disorders (OUD) and/or Stimulant Use Disorder (SUD) in two environments, emergency rooms and homeless encampments. Outreach will include assisting individuals with suspected OUD/SUD to access Medication for Opiate Use Disorder (MOUD) Services, intensive out/in patient SUD treatment, distributing Harm Reduction Supplies, and/or assistance with accessing Medicaid and other governmental funded programs such as SNAP, and assistance with accessing housing.

Provider will enroll a minimum of 45 individuals into the Peer Pathfinder program.

### **PERFORMANCE EXPECTATIONS**

Expected performance includes, but is not limited to the following:

1. Screen for eligibility, document eligibility in recovery plans and case notes. Eligibility may include self-report and direct line staff observation. Updated documentation should be added as new information has been gathered. This may include such items as medical documentation, social security letter, and other state records.
2. Provision of high-quality services. Contractors are subject to HCA performance-based site reviews on a yearly basis.
3. Use of professional judgment.
4. Collaborate with HCA program manager in a timely, accurate and informed communications style.

5. Partake in assigned trainings pertaining to evidence-based and/or promising practices identified. This includes trainings for both supervisor and direct line staff.
6. Perform services with equity ensuring programs are impartial, fair and provide equal possible outcomes for every individual served.
7. Will establish community collaboration with emergency departments, law enforcement, CoCs, etc.
8. Screen for eligibility, Individuals experiencing SUD who are homeless or at risk of homelessness and individuals discharging from or at risk of entering an inpatient SUD treatment facility.
9. Document eligibility in recovery plans and case notes. Eligibility may include self-report and direct line staff observation. Updated documentation should be added as new information has been gathered. This may include such items as medical documentation, social security letter, and other state records.

## **PROGRAM STAFFING**

Two (2) SUD Peer Full Time Equivalent (FTE) positions. Funding will be prorated for any unfilled positions. These positions will be primarily for the outreach and engagement service.

## **COORDINATION**

### Meeting Expectations

1. Bi-Monthly Administrative Meetings
  - a. Meeting attendees will include HCA Contract Manager, contractor, program partners, and presenters. Supervisors are required to attend administrative meetings and direct service staff and highly encouraged to attend.
  - b. Topics will include, but are not limited to: data collection, program performance, updates from HCA/RDA, contract requirements, technical assistance items as requested, and additional in prompt to topics approved by HCA Contract Manager.
2. Quarterly Review Meetings
  - a. Meeting attendees will include HCA Contract Manager, contractor, program partners, and presenters. Supervisors are required to attend administrative meetings and direct service staff and highly encouraged to attend.
  - b. Topics will include, but are not limited to: review of quarterly narrative report and REDCap data, program performance, technical assistance items as requested, and additional in prompt to topics approved by HCA Contract Manager.
3. Ad-hoc Meetings and Trainings. Additional meetings are required or deemed necessary by HCA Contract Manager.

## **DATA & DELIVERABLES**

### Monthly REDCap Report

1. Report will include, but not limited to, the following:
  - a. Number of individuals contacted and enrolled in the Peer Pathfinder program, and
  - b. Breakdown of type of services provided and number of referrals made.
2. Reports will be provided to the HCA Contract Manager by the Washington Department of Social and Health Services, Research, Data, and Analytics (RDA) Division

3. Provider will enter all enrollments, engagement, and referral data no later than the second Wednesday of the month following the service month.
  - a. September 2025 data entry is due on the last business day of September of that year.
4. Provider will submit requested information through GNRL-104 report in HMIS software.

#### Data Collection Components and Activities

1. RDA shall link to the Integrated Client Data Base (ICDB) to maintain data critical to future evaluation efforts and monitor program implementation. Maintain evaluation infrastructure for the duration of the contract.
2. Enter participant data every month into the RDA's REDCap data entry portal as receiving Peer Pathfinder outreach or engagement, starting September 30, 2024. Any data NOT entered into the RDA REDCap data entry portal by the second Wednesday of each month will be counted toward the following month's program data.
3. Contracted annual targets for the number of individuals enrolled in SOR IV will be measured based on participant data entered into the data portal. Data is reported in aggregate.
4. Three (3) and six (6) month follow up:
  - a. Peer Pathfinder shall complete the relevant data sections of the follow up surveys in RDA's REDCap data entry portal.
  - b. Surveys will be open for two months, opening on the three (3) and six (6) month anniversary date from their enrollment date.
  - c. Participants are to be contracted by the best ability possible by peer providers three (3) and six (6) months from the first encounter or initial date of outreach.
5. Contractor will work with RDA and HCA Contract Manager to reconcile any enrollment discrepancies in the following month or at the end of the Contract period, at a pro-rated basis.

#### Quarterly Narrative Report

1. Reports will include, but are not limited to, the following:
  - a. Steps taken towards Contract goal;
  - b. Program and Participant successes;
  - c. Lessons learned;
  - d. Identifying training provided to SUD Peers;
  - e. Coordination action taken with emergency departments, law enforcement, COCs, etc.; and
  - f. Any provider staffing level or changes which would impact services.
6. Provider will submit quarterly reports using HCA template, due the 20th day of the month following the end of each quarter.
  - a. September 2025 reports are due the last business day of September of that year

#### Support Services Spending Plan

1. Provider will provide a plan by June 30, 2025. The plan will be formatted according to the provided HCA template, *Support Services Spending Plan*.
2. Provider will revise the plan as needed to achieve HCA Contract Manager approval before spending funds.