

EXHIBIT K
PREVENTION AND BEHAVIORIAL HEALTH PROMOTION (PBHP)
GENERAL STATEMENT OF WORK

I. PURPOSE

The purpose of Prevention and Behavioral Health Promotion (PBHP)-funded programs is to provide prevention and behavioral health promotion strategies in alignment with the Spectrum of Mental, Emotional and Behavioral Health Interventions (Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda |The National Academies Press). PBHP funded programs will address consequences and problem behaviors related to Texas' prevention priorities: underage alcohol use, underage tobacco and nicotine products use, marijuana and other cannabinoid use, prescription drug misuse, and the use and misuse of other drugs and substances.

II. GOAL

- A. Implement a public health approach to substance use prevention and behavioral health-related issues that incorporates Social Determinants of Health, Adverse Childhood Experiences (ACEs), and Positive Childhood Experiences.
- B. Foster healthy communities by preventing the negative outcomes associated with substance use and promoting behavioral health and wellness in youth, families, and communities across Texas. Grantees delivering prevention and behavioral health promotion services must follow the Substance Abuse and Mental Health Services' (SAMHSA) Strategic Prevention Framework and socio-ecological model (<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>). Grantee services must also be centered on the Center for Substance Abuse Prevention (CSAP) Strategies:
 1. **Education:** a two-way approach to teaching participants important social skills which shall include providing evidence-based curriculum education with fidelity to the program model unless otherwise approved by the curriculum developer and HHSC;
 - a. Universal population includes a very large audience such as a community, school, or neighborhood, that has not been identified on the basis of individual risk;
 - b. Selective population includes subgroups of the general population determined to be at risk for substance use or other behavioral health related issues; and
 - c. Indicated population includes youth who are showing early warning signs of substance use, such as experimenting and/or exhibiting other problem behaviors that may be associated with substance use. Provider may not screen or use assessment tools to determine if a person is in the need of clinical substance use treatment, instead the screenings shall determine if the presenting challenges can be addressed through providing information, education, and/or nonclinical support services.
 2. **Information Dissemination:** a one-way approach to increasing knowledge and changing attitudes through communications. Information dissemination may be conducted in the form of educational presentations related to the state's

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prevention priorities, general substance use prevention, and behavioral health promotion or through media awareness activities.

3. **Alternatives:** providing fun, challenging, and structured activities with supervision so people have constructive and healthy ways to enjoy free time and learn skills.
4. **Problem Identification and Referral:** determines when the needs of the participant require additional education or intensive services outside the scope of prevention and refer individuals to community resources for appropriate services.
 - a. Prevention programs will not conduct screenings or assessments with the intent of diagnosing substance use disorders, assess the severity of substance use, or determine the appropriate level of substance use treatment under any prevention services contract. Examples of services to which participants and families might be referred include:
 1. Regional, HHSC-funded outreach, screening, assessment, and referral centers;
 2. Food banks;
 3. Resource assistance programs (rent, clothing, electricity, etc.);
 4. Academic enrichment programs (tutoring, etc.);
 5. Counseling services;
 6. Clinics and other healthcare and mental health providers.
5. **Community-Based Processes:** strengthen resources such as community coalitions to prevent substance use. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services; educate and mobilize the community toward prevention efforts; and provide the Grantee with opportunities to obtain meaningful community engagement with agencies, community sites, and other stakeholders that enhance prevention efforts.
6. **Environmental Strategies:** are aimed at the settings and conditions in which people live, work, and socialize. These strategies work to change policies, social norms, environmental conditions, institutional practices, and behaviors to reduce risk factors and increase protective factors. As these changes are carried out at the community level, they can have a sweeping impact. Environmental strategies may be substance-specific and/or address underlying factors that lead to substance use including but not limited to, Adverse Childhood Experiences, Social Determinants of Health, and other youth, family or community risk and protective factors. Environmental strategies may also focus on promoting behavioral health and wellness.

III. GENERAL RESPONSIBILITIES

Grantee shall:

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- A. Provide equitable prevention services and activities in accordance with the rules in Title 26 of the Texas Administrative Code (TAC), Chapter 321, Subchapter A, Texas Administrative Code (state.tx.us).
- B. Submit Implementation Plans for review and approval by HHSC detailing how all required services and strategies will be implemented locally. The Implementation Plan documents the specific approach that the Grantee will take to complete the grant requirements. The Implementation Plan must be reviewed and approved by HHSC prior to implementation. The Implementation Plan due dates are as follows:
 - 1. YP Fall Semester (due September 1 for years 2-5 of the grant cycle)
 - 2. YP Spring Semester (due January 15 of each grant year)
 - 3. YP Summer Term (due May 15 of each grant year)
 - 4. CCP and PRC Annual (due September 1 for years 2-5 of the grant cycle)
- C. Using an approved HHSC program template, the Grantee will submit Quarterly Reports per program type. The Grantee will document accomplishments, barriers, good faith efforts to work with under-served populations, and progress towards goals, CSAP strategies, and expenditures categorized by CSAP strategy, during the implementation of programmatic activities in Quarterly Reports due December 15, March 15, June 15 and September 15.
- D. Submit one Success Story for each program type using an HHSC-approved template (due September 15 of grant years 2-5). A Success Story is a narrative—usually between one and two pages—highlighting the achievements and progress of a program/activity. A success story can document program improvement over time and demonstrate the value of program activities.
- E. Develop policies and procedures as required by 1 TAC § 392.511, Texas Administrative Code (state.tx.us) and make them available for inspection by HHSC. Follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (<https://thinkculturalhealth.hhs.gov/clas/standards>) and demonstrate good-faith efforts to reach out to under-served populations. Grantee will document any demonstration good faith effort on working with under-served populations in the Quarterly Reports. Underserved Populations include people:
 - 1. Of color;
 - 2. With low educational or socioeconomic status;
 - 3. With limited English Proficiency;
 - 4. With disabilities;
 - 5. Of Native American Tribes;
 - 6. Holding military and veteran status and their families;
 - 7. Who live in Colonias; and
 - 8. Who identify as lesbian, gay, bisexual, transgender, and queer.
- F. Secure Community Agreements (CA) for the term of this grant with public schools; community sites; and relevant agency, business, or community partners to ensure a streamlined continuum of care for people and their families. CAs may be updated as needed. Partners should include entities that will host prevention education

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activities/services, support data collection efforts, meet individual and family needs beyond the scope of the prevention program, and potentially provide additional funding. CAs may be documented via a memorandum of understanding, letter of agreement, or memorandum of agreement. CAs may include a Memorandum of Understanding, a Letter of Agreement, Memorandum of Agreement or other agreement as approved by HHSC. CAs must:

1. Be established prior to service delivery;
 2. Be individualized as much as possible to address the needs of each participating school, community site, or partnering agency;
 3. Establish a detailed outline of the service delivery and implementation structure if applicable; and
 4. Establish responsibilities of entering parties based on guidelines from HHSC.
- G. Ensure all prevention directors, PRC core staff, coalition coordinators, and at least 25% of prevention specialists (minimum of one) participate in HHSC meetings and state-scheduled calls. All prevention staff shall participate in trainings as indicated in Section IV.C and in program specific SOW's. Grantee shall maintain documentation of all participation in meetings, scheduled calls, and completed trainings for HHSC review upon request.
- H. Attend required meetings held by HHSC including:
1. Annual Prevention Providers Meeting;
 2. Annual Director's Meeting; and
 3. Other technical assistance calls or program specific meetings as requested by HHSC.
- I. Post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.
- J. Provide Prevention Program staff access to each of the role-specific forums that apply. The forums include:
1. YP Forum
 2. CCP Forum
 3. PRC SharePoint Hub and PRC Forum
 4. Tobacco Forum
 5. Media Campaign Forum
 6. Texas Prevention Training Forum
- K. Collaborate with other HHSC-Funded programs in accordance with PBHP guidance.
- L. Maintain current personnel documentation on each employee. All documents must be factual and accurate. Health-related information must be stored separately with restricted access as appropriate under Tex. Gov. Code §552.102. Training records may be stored separately from the main personnel file but must be easily accessible upon request. Required documentation includes the following, as applicable:

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1. A copy of the current job description signed by the employee;
 2. Application or resume with documentation of required qualifications and verification of required credentials;
 3. Verification of work experience;
 4. Annual performance evaluations;
 5. Personnel data that includes date hired, rate of pay, and documentation of all pay increases and bonuses;
 6. Documentation of appropriate screening and/or background checks, to include probation or parole documentation;
 7. Signed documentation of initial and other required training; and
 8. Records of any disciplinary actions.
- M. The personnel employee documents must include a signature, credentials when applicable, and date. If the document relates to past activity, the date of the activity must also be recorded. Documentation must be permanent and legible. When it is necessary to correct a required document, the error must be marked through with a single line, dated, and initialed by the writer.
- N. Quality Management:

Grantee will:

1. Comply with quality management requirements as directed by the System Agency.
2. Develop and implement a Quality Management Plan (QMP) that conforms with 25 TAC § 448.504 and make the QMP available to HHSC upon request. The QMP must be developed no later than the end of the first quarter of the Grant agreement term.
3. Update and revise the QMP each biennium or sooner, if necessary. Grantee's governing body will review and approve the initial QMP, within the first quarter of the Grant agreement term, and each updated and revised QMP thereafter. The QMP must describe Grantee's methods to measure, assess, and improve -
 - a. Implementation of evidence-based practices, programs and research-based approaches to service delivery;
 - b. Client/participant satisfaction with the services provided by Grantee;
 - c. Service capacity and access to services;
 - d. Client/participant continuum of care; and
 - e. Accuracy of data reported to the state.
4. Participate in continuous quality improvement (CQI) activities as defined and scheduled by the state including, but not limited to data verification, performing self-reviews; submitting self-review results and supporting documentation for the state's desk reviews; and participating in the state's onsite or desk reviews.
5. Submit plan of improvement or corrective action plan and supporting documentation as requested by System Agency.

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6. Participate in and actively pursue CQI activities that support performance and outcomes improvement.
7. Respond to consultation recommendations by System Agency, which may include, but are not limited to the following:
 - a. Staffing training;
 - b. Self-monitoring activities guided by System Agency, including use of quality management tools to self-identify compliance issues; and
 - c. Monitoring of performance reports in the System Agency electronic clinical management system

O. Conduct and Removal:

While performing the Project, Grantee Agents must comply with applicable Grant agreement terms, State and federal rules, regulations, System Agency's policies, and System Agency's requests regarding personal and professional conduct; and otherwise conduct themselves in a businesslike and professional manner.

If System Agency determines in good faith that a particular Grantee Agent is not conducting himself or herself in accordance with the terms of the Grant agreement, System Agency may provide Grantee with notice and documentation regarding its concerns. Upon receipt of such notice, Grantee must promptly investigate the matter and, at System Agency's election, take appropriate action that may include removing the Grantee Agent from performing the Project.

P. Responsibilities and Restrictions Concerning Governing Body, Officers and Employees

Grantee and its governing body will:

1. Bear full responsibility for the integrity of the fiscal and programmatic management of the organization.
2. Be accountable for all funds and materials received from the System Agency. The responsibility of Grantee's governing body will also include accountability for compliance with the System Agency Rules, policies, procedures, and applicable federal and state laws and regulations; and correction of fiscal and program deficiencies identified through self-evaluation and the System Agency's monitoring processes.
3. Ensure separation of powers, duties, and functions of governing body members and staff.

Q. Submit additional documentation as requested by HHSC.

IV. STAFFING AND STAFF COMPETENCY REQUIREMENTS

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- A. Grantee shall designate two media representatives to assist with the statewide media campaign. Grantee's participation in the Statewide Media Campaign is required.
- B. The Prevention Program Director and any staff person providing key oversight must obtain a minimum of a Certified Prevention Specialist designation within 20 months of employment, unless otherwise approved by HHSC. All training and certification documentation must be maintained within the employees' file for HHSC review upon request. All other prevention program staff must obtain a minimum of an Associated Prevention Specialist designation within 20 months of employment. Requirements for the Certified Prevention Specialist certification and the Associate Prevention Specialist designation may be obtained by visiting the Texas Certification Board website.
- C. In addition to staff training requirements in program-specific Statements of Work. All staff must take the following trainings:
 - 1. Cardiopulmonary Resuscitation (CPR) and First Aid Certifications: obtained within 60 days of employment
 - 2. Youth and Adult Mental Health First Aid, obtained within 90 days of employment
 - 3. Suicide Prevention, obtained within 90 days of employment.

D. System Agency Approval of Staffing

Grantee shall not employ or grant agreement with or permit the employment of unfit or unqualified persons or persons not skilled in the tasks assigned to them. The Grantee shall at all times employ sufficient labor to carry out functions and services in the manner and time prescribed by the Grant agreement. The Grantee shall be responsible to System Agency for the acts and omissions of the Grantee's employees, agents (including, but not limited to, lobbyists) and SubGrantees and the Grantee shall enforce strict discipline among the Grantee's employees, agents (including, but not limited to, lobbyists) and SubGrantees performing the services under the Grant agreement.

Any person employed by the Grantee shall, at the written request of System Agency, and within System Agency's sole discretion, be removed immediately by the Grantee from work relating to the Grant agreement.

V. CRIMINAL BACKGROUND VERIFICATION REQUIREMENTS

Grantee shall establish and adhere to policies on conducting criminal background checks of potential employees, volunteers and/or subcontractors, which at a minimum must include:

- A. A pre-employment criminal background check for any individual that will have direct contact with youth, families, or other participants;
- B. Standards detailing hiring decisions for employees with a background check finding; and

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- C. Requirements for employees to report post-employment instances that would negatively impact subsequent background checks.

VI. POLICIES AND PROCEDURES

Grantee shall establish and follow policies and procedures outlined below and make them available to HHSC upon request.

- A. Establish and maintain policies and procedures as required by Texas Administrative Code, Part 15, Chapter 392, Subchapter F, Texas Administrative Code (state.tx.us) relating to Contract Management for Substance Abuse Programs, and applicable laws.
- B. Develop policies and procedures as required by 1 TAC § 392.511 and make them available for inspection by HHSC.
- C. Develop and implement policies and age-appropriate procedures to protect the rights of children, families, and adults participating in a prevention program.
- D. Develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures must address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
- E. Develop and implement written confidentiality policies and procedures in compliance with HHS Uniform Terms and Conditions and the Data Use Agreement if providing direct services to individual youth and families. This must include procedures to securely store and maintain privacy and confidentiality of information and records concerning participants and their family members and ensuring all employees and volunteers follow the agency's confidentiality policies, procedures, and requirements.
- F. Establish policies and processes to conduct continuous quality assurance of prevention strategies including but not limited to fidelity checks and ensuring accurate data collection and entry.
- G. Establish written policies and procedures outlining how the Grantee will adhere to the National CLAS Standards.
- H. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment for applicants, contractors, interns, and volunteers who work directly with youth and their families. The written policies and procedures must require those same individuals (staff, contractors, interns, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.
- I. In accordance with applicable laws, develop policies and procedures regarding participant consent, including consent for travel. Grantee will document consent in accordance with Grantee policies and procedures, using a form or process created by Grantee. Grantee will maintain all relevant consent documentation on file for review by HHSC upon request.

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VII. DOCUMENTATION OF STRATEGIES AND SERVICES

Grantee shall utilize the Prevention Activity Tracking Tool (PATT), or other electronic systems as required by HHSC, to document prevention activities and submit it to HHSC monthly.

VIII. DELIVERABLE AND REPORTING REQUIREMENTS

- A. Grantee shall use HHSC system to submit all deliverables to Clinical Management Behavioral Health Services (CMBHS) and/or any alternative method required by HHSC. Grantee is required to maintain access to required systems or platforms for the term of this contract. Grantees are required to submit data, reports, performance measures, and any other requested information into data systems designated by HHSC.
- B. Grantee will notify HHSC of any staffing changes within 10 business days of a revision using HHSC staffing form.
- C. Grantee shall submit annual Contract Closeout documentation, for each awarded program referenced in Section IV of the Signature Page, "Budget." This is required each grant year, and a final contract closeout documentation, including but not limited to final annual reports and invoices, are due **October 15**.
- D. Grantee will report the performance measures for the previous month's activities in CMBHS by the 15th of the current month, for each awarded program referenced in Section IV of the Signature Page, "Budget."
- E. Grantee's duty to submit documents will survive the termination or expiration of this Contract.

IX. PERFORMANCE MEASURE DEFINITIONS AND GUIDANCE

- A. Performance Measures will be used to assess Grantee's effectiveness in conducting the activities described in the contract and statement of work. Grantee shall submit reports by the 15th day of the following month required by each funded via CMBHS.
- B. HHSC will monitor the Grantee's performance and provide technical assistance when required.

X. ALLOWABLE PURCHASES

- A. Grantee must develop and maintain policies and procedures to ensure compliance with all applicable allowable cost rules and regulations.
- B. Grantee may purchase:

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1. Food or snacks for participants of a family program or a prevention activity/service occurring after-school or outside the school setting, in accordance with guidance provided by SAMHSA.
 2. T-shirts with an educational message relevant for substance use prevention or behavioral health promotion may be purchased.
 3. Incentives that promote engagement in or completion of prevention services may be purchased but must not exceed \$30 per person per grant year.
- C. Materials used to educate about prevention and behavioral health promotion may be purchased but must not exceed five percent of the approved budget, unless otherwise approved by HHSC.
- D. The total cost of Alternatives, conducted within each grant year, cannot exceed five percent of the approved budget, unless otherwise approved by HHSC.

XI. DELIVERABLE TABLE

Deliverable	Description	Due Date
YP Fall Implementation Plan	Covers activities for September 1-January 14 of each grant year. The Implementation Plan documents the specific approach that the Grantee will take to complete the grant requirements. The Implementation Plan is completed at least annually and must be reviewed and approved by HHSC prior to implementation.	Due September 1 for years 2-5 of the grant cycle
YP Spring Implementation Plan	Covers activities for January 16-May 14 of each grant year. The Implementation Plan documents the specific approach that the Grantee will take to complete the grant requirements. The Implementation Plan is completed at least annually and must be reviewed and approved by HHSC prior to implementation.	Due January 15 of each grant year
YP Summer Implementation Plan	Covers activities for May 15-August 31 of each grant year. The Implementation Plan documents the specific approach that the Grantee will	Due May 15 of each grant year

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	take to complete the grant requirements. The Implementation Plan is completed at least annually and must be reviewed and approved by HHSC prior to implementation.	
PRC Implementation Plan	The Implementation Plan documents the specific approach that the Grantee will take to complete the grant requirements. The Implementation Plan is completed annually and must be reviewed and approved by HHSC prior to implementation.	Due September 1 for years 2-5 of the grant cycle
CCP Implementation Plan	The Implementation Plan documents the specific approach that the Grantee will take to complete the grant requirements. The Implementation Plan is completed annually and must be reviewed and approved by HHSC prior to implementation.	Due September 1 for years 2-5 of the grant cycle
Quarterly Reports	Grantee will use an approved HHSC template to provide quarterly updates documenting program accomplishments, barriers, and progress towards goals submitted in implementation plan and document collaboration efforts among other HHSC funded programs.	December 15 (Q1) March 15 (Q2) June 15 (Q3) September 15 (Q4)
Success Stories	A Success Story is a narrative—usually between one and two pages—highlighting the achievements and progress of a program/activity. A success story can document program improvement over time and demonstrate the value of program activities.	Due September 15 of grant years 2-5
Prevention Activity Tracking Tool (PATT)	The Prevention Activity Tracking Tool (PATT), or other electronic systems as required by HHSC, is designed to track monthly prevention activities.	Due the 15 th of the month, following the month being reported
Performance Measures	Grantee will report the performance measures for the previous month's activities in CMBHS by the 15th of the	Due the 15 th of the month, following the month being reported

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	current month, for each awarded program referenced in Section IV of the Signature Page, "Budget."	
Financial Status Report (FSR) and FSR to General Ledger (GL)	Grantee shall submit a quarterly Financial Status Report (FSR) and a quarterly FSR to GL worksheet for each awarded program referenced in Section IV of the Signature Page, "Budget."	December. 31 (Q1) March 31 (Q2) June 30 (Q3) September 30 (Q4)
General Ledger	Grantee shall submit a General Ledger with each invoice in CMBHS for each awarded program referenced in Section IV of the Signature Page, "Budget," in order to support each Program's FSR.	Due the 30 th of the month, following the month being reported
Invoices	Grantee shall submit monthly invoices in CMBHS for each awarded program referenced in Section IV of the Signature Page, "Budget."	Due the 30 th of the month, following the month being reported