ATTACHMENT A
SCOPE OF GRANT PROJECT

PREGNANT PARENTING INTERVENTION

I. PURPOSE

The Pregnant Parenting Intervention (PPI) program provides Intervention services aimed at reducing the impact, severity, and cost associated with a substance exposed pregnancy to the mother and child dyad and their Families by offering comprehensive Case Management services, Community-Based linkage and retention services, supports for family members/significant others and Evidenced-Informed education for mothers who report a past and/or present Substance Use Disorder (SUD) diagnosis.

II. TARGET POPULATION

A. Pregnant women, who reside in Texas, who report a past or present SUD and her family members.
B. Parenting women, who reside in Texas, who report a past or present SUD and her family members with the youngest child up to six (6) years old.

III. GOAL

Grantee will have a planned and coordinated approach to ensure that Participants have continuous access to all available health and social services necessary to obtain an optimum level of functioning, prenatal/preventive care, and reduce the risk of Substance Use behavior.

IV. GRANTEE RESPONSIBILITIES

A. ADMINISTRATIVE REQUIREMENTS

Grantee shall:

1. Provide Substance Use PPI services for high risk pregnant and/or parenting women and their Families.

2. Hire a minimum of three (3) PPI Staff within 45 business days of contract execution. The Grantee shall employ and maintain a minimum of three (3) PPI staff for the duration of the Contract.

3. Grantee shall notify the Health and Human Services Commission (HHSC) within ten (10) business days when any staff changes, including separation, occur. Grantee shall designate:
   a. One (1) of the three (3) PPI staff as the PPI Program Director. The Program Director will provide oversight authority; and
   b. One (1) of the three (3) PPI staff as the Linkage Specialist.

4. Increase accessibility to PPI services by offering locations, hours, and days of service, and

methods of communication, including the use of virtual meeting technology, to best meet the needs of the target population.

5. Ensure no waitlist for any level of PPI services. If the need for a waitlist arises, contact the HHSC PPI Coordinator for technical assistance.

6. Document specified activities and services in the HHSC Clinical Management for Behavioral Health Services (CMBHS) system in accordance with the Contract and instructions provided by HHSC. Documentation shall include:
   a. Maintaining all documents that require Participant or staff signature in the physical or electronic record for review by HHSC;
   b. Uploading required program specific documentation identified in Section C, Case Management Responsibilities, number 10, that is handwritten and not transcribed into the CMBHS record via administrative note; and
   c. Administering the PPI Screening Tool in CMBHS as part of Participant identification, recruitment, and engagement when appropriate.

7. In addition to providing services at their own program site, provide services in external community organization sites serving the target population and their Families.

8. Provide access to services for Participants referred to by the Texas Department of Family and Protective Services (DFPS) within three (3) business days.

9. Provide direct referrals to Intervention services or other community programs as needed/appropriate.

10. Offer the provision of services to pregnant and/or parenting Participants who are concurrently admitted to SUD treatment programs ensuring the services are coordinated and sequenced to avoid duplication of service. Offer Case Management for transitional assistance when discharging from treatment setting as indicated.

11. Offer overdose Prevention education for Participants receiving Intervention services as indicated.

12. Offer tobacco cessation services for Participants receiving Intervention services as indicated.

13. Provide Community-Based visits, based on the needs of the Participant as determined on a case-by-case basis.

14. Ensure transportation of Participants and their Families and supervision of the Participants' children during PPI activities, based on the needs of the Participant as determined on a

case-by-case basis.

15. Ensure, at minimum, the Program Director attends all HHSC conference calls scheduled by HHSC unless otherwise directed.

16. Establish and maintain working linkages through Memorandums of Understanding (MOUs) with a resource network of external community organization sites serving the target population and their Families. MOUs will encourage networking, coordination, and referrals to help address the needs of the Participants, their Families, and supportive allies. MOUs will be in place within six (6) months of the initial funded Fiscal Year and maintained as current through the Contract Term. Grantee will maintain copies of the signed MOUs on file for HHSC review upon request. MOUs will include:
    a. Purpose;
    b. Goals and desired outcomes of partnership;
    c. Referral process, coordination of services, and sharing of information;
    d. The addressing of non-duplication of services;
    e. Be reviewed annually or when expired; and
    f. Individualized, signed, and containing beginning and end dates.

17. Utilize Culturally and Linguistically Appropriates Services (CLAS):

    Following the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care for all served populations in accordance with the most current version of the Texas Cultural Competence Guidelines for Behavioral Health Organizations. A link to the most current version can be found here: https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/lmha/tx-culutural-competence-guidelines-bh-orgs.pdf .

18. Provide all services in a trauma-informed, culturally competent, and developmentally appropriate manner for Participants, Families, and partners as evidenced by:
    a. Pamphlets and other written materials that are gender- and age-specific and appropriate for educational and health literacy levels of the target population;
    b. Literature and signage in languages of the target population;
    c. Use of interpreters as needed or required; and
    d. Lobby and office environment welcoming to the target population.

19. Develop and submit a Behavioral Health Disparities Impact Statement no later than 60 calendar days of Contract execution. At a minimum, the impact statement(s) should address how program has identified the subpopulation and will provide service to those populations, including those who are marginalized or stigmatized in the service area which may experience greater barriers to behavioral health services. Grantee shall submit any

revisions to the Behavioral Health Disparities Impact Statement within 60 calendar days after each new Fiscal Year begins.

20. Develop and implement within 90 days of Contract start date, written policies and procedures. Grantee shall ensure all policies are maintained through the Contract Term. At a minimum, the Grantee shall develop the following policies and procedures:
    a. Employees, contracted labor, and volunteers who work directly or indirectly with Participants, to address Participant safety;
    b. Criminal and employment background checks and pre-employment drug testing of Grantee's staff who will deliver direct services;
    c. Definition of Participant engagement and the circumstances under which the Participant's case would be opened and closed;
    d. Address Participant safety and ensure all activities with Participants, family members, and supportive allies are conducted in a respectful, non-threatening, non-judgmental, and confidential manner; and
    e. Make policies and procedures available upon HHSC request.

21. Develop and maintain within 90 days of Contract start date, written policies and procedures related to street outreach. Street outreach policies and procedures must include:
    a. Partnering with in-house staff or other Community-Based outreach organizations to ensure safety for staff conducting outreach activities;
    b. All street outreach activities are conducted in pairs or teams; and
    c. At least one member of the pair or team must be an outreach worker.

22. Have a webpage on Grantee's website that includes PPI services offered and current contact information specific to the program. Grantee will adhere to HHSC Branding and any electronic accessibility requirements.

23. Submit Quarterly Narrative to Globalscape by the 15th day of the month following the end of each quarter. HHSC will provide a Quarterly Narrative template during the first quarter of each fiscal term.

B. LINKAGE AND RETENTION SERVICES RESPONSIBILITIES

Grantee shall:

1. Conduct linkage and retention activities to improve Participant outcomes and enroll eligible Participants into the PPI program:
    a. Hire a Linkage Specialist and ensure that the Linkage Specialist participates in or creates at least one (1) community advisory board, committee, or local work group designated to improving the lives of the target population;
    b. Coordinate with community partners to improve services for program Participants. This coordination may include, but is not limited to, presentations for community partners

to explain the program, street outreach efforts, health fairs, and tours of facilities which may serve Participants;

c. Ensure that any program Participants being unsuccessfully discharged or disengaging in services, due to non-attendance, are referred to the Linkage Specialist for follow up attempts in the community or wherever the Participant is located; and
d. Develop a policy and procedure requirement, to occur prior to discharge, which includes Linkage Specialist attempts to close cases for HHSC review.

2. At minimum, coordinate (via MOUs, referrals, etc.) with all local domestic violence shelters and housing shelters which serve the target population.

3. Create, maintain, and submit biannually, a printed regional service directory which can be provided to Participants. At minimum, the printed regional service directory should include information about:
   a. Local substance use services;
   b. Mental health services;
   c. Health screenings and testing;
   d. Housing programs including sober housing for women with children;
   e. Shelters;
   f. Food pantries;
   g. Prenatal care clinics;
   h. WIC offices;
   i. Low cost and free counseling services;
   j. Legal services; and
   k. Other related human services which may benefit the target populations.

4. Develop an advocacy and support system which is peer-led by past Participants, and/or an individual from the target population to promote a positive peer culture at the program. The Linkage Specialist will coordinate with peers to ensure peer program is successful.

5. Ensure that the peer-led support system provides a minimum of one (1) hour per week of meeting time for social support and/or to provide alternative activities for past and current Participants. Alternative activities are defined as group activities and events outside of staff led psychoeducational support or educational group time. Alternative activities should be open to all eligible Participants and their Families for sober socialization, entertainment, artistic and creative expression, skill building, and foster a supportive community around the program.

6. Provide services, referrals, and follow-ups in person, by telephone, virtual meeting technology, or a combination of the methods above.

7. Distribute community-level risk-reduction education, tools, and materials (i.e., condoms, testing materials).

ATTACHMENT A
SCOPE OF GRANT PROJECT

8. Distribute individual-level risk-reduction education and tools targeting people who use substances, including overdose prevention and tobacco cessation education, information, and materials applicable to the target population.

9. Distribute pregnancy tests and education regarding high-risk sexual behavior in outreach activities.

10. Perform and document linkage activities; promote and encourage entry to community services, provide transportation, and referrals to transportation resources.

11. Perform and document retention activities; coordinate with case manager to maintain Participant engagement in services, follow-ups with Participants who have missed appointments, particularly those experiencing barriers to services, and follow-ups with Participants who are at risk of being closed to services.

C. CASE MANAGEMENT SERVICES RESPONSIBILITES

Grantee shall:

1. Assess the needs of each Participant upon entry into the PPI program and maintain documentation of this service requirement onsite for HHSC review. Grantee shall utilize CMBHS or develop an Assessment which addresses, at minimum, the following:

    a. Substance use issues (including tobacco);
    b. Mental health (including anger management);
    c. Intimate partner violence risks;
    d. History of sexual, emotional, or physical abuse and other interpersonal violence;
    e. Health and wellness care (including preventive/reproductive care);
    f. Financial resource needs including transportation, childcare, and housing;
    g. Education (including GED) and employment; and
    h. Any needs of the Participant's children (such as safety and hygiene items).

2. Develop and document a Service Plan in collaboration with the Participant based on the needs identified in the Assessment.

3. Directly provide and document referrals, and referral follow-ups made to Participants based on the Assessment in CMBHS.

4. Provide information distribution and Evidence-Informed education on:
    a. Current infant and/or child safety guidelines;
    b. Fetal and/or child development;
    c. Family violence and safety planning;
    d. Pregnancy and reproductive health;
    e. Substance exposed pregnancy education including alcohol, tobacco, and other drugs;

ATTACHMENT A
SCOPE OF GRANT PROJECT

and

f. Communicable diseases, such as human immunodeficiency virus (HIV), hepatitis B and C Virus (HBV and HCV), and syphilis.

5. Promote and advocate for coordinated prenatal care, postpartum care, and substance use case management and collaborate with substance use providers and medical care providers to ensure Participants receive optimal care.

6. Provide ongoing, weekly coordinated Case Management activities that promote engagement, re-engagement, and retention/maintenance in medical care.

7. Include, if required, coordinated care management or co-case management with other Case Management providers. For this population, co-case management is not a duplication of service, but rather a set of agreed upon coordinated activities that clearly delineate the unique and separate roles of case managers who work jointly and collaboratively with the Participant's knowledge and consent to partialize and prioritize goals to effectively achieve Participant goals.

8. Promote and encourage entry into SUD treatment services and make referrals, for Participants who need formal SUD treatment.

9. Provide Opioid Treatment Service (OTS) support to Participants who are concurrently admitted to SUD treatment, SUD Intervention, and/or OTS if services are coordinated and sequenced to avoid duplication of services.

10. Document Intervention activities in CMBHS using the following components for each Participant receiving Intervention services:
    a. Client Profile;
    b. PPI Screening;
    c. Open Case;
    d. Close Case (when Intervention services are complete);
    e. Consent for Release of Information (including revoke consent);
    f. Service Plan that includes problems to be addressed, goals, and intended outcomes;
    g. Psychoeducational Note to document group education and support group activities;
    h. Referral, as indicated by Service Plan;
    i. Life Event Note (as appropriate);
    j. Referral Follow Up, as indicated;
    k. Progress Note to document Case Management activities that are tied to the Service Plan; and
    l. Administrative Note to document any other activities.

11. Establish and maintain additional working linkages through Memorandum of

ATTACHMENT A
SCOPE OF GRANT PROJECT

Understanding (MOU) within six (6) months of the initial funded Fiscal Year. Maintain copies of the signed document on file for HHSC review upon request with at least one (1) of each of the following:
a. Medication Assisted Treatment (MAT) provider;
b. SUD treatment provider; or
c. Hospital / Health system.

12. Maintain copies of sign-in sheets and satisfaction surveys from psychoeducational groups and support group activities to have been made available upon HHSC request. The sign-in sheet will include, at minimum:
    a. Facilitator;
    b. Credentials/licenses;
    c. Topic;
    d. Materials distributed;
    e. Participants' first name or initial; and
    f. Date of Activity.

13. Provide PPI crisis services and care coordination 24-hours/7 days-a-week and document any after-hours crisis assistance, services, and care coordination conducted in CMBHS.

14. For Participants being formally referred to SUD treatment services, create a client profile and document the following, as needed, in CMBHS:
    a. Consent for SUD treatment providers;
    b. Referral; and
    c. Financial eligibility screening.

15. Provide or arrange, and advocate for social services for Participants and their Families and/or significant others that include, but are not limited to:
    a. Health and wellness education and nutritional counseling;
    b. Transportation;
    c. Licensed childcare;
    d. SUD services;
    e. Mental health counseling;
    f. Legal counseling;
    g. Rehabilitative services;
    h. Child welfare and family services;
    i. Housing; and
    j. Support Groups.

16. Provide Case Management services in settings that are based on the needs of the Participant and the goals of the Participant's Service Plan, including office, home, or Community-Based locations.

ATTACHMENT A
SCOPE OF GRANT PROJECT

17. Ensure case manager meets or follows up with Participants assigned to caseload on a weekly or as needed basis.

18. Ensure group education, psychoeducational support groups, and Case Management may be provided in person, via virtual meeting technology, or a combination of both.

19. Include ongoing services and support for discharge, overdose prevention, and aftercare planning during and following treatment, incarceration, or medically related hospitalizations.

20. Conduct regularly scheduled psychoeducational support groups for PPI Participants facilitated by Grantee's staff to help Participants and their Families with barriers to care, behavior change, relationships, empowerment, and community engagement. Support groups sessions:
    a. Will be offered to Participants and their Families at no less than once per week; and
    b. Will provide the opportunity for ongoing support and education relevant to the target population.

21. Conduct regularly scheduled educational groups for PPI Participants facilitated by Grantee's staff to help Participants improve health outcomes for child and mother. Grantee:
    a. Will ensure that Participants referred by court order, probation, parole, DFPS, or similar are given certificates of completion when number of agreed upon attendance to required educational groups are met;
    b. Will ensure Participants, who self-select to attend educational groups for their own benefit and health, are given certificates of completion when the number of agreed upon attendance to required educational groups are met; and
    c. May use the curriculum identified in the Mommies Toolkit and/or another Evidence-Informed curriculum of their choosing and/or provide Evidence-Informed education on topics most relevant to current group Participants.

22. Ensure group education curriculum, schedule, and number of sessions required for completion are adapted for each individual in order to allow for completion of course. Participation in group education is not a requirement for remaining open to services.

23. Acknowledge group education does not require a minimum number of topics or hours of group attendance. Program should be adaptive to Participant's needs as identified in the screening and documented in the Service Plan.

24. Ensure Participants who are not suitable for group sessions, or who elect not to attend groups, are given the opportunity to complete the education topics or a similar curriculum via self-paced with their case manager. Participants will receive credit for completion of

education topic course work.

D. STAFFING AND STAFF COMPETENCY REQUIREMENTS

Grantee shall hire and ensure the person overseeing PPI staff and programmatic activities, on a day-to-day basis, for the purposes of this Contract to be known as a Program Director, allocates 50 percent of his or her time to PPI direct care to meet program measures. This is a time approximation based on self-report in the Quarterly Narrative, CMBHS entry, and other Participant documentation. The Program Director must coordinate with the HHSC PPI Coordinator requesting technical assistance if this requirement cannot be met.

Grantee shall:

1. Ensure the Program Director shall have a degree in a behavioral health field or a license to practice in the field of Medicine. If the Program Director does not meet that requirement stated above, Grantee shall ensure the Program Director meets the following:
   a. Have a minimum of two (2) years of experience in one or more of the following:
      i. Substance use outreach;
      ii. Substance use intervention; or
      iii. Substance use treatment; and
   b. Have a minimum of one (1) year of experience in at least two (2) of the following:
      i. Working with pregnant people who are substance using populations;
      ii. Working with individuals experiencing housing instability;
      iii. Working with individuals with SUDs, HIV/STDs, and/or behavioral health issues;
      iv. Community health work; or
      v. Supervisory experience.

2. Ensure Linkage Specialist will be a Recovery Coach who has received HHSC-approved 4-hour Recovery Coach Training OR has a Community Health Work or Promotora Certification OR is a person with lived experience in parenting and recovery from SUD and/or indigenous to the target population, and has met the following requirements:
   a. One (1) year of experience in one or more of the following with the target population:
      i. Patient Navigation;
      ii. Case Management;
      iii. Outreach and prevention;
      iv. SUD treatment or intervention;
      v. Participants who have been incarcerated; or
      vi. Participants who are experiencing homelessness.

3. Ensure Case Managers will meet at least one (1) of the following requirements:
   a. Degree in a behavioral health field of study; or
   b. Two (2) years Case Management experience in a behavioral health field; or
   c. Two (2) years of direct service experience with the target population; or

ATTACHMENT A
SCOPE OF GRANT PROJECT

d. Qualified Credentialed Counselor (QCC); or
e. Licensed Chemical Dependency Counselor (LCDC) Intern, Licensed Professional Counselor (LPC) Associate, Certified Criminal Justice Addiction Professionals (CCJP) Applicant, Licensed Marriage and Family Therapist (LMFT) Associate, or similar license or certifications. If a similar license or certification is held by staff, then HHSC written approval is required.

4. Maintain documentation on all training and make it available for review by HHSC upon request.

5. Ensure all direct staff attend the annual Neonatal Abstinence Syndrome (NAS) symposium, as available. If staff cannot attend for any reason Grantee will inform HHSC PPI Coordinator.

6. Ensure there are self-care and/or team building activities provided to PPI staff held during work hours at least once per quarter. The self-care and or team building activities shall be documented in the Quarterly Narrative, for review by HHSC. At minimum, the documentation must include activities and budget details.

7. Ensure all staff receive a minimum of ten (10) hours of training during each state fiscal year, on any of the combinations of topics listed below. The training can be completed by using any type of medium outlet at the discretion of the Grantee. Maintain documentation on all training and make available for HHSC review upon request. The types of trainings Grantee may attend are: https://www.hhs.texas.gov/providers/behavioral-health-services-providers/substance-use-service-providers
    a. Stages of Change;
    b. Motivational Interviewing (MI) techniques;
    c. Cultural competency;
    d. Health literacy;
    e. Risk- and harm-reduction strategies;
    f. Trauma Informed Care;
    g. Role related skills, Community Outreach, Case Management, Patient Navigation/Linkage, etc.;
    h. Parenting and/or pregnancy;
    i. Overdose prevention education;
    j. Tobacco cessation education;
    k. Ethics;
    l. Education on Substance Use and/or Substances
    m. Other topics not listed with written approval from HHSC Program subject matter expert (SME); and
    n. Other topics or training as directed by HHSC

ATTACHMENT A
SCOPE OF GRANT PROJECT

8. Maintain documentation on all training and make available for HHSC review upon request.

V. FINANCIAL ASSISTANCE

A. Grantee will ensure that the total cost of financial assistance will not exceed ten percent (10%) of each state fiscal year total funding amount in the awarded Contract.

B. Each state fiscal year, Grantee shall utilize one-time funds as follows:
   1. $350.00/per Participant to obtain suitable housing, such as transitional housing, sober housing, or affordable housing. Assistance may include moving fees, rental deposits, or HHSC approved assistance.
   2. $150.00/per Participant for utilities.

C. In addition, Grantee may provide the approved financial assistance listed below, but it may not exceed $250 per Participant, per fiscal term, to help eligible Participants access services. Grantee is required to obtain HHSC written approval for financial assistance not referenced below.
   1. Transportation to appointments;
   2. Prescriptions or medicines;
   3. Vision or hearing needs;
   4. Clothing or personal hygiene items;
   5. Employment or educational needs; and
   6. Other needs not listed that improve the individual's quality of life or ability to successfully engage in services.

D. Financial assistance exceeding the limits above per individual, in fiscal terms, must be approved by HHSC. Grantee will submit a request to exceed the limit, with justification, to the assigned HHSC Program SME and the assigned Contract Manager (CM), prior to incurring costs. All requests shall be emailed to the individuals above and to the Substance Abuse Mailbox, SubstanceAbuse.Contracts@hhs.texas.gov. HHSC approval is required before incurring costs.

E. Purchase of food, snacks, or beverages for consumption by Participants during the psychoeducational support group session is allowed for psychoeducational support group activities to assist Participants active engagement in activities. The cost of snacks, food, or light meals will be reasonable. All food and beverage expenses are only allowable if documented in the HHSC approved Cost Reimbursement Budget.

F. Funds will be used to assist Participants on a case-by-case basis to meet short-term or one-time needs. Direct cash payment to Participants is not allowed.

G. Grantee shall maintain and document all financial assistance and summarize it in the Quarterly Narrative. At minimum, documentation should include:

ATTACHMENT A
SCOPE OF GRANT PROJECT

1. Date provided;
2. Dollar amount;
3. Item purchased; and
4. Client identifier (i.e., driver's license, CMBHS client number, first name and last initial, etc.).

VI. QUALITY MANAGEMENT REQUIREMENTS

A. Grantee shall provide Quality Management (QM) and oversight for all subcontractors performing activities required within this Statement of Work/Scope of Grant Project. Grantee shall:
   1. Participate in continuous quality improvement (CQI) activities as defined and scheduled by HHSC including, but not limited to; data verification; performing self-reviews; submitting self-review results, supporting documentation for HHSC's desk reviews; and participating in HHSC's onsite or desk reviews.
   2. For subcontractors underperforming or noncompliant as a result of monitoring, HHSC shall request a corrective action plan and supporting documentation from Grantee. HHSC shall provide written notification when the corrective action plan is approved. Grantee shall ensure the approved corrective action plan is implemented by thirty (30) calendar days from the date approved.
   3. Participate in and actively pursue CQI activities that support performance and outcomes improvement.
   4. HHSC shall advise Grantee on identified training and/or improvements needed to perform the required activities for all subcontractors. Grantee shall ensure all required staff participate in HHSC required trainings.
   5. Monitor all subcontractors' financial and programmatic performance and maintain pertinent records that must be made available for inspection by HHSC upon request.

B. Grantee shall develop a quarterly review schedule and submit a Quality Management Quarterly Report by the due date documented in **Section IX, K**. The report shall document the QM activities performed in the period being reported. At a minimum, the report should include the following:
   1. Date of review;
   2. Name of subcontractor;
   3. Unique Provider Identifier for the review;
   4. Type of review;
   5. Name of staff that conducted review;
   6. List of findings;
   7. Number of monitoring reviews conducted;
   8. Types of monitoring reviews conducted;
   9. Summary evaluation of findings and Grantee plan of oversight to bring the subcontractor into compliance, if applicable.

10. Number and nature of complaints received on subcontractor;
11. List of significant subcontractor findings that must, at a minimum, include the following:
    i. Immediate risk to health and safety;
    ii. Patient/Participant abuse, neglect, or exploitation;
    iii. Fraud, waste, or abuse reports; and
    iv. Report criminal activity of any subcontractor staff.

C. Grantee shall develop and utilize a QM monitoring tool ("Tool") that shall be completed to document all quality reviews. All completed Tools with corrective actions documentation shall be stored, and made available to System Agency, upon request.

D. Grantee shall monitor all subcontracts to ensure compliance. The required Quality Management Quarterly Report shall include activities to support the Quality Management activities for this project.

VII. FISCAL REQUIREMENTS

A. Grantee will ensure compliance with the following fiscal requirements:

1. Funding from the United States Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Substance Abuse Prevention Treatment Grant (SABG), Assistance Listing Number 93.959, for the services procured under the Contract.

2. Compliance with the Code of Federal Regulations (CFR), 45 CFR Part 96, Subpart C, as applicable.

3. Compliance with the following Grant requirements, located at HHSC's website, HHSC Grants.
    i. 2 CFR 200;
    ii. Federal Uniform Grant Guidance;
    iii. Grant Technical Assistance Guide; and
    iv. Texas Grant Management Standards (TxGMS).

B. The SABG, Assistance Listing Number 93.959 requires Grantee to contribute to a five percent (5%) match requirement of the total Contract allocation.

C. Submit monthly invoices for the previous month's activities in the CMBHS System. All invoices are due by the deadline documented in the Deliverables and Reporting Requirements table in **Section IX**.

D. Submit quarterly Financial Status Reports (FSRs) in the CMBHS System, and organizations' General Ledger Documentation in Globalscape EFT to support the FSRs. The Quarterly FSR and General Ledger Documentation are due by the deadline documented in the Deliverables and Reporting Requirements table in **Section IX**.

ATTACHMENT A
SCOPE OF GRANT PROJECT

E. Each Fiscal Year of the awarded Contract Term, HHSC shall request the cost reimbursement budget on the HHSC template, and HHSC approval is required before funds can be utilized for services.

VIII. DATA REPORTING REQUIREMENTS

Grantee shall:

A. Meet all data reporting requirements as established by HHSC.

B. Document and report all specified recovery activities and services in CMBHS as directed by HHSC in accordance with this Contract, unless otherwise noted.

C. Submit invoices and FSRs through the CMBHS in accordance with this Contract, unless otherwise noted.

IX. SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

Grantee shall:

A. Submit all documents identified below to HHSC by the applicable due date outlined in the table below. The following reports must be submitted to HHSC through Globalscape EFT (https://sftp.hhs.texas.gov/) or CMBHS using the report name described in the Deliverables and Reporting Requirements table below.

B. Submit all email reporting communications with Grantee's Contract Number, legal entity name, and purpose in the email subject line.

C. Submit CMBHS Security Attestation Form biannually, according to dates set by HHSC.

D. Submit Monthly Invoices in CMBHS by the 15th day of the month following the month being reported.

E. Submit Performance Measures in CMBHS by the 15th day of the month following the month being reported.

F. Submit Behavioral Health Disparities Impact Statement within sixty (60) days of Contract execution and annually within sixty (60) days of each new Fiscal Year.

G. Submit an updated Regional Service Directory by December 15 and June 15 each year of the Contract Term.

H. Submit Financial Status Reports FSRs in CMBHS by the last business day of the month following the end of each quarter of the Contract Term, except for the end of quarter four (due

ATTACHMENT A
SCOPE OF GRANT PROJECT

date indicated in the table below).

I. Submit General Ledger Documentation by the last business day of the monthly following the end of each quarter of the Contract Term, except for the end of quarter four (due date indicated in the table below).

J. Submit a Quarterly Narrative Report due the 15th of the month following the end of each quarter.

K. Submit Quality Management Quarterly Report due the 30th of the month following the end of each quarter.

L. Submit the budget for each new Fiscal Year by June 1st; the budget must be approved before expenditures for the new fiscal term can begin.

M. Submit closeout documents in an annual report due 45 day after the end of the fiscal term.

N. Comply with Grantee's duty to submit required documents that survives the termination or expiration of this Contract.

O. Comply when HHSC may require additional deliverables in accordance with federal and or state requirements. Comply with the Deliverables and Reporting Requirements listed below:

DELIVERABLES AND REPORTING REQUIREMENTS TABLE
ON THE FOLLOWING PAGE

ATTACHMENT A
SCOPE OF GRANT PROJECT

Report Name	Due Date**	Transmission Method
Security Attestation Form and Authorized List of Users	September 15 and March 15	Globalscape EFT
Monthly Invoices	Due 15th day of the following month following the end of the prior month	CMBHS
Performance Measures	Due 15th day of the following month following the end of the prior month	CMBHS
Behavioral Health Disparities Impact Statement	Within 60 days of Contract execution and annually within 60 days of new Fiscal Year	Globalscape EFT
Submission and Update of Regional Service Directory	December 15 and June 15	Globalscape EFT
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract Term Q 1: December 30 Q 2: March 31 Q 3: June 30 Q 4: October 15**	CMBHS
General Ledger Documentation	Last business day of the month following the end of each quarter of the Contract Term Q 1: December 30 Q 2: March 31 Q 3: June 30 Q 4: October 15**	Globalscape EFT
Quarterly Narrative	Due 15th day of the month following the end of each quarter of the Contract Term Q 1: December 15 Q 2: March 15 Q 3: June 15 Q 4: September 15	Globalscape EFT
Quality Management Quarterly Report	Due 30th day of the month following the end of each quarter of the Contract Term Q 1: December 30 Q 2: March 30	Globalscape EFT

ATTACHMENT A
SCOPE OF GRANT PROJECT

	Q 3: June 30 Q 4: September 30	
Budgets for Fiscal Years 2025, 2026, 2027, and 2028	June 1st For the next Fiscal Year Budget	Globalscape EFT
Closeout Documents	45 days after the end of the fiscal term	Globalscape EFT

***If the Due Date is on a weekend or holiday, the Due Date is the next business day.**
****For Financial Status Report and General Ledger Documentation Q 4 reports are due October 15.**

P. **PERFORMANCE MEASURES**

1. Grantee will report the performance measures monthly through CMBHS by the 15th of the following month for the previous month's activities.
2. Grantee's performance will be measured in part on the achievement of the key performance measures stated below.
3. The quarterly performance measures are set at the minimum required standard, and subject to change by HHSC.

PPI Performance Measures	Sept-Nov	Dec-Feb	Mar-May	Jun-Aug	TOTAL
Number of eligible Participants in targeted outreach encounters	**50**	**50**	**50**	**50**	**200**
Number of linkages, referral, support, and retention activities with Participants	**90**	**90**	**90**	**90**	**360**
Number of alternative activities and/or support groups which are peer-led	**12**	**12**	**12**	**12**	**48**
Number of coordination with community partners, presentations, street outreach efforts, health fairs, tours of facilities and similar which may serve Participants	**6**	**6**	**6**	**6**	**24**
Number of open, unduplicated Families on caseload each month	**120**	**120**	**120**	**120**	**480**
Number of psychoeducational support groups	**12**	**12**	**12**	**12**	**48**
Number of Participants receiving certificate of completion for education groups and/or coursework	**20**	**20**	**20**	**20**	**80**

ATTACHMENT A
SCOPE OF GRANT PROJECT

Q. PERFORMANCE MEASURES - DEFINITIONS AND REPORTING

1. **Number of eligible Participants in targeted outreach encounters**

   Number of unduplicated persons encountered in "Targeted Outreach" - activities directed toward finding high risk or a specific population of Participants who might not use services due to lack of awareness or active avoidance of those services.

2. **Number of linkages, referral, support, and retention activities with Participants**

   Number of activities which Linkage Specialist provided to eligible and/or current Participants to retain or encourage entry into services in the reporting period.

3. **Number of alternative activities and/or support groups which are peer-led**

   Number of activities which are peer-led by past Participants, and/or an individual from the target population. This can include weekly supportive groups, events, or other activities. These activities are mostly autonomous from PPI staff, coordinated by peers or peer committee with help from the Linkage Specialist. These activities can take place before, after, or on different days than psychoeducational support or education groups in order to meet the needs of Participants. Alternative activities should be open to all eligible Participants and their families for sober socialization, entertainment, artistic and creative expression, skill building, and to foster a supportive community around the program. Examples are "Family Movie Night", holiday parties for the Participants, an arts and craft class for Families, exercise or meditation courses, "Game Night", special skill building topics, special outside instructors or speakers, book club, or similar activities.

4. **Number of coordination with community partners, presentations, street outreach efforts, health fairs, tours of facilities and similar which may serve Participants**

   Number of activities which are provided by staff to Participants and other community partners, these activities can include participation by the Linkage Specialist in workgroups, councils, or board meetings. Additional activities include coordinated efforts between staff and other community partners. Examples are health fairs, street outreach, or similar activities open to everyone in the community.

5. **Number of open, unduplicated families on caseload each month**

   Number of open cases unduplicated on a monthly basis. This is the number of unduplicated Participants on the caseload who received a service this month. Do not count open Participants who did not receive individual sessions with the case manager or attend groups during reporting period.

ATTACHMENT A
SCOPE OF GRANT PROJECT

6. **Number of psychoeducational support groups**

   Number of support groups provided by staff to Participants enrolled in PPI Case Management on a fiscal year basis, once per week.

7. **Number of Participants receiving certificate of completion for education groups and/or coursework**

   Number of Participants who completed education groups and/or coursework. Participants eligible to attend classes are individuals referred to services by court order, probation, parole, or DFPS. Participants may also choose to attend educational groups for their own benefit and health.

R. **REQUIRED OUTCOME MEASURES**

Outcome Measures	Goals
Percentage of pregnant Youth delivering at full-term	87%
Percentage of pregnant Adults delivering at full-term	89%
Percentage of pregnant Youth delivering healthy weight baby	91%
Percentage of pregnant Adults delivering healthy weight baby	93%
Percentage of pregnant Youth reporting abstinence from date of open case to delivery	95%
Percentage of pregnant Adults reporting abstinence from date of open case to delivery	95%
Percentage of all Youth Participants reporting reduced substance use	85%
Percentage of all Adult Participants reporting reduced substance use	85%
Percentage of all Youth Participants receiving reproductive health visit (prenatal visit, postpartum visit, inter-conception visit)	40%
Percentage of all Adult Participants receiving reproductive health visit (prenatal visit, postpartum visit, inter-conception visit)	64%
Percentage of all Youth Participants whose children received all recommended well-child visits during the time the Participants case was open	95%
Percentage of all Adult Participants whose children received all recommended well-child visits during the time the Participant's case was open	98%
Percent of Youth Participants reporting satisfaction with PPI services upon closure	80%
Percent of Adult Participants reporting satisfaction with PPI services upon closure	80%

ATTACHMENT A
SCOPE OF GRANT PROJECT

S. REQUIRED OUTCOME MEASURES – DEFINITIONS AND REPORTING

1. **Percentage of pregnant Youth delivering at full-term**
   Numerator: Total number of pregnant Youths delivering at full term.
   Denominator: Total number of pregnant Youths delivering.
   Result: Percentage of pregnant Youth delivering at full-term.

2. **Percentage of pregnant Adults delivering at full-term**
   Numerator: Total number of pregnant Adults delivering at full term.
   Denominator: Total number of pregnant Adults delivering.
   Result: Percentage of pregnant Adults delivering at full-term.

3. **Percentage of pregnant Youth delivering healthy weight baby**
   Numerator: Total number of pregnant Youths delivering at healthy weight.
   Denominator: Total number of pregnant Youths delivering.
   Result: Percentage of pregnant Youth delivering at healthy weight.

4. **Percentage of pregnant Adults delivering healthy weight baby**
   Numerator: Total number of pregnant Adults delivering at healthy weight.
   Denominator: Total number of pregnant Adults delivering.
   Result: Percentage of pregnant Adult delivering at healthy weight.

5. **Percentage of pregnant Youth reporting abstinence from date of open case to delivery**
   Numerator: Total number of pregnant Youths delivering reporting abstinence.
   Denominator: Total number of pregnant Youths delivering.
   Result: Percentage of pregnant Youth delivering reporting abstinence.

6. **Percentage of pregnant Adults reporting abstinence from date of open case to delivery**
   Numerator: Total number of pregnant Adults delivering reporting abstinence.
   Denominator: Total number of pregnant Adults delivering.
   Result: Percentage of pregnant Adult delivering reporting abstinence.

7. **Percentage of all Youth Participants reporting reduced substance use**
   Numerator: Total number of all Youth Participants reporting reduced substance use.
   Denominator: Total number of all Youth Participants enrolled.

ATTACHMENT A
SCOPE OF GRANT PROJECT

Result: Percentage of all Youth Participants reporting reduced substance use.

8. **Percentage of all Adult Participants reporting reduced substance use**
   Numerator: Total number of all Adult Participants reporting reduced substance use.
   Denominator: Total number of all Adult Participants enrolled.
   Result: Percentage of all Adult Participants reporting reduced substance use.

9. **Percentage of all Youth Participants receiving reproductive health visit (prenatal visit, postpartum visit, inter-conception visit)**
   Numerator: Total number of closed Youth cases reporting receiving reproductive health visit.
   Denominator: Total number of all closed Youth cases.
   Result: Percentage of Youth receiving reproductive health visit.

10. **Percentage of all Adult Participants receiving reproductive health visit (prenatal visit, postpartum visit, inter-conception visit)**
    Numerator: Total number of closed Adult cases reporting receiving reproductive health visit.
    Denominator: Total number of all closed Adult cases.
    Result: Percentage of Adult receiving reproductive health visit.

11. **Percentage of all Youth Participants whose children received all recommended well-child visits during the time the Participant's case was open**
    Numerator: Total number of closed Youth cases reporting receiving recommended well-child visits.
    Denominator: Total number of all closed Youth cases.
    Result: Percentage of Youth receiving recommended well-child visits.

12. **Percentage of all Adult Participants whose children received all recommended well-child visits during the time the Participant's case was open**
    Numerator: Total number of closed Adult cases reporting receiving recommended well-child visits.
    Denominator: Total number of all closed Adult cases.
    Result: Percentage of Adult receiving recommended well-child visits.

13. **Percent of Youth Participants reporting satisfaction with PPI services upon closure**

ATTACHMENT A
SCOPE OF GRANT PROJECT

Numerator: Total number of Youth Participants closed reporting satisfaction with PPI services
Denominator: Total number of Youth Participants closed.
Result: Percent of Youth Participants reporting satisfaction with PPI services upon closure.

14. **Percent of Adult Participants reporting satisfaction with PPI services upon closure**
Numerator: Total number of Adult Participants closed reporting satisfaction with PPI services
Denominator: Total number of Adult Participants closed.
Result: Percent of Adult Participants reporting satisfaction with PPI services upon closure.