

ATTACHMENT A

SCOPE OF GRANT PROJECT

RURAL BORDER INTERVENTION

I. PURPOSE

The Rural Border Intervention (RBI) program addresses the specific needs of the Rural Border¹ communities by providing Intervention services and access to a continuum of behavioral health services (substance use services, mental health promotion, and Substance Use Disorder (SUD) and mental health treatment and recovery) to members of the Rural Border communities who have or are at high risk of developing a SUD. Grantee will use Community Health Workers/Promotoras (CHW/P) to provide community-level Intervention and brief Case Management services to the eligible population.

II. TARGET POPULATION

Youth, individuals under 18 years of age, and Adults, individuals 18 years and older, living within the Rural Border community who have or are at risk of developing a SUD.

III. GOALS

Grantee will provide substance use intervention services to individuals (Youth and Adults) in remote Rural Border areas. Grantees will increase access by helping to address barriers to services including, but not limited to substance use, mental health, and medical treatment services.

IV. GRANTEE RESPONSIBILITIES

A. ADMINISTRATIVE REQUIREMENTS

Grantee shall:

1. Ensure RBI services are accessible to the target population and specifically include residents of Colonias².
2. Provide services in Community-Based settings and include the provision of services in the Colonias of the designated counties, to the extent possible within the funding limits of the Contract.

¹ According to Texas Administrative Code (TAC) Chapter 321, Rule 321.55, Rural Border is defined as the area that extends 62 miles north of the Texas-Mexico border and encompasses 32 counties as described in the United States-Mexico La Paz agreement of 1983.

² According to TAC Chapter 321, Rule 321.55, Colonias are defined as a residential area along the Texas-Mexico border that lacks basic living needs, such as potable water and sewer systems, electricity, paved roads, and safe and sanitary housing. Colonias, while frequently found in unincorporated areas of the counties, are also found within city limits.

3. In addition to providing services at their own program site, Grantee will provide services in external community organization sites serving the target population and their Families.
4. Complete and return Quarterly Narrative via Globalscape EFT by the 15th day of the month following the end of each quarter. The Quarterly Narrative template will be provided by the Health and Human Services Commission (HHSC) Program Subject Matter Expert (SME) in the first quarter of each Fiscal Year.
5. Develop and submit a Behavioral Health Disparities Impact Statement no later than 60 calendar days after 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.
6. Hire a minimum of three (3) Community Health Workers/Promotoras (CHW/P) within sixty (60) business days after Contract execution. The Grantee shall maintain and employ a minimum of three (3) CHW/P staff for the duration of the Contract. Grantee shall:
 - a. Notify HHSC within 10 business days when any staff changes, including separation, occur;
 - b. Ensure CHW/P work in teams of two (2) at all times, while in the community; and
 - c. Designate one (1) of the three (3) CHW/P as the RBI Program Director. The RBI Program Director will provide oversight authority.
7. Develop within 90 days of Contract start date, implement, and maintain written policies and procedures for the following:
 - a. Administrative Policies and Procedures
 - i. Employees, contracted labor, and volunteers who work directly or indirectly with Participants, to address Participant safety;
 - ii. Criminal and employment background checks and pre-employment drug testing of Grantee's staff who will deliver direct services;
 - iii. Definition of Participant engagement and the circumstances under which the Participant's case would be opened and closed;
 - iv. 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

- v. Make policies and procedures available to HHSC upon request.
 - b. Community Health Workers/Promotoras (CHW/P) Policies and Procedures
 - i. Require all CHW/P activities to be conducted in pairs or teams (a minimum of two (2) CHW/P) while in the community or streets.
 - c. Quality Management for Subcontractors Policies and Procedures
 - d. Develop quality management policies and procedures for all subcontractors that meet the HHSC requirements to provide oversight and monitoring to all subcontractors. At minimum, HHSC requires the following policies and procedures:
 - i. How the Grantee determines which subcontractors to schedule monitoring reviews;
 - ii. How Grantee will conduct a monitoring review;
 - iii. How Grantee will document a monitoring review;
 - iv. How Grantee will report subcontractors' performance to HHSC;
 - v. How Grantee will conduct follow-up monitoring based on the subcontractor's individual findings; and
 - vi. How Grantee will assess liquidated damages or recoupment of funds used to bring subcontractors into compliance.
- 8. Provide all services in a culturally, linguistically, and developmentally appropriate manner for Participants, Families, and significant others as evidenced by:
 - a. Building a diverse team that includes the use of CHW/Ps who exhibit some of the following criteria:
 - i. Are indigenous to the communities and populations served;
 - ii. Speak the language of the community;
 - iii. Reflect similar cultural background to those served;
 - iv. Have lived experience with mental health and substance use, including injection drug use;
 - v. Speak openly about their recovery and identify as a peer;
 - vi. Are living with HIV (human immunodeficiency virus) or HCV (hepatitis C virus);
 - vii. Can speak openly about gender and sexual diversity,
 - viii. Have lived experience with housing instability and homelessness; and
 - ix. Reflect and identify with the eligible population;
 - b. Pamphlets and other materials for education and health written at appropriate literacy levels for the eligible population;

- c. Literature and signage in languages for eligible populations;
 - d. Use of interpreters as appropriate; and
 - e. Lobby and office environment is safe, clean, accessible, and welcoming for the eligible population.
9. Ensure program policies and procedures do not discriminate against any Participant, Family member, or supportive ally based on gender, race, religion, age, national origin, disability, sexual orientation, medical condition, HIV status, or length of time in recovery, including those who have returned to use or are currently using substances.
 10. Ensure that program materials and services are available in both English and Spanish.
 11. Maintain a current webpage on Grantee's website that includes the RBI services offered and current contact information specific to the RBI program. Grantee will adhere to HHSC branding and any electronic accessibility requirements.
 12. Work towards expanding the service network, building the workforce capabilities, and promoting the RBI model to the target communities.
 13. Support CHW/Ps and enhance workforce development in general. Grantee employing CHW/Ps shall provide or contract to provide a minimum of four (4) hours of Continuing Education Units (CEUs) for Promotoras certification annually. Training shall include at least one of the eight key competency areas of the State of Texas Promotora certification program (<http://www.dshs.texas.gov/mch/chw.shtm>), and shall focus on the areas related to SUD, mental health, or community health promotion.
 14. Ensure that the day-to-day RBI Program Director and direct care staff attend the statewide conference.
 15. Ensure that the day-to-day RBI Program Director is on the programmatic conference calls as scheduled by the HHSC Program SME.
 16. Establish and maintain formal membership or active participation in at least two (2) community planning groups. Grantee shall document participation of at least one (1) RBI staff person through attendance noted in meeting minutes, sign-in sheets, or agendas. The focus of the planning groups shall include, but is not limited to, the following topics:
 - a. Colonias and Rural Border issues;
 - b. Border violence prevention;
 - c. SUD and overdose education and prevention;
 - d. Recovery Oriented Services of Care (ROSC) groups;
 - e. Mental health issues; and
 - f. Other Community-Based services specifically needed by Participants or groups

residing within the Rural Border community.

17. 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 throughout 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. Signed, individualized, and will contain beginning and end dates;
 - d. Referral process, coordination of services and sharing of information;
 - e. Address the non-duplication of services; and
 - f. Be reviewed annually or when agreed upon term expires.

B. COMMUNITY HEALTH SERVICES

Grantee shall:

1. Utilize the HHSC provided monthly work logs to account for CHW/P efforts. Work logs will:
 - a. Reflect efforts by the CHW/Ps without providing personal identifying information of Participants receiving services;
 - b. Be retained by Grantee and provided to HHSC upon request; and
 - c. Be summarized in the HHSC provided Quarterly Narrative.
2. Ensure CHW/P group facilitation, communication, and events with eligible Participants occur without undue interference from indirect staff or other agency staff not funded by this Contract.
3. Ensure harm and risk-reduction information, methods, and tools are used by CHW/Ps in their work with the eligible populations.
4. Promote and encourage entry into SUD and/or mental health services including Intervention, treatment, or recovery by providing referrals, community linkage, and support to eligible Participants.
5. Refer eligible Participants to other HHSC-funded programs when it is determined to be needed and the Participant accepts.
6. Use Motivational Interviewing techniques and skills to help Participants enhance their confidence and motivation for change.

7. Promote and encourage entry into medical services, including hepatitis C virus (HCV), hepatitis B virus (HBV), human immunodeficiency virus (HIV), tuberculosis (TB), sexually transmitted infections (STI) testing or treatment, other infectious disease testing, and vaccination, by providing referrals, community linkage, and support to Participants in the eligible population.
8. Provide information, referrals, community linkage, and support to other services and community resources to help Participants in the eligible population improve their lives.
9. Ensure training on all information, methods, and tools used and distributed by CHW/Ps. Information, methods, and tools shall be based on the latest scientific research and best practices for reducing harm related to substance use. Methods and tools must include, but are not limited to:
 - a. substance use harm reduction tools including syringe cleaning kits with bleach;
 - b. Pre-Exposure Prophylactic treatments (PrEP) education and information;
 - c. overdose reversal kits including Naloxone;
 - d. condoms, lubricants, and safer sex tools;
 - e. wound care kits; and
 - f. hygiene kits.
10. Ensure that CHW/P have the tools and materials available for demonstration and distribution to eligible Participants and Participant's support system.

C. CASE MANAGEMENT SERVICES

Grantee will:

1. Provide brief Case Management services to eligible Participants who may benefit from RBI services on an as needed basis.
2. Provide or arrange and advocate for appropriate social services for eligible Participants and their Families and/or significant others that include, but are not limited to:
 - a. Health and wellness education;
 - b. Transportation;
 - c. Licensed childcare;
 - d. Substance use services;
 - e. Mental health counseling;
 - f. Legal counseling;
 - g. Rehabilitative services;

- h. Child welfare and family services;
 - i. Housing; and
 - j. Support groups.
- 3. 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-based, home-based or Community-Based locations.
- 4. Group education, psychoeducational support groups and Case Management may be provided in an in-person meeting, utilizing a virtual platform or technology, or a combination of both.
- 5. Ensure CHW/P assigned as case manager meets or follows up with Participants assigned to caseload on a weekly or as needed basis.
- 6. Document Case Management activities using Clinical Management for Behavioral Health Services (CMBHS) system. Grantee shall use the following components in CMBHS for Participants who may benefit from RBI services to include brief Case Management:
 - a. Participant Profile;
 - b. Open Case;
 - c. Close Case (when Intervention services are complete);
 - d. Consent for Release of Information (including revoke consent);
 - e. Referral and Referral Follow-up to document all referrals;
 - f. Service Plan that includes problems to be addressed, goals and intended outcomes; and
 - g. Progress Notes (Case Management notes) that document progress related to Service Plan goals.

D. STATEWIDE CONFERENCE

Grantee will collaborate with HHSC and the other HHSC-funded RBI Grantees to plan, coordinate, market, and pay all associated fees to conduct a collaborative Community-Based border conference for a minimum of 100 Youth and Adults (Families) eligible for the RBI program. The Community-Based border conference shall be conducted by the RBI Grantee, on an agreed upon rotating basis between the RBI Grantees. One HHSC funded RBI Grantee will provide one Community-Based border conference each Fiscal Year of the Contract Term. Due to a variety of factors, RBI programs may agree to provide separate conferences within their service areas rather than a coordinated conference. Grantees will collaborate with the HHSC Program SME to decide the most effective method to deliver the conference. Grantee shall:

- 1. Provide necessary resources, support, and outreach to ensure attendance barriers for

the target population are minimized. Outreach shall include a website and online registration and promotion.

2. Focus primarily on community health issues that are significant (including opioids, teen pregnancy, suicide prevention, school dropout, obesity, diabetes) to families residing in the border and Colonia areas and counties served by the Grantee.
3. Grantee shall create a diverse collaborative workgroup including Community-Based organizations for networking, planning, and developing conference content that shall benefit parents and adolescents targeted by program.
4. Ensure that the Conference include a special track or session(s) for professionals such as CHW/Ps, case managers, social workers, and teachers to build skills and capacity regarding prevention issues.
5. Utilize local, State, and national speakers with specialized expertise.
6. Submit a summary in the 4th quarter RBI Quarterly Narrative, of the activities performed for this Project, noting the number of workgroup meetings, list of collaborating partners, conference topics, number of attendees from the Colonias and community, age ranges of attendees, and results of a conference evaluation/feedback tool.

E. STAFFING AND STAFF COMPETENCY REQUIREMENTS

1. Grantee shall hire and ensure the person overseeing RBI staff and programmatic activities, on a day-to-day basis, for the purposes of this Contract, will be known as the RBI Program Director. The RBI Program Director shall allocate fifty percent of his or her time to providing RBI direct care to meet performance measures as defined in **Section IV, K**. This is a time approximation based on self-report in the Quarterly Narrative, CMBHS entry, and other Participant documentation. The RBI Program Director must coordinate with the HHSC Program SME requesting technical assistance if this requirement cannot be met.
2. Grantee shall ensure all RBI staff and the RBI Program Director who provide services:
 - a. Are knowledgeable and competent in discussing HIV, HCV, and other communicable diseases associated with substance use and be able to demonstrate ability to discuss sexuality openly and comfortably;
 - b. Are knowledgeable and competent in discussing opioid overdose and be able to demonstrate ability to train individuals to use overdose reversal medications and harm reduction materials; and
 - c. Understand SUDs, recovery, and can identify health concerns and risks associated with substance use including overdose and opioid use.
3. Grantee shall build a diverse team, Grantee may hire CHW/P who are licensed or certified in other domains such as, Peer Support Specialists, Licensed Chemical Dependency Counselors, Licensed Nurses or medical staff, Social Workers, or other

substance use related fields.

4. Grantee shall ensure the RBI Program Director meets the following requirements:
 - a. Meet the competencies to become a Department of State Health Services (DSHS) Certified CHW/P;
 - b. 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.
 - c. Have a minimum of one (1) year of experience in at least two (2) of the following:
 - i. Working with Rural Border populations;
 - ii. Working with individuals experiencing housing instability;
 - iii. Working with individuals with SUD, HIV/STDs, and/or behavioral health issues;
 - iv. Community health work; or
 - v. Supervisory experience.
5. Grantee shall ensure the RBI Program Director provides each staff member they supervise (CHW/P) with documented field observations and feedback at least once every six (6) months using the supervision document that has been approved and provided by HHSC. The documented field observations and feedback will be provided to HHSC upon request.
6. Grantee shall require RBI direct staff to obtain DSHS CHW/P certification within six (6) months from date of Contract execution or start date of employment, whichever is later. Grantee shall provide a valid DSHS CHW/P certification for each CHW/P upon HHSC request. CHW/Promotora Training & Certification Program website: <https://www.dshs.texas.gov/community-health-worker-or-promotora-training-certification-program>
7. Grantee shall ensure all CHW/P maintain their certification, and be in good standing, for the duration of employment under this Contract. All certifications shall be kept in the employee file for review by HHSC upon request.
8. Grantee shall ensure there are self-care and/or team building activities provided to CHW/P, that will be 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.
9. All direct care staff and the RBI Program Director shall attend the statewide annual conference. Any direct care staff or RBI Program Director who cannot attend must be granted written permission in advance of missing the annual conference.

10. Grantee shall 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 prior to training. Maintain documentation on all training and make available for HHSC review upon request. The types of trainings Grantee may attend are:
 - 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 SME; and
 - n. Other topics or training as directed by HHSC.

F. FINANCIAL ASSISTANCE

1. Financial assistance is allowable to help eligible Participants access services.
 - a. Financial assistance may include:
 - i. Transportation to appointments;
 - ii. Prescription medications;
 - iii. Vision or hearing needs;
 - iv. Clothing or personal hygiene items;
 - v. Assistance for recovery housing;
 - vi. Employment or educational needs; and
 - vii. Other needs not listed that improve the individual's quality of life or ability to successfully engage in services are required to have written approval from HHSC Program SME and Contract Manager (CM).
 - b. At minimum, financial assistance **may not** be used for the following:
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- i. Direct cash payment to Participants;
 - ii. Meals;
 - iii. Payments to attend treatment; or
 - iv. Hypodermic needles or syringes for injection drug use.
2. Grantee shall maintain and document all financial assistance, and it will be summarized in the Quarterly Narrative report. HHSC may request the document utilized to track all financial assistance; Grantee shall provide once requested. At minimum documentation shall include:
 - a. Date provided;
 - b. Dollar amount;
 - c. Item purchased; and
 - d. Participant identifier (examples: driver's license, CMBHS Participant identifying number, first name and last initial).
3. Grantee will ensure the total cost of financial assistance to Participants will not exceed five percent (5%) of each state fiscal year total funding amount in the awarded Contract. Financial assistance will not exceed \$250 per Participant, per fiscal term. Prior to implementing an incentive or alternative not described in this Contract, Grantee must receive written approval by the HHSC Program SME.

G. QUALITY MANAGEMENT REQUIREMENTS

1. Grantee shall provide quality management and oversight for all subcontractors performing activities required within this Statement of Work/Scope of Grant Practice. Grantee shall:
 - a. 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.
 - b. 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.
 - c. Participate in and actively pursue CQI activities that support performance and outcomes improvement.
 - d. 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 training.
 - e. Monitor all subcontractors' financial and programmatic performance and

maintain pertinent records that must be made available for inspection by HHSC upon request.

2. Grantee shall develop a quarterly review schedule and submit a quarterly report by the due date documented in **Section IV, J**. The report shall document the Quality Management (QM) activities performed in the period being reported. At a minimum, the report shall include the following:
 - a. Date of review;
 - b. Name of subcontractor;
 - c. Unique Provider Identifier for the review;
 - d. Type of review;
 - e. Name of staff conducted review;
 - f. List of findings;
 - g. Number of monitoring reviews conducted;
 - h. Types of monitoring reviews conducted;
 - i. Summary evaluation of findings and Grantee plan of oversight to bring the subcontractors into compliance, if applicable
 - j. Number and nature of complaints received on subcontractor; and
 - k. List of significant subcontractor findings that must, at a minimum, include the following:
 - i. Immediate risk to health or safety;
 - ii. Patient abuse, neglect, or exploitation;
 - iii. Fraud, waste or abuse reports; and
 - iv. Report criminal activity of any subcontractor staff.
3. Grantee shall develop and utilize a QM monitoring tool that shall be completed to document all quality reviews. All completed tools/reports with corrective actions documentation shall be stored and made available to System Agency, upon request.
4. 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.

H. FISCAL REQUIREMENTS

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 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 (also see HHSC's website, [HHS Grants](#)).
 - a. 2 CFR 200;
 - b. Federal Uniform Grant Guidance;
 - c. Grant Technical Assistance Guide; and
 - d. Texas Grant Management Standards ([TxGMS](#)).
4. The SABG, Assistance Listing Number 93.959 requires Grantee to contribute to a five percent (5%) match requirement of the total contract allocation.
5. Submit monthly invoices for the previous months activities the in CMBHS System. All invoices are due by the deadline documented in Item J. Submission Schedule and Reporting Requirements.
6. Submit quarterly Financial Status Report (FSR) in the CMBHS system, and organizations General Ledger Documentation in Globalscape EFT to support the FSR. The Quarterly FSR and General Ledger Documentation are due by the deadline documented in Item J. Submission Schedule and Reporting Requirements.
7. Each Fiscal Year of the awarded Contract, HHSC shall request the cost reimbursement budget on the HHSC template, and HHSC approval is required before funds can be utilized for services. The cost reimbursement budgets are due by the deadline documented in **Item J. Submission Schedule and Reporting Requirements**.

I. DATA REPORTING REQUIREMENTS

Grantee will:

1. Meet all data reporting requirements as established by HHSC.
2. Document and report all specified recovery activities and services in the HHSC CMBHS system as directed by HHSC in accordance with the Contract, unless otherwise noted.
3. Submit invoices and FSRs through the CMBHS system in accordance with the Contract, unless otherwise noted.

J. SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

1. Grantee will submit all documents identified below to the HHSC by the applicable Due Date outlined below. The following reports must be submitted to HHSC through Globalscape EFT (<https://sftp.hhs.texas.gov/>) or CMBHS using the report name

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described in the Submission Requirements table below. Grantee is required to have access to Globalscape EFT for the complete term of the Contract.

2. Grantee will submit all reporting communications with Grantee Contract Number, legal entity name, and purpose in the email subject line.
3. Grantee will submit Fiscal Year cost reimbursement budgets by June 1st for the following fiscal term. The budget must be approved before expenditures for the new fiscal term can be invoiced for reimbursement.
4. Grantee will submit CMBHS Security Attestation Form bi-annually, by September 15th and March 15th.
5. Grantee will submit Monthly Invoices in CMBHS by the 15th day of the month following the month being reported.
6. Grantee will submit Performance Measures in CMBHS by the 15th day of the month following the month being reported.
7. Grantee will submit a Behavioral Health Disparities Impact Statement within 60 days after Contract execution and annually within 60 days after the new Fiscal Year begins.
8. Grantee will submit FSRs in CMBHS by the last business day of the month following the end of each quarter of the Contract Term (unless otherwise noted below).
9. Grantee will submit General Ledger Documentation by the last business day of the month following the end of each quarter of the Contract Term (unless otherwise noted below).
10. Submit Quality Management Quarterly Report due the 15th day of the month following the end of each quarter of the Contract Term.
11. Grantee will submit Quarterly Narrative via Globalscape EFT by the 15th day of the month following the end of each quarter of the Contract Term.
12. Grantee will submit closeout documents in an annual report due 45 day after the end of each state fiscal year of the Contract Term.
13. Grantee's duty to submit required documents will survive the termination or expiration of this Contract.
14. HHSC may require additional deliverables in accordance with federal and or state requirements. Deliverables and Reporting Requirement table below:

Report Name	Due Date*	Transmission Method
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Security Attestation Form and List of Authorized Users	September 15th and March 15 th	Globalscape EFT
Monthly Invoicing	Due 15th day of the of the month following the end of the prior month	CMBHS
Performance Measures	Due 15th day of the of the 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 each new Fiscal Year	Globalscape EFT
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract Term Q1: December 31 Q2: March 31 Q3: June 30 Q4: October 15**	CMBHS
General Ledger Documentation	Last business day of the month following the end of each quarter of the Contract Term Q1: December 31 Q2: March 31 Q3: June 30 Q4: October 15**	Globalscape EFT
Quality Management Quarterly Report	Due 15 th day of the month following the end of each quarter of the Contract Term Q1: December 15 Q2: March 15 Q3: June 15 Q4: September 15	Globalscape EFT
Quarterly Narrative	Due 15 th day of the month following the end of each quarter of the Contract Term Q1: December 15 Q2: March 15 Q3: June 15 Q4: September 15	Globalscape EFT
Budgets for Fiscal Years 2025, 2026, 2027, and 2028	June 1 st ; budget for future Fiscal Year	Globalscape EFT
Closeout Documents	45 days after the end of 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.***

K. PERFORMANCE MEASURES

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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.

RBI Performance Measures	Sept-Nov	Dec-Feb	Mar-May	Jun-Aug	TOTAL
Number of contacts with Participants eligible for program services	375	375	375	375	1500
Number of Participants receiving Case Management services	12	12	12	12	48
Number of substances use services, including Intervention and treatment, referrals, linkage, and support with eligible Participants	25	25	25	25	100
Number of mental health referrals, linkage, and support with eligible Participants	10	10	10	10	40
Number of medical referrals, linkage, and support with eligible Participants	10	10	10	10	40
Number of other referrals, linkage, and support with eligible Participants	10	10	10	10	40

L. PERFORMANCE MEASURE DEFINITIONS AND REPORTING

1. Number of contacts with Participants eligible for program services

Any contact, unduplicated per Fiscal Year (FY), with a Participant eligible for services as described in the Contract. These are most often the initial face-to-face contacts in the community. When a CHW/P identifies a contact is an eligible Participant, count this a "1". Report the total number for each month.

2. Number of Participants receiving Case Management services

The number of Participants who may have needs that cannot be met with brief community level Interventions or referrals and need further assistance to include brief Case Management services.

3. Number of substances use services, including Intervention and treatment, referrals, linkage, and support provided to Participants eligible for program services

Any service the CHW/Ps provide for an eligible Participant specific to addressing substance use. The CHW's function is to ensure eligible Participants can access needed services. During a contact there may be multiple referrals, linkage, or support activities that are counted.

Providing basic information and resources such as providing telephone numbers, pamphlets, meeting schedules, etc. is not counted in this measure. Distribution of harm reduction kits or group education is not counted in this measure.

For the purposes of this measure:

“Referral” is defined as the process in which the CHW/P helps the eligible Participant to become enrolled into substance use services with a licensed provider.

“Linkage” is defined as actions by a CHW/P which help the eligible Participant begin, retain or maintain their enrollment in substance use services after receiving a referral.

“Support” is defined as any other CHW/P activity that helps the eligible Participant to eliminate barriers related to substance use services or address substance use concerns.

Examples which may be counted in this measure: transportation to substance use services; follow up contacts related to a referral; Participant education on harm reduction and safer use; overdose prevention education; service coordination; helping a Participant identify and plan to attend community support groups; and helping the Participant to call the number the CHW provided and schedule an intake for services, motivational interviewing sessions.

Each referral, linkage, or support activity counts as “1”. Report the total number for each month. There is no limit per Participant per FY. This includes Community-Based Interventions and Participants open to Case Management services.

4. Number of mental health referrals, linkage, and support provided to Participants eligible for program services

The same standards as measure 3 above with the distinction being mental health needs for an eligible Participant. Examples which may be counted in this measure: transportation to psychiatric emergency services; transportation to appointments or pharmacy; helping a Participant identify and plan to attend community support groups; and helping the Participant to call the number the CHW provided and schedule an intake for services.

Each referral, linkage, or support activity counts as “1”. Report the total number for each month. There is no limit per Participant per FY. This includes Community-Based Interventions and Participants open to Case Management services.

5. Number of medical services referrals, linkage, and support provided to Participants eligible for program services

The same standards as measure 3 above with the distinction being medical needs of the eligible Participant. Examples which may be counted in this measure: transportation to the hospital; referral to community medical clinics; Participant education on condom use; referrals to HIV and HCV treatment or testing; other relevant infectious disease testing or vaccinations; and referrals to pregnancy testing, etc.

Each referral, linkage, or support activity counts as “1”. Report the total number for each month. There is no limit per Participant per FY. This includes Community-Based Interventions and Participants open to Case Management services.

6. Number of referrals, linkage, and support provided to other services and community resources to Participants eligible for program services

The same standards as measure 3 above with the distinction being other services not listed.

Examples which may be counted in this measure: housing; financial assistance; legal services; immigration services; educational or employment programs; community courts or probation; food banks; and WIC office.

Each referral, linkage, or support activity counts as “1”. Report the total number for each month. There is no limit per Participant per FY. This includes Community-Based Interventions and Participants open to Case Management services.

M. CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS) SYSTEM MINIMUM REQUIREMENTS

1. Grantee shall designate a Security Administrator and a back-up Security Administrator responsible for the following:
 - a. Must implement and maintain a system for managing user account access and user roles to ensure that all the CMBHS user accounts are current;
 - b. Ensures that access to CMBHS is restricted to authorized users. All users are required to update their passwords every 90 days. The Security Administrators must change their passwords every 60 days;
 - c. Reset access if a user account becomes disabled due to inactivity. Within twenty-four (24) hours of notification, the System Administrator is required to remove access to CMBHS for users who are no longer authorized to have access to secure data; and

- d. Responsible for ensuring that CMBHS users know the rules, regulations, and policies and procedures regarding protected health information (PHI) in their service setting.
2. Grantee shall establish and maintain a security policy that ensures adequate system security and protection of confidential information.
3. Grantee shall notify the CMBHS Helpdesk within five (5) business days of any change to the designated Security Administrator or the back-up Security Administrator with a new Security Attestation Form.
4. Grantee shall submit a signed CMBHS Security Attestation Form, and a list of Grantee's employees, contracted laborers, and subcontractors authorized to have access to secure data. The CMBHS Security Attestation Form shall be submitted electronically within 15 calendar days of Contract execution through Globalscape EFT in accordance with **Section J. Submission Schedule and Reporting Requirements**.
5. The Security Administrators must fully understand the legal, organizational, professional, and service delivery consequences of making changes to various documents in CMBHS. Security Administrators shall verify that they have been provided training and have the competency needed to fulfill their responsibilities.