

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

I. PURPOSE

The purpose of the Prevention Resource Centers (PRCs) is to increase the capacity of the statewide prevention and behavioral health promotion system within the designated HHS public health regions. PRC services seek to prevent negative outcomes associated with substance use and promote behavioral health. PRCs shall enhance regional collaboration, increase community awareness and readiness, provide information and resources on substance use and related behavioral health data, support the development of prevention skills for regional stakeholders, and strengthen compliance with Commercial Tobacco¹ and nicotine laws.

II. GOALS

- A. Align collaborative efforts among all program types in the Region with common goals and objectives pertaining to risk and protective factors and to serve as a resource for substance use and related behavioral health data for the region.
- B. Facilitate the building of prevention skills for regional stakeholders through support and training.
- C. Increase community awareness of the risk and protective factors associated with substance use and the broader social determinants that impact health and wellness.
- D. Strengthen compliance with existing laws on the sale of commercial tobacco and nicotine products to people under 21 through retailer education and monitoring activities.

III. SERVICE AREA

- A. The PRC Service Area must be one of the 11 Health and Human Services Regions (<https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf>)
- B. Grantee shall provide services in the counties (service area) listed below, as approved by HHSC:
Region:
Counties:
- C. Grantee may request to add and/or delete counties referenced in Section III (A); however, all requests for additional counties must be within the same region. The counties per HHS region are documented at the following link:
<https://hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf>
- D. Grantee's request to revise the service area shall comply with the following requirements:
 - 1. Submit email requests to the assigned contract manager and the SA Mailbox,

¹ When HHSC references tobacco in this document, we are referring to the use of commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities.

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

SUD.Contracts@hhs.texas.gov.

2. The requests must include the following information:
 - i. Legal Entity Name;
 - ii. Contract number;
 - iii. Program ID;
 - iv. Current service area;
 - v. Revised service area;
 - vi. Justification for service area change.
- E. HHSC may revise the Service area in accordance with **Exhibit C, HHS Additional Provisions**, Section 4. Miscellaneous Provisions, A. Minor Administrative Changes. All revisions to the service area are considered a minor administrative change and do not require an amendment. HHSC shall provide a written notification to document revisions to the service area.

IV. POPULATIONS OF FOCUS

- A. The primary population of focus is all HHSC-funded Prevention Providers in the region.
- B. The secondary population of focus includes but is not limited to entities not funded by HHSC, such as school administrators and teachers, higher education institutions, community groups and coalitions, education services centers (ESCs), local mental health authorities (LMHAs), substance use disorder (SUD) intervention and treatment organizations, law enforcement, media, faith-based organizations, healthcare entities, healthcare providers, tobacco retailers, and community stakeholders including youth, young adults, parents, and residents in Texas.

V. GRANTEE RESPONSIBILITIES

Grantee shall:

- A. Implement the following Center for Substance Abuse Prevention (CSAP) Strategies:
 1. Information Dissemination;
 2. Community-Based Processes; and
 3. Environmental Strategies.
- B. Implement the four (4) PRC Core functions, as defined below:
 1. **Regional Alignment Coordination (Regional Alignment) Core** is designed align collaborative efforts among all program types in the Region with common goals and objectives pertaining to risk and protective factors and to serve as a resource for substance use and related behavioral health data for the region. The Regional Alignment Coordinator shall communicate current trends in regional data to ensure effective regional prevention strategy implementation. The Regional Alignment Coordinator will work alongside diverse groups of prevention stakeholders while

HHSC Solicitation No. HHS0013447
HHSC Contract No. <Contract No.>

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

raising awareness around issues by building capacity for prevention and behavioral health promotion.

- a. Collaborate with HHSC funded organizations and HHSC staff to create an annual Regional Work Plan to optimize prevention and behavioral health initiatives in their respective regions. At a minimum, this Work Plan shall include information described in Section VIII (B) 1.
- b. Create a group of HHSC funded stakeholders (ex: Regional Alliance). The group's activities must include but are not limited to hosting meetings, giving presentations, and sharing data and resources. Provider shall document Alliance participation and activities using the approved HHSC required tool and in quarterly reports, as outlined in Section III A in the General Statement of Work.
- c. Develop and/or maintain a Regional Epidemiological Workgroup (REW) to identify risk and protective factors associated with substance use and the broader social determinants that impact behavioral health.

The REW must also work to identify regional data sources and partners to provide information relevant to identification of data gaps, analysis of community resources and readiness, collaboration on region-wide efforts, and recommendations and/or development of other forms of prevention infrastructure support. Grantee must conduct/participate in quarterly REW meetings and must maintain documentation (e.g. agendas, attendance, minutes, etc.) for inspection by HHSC upon request. Develop and facilitate at least one region-wide event based on regional priorities to educate and promote collaboration amongst communities of focus and stakeholders.

- d. Promote school participation in the Texas School Survey (TSS) of Drug and Alcohol Use and university/college participation in the Texas College Survey of Substance Use. Grantee must coordinate with the TSS Vendor on recruitment activities. Provider shall document participation in quarterly reports, as outlined in Section III A in the General Statement of Work
- e. Develop and maintain a Regional Resource Directory on the PRC website of resources that must include, but are not limited to:
 - i. Basic needs such as housing, food, employment, rent, utilities;
 - ii. Behavioral health resources such as mental health treatment, and substance use treatment and recovery; and,
 - iii. Regional and statewide data sources and/or data sets.

2. Training and Professional Development Coordination (Training Core):

The goal of the PRC Training Core is to facilitate the building of prevention skills for regional stakeholders through support and trainings. This includes but is not limited to working with HHSC-funded training entity and other community-based organizations to identify training needs, host trainings, identify training locations, and promote/coordinate regional trainings. This includes:

- a. General Training Requirements for the PRC.

HHSC Solicitation No. HHS0013447

HHSC Contract No. <Contract No.>

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

Grantee shall:

- i. Deliver and coordinate trainings focused on prevention and behavioral health promotion in accordance with the agreed performance measures.
- ii. Ensure at least 30 percent of the annual number of adults trained are representatives from external community stakeholders. External community stakeholders are individuals who engage with HHSC-funded prevention providers (e.g., staff of youth serving organizations including school staff and administration, community coalition members, other agency staff whose positions are not funded by HHSC).

b. Involvement with Training Entity

Grantee shall:

- i. Work directly with the HHSC-funded training entity to identify training needs and regularly promote trainings to all regional stakeholders including HHSC-funded providers in the region.
- ii. Assist the HHSC-funded training entity by hosting trainings and coordinating host training sites. This includes hosting and coordinating both virtual and in-person trainings. When hosting in-person trainings, Grantee shall provide training facilities and equipment, coordinate logistics and receive and deliver training materials. When hosting a virtual training, Grantee shall assist with identification of training needs for their region, schedule, and coordinate training delivery, and/or provide a virtual platform to host the trainings.

c. Sole duties

Grantee shall:

- i. Host and coordinate trainings outside of those provided by an HHSC-funded training entity. Grantees may not use PRC funds to pay speaker fees. Grantees may provide training facilities and equipment, coordinate logistics, and receive and deliver training materials. Providers should also keep the HHSC-funded training entity informed of any trainings that they are hosting in their region.
- ii. Distribute monthly updates to HHSC-funded prevention providers within the region about the availability of prevention and behavioral health promotion trainings offered by an HHSC-funded training entity and other community-based organizations.

- b. **Media Awareness Activities Coordination (Media Core):** A goal of each Prevention Resource Center (PRC) is to increase community awareness of the risk and protective factors associated with substance use and the broader social determinants that impact

HHSC Solicitation No. HHS0013447
HHSC Contract No. <Contract No.>

EXHIBIT K-2

PREVENTION RESOURCE CENTERS

STATEMENT OF WORK

health and wellness. This is accomplished by disseminating information across a wide variety of media outlets and distribution networks through Media Awareness Activities. Media Awareness Activities are reported on a monthly basis as part of performance measure reporting. Media Awareness Activities are marketing efforts that serve the populations of focus.

Grantee shall:

- a. Develop messaging based on the SAMHSA toolkit, Focus on Prevention: Strategies and Programs to Prevention Substance Use (https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma10-4120.pdf). Promote prevention messages in line with CSAP strategies through media outlets including radio or television PSAs, media interviews, billboards, bus boards, editorials, or social media.
 - b. Promote consistent statewide messaging by participating in HHSC's Statewide Media Campaign (SMC).
 - c. Maintain organizational Facebook and Instagram accounts and any other social media platforms required by HHSC. The SMC's social media messaging should be shared on these platforms. These social media platforms may also be used to post original content created by the Grantee and to share relevant content posted by other organizations.
 - d. Ensure that the organization's Public Relations Coordinator is registered with and has access to the SMC SharePoint site. Staff must request access using procedures outlined by HHSC.
 - e. Ensure that:
 - i. At least 10 percent of the total PRC fiscal year budget shall be spent on media awareness activities that include local and regional media campaigns and support for the SMC. Providers must dedicate at least 50 percent of the media budget to support the SMC and related media expenditures as directed by HHSC.
 - ii. Expenditures for media campaigns may include paid radio, television spots, digital media, paid social media content, print media, billboards, other posted signage or paid advertising space. Approved platforms for paid social media boosting or ads include Facebook, Instagram, YouTube, TikTok, and Twitter. Paid media boosting or ads on any other social media platforms or apps requires prior approval from HHSC.
 - iii. Funds may not be used to create agency logos or other forms of agency branding.
- c. **Tobacco-Specific Compliance Coordination (Tobacco Compliance Core):** A goal of the PRCs is to strengthen compliance with existing laws on the sale of commercial tobacco and nicotine products to people under 21 through retailer education and monitoring activities. Grantee shall:

HHSC Solicitation No. HHS0013447
HHSC Contract No. <Contract No.>

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

- a. Conduct on-site, voluntary compliance checks with tobacco and e-cigarette retailers in the region to ensure retailers adhere to all protocols established by the Texas Comptroller's Office related to minor access to tobacco, permits, and required signage. Compliance checks are to be reported using the Initial and/or Follow-Up Compliance Check Forms provided by HHSC. They should document this strategy using HHSC required reporting platform.
 - i. In PRC regions with fewer than 2,000 licensed tobacco retailers, Providers shall determine the number of active tobacco retailers and visit 25 percent these retailers (unduplicated) each quarter. Providers must visit 100 percent of the active tobacco retailers each grant year.
 - ii. In PRC regions with 2,000 to 4,000 licensed tobacco retailers, Providers shall visit 2,000 of the active tobacco retailers in the region each grant year. Providers must visit a minimum of 25 percent of this number (unduplicated) each quarter.
 - iii. In PRC regions with more than 4,000 licensed tobacco retailers, Providers must visit a minimum of 225 unduplicated tobacco retailers per month of each grant year.
- b. Provide education to tobacco retailers in the region that require additional information on the most current tobacco laws, especially as they pertain to access for people under 21.
- c. Report violations to local law enforcement or local comptroller office; conduct follow-up, voluntary compliance checks with all tobacco retailers who have been cited for tobacco-related violations; and provide informational materials regarding Texas tobacco laws, if a retailer is out of compliance.
- d. Coordinate with other HHSC-funded Providers and community stakeholders on tobacco compliance activities. This is to be reported in the annual work plan and quarterly reports, as outlined in Section III A in the General Statement of Work.
- e. Ensure one (1) PRC staff member is certified to provide Texas Youth Tobacco Awareness Program (TYTAP) or another HHSC-approved curriculum and provides education to persons under the age of 21 who are cited for possession of tobacco products. This is to be reported in the annual work plan and quarterly reports, as outlined in Section III A in the General Statement of Work.
- f. For more information on TYTAP, please visit: <https://dshtexas.gov/tobacco/TYTAP/>

VI. PREVENTION RESOURCE CENTER STAFFING AND TRAINING REQUIREMENTS

HHSC Solicitation No. HHS0013447
HHSC Contract No. <Contract No.>

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

- A. In addition to the staffing requirements outlined in General Statement of Work, PRC Programs must employ a:
1. Program Director at a minimum of 0.50 (one-half) Full-Time Equivalent (FTE) to oversee program and ensure compliance with implementation requirements.
 2. Regional Alignment Coordinator, at a minimum of 1.0 FTE, who will conduct prevention program services focused on the Regional Alignment Core requirements of this Contract.
 3. Public Relations Coordinator, at a minimum of 1.0 FTE, who will conduct prevention program services focused on the Media and Training Prevention Core requirements of this Contract. The Public Relations Coordinator shall be designated as one of the agency's Media Representatives described in the General Statement of Work.
 4. Tobacco Compliance Coordinator, at a minimum of 1.0 FTE, who will conduct prevention program services focused on the Tobacco Compliance Core requirements of this Contract.
- B. PRC staff shall complete the following trainings within 90 days of hire and maintain documentation for HHSC review upon request:
1. Epidemiology
 2. Strategic Prevention Framework Overview
 3. Needs Assessment and Logic Models
 4. Capacity Building
 5. Information Dissemination
 6. Tobacco Law Training
- C. Required Meetings: Providers shall attend required meetings held by HHSC and maintain documentation for HHSC review upon request, including:
1. Annual Prevention Providers Meeting: Annual gathering open to all Prevention Program staff. All funded PRC staff must attend.
 2. Annual Directors' Meeting: Program Directors for Prevention Programs are required to attend, unless otherwise approved by HHSC.
 3. Provider must also participate in technical assistance calls or program-specific meetings as requested as HHSC.

VII. PERFORMANCE MEASURES

The following Performance Measures will be used to assess in part, Grantee's effectiveness in conducting the activities described in Contract. Grantee shall submit reports via CMBHS as outlined in the General Statement of Work. Grantee shall ensure all performance measures are submitted monthly by the due date. The proposed target levels of performance will be negotiated and agreed upon by the Applicant and HHSC.

HHSC Solicitation No. HHS0013447
HHSC Contract No. <Contract No.>

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

Prevention Resource Center (PRC)
Number of meetings conducted with Regional stakeholders (Regional Alliance) focused on community collaboration related to data and resources.
Number of Regional Epidemiological Workgroup meetings held.
Number of times that local, county, or regional data is shared.
Number of trainings hosted and coordinated within the region with the assistance of TPT.
Number of trainings hosted and coordinated within the region without the assistance of TPT.
Number of adults attending trainings hosted or coordinated within the region overall.
Number of messages delivered through social media related to prevention and behavioral health promotion including those from the statewide media campaign.
Number of prevention and behavioral health promotion media placements (including those from the statewide media campaign) delivered through traditional media.
Number of voluntary compliance checks successfully conducted on-site with tobacco retailers.

VIII. DELIVERABLE AND REPORTING REQUIREMENTS

- A. In addition to the deliverables outlined in the General Statement of Work, Section XII, the, Grantee shall submit all PRC reports/deliverables by the due dates.
- B. The PRC program deliverables described above are as follows:
 - 1. **Regional Work Plan:** In this report, the Grantee shall report at a minimum the following:
 - a. A proposed plan of action for the year which demonstrates collaborative efforts across all program types in order to optimize prevention and behavioral health initiatives in their respective regions. The Grantee will use the HHSC approved Work Plan template. Components of this work plan will include objectives, strategies, activities, lead person, stakeholders involved, timeline, and activity output.
 - b. This plan will detail the creation of a group of HHSC funded stakeholders (ex: Regional Alliance) that is facilitated by the PRC. The group's activities must include but are not limited to hosting meetings, giving presentations, and sharing data and resources.
 - c. Within this plan should be identified areas of the region that have underserved populations and plans to ensure coverage with service delivery.
 - d. Draft is due March 15 of the first grant year. Regional Work Plan is due August 1 of grant years 1-4.

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

2. **Regional Resource Directory:** the PRC will maintain a Regional Resource Directory on the PRC website.
 - a. This Regional Resource Directory must include, but are not limited to, resource that address the following:
 - i. Basic needs such as housing, food, rent, utilities; and
 - ii. Behavioral health resources such as mental health treatment, and substance use treatment and recovery; and,
 - iii. Regional and statewide data sources and/or data sets.
 - b. Grantee shall create the Regional Resource Directory by the end of the first grant year on August 31 and update annually in grant years 2-5.

3. **Annual Report:** In this report, the Grantee shall report at a minimum the following:
 - a. A summary of each Region's outcomes surrounding substance use and behavioral health. This should include any regional collaboration, increases in community awareness and readiness, and examples where information and resources on substance use and related behavioral health were shared.
 - b. A summary addressing each core while discussing yearly performance measures.
 - c. Ways your organization has helped build and strengthen the Prevention system in Texas.
 - d. This report is due by August 15 for grant years 1-4.

4. **Final Report:**

Using a System Approved template, Grantee will submit a final report describing the impact, successes, and challenges of the Prevention Resource Center due October 15, 2029 with close-out documents at the end of the grant cycle.

Deliverable	Description	Due Date	Submission Location
Regional Work Plan Draft	Grantee will use an approved HHSC template to complete various needs assessments that establishes the current needs within their communities	Draft is due March 15 of the first grant year	
Regional Resource Directory	Grantee will create and maintain a Regional Resource Directory on the PRC website.	By the end of the first grant year on August 31 and update annually in grant years 2-5	

EXHIBIT K-2
PREVENTION RESOURCE CENTERS
STATEMENT OF WORK

Deliverable	Description	Due Date	Submission Location
Regional Work Plan	Grantee will use an approved HHSC template to complete various needs assessments that establishes the current needs within their communities	August 1 of grant years 1-4	
Annual Report	Grantee will use an approved HHSC template to summarize their Region's outcomes surrounding substance use and behavioral health	August 15 of grant years 1-4	
Final Report	Grantee will use an approved HHSC template to summarize the impact, successes, and challenges of the Prevention Resource Center	October 15 at the end of the grant funding cycle.	