**EXHIBIT K, DIVERSION CENTER STATEMENT OF WORK**

# PROGRAM BACKGROUND

The 88th Texas Legislature passed Senate Bill (S.B.) 1677 in 2023 which established the Rural Mental Health Initiative Grant Program (RIGP). This program is governed by Texas Government Code, Section 531.09936 and is aimed at establishing or expanding regional behavioral health centers or jail diversion centers in rural areas across Texas. Any project under the RIGP must serve at least one county in Texas with a population of less than 250,000 people.

The purpose of the Diversion Center is to provide on-demand crisis evaluation and care services for individuals brought in by law enforcement or other entities as deemed eligible by the Grantee 24 hours a day, seven days a week. Diversion Centers serve as an alternative location for law enforcement to drop off adults ages 18 or older with mental illness or co-occurring disorder who are at risk of arrest and do not meet criteria for acute crisis.

The Diversion Center shall be designed to:

1. Divert individuals with behavioral health needs from jails;
2. Minimize law enforcement officer waiting and driving time related to incidents involving a behavioral health crisis or condition;
3. Reduce recidivism of Diversion Center participants, which is defined for the purposes of this Contract as a reduction in the number of rearrests or returns to the local county jail by a person with mental illness;
4. Reduce the number of days spent in jail per year by Diversion Center participants; and
5. Increase adherence to outpatient, recovery-oriented services and supports.

# GRANTEE’S RESPONSIBILITIES

* 1. Grantee shall establish or expand a Diversion Center to serve adults ages 18 or older with mental illness or co-occurring disorders who meet the eligibility criteria.
  2. Grantee shall serve XXX individuals per state fiscal year (September 1st through August 31st) by providing Diversion Center services as measured through the encounter data reports as defined in Section III of this Statement of Work.
  3. Provider Network and Community Collaboration:
     1. Grantee shall maintain contractual relationships that integrate service elements with core providers, including, as applicable: mental health services (including psychiatric treatment and medication management), substance use services, health care services, vocational/educational services, peer support services, transportation services, housing support services, crisis management, service coordination/case management, life skills training, and other services and supports as may be deemed appropriate/applicable during the term of this Contract.
     2. Grantee shall enhance external stakeholder partnerships through activities that increase the frequency of direct communication and coordination across systems. Stakeholders may include law enforcement, the judiciary, recovery organizations, housing organizations, faith-based communities, families, and other community partners.
     3. Grantee shall foster community collaboration through activities, including outreach to community partners and in-person stakeholder meetings.
     4. Grantee shall encourage greater continuity of care for individuals receiving services through a diverse local provider network.
  4. Diversion Center Services. Grantee shall provide Diversion Center services as follows:
     1. Grantee shall provide services in accordance with this Statement of Work and any subsequent service revisions approved by HHSC.
     2. Admissions to the Diversion Center shall be voluntary.
     3. Services shall include, at a minimum, mental health and substance use disorder screening and crisis assessment, safety monitoring, medication management, and continuity of care services, including identifying and linking the individual with services necessary to ensure transition to routine care.
     4. Services may also include mental health and substance use treatment, routine case management, continuity of care crisis follow up, crisis services, residential services, housing resources, peer support services, and other community resources.
     5. Grantee shall coordinate mental health care and substance use services for individuals with mental illness or co-occurring disorders with other transition support services.
     6. Grantee shall monitor the delivery of the Diversion Center services to ensure the services meet standards as specified in Section V.M of this Statement of Work.
  5. Service Revision Amendment
     1. If Grantee determines at any time, Grantee wants to revise its program design of targets, Grantee shall submit in an email to the HHSC Contract Manager, and the Forensic and Jail Diversion Services mailbox at [HHSCForensicsAndJailDiversionServices@hhs.texas.gov](mailto:HHSCForensicsAndJailDiversionServices@hhs.texas.gov), all proposed revisions in program design, which shall include a description of:
        1. proposed revision to services;
        2. staffing pattern including credentials;
        3. sub-contracted service provider(s);
        4. sub-contracted management oversight, when applicable;
        5. justification for the proposed revision; and
        6. the number of Diversion Center beds.
     2. Grantee shall include a reason for the delay in requesting a proposed revision if the revision request is submitted to HHSC during the last two quarters of the state fiscal year (beginning March 1st through August 31st).
     3. HHSC will approve the revision request in writing and at its sole discretion. An amendment to this Contract will then be processed to support the revision request.
  6. Implementation requirements for all services. Grantee shall ensure all services are:
     1. Delivered using a trauma-informed approach;
     2. Implemented with 100% model fidelity to an evidence-based program or based upon best available research (if applicable);
     3. Planned in partnership with individuals receiving services and inclusive of peers and family members;
     4. Provided in an environment that is most appropriate and/or based on an individual’s preference;
     5. Provided in a culturally and linguistically sensitive manner;
     6. Tailored to an individual’s unique strengths and needs; and
     7. Delivered within a continuum of care using a holistic method that integrates mental health services with other services including substance use disorder, intellectual and/or developmental disability, and physical health services.
  7. Collaboration with LMHAs/LBHAs.Pursuant to Texas Government Code Section 531.09936(b): A nonprofit or governmental entity that applies for a grant under this section must work in cooperation with local mental health authorities (LMHAs) or local behavioral health authorities (LBHAs) located primarily in rural areas of Texas.
  8. Match Requirements.Grantee mustobtain and report matching funds which shall include cash or in-kind contributions from a person or organization but shall not include money from state or federal funds. Non-state or federal sourced funding may include gifts, grants, or donations from any person or organization. The amount of match required is dependent on the population of the rural counties being served as follows:
     1. Equal to fifty percent (50%) of the grant amount if the RIGP is located in a county with a population of less than 250,000 but more than 100,000.
     2. Equal to twenty-five percent (25%) of grant amount if the RIGP is located in a county with a population of at least 100,000 or less.
     3. RIGP projects providing or coordinating services in multiple counties must match the percentage required based on the county with the largest population in the proposed project service area.
  9. Subcontracting.Should a Grantee subcontract any of the services under their program, Grantee expressly understands and acknowledges that in entering into such subcontract(s), HHSC is in no manner liable to any subcontractor(s). Furthermore, in no event shall this provision relieve grantee of the responsibility for ensuring that the services performed under all subcontracts are rendered in compliance with the contract.

# PERFORMANCE MEASURES

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The terms of this Statement of Work, including the following performance measures, will be used to assess Grantee’s effectiveness in providing the required services as described in this Statement of Work. No terms of the Contract, in which this Statement of Work is incorporated, are waived.

1. System Agency may request validation of performance measures at any time and Grantee must provide a timely response to System Agency’s validation request.
2. Grantee shall collect and report to HHSC information for program participants using HHSC-approved instruments and reporting tools. HHSC will negotiate performance measures with Grantees using a standardized menu of outputs and outcomes that will align with the type of work funded. Types of data shall include, but are not limited to:
   1. Pre- and post-service assessments;
   2. Services delivered;
   3. Standard demographic information i.e., gender, age, race, ethnicity, income, and education attainment; and
   4. Prevention of adverse events.
3. Grantee shall submit a Performance Report no later than thirty (30) calendar days after the end of each state fiscal year quarter. Performance reports must show progress towards both:
   1. Outputs: Counts or percentages that show the number of services/activities or encounters delivered; and
   2. Outcomes: Measures showing benefits to program participants as a result of services/activities received (such as positive changes to knowledge, skills and/or behaviors)
4. Grantee shall submit a bi-annual report for the Statewide Behavioral Health Coordinating Council using Exhibit I, SBHCC Report Template, located at <https://resources.hhs.texas.gov/rfa/hhs0014211>.
5. The following reports and documents shall be submitted as specified below.
6. Service Delivery Reports:
7. On or before the 30th calendar day following the end of the quarter being reported, develop and electronically submit service delivery data written reports to HHSC using Form M – Service Report, located at <https://resources.hhs.texas.gov/rfa/hhs0014211>.
8. Grantee shall submit, as instructed, all required reports, documentation, and other information, including any pertaining to performance measures, by email to [mhcontracts@hhsc.state.tx.us](mailto:mhcontracts@hhsc.state.tx.us) and System Agency Contract Representative.

# POLICIES AND PROCEDURES

* 1. Grantee shall develop written policies and procedures for System Agency review and approval on an annual basis. Upon System Agency approval, Grantee shall implement such written policies and procedures that:
     1. Describe eligibility, intake screening and crisis assessment, safety monitoring, medication management, treatment planning, transition/continuity of care planning, and discharge planning with an LMHA, LBHA, or LIDDA, or an LMHA, LBHA, or LIDDA subcontractor, or other service provider;
     2. Describe service coordination and referrals to external clinical and non-clinical services and supports, inclusive of peer recovery services such as referral support groups, recovery organizations, and/or clubhouses.
     3. Describe the admission and drop off process for law enforcement;
     4. Assess participants for suicidal and homicidal ideation and address any facility-based issues as well as address the degree of suicidal and homicidal ideation by developing an individualized suicide and homicide prevention plan.
     5. Address how provider staff members ensure the ongoing care, treatment, and overall therapeutic environment during evenings and weekends including addressing a behavioral health crisis or physical health crisis consistent with the requirements applicable to LMHAs and LBHAs in 26 TAC §301.351, and in accordance with Form N-Crisis Service Standards, Section III.4 Crisis Screening, Triage and Assessment, located at <https://resources.hhs.texas.gov/rfa/hhs0014211>.
     6. Clearly define the role of Certified Peer Specialists in the Diversion Center continuum of care.

# STAFFING, OPERATIONS AND OVERSIGHT REQUIREMENTS

* 1. Grantee shall recruit, train, and maintain qualified staff with documented competency, in a manner that complies with:
     1. 26 TAC, Chapter 301, Subchapter G, Division 2, §301.327(e) concerning Access to Mental Health Community Services;
     2. 26 TAC, Chapter 301, Subchapter G, Division 2, §301.329 concerning Medical Records System; and
     3. 26 TAC, Chapter 301, Subchapter G, Division 2, §301.331 concerning Competency and Credentialing.
  2. Grantee shall ensure all staff members are trained and demonstrate competence, prior to providing services, with:
     1. The requirements set forth in 25 TAC, Chapter 404, Subchapter E (relating to Rights of Persons Receiving Mental Health Services);
     2. Identifying, preventing, and reporting abuse, neglect, and exploitation in accordance with Texas Department of Family and Protective Services, Adult Protective Services as set forth in applicable state laws and rules; and
     3. Contacting the HHSC Office of the Ombudsman when appropriate as outlined at [HHS Office of the Ombudsman | Texas Health and Human Services](https://www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman).
  3. Using a protocol for preventing and managing aggressive behavior, including preventative de-escalation intervention strategies. Grantee shall ensure that any staff members that interact with the target population are acting within the scope of their practice, and have demonstrated minimum knowledge, technical, and interpersonal competencies prior to providing services.
  4. Grantee shall conduct criminal history background checks to ensure no program staff, officer, agent, intern, resident, or volunteer, who has not already passed a background check as part of professional licensing or certification, has been convicted of or received a probated sentence or deferred adjudication for any criminal offense that would constitute a bar to employment pursuant to Texas Health and Safety Code §250.006. The Grantee will evaluate the applicability of the bars to employment for the hiring of peer support personnel.
  5. Grantee shall conduct primary source verification for all licensed or certified staff positions providing services under this Contract. Grantee shall require staff promptly and fully disclose any potential action that may affect his/her licensure or certification. Grantee shall conduct and document annual reverification and ensure good standing.
  6. Grantee shall conduct a registry clearance by conducting a review for reports of misconduct including abuse, neglect, and exploitation through the Employee Misconduct Registry maintained by HHSC in accordance with 26 TAC, Chapter 561, in its entirety, in addition to the Nurse Aide Registry maintained by HHSC in accordance with 26 TAC, Chapter 556, in its entirety, for nurse aides only.
  7. Grantee shall provide verification to HHSC of criminal background checks, licensure, and registry clearance upon request.
  8. Grantee shall maintain records that document Diversion Center services delivered by staff members who act within their scope of practice, and have demonstrated the following minimum knowledge, technical, and interpersonal competencies prior to providing services:
     1. Knowledge that mental health and substance use disorders are potentially recurrent relapsing disorders;
     2. Knowledge of the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, diagnostic criteria for psychiatric disorders and substance use disorders, and the relationship between psychiatric disorders and substance use disorders;
     3. Knowledge appropriate to their roles in the provision of effective mental health services, including counseling, psychosocial rehabilitation, and Illness Management and Recovery for Diversion Center participants, such as Cognitive Behavioral Therapy or Dialectical Behavioral Therapy;
     4. Knowledge regarding the increased risks of self-harm, suicide, and violence in Diversion Center participants;
     5. Knowledge of the elements of an individualized treatment plan for Diversion Center participants;
     6. Basic knowledge of pharmacology as it relates to Diversion Center participants;
     7. Knowledge of the provision of care that is recovery-oriented, trauma-informed, and person-centered;
     8. Understanding the benefit of incorporating peer specialists as part of the Diversion Center participant’s substance use and/or mental health recovery program;
     9. Basic understanding of criminogenic risk and needs and case management for people with current or former justice involvement; and
     10. Knowledge of the criminal justice system and criminal justice stakeholders.
  9. Grantee must ensure that the Diversion Center includes:
     1. 24/7/365 access to a Licensed Practitioner of the Healing Arts (LPHA) or Qualified Mental Health Professional (QMHP), who shall also act as a liaison between the Diversion Center, law enforcement, and other stakeholders.
     2. Nursing staffing, including Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), Physician’s Assistant (PA), and LPHA.
     3. A psychiatrist, who serves as the medical director for all crisis services and approve all written procedures and protocols.
     4. A physician (preferably a psychiatrist), who shall be available either in-person or via telemedicine technology.
  10. Grantee responsibilities for Quality Management shall include:
      1. Utilize an electronic program management application to track the following aspects of the Diversion Center:
         1. Effectiveness;
         2. Efficiency;
         3. Reduction in risk;
         4. Access to care;
         5. Service coordination;
         6. Participant satisfaction; and
         7. Stakeholder satisfaction.
  11. Admission Procedures. Grantee responsibilities for Admission include:
      1. Screen individuals for appropriate services including:
         1. An assessment of suicidal and homicidal ideation.
         2. An explanation of the Diversion Center participants’ rights, as specified in 25 TAC Chapter 414 verbally and in writing.
  12. Treatment Compliance. Grantee shall provide treatment services based on project design and in accordance with all applicable federal or state laws, rules, regulations, standards and guidelines, as amended, including the following:
      1. 25 TAC, Chapter 405, Subchapter K, in its entirety;
      2. 25 TAC, Chapter 414, Subchapter I, in its entirety;
      3. 25 TAC, Chapter 414, Subchapter K, in its entirety;
      4. 25 TAC, Chapter 414, Subchapter L, in its entirety;
      5. 25 TAC, Chapter 415, Subchapter A, in its entirety;
      6. 25 TAC, Chapter 415, Subchapter F, in its entirety;
      7. 26 TAC, Chapter 301, Subchapter G
      8. 26 TAC, Chapter 306, Subchapter A, in its entirety;
      9. Form N - Crisis Service Standards;
      10. Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
      11. Other applicable federal and state laws, including:
          1. 42 CFR Chapter 1, Subchapter A, Part 2 in its entirety;
          2. 42 CFR Chapter 1, Subchapter D, Part 51 in its entirety; and
          3. Texas Health and Safety Code, Chapters 181, 595, and 611; and §§533.009, 533.035(a), 576.005, 576.0055, 576.007, and 614.017.
  13. Discharge Planning. Grantee shall:
      1. Require staff members, upon admission of a Diversion Center participant, to begin discharge planning, and initiate continuity of care coordination with the LMHA, LBHA, subcontractors of the LMHA or LBHA, State Mental Health Facility (SMHF), or other community resources as appropriate.
      2. If Diversion Center uses inpatient beds as project design, Grantee must require a reasonable and appropriate discharge plan be developed in accordance with 26 TAC, Chapter 306, Subchapter D, Division 5, in its entirety. The discharge plan shall be developed in conjunction with the Diversion Center participant, the Team, the designated LMHA, LBHA, subcontractors of the LMHA or LBHA, or other provider, the LAR, the court(s) when appropriate, and any other person authorized by the Program participant. The Program is responsible for notifying parties involved in discharge planning of scheduled staffing and reviews. The discharge plan shall include:
         1. A description of recommended clinical services and supports needed by the Diversion Center participant after discharge or transfer;
         2. A description of problems identified at discharge or transfer, which may include any issues that disrupt the Diversion Center participant’s stability;
         3. The Diversion Center participant’s goals, interventions, and objectives as outlined in the participant’s discharge plan;
         4. Referrals to non-clinical supports like support groups, recovery organizations, and clubhouses; and
         5. Diagnosis (if applicable).
      3. Ensure discharge planning at a minimum:
         1. Delivers counseling to prepare the Diversion Center participant, LAR, and family member, if any, for care after discharge or transfer;
         2. Identifies a community provider, and clinical services and supports, in conjunction with the Diversion Center participant, LAR and family member, to determine location of referral services or supports after discharge or transfer;
         3. Facilitates ongoing services in the most appropriate available Level of Care prior to discharge from the Diversion Center; and
         4. Requires the Diversion Center to work immediately with community partners and the Diversion Center participant to provide needed supports and access to treatment.

# SYSTEM AGENCY RESPONSIBILITIES

# System Agency will:

* 1. Provide consultation to Grantee in the review, assessment, and development of the Diversion Center by:
     1. Meeting regularly (e.g., monthly or more frequently as needed) with Grantee through coordination calls to assess Grantee’s technical assistance needs and to monitor status of the Diversion Center development;
     2. Provide timely review and input of program goals and objectives;
     3. Provide subject matter expertise and guidance on relevant data, programs, research and best practices;
     4. Provide active input with information and resources that can help to support the activities of the Grantee; and
     5. Provide input and review of Grantee’s quarterly reports.