**EXHIBIT N, OUTPATIENT COMPETENCY RESTORATION STATEMENT OF WORK**

1. **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.

Outpatient Competency Restoration (OCR) programs provide community-based competency restoration services, which include mental health and substance-use treatment services, as well as competency education, for individuals found Incompetent to Stand Trial (IST). In general, OCR programs are designed to:

1. Reduce the number of individuals determined to be IST with mental illness or co-occurring psychiatric and substance-use disorders on the State Mental Health Facility (SMHF) clearinghouse waiting list for inpatient competency restoration services.
2. Increase prompt access to clinically appropriate OCR services for individuals determined to be IST who do not require the restrictiveness of a hospital setting.
3. Reduce the number of bed-days in SMHFs used by forensic patients from the Grantee’s local service area.
4. **GRANTEE’S RESPONSIBILITIES**

Grantee shall operate an OCR program in accordance with the following requirements:

1. Comply with applicable statues and rules, including those referenced in this Statement of Work (SOW): Title 26 of the Texas Administrative Code (TAC) Chapter 301, Subchapter G and Chapter 307, Subchapter D; Texas Code of Criminal Procedure (CCP) Article 46B.079, and Texas Health and Safety Code (HSC) Chapter 247, as applicable.
2. Meet all requirements of Texas Code of Criminal Procedure (CCP) Chapter 46B.
3. Serve XX (negotiable) clients each fiscal year, all admitted within the fiscal year, with mental illness or co-occurring psychiatric and substance-use disorders (COPSD) by providing OCR services.
4. For individuals who have completed the program, achieve a combined total rate of 40% of either restored to competency to stand trial or charges dropped per fiscal year, as determined by the court.
5. Maintain an average length of stay of no longer than 180 days for all individuals admitted during the fiscal year.
6. Recruit, train, and maintain qualified staff. All staff must be solely dedicated to the Program and may not serve in any other capacity, unless approved by Health and Human Services Commission (HHSC). This includes the Program Coordinator and any additional staff providing program services.
7. Recruit train, and maintain a Program Coordinator, who must be a Licensed Practitioner of the Healing Arts (LPHA), as defined in 26 Texas Administrative Code (TAC), Part 1, Chapter 301, Subchapter G, who shall work as a liaison with the local criminal justice system in the Grantee’s area, unless a waiver for hiring the LPHA is approved by HHSC.
8. If available, coordinate connectionith peer support staff. Peer support staff will work closely with potential Program participants and assist with referring individuals to the Program.
9. To determine an individual’s appropriateness for OCR treatment, provide prompt screening for Program eligibility by:
10. conducting an eligibility and intake assessment;
11. conducting a psychosocial assessment;
12. administering the HHSC Substance Use Screening Tool;
13. administering a risk assessment such as the Historical, Clinical, Risk Management, and Violence Risk Assessment Scheme (HCR-20); and
14. administer, if appropriate, the Outreach, Screening, Assessment, and Referral measure.
15. If a substance-use issue is identified, provide referral and access to substance-use treatment within 21 days to include inpatient or outpatient treatment.
16. Upon notification of an individual’s commitment to OCR, complete the Texas Resilience and Recovery (TRR) Utilization Management Guidelines, incorporated by reference and posted at: <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>, Adult Needs and Strength Assessment, incorporated by reference and posted at: <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment>, and a treatment plan. The treatment plan shall address:
    1. physical health concerns and issues;
    2. medication and medication management;
    3. level of family and community support;
    4. COPSD concerns or issues;
    5. supported housing, including rental and utility subsidy;
    6. transportation; and
    7. assistance with benefits applications (if applicable
17. Update the individualized treatment plan within five (5) business days of an individual’s enrollment in the Program to include all assessments.
18. Grantee’s program staff shall work with courts and law enforcement personnel to secure daytime release to Grantee and to avoid nighttime releases of incarcerated individuals. Program staff shall coordinate the timely release of the individual to the OCR Program or the individual’s place of residence while in the program and shall meet with the individual immediately upon jail or court release regardless of time of release. Program staff shall provide documented services to the individual on the day of release from jail.
19. Maintain written policies and procedures that describe the eligibility for the program, intake assessment, and treatment planning processes. The policies and procedures shall also address admission of individuals referred by other LMHAs or LBHAs. Such policies shall include individuals who are in close proximity to the program and who are without a program in their services-area and are potentially appropriate for admission. Any admission requires the consent of the courts with jurisdiction over the individual as well as cooperation with the committing LMHA or LBHA.
20. Upon receipt of the order for competency restoration services and/or notification from the court to provide the first service within 24 hours of such notification, Grantee shall provide individuals in the Program access to TRR Level of Care 3 and 4 services where clinically appropriate. Grantee shall also provide individuals in the program access to a physician, preferably a psychiatrist, no later than seven (7) business days after release from jail or court.
21. Provide TRR Level of Care 3 and 4 psychosocial services and supports, where clinically appropriate, to individuals in the Program. Grantee shall meet or exceed the minimum expected hours associated with authorized levels of care as outlined in the TRR Utilization Management Guidelines, incorporated by reference and posted at: <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual> to promote successful outcomes. If the Grantee is utilizing a subcontractor (e.g., an LMHA) to provide LOC 3 and 4 services, the policy and procedures must detail how these services will be provided. The grantee shall provide contract or agreement documentation to HHSC upon request to demonstrate how these services are accessed and provided. The majority of the rehabilitative hours shall be provided in the individual’s home or in the Grantee’s office location.
22. Provide or engage other educators to provide, competency didactic education for all individuals following HHSC-approved competency restoration curricula, based on the needs of the individual.
23. Provide supported housing, including rental subsidies, for individuals in the Program who lack adequate housing. Supported housing does not include support for individuals to live in assisted living facilities that are not licensed under Texas Health and Safety Code (HSC) Chapter 247.
24. Screen eligible individuals for permanent supportive housing and basic rental assistance programming (e.g., Project Access, rental assistance) offered by the Program if funding for such programs is available.
25. Provide face-to-face services at least twice weekly for individuals served in the program to ensure participation, promote adherence to treatment, and assess that the individual’s living environment is safe and his or her basic needs, such as food, clothing, and hygiene, are being met.
26. Maintain and follow written procedures to monitor an individual’s restoration to competency and readiness for return to court. Comply with reporting procedures specified in CCP Article 46.B.079. Coordinate with the court to timely determine an individual’s competency. Grantee’s written procedures shall also address requests for a court order extending the initial restoration period from the court and competency re-evaluation in the event an extension is granted.
27. Contact the state hospital and the LMHA, or LBHA, Utilization Manager(s) a minimum of once a week to identify IST individuals currently in the hospital on an inpatient commitment and who may be appropriate for transition to the OCR Program. Petition local courts to revise commitment status for those identified individuals; and work jointly with all parties to develop a discharge and continuity plan.
28. Document attempts monthly to meet with representatives from the District Attorney’s Office, key judges involved with competency restoration commitments, and other criminal justice agencies, including but not limited to local, county, and state law enforcement agencies located in local service area, for the following purposes:
    1. identification of individuals pending initial orders of competency restoration commitment who could be served through the program;
    2. identification of individuals currently receiving competency restoration treatment in an inpatient setting whose order of commitment can be modified for a continuation of treatment in an outpatient setting; and
    3. to provide general education related to crisis services and mental health programs available as diversions to incarceration and hospitalization.
29. During the duration of commitment, provide to the court of commitment, on a monthly basis, a written update on the individual’s progression in the program, for each individual admitted to the program.
30. Provide continuity of care for individuals completing the program.

1, Discharge Planning: All discharge planning activities shall be documented in the individual’s record. Grantee shall create discharge plans for individuals in the program upon admission that ensure, at a minimum, the following are provided or have been addressed:

* 1. provide a plan for maintaining housing and utilities for at least three (3) months post discharge;
  2. facilitate ongoing services through the LMHA or LBHA in the most appropriate and available Level of Care before final discharge from the Program; and
  3. complete all appropriate benefits applications on behalf of any discharged individual including signing up for long-term subsidized housing.

2. Discharge Summary: Grantees shall create discharge summaries for individuals in the program that ensure, at a minimum, the following are provided or have been addressed:

a. provide medication and documentation on a scheduled follow-up psychiatrist appointment to ensure there will be no lapse in medication compliance once an individual is discharged; and

b. confirm that an individual being discharged from the program shall not be referred to an assisted living facility not licensed under the HSC Chapter 247.

1. Provide continuity of care for persons who do not complete the Program or who are opined unlikely to regain competency in the foreseeable future.
2. Grantee shall document the reason for non-completion of the Program (e.g., failed to restore, absconded, re-offended or otherwise terminated before completing Program) using Form T Monthly Targets Served Report, located at <https://resources.hhs.texas.gov/rfa/hhs0014211>.
3. Work closely with courts to encourage timely charge resolution prior to an individual being released from the program.
4. Prior to an individual being released from the program
5. Grantee shall provide HHSC with the contact information of all dedicated Program staff on Form S, located at <https://resources.hhs.texas.gov/rfa/hhs0014211>. Changes in program coordinating staff must be reported to HHSC within 72 hours of any change.
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.

1. Match Requirements. Grantee must obtain 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 25 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.
2. 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.
3. **PERFORMANCE MEASURES**

HHSC shall use the terms of this Statement of Work, including without limitation, the following performance measures, as well as compliance with the Contract terms and conditions, to assess Grantee’s effectiveness in providing the services described in this Statement of Work. System Agency may request validation of performance measures at any time and Grantee must provide a timely response to System Agency’s validation request.

1. 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.
2. 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)
3. 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> .
4. **REPORTING REQUIREMENTS**

Grantee shall perform the following activities and provide documentation to HHSC in the manner and timeframes specified below.

**Program Reporting**:

1. In accordance with the timetable and frequency specified in CCP Article 46B.079, and as determined by the court who has jurisdiction over individuals in the program, Grantee shall provide the required notices and reports to the court.
2. Grantee shall submit encounter data for all services according to the procedures, instructions, and schedule established by HHSC, including all required data fields and values in the current version of the HHSC Community Mental Health Service Array. The current version of HHSC Community Mental Health Service Array (*i*.*e*., Report Name: INFO Mental Health Service Array Combined) can be found in the Mental and Behavioral Health Outpatient Warehouse (MBOW), in the General Warehouse Information, Specifications subfolder, incorporated by reference and posted at: <https://hhsc4svpop1.hhsc.txnet.state.tx.us/DataWarehousePage/>

Grantees who are designated as non-profits and do not have access to the HHSC Community Mental Health Service Array shall document and maintain the same required demographic and encounter data and must provide documentation upon request of HHSC.

1. For facility-based programs, Grantee shall follow all guidelines as put forth in Form N-, Crisis Service Standards, located at <https://resources.hhs.texas.gov/rfa/hhs0014211>.
2. Grantee shall provide continuity of care for persons who do not complete the Program or who are determined to be incapable of restoration to competency. Grantee shall document the reason for non-completion of the Program (e.g., failed to restore, absconded, re-offended or otherwise terminated before completing Program) using Form T – OCR Monthly Targets Served Report, located at <https://resources.hhs.texas.gov/rfa/hhs0014211>, to be submitted on or before the 30th calendar day following the end of the previous month being reported.
3. Grantee shall submit to HHSC written policies and procedures for OCR Program required within this Statement of Work within 30 calendar days of contract execution. HHSC will review and approve the policy and procedure submission for the OCR program.
4. Upon request by HHSC, Grantee shall submit documentation of:
   1. Attempt to meet with representatives from the District Attorney’s Office, key judges involved with competency restoration commitments, and other criminal justice agencies, including but not limited to local, county, and state law enforcement; and
   2. written updates on OCR committed individuals’ progression in the program.
5. Grantee shall submit deliverables required by HHSC to [MHContracts@hhsc.state.tx.us](mailto:MHContracts@hhsc.state.tx.us) with a copy to the assigned HHSC Contract Manager.
6. Grantee’s Local Service Area includes the following Texas Counties: XXX (negotiable).