**EXHIBIT J, BEHAVIORAL HEALTH CENTER STATEMENT OF WORK**

# PROGRAM BACKGROUND

The 88th Texas Legislature passed Senate Bill (S.B.) 1677 in 2023 which established the Rural 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 rural county in Texas with a population of less than 250,000 people.

The purpose of Regional Behavioral Health Centers is to provide access to outpatient mental health and substance use services to children and adults to reduce emergency room use and emergency detentions in the local service area. Regional Behavioral Health Centers should reduce the duplication of mental health services provided by the local mental health authority or local behavioral health authority (LMHA/LBHA) in the local service area. The Regional Behavioral Health Centers must coordinate with LMHAs/LBHAs located primarily in rural areas of the state when providing services.

The Regional Behavioral Health Center shall be designed for children and adults to:

• Provide outpatient mental health and substance use services access for physician’s services (psychiatric) and/or counseling services.

# GRANTEE’S RESPONSIBILITIES

* 1. General Requirements:
     1. Grantee shall expend funds allocated under this Statement of Work on the provision of outpatient mental health and substance use services for children and adults located in the rural county.
     2. Grantee shall establish or expand a Regional Behavioral Health Center that includes providing outpatient mental health and substance use services to children and adults.
     3. Grantee shall coordinate and provide referrals for children with serious emotional disturbance (SED) and adults with serious mental illness (SMI) needing ongoing and long-term mental health care support and treatment to the rural serving LMHA or LBHA in the county(ies) where the Regional Behavioral Health Center is located. SMI or SED is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.
     4. Utilize non-contract funds and other funding sources (i.e., any person or entity who has the legal responsibility for paying all or part of the services provided, including commercial health or liability insurance carriers, Medicaid, or other Federal, State, or local, or private, funding sources) whenever possible to maximize Grantee’s financial resources. This includes for Grantee to:
        1. Enter into network provider agreements with, and bill, managed care organizations (MCOs) for Medicaid- and Children’s Health Insurance Program (CHIP)-covered services, provided Grantee can reach mutually agreeable terms and conditions with Medicaid and CHIP MCOs;
        2. Become a Medicaid provider and bill the HHSC claims administrator for Medicaid-covered services provided to traditional Medicaid clients;
        3. Provide assistance to individuals to enroll in such programs when the screening process indicates possible eligibility for such programs;
        4. Bill all other funding sources for services provided under this Contract before submitting any request for reimbursement to HHSC; and
        5. Provide all billing functions at no cost to the client;
     5. Grantee shall provide continuity of care for adults, children, and families receiving services. Continuity of Care Services requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), include providing assistance to the individual and the individual's LAR in identifying, accessing, and coordinating LMHA or LBHA services and other appropriate services and supports in the community needed by the individual, including:
        1. assisting with admissions and discharges;
        2. facilitating access to appropriate services and supports in the community, including identifying and connecting the individual with community resources, and coordinating the provision of services;
        3. participating in developing and reviewing the individual's recovery or treatment plan;
        4. promoting implementation of the individual's recovery or treatment plan; and
        5. coordinating between the individual and the individual's family, as requested by the individual, as well as the available community resources.
     6. Grantee shall designate a point of contact who shall be responsible for all communication, correspondence, and reporting to the Health and Human Services Commission (HHSC) during and after business hours about the activities described in this Statement of Work;
     7. Coordination of activities and information including participation in oversight activities as defined and scheduled by HHSC, which includes, but is not limited to, submission of data and supporting documentation, submission of self-audit reports, and participation in HHSC onsite reviews;
     8. If Grantee subcontracts any of the services under the statement of work, Grantee expressly understands and acknowledges that in entering 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.
  2. Program Requirements
     1. Grantee shall use funding to provide outpatient mental health and substance use disorder services through psychiatry and counseling services, to children and adults.
        1. Individuals served include:
           1. Adults, age 18 or older who require a psychiatric and/or psychotherapeutic intervention,
           2. Children, ages 0-17 who require a psychiatric and/or psychotherapeutic intervention.
     2. Services can be provided:
        1. In-person which means within the physical presence of another person; or through technology defined as:
           1. Audio-visual technology means synchronous audiovisual telecommunications or store and forward technology in conjunction with synchronous audio-only telecommunications.
           2. Synchronous audio-visual technology means an interactive, two-way audio and video telecommunications platform that meets the privacy requirements of the Health Insurance Portability and Accountability Act.
           3. Synchronous, audio-only, including telephone technology, means an interactive, two-way audio telecommunications platform that uses only sound and meets the privacy requirements of the Health Insurance Portability and Accountability Act;
        2. Grantee may provide synchronous audio-visual technology psychiatry and counseling services as long as they are clinically effective and cost effective, and as permitted within the scope of the provider's license, permit, or other legal authorization or other applicable federal or state law or rule.
     3. Grantee shall ensure the video telemedicine requirements are met for minimum download speed and minimum upload speed per the Federal Communications Commission. <https://www.fcc.gov/wireless/bureau-divisions/technologies-systems-and-innovation-division/rules-regulations-title-47>
     4. Grantee shall ensure the psychiatric diagnostic interview examination is completed by a licensed professional practicing within the scope of his or her license and must provide this service and document as described in the most current version of Title 26 Texas Administrative Code (TAC), Part 1, Chapter 301, Subchapter G, *Mental Health* (*MH) Community Services Standards.*
     5. Grantee may provide pharmacological management which is defined as a service provided by a physician or other prescribing professional focusing on the use of medication and the in-depth management of psychopharmacological agents to treat an individual's signs and symptoms of mental illness.
     6. Grantee shall provide counseling defined as individual, family and group therapy focused on the reduction or elimination of a client’s symptoms of mental illness and increasing the individual’s ability to perform activities of daily living. Grantee shall ensure that counseling services shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of a license, or, when appropriate and not in conflict with billing requirements, by an individual with a master’s degree in a human services field (e.g., psychology, social work, counseling) who is pursuing licensure under the direct supervision of an LPHA. Counseling services may include:
        1. Cognitive Behavioral Therapy (CBT);
        2. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT);
        3. Parent-Child Psychotherapy and Parent Child Interaction Therapy (PCIT);
        4. Family Therapy;
        5. Play Therapy; and
        6. Any other evidenced based practices which must be submitted and approved by the System Agency prior to use.
     7. Grantee shall ensure counseling services, which are services or activities that apply therapeutic processes to personal, family, and situational problems in order to bring about a positive resolution of the problem and improve individual and family functioning or circumstances. Areas of focus may include:
        1. Family relationships;
        2. Parent-child problems;
        3. Depression;
        4. Family violence;
        5. Anxiety;
        6. Trauma responses (child traumatic stress or Post-Traumatic Stress Disorder);
        7. Substance use and misuse when in conjunction with a serious emotional disturbance or mental illness; or
        8. IDD in conjunction with a serious emotional disturbance or mental illness.
     8. Grantee shall notify HHSC immediately if neither employing nor contracting with a qualified provider is possible for fifteen consecutive days during the contract term. This notification shall include the Grantee’s plan to resolve the unavailability of services.

# Implementation requirements for all services. Grantee shall ensure all services are:

* + 1. Accessible, appropriate, person and family centered.
    2. Delivered using a trauma-informed approach;
    3. Implemented with 100% model fidelity to an evidence-based program or based upon best available research (if applicable);
    4. Planned in partnership with individuals receiving services and inclusive of peers and family members;
    5. Provided in an environment that is most appropriate and/or based on an individual’s preference;
    6. Provided in a culturally and linguistically sensitive manner;
    7. Tailored to an individual’s unique strengths and needs; and
    8. 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.
  1. **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 LMHAs or LBHAs located primarily in rural areas of Texas.
  2. **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.
  3. **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 AND REPORTING

* 1. The terms of this Statement of Work will be used to assess Grantee’s effectiveness in providing the services described above. 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. 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.