

ATTACHMENT A
STATEMENT OF WORK
COMMUNITY MENTAL HEALTH GRANT PROGRAM

I. INTRODUCTION

The Texas Health and Human Services Commission (HHSC) seeks to implement the Community Mental Health Grant Program as directed by House Bill 13, 85th Legislature, Regular Session, 2017. The purpose of the grant program is to provide matching grants to support community mental health programs providing services and treatment to individuals experiencing mental illness.

II. GRANTEE RESPONSIBILITIES

- A. Implement a community mental health grant program to support mental health programs providing services, treatment, and coordination supports. The community mental health grant program must:
1. Align with the mission, vision, and goals of the Fiscal Years 2017-2021 Texas Statewide Behavioral Health Strategic Plan and address gaps, goals, and strategies identified in the strategic plan;
 2. Support community programs providing mental health care services and treatment to individuals with mental illness;
 3. Coordinate mental health care services for individuals with mental illness with other transition support services;
 4. Enhance external stakeholder partnerships;
 5. Foster community collaboration;
 6. Encourage greater continuity of care for individuals receiving services through a diverse local provider network; and
 7. Reduce the duplication of mental health services provided in the local service area.
- B. Implement a community mental health grant program meeting the following funding match requirements:
1. Obtain committed matching funds which may include cash or in-kind contributions from a person or organization, but may 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. Matching requirements are as follows:
 - a. Equal to 50 percent of the grant amount if the community mental health program is located in a county with a population of less than 250,000 (*example: if an organization meets this population criteria and receives an award of \$100,000, the funding match will be 50 percent of \$100,000, or \$50,000*);
 - b. Equal to 100 percent of the grant amount if the community mental health program is located in a county with a population of at least 250,000 (*example: if an organization meets this population criteria and receives an award of \$100,000, the funding match will be 100 percent of \$100,000, or \$100,000*); or
 - c. Equal to the percentage of the grant amount for the largest county in which a community mental health program is located if the community mental health program is located in more than one county.
 2. Report all cash and in-kind match used to support the grant program; and
 3. Provide evidence of committed match in accordance with Section .24, Subpart C, Uniform Grant Management Standards (UGMS).

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- C. Provide services in accordance with HHSC-approved work plan as outlined in Attachment A-1 of this Statement of Work.
- D. Create a Local Reporting Unit to identify service encounters related to the community mental health grant program.
- E. Hire qualified staff to provide services identified in community mental health grant program.
- F. Ensure staff complete required trainings as identified in Grantee's work plan and by System Agency.
- G. Distribute client satisfaction surveys in a format and within a timeframe requested by System Agency. DAttachment A-5 Satisfaction Survey is a sample survey. In fiscal year 2019, quarter 2 a Universal Resource Locator (URL) will be added to A-5.

III. PERFORMANCE MEASURES

The terms of this Statement of Work, including the following measures, will be used to assess Grantee's effectiveness in providing the services described in this Statement of Work, without waiving the enforceability of any of the terms of the Contract into which this Statement of Work is incorporated.

Grantee shall:

- A. Implement community mental health grant program in accordance with HHSC-approved work plan as outlined in Attachment A-1: Community Mental Health Grant Program Work Plan.
- B. Submit evidence of committed match in accordance with Section .24, Subpart C, UGMS, 15 days prior to contract execution.
- C. Report all cash and in-kind match used to support the grant program on Attachment B.
- D. Submit a budget using Attachment B. System Agency will review and provide notification of approval for the budget.
- E. Submit Attachment A-2: Community Mental Health Grant Program Data Tracking Spreadsheet on the last business day of the following month of service provision.
- F. Submit Attachment A-3: Community Mental Health Grant Program Monthly Expenditure Report on the last day of the following month of service provision.
- G. Submit Attachment A-4: Community Mental Health Grant Program Grant Program Report to Statewide Behavioral Health Coordinating Council on the impact grant funding has had on program implementation and mental health outcomes on the population served by the grant funding, per the 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article IX, Section 10.04).
 - 1. The report for program activities beginning April 1, 2018 through February 28, 2019 is due by March 31, 2019.
 - 2. The report for program activities beginning March 1, 2019 through August 31, 2019 is due by September 30, 2019.
- H. All submissions referenced in A-G of this section must be sent by electronic mail to the following email address in the format below:

To: MHContracts@hhsc.state.tx.us

Subject: CompCode_CMHGP

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IV: PAYMENT METHODOLOGY AND FUNDING

Grantee shall:

- A. Request monthly payments using the State of Texas Purchase Voucher Form 4116, which is incorporated by reference and can be downloaded at:
<https://hhs.texas.gov/laws-regulations/forms/4000-4999/form-4116-state-texas-purchase-voucher>.

- B. Submit the State of Texas Purchase Voucher Form 4116 and supporting documentation for reimbursement. Documentation shall include:
 1. Name, address, and telephone number of Grantee;
 2. System Agency Contract Number and/or Purchase Order Number;
 3. Identification of service(s) provided;
 4. Dates services/deliverables were delivered;
 5. Name of the person performing the activities;
 6. Total invoice amount; and
 7. Supporting Documentation: A copy of Grantee's General Ledger proving expenditure of funds by cost category.

- C. Electronically submit all invoices with supporting documentation to the Claims Processing Unit at HHSC_AP@hpsc.state.tx.us, with a copy to MHContracts@hpsc.state.tx.us and the assigned System Agency Contract Manager.