I. GRANTEE RESPONSIBILITIES

Grantee shall:

A. Develop and maintain facilities, information technology systems, staffing and programming to obtain certification as a Clubhouse on or before December 31, 2017. The International Center for Clubhouse Development (ICCD) standards to be followed in preparation for and continuation of certification are available in Attachment A1 - ICCD Standards.

B. Provide Clubhouse recovery services to individuals who have mental illness with fidelity to the ICCD model.

C. Identify specific entities in the community who may provide Clubhouse service gaps and build partnerships to assist individuals to provide needed recovery services.

D. Submit to System Agency a Development Plan, thirty (30) days after the execution of this Contract. Grantee’s Development Plan will be reviewed by System Agency, and System Agency will provide suggestions and guidance throughout implementation. Grantee’s Development Plan shall include:
   1. A plan to procure/secure goods and services needed (e.g., facility, staffing, information technology, administrative systems and client services) so that the Clubhouse can operate with fidelity to the ICCD model beginning August 1, 2016; and
   2. A plan to establish grants, contracts, Memoranda of Understanding (MOUs), or other collaborations with local funders, Managed Care Organizations (MCOs), and other providers in the community. (NOTE: establishing a provider contract with the Local Mental Health Authority (LMHA) and the North Texas Behavioral Authority may allow reimbursement for many peer provided services and contribute to sustainability of the program).

E. Collect operational information that will allow for semiannual reporting using Attachment A2 - Data Tracking and Reporting Tool. Attachment A2 - Data Tracking and Reporting Tool includes the following data elements:
   1. All Member Data:
      a. Total daily attendance, unduplicated active and inactive members;
      b. All members’ employment status to include follow up for six months for members who leave the Clubhouse because they obtained employment;
      c. The numbers and percentages of active members who are employed at any time during the reporting period of January 1st through December 31st. Employed means paid employment in transitional, supported, or independent employment or any combination of the three;
      d. Number of members volunteering daily;
      e. Percentage of intakes that become new members;
      f. Unduplicated daily attendance;
      g. Unduplicated daily attendance total; and
h. Unduplicated daily attendance work-ordered day total.

2. Individual Member Data:
   a. Length of time as a member for each member;
   b. Number of psychiatric hospitalizations, with length of stay prior, in the 24 months to becoming a Clubhouse member;
   c. Number of psychiatric hospitalizations, with length of stay since becoming a Clubhouse member;
   d. Housing status in the 24 months prior to becoming a Clubhouse member;
   e. Housing status since becoming a Clubhouse member;
   f. Probation/Parole status of individuals in the 24 months prior to becoming a Clubhouse member;
   g. Probation/Parole status of individuals since becoming a Clubhouse member;
   h. Number of criminal justice encounters involving arrests with one or more nights in jail in the 24 months prior to becoming a Clubhouse member; and
   i. Number of criminal justice encounters involving arrests with one or more nights in jail since becoming a Clubhouse member.

F. Begin using Attachment A3 - 2016 Texas Clubhouse Member Survey on or before December 1, 2016. Attachment A3 must be completed by Clubhouse members every six months.

G. Unless otherwise directed within this Statement of Work, all reports, documentation, and other information required of Grantee shall be submitted via electronic mail to the mhcontracts@dshs.state.tx.us, with a copy to the assigned System Agency Contract Manager. If System Agency determines Grantee needs to submit deliverables by mail or fax, Grantee shall send the required information to one of the following addresses:

**U.S. Postal Mail**
Department of State Health Services
Mental Health Contracts Management Unit (Mail Code 2058)
P. O. Box 149347
Austin, TX 78714-9347

**Overnight Mail**
Department of State Health Services
Mental Health Contracts Management Unit (Mail Code 2058)
909 West 45th Street, Bldg. 552
Austin, TX 78751
Fax: (512) 206-5307
II. PERFORMANCE MEASURES

System Agency will monitor Grantee’s performance of the requirements in Attachment A and compliance with the Contract’s terms and conditions.

A. Grantee shall maintain a rate of 15 percent employment among active members. This rate is calculated by dividing total number of active members employed by the total number of active members and multiplying by 100 (e.g., 15 active members employed ÷ 100 active members x 100 = 15%). This rate will be assessed semiannually on December 15th and June 15th of each fiscal year.

B. On or before December 15th and June 15th of each year, Grantee shall submit Attachment A2 - Data Tracking and Reporting Tool.

C. On or before December 15th and June 15th of each year, Grantee shall submit copies of Attachment A3 completed by members. Copies of surveys must be submitted for a minimum of 15 percent of active members (e.g., 15 active members employed ÷ 100 active members x 100 = 15%).

D. On or before December 31, 2017 Grantee shall provide System Agency with a copy of Grantee’s ICCD certification. If ICCD certification is not obtained on or before December 31, 2017, Grantee shall submit documentation detailing when System Agency can expect to receive a copy of Grantee’s ICCD certification.

III. INVOICE AND PAYMENT

A. Grantee will be paid on a cost reimbursement basis, and in accordance with Attachment B - Budget.

B. Grantee will request monthly payments using the State of Texas Purchase Voucher (Form B-13) which is incorporated by reference and can be accessed at: http://www.dshs.state.tx.us/grants/forms.shtm.

Form B-13 and supporting documentation for reimbursement of the services/deliverables 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
C. Grantee shall electronically submit all invoices with supporting documentation to the Claims Processing Unit at invoices@dshs.state.tx.us with a copy to mhcontracts@dshs.state.tx.us and the assigned System Agency Contract Manager. Alternative submission arrangements must be approved by the assigned System Agency Contract Manager.

D. System Agency is dependent upon funds appropriated by fiscal year to fund this contract. The initial funding allocations and funded contract attachments included with this Contract are for first fiscal year of the Contract term. Subsequent fiscal year funding will be added to this Contract by amendment.

E. The source of funds for this Contract are State funds.

F. Total value of this Contract will not exceed XXXXX
Total System Agency reimbursement of this Contract will not exceed: $ XXXXXXXXXXX
At a minimum, the Total cash or in-kind match amount for the term of this Contract shall be: XXXXXX
Total System Agency reimbursements for state fiscal years 2016 and 2017 will not exceed: XXXXXX
Grantee shall provide, at a minimum, a cash or in-kind match amount of XXXXXX for state fiscal years 2016 and 2017.
Total System Agency reimbursements for state fiscal year 2018 will not exceed: XXXXXXXXXXX
Grantee shall provide, at a minimum, a cash or in-kind match amount of $XXXXXX for state fiscal year 2018.

System Agency at its sole discretion, may adjust the funding amount of Contract based on performance measures, outcome measures, waitlist, and/or other criteria determined by System Agency. Contingent on availability of funds allocated for the adjustments, System Agency may implement an alternative reimbursement methodology using the rates set forth herein (or using the rates that exist at the time a contract is executed). The Parties may be required to execute a written amendment under this section.
Funding will be is contingent on the availability of state funds from System Agency. State fiscal years are defined as September 1st through August 31st.