**I. CONTRACTOR RESPONSIBILITIES**

1. Program Goals:

Contractor shall provide Jail-Based Competency Restoration (JBCR) Pilot Program (Program) services to adults. Contractor shall:

1. Reduce the number of maximum security and non-maximum security defendants on the Clearinghouse (waitlist) determined to be Incompetent to Stand Trial (IST) due to mental illness and/or Co-Occurring Psychiatric and Substance Use Disorders (COPSD) issues;
2. Provide prompt access to clinically appropriate JBCR services for eligible participants determined IST. Services shall include treatment of the underlying mental illness, the provision of competency restoration education, and skills training. Competency restoration education and skills training shall enable Program participants to obtain a factual and rational understanding of legal proceedings, and restore their ability to consult with legal counsel. Treatment shall encompass the principles of effective psychiatric rehabilitation;
3. Provide a cost-effective alternative to competency restoration in a State Mental Health Facility (SMHF);
4. Reduce the demand for forensic state hospital bed days in the area served by the Program;
5. Minimize or ameliorate the stress of incarceration, to the extent possible, for participants in the Program;
6. Maintain good communication and collaboration, and develop and maintain continuity of care coordination with the county jail, Local Mental Health Authority (LMHA), Local Behavioral Health Authority (LBHA), or subcontractors of the LMHA or LBHA, SMHFs, and other entities to assure proper program operations and participant care;
7. Collect data to support the effectiveness and cost savings of the Program; and
8. Achieve a combined total rate of 55% of all Program participants either restored to competency and/or sufficiently improved to have charges dropped.
9. General Subcontracting Requirements with the County Jail:

Contractor is mandated to enter into a Memorandum of Understanding (MOU) with a county jail for services in accordance with the Code of Criminal Procedure (CCP), Title 1, Chapter 46B, Subchapter D, Article 46B.090. The MOU shall require the county jail to:

* 1. Ensure the safety of participants;
	2. Designate a separate space in the county jail for the Contractor to conduct the pilot program;
	3. Provide the same basic care to participants as is provided to other inmates of the county jail;
	4. Supply clinically appropriate psychoactive medications to the mental health service provider for purposes of administering court-ordered medication to the participants in accordance with the following:
		1. CCP, Chapter 46B, Article 46B.086; and
		2. Health and Safety Code (HSC), Chapter 574, Section 574.106.
	5. Permit the Contractor and/or other subContractor(s) to be on-site with Program participants 24/7.

1. Program & Eligibility:

Contractor shall serve \_\_\_\_\_\_ participants. The following criteria for participation shall be met:

1. Participants shall be adults who are determined by the court to be IST pursuant to CCP, Article 46B;
2. Participants should not be eligible for release on bail and deemed appropriate for treatment in an Outpatient Competency Restoration Program.
3. Evaluation for eligibility shall also include assessment and testing to include participant's current psychological functioning, and the likeliness to restore to competency.
4. Program Standards:

Contractor shall:

1. Comply with applicable statues and rules, including those referenced in this Contract;
2. Access and adhere to Texas Administrative Code (TAC) as referenced in this Contract;
3. Access and adhere to the appropriate the HSC, CCP, Texas Government Code (TGC), Texas Occupations Code (TOC), Texas Human Resources Code (THRC), Texas Business and Commerce Codes (TBCC), and Code of Federal Regulations (CFR);
4. Use a non-emergency behavioral intervention that complies with all relevant rules and statutes as outlined in this Contract;
5. Use a non-punitive behavior management program;
6. Use a protocol for preventing and managing aggressive behavior such as Satori Alternatives for Managing Aggression; and
7. Use a competency restoration education curriculum to provide legal education for each Program participant.
8. Written Policies and Procedures:

Contractor shall develop written policies and procedures for System Agency review and approval. Upon System Agency approval, Contractor shall implement such written policies and procedures to:

* 1. Describe the eligibility, intake and assessment, and treatment planning processes and address coordination and continuity of care planning with the LMHA, LBHA, or subcontractors of the LMHA or LBHA, beginning at admission. Any admission to the Program requires the Program physician's confirmation of eligibility, an order of the court with jurisdiction over the participant, as well as, cooperation and close coordination with the LMHA, LBHA, or subcontractors of the LMHA or LBHA;
	2. Assess participants for suicidality and homicidality and address any facility-based issues, as well as, address the degree of suicidality and homicidality by developing an individualized suicide and homicide prevention plan;
	3. Outline the provider staff members' ability to monitor and report to the court a participant's restoration to competency status and readiness for return to court as specified in CCP, Article 46B.079;
	4. By the 21st day, if it is determined that a participant is not likely to be restored by the 60th day, then the participant's name shall be added to the DSHS Statewide Forensic Clearinghouse Waitlist;
	5. Track the maximum length of stay for a participant based on criminal charges. The expiration date of the competency restoration commitment shall be forwarded to the clearinghouse waitlist in the event that the participant is transferred to a SMHF;
	6. Address how provider staff members ensure the ongoing care, treatment, and overall therapeutic environment during evenings and weekends including, but not limited to behavioral health crisis or physical health crisis consistent with §412.321(a) and (e) of this title (relating to Crisis Services); and
	7. Address how a participant's competency is maintained after restoration and before adjudication or transfer to an OCR Program, residential care facility, SMHF, or discharge to the community. If a person is deemed not likely to restore and is awaiting transfer to a SMHF or residential care facility, then treatment in the Program (except for competency restoration education) shall continue until the transfer is complete.
1. Staffing, Operations, and Oversight Requirements:
	1. Staff Member Training. Contractor shall:
		1. Recruit, train, and maintain qualified provider staff members, with documented competency in accordance with 25 TAC, Chapter 412, Subchapter G:
			1. §412.314(e) concerning Access to Mental Health Community Services;
			2. §412.315 concerning Medical Records System; and
			3. §412.316 concerning Competency and Credentialing.
		2. Recruit, train, and maintain qualified provider staff members, with documented competency in accordance with 40 TAC, Chapter 2, Subchapter G and shall also comply with the following:
2. §2.307(b)(1)(A) concerning Access, Intake, and Enrollment Related Responsibilities;
3. §2.559 concerning Minimum Qualifications;
4. §5.560 concerning Staff Person Training; and
5. §2.561 concerning Documentation of Service Coordination.
	* 1. Train all staff members. Prior to providing services, all staff members shall be trained and demonstrate competence in:
6. Rights of Participants receiving JBCR services as outlined in Attachment A-1;
7. Identifying, preventing, and reporting abuse, neglect, and exploitation in accordance with:
	* + - 1. The Texas Commission on Jail Standards; or
				2. The HHS Office of the Ombudsman.
8. Use a protocol for preventing and managing aggressive behavior.
	* 1. Document that services provided to Program participants are delivered by staff members who are acting within their scope of practice, and who have demonstrated the following minimum knowledge, technical, and interpersonal competencies prior to providing services:
9. Knowledge of the fact that mental health and substance use disorders are potentially recurrent relapsing disorders;
10. Knowledge of intellectual and developmental disabilities and appropriate treatment interventions;
11. Knowledge of the current Diagnostic and Statistical Manual, diagnostic criteria for psychiatric disorders, intellectual and developmental disorders, substance use disorders, and the relationship between psychiatric, intellectual and developmental, and substance use disorders;
12. Knowledge, as appropriate to their roles, of how to provide effective mental health services, including counseling, psychosocial rehabilitation, and Illness Management and Recovery for Program participants, such as Cognitive Behavioral Therapy or Dialectical Behavioral Therapy;
13. Knowledge regarding the increased risks of self-harm, suicide, and violence in Program participants;
14. Knowledge of the elements of an individualized treatment plan for Program participants;
15. Basic knowledge of pharmacology as it relates to Program participants; and
16. Understanding of the benefit of incorporating peers as part of the Program participant’s substance use and/or mental health recovery program.
	* 1. Require criminal history background checks be conducted prior to providing services to Program participants, to ensure staff members, officers, agents, interns, residents, or volunteers have not been convicted of or received a probated sentence or deferred adjudication for any criminal offense that would constitute a bar to employment in accordance with the Texas Health and Safety Code, Title 4 Subtitle B, Chapter 250, Section 250.006.
		2. Perform a registry clearance by conducting a review for reports of misconduct, including abuse, neglect and exploitation, through:
17. The Employee Misconduct Registry maintained by the Department of Aging and Disability Services in accordance with 40 TAC, Part 1, Chapter 93, in its entirety; and
18. The Nurse Aide Registry maintained by the Department of Aging and Disability Services in accordance with 40 TAC, Part 1, Chapter 94, in its entirety.
	* 1. Conduct primary source verification for licensed positions providing services under this Contract, and require and document annual reverification and self-reporting of license issues. All staff members who are required to be licensed must be in good standing with the State of Texas.
	1. Program Staffing. Contractor shall:
		1. The program coordinator shall also act as a liaison between the Program and the court(s);
		2. A Multidisciplinary Treatment Team (Team) shall provide clinical treatment directed toward the specific objective of restoring the Program participant’s competency to stand trial.
		3. LMHA, LBHA, or subcontractors of the LMHA or LBHA responsibilities include the following:
			1. Participating in continuity of care planning for participants; and
			2. Reporting encounters with participants in the HHSC-approved clinical records management system (e.g., Clinical Management for Behavioral Health Services).
	2. Quality Management. Contractor shall:
		1. Utilize an electronic program management application to track aspects of the Program to include:
			1. Effectiveness;
			2. Efficiency;
			3. Reduction in risk;
			4. Access to care; and
			5. Customer satisfaction.
		2. Establish a quality assurance/quality improvement committee to:
19. Review outcome data;
20. Identify and implement corrective action; and
21. Follow-up on compliance with corrective action plans.
	1. Admission, Treatment, and Continuity of Care Requirements. Contractor shall:
		1. Admission Procedures.
22. Screen Program participants for JBCR services;
23. Verify Program participant is court-ordered to participate by the court(s);
24. Verify Program participant is examined by a physician for a psychiatric evaluation within 48 hours of admission;
25. Verify staff members initiate the intake assessment process of a Program participant no later than 24 hours after such participation has been court-ordered. The intake process shall include:
	1. An assessment for suicidality and homicidality; and
	2. An explanation of the Program participants’ rights, orally and in writing as outlined in this Contract.
26. Register each Program participant in Client Assignment and Registration (CARE).
27. Complete a client profile for each Program participant through the Clinical Management for Behavioral Health Services System (CMBHS).
	* 1. Treatment.
28. Verify staff members deliver and document a minimum of one daily face-to-face service for each Program participant;
29. Verify staff members complete an individualized treatment plan with the Program participant within 5 business days of a participant’s admission. The development of the individualized treatment plan shall include the Program participant, Legally Authorized Representative (LAR), and other members of a participant’s natural support system if authorized. The individualized treatment plan shall address the following needs, as applicable:
	* + - 1. Trauma-informed care;
				2. Physical health concerns/issues;
				3. Medication and medication management;
				4. Level of family and community support;
				5. Mental health concerns or issues;
				6. Intellectual and developmental disabilities;
				7. Substance use disorder or COPSD concerns or issues; and
				8. Discharge plans developed in conjunction with the Program participant, LAR, and the LMHA, LBHA, or subcontractors of the LMHA or LBHA, as appropriate, in the event the Program participant is released to the community upon restoration.
30. Verify competency restoration education to include:
31. Treatment of the underlying mental illness by a psychiatrist or psychologist;
32. Behavioral interventions for participants with intellectual and developmental disabilities;
33. The provision of competency restoration education;
34. Skills training; and
35. Counseling as clinically indicated for competency restoration.
36. Verify staff members use a competency restoration education curriculum to provide legal education for each Program participant;
37. Verify each Program participant is educated in multiple learning formats including, but not limited to:
38. Discussion;
39. Reading; and
40. Video and experiential methods such as role-playing, or mock trial.

Program participants with accommodation needs shall receive adapted materials and approach, as needed.

1. Verify staff members provide weekly treatment hours consistent with the treatment hours provided as part of a competency restoration program at a SMHF;
2. Confirm specific deficits identified during the competency restoration evaluation were listed in the individualized treatment plan and targeted in the Program participant’s treatment;
3. Verify staff members provide competency restoration education and deliver a full array of mental health and COPSD treatment services that are effective, responsive, individualized, culturally competent, trauma informed, and person-centered. Services shall include, but are not limited to:
4. Psychiatric evaluation;
5. Medications;
6. Nursing services;
7. General medical care;
8. Psychoactive medication, including court-ordered medication;
9. Rehabilitative services, including skills training or psychosocial rehabilitation; and
10. Peer provider services, if available.
11. Verify staff members conduct case conferences to reassess Program participant’s progress toward competency restoration on a weekly basis, and additionally as needed, allow the Team to measure the effectiveness of interventions, and to incorporate additional treatment and educational elements into the individualized treatment plan;
12. Require staff members submit to the committing court(s) a written update of the Program participant’s status. This update shall be submitted a minimum of once a month;
13. Maintain an average length of stay per Program participant of no longer than 60 days;
14. Comply with the following in accordance with, and as amended:
15. CCP, Chapter 46B;
16. HSC, Title 7, Chapter 574;
17. 25 TAC, Part 1, Chapter 405, Subchapter K, in its entirety;
18. 25 TAC, Part 1, Chapter 411, Subchapter N, in its entirety;
19. 25 TAC, Part 1, Chapter 414, Subchapter I, in its entirety;
20. 25 TAC, Part 1, Chapter 414, Subchapter K, in its entirety;
21. 25 TAC, Part 1, Chapter 415, Subchapter A, in its entirety;
22. 25 TAC, Part 1, Chapter 415, Subchapter F, in its entirety;
23. 25 TAC, Part 1, Chapter 416, Subchapter C, 416.76-416.85 and 416.87-416.93;
24. 25 TAC, Part 1, Chapter 417, Subchapter K, in its entirety;
25. 37 TAC, Part 9, in its entirety;
26. The Health Insurance Portability and Accountability Act of 1996 (HIPAA);
27. Other applicable federal and state laws, including, but not limited to:

42 CFR, Volume 1, Chapter 1, Subchapter A, Part 2, Subpart D, in its entirety;

42 CFR, Volume 1, Chapter 1, Subchapter A, Part 51, Subpart D, in its entirety;

45 CFR, Volume 1, Chapter 1, Subtitle A, Part 160, in its entirety;

45 CFR, Volume 1, Chapter 1, Subtitle A, Part 164, in its entirety;

HSC, Title 2, Subtitle D, Chapter 81, Subchapter F;

HSC, Title 4, Subtitle B, Chapter 241, Subchapter G;

HSC, Title 2, Subtitle I, Chapters 181, 595, and 611; and §§533.009, 533.035(a), 572.004, 576.005, 576.0055, 576.007, 595.005(c), and 614.017;

HSC, Title 7, Subtitle D, Chapter 595, in its entirety;

HSC, Title 7, Subtitle E, Chapter 611, in its entirety;

TGC, Title 5, Subtitle A, Chapter 552, in its entirety;

TGC, Title 5, Subtitle A, Chapters 552 and 559, and §531.042;

THRC, Title 2, Subtitle D, Chapter 48, in its entirety;

TOC, Title 3, Subtitle B, Chapter 159, in its entirety;

TBCC, Title 11, Subtitle B, Chapter 521, Subchapter B, Section 521.053.

* 1. Transition Services

Contractor shall:

* + - 1. Verify staff members provide transition services that encourage timely resolution of Program participant’s legal issues in an effort to minimize the length of time a participant is incarcerated. Transition services shall be delivered in a designated separate space in the county jail, if a Program participant is:
				1. Restored to competency;
				2. Deemed not likely to restore and awaiting an inpatient admission to a SMHF; or
				3. Deemed not likely to restore and awaiting return to the community.
			2. The court may order a single extension of 60 days under the Texas Code of Criminal Procedure, Article 46B.080 and the transfer of the defendant without unnecessary delay to the appropriate SMHF or residential care facility as provided by CCP, Article 46B.073(d) for the remainder of the period under the extension.
	1. Discharge Planning.

Contractor shall:

* + 1. Verify the psychiatrist is conducting a minimum of two complete competency evaluations of the Program participant during the period the participant receives competency restoration education and services. The psychiatrist must conduct one evaluation no later than the 21st day and one evaluation no later than the 55th day after the Program participant is admitted in the Program. The psychiatrist shall submit to the court(s) an evaluation report concerning each evaluation;
		2. Notify the court(s) immediately if a Program participant is deemed not likely to be restored to competency within the 60-day period;
		3. Verify the psychiatrist determines if a Program participant charged with a felony has not been restored to competency by the end of the 55th day after admission to the Program. The psychiatrist shall advise the court(s) whether the Program participant is likely to restore within the next 5 days. If the Program participant is deemed not likely to restore within the next 5 days, the Contractor shall:
			1. Request the court(s) grant a single extension in accordance with the CCP, Chapter 46B, Article 46B.080, and transfer the Program participant without unnecessary delay to the appropriate SMHF or residential care facility for the remainder of the period under the extension;
			2. Contact System Agency to add the Program participant to the waitlist no later than 24 hours following a psychiatrist determination;
			3. Submit to System Agency via fax or other electronic means all required medical and legal records of the Program participant no later than 48 hours following a psychiatrist determination; and
			4. Ensure the Program participant is transported to a SMHF or residential care facility for continued treatment no later than 48 hours following a psychiatrist determination, or;
				1. If the Program participant is deemed likely to restore within the next 5 days, the Program participant may remain in the Program until the 60th day.
		4. Require staff members, upon admission of a Program participant, to begin discharge planning, and initiate continuity of care coordination with the LMHA, LBHA, subcontractors of the LMHA or LBHA, Local Intellectual and Developmental Disability Authority (LIDDA), SMHF, or residential care facility as appropriate;
		5. Require a reasonable and appropriate discharge plan be developed in accordance with 25 TAC, Part 1, Chapter 412, Subchapter D. The discharge plan shall be developed in conjunction with the Program participant, the Team, the designated LMHA, LBHA, subcontractors of the LMHA or LBHA, other provider, the LIDDA, SMHF, or residential care facility, and the LAR, the court(s), and any other person authorized by the Program participant. The Program is responsible for notifying parties involved in discharge planning of scheduled staffings and reviews. The discharge plan shall include:
			1. A description of recommended clinical services and supports needed by the Program participant after discharge or transfer;
			2. A description of problems identified at discharge or transfer, which may include any issues that disrupt the Program participant’s stability;
			3. The Program participant’s goals, interventions, and objectives as outlined in the participant’s individual treatment plan; and
			4. A final diagnosis.
		6. Verify the final discharge plan shall be signed by the treating physician, Program participant, and the LAR. Copies of this plan shall be provided to the LMHA, LBHA, subcontractors of the LMHA or LBHA, other provider, the LIDDA, SMHF, or residential care facility, and the LAR;
		7. At a minimum, discharge planning shall:
			1. Deliver counseling to prepare the Program participant, LAR and designated advocate, if any, for care after discharge or transfer;
			2. Identify a community provider, and clinical services and supports, in conjunction with the Program participant, LAR and designated advocate, to determine location of referral services or supports after discharge or transfer;
			3. Provide 10 days of psychoactive medication if a Program participant is being discharged to the community;
			4. Facilitate ongoing services in the most appropriate available Level of Care prior to discharge from the Program;
			5. Require the Program to work immediately with community partners and the Program participant to provide needed supports and access to treatment;
			6. Identify methods to work closely with the court(s) to avoid unexpected discharge of Program participants. In the event of an unexpected discharge, ensure staff members work immediately with community partners and the Program participant to provide needed supports and access to treatment. Upon discharge or transfer of a Program participant, the participant's medical record shall identify services provided, diagnoses, medication, individual treatment plan, medication allergies, or other known precautions;
			7. Verify after a Program participant is restored to competency or deemed not likely to restore, staff members work closely with the court(s) to encourage timely resolution of the Program participant’s legal issues in an effort to minimize the amount of time the Program participant is incarcerated while waiting for the case to be resolved.
1. Reporting Requirements:

Contractor shall:

* + 1. Report clinical and programmatic complaints of mistreatment, abuse, neglect, exploitation, or illegal, unethical or unprofessional conduct to the HHS Office of the Ombudsman (toll free telephone number 1-800-252-8154, toll free TDD telephone number 1-800-735-2988). Report jail standard complaints to the Texas Commission on Jail Standards (telephone number 512-463-5505);
		2. Report to System Agency any occurrence of the use of seclusion or physical restraint. Use of seclusion or physical restraint shall be in accordance with 25 TAC, Part 1, Chapter 415, Subchapter F, in its entirety;
		3. Report to System Agency the death of a Program participant served in accordance with 25 TAC, Part 1, Chapter 405, Subchapter K, in its entirety;
		4. Maintain and follow written policies and procedures, which outline the Program’s processes for monitoring a Program participant's restoration to competency status and readiness for return to court(s);
		5. Track and report outcome measures as specified in the rules, statutes, and this Contract;
		6. Comply with reporting procedures in accordance with the CCP, Article 46B.079;
		7. Coordinate with the court(s) to encourage timely determination of a Program participant's competency status, unless all parties agree to accept Contractor’s report;
		8. Submit to System Agency a detailed strategy plan for monitoring and auditing the number of hours worked by Contractor and subContractors;
		9. Register the Program participant in CARE; and
		10. Complete a client profile for Program participant in CMBHS.

**II. PERFORMANCE MEASURES:**

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

The Contractor shall perform the following activities and provide documentation in the manner and timeframes specified below:

1. No later \_\_\_\_\_\_\_\_\_\_, Contractor shall report in CMBHS an achieved combined total rate of \_\_\_\_\_\_\_\_ of all Program participants either restored to competency and/or sufficiently improved to have charges dropped.
2. Contractor shall report to System Agency the use of a restraint or seclusion no later than 24 hours after the occurrence as outlined in 25 TAC 415 Subchapter F.
3. Contractor shall submit to System Agency the Report of the Death of a Person Served, ATTACHMENT A-2 no later than 24 hours after the occurrence.
4. Contractor shall notify System Agency of a Program participant deemed not likely to be restored to competency no later than the 60th day. System Agency will add the Program participant to the waitlist.
5. Contractor shall examine a program participant by a physician for a psychiatric evaluation no later than 48 hours following admission.
6. Contractor shall initiate the intake assessment process of a Program participant no later than 24 hours after such participant has been court-ordered to treatment.
7. Contractor shall complete an individualized treatment plan with the Program participant no later than 5 business days following admission.
8. Contractor shall submit to the committing court(s) a written update of the Program participant’s status at a minimum of once per month.
9. Contractor shall comply with the following in accordance with statute:
	1. Ensure the psychiatrist conducts one competency evaluation per Program participant no later than the 21st day following the court order for treatment; and
	2. Ensure the psychiatrist conducts a second competency evaluation per Program participant no later than the 55th day following the court order for treatment.
10. No later than the 55th day, Contractor shall ensure the court(s) is notified of whether or not a Program participant charged with a felony offense will be restored to competency within the next 5 days. If the Program participant is deemed not likely to restore within the next 5 days, the Contractor shall:
	1. Contact System Agency to add the Program participant to the waitlist no later than 24 hours following a psychiatrist determination;
	2. Submit to System Agency via fax or other electronic means all required medical and legal records of the Program participant no later than 48 hours following a psychiatrist determination; and
	3. Transport the Program participant to a SMHF for continued treatment no later than 48 hours following a psychiatrist determination.
11. No later than the 55th day, Contractor shall ensure the court(s) is notified of whether or not a Program participant charged with a misdemeanor offense will be restored to competency within the next 5 days. If the Program participant is deemed not likely to restore within the next 5 days, the Contractor shall:
12. Request the court(s) grant a single extension in accordance with CCP, Chapter 46B, Article 46B.080, and transfer the Program participant without unnecessary delay to the appropriate SMHF or residential care facility as provided by CCP, Chapter 46B, Article 46B.073(d) for the remainder of the period under the extension;
13. Contact System Agency to add the Program participant to the waitlist no later than 24 hours following a psychiatrist determination;
14. Submit to System Agency via fax or other electronic means all required medical and legal records of the Program participant no later than 48 hours following a psychiatrist determination; and
15. Transport the Program participant to a SMHF for continued treatment no later than 48 hours following a psychiatrist determination, or if the Program participant is deemed not to be transported to a SMHF for continued treatment, the Contractor shall:
	* 1. Advise the court(s) to proceed in accordance with CCP, Chapter 46B, Subchapter A;
		2. Request the court(s) to release the Program participant on bail in accordance with CCP, Chapter 17; or
		3. Request the court(s) to dismiss charges in accordance with CCP, Chapter 46B, Article 46B.010.
16. Contractor shall complete registration for each Program participant into CARE no later than 24 hours following admission.
17. Contractor shall complete a “Client Profile” for each Program participant into CMBHS no later than 24 hours following admission.
18. The provider shall collect data on the following:
	1. the number of participants on felony charges;
	2. the number of participants on misdemeanor charges;
	3. the average number of days for a participant charged with a felony to be restored to competency;
	4. the average number of days for a participant charged with a misdemeanor to be restored to competency;
	5. the number of participants for whom an extension was sought;
	6. the number of participants who were restored to competency; and
	7. the average length of time between determination of non-restorability and transfer to a state mental health facility.
19. No later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Contractor shall serve x number of Program participants admitted with mental illness and/or COPSD diagnoses as documented in the CARE and CMBHS systems;
20. No later than \_\_\_\_\_\_\_\_\_\_\_\_\_, Contractor shall submit to System Agency a detailed strategy plan for monitoring and auditing the number of hours worked by Contractor and subContractors;
21. No later than \_\_\_\_\_\_\_\_\_\_\_, Contractor shall submit to System Agency for approval a copy of all written policies and procedures required in this Contract;
22. All reports, documentation, and other information required of Contractor shall be submitted electronically to \_\_\_\_\_\_\_\_\_\_\_\_\_, as well as to the assigned System Agency Contract Manager and the System Agency Program Contact. If System Agency determines Contractor needs to submit deliverables by mail or fax, Contractor shall send the required information to one of the following addresses:

U.S. Postal Mail

Health and Human Services Commission Mental Health Contracts Management Unit (Mail Code 2058)

P. O. Box 149347

Austin, TX 78714-9347

Overnight Mail

Health and Human Services Commission Mental Health Contracts Management Unit (Mail Code 2058)

909 West 45th Street, Bldg. 552

Austin, TX 78751

1. CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS). Contractor shall:
	1. Access CMBHS as follows https://cmbhs.dshs.state.tx.us/cmbhs/webpages/Reports.aspx.
	2. Complete CMBHS training as provided by the CMBHS team via webinar no later than \_\_\_\_\_\_\_.
	3. Contractor shall ensure that it has appropriate Internet access and an adequate number of computers sufficient to use CMBHS.
	4. Contactor shall notify System Agency immediately if a security violation is detected, or if Contractor has any reason to suspect that the security or integrity of CMBHS data has been or may be compromised in any way.
	5. Contractor is required to update user accounts on a daily basis to reflect any changes in account status.
	6. Contractor shall ensure that adequate internal controls, security, and oversight are established for the approval and electronic transfer of information regarding payments and reporting requirements. Contractor shall ensure that the electronic payment requests and reports transmitted contain true, accurate, and complete information.
	7. System Agency may limit or deny access to CMBHS by Contractor at any time in at System Agency sole discretion.
	8. Contractor shall use the following CMBHS components/functionality, in accordance with System Agency instructions:
		1. Create user accounts, to include appropriately assigning CMBHS roles;
		2. Update user accounts, and roles as needed;
		3. Find/New Client;
		4. Create and update Client Profiles;
		5. Open Case and Close Case; and
		6. Documentation of performance measures.
	9. System Agency will provide support for CMBHS, including problem tracking and resolution. System Agency will provide telephone numbers for Contractors to access expert assistance for CMBHS related problem resolution. System Agency will provide initial CMBHS training. Contractor shall provide subsequent ongoing end-user training.
	10. Contractor shall designate a Security Administrator and a back-up Security Administrator. The Security Administrator is required to implement and maintain a system for management of user accounts/roles to ensure that all CMBHS user accounts are current. Contractor shall develop and maintain a written security policy that ensures adequate system security and protection of confidential information. Contractor shall fulfill the following requirements:
	11. Contractor shall complete Form K, Security Administrator Attestation & Authorized Users List (Exhibit D), confirming the Contractor has reviewed the names of agency employees who have access to System Agency database systems or System Agency database systems that may be used in conducting business with System Agency, and Contractor has removed access to users who are no longer authorized to access secure data. Contractor shall also use Form K to provide to System Agency the name, phone number, and email address of the two security administrators no later than \_\_\_\_\_\_\_\_. Information shall be submitted electronically to the mhcontracts@dshs.state.tx.us email address, as well as to the assigned System Agency Contract Manager.
	12. Contractor shall use Form K, Security Attestation & Authorized Users List, to notify System Agency within 10 business days of any change to the designated Security Administrator or the back-up Security Administrator.

**III. INVOICE AND PAYMENT:**

1. Contractor shall submit expenditures on a monthly basis. Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) ), which is incorporated by reference and can be downloaded at <http://www.dshs.state.tx.us/grants/forms.shtm>. When required by this Contract, supporting documentation for reimbursement of the services/deliverables shall also be submitted.
2. At a minimum, invoices shall include:
	1. Name, address, and telephone number of Contractor;
	2. System Agency Contract or Purchase Order Number;
	3. Identification of service(s) provided;
	4. Dates services were delivered;
	5. Itemization of direct costs, indirect costs, and additional percentage of direct costs requested;
	6. Total invoice amount;
	7. A copy of the General Ledger for the period which supports the budget items requesting reimbursement; and
	8. Any additional supporting documentation which is required by this Contract or as requested by System Agency.

Contractor 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. Alternative submission arrangements must be approved by the assigned System Agency Contract Manager.

1. Contractor will be paid on a cost plus percentage of cost basis. System Agency’s approved profit margin for operation of the JBCR Pilot Program is 9% of actual direct cost expenses. All payments will be made in accordance with the costs outlined in Attachment B - Budget, and will not exceed the total amount of this Contract.