**ATTACHMENT A**

**A05 OUTPATIENT COMPETENCY RESTORATION**

**CONTRACTOR: *Contractor Name***

**INTRODUCTION:**

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; and

3. reduce the number of bed days in SMHFs used by forensic patients from the Contractor’s local service area.

**SECTION I. STATEMENT OF WORK:**

Contractor shall deliver an OCR program (Program) in accordance with the following requirements:

1. Comply with applicable statues and rules, including those referenced in this Statement of Work.

2. Meet all of the statutory requirements of Texas Code of Criminal Procedure (TCCP) Chapter 46B.

3. Comply with the specifications of the Proposal for Contract Amendment (PCA) referenced in Section III, or as otherwise amended in this Statement of Work.

4. Provide all of the services specified in Contractor’s proposal submitted in response to the PCA referenced in Section III related to OCR.

5. Serve XX 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 as measured and documented through the Encounter Data and WebCARE reports defined in Section II of this Statement of Work.

6. For individuals who have completed the Program, achieve a combined total rate of 40% of either restored to competency to stand trial, and/or having their charges dropped as determined by the court.

7. Maintain an average length of stay of no longer than 180-days for all individuals admitted during the fiscal year.

8. 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 the DSHS. This includes the Program Coordinator and any additional staff providing Program services.

9. Recruit, train, and maintain a Program Coordinator, who must be a Licensed Practitioner of the Healing Arts, as defined in the 25 Texas Administrative Code (TAC), Part 1, Chapter 412, Subchapter G, who shall work as a liaison with the local criminal justice system in the Contractor’s area, unless approved by DSHS.

10. If available, coordinate specialty care with peer support staff. Peer support staff will work closely with potential Program participants and assisting with referring individuals to the Program.

11. To determine an individual’s appropriateness for OCR treatment, provide prompt screening for Program eligibility by:

a) conducting an eligibility and intake assessment;

b) conducting a psychosocial assessment;

c) administering the DSHS Substance Use Screening Tool;

d) administering a risk assessment such as the Historical, Clinical, Risk Management, and

Violence Risk Assessment Scheme (HCR-20); and

e) if appropriate, administer the Outreach, Screening, Assessment, and Referral measure.

12. If a substance use issue is identified, provide referral and access to substance use treatment within 21-days to include inpatient or outpatient treatment.

13. Upon notification of an individual’s commitment to OCR, complete the Texas Resilience and Recovery Utilization Management Guidelines Adult Needs and Strength Assessment, and a treatment plan. The treatment plan shall address:

a) physical health concerns and issues;

b) medication and medication management;

c) level of family and community support;

d) COPSD concerns or issues;

e) supported housing, including rental and utility subsidy;

f) transportation; and

g) as applicable, assistance with benefits applications.

14. Update the individualized treatment plan within five (5) working days of an individual’s enrollment in the Program to include all assessments.

15. Contractor’s program staff shall work with courts and law enforcement personnel to secure daytime release to Contractor and to avoid nighttime releases of incarcerated individuals. Program staff shall coordinate the timely release of the individual to the LMHA, 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 a documented service(s) to the individual on the day of release from jail.

16. 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. Such policies shall include that individuals who are in close proximity to the Program and who are without a Program in their services area 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.

17. 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, provide individuals in the Program access to Texas Resilience and Recovery Level of Care 3 or 4 services where clinically appropriate. Contractor shall also provide individuals in the Program access to a physician, preferably a psychiatrist, no later than seven (7) working days after release from jail or court.

18. Provide Level of Care 3 or 4 psychosocial services and supports, where clinically appropriate, to individuals in the Program. Contractor shall meet or exceed the minimum expected hours associated with authorized levels of care as outlined in the Texas Resilience and Recovery Utilization Management Guidelines to promote successful outcomes. The majority of the rehabilitative hours shall be provided in the individual’s home or in the Contractor’s office location.

19. Provide, or engage other educators to provide, for competency didactic education for all individuals following DSHS-approved competency restoration curricula based on the needs of the individual.

20. 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 (THSC) Chapter 247.

21. Screen eligible individuals for permanent supportive housing and basic rental assistance programming (e.g. Project Access and rental assistance) offered by the center if funding for such programs is available.

22. 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.

23. 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 TCCP Article 46.B.079. Coordinate with the court to timely determine an individual’s competency. Contractor’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.

24. Contact the state hospital and the LMHA 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.

25. 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:

a) identification of individuals pending initial orders of competency restoration commitment who could be served through the Program;

b) 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

c) to provide general education related to crisis services and mental health programs available as diversions to incarceration and hospitalization.

26. During the duration of commitment, report monthly, for each individual admitted to the Program, provide to the court of commitment, a written update on the individual’s progression in the program.

27. Provide continuity of care for individuals completing the Program. Contractor shall create discharge plans for individuals in the Program that ensure, at a minimum, the following are provided or have been addressed:

a) provide a plan for maintaining housing and utilities for at least three months post discharge;

b) facilitate ongoing services through the LMHA in the most appropriate and available Level of Care before final discharge from the Program;

c) 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;

d) complete all appropriate benefits applications on behalf of any discharged individual including signing up for long-term subsidized housing; and

e) confirm that an individual being discharged from the Program shall not be referred to an assisted living facility not licensed under the THSC Chapter 247.

28. Provide continuity of care for persons who do not complete the Program or who are determined to be incapable of restoration to competency. Contractor 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 the Outpatient Competency Restoration

Admission (i.e., screen 358) and Discharge (i.e., screen 359) screens in WebCARE, which is located at https://hhsibmprod.hhsc.texas.gov:3615/PROD/WCARE/M.

29. Prior to an individual released from the Program, work closely with courts to encourage timely resolution of legal issues and to minimize the amount of time an individual is incarcerated while waiting for a hearing.

30. Contractor shall provide DSHS with the contact information of all dedicated Program staff on Form S. Changes in Program coordinating staff must be reported to DSHS within 72 hours of any change.

**SECTION II. PERFORMANCE MEASURES:**

DSHS shall use the terms of this Statement of Work, including without limitation, the following performance measures, to assess Contractor’s effectiveness in providing the services described in this Statement of Work.

Contractor shall perform the following activities and provide documentation to DSHS in the manner and timeframes specified below.

**Program Reporting:**

1. In accordance with the timetable and frequency specified in TCCP Article 46B.079 and as determined by the court who has jurisdiction over individuals in the Program, Contractor shall provide the required notices and reports to the court.

2. Contractor shall report electronic service delivery data to DSHS in accordance with Section I. B. 3. d) Attachment A01 MH/PCN Statement of Work.

3. For facility-based programs Contractor shall follow all guidelines as put forth in Information Item V, Crisis Standards as posted at

http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm.

4. Contractor shall submit a budget on Form P, in accordance with Information Item S (Submission Calendar), to be approved by DSHS.

5. Contractor shall enter and submit required data in WebCARE for OCR services using the admission (i.e., screen 358) and Discharge (i.e., screen 359) screens within 72 hours of all individual’s Program admission or discharge.

6. Contractor shall submit the Form I Quarterly Expenditure Report,in accordance with the Submission Calendar.

7. Contractor shall report expenditure data on the Client Assignment and Registration (CARE) Report III within Strategy B.2.3 using line 760 – Crisis Services, Outpatient Competency Restoration.

8. Contractor shall submit reports in accordance with the Submission Calendar as posted at:

http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm.

9. Contractor shall submit to DSHS a copy of all written policies and procedures required by this Statement of Work, in accordance with the Submission Calendar, to be approved by DSHS Performing Agency.

10. Upon request by DSHS, Contractor shall submit documentation of:

a) attempts 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

b) written updates on OCR committed individuals’ progression in the program.

11. Contractor shall submit deliverables required by DSHS to

performance.contracts@dshs.state.tx.us with a copy to the assigned DSHS contract manager.

12. Service Area/county(ies): XXX County

**SECTION III. PAYMENT METHOD:**

Quarterly Allocation

**SECTION IV. FUNDING:**

1. Subject to the restrictions below, without prior approval, Contractor may transfer money between budget categories of this Statement of Work subsequent to notification of the transfer to the System Agency Contract Manager. No budget category transfer or cumulative transfers may exceed 25% of the total value of this Statement of Work or $100,000, whichever is less. If the budget transfer(s) exceeds $100,000, alone or cumulatively, prior written approval from the System Agency is required. If the budget transfer(s) exceeds 25% of the value of this Statement of Work, alone or cumulatively, a formal contract amendment is required.

2. If Performing Agency’s total allowable expenditures during the term of this Contract are less than the total amount disbursed by the HHSC in Contractor’s four quarterly allocations, Contractor shall be subject to recoupment by HHSC of the difference between the total amount disbursed by HHSC and Contractor’s total expenditures.

3. If by the end of the second quarter of fiscal year, Contractor has not expended at least 70% of Quarter 1 and Quarter 2 combined allocations, HHSC may recoup the difference between the 70% benchmark and the Contractor’s expenditures for Quarter 1 and Quarter 2.