

## **Outreach, Screening, Assessment, and Referral (OSAR) Services Statement of Work**

### **A. PURPOSE**

To provide coordinated access to a continuum of substance use disorder services.

### **B. ELIGIBLE POPULATION:**

All Texas Residents.

### **C. SERVICE REQUIREMENTS:**

#### **1. Administrative Requirements**

- a. The Contractor shall comply with all applicable rules adopted by DSHS related to substance use disorder services and published in Title 25 of the Texas Administrative Code (TAC)<sup>1</sup>, including the following Chapters:
  1. Chapter 441 - General Provisions;
  2. Chapter 442 - Investigations and Hearings;
  3. Chapter 444 - Contract Administrative Requirements;
  4. Chapter 447 - Department-funded Substance Abuse Programs;
  5. Chapter 448 - Standards of Care; and
  6. Chapter 140, Subchapter I - Counselor Licensure
- b. The Contractor shall document all specified activities and services in the Department of State Health Services (DSHS) Clinical Management for Behavioral Health Services (CMBHS) system as directed by DSHS in accordance with the Contract and instructions provided through DSHS training, unless otherwise noted. Documents that require client or staff signature must be made available to DSHS for review upon request. The Contractor shall upload to an administrative note in CMBHS clinical documentation that is handwritten and not transcribed into the client's CMBHS record: e.g. diagnostic tests such as the Clinical Institute Withdrawal Assessment or Beck Depression Inventory, physician orders, etc.
- c. The Contractor shall have a marketing plan to engage local referral sources and provide information to these sources regarding the availability of substance use disorder treatment services in the Region and the eligibility criteria for admission. The Contractor shall make the marketing plan available to DSHS for review upon request.
- d. The Contractor shall adopt policies and procedures that conform with 25 TAC §448.504 (relating to Quality Management)<sup>2</sup> and that include methods of assessing client satisfaction with the Contractor's services.
- e. The Contractor shall ensure that all program directors participate in programmatic conference calls as scheduled by DSHS. The Contractor's executive management may participate in the conference calls, but program directors must participate unless otherwise agreed to by DSHS in writing.
- f. The Contractor shall conduct quarterly regional collaborative meetings. The

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<sup>1</sup> 25 TAC: [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=3&ti=25&pt=1](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=25&pt=1)

<sup>2</sup> 25 TAC §448.504:

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=25&pt=1&ch=448&rl=504](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=448&rl=504)

Contractor shall maintain meeting minutes and sign-in sheets. Agenda topics must include at a minimum-

1. Regional substance use disorder treatment system issue resolution;
  2. Strengthening collaboration between DSHS-funded providers;
  3. Maintaining referral processes with DFPS, probation and parole;
  4. Identifying additional entities that can support clients through the recovery continuum to be involved in the quarterly regional meetings; and
  5. Reviewing changes to local area resources such as changes in service areas or services offered.
- g. The Contractor shall ensure the following stakeholders are invited to the quarterly regional collaborative meetings:
1. All DSHS-funded substance use disorder treatment, intervention and prevention providers within the Program Service Area;
  2. All DSHS-funded Local Mental Health Authorities (LMHAs) within the Program Service Area;
  3. All Regional Public Health Centers, FQHCs, and other medical or health providers serving low-income populations within the Program Service Area;
  4. Regional/local Veteran's Administration staff;
  5. Regional DFPS staff;
  6. Probation, parole, and drug court departments;
  7. Housing resource staff;
  8. Community- and faith-based recovery organizations within Program Service Area;
  9. Community- and faith-based social service organizations within Program Service Area; and
  10. DSHS program staff.
- h. The Contractor's primary offices shall be open and available for screening, assessment, and referral activities Monday through Friday, from 8 a.m. to 5 p.m., with the exception of state and federal holidays.
- i. The Contractor shall have a 1-800 number that will provide crisis referral information after working hours and during holidays.
- j. The Contractor shall offer outreach, screening, assessment, and referrals services at additional times and locations that maximize client access to substance use disorder treatment, especially for DSHS-designated Priority Populations. Examples of locations may include, but are not limited to, drug courts, jails, probation and Department of Family and Protective Services (DFPS) offices, emergency rooms, health clinics, and other areas deemed appropriate to enhance access to services.
- k. The Contractor shall provide services at Regional Public Health Centers and/or local Federally Qualified Health Clinics (FQHC) as directed by DSHS.
- l. The Contractor shall ensure that OSAR funds received under the Contract are not used to pay for a client's substance use disorder treatment, or assist in a client's personal financing, such as rent, utilities, car insurance, etc. Funds may be used to assist appropriate clients under special circumstances to meet one-time needs that are preventing admission to DSHS-funded substance use disorder treatment services (such as filling prescription medications or providing transportation to treatment services). Cash must not be given directly to a client. The Contractor shall develop a written procedure for how an employee may request assistance for a client receiving OSAR services and how a request will be approved and tracked. Funds must not be used for assistance to a client if other funding resources are available for the proposed purpose. The Contractor shall maintain and make

available to DSHS upon request a log of financial assistance provided to clients that details the client number, cost, and nature of the assistance.

- m. The Contractor shall assist in the coordination of disaster evacuation and relief plans for the Program Service Area when requested and under the direction of DSHS.
- n. The Contractor shall develop and annually update a resource directory that contains current and accurate information about local referral resources, including location and contact information, services offered, and eligibility criteria. The resource directory must be made available on the Contractor's website as well as in a hard-copy format that can be distributed to clients. The resource directory must include at a minimum:
  - 1. Community- and faith-based substance use disorder prevention, intervention, treatment and recovery organizations;
  - 2. Mental health (including crisis) service resources;
  - 3. Family violence resources;
  - 4. Health and medical resources:
    - a) Testing and counseling resources for tuberculosis, hepatitis B and C, sexually transmitted diseases, and Human Immunodeficiency Virus (HIV)
    - b) Primary and reproductive health care resources
  - 5. Available transportation or funds for transportation;
  - 6. Employment resources;
  - 7. Child care resources;
  - 8. Legal resources;
  - 9. Housing and sober living environments; and
  - 10. 12-step and other recovery meetings.
- o. The Contractor shall engage and collaborate with community resources, using memoranda of understanding (MOUs) to document collaborative relationships. The Contractor shall maintain all required MOUs on file for review by DSHS. MOUs must specifically define what and how services will be provided to clients and their families, including specific engagement strategies and procedures. All MOUs must be signed by both parties, individualized, annually renewed, and contain beginning and end dates. The Contractor shall have MOUs in place within 60 days of the start date of the Contract with the following:
  - 1. All DSHS-funded treatment providers in the Program Service Area that must address, at a minimum, the following:
    - a) How the Contractor will receive capacity and treatment availability information to each DSHS-funded treatment provider in the Region;
    - b) Referral processes when immediate capacity is not available:
      - (1) Whether the Contractor or DSHS-funded treatment provider will provide initial required interim services.
      - (2) Whether the Contractor or DSHS-funded treatment provider will provide weekly contact for clients on the Contractor's waiting list.
      - (3) The DSHS-funded treatment provider's specific policy on how and when clients are removed from the waiting list;
    - c) The MOU must include established DSHS Priority Population requirements; and
    - d) The MOU must describe quarterly updating of specific contact information for key agency staff that handle day-to-day client placement activities.
  - 2. A comprehensive resource network made of community and social service agencies serving or having interest in the eligible population, including other DSHS-funded treatment, prevention, intervention, mental health and Co-

- Occurring Psychiatric and Substance Use Disorder (COPSD) providers.
3. All LMHAs within the Contractor's HHS Region and service area. MOUs must address, at a minimum, the following:
    - a) Appropriate referrals to and from the Contractor and LMHA for indicated services;
    - b) Emergency referrals and transportation assistance for clients in crisis;
    - c) Follow-up contact with the LMHA to facilitate the enrollment and engagement of clients in LMHA services; and
    - d) Follow-up contact from the LMHA with the Contractor to coordinate subsequent services.
  4. DFPS regional office in which the Contractor is located. The MOU must address the regional referral process, coordination of services, and sharing of information between the Contractor and DFPS. The MOU must also clearly state if the Contractor will be providing assessment services or if the regional DSHS-funded treatment providers will provide assessment services.

## **2. Service Delivery**

- a. The Contractor shall provide services to clients referred by DFPS within 3 business days of receipt of the DFPS 2062 Referral for Substance Abuse Form. The Contractor shall ensure that clients referred by DFPS who do not meet clinical eligibility requirements for substance use disorder treatment are referred to DSHS-funded pregnant and postpartum intervention (PPI) or parenting awareness and drug-risk education (PADRE) services when appropriate. When proper consent to release information is on file, the Contractor shall respond to referrals from DFPS and communicate the results of all services provided appropriately.
- b. The Contractor shall conduct and document the screening through a confidential face-to-face interview unless there is a reasonable and documented justification for an interview by phone. If a screening is conducted by phone, and the screening indicates a need for services, the Contractor shall arrange outreach services to meet with the client face-to-face, unless immediate admission (within 72 hours) to an appropriate treatment provider can be arranged.
- c. The Contractor shall determine and document client's financial eligibility for services through DSHS, and other funding sources at the time of screening. If the client is not eligible for DSHS funding, the Contractor shall provide and document appropriate referrals to alternative service providers consistent with the client's needs and financial resources.
- d. When the Contractor provides an assessment, it must be documented, and must be sufficient to determine clinical eligibility, problem severity, service needs, and stage of change. All clients referred for treatment must meet criteria for diagnosis of a substance use disorder in *The Diagnostic and Statistical Manual of Mental Disorders*. Clients not meeting criteria for a substance use disorder, but who have substance use-related issues may be referred to community and faith-based organizations that can provide recovery support services, as appropriate.
  1. The Contractor shall conduct the assessment process by confidential face-to-face interview and shall incorporate and document appropriate engagement techniques.
  2. The Contractor shall complete and document the assessment and assign a diagnostic impression. The Contractor shall use the Department's Client Placement Criteria as a guideline to assign or identify severity and to determine the least intensive level of care likely to achieve a positive

outcome.

- e. The Contractor shall provide and document brief interventions as pre-treatment services to help individuals prepare for treatment services and move through the stages of change (DiClemente and Prochaska Stages of Change Model) to a state of readiness to address substance use problems. Brief interventions must include, but not be limited to, crisis intervention as needed, Motivational Interviewing (MI), educational information about overdose prevention, and service coordination to reduce barriers to treatment. When providing MI, the Contractor shall ensure the following:
  1. For clients to be eligible for MI, at a minimum, the Contractor shall complete the client profile, screening, financial eligibility, and open case components in CMBHS. The documentation of MI must include the topic of the session, the client's response, and clinical observations relating to the client's readiness to change. The Contractor shall complete the close case in CMBHS when the client is no longer receiving MI services;
  2. MI may be limited to a single session provided in conjunction with an assessment but must not exceed five additional contacts. MI may include face-to-face and telephone sessions; and
  3. MI may be provided as follows:
    - a) As a pre-treatment for individuals who are willing to accept or consider services;
    - b) As an independent service for clients who decline recommended services; and
    - c) As an independent service for individuals with substance use disorder problems who do not meet criteria for a substance use disorder.
- f. For all individuals seeking treatment services who are determined to have a diagnosis of opioid/opiate use disorder, the Contractor shall engage the individual in a process of informed consent and document using the form provided by DSHS. This form must be uploaded to an administrative note in CMBHS.
- g. The Contractor shall conduct and document screening for tuberculosis, hepatitis B and C, sexually transmitted diseases (STD), and Human Immunodeficiency Virus (HIV).
  1. If the screening indicates the client is at risk for these communicable diseases, the Contractor shall refer the client to the appropriate community resources for further testing and counseling.
  2. If the client is at risk for HIV, the Contractor shall refer the client to pre- and post-test counseling on HIV.
  3. If the client is HIV-positive, the Contractor shall refer the client to a DSHS-funded HIV Early Intervention (HEI) case manager or an Ryan White HIV/AIDS Program case manager if no HEI case manager is available, and consider referral to the DSHS-funded statewide HIV residential provider.
- h. The Contractor shall provide all services in a culturally, linguistically, and developmentally appropriate manner for clients, families, and/or significant others. The Contractor shall train staff and develop policies and procedures to ensure that service delivery and information gathering is conducted in a respectful, non-threatening, and culturally competent manner.
- i. When the Contractor refers a client to a DSHS-funded treatment provider in another Region, the Contractor shall directly provide the screening, assessment, financial eligibility, and required interim services. When the Contractor completes the Referral Follow-up in CMBHS for clients referred out-of-region, the Contractor shall note whether the client was admitted, placed on a waiting list, or did not

present for services. The Contractor shall coordinate with the DSHS-funded OSAR provider in the DSHS-funded treatment provider's Region as appropriate.

- j. If an individual is eligible and motivated for DSHS-funded services, the Contractor shall refer for admission to the appropriate service based on client needs and preferences. The Contractor shall coordinate transportation for clients to DSHS-funded residential treatment providers if needed.
- k. If the Contractor cannot secure immediate admission (within 72 hours) when attempting to place pregnant women, injecting drug users, and individuals referred by DFPS, the Contractor shall notify DSHS (specifically, the program services unit staff) so that assistance can be provided that ensures referral to other appropriate services, referral to an alternate provider for immediate admission (within 72 hours), or, at a minimum, proper coordination with DFPS staff.
- l. Upon determining that a client has a co-occurring psychiatric and substance use disorder, the Contractor shall make and document a referral to a DSHS-funded LMHA, DSHS-funded COPSD provider, or other community resources, as appropriate.
- m. The Contractor shall conduct, initiate, and follow-up on referrals. The Contractor shall complete and document the referral and follow-up as required and include information regarding whether or not the individual presented at the referred location.
- n. The Contractor may use recovery coaches to assist clients with sustaining engagement with substance use disorder treatment services. The recovery coach may provide the non-clinical support services necessary to help the client in making the transition from residential services to outpatient treatment services. These support services may include providing direction and transportation assistance to support service referrals, conducting recovery check-up calls, and facilitating peer support group meetings.
- o. The Contractor shall provide overdose prevention education:
  1. General overdose prevention education must be provided to all clients as a part of treatment education requirements to include education on naloxone (including possible local access if available).
  2. Specific overdose prevention activities must be conducted with clients with opioid use disorders and those clients that use drugs intravenously to include:
    - a) Education on naloxone (including possible local access if available);
    - b) Education about and referral to DSHS-funded HIV Outreach services for clients with IV drug use history; and
    - c) Referral to local community resources that work to reduce harm associated with high risk behaviors associated with drug use.
- p. The Contractor shall ensure access to adequate and appropriate medical and psychosocial tobacco cessation treatment as follows:
  1. Assess tobacco use for all clients, entering the appropriate nicotine use disorder as an official diagnosis, if applicable;
  2. Include tobacco cessation in the service plan, if the client chooses to pursue quitting;
  3. Discuss readiness to change and treatment options with clients;
  4. Provide all tobacco users who are motivated to quit with interventions appropriate to the treatment setting, such as a referral to hospital or other local cessation resources. Unless otherwise directed by DSHS, the Contractor shall offer a referral to the DSHS-funded Quitline (telephone-based tobacco

- cessation counseling service) with a fax referral for Nicotine Replacement Therapy (NRT); and
5. Provide client with resource materials on tobacco cessation.
- q. The Contractor shall document all referrals to recovery housing in CMBHS using the dropdown choice for recovery housing for the referral and by selecting the recovery housing dropdown choice in the Discharge Referral Destination field on the discharge assessment.

#### D. STAFFING AND STAFF COMPETENCY REQUIREMENTS:

1. All personnel must receive the training and supervision necessary to ensure compliance with DSHS rules, provision of appropriate and individualized treatment, and protection of client health, safety, and welfare.
2. The Contractor shall ensure that all direct care staff receive a copy of the service requirements within this statement of work.
3. Individuals responsible for planning, directing, or supervising services must be Qualified Credentialed Counselors QCCs. The Contractor shall have a clinical program director with at least two years of post-licensure experience providing substance use disorder treatment. All clinical staff, including case managers and those conducting residential referrals, must meet the definition of a counselor as defined in Department rules in Title 25 TAC.
4. Clinical staff must have specific documented training in the following within 90 days from the start date of the Contract or the date of hire, whichever is later:
  - a. Motivational Enhancement Therapy or motivational interviewing techniques;
  - b. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder, and related conditions;
  - c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues;
  - d. Medicaid eligibility; and
  - e. State of Texas co-occurring psychiatric and substance use disorder (COPSD) training.
5. Licensed Chemical Dependency Counselors must recognize the limitations of the licensee's ability and must not provide services outside the licensee's scope of practice or licensure, or use techniques that exceed the person's license authorization or professional competence.
6. Peer recovery coaches must have completed the DSHS-approved 46-hour Recovery Coach Training.

#### E. REPORTING REQUIREMENTS

1. The Contractor shall submit all documents identified below to the Substance Abuse mailbox (SA mailbox) at SubstanceAbuse.Contracts@dshs.state.tx.us by the required due date.
2. Contractors in the Health and Human Services Commission's public health regions (HHS Regions) 8, 9, 10, and 11 shall enter colonia reporting data in CMBHS for all clients who are residents of an unincorporated community within 62 miles of the Texas/Mexico border (colonia).
3. The Contractor shall report in CMBHS all performance measures as defined by DSHS and required in the Contract.
4. The Contractor shall submit an invitation list and sign-in sheets for each Quarterly Regional Collaborative Meeting.

Document Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract term. * Contractor shall refer to DSHS General Provisions regarding deadline for submission of Final Financial Status Report (FSR)
CMBHS Security Attestation Form and List of Authorized Users	September 15, 2015 & March 15, 2016
Closeout documents	Contractor shall refer to DSHS General Provisions regarding deadline for submission of closeout documents
Colonia reporting	15 <sup>th</sup> of the month following the month being reported
Performance measure reporting	15 <sup>th</sup> of the month following the month being reported
Quarterly Regional Collaborative Meeting invitation list and sign-in sheets	15 <sup>th</sup> of the month following the quarter being reported

## F. PERFORMANCE MEASURES

### 1. Performance Measures

Outreach, Screening, Assessment and Referral Services	
Number of youth screened for substance use disorder	Negotiated output
Number of adults screened for substance use disorder	Negotiated output
Number of youth referred to recovery support services	Negotiated output
Number of adults referred to recovery support services	Negotiated output
Number of youth referred to substance use disorder treatment	Negotiated output
Number of adults referred to substance use disorder treatment	Negotiated output
Percent of clients referred that presented to treatment	55%
Percent of clients referred that presented for recovery support services	50%

### 2. Performance Measure Data Methodology

- a. Number of youth/adults screened for substance use disorder: The number of clients who have been screened by the Contractor within the reporting period.
- b. Number of youth/adults referred to recovery support services: The number of clients who were screened by the Contractor and also received a referral to at least one provider for services excluding substance use disorder treatment within the reporting period.
- c. Number of youth/adults referred to substance use disorder treatment: The number of clients who were screened by the Contractor and also received a referral to at least one DSHS-funded provider for substance use disorder services within the reporting period.
- d. Percent of clients referred that presented to treatment

- 1) The **numerator** is the total number of clients counted in the measures for “number of youth/adults referred to substance use disorder treatment” during the reporting period for which the referral follow-up states that the client presented for services or for which there is a corresponding waiting list entry or admission at the provider that received the referral.
  - 2) The **denominator** is the total number of clients counted in the measures for “number of youth/adults referred to substance use disorder treatment” during the reporting period.
- e. Percent of clients referred that presented for recovery support services
- 1) The **numerator** is the total number of clients counted in the measures for “number of youth/adults referred to recovery support services” during the reporting period for which the referral follow-up states that the client presented for services.
  - 2) The **denominator** is the total number of clients counted in the measures for “number of youth/adults referred to recovery support services” during the reporting period.