

Scope of Work

City of Gallup

Lead Agency: BHSD
State Fiscal Year: SFY23 (July 1,2022- June 30,2023)
State Fiscal Year: SFY24 (July 1, 2023 - June 30, 2024)
Services: Client Services
Billing Type: Encounters
Funding: Federal Funds
Fund Pool: ReCast
Project: ReCast
CFDA# (If Applicable): 93.243 (H79SM087563)
Compensations:
Deliverables/fixed price: \$70,000 (Through June 30, 2023)
Deliverables/fixed price: \$227,483 (Through December 30, 2023)
Deliverables/fixed price: \$227,483 (Through June 30, 2024)

The City of Gallup will perform the work outlined in this Scope of Work and when applicable Appendices, which are hereby incorporated and made a part of the Agreement.

When applicable, all vendors/providers who receive funds from the Behavioral Health Services Division (BHSD)/Behavioral Health Collaborative and provide behavioral health services must be enrolled as an approved Medicaid provider in order to receive funding. The BHSD/Behavioral Health Collaborative is the payor of last resort for behavioral health services for adults and children covered by Medicaid. When a Medicaid covered service is provided to a Medicaid eligible client, those services must be billed to Medicaid.

This does not mean that programs and services that are require anonymity (e.g., domestic violence, sexual violence, shelters, etc.) will be billed to Medicaid. This does not apply to providers and agencies receiving funds under BHSD Prevention programs. There are no changes in billing for these providers or agencies.

I. PROGRAM DESCRIPTION and TARGET POPULATION

- The purpose of the Substance Abuse and Mental Health Services Administration (SAMHSA) Resiliency in Communities After Stress and Trauma (ReCAST) is to promote resilience, trauma-informed approaches, and equity, with a particular focus on high-risk youth and families by building community foundations of resilience, increase equitable access to behavioral health resources and ensure cultural competence.

2. Target Population

- High risk populations of McKinley County and Gallup who have undergone recent collective trauma, cumulative emotional and psychological impact and

historical trauma. McKinley County adults and youth who are at risk of traumatic experiences, colonization, or substance use related emotional and psychological wounding including Native Americans, minorities, those with a history of poverty, and first responders.

II. PROGRAM REQUIREMENTS

The City of Gallup shall:

- Partner with SBS Evaluation & Program Development Specialists (SBS) and BHSD to:
 - a) Co-facilitate the CARE Coalition;
 - b) Address trauma for the community at the emergency shelter;
 - c) Will partner with local stakeholders to provide community engagement activities;
 - d) Will partner with the trauma training team to build behavioral health capacity;
 - e) Will collaborate with evaluation director on needs assessment, resource assessment and strategic planning.

III. DELIVERABLES AND REPORTS

Program Management of Gallup shall:

1. Provide project oversight and ensure completion of required reporting and ensure that the proposed initiative is successfully implemented. She will supervise the Project Coordinator.
2. Supervise the Coalition Coordinator and provide oversight and reporting requirements.
3. Provide trauma focused case management services for community members housed at the Lexington-Heading Home emergency shelter.
4. Children's Library will support monthly community engagement activities for children, youth, and families.
4. ART123 will provide Native American muralist(s) for the 100% Mural Project. Artist(s) will collaborate with the City of Gallup and the community members across the Gallup area to increase public awareness, increase healing, and decrease stigma around trauma.
5. Clinical Trainer will expand the Grow our Own curricula to include a trauma training cohort. He will collaborate with the City of Gallup to identify local behavioral health clinicians who want to specialize in trauma.
6. Auricular Acupuncturist will provide services to groups of 12-15 people. The service will be provided to first responders, schools, and community impacted by traumatic events.
7. National Acupuncture Detoxification Association (NADA) trainer will train 20 behavioral health providers, school staff, and first responders in the NM State Board of Acupuncture and Oriental Medicine approved course for auricular acupuncture certification for a total of 30 hours of didactic education.
8. National Acupuncture Detoxification Association (NADA) supervisor will provide direct supervision to those trained in auricular acupuncture for the 40 sessions each trainee (20) has to complete in order to obtain certification.
9. Stipends will be provided to students placed in behavioral health internships. Each student will receive \$15/hour X 40 hours/month x 3 months (school quarter) X 10 students = \$18,000.

10. Presenter sessions will focus on youth leadership, resiliency, vulnerability, public awareness of behavioral health crisis response and reunification, increase healing, and decrease stigma about the impact of trauma.

The Annual Report:

- A. Brief description of service area and community demographic profile
- B. Individuals Served per deliverable
 - a. To include the total number of individuals served, those served by each demographic factor (i.e., age, gender, race or ethnicity, etc.), and the counties served.
- C. Types of Services Provided
 - a. A summary of what types of direct services and prevention, outreach, training and education activities were performed.
 - b. The number of individuals served per service or activity.
- D. Challenges Faced and Organizational Needs
 - a. Describe the challenges faced by the organization in providing services.
 - b. Describe what resources or other organizational needs would enable you to address service gaps or provide additional services needed by your clients.
- E. Qualitative data
 - a. Provide any stories, anecdotes, quotes, or other qualitative data that illustrate activities and achievements.
- F. Quantitative Data
 - a. Provide GPRA Data from SPARS
- G. Staffing and Collaboration summary
 - a. Identify the names and titles of staff members who provided services and activities.
 - b. List the names of other organizations or individual with whom you worked in collaboration to perform the services and activities.

Annual Financial Reports

An annual program report and financial report is required for all vendors. The type of financial report is dependent on the amount of the fiscal year allocation.

Submitting a financial audit or report is a condition of this contract.

*****SOW will be rejected and will delay the process if Options are not selected.*****

Please select 1 of the 2 options required text boxes - indicate "Yes" if applicable and "NA" if not. If you select option 2 (less than \$750,000) please select 1 of the 4 options under option 2.

The Vendor/Provider must add the report selection to the execution box.

YES

1. A vendor that expends \$750,000 or more in Federal awards during the state fiscal year must have a single audit conducted in accordance with the Audit Requirements of the Federal Uniform Administrative Requirements. (Title 2, Subpart A, Chapter II Part 200, Subpart F, Subgroup 46, Section 200.501). This is due six months after the end of the vendor's fiscal year.

YES or NA

OR

YES

2. A vendor that expends less than \$750,000 in Federal or State awards during the vendor's fiscal year must submit one of the following: **YES or NA (if yes, check 1 of these 4 options)**

○ A financial audit prepared by a CPA (if vendor is receiving \$750,000 or more from federal and/or state funding a financial audit prepared by a CPA is required and this is the only option), or

○ Management letter prepared by a CPA expressing an opinion about financial soundness,

or

○ Financial statement prepared by the vendor, or

○ A balance sheet and profit/loss statement for the past 12 months.

Submitting a financial audit or report is a condition of this Scope of Work.

*****The SOW will be rejected and will delay the process if Options are not selected.*****

The most recent financial audit or report must be submitted no later than 30 days after the close of the state's fiscal year.

Submit the report to support@fallingcolors.com and BHSD.FinanceTeam@state.nm.us

Vendor records must be available for review or audit by appropriate officials of the Federal and/or state government as needed.

EXECUTION PAGE

The Vendor/Provider must complete the Execution Page in its entirety for this Scope of Work to be fully executed. By signing below, I represent that I am an authorized signatory for the Vendor/Provider and have read and understand this Scope of Work.

VENDOR/PROVIDER	
City of Gallup	
Authorized Signature: 	Date: 04/14/23
Name (Please Print or Type): Maryann Ustick	
Title (Please Print or Type): City Manager	
Address: 110 W. Aztec Avenue	
E-Mail Address: mustick@gallupnm.gov	
Phone: 505 863-1221	Fax:
TIN: 85-6000132	NPI:

**VENDOR/PROVIDER INSTRUCTIONS
FOR REQUIRED DOCUMENTS**

The document(s) that are being delivered to you have been approved by the State of New Mexico.

Instructions

1. **Legal Name.** Review your Provider Name on the first page of the document to verify it is correct and that it is the Provider's legal name. If it is not, to have it corrected please email support@fallingcolors.com the correct legal name as soon as possible.

2. **Notice and Contact Information.** If you are a new Provider receiving a Provider Agreement, completely fill in Provider's Address, Attention contact, Phone, Fax and Email **Please be sure that all information is legible.**

3. **Execution Page.** Completely fill in all the blanks on the Execution Page (the last page of the document) including all the following information:
 - a) Print Name and Title of the signatory in a legible manner
 - b) Fill in Address, Email, Phone and Fax information
 - c) Insert TIN
 - d) Insert NPI
 - e) Make a selection for type of annual financial reporting
 - f) Sign the Provider Agreement

4. **Return Executed Document(s).** Documents are returned electronically using DocuSign software once document(s) is executed. Instructions for DocuSign will come with the email from DocuSign.

If you do not complete the document(s) in accordance with the instructions above, the document(s) will be returned to you to complete this step.