

ATTACHMENT B: SCOPE OF WORK
Mental Health Access Study

Article 1
PURPOSE AND DEFINITIONS

- 1.1 **Purpose.** The Contractor shall complete the mental health access study outlined in General Session 2025 HB365 Mental Health Care Study Amendments.

Article 2
POPULATION SERVED

- 2.1 **Study Population.** Children residing in the State aged zero to 17 unless they are 18 and still in high school.

Article 3
QUALIFICATIONS

- 3.1 **Requirements.** The Contractor shall have:
- (1) a minimum of five years in university level research;
 - (2) a principal investigator who has a doctorate degree;
 - (3) a principal investigator that is currently employed by a university; and
 - (4) a minimum of three years' experience in mental health research.

Article 4
SERVICE REQUIREMENTS

- 4.1 **General Service Requirements.** The Contractor shall:
- (1) complete a comprehensive study on the wait times and barriers to accessing pediatric mental health care in the State which must include the following:

- (A) measure and analyze the average time between a child's initial referral to a mental health appointment and the date of the first available appointment;
- (B) measure and analyze the average time between a child's initial referral to a mental health appointment, first appointment and two subsequent appointments;
- (C) identify factors affecting wait times and drop-out rates, including:
 - (i) demographic profile;
 - (ii) geographic location;
 - (iii) insurance and payor type;
 - (iv) private insurance, including high-deductible plans;
 - (v) provider availability;
 - (vi) primary diagnosis;
 - (vii) specialty care needs;
 - (viii) transition to higher level of care; and
 - (ix) other relevant barriers to access.
- (D) compare wait times across different:
 - (i) geographic regions of the State;
 - (ii) types of mental health providers;
 - (iii) practice settings; and
 - (iv) payment models.

4.2 **Study Methods.** The Contractor shall:

- (1) develop appropriate methods to collect data while protecting patient privacy;
- (2) include both quantitative and qualitative data collection methods;
- (3) survey parents regarding experiences accessing care; and
- (4) comply with all applicable State and federal privacy laws.

4.3 **Analysis.** The Contractor shall:

- (1) develop policy recommendations for the pediatric mental health care system based on analysis;
- (2) ensure all data is deidentified before inclusion in any reports; and
- (3) submit the completed study to the Health and Human Services Interim Committee and the Behavioral Health Commission created in Utah Code §26B-5-702 by the following dates:
 - (A) a preliminary report of findings before May 31, 2026; and
 - (B) a final report, including policy recommendations, before May 31, 2027.

Article 5
OUTCOMES

5.1 **Outcomes.** It is expected at the conclusion of this project that the Health and Human Services Interim Committee and the Behavioral Health Commission will have a comprehensive report identifying barriers to pediatric mental health care, which will be used to inform policy recommendations and service improvements.

5.2 **Outcome Measurements.** The Contractor shall:

- (1) complete comprehensive study as outlined in Section 4.1(1);
- (2) complete and present the report as outlined in Section 4.3(2).

5.3 **Outcome Reporting.** The Contractor shall:

- (1) meet with the DHHS program specialist once per quarter to report project progress; and
- (2) submit reporting as outlined in Section 4.3(2).

Article 6
BILLING REQUIREMENTS

6.1 **Invoicing.**

- (a) The Contractor shall submit monthly invoices for services through the electronic billing system made available for that purpose. The Contractor shall only submit allowable costs, as described in Attachment C: Funding Allocation, Rate Table, and Budget. The Contractor shall include the following on each invoice:
 - (1) a detailed description of the services rendered;
 - (2) dates services rendered;
 - (3) contract number;
 - (4) uniquely identifiable invoice number;
 - (5) Contractor name;
 - (6) Contractor's address for payment;
 - (7) Contractor's phone number;
 - (8) Contractor's signature; and

- (9) expenses incurred as indicated by the line items in the attached budget.
- (b) Invoices submitted without the required information will not be paid and will be returned to the Contractor for revision.
- (c) Payments will be made through the State of Utah, Department of Administrative Services, Division of Finance Electronic Funds Transfer ("**EFT**") system.
- (d) Prior to the submission of invoices, the Contractor shall ensure it is enrolled in the EFT system. DHHS will provide the Contractor with instructions to enroll in the EFT system. Contractor shall ensure that their EFT approval is maintained and shall notify DHHS of any change to the EFT status.
- (e) Failure to enroll in the EFT system will result in a delay of all payments until EFT is established.
- (f) All payments made will be made in the name of the Contractor as it appears on the cover page. Any change must be submitted in writing to the DHHS Administrative Services Director.
- (g) State Fiscal Year-End Billings. The State fiscal year is from July 1st through June 30th. The Contractor shall submit all billings for services performed on or before June 30th of a given fiscal year by July 14th of the following fiscal year, regardless of the Contractor's billing period or the expiration or termination date of this contract agreement. DHHS may delay or deny payment for services performed in a given fiscal year if it receives the Contractor's bill for those services after July 14th of the following fiscal year.
- (h) Funding Allocation, Budget, and Rate Table Attachment. If the Contractor is a Utah governmental entity, a funding allocation, budget, and rate table attachment issued by DHHS subsequent to this contract agreement constitutes an amendment to this agreement. DHHS may issue a funding allocation, budget, and rate table attachment on its own initiative without need for the Contractor's signature and it may likewise issue a funding, budget, and rate table attachment in response to a request from the Contractor. Funding allocation, budget, and rate table attachments may increase or decrease the funding available to the Contractor and will be

issued by DHHS and sent to the Contractor. Funding allocation, budget, and rate table attachments may reference and contain federal terms that apply to specific federal funding provided pursuant to this agreement. If the Contractor is not a Utah governmental entity, this paragraph does not apply.

- (i) Lapsing Funds: Any funds not expended by the end of the funding period for which they were allocated will lapse and the Contractor shall have no further claim to the funds.
- (j) Final disbursement. DHHS will not make the final disbursement to the Contractor until:
 - (1) the statutory requirements for the final report has been received; and
 - (2) DHHS has determined that the Contractor has satisfactorily produced each deliverable required in this agreement.