

HEALTH AND HUMAN SERVICES COMMISSION

CONTRACT NO. HHS000128700006

AMENDMENT NO. 1

RENEWAL

The **HEALTH AND HUMAN SERVICES COMMISSION** (“HHSC”) (“System Agency”) and **ALPHA HOME, INC.** (“Contractor”), who are collectively referred to herein as the "Parties," to that certain Recovery Support Services-Treatment Organizations Texas Targeted Opioid Response (“RSS-TOTTOR”) Contract, effective June 1, 2018, and now denominated HHSC Contract No. HHS000128700006 (“Contract”), as amended, now desire to amend the Contract.

WHEREAS, the Parties desire to revise the attachments and extend the term of the Contract to allow for successful completion of the Project; and

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

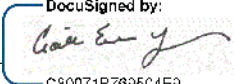
1. This Amendment shall be effective as of May 1, 2019.
2. All references to this Contract’s termination date are hereby replaced with the date of August 31, 2020.
3. This Amendment adds state fiscal year 2019 dollars of **Eighty-Three Thousand Three Hundred Thirty-Two Dollars** (\$83,332.00) and adds state fiscal year 2020 dollars of **Two Hundred Fifty Thousand Dollars** (\$250,000.00).
4. The estimated Total Contract Value is **One Million Two Hundred Fifty Thousand Dollars** (\$1,250,000.00).
5. Attachment A-Statement of Work is supplemented with Attachment A-Revised March 2019.
6. Attachment A-1-Statement of Work Supplemental is supplemented with Attachment A-1 Revised March 2019.
7. Attachment B-Budget is supplemented with Attachment B-Revised March 2019.
8. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.

9. Any further revisions to the Contract shall be by written agreement of the Parties.

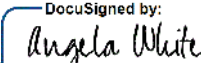
SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 1 - RENEWAL
HHSC CONTRACT NO. HHS000128700006

HEALTH AND HUMAN SERVICES COMMISSION ALPHA HOME, INC.

By:  _____
C80071B7895C4E9...
Cecile Young

Chief Deputy Executive Commissioner

By:  _____
D18F632B08CD4C2...

Name: Angela White

Title: CEO

Date of Execution: June 25, 2019

Date of Execution: June 21, 2019

THE FOLLOWING ATTACHMENTS ARE INCORPORATED AS PART OF THE CONTRACT:

ATTACHMENT A	STATEMENT OF WORK (REVISED MARCH 2019)
ATTACHMENT A-1	STATEMENT OF WORK SUPPLEMENTAL (REVISED MARCH 2019)
ATTACHMENT B	BUDGET (REVISED MARCH 2019)
ATTACHMENT H	FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION

ATTACHMENT A
STATEMENT OF WORK
REVISED MARCH 2019

I. PURPOSE

To increase the prevalence and quality of long-term recovery from substance use disorders (e.g. opioid use); by enhancing quality of life, and increased social connections through sustained engagement in long-term recovery support services.

II. GOALS

- A. Align treatment services with a recovery-oriented approach.
- B. Develop a recovery-oriented treatment workforce that can successfully integrate recovery support services and support individuals' efforts to initiate and sustain their recovery.
- C. Expand the availability and quality of recovery-oriented supports and services in treatment settings.
- D. Establish effective linkages between treatment, peer-run recovery community organizations, and other community-based organizations.

III. TARGET POPULATION

Individuals misusing opioids and individuals with an opioid use disorder (OUD) along with their family members, significant others, and supportive allies.

IV. GRANTEE RESPONSIBILITIES

A. SERVICE REQUIREMENTS

Grantee will:

- 1. Provide substance use recovery support services under this Contract.
- 2. Ensure that Medication Assisted Therapy (MAT) Services be made available to individuals meeting diagnostic criteria for OUD by engaging individuals misusing opioids and those with OUD in a process of informed consent, referral, and warm hand off to treatment. The use of these funds requires that only evidence-based treatments, practices and interventions for OUD be used by grantees and subgrantees. Substance Abuse and Mental Health Services Administration (SAMHSA) requires that Federal Drug Administration (FDA)-approved medication-assisted treatment (MAT) be made available to those diagnosed with OUD. FDA-approved MAT for OUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, buprenorphine

implants, and injectable extended-release naltrexone. Medical withdrawal (detoxification) is not the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual's risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for OUD.

3. Ensure administrative staff (Executive Director and/or Program Director) and up to at least two direct-paid staff (consisting of at least one Recovery Coach) attend the programmatic trainings held in Austin, Texas.
 - a. Grantee will include travel, per diem, and lodging expenses including registration fee in Grantee's categorical budget.
 - b. Grantee will be required to attend one face-to-face recovery support services training. Training dates, times and location will be determined by the System Agency. Required attendance at trainings will be completed by August 31.
4. Ensure that appropriate staff participate in the System Agency webinars, conference calls, and trainings at the specified dates, times, and locations as required by the System Agency.
5. Ensure that Recovery Coaches have completed the required System Agency-approved 46-hour Recovery Coach Training. Grantee or individual seeking Recovery Coach Training will be responsible for all costs incurred in obtaining the 46-hour training.
6. Ensure that Recovery Coaches working with the opioid population receive the Medication-Assisted Recovery Support (MARS) Training and the Medication-Assisted Advocacy Training.
7. Ensure that Recovery Coaches have access to the Applied Suicide Intervention Skills Training (ASIST).
8. Work with System Agency staff to transform their organization from a traditional treatment setting to a recovery-oriented setting. Grantee's treatment staff will attend all relevant webinars, conference calls, and trainings as requested by System Agency.
9. Work collaboratively with the Local Mental Health Authority (LMHA) and/or Local Behavioral Health Authority (LBHA) and other community providers to increase job placements for participants.
10. Work with System Agency staff to increase collaboration between Grantee's treatment staff and recovery coaches to improve participant outcomes.

B. ADMINISTRATIVE REQUIREMENTS

Grantee will:

1. Comply with all applicable rules adopted by the System Agency related to substance services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:
 - a. Chapter 441 - General Provisions; and
 - b. Chapter 442 - Investigations and Hearings
2. Develop a mission statement to include recovery principles and values that will promote sustained recovery and wellness.
3. Adhere to the transformation guidelines provided by System Agency and System Agency-funded evaluation contractor on the transformation and integration of services into a recovery-oriented approach.

4. Ensure the following recovery-oriented values and principles are reflected in their organization's service delivery:
 - a. Choice and Self Determination:
 - i. Provide participants the opportunity to select from a menu of supports and services that correspond with their personal interests and recovery goals.
 - ii. Ensure recovery plans are self-directed, participant-driven, and reflect goals in multiple life domains.
 - iii. Acknowledge an individual's choice for their own pathway to recovery.
 - iv. Ensure that participants have a choice in selecting their recovery coach.
 - b. Community Integration:
 - i. Implement an assessment process for participants that explores multiple life domains and assesses their strengths, challenges, and goals, and not just their substance use history.
 - ii. Provide participants the opportunity to be involved in community activities and receive support related to community integration that is associated with recovery.
 - iii. Work with participants to identify and connect with a broad spectrum of community-based resources and supports that will assist in achieving their personal goals and rebuilding their lives within their community.
 - iv. Align organizational policies to ensure that recovery coaches have access to transportation, funds, flexible work schedules, cell phones, and other required resources to work with participants outside of the organizational setting and in their local communities.
 - v. Ensure that each participant has a recovery plan that outlines both their personal goals and next steps for rebuilding their life in the community and sustaining their recovery.
 - vi. Ensure that recovery coaches meet with participants in various community settings to decrease their dependency on the Grantee and increase their connection to local community supports.
 - c. Peer Culture:
 - i. Offer an array of recovery support services that involve direct- assistance to establish and maintain recovery through the use of peer- support and peer-leadership in the following approaches:
 - (1) Hiring Recovery Coaches;
 - (2) Mobilizing peer volunteers;
 - (3) Facilitating Focus Groups;
 - (4) Participation in Story Telling Opportunities;
 - (5) Providing peer support groups; and
 - (6) Other peer-run activities required by System Agency.
 - ii. Ensure volunteers do not maintain an RSS caseload but rather supplement and support efforts of recovery coaches.
 - iii. Form a Peer Advisory Council (PAC) comprised primarily of individuals receiving services. Grantee will ensure the PAC is empowered to provide recommendations to leadership around program design, program evaluation, enhanced service delivery and organization's overall recovery-orientation.
 - d. Family Inclusion:

- i. Ensure that participants have the right to define their “families” broadly to include biological relatives, significant others, and other supportive allies.
 - ii. Ensure that participant receives recovery support services and will ensure family members and supportive allies are invited to participate in recovery planning activities and offered education and support.
- e. Continuity of Care:
 - i. Ensure recovery-oriented services are connected to a range of continuing support services beyond a substance use treatment episode.
 - ii. Ensure that continuing support plans are developed early in the treatment episode and that recovery coaches are an integrated part of the development, initiation and follow-through process.
 - iii. Ensure that Recovery Coaches make every effort to stay connected to participants for a minimum of 12 months by utilizing a combination of strategies including telephone, assertive outreach, and face-to-face meetings.
 - iv. Individualize the intensity of support that participants need over time (preferably 3 times per week within the first 30-90 days).
 - v. Implement recovery-oriented practices such as motivational interviewing.
 - vi. Will not terminate services with participants when they experience a lapse in recovery, but continue to engage them, identify challenges to maintain recovery, and readjust their recovery plan.
- f. Partnership-Counselor Relationships:
 - i. Ensure participants direct their own recovery through collaborative relationships and develop an action-based recovery plan.
 - ii. Ensure that recovery coaches are integrated into the clinical service delivery team and there are collaborative team meetings with participants receiving recovery support services to ensure that services are coordinated.
 - iii. Ensure that counselors and recovery coaches share treatment and recovery plans with one another and collaborate together on next steps for the participants being served.
- g. Culturally and Linguistically Competent:
 - i. Provide services in a culturally, linguistically, and developmentally appropriate manner for participants, family members, and supportive allies.
 - ii. Ensure organizational policies reflect the culture, behaviors, values, and language of the population served.
- h. Promote Recovery Coach Self-Care
 - i. Recovery Self-Care will be supported through supervision, staff recognition, recovery cafés, (group check-ins), and other activities approved by System-Agency.
 - ii. Implement a process to support a recovery coach who struggles or relapses in their recovery.
- 5. Provide a wide array of non-clinical services and supports that helps participants to initiate and sustain their recovery using the following types of recovery supports: Emotional, Informational, Instrumental, and Affiliational.
- 6. Grantee will, through the use of focus groups, interviews, or surveys, receive information from those receiving services. Information gathered is then shared with the Grantee’s leadership and used to modify and improve services, and service

- setting.
7. Ensure that relationships between clinical staff and recovery staff are mutually respectful and supportive.
 8. Meet all data reporting requirements as established by the System Agency. Grantee will comply and submit required reporting data as described in Reporting Requirements of the Contract.
 9. Ensure the organization has the technological capacity and staff capability to use technology related to entering reporting data in the System Agency approved electronic record.
 10. Maintain all documents that require participant, staff or volunteer signature in the participants' physical record for review by System Agency staff.
 11. Develop and maintain written policies and procedures for employees and volunteers who work directly or indirectly with participants, family members, and supportive allies.
 12. Maintain current written policies and procedures on file and available for review by System Agency.
 13. Grantee's policies and procedures must address participant safety and ensure all activities with participants, family members, and supportive allies are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
 14. Report information fairly, professionally, and accurately when providing recovery services, documenting services and contacts, and when communicating with other professionals, System Agency staff, and community-based organizations.
 15. Identify and revise the organizations' policies and procedures that are inconsistent with recovery processes. Grantee's written policies and procedures will be aligned with a recovery management orientation.
 16. Post the days and hours of operation at all building sites and entrances.
 17. Ensure that recovery coaches are available five days-per-week.
 18. Ensure that emergency support is available after hours and during weekends via telephone support by recovery coaches. Grantee will post telephone support information at all building entrances.
 19. Provide flexible hours of services based on the needs of individuals seeking services.
 20. Maintain documentation of continuing education units (CEUs) on employees and volunteers in their personnel file and make available for System Agency review.
 21. Have written job descriptions for employees and volunteers maintained in their personnel file and make available for System Agency review.
 22. Provide written job descriptions for personnel assigned to input data into the System Agency Clinical Management for Behavioral Health Services (CMBHS) system.
 23. Grantee's staff job descriptions will include but not be limited to:
 - a. Job duties and responsibilities;
 - b. Required qualifications;
 - c. Job supports (weekly support and feedback sessions with experienced Peer Coaches); and
 - d. Required trainings.
 24. Establish and maintain working linkages through Memorandums of Understanding

(MOUs) with a resource network of community and social service agencies serving or having an interest in the target population. MOUs will encourage networking, coordination, and referrals to help address the needs of the participants, their families, and supportive allies. MOUs will be in place within 60 days of the contract start date. Grantee will maintain copies of the signed MOUs on file for System Agency review upon request. All MOUs will include:

- a. Partnership vision;
 - b. Purpose and concept;
 - c. Partnership goals and desired outcomes;
 - d. Description of participating organizations;
 - e. Methods of partnership roles and responsibilities;
 - f. Address the non-duplication of services;
 - g. Be signed by both parties,
 - h. Contain beginning and end dates,
 - i. Be reviewed annually, and
 - j. Have at a minimum, MOUs with the following local entities:
 - i. System Agency-funded substance use disorder treatment providers;
 - ii. Community-Based Organizations;
 - iii. Recovery Community Organizations (if available in area);
 - iv. LMHAs and LBHAs; and
 - v. Other community social service agencies that may provide support services to participants.
25. Have on file a recovery support services resource directory that contains current information to include: location, contact information, services offered, days and hours of operation, and eligibility criteria.
 26. Use recovery-oriented, person-first language and service delivery that reflects recovery.
 27. Ensure that all participant surveys are available in both Spanish and English formats and in other languages as determined by the Grantee and the needs of the population being served.
 28. Grantee will keep all participant surveys on file for System Agency review.
 29. Provide recovery support services to individuals via pre-treatment, assertive outreach and engagement.

C. STAFFING REQUIREMENTS

Grantee will:

1. Ensure recovery coaches, recovery peers, and volunteers demonstrate the following traits:
 - a. Ability to establish empathy with an individual;
 - b. Ability to work with diverse populations and cultural backgrounds;
 - c. Comfortable working independently in community settings;
 - d. Ability to focus on and reinforce positive strengths and behaviors;
 - e. A high level of energy and commitment;
 - f. Acceptance of extremely flexible working hours;
 - g. Open attitude towards pathways to recovery; and

- h. Stable personal program of recovery.
- 2. Ensure the supervisors of recovery coaches support their coaches in understanding:
 - a. Boundary setting (personal, finance, emotional, ethical, and sexual);
 - b. Maintaining confidentiality;
 - c. The role of a Recovery Coach; and
 - d. How to respond to complaints.
- 3. Ensure that recovery staff are able to work with individuals across the various stages of change and styles of recovery.
- 4. Ensure that recovery supervisors, have completed the System Agency-approved 46-hour Recovery Coach training and have at least one-year experience as a Recovery Coach.
- 5. Ensure recovery coaches, recovery peers, and volunteers have access to continuing education in ethics, confidentiality, and boundary maintenance.
- 6. Ensure that staff who conduct and/or enter participant data into CMBHS have attended the System Agency data entry training or have completed their data entry training via webinar.
- 7. Document completion of data entry training in employee's folder and have available for review by System Agency.
- 8. Include recovery coaches, recovery peers, and volunteers providing recovery services in clinical, treatment and general staff meetings, and in trainings on topics that are relevant to their work (e.g. cultural competence, motivational strategies, trauma-informed services.)
- 9. Ensure recovery coaches, recovery peers, and volunteers have received training on the following:
 - a. Community resources for social support;
 - b. Resources for food, clothing, shelter, and other basic needs and how to access;
 - c. Resources for mental health care and how to access;
 - d. Mutual aid recovery groups, their functions, values and beliefs and how to access; and
 - e. Faith-based organizations and how to access.
- 10. Include recovery coaches, recovery peers, and volunteers in staff orientation and continuing education trainings provided to staff.
- 11. Ensure that Recovery Coach's hired will receive the required training on MARS and Medication Assisted Advocacy training.

D. CRIMINAL BACKGROUND VERIFICATION REQUIREMENTS

Grantee will:

- 1. Prior to employment, conduct and document criminal background checks and pre-employment drug testing of Grantee's potential employees and/or subcontractors who will conduct recovery activities and/or have direct contact with participants, significant others, or other supportive allies.
- 2. Prior to volunteering, conduct and document criminal background checks and drug testing of Grantee's volunteers who will conduct recovery activities and/or have direct contact with participants, significant others, or other supportive allies.

3. Conduct annual criminal background checks for Grantee's current staff, subcontractors, and volunteers who will conduct recovery activities and/or have direct contact with participants, significant others, or other supportive allies.
4. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, subcontractors, or volunteers who work directly or with participants, significant others, or other supportive allies.
5. Develop and maintain current written policies and procedures that require individuals (staff, subcontractors, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.
6. Maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement on file and make available to System Agency for review upon request.
7. Maintain documentation of each criminal background check and drug testing on file and make available to System Agency for review upon request.

E. STAFF COMPETENCIES

Grantee will:

1. Ensure that newly hired full-time Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within the first 4 months of hire.
2. Ensure that all newly hired part-time Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within the first 8 months of hire.
3. Ensure that all volunteer Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within the first 12 months of hire.
4. Provide the 46-hour System Agency-approved Recovery Coach training for new recovery coaches.
 - a. Grantee will reimburse recovery coach trainer for incurred travel costs (transportation, meals, lodging, and incidentals).
 - i. Travel reimbursement for the 46-hour training will not exceed \$1,000.00.
 - ii. Travel expenses will be in accordance with the State of Texas travel guidelines.
 - b. Grantee will ensure completion of training for new recovery coaches within 30 days after date of employment or within 30 days of contract start date.
 - c. Ensure that all recovery staff have been trained in Medication-Assisted Recovery Support and Medication Assisted Advocacy Training.

F. GUIDANCE ON SUPPORT SERVICES AND ALTERNATIVE ACTIVITIES

Recovery Coach and related recovery support services provided under this Contract must be opioid related and provided to individuals recovering from opioid use disorders or individuals misusing opioids. Grantee will ensure that the total cost of alternative activities will not exceed ten percent (10%) of the total funding amount of the Contract award. If an alternative activity is not described within the Contract, Grantee will contact

System Agency staff for prior approval before implementation of the activity. Activities may include:

1. Providing participants assistance in obtaining recognized recovery housing. Assistance not to exceed one-time funds up to \$450.00/per participant.
2. Providing participant's assistance with paying for utilities. Assistance not to exceed one-time funds up to \$250.00/per participant.
3. Providing participants assistance with paying for transportation. This includes bus passes, rails, taxi, or other public transportation approved by System Agency.
4. Grantee may purchase supplies for recovery services such as appointment cards, pens, copies, or other items approved by System Agency in accordance with the System Agency-approved categorical budget.
5. Grantee may use funds for health and wellness support services. Example: providing supports that promote community integration such as paying for document assistance or purchasing personal care items.
6. Grantee may use funds for social activities (purchase movie to show at Grantee's site, bowling, Disc-Jockey.) that promote peer support and connectivity.
7. Grantee may transport participant to referral services and will be reimbursed for mileage costs incurred for Grantee-provided transportation.
8. As authorized under Section 1003 of the 21st Century Cures Act to support recovery and reduce the number of opioid-related deaths, Grantee may use Texas' Targeted Opioid Response (TTOR) grant funds for recovery support activities for opioid use disorder and may include Grantee providing identification and disposal materials, reversal toolkits, and harm- and risk-reduction materials/toolkits.

G. MONTHLY REPORTING REQUIREMENTS

1. Grantee will be utilizing TTOR grant funds. Grantee will submit monthly reporting recovery support activities to meet federal reporting requirements. Grantee will submit the Recovery Support Services (RSS) TTOR Monthly Activities Report by the required due date using the System-approved template.
2. Grantee will document and report specified recovery activities and services in CMBHS as directed by System Agency in accordance with this Contract, unless otherwise noted.
3. Grantee will access CMBHS to enter data and information into required forms for completion and submission, in accordance with instructions and frequency identified on the form. Grantee will complete the following forms in CMBHS as designated by the System Agency:
 - a. Client Profile, Open Case, and RSS Pre-Enrollment Form when participant starts to consider long term coaching. The RSS Pre-Enrollment Form may remain in draft status for up to 6 months.
 - b. RSS Enrollment Form when participant has committed to long term coaching and complete within 14 days of Assessment of Recovery Capital Initial Form placed in closed complete status.
 - c. RSS Recovery Plan when participant has committed to long term coaching and within 14 days of RSS Enrollment Form being place in closed complete status. Revisions as needed based on individual's recovery needs.
 - d. RSS Engagement Status reported monthly from date of RSS Enrollment.

- e. Recovery Check-up Form at 12 months from RSS Enrollment date; or more frequently if needed.
 - f. Assessment of Recovery Capital Scale (RCS) Form within 14 days from date individual has decided to commit to long-term coaching as documented on the RSS Pre-Enrollment Form and at 12 months from RSS Enrollment date or more frequently.
4. Grantee will use CMBHS to conduct and document interviews for participants receiving individual recovery coaching at enrollment into the program's recovery coaching services.

H. SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

1. Grantee will submit all documents identified below to the designated substance abuse mailbox (SubstanceAbuse.Contracts@hhsc.state.tx.us), unless otherwise noted, by the due dates specified by System Agency.
2. Grantee's duty to submit required documents will survive the termination or expiration of this Contract.

Report Name	Due Date*
Financial Status Report (FSR)	Last business day of the month following the end of each state fiscal quarter of the Contract term. <i>** Final FSR due within 45 days after the end of this Contract term.</i>
Performance Measures	Due 15th day of the following month
Security Attestation Form and List of Authorized Users	<ul style="list-style-type: none"> • FY2019-within 15 days of contract execution • FY2020-September 15 & March 15
RSS TTOR Monthly Activities Report	Due 15th day of the following month
Closeout documents	Annually, 45 days after the end of the Contract term

* If the Due Date is on a weekend or holiday, the Due Date is the next business day.

V. BILLING INSTRUCTIONS

- A. Grantee will submit all invoices to System Agency through CMBHS monthly.
- B. Grantee may access the Transactions List report in CMBHS to identify the amount of

federal funds allocated to this award for each transaction.

C. The CFDA number for the State Targeted Response to the Opioid Crisis Grant is 93.788.

D. The CFDA number is identified in the CMBHS Transactions List report.

ATTACHMENT A-1
STATEMENT OF WORK SUPPLEMENTAL
REVISED MARCH 2019

A. CONTRACT INFORMATION

Vendor ID-Mail Code:	17416681447-002
Grantee Name:	Alpha Home, Inc.
Contract Number:	HHS000128700006
Contract Type	Treatment
Payment Method:	Cost Reimbursement
DUNS Number:	083952150
Federal Award Identification Number (FAIN)	TI080272; H79TI081729
Solicitation Document:	Texas Health and Human Services (HHS or System Agency) Request for Applications for Texas' Opioid Recovery Support Services, RFA #529-18-0016, issued August 14, 2017.

B. SERVICE AREA:

Services or activities will be provided to participants and/or clients from the following counties:

Region 8: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson Counties

C. POPULATION SERVED:

Adult Males and Females

D. RENEWALS:

System Agency may renew this Contract for an additional three 12-month renewal period, at the System Agency's sole discretion.

E. CONTACT INFORMATION

Name:	Jennifer Molenaar
Email:	Jennifer.Molenaar@hhsc.state.tx.us
Telephone:	(512) 206-5153
Address:	909 W 45 th Street, Bldg 552 (MC 2058)
City/Zip:	Austin TX 78751

F. PERFORMANCE MEASURES

1. Grantee will report the performance measures monthly through CMBHS by the 15th of the following month for the previous month's activities.
2. Grantee's performance will be measured in part on the achievement of the key performance measures stated below.
3. The Performance Measures for State Fiscal Year (SFY) 2019 and SFY 2020 reflect the annual goals negotiated through contract negotiations for the Request for Applications for Texas' Opioid Recovery Support Services.
4. The Performance Measures for State Fiscal Year (SFY) 2019 and 2020 are as follows:

Measure:	Sept-Nov	Dec-Feb	Mar-May	June-Aug	<u>Annual Goal</u>
Number of participants formally enrolled in long-term Recovery Coaching	30	30	30	30	120
Number of new/unduplicated participants who received any type of direct recovery services	40	40	40	40	160
Number of new/unduplicated participants who received any type of indirect recovery services	90	90	90	90	360
Number of new/unduplicated participants who received any type of education services	80	80	80	80	320
Number of participants who completed a 12-month follow- up interview	24	24	24	24	96
Number of participants involved in recovery activities during the past 30 days at 12- month Follow-up interview	22	22	22	22	88
Number of participants who demonstrate increased Assessment of Recovery Capital total scores at 12-month Follow-up	21	21	21	21	84

G. PERFORMANCE MEASURE DEFINITIONS AND REPORTING

1. Number of participants formally enrolled in long-term Recovery Coaching.

Participants who are enrolled in long-term Recovery Coaching will develop an individualized strength-based Recovery Plan, and provide regular Recovery Check- Ups. If a participant starts different types of recovery coaching services in different reporting months, he/she should be counted as new in the month that he/she began the first type of coaching service.

Each month, report the number of new/unduplicated participants whose primary drug of choice is opioids and who started any type of recovery coaching services during the reporting month.

2. Number of new/unduplicated participants who received any type of Direct Recovery Support, In-Direct Recovery Support, and/or Educational Services.

This measure is designed to capture the number of unduplicated participants that received any direct recovery support services. Recovery Coaches will engage participants in recovery services and or recovery support referrals to assist in building strengths in various life-domains that have been impediments to their recovery process.

Each month, report the number of new/unduplicated participants whose primary drug of choice is opioids that received direct recovery support services.

3. Number of new/unduplicated participants who received any type of Indirect Recovery Support.

This measure is designed to capture the number of unduplicated participants that were referred to and received any in-direct recovery support services through a referral source. This will require a documented follow-up with the participant to count access to referred recovery support services. Recovery Coaches will engage participants in recovery services and or recovery support referrals to assist in building strengths in various life-domains that have been impediments to their recovery process.

Each month, report the number of new/unduplicated participants whose primary drug of choice is opioids that received indirect recovery support services

4. Number of new/unduplicated participants who received Education Services.

This measure is designed to capture the number of participants that received educational services to ensure successful recovery. For educational services referred out of the organization, this will require a documented follow-up with the participant to count access to educational services. Recovery Coaches will engage participants in these services to assist in building strengths and promote successful recovery.

Each month, report the number of new/unduplicated participants whose primary drug of choice is opioids that directly received or were referred to and received any type of education service.

5. Number of participants who completed a 12-Month Follow-Up Interview.

Grantee must complete an ARC for participants whose primary drug of choice is opioids upon enrollment in recovery coaching services and at the 12-Month Follow-Up for all participants formally enrolled in Recovery Coach Services.

Each month, report the number of participants whose primary drug of choice is opioids and who completed a 12-month follow-up interview. Only include participants who are formally enrolled in long-term Recovery Coaching services.

6. Number of participants involved in recovery activities during the past 30 days at 12-Month Follow-Up Interview.

Participants who formally enrolled in long-term Recovery Coaching services must be engaged and receive the program required Recovery Support services. The following are the activities that may be counted for these measures:

- a. Self-Help Groups;
- b. Met with a Sponsor affiliated with Self-Help Groups;
- c. Met with Recovery Coach;
- d. Other Self-Help;
- e. Served as a Recovery Coach;
- f. Served as a Peer Recovery Volunteer (Non-Coaching Activities); and
- g. Served as a Sponsor affiliated with Self-Help Groups

Each month, report the number of new participants whose primary drug of choice is opioids and involved in recovery activities during the past 30 days at the 12-Month follow-up interview.

7. Number of participants who demonstrate increased Assessment of Recovery Capital (ARC) total scores at 12-month Follow-Up.

The ARC scale is a self-report questionnaire that measures Recovery Capital in 10 life domains: Substance Use & Sobriety; Global Health (Psychological); Global Health (Physical); Citizenship/Community Involvement; Social Support; Meaningful Activities; Housing & Safety; Risk Taking; Coping & Life Functioning; and Recovery Experience. Improved Quality of Life as reflected by increases in Recovery Capital.

Each month, report the number of individuals whose primary drug of choice is opioids and who formally enrolled in Recovery Coaching Services and demonstrate an increased ARC total scores at 12-Month Follow-Up compared to their total ARC score at enrollment into Recovery Coaching.

H. REQUIRED PERFORMANCE OUTCOMES

1. Percentage of participants that completed the ARC upon enrollment and at the 12-Month Follow-Up.

Required Outcome: (Target 80%)

Grantee is required to complete an ARC for participants whose primary drug of choice is opioids upon enrollment in recovery coaching services and at the 12-Month Follow-Up for eighty percent (80%) the total number of participants formally enrolled.

2. Percentage of formally enrolled participants that demonstrate reduced and/or maintained recovery of substance use during the past 30 days at the 12-Month Follow-Up.

Required Outcome: (Target 75%)

Grantee is required to complete an initial Interview when a participant whose primary drug of choice is opioids enrolls in long-term recovery support services and again at the 12-Month Follow-Up. Seventy-five percent (75%) of these participants must show

a reduced and/or maintained recovery of substance use during the past 30 days at the 12-Month Follow-Up interview when compared to the initial interview at enrollment.

3. **Percentage of formally enrolled participants that are enrolled in one of more of the recovery services listed in the measures definitions 6. a-g.**

Required Outcome: (Target 70%)

Grantee is required to complete an RC when a participant whose primary drug of choice is opioids enrolls in long-term recovery support services, during the enrollment in services to assess progress, and again at the 12-Month Follow-Up. Grantee is required to engage at least seventy percent (70%) of the formally enrolled participants in one or more of the recovery activities listed in 6. a-g at their 12-Month Follow-Up Interview when compared to the initial interview at enrollment.

4. **Percentage of formally enrolled participants who demonstrated increased ARC total scores at 12-Month Follow-Up when compared to their ARC scores at initial enrollment.**

Required Outcome: (Target 75%)

Grantee is required to complete an ARC when a participant whose primary drug of choice is opioids enrolls in long-term recovery support services and again at the 12-Month Follow-Up. Seventy-five percent (75%) of these participants must show an increased score in the ARC completed at the 12-Month Follow-Up interview when compared to the ARC at enrollment.

ATTACHMENT B
BUDGET
REVISED MARCH 2019

- A. Funding from the United States Health and Humans Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) for the State Targeted Response to the Opioid Crisis Grant.
- B. Match is not required using State Targeted Response to the Opioid Crisis funds
- C. Any unexpended balance associated with any other System Agency-funded contract may not be applied to this Contract.
- D. Funding
 - 1. Total reimbursements will not exceed \$583,332 for the period from June 1, 2018 through August 31, 2020.
 - 2. Texas Targeted Opioid Response (TTOR) State Targeted Response (STR) funding to be expended as follows:
 - a. State Fiscal Year (SFY) 2018, June 1 2018 through August 31, 2018: \$83,332.00
 - b. SFY2019, September 1, 2018 through April 30, 2019: \$166,668.00
 - c. TTOR STR total allocation: \$250,000.00
 - 3. TTOR State Opioid Response (SOR) funding shall be expended as follows:
 - a. SFY 2019, May 1, 2019 through August 31 2019: \$83,332.00
 - b. SFY 2020, September 1, 2019 through August 31, 2020 - \$250,000.00
 - c. TTOR SOR total allocation: \$333,332.00.
- E. System Agency Share contain funds from the Texas Targeted Opioid Response (TTOR), CFDA number 93.788.
- F. Grantee is subject to the following restrictions, without prior approval, Grantee may transfer funds between direct budget categories, and must provide the System Agency Contract Manager with prior notification of this transfer. No budget category transfer or cumulative transfers may exceed 10% of the total contract value or \$100,000.00 whichever is less. If the budget transfer(s) exceeds \$100,000.00, alone or cumulatively, prior written approval from the System Agency is required. If the budget transfer(s) exceeds 10% of the total contract value, alone or cumulatively, a formal contract amendment is required.

G. The budgeted indirect cost amount is provisional and subject to change. The System Agency reserves the right to negotiate Grantee's indirect cost amount, which may require Grantee to provide additional supporting documentation to the assigned contract manager.

H. The SFY 2018 through SFY 2020 budget information is as follows:

1. The cumulative budget for SFY 2018 through SFY 2020, from June 1, 2018 through August 31, 2020 is as follows:

PERSONNEL	\$254,291.00
FRINGE BENEFITS	\$43,228.00
TRAVEL	\$34,978.00
EQUIPMENT	\$0.00
SUPPLIES	\$29,029.00
CONTRACTUAL	\$0.00
OTHER	\$132,523.00
TOTAL DIRECT CHARGES	\$494,049.00
INDIRECT CHARGES	\$89,283.00
TOTAL	\$583,332.00
SYSTEM AGENCY SHARE	\$583,332.00
MATCH	\$0.00

2. SFY 2019 budget shall not exceed \$83,332.00, for the term of May 1, 2019 through August 31, 2019.

PERSONNEL	\$35,320.00
FRINGE BENEFITS	\$6,004.00
TRAVEL	\$6,245.00
EQUIPMENT	\$0.00
SUPPLIES	\$14,097.00
CONTRACTUAL	\$0.00
OTHER	\$13,383.00
TOTAL DIRECT CHARGES	\$75,049.00
INDIRECT CHARGES	\$8,283.00
TOTAL	\$83,332.00
SYSTEM AGENCY SHARE	\$83,332.00
MATCH	\$0.00

3. SFY 2020 Budget shall not exceed \$250,000.00, for the term of September 1, 2019 through August 31, 2020.

PERSONNEL	\$151,452.00
FRINGE BENEFITS	\$25,746.00
TRAVEL	\$9,665.00
EQUIPMENT	\$0.00
SUPPLIES	\$9,457.00
CONTRACTUAL	\$0.00
OTHER	\$28,680.00
TOTAL DIRECT CHARGES	\$225,000.00
INDIRECT CHARGES	\$25,000.00
TOTAL	\$250,000.00
SYSTEM AGENCY SHARE	\$250,000.00
MATCH	\$0.00