

**HEALTH AND HUMAN SERVICES COMMISSION
CONTRACT NO. HHS000169400001
AMENDMENT NO. 2**

The Health and Human Services Commission (“**HHSC**” or “**System Agency**”) and Lakes Regional Mental Health And Mental Retardation Center dba Lakes Regional Community Center (“**Grantee**”), which are collectively referred to herein as the “**Parties**,” to that certain Mental Health First Aid (“**MHFA**”) Grant contract effective September 1, 2018 and denominated HHSC Contract No. HHS000169400001 (the “**Contract**”), as amended, now desire to further amend the Contract.

Whereas, the Parties desire to revise the Statement of Work to incorporate statutory changes made to Texas Government Code § 434.352 (i.e., House Bill 4429, 86th Legislature, Regular Session, 2019) and to incorporate additional monthly and annual reporting. The statutory changes require HHSC to collect data and report on veterans and immediate family members of veterans completing Mental Health First Aid Training;

Now, Therefore, the Parties hereby amend and modify the Contract as follows:

1. **Section VII** of the Contract Signature Document, **Additional Grant Information**, is supplemented to add the following language after the Awarding Official contact information:

The federal grant funds included in this Contract may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the Drug Enforcement Administration and under a Food and Drug Administration-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

2. Amendments to **Attachment A – Revised Statement of Work**
 - a. **Section I(A)(2), Mental Health First Aid Training** is amended and restated as follows:
 2. In accordance with THSC Section 1001.203, Grantee shall provide Adult MHFA or Youth MHFA training to public school district employees, public school resource officers, university employees, and any other HHSC-authorized course participants by MHFA certified instructors as a preventative measure to assist in early identification of children and adults at risk of social-emotional

disorders. The phrase university employees includes entities covered under the definition of “institution of higher education” in Education Code Section 61.003.

- b. **Section I(A)(11), Mental Health First Aid Training** is deleted in its entirety.
- c. **Section I(D)(3)(a), MHFA Instructor Certification**, is amended and restated as follows:
 - a. In a broad-based manner across the region to maximize the number of children and adults having direct contact with individuals trained in MHFA;
- d. **Section I(H)(5), Annual Report** is amended and restated as follows:
 - 5. A description of the steps the Grantee took to comply with its plan to maximize the number of children and adults in its respective area(s) who have direct contact with an individual who has successfully completed an MHFA training program provided by the Grantee;
- e. Section I is hereby amended by inserting after section I(H) the following new sections **I(I), Monthly Reporting** and **I(J), MHFA Training Plan**:

I. Monthly Reporting

Grantee shall provide HHSC a monthly report via the HHSC-approved spreadsheet in SharePoint until otherwise directed to report using the Clinical Management for Behavioral Health Services (CMBHS) system that includes:

- 1. Number of trainers who left the MHFA program;
- 2. Number of active trainers; and
- 3. Number trained by:
 - a. LMHA/LBHA region;
 - b. University or school district; and
 - c. Category of personnel.

J. MHFA Training Plan

As outlined in Health and Safety Code Section 1001, Subchapter H, the LMHA/LBHA shall submit a training plan no later than July 1st of each state fiscal year. The plan shall include:

- 1. A description of the Grantee’s plan to maximize the number of children and adults in its respective area(s) who have direct contact with an individual who has successfully completed an MHFA training program provided by the Grantee;
- 2. A description of the Grantee’s plan to identify and meet the greatest needs for MHFA in its respective service area(s); and
- 3. A description of the Grantee’s plan to identify and complement existing resources.

3. **Attachment B - Revised Invoice**, is amended and restated with **Attachment B-1 – Invoice**. **Attachment B-1 – Invoice** is applicable as of the effective date of this Amendment and includes changes that collect veteran-specific MHFA training information within field 20, Description of Goods and Services.
4. **Attachment G - Annual Report** is amended and restated with **Attachment G-1 – MHFA Annual Report**, which is applicable as of the effective date of this Amendment and includes changes to reporting on veterans and immediate family members of veterans completing Mental Health First Aid Training.
5. The Contract is hereby supplemented to add **Attachment J - MHFA Training Plan**.
6. This Amendment is effective as of the date last signed below.
7. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 2
HHSC CONTRACT NO. HHS000169400001**

HEALTH AND HUMAN SERVICES COMMISSION

**LAKES REGIONAL MENTAL HEALTH AND
MENTAL RETARDATION CENTER DBA
LAKES REGIONAL COMMUNITY CENTER**

DocuSigned by:
By: Courtney Harvey _____
63070822D9FB424...
Courtney Harvey

DocuSigned by:
By: John Delaney _____
F267220BA6604C5...
John Delaney

Associate Commissioner

Executive Director

Date of Signature: January 28, 2020

Date of Signature: January 28, 2020

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

**ATTACHMENT B-1 - INVOICE
ATTACHMENT G-1 - MHFA ANNUAL REPORT
ATTACHMENT J - MHFA TRAINING PLAN**

ATTACHMENT B-1 INVOICE
 STATE OF TEXAS
 PURCHASE VOUCHER Page 1 of 1
 WFS.1 (9/93)

1. Archive Reference Number	2. Agency No. 537	3. Agency Name Health and Human Services Commission			4. Current Document Number
5. Effective Date	6. DOC Date	7. Due Date 03/31/08	8. Doc Agency 529		
9. Payee Identification Number	10. PDT	11. PCC	12. Requisition Number	13. Document Amount \$0.00	
14. Payee Name/Address		15. GSC Order Number	17. AGENCY USE		
		16. Lease Number	FUND	BUDGET	CAT.
			General	or Program	Activity Code

18. SFX	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	Amount	R
001	APPN	Fund	NACUBO Sub-Fund	Grant Number	Grant Year / Phase	Project Number	Project Phase	Contract Number		Multipurpose Code	
	Invoice number		Description			AGENCY USE					
001	APPN	Fund	NACUBO Sub-Fund	Grant Number	Grant Year / Phase	Project Number	Project Phase	Contract Number		Multipurpose Code	
	Invoice number		Description			AGENCY USE					
001	APPN	Fund	NACUBO Sub-Fund	Grant Number	Grant Year / Phase	Project Number	Project Phase	Contract Number		Multipurpose Code	
	Invoice number		Description			AGENCY USE					

19. SER/DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
<i>Provide Month Range</i>	1. Number of employees/contracted providers certified as instructors.	0	\$1,000	\$0.00
	2. Number of school district employees and school resource officers trained.	0	\$100	\$0.00
	3. Number of employees of institutions of higher learning trained.	0	\$100	\$0.00
	4. Number of non-educators/community members trained.	0	50	\$0.00
	5. Expenses incurred for MHFA Outreach Worker.	0		\$0.00
	Reimbursement for services as specified in the contract outlined below.		Total Payment Requested	\$0.00
	Contract Number: <input type="text"/>			
	Purchase Order Number: <input type="text"/>			
	Contract Term: 09/01/2018 through 08/31/2023			
	Number Adult Trainings Conducted	<input type="text" value="0"/>		
	Number Youth Trainings Conducted	<input type="text" value="0"/>		
	Total Trainings Conducted	<input type="text" value="0"/>		
	Training Needs:			
	Number of Adult Instructors	<input type="text" value="0"/>		
	Number of Youth Instructors	<input type="text" value="0"/>		
	Number to be Cross-Trained in Adult	<input type="text" value="0"/>		
	Number to be Cross-Trained in Youth	<input type="text" value="0"/>		
			Annual total:	Quantity
			Number SM trained in Veterans module	<input type="text" value="0"/>
			Number VF trained in Veterans module	<input type="text" value="0"/>
			Number SMVF trained in adult or youth MHFA	<input type="text" value="0"/>
			<i>Key: SM = service member; VF = veteran or family member; SMVF = service member, veteran, or family member</i>	
24. Contact Name	Phone (Area Code and Number)		25. Entered By	
26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.				
Approved (Sign below)		Phone (Area Code and Number)		Date
Fiscal Approved (Sign below)		Phone (Area Code and Number)		Date

Attachment G-1

MHFA Annual Report

The (Center Name) submits this Annual report due September 30 which outlines the numbers of individuals trained in Mental Health First Aid for the time period of 9/01/XX to 08/31/XX.

Measure	Total
Staff/contractors certified as MHFA Instructors	
School District Employees/School Resource Officers trained	
Non-School District Employees/School Resource Officers trained	
University Employees trained	
Service members trained in Veterans module	
Veterans and veteran family members trained in Veterans module	
Service members, veterans, and family members trained in adult or youth MHFA	

For Annual Reporting please answer the following:

1. The number of employees and contractors of the authority who were certified as MHFA instructors as specified in I.A.(2) and I.A.(3) of the SOW; during the preceding fiscal year; **(Provide in table above)**
2. The number of School District Employees and School Resource Officers who completed an MHFA training program offered by the Contractor as specified in Section I.B. of the SOW during the preceding fiscal year; **(Provide in table above)**
3. The number of individuals who are not School District Employees or School Resource Officers who completed an MHFA training program offered by the Contractor during the preceding fiscal year; **(Provide in table above)**
4. The number of University Employees who completed an MHFA training program offered by the Contractor during the preceding fiscal year; **(Provide in table above)**
5. The number of service members who completed an MHFA Veterans module offered by the Contractor during the preceding fiscal year; **(Provide in table above)**
6. The number of veterans and veteran family members who completed an MHFA Veterans module offered by the Contractor during the preceding fiscal year; **(Provide in table above)**
7. The number of service members, veterans, and veteran family members who completed an adult or youth MHFA course offered by the Contractor during the preceding fiscal year; **(Provide in table above)**
8. Provide a description of the steps the Contractor took to comply with its plan to maximize the number of children in its respective area(s) who have direct contact with an individual who has successfully completed an MHFA training program provided by the Contractor;
- 9.

10. Provide a description of the steps the Contractor took to comply with its plan to identify and meet the greatest needs for MHFA in its respective service area(s) and a description of the success or challenges encountered in implementing the plan;

11. Provide a description of the steps the Contractor took to comply with its plan to identify and complement existing resources and the success or challenges encountered in implementing the plan.

Attachment J

MHFA Training Plan

(Center Name) submits this Training Plan no later than July 1st of each fiscal year. This report outlines the Center's Mental Health First Aid (MHFA) Training Plan as outlined in Health and Safety Code Section 1001, Subchapter H, for the time period of 9/01/XX to 08/31/XX.

For questions about how to use this form, please contact your contract manager or mentalhealthfirstaid@hhsc.state.tx.us.

1. Provide a description the Contractor's plan to maximize the number of children and adults in its respective area(s) who have direct contact with an individual who has successfully completed an MHFA training program provided by the Contractor.

2. Provide a description of the Contractor's plan to identify and meet the greatest needs for MHFA in its respective service area(s).

3. Provide a description of the Contractor's plan to identify and complement existing resources.