

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000743500005
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS” or “System Agency”) and **RUSK COUNTY (“Grantee”)**, who are collectively referred to herein as the “Parties,” to that certain Contract effective March 17, 2020, and denominated as DSHS Contract No. HHS000743500005, now desire to amend the Contract.

WHEREAS, the System Agency has chosen to exercise its option to renew the Contract in accordance with Contract Section III, Duration; and

WHEREAS, the Parties desire to make additional funds available and amend the Statement of Work in support of the services provided under the Contract.

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

1. **SECTION III** of the Contract, **DURATION** is hereby amended to reflect a revised termination date of September 30, 2023.
2. **SECTION IV** of the Contract, **BUDGET**, is hereby amended by adding funding for the period of October 1, 2021 through September 30, 2022 in the amount of \$125,000.00.
3. **SECTION IV** of the Contract, **BUDGET**, is also hereby amended by adding funding for the period of October 1, 2022 through September 30, 2023 in the amount of \$125,000.00. The total not-to-exceed amount of this Contract through September 30, 2023 increased to \$500,000.00.
4. **ATTACHMENT A** of the Contract, **STATEMENT OF WORK**, is hereby supplemented with the addition of **ATTACHMENT A-1, FY22-FY23 STATEMENT OF WORK** for the period of October 1, 2021 through September 30, 2023.
5. **ATTACHMENT B** of the Contract, **BUDGET**, is hereby amended and restated in its entirety with **ATTACHMENT B-1, FY22-FY23 BUDGET**.
6. This Amendment shall be effective on October 1, 2021.
7. Except as amended and modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page to Follow

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000743500005**

DEPARTMENT OF STATE HEALTH SERVICES RUSK COUNTY

DocuSigned by:
Manda Hall, M.D
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DocuSigned by:
Joel R. Hale
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Manda Hall, M.D

Joel R. Hale

Associate Commissioner, Community Health Improvement ~~Trustee~~ Rusk County Judge

Date of Execution: March 29, 2021

Date of Execution: March 29, 2021

THE FOLLOWING ATTACHMENT IS ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:

ATTACHMENT A-1: FY22-FY23 STATEMENT OF WORK

ATTACHMENT B-1: FY22-FY23 BUDGET

ATTACHMENTS FOLLOW

**ATTACHMENT A-1
FY22-FY23
STATEMENT OF WORK**

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A. Provide System Agency with evidence of activity implementation of the Community and Clinical Health Bridge (CCHB) project. The CCHB project aims to reduce the impact of obesity and related chronic diseases in the State of Texas by focusing on locally driven clinical and community systems-level enhancements.

Grantee is responsible for coordinating with clinical and community partners within their service area to implement a minimum of three total strategies for the CCHB project.

Grantee is responsible for implementing the two priority strategies below:

- Develop community-clinical referral mechanisms for improved obesity and related chronic disease systems of care; and
- Facilitate evidence-based education and training for providers, patients, and the community to ensure consistent messaging of reliable health information and collaboration.

Grantee is responsible for implementing at least one optional strategy from among the following:

1. Reduce barriers to accessing healthcare for prevention of disease, increased early detection, and reduction of complications;
2. Coordinate comprehensive data collection, analysis, and management to evaluate implementation activities and determine overall impact on health outcomes at the population level;
3. Engage community and clinical partners to strengthen partnerships and increase sustainability; and
4. Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing.

Grantee selected the following optional strategy(ies):

1. Engage community and clinical partners to strengthen partnerships and increase sustainability;
2. Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing.

- B. Conduct activities based on the Fiscal Year 2022 (FY22) and Fiscal Year 2023 (FY23) Work Plans approved by System Agency. Work plan activities are based on the strategies selected above. The work plans must be reviewed and approved by System Agency prior to conducting activities. System Agency will provide written approval and confirmation that work plan activities may be completed. The FY22 work plan will be due at the end of FY21.

- C. Conduct evaluation activities based on the FY22 and FY23 Evaluation Plans approved by System Agency. Approved activities must assess progress in the following focus areas:
1. Partnerships: The quality, contributions and impacts of the partnerships created or enhanced through this funding opportunity.
 2. Process: The extent to which the work plan was implemented as planned.
 3. Program Outcomes: The extent to which activities outlined in the work plan yielded the intended results.

The evaluation plans must be reviewed and approved by System Agency prior to conducting activities. System Agency will provide written approval and confirmation that evaluation plan activities may be completed. The FY22 Evaluation Plan will be due at the end of FY21.

- D. Develop and submit an annual success story with two (2) photographs and two (2) photograph release forms to System Agency. A success story draft must be reviewed and approved by System Agency prior to the final version submission date. Success story draft and final due dates are as follows:

Success Story	Period Covered	Due Date
FY22 Draft, with 2 photographs and 2 photo release forms	10/01/21-09/30/22	07/01/22
FY22 Final	10/01/21-09/30/22	09/30/22
FY23 Draft, with 2 photographs and 2 photo release forms	10/01/22-09/30/23	07/01/22
FY23 Final	10/01/22-09/30/23	09/30/23

- E. Develop and submit an annual work plan in preparation for fiscal years 2023 to System Agency. The work plan must contain activities that support the priority and optional strategies selected as well as staff/organizational responsibility and timeframe. A work plan draft must be reviewed and approved by System Agency prior to the final version submission date. Work Plan draft and final due dates are as follows:

Work Plan	Period Covered by the Work Plan	Due Date
FY23 Draft	10/01/22-09/30/23	07/01/22
FY23 Final	10/01/22-09/30/23	09/30/22

- F. Develop and submit an annual evaluation plan in preparation for fiscal years 2023 to System Agency. The evaluation plan must contain activities that evaluate progress toward the priority and optional strategies and activities submitted in the work plan. An evaluation plan draft must be reviewed and approved by System Agency prior to the final version submission date. Evaluation Plan draft and final due dates are as follows:

Evaluation Plan	Period Covered by the Evaluation Plan	Due Date
FY23 Draft	10/01/22-09/30/23	07/01/22
FY23 Final	10/01/22-09/30/23	09/30/22

- G. Participate in monthly feedback calls (i.e., monthly project status reports) with System Agency Program to be conducted on or before the 15th of each month of the contract term, unless otherwise agreed to in writing by System Agency. On the calls, Grantee will discuss the following 1) Implementation status, 2) barriers and methods to address those barriers, 3) opportunities to enhance the activities, 4) lessons learned, and 5) next steps. Other calls may be added, as appropriate, with Grantee and System Agency Program.
- H. Submit quarterly Progress Reports to System Agency via the electronic Performance Management and Tracking System (PMATS). The information and documentation required in the Progress Reports will be based on the CCHB priority and optional strategies selected. Progress report due dates are as follows:

Progress Report #	Period Covered	Due Date
FY22 Quarter 1	10/01/21-12/31/21	01/15/22
FY22 Quarter 2	01/01/22-03/31/22	04/15/22
FY22 Quarter 3	04/01/22-06/30/22	07/15/22
FY22 Quarter 4	07/01/22-09/30/22	10/15/22
FY23 Quarter 1	10/01/22-12/31/22	01/15/23
FY23 Quarter 2	01/01/23-03/31/23	04/15/23
FY23 Quarter 3	04/01/23-06/30/23	07/15/23
FY22 Quarter 1	10/01/21-12/31/21	01/15/22

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in Attachment A-1 and compliance with the Contract's terms and conditions.

III. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.texas.gov/grants/forms/b13form.doc>. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services
 Claims Processing Unit, MC 1940
 1100 West 49th Street
 P.O. Box 149347
 Austin, TX 78714-9347
 FAX: (512) 458-7442
 EMAIL: invoices@dshs.texas.gov and cmsinvoices@dshs.texas.gov

B. Grantee will be paid on a monthly basis and in accordance with the Budget in Attachment B-1 of this Contract.

C. All invoices must reference Contract # and PO#.

ATTACHMENT B-1
FY22-FY23
BUDGET

Categorical Budget: October 1, 2021 – September 30, 2023

	10/1/2021-9/30/2022	10/1/2022-9/30/2023
PERSONNEL	\$37,500.00	\$37,500.00
FRINGE BENEFITS	\$18,602.00	\$18,602.00
TRAVEL	\$2,610.00	\$2,610.00
EQUIPMENT	\$0.00	\$0.00
SUPPLIES	\$6,000.00	\$6,000.00
CONTRACTUAL	\$21,000.00	\$21,000.00
OTHER	\$39,288.00	\$39,288.00
TOTAL DIRECT CHARGES	\$125,000.00	\$125,000.00
INDIRECT CHARGES	\$0.00	\$0.00
TOTAL	\$125,000.00	\$125,000.00
Match	\$0.00	\$0.00
Total Budget	\$125,000.00	\$125,000.00