

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. HHS000790600003  
AMENDMENT NO. 2**

The Health and Human Services Commission (“**HHSC**”) and Austin-Travis County MHMR d/b/a Integral Care (“**Grantee**”), collectively the “**Parties**” to that certain National Suicide Prevention Lifeline (Lifeline) State Capacity Building (“**MH/LCB**”) grant program contract effective May 13, 2020 and denominated HHSC Contract No. HHS000790600003 (the “**Contract**”), as amended, now desire to further amend the Contract.

**Whereas**, HHSC wants to add \$3,719,193.00 to the total Contract not to exceed amount; and

**Whereas**, HHSC wants to revise the Statement of Work.

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

1. **Article V, Contract Amount and Payment for Services**, of the Contract Signature Document, is hereby amended and restated in its entirety as follows:

The total value of this Contract is increased by \$3,719,193.00. The total value of this Contract will not exceed \$5,851,920.00. All expenditures under the Contract will be in accordance with the provisions outlined in **Attachment B, Budget Procedures**. Funding allocated to support the 988 Planning Grant and Volunteer/Intern Initiative shall be used exclusively to support those projects per the terms of **Attachment A - Revised Statement of Work, Version 2**. Grantee’s acknowledged or approved Indirect Cost Rate (ICR) may be included in the cost reimbursement budget approved in accordance with **Attachment B, Budget Procedures**. Grantee’s ICR Acknowledgement Letter – Ten Percent De Minimis is attached to this Contract and incorporated as **Attachment H, Indirect Cost Rate Letter**.

The funding amounts allocated to support this Contract by State fiscal year (i.e., September 1st through August 31st) are as follows:

STATE FISCAL YEAR	LIFELINE STATE CAPACITY BUILDING GRANT	988 PLANNING GRANT	VOLUNTEER/INTERN INITIATIVE	CONTRACT AMOUNT
2020	\$248,615.00	\$0.00	\$0.00	\$248,615.00
2021	\$613,672.00	\$23,299.00	\$0.00	\$636,971.00
2022	\$1,487,868.00	\$0.00	\$0.00	\$1,487,868.00
2023	\$1,621,855.00	\$0.00	\$0.00	\$1,621,855.00
2024	\$1,856,611.00	\$0.00	\$0.00	\$1,856,611.00
<b>2020 – 2024</b>	<b>\$5,828,621.00</b>	<b>\$23,299.00</b>	<b>\$0.00</b>	<b>\$5,851,920.00</b>

2. **Attachment A – Revised Statement of Work** is hereby amended and restated in its entirety as **Attachment A – Revised Statement of Work, Version 2**, which includes, but is not limited to revisions of the following:
  - a. The addition of requirements related to the 988 Planning Grant supporting development and implementation strategies designed increase Texas’ in-state answer rate for Lifeline calls;
  - b. The addition of requirements related to the Volunteer/Intern Initiative Plan supporting recruitment and training to assist with answering Lifeline calls; and
  - c. The addition of requirements related to submission of monthly expenditure reporting.

3. **Attachment A-1, Lifeline Coverage Area** is hereby amended and restated in its entirety as **Attachment A-1, Lifeline Coverage Area, Version 2.**
4. **Attachment I, Expenditure Report** is hereby added to the contract.
5. This Amendment No. 2 shall be effective the date last signed by both parties.
6. Except as modified by this Amendment No. 2, all terms and conditions of the Contract shall remain in effect.
7. 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. HHS000790600003**

**HEALTH AND HUMAN SERVICES COMMISSION**

**AUSTIN-TRAVIS COUNTY MHMR D/B/A  
INTEGRAL CARE**

DocuSigned by:  
*Sonja Gaines*  
By: 147CCA4134D941B...  
Sonja Gaines

DocuSigned by:  
*David Evans*  
By: 7F893D01DD1F457...  
David Evans

SG

CEO

Date of Signature: April 16, 2021

Date of Signature: April 15, 2021

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND THEIR TERMS ARE HEREBY  
INCORPORATED INTO THE CONTRACT:**

- ATTACHMENT A - REVISED STATEMENT OF WORK, VERSION 2**
- ATTACHMENT A-1 - LIFELINE COVERAGE AREA, VERSION 2**
- ATTACHMENT I - EXPENDITURE REPORT**

**Attachment A**  
**Revised Statement of Work, Version 2**  
**Lifeline Capacity Building Grant**

**I. GRANTEE RESPONSIBILITIES**

Grantee shall conduct efforts to expand the capacity of their crisis hotline in answering calls for the National Suicide Prevention Lifeline (Lifeline). Grantee shall perform the following activities and provide complete and timely documentation to the Health and Human Services Commission (HHSC) liaison in the manner and timeframes specified below.

**A. State Capacity Building Grant**

**1. Project Meetings**

- a. Grantee shall participate in regular monthly support calls with the Lifeline and HHSC.
- b. Grantee shall participate, as feasible, in the annual cohort grantee meeting at the American Association of Suicidology Conference.

**2. Implementation Activities**

- a. Grantee shall hire qualified staff to answer Lifeline calls.
- b. Grantee shall recruit, hire, and train Lifeline staff to meet each grant year's total call goal. Goal call volume shall ensure increase of the in-state answer rate so it reaches or exceeds 70 percent by year two of the grant and at a minimum exceeds a 70 percent in-state answer rate by August 31, 2021.
- c. Beginning September 1, 2021, Grantees shall strive to increase the in-state answer rate to 100 percent by August 31, 2022.
- d. Grantee shall designate a Staff Lead to serve as the primary liaison with HHSC and Lifeline within 30 days of execution of this contract.
- e. Grantee shall provide ongoing monitoring of Lifeline calls to ensure quality:
  - i. At minimum, one percent of all calls shall be silently monitored. Lifeline staff shall provide feedback accordingly; and
  - ii. Lifeline staff shall be monitored quarterly by a supervisor when a quality issue has been detected or a complaint received.
- f. Grantee shall provide 24/7 coverage for all Lifeline calls.
- g. Grantee shall answer Lifeline calls in their designated coverage area as outlined in **Attachment A-1, Lifeline Coverage Area, Version 2**.
- h. Grantee shall complete expansion to designated coverage area as outlined in **Attachment A-1, Lifeline Coverage Area, Version 2** by September 30, 2021.
- i. Grantee shall ensure all staff answering Lifeline calls successfully complete all Lifeline Simulation Training modules once per fiscal year.
- j. Grantee shall ensure all staff answering Lifeline calls participate in two Lifeline continuing education webinars per fiscal year.
- k. Grantee shall ensure a written procedure for providing access to resources, making referrals for services, and activating emergency services for callers outside of the grantee's catchment area. This procedure shall include:
  - i. The requirement that Lifeline calls are answered to Lifeline standards prior to referring an individual to another local mental health authority (LMHA) or local behavioral health authority (LBHA) for services; and

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**Lifeline Capacity Building Grant**

- ii. Steps for how calls of individuals in crisis (requiring emergent or urgent crisis services) will be warm transferred to the LMHA or LBHA where the individual resides. Grantee shall contact the appropriate LMHA or LBHA crisis hotline or directly contact the appropriate crisis service, if that arrangement or contract exists.
  - l. Grantee shall ensure that the phone system in place for answering Lifeline calls has the minimum required capabilities:
    - i. The ability to return a true busy signal (also known as a network or carrier busy signal) once the estimated wait time reaches a predetermined length; and
    - ii. Dual Tone Multi-Frequency (DTMF) or “touchtone” compatibility so each phone generates a two-tone frequency when the keys are pressed.
  - m. Grantee may utilize the State Capacity Building grant funding for shift differential for other LMHA staff answering Lifeline calls.
- B. 988 Planning Grant (Project Term: February 1, 2021- September 30, 2021)
- 1. Project Meetings
    - a. Grantee shall participate in regular monthly 988 implementation coalition meetings.
    - b. Grantee shall have a representative to participate in all technical assistance webinars as feasible.
    - c. Grantee shall participate, as feasible, in 988 Policy Academy.
  - 2. Implementation Activities
    - a. Grantees shall develop and implement strategies to significantly increase the in-state answer rate through the end of the Contract term.
    - b. Grantees shall assist in the creation of the 988 implementation plan and provide information and data.
    - c. Grantees shall strive to increase the in-state answer rate, so it reaches or exceeds 80 percent by December 31, 2021.
- C. Volunteer/Intern Initiative Plan Implementation Activities, if funded (Project Term: January 1, 2021- September 30, 2021)
- 1. Grantee shall recruit, onboard, and train volunteers or interns to answer Lifeline calls by September 30, 2021 to receive the stipend.
  - 2. Grantee shall ensure volunteer or intern Lifeline staff complete all Lifeline Simulation Training modules (<https://simulation.networkresourcecenter.org/>) before answering Lifeline calls.
- D. Data Collection, Submission, and Reporting
- 1. Grantee shall provide HHSC with a monthly report of Lifeline call data by the 10<sup>th</sup> day of the following month, to include the following:
    - a. Call volume and answer rates.
    - b. Average speed to answer.
    - c. Number of callers by disposition (suicidal ideation) categories.

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- d. Number of callers by gender.
  - e. Number of callers by age categories.
  - f. Number of callers by suicide experience categories.
  - g. Number of callers who identify as a veteran or in active military service.
  - h. Number of calls that resulted in emergency dispatch.
  - i. Number by category of how callers learned about the Lifeline.
  - j. Number of callers from outside the Grantee's catchment area.
2. Grantee shall submit the monthly report of Lifeline call data into an online reporting form (<https://forms.gle/fXzcQobAqiPMzPza8>) or other HHSC-approved instrument by the 10<sup>th</sup> day of the following month.
  3. Grantee shall submit any additional data required by HHSC as a result of monthly coalition meetings for the 988 Planning Grant.
  4. Grantee shall provide information to HHSC to aid in the completion of the 988 planning (implementation) report.
  5. Grantee shall submit a monthly report documenting the total number of full time employees and/or total number of cross trained staff hired through grant funding that answered Lifeline calls to [crisisservices@hhs.texas.gov](mailto:crisisservices@hhs.texas.gov) by the 10th day of the following month.
  6. Grantee shall submit a monthly report of Lifeline Referral data by the 10<sup>th</sup> day of the following month, starting fiscal year 2022, including the following:
    - a. Referrals to the LMHA's mobile crisis outreach team (MCOT);
    - b. Referrals to residential crisis stabilization (Crisis Stabilization Units, Extended Observation Units, Crisis Residential Units, and Crisis Respite units, as applicable);
    - c. Referrals to the LMHA for outpatient services; and
    - d. Referrals to another resource/provider for outpatient services/counseling.

**II. PAYMENT METHODOLOGY AND FUNDING**

- A. Grantee shall request monthly payments by the 15<sup>th</sup> day following each service month using the State of Texas Purchase Voucher Form 4116, which is incorporated by reference and can be downloaded at: <https://hhs.texas.gov/laws-regulations/forms/4000-4999/form-4116-state-texas-purchase-voucher>.
- B. Grantee shall submit the State of Texas Purchase Voucher Form 4116 and supporting documentation for reimbursement monthly. Documentation shall include:
  1. Name, address, and telephone number of Grantee;
  2. System Agency Contract Number and/or Purchase Order Number;
  3. Identification of service(s) provided;
  4. Dates services/deliverables were delivered;
  5. Name of the person performing the activities;
  6. Total invoice amount;
  7. Attachment I – Expenditure Report;

**Attachment A**  
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8. A copy of Grantee's General Ledger proving expenditure of funds by cost category; and
  9. Any other documentation which is required by this Contract or as requested by System Agency.
- C. Grantee shall Electronically submit all invoices with supporting documentation to the Claims Processing Unit at [HHSC AP@hhsc.state.tx.us](mailto:HHSC_AP@hhsc.state.tx.us), with a copy to [MHContracts@hhsc.state.tx.us](mailto:MHContracts@hhsc.state.tx.us), the assigned System Agency Contract Manager by the 15<sup>th</sup> day following the end of each month.
- D. If applicable, Grantee shall submit supporting documentation stating that the volunteers/interns were onboarded and answering Lifeline calls within the stipend project term by October 15, 2021 to receive the one-time stipend. Documentation shall include:
1. Onboarding training completion documentation; and
  2. Time sheets.

**National Suicide Prevention Lifeline (NSPL) Grant**

**(Calls from Red counties answered by the Suicide & Crisis Center in Dallas that grant partner will be a back-up center for) (Calls in counties where the LMHA/LBHA is Blue shall be answered by September 30, 2021)**

<b>LMHA</b>	<b>Counties Served</b>
Integral Care	Travis
Bluebonnet Trails Community Services	Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, Williamson
Hill Country MHDD Centers	Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, Val Verde
Center for Life Resources	Brown, Coleman, Comanche, Eastland, McCulloch, Mills, San Saba
Betty Hardwick Center	Callahan, Jones, Shackelford, Stephens, Taylor
Andrews Center	<u>Henderson, Rains, Smith, Van Zandt, Wood</u>
Central Counties Services	Bell, Coryell, Hamilton, Lampasas, Milam
The Center for Health Care Services	Bexar
Border Region Behavioral Health Center	Jim Hogg, Starr, Webb, Zapata
Coastal Plains Community Center	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, San Patricio
Community Healthcore	Bowie, Cass, Gregg, Harrison, Marion, <u>Panola, Red River, Rusk, Upshur</u>
ACCESS	<u>Anderson, Cherokee</u>
Behavioral Health Center of Nueces County	Nueces