

**Health and Human Services Commission  
Contract No. 2016-048268  
Amendment No. 2  
Renewal**

The Health and Human Services Commission (“System Agency”) and MONTROSE COUNSELING CENTER, INC. (“Contractor”) parties to the HIV Early Intervention Services (HEI) subrecipient contract effective September 1, 2015, and denominated HHSC Contract No. 2016-048268 (“Contract”), and amended on September 1, 2016, now desire to further amend the Contract.

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

**WHEREAS**, this revision will result in an increase to the Total Contract Value of \$462,257.00.

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

1. This Amendment will add Program Attachment 2016-048268-003 to the Contract for state fiscal year 2018, including its attached categorical budget.
2. Item #2: **Total Amount of the Contract and Payment Method(s)** of the Contract is amended to:
  - a. Increase the System Agency Share of the Contract to \$1,320,735.00, which is comprised of \$440,245.00 in state fiscal year 2016 funding, \$440,245.00 in state fiscal year 2017 funding, and \$440,245.00 in estimated state fiscal year 2018 funding; and
  - b. Increase the Required Match of the Contract to \$66,036.00, which is comprised of \$22,012.00 in state fiscal year 2016 match, \$22,012.00 in state fiscal year 2017 match, and \$22,012.00 in estimated state fiscal year 2018 match; and
  - c. Increase the Total Contract Value of the Contract to \$1,386,771.00, which is comprised of \$462,257.00 in state fiscal year 2016 funding, \$462,257.00 in state fiscal year 2017 funding, and \$462,257.00 in estimated state fiscal year 2018 funding.
3. Item #4: **Term of the Contract** of the Contract is hereby amended to reflect a termination date of August 31, 2018.
4. Section 14.14 of the Contract General Provisions regarding Unilateral Amendment is hereby amended to add:
  - d. To correct the name, mailing address, or contact information for persons named in the Contract;
  - e. To comply with a court order or judgment;
  - f. To update service descriptions or rates (if applicable); or
  - g. To change the state fiscal year 2018 funding amount, based on utilization of funds or availability of funds.
5. This Amendment shall be effective as of September 1, 2017.

6. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
7. The estimated state fiscal year 2018 funding amount may either be ratified or amended at the sole discretion of the System Agency, based on changes in appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the Texas General Appropriations Act, agency consolidation, or any other disruptions of current funding for this Contract. No state fiscal year 2018 work may begin, and no state fiscal year 2018 expenditures may be incurred until the System Agency issues a written Notice to Proceed. This Notice to Proceed will either include a ratified state fiscal year funding amount, or an amended state fiscal year 2018 funding amount, which will be incorporated into this Contract by a subsequent Amendment.
8. All references to DSHS will include the Texas Health and Human Services Commission (HHSC) or any successor agency to DSHS.
9. 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. 2016-048268 - Renewal**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

DocuSigned by:  
  
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**MONTROSE COUNSELING CENTER,  
INC.**

By:

Name: Ann J Robison

Title: Executive Director

Date of Execution: 8/8/2017 | 6:28 PM CDT

Date of Execution: 6.29.17

**The following Attachments are attached and incorporated as part of the Contract:**

**Program Attachment 2016-048268-003**

**Categorical Budget 2016-048268-003**

**Federal Funding Accountability and Transparency Act (FFATA) Certification**

CONTRACT NO. 2016-048268  
PROGRAM ATTACHMENT NO. 003

CONTRACTOR: MONTROSE COUNSELING CENTER, INC.

SYSTEM AGENCY PROGRAM: HIV Early Intervention Services (HEI)

**SECTION I. STATEMENT OF WORK:**

**A. PURPOSE:**

To promote Human Immunodeficiency Virus (HIV) disease management and recovery from substance abuse and dependence by providing comprehensive case management services for individuals with both HIV infection and problems with substance use/abuse or dependence and providing support to their families and significant others.

**B. GOAL:**

The primary goal for Contractor is to improve the health status of those who abuse substances and are infected with HIV and other communicable diseases by promoting linkages between community-based substance abuse treatment programs, health clinics and other social service providers. Contractor shall have a planned and coordinated approach to ensure that clients have access to all available health and social services necessary to obtain an optimum level of functioning. Contractor shall focus on behavior change, risk and harm reduction, retention in HIV care, and lowering risk of HIV transmission.

**C. TARGET POPULATION:**

1. Texas residents with both HIV infection and substance use, abuse or dependence (or a history of substance abuse or dependence with current risk factors for relapse) (clients).
2. Significant others and/or family members of clients described above (participants).

**D. SERVICE REQUIREMENTS:**

Contractor shall:

1. Submit all documents identified below to the Substance Abuse mailbox (SA mailbox) at [SubstanceAbuse.Contracts@dshs.state.tx.us](mailto:SubstanceAbuse.Contracts@dshs.state.tx.us) by the required due date.
2. Provide HIV Early Intervention (HEI) services in accordance with 25 Texas Administrative Code Chapter 447.
3. Select subsets of the eligible population to target for services, based on epidemiological data and documented community needs assessment. However, at a minimum, Contractor shall ensure that the following high risk subsets of the eligible population are targeted:
  - a. People who inject drugs; and
  - b. Transgender individuals and men who have sex with men (MSM) who also abuse prescription medication or who use or abuse illegal substances or recreational drugs that put them at high risk for continued transmission.

4. Develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with clients and participants, to address client and participant safety. Contractor shall make the policies and procedures, available for review by the System Agency upon request.
5. Conduct and document criminal and employment background checks and pre-employment drug testing of Contractor's staff (including any volunteers and contracted labor) who will deliver direct services. Documentation of criminal and employment background checks and pre-employment drug testing shall be kept on file, available for review by the System Agency upon request.
6. Provide all services and activities with clients and participants in a respectful, non-threatening, non-judgmental, and confidential manner.
7. Provide all services in a culturally, linguistically, and developmentally appropriate manner for clients and participants, as evidenced by:
  - a. Pamphlets and other written materials appropriate to educational and health literacy levels of the eligible population;
  - b. Literature and signage in languages of the eligible populations;
  - c. Use of interpreters as appropriate;
  - d. Lobby and office environment welcoming to the eligible population;
  - e. Training curricula; and
  - f. Personnel records that document adherence to staff competency requirements.
8. Have a website for its organization that includes HEI services offered and current contact information specific to the HEI program. Contractor's website shall be compliant with requirements for Electronic and Information Resources specified in 1 TAC Chapter 213 and Website Accessibility Standards/Specifications specified in 1 TAC Chapter 206.
9. Implement case-finding and case-identification strategies as stated in its response to the solicitation document as approved by System Agency, that reach HIV-positive persons and their families or significant others, which shall include the target populations described above. Strategies shall include, but are not limited to:
  - a. Marketing of Contractor's program services to the target populations;
  - b. Networking with and providing services in community-based agencies, substance abuse providers, and medical providers;
  - c. Cross-agency multidisciplinary team meetings and joint case conferencing;
  - d. Limited presentations and educational activities (four to six per year, unless otherwise agreed to by the System Agency in writing);
  - e. Obtaining referrals from Ryan White Medical Case Managers; and
  - f. Limited targeted HIV testing events (up to four per year).
10. HEI Case Managers providing HIV testing:
  - a. Shall read and review DSHS HIV/STD Policy #2013.02, "The Use of Testing Technology to Detect HIV Infection" policy

- (<http://www.dshs.texas.gov/hivstd/policy/policies/2013-02.shtm>) prior to performing HIV testing and completed the required Foundations of HIV Counseling and Testing course.
- b. Shall include both risk assessment and risk-reduction counseling including information about Pre-Exposure Prophylactics (PrEP), for those at high risk who test negative.
  - c. Shall at a minimum, ensure that HIV testing is performed through the use of blood samples (such as finger stick-based testing).
  - d. Shall ensure that participants testing HIV positive through preliminary finger stick-based testing shall be linked to and assisted in obtaining a venipuncture-based confirmatory HIV test and/or linked to and assisted in obtaining an initial appointment with an HIV medical provider.
  - e. May refer those individuals (who are eligible) testing positive through blood testing, by the HEI testing activities, directly to a Ryan White Based HIV medical provider (with a specific MOU), in lieu of completing a confirmatory test.
11. Ensure that case management includes advocacy, referral and referral follow-up for HIV medical care, and retention in care support for all clients on the HEI caseload. Contractor shall provide or arrange for provision of:
- a. Needed medications and/or prescriptions for antiviral medication and prophylaxis for opportunistic infections;
  - b. Immunizations and alternative treatments used to slow down or prevent HIV disease progression as recommended by the client's HIV primary care provider; and
  - c. If available and appropriate, medical case management to facilitate ongoing medical care.
12. Promote and advocate for coordinated HIV and substance use case management and medical care efforts and collaborate with substance use providers and medical care providers to ensure clients with HIV are able to obtain HIV care and remain in HIV medical care. Contractor shall provide ongoing coordinated case management activities that promote engagement, re-engagement and retention/maintenance in HIV medical care, as appropriate. Efforts may include coordinated care management or co-case management with other case management providers. For this population, co-case management is not a duplication of service but rather a set of agreed upon coordinated activities that clearly delineate the unique and separate roles of case managers who work jointly and collaboratively with the client's knowledge and consent to prioritize and prioritize goals in order to effectively achieve client goals.
13. Provide or arrange and advocate for appropriate social services based on HEI case management assessments and service plans for clients and their families and/or significant others that include, but are not limited to:
- a. Health and wellness education (including education and counseling about use of antiviral or prophylaxis medications (PrEP) for HIV (-) significant others and scheduling and adherence) and nutritional counseling;
  - b. Transportation;
  - c. Licensed child care;
  - d. Substance abuse services;

- e. Mental health counseling;
  - f. Legal counseling;
  - g. Rehabilitative services;
  - h. Child welfare and family services;
  - i. Housing; and
  - j. Support groups.
14. Provide case management services in settings that are based on the needs of the client and the goals of the client's service plan, including office-based, home-based or community-based locations.
  15. Ensure that HEI funds received under this Program Attachment are not used to pay for a client's substance abuse treatment, or assist in a client's personal financing, such as rent, utilities, car insurance, etc. Funds shall be used to assist appropriate clients under special circumstances to meet short-term or one-time needs (such as prescription medications, dental exams and preventive dental maintenance, health insurance co-payments and monthly premiums, legal counseling, food assistance for those unable to obtain needed goods, or nutritional supplements when prescribed by a physician). Cash shall not be given directly to a client. Contractor shall develop a written procedure for how a case manager shall request assistance for an HEI client and how a request shall be approved and tracked. Funds shall not be used for assistance to a client if other funding resources are available for the proposed purpose.
  16. Conduct regularly scheduled psycho-educational support groups for HEI clients facilitated by both Contractor's staff and peers or volunteers to help clients with barriers to care and behavior change. Support group sessions shall be conducted for no less than six hours per quarter of this Program Attachment. The support group shall also provide ongoing support and education about HIV, substance abuse, mental health, and sexually transmitted diseases (STDs) and hepatitis.
  17. Provide case management activities that enhance the motivation of clients on Contractor's caseload to reduce their risks of overdose, and transmitting HIV and STDs due to substance abuse and sexual behaviors. Contractor shall use motivational interviewing techniques and the Transtheoretical Model of Change, (DiClemente and Prochaska - Stages of Change).
  18. Ensure that each case manager has a quarterly average of 12 to 40 active unduplicated HEI clients. If a case manager's caseload is outside of these parameters, Contractor shall request approval from the assigned System Agency's contract manager and HEI program staff. System Agency reserves the right to request further information for the purpose of assisting Contractor with a plan of correction.
  19. Promote and encourage entry into substance abuse services and make referrals, if appropriate, for clients who are in need of formal substance abuse treatment. However, Contractor shall ensure that clients are not required to participate in substance abuse

treatment services as a condition for receiving HEI services.

20. Include ongoing services and support for discharge, overdose prevention, and aftercare planning during and following substance abuse treatment and medically-related hospitalizations.
21. Refer HEI clients who have risk factors for tuberculosis (TB), hepatitis B and hepatitis C, and STDs for further testing and/or treatment through the client's medical provider or the local or regional DSHS-funded health department.
22. Ensure that appropriate harm- and risk-reduction information, methods and tools are used by HEI case managers in their work with the target populations as directed by the System Agency. Information, methods and tools shall be based on the latest scientific research and best practices related to reducing sexual risk and HIV transmission risks. Methods and tools must include, but are not limited to, a variety of effective condoms and other safer sex tools as well as substance abuse risk-reduction tools, information, discussion and referral about Pre-Exposure Prophylactics (PrEP) for client's sexual or drug using partners and overdose prevention. Contractor shall ensure that all case managers have these tools and materials available during case management activities for demonstration and distribution to appropriate clients. Presently, state law prohibits the distribution of clean needles and needle exchange programs and federal regulations prohibit the use of federal dollars for the purchase of these items for use in HIV programs.
23. Make information and materials on overdose prevention available to appropriate clients as a part of harm- and risk-reduction.
24. Notify the System Agency and also provide or arrange for interim services for individuals presenting for services when Contractor cannot open new HEI cases due to capacity issues. At a minimum, interim services shall include counseling and education about:
  - a. HIV, TB, STD, and hepatitis;
  - b. The risks of needle-sharing;
  - c. The risks of HIV transmission to sexual partners and infants;
  - d. Referral for HIV, TB, STD or hepatitis testing and treatment services as necessary;
  - e. Steps that can be taken to prevent transmission; and
  - f. For pregnant females, counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.
25. Maintain all required documentation on file for review by System Agency unless required documentation is to be entered into the Clinical Management of Behavioral Health Services system (CMBHS). Any required documentation that is entered into CMBHS but requires client, participant or staff signature shall be printed, signed and maintained on file, for review by the System Agency upon request.
26. Maintain appropriate documentation of HEI services provided to significant others and/or family members of clients in the client's record in CMBHS.



27. Document HEI case management and related activities using CMBHS. Contractor shall include documentation on the following for each client on the caseload through use of the HEI screens:
- a. Client Profile to capture basic demographics;
  - b. HEI Screening to screen clients for eligibility for HEI services;
  - c. Open Case and Close Case functions to document intake to, or removal from, caseload. Contractor shall have a policy that describes the circumstances under which a client's case will be closed;
  - d. HEI Case Management Assessment conducted within the first three face-to-face contacts with a client once a case is opened. The assessment shall be updated at least once every 12 months and shall document the following:
    - i. The client's positive HIV status;
    - ii. Medical information related to HIV status, including the service provider for ongoing medical care;
    - iii. Current problem(s) with substance abuse; and
    - iv. The client's readiness for substance abuse treatment (if in need of treatment) as identified through the Stages of Change.
  - e. Service Plan in which Contractor shall address problems identified in the Case Management Assessment. In the service plan goals shall be prioritized and objectives and strategies shall be observable and measurable and directly related to the problem and associated goals. Contractor shall complete the initial Service Plan within the first four face-to-face contacts between the case manager and client. Contractor shall perform a service plan review at least once every six months or more frequently if needed or when goals are resolved or changed;
  - f. Progress Note (HEI Case Management Note) to document contact and service provision and to document progress, changes, or lack of progress related to Service Plan goals and objectives;
  - g. Psycho-educational note to document any support group or educational activities provided to the client;
  - h. Administrative Note to document services provided to significant others and/or family members of clients;
  - i. Referral & Referral Follow-up screens to document all referrals (as defined in the HSSC Performance Measures Definitions for HEI);
  - j. Consent and Revoke Consent for releasing client information or for revoking the release of information; and
  - k. Lab Screen to document laboratory results for client's HIV tests and T-cell (CD4) and viral load counts.
28. Adopt and maintain written policies and procedures for quality improvement activities that include methods of assessing client and participant satisfaction with Contractor's services as well as methods of assessing the quality of collaboration with other community agencies serving the target population and those agencies' satisfaction with Contractor's services. The policies and procedures shall also address how these assessments will be documented and how needed changes will be implemented. Contractor shall maintain written policies and procedures on file for review by the System Agency upon request. Contractor's quality management policies and procedures

shall describe activities directly conducted and documented by the immediate supervisor in charge of the day-to-day activities of the HEI staff, including the following:

- a. Quarterly reviews of performance measures;
- b. Biannual client record review of at least 10% of the intervention client records, including required components of CMBHS;
- c. Biannual review of target population trends and epidemiological statistics to ensure that appropriate HEI services are targeting the current service needs of the eligible populations;
- d. Twice-monthly supervision meetings with staff, which may include conference calls or other electronic methods of meeting, or in-person meetings;
- e. Quarterly in-person supervision meetings at all satellite office locations, if applicable; and
- f. Biannual direct observation (of case manager and consenting client) and feedback on interaction between the case manager and client that demonstrates service planning activities and use of motivational interviewing techniques. Documentation of these observations and feedback provided shall be available for review by the System Agency upon request. The purpose of these observations is to increase the quality of the services and for supervisors and managers to provide coaching and training concerning these skill areas.

29. Ensure that at a minimum:

- a. The day-to-day HEI supervisor, supervisors under this Program Attachment, or the program director or chief executive officer (or equivalent executive director) of the organization attends the scheduled DSHS Prevention and Preparedness HIV/STD Conference;
- b. The day-to-day Supervisor of the HEI case managers, supervisors under this Program Attachment attend the annual HEI/HIV Supervisor's 2-day meeting in Austin, Texas; and
- c. The day-to-day HEI supervisor, and the program director or chief executive officer (or equivalent executive director) of the organization, and, at a minimum, 80% of all case management staff and those funded under this Program Attachment to provide direct services attend the annual combined HHSC Behavioral Health Services HIV Outreach and HEI Case Manager Conference, in Austin, Texas.

30. Ensure that the day-to-day HEI supervisor is on the programmatic conference calls as scheduled by the System Agency Contractor's executive management and any other staff may be on the conference calls, but the day-to-day HEI supervisor shall be on the call unless otherwise agreed to by the System Agency in writing.

31. Establish formal membership for Contractor's leadership and management team and actively participate in at least one community planning group or consortium associated with HIV prevention and care service planning and community mobilization. For more information on community assessments and tools, refer to the DSHS website <http://www.dshs.texas.gov/hivstd/default.shtm>. Contractor shall maintain membership and participation through continued leadership or management involvement. In the event that leadership or management cannot attend meetings, a representative with decision-

making authority shall be designated to attend. Contractor shall document ongoing participation through attendance noted in meeting minutes, sign-in sheets, or agendas.

32. Establish and maintain working linkages with a resource network of community and social services agencies serving or having interest in the target population. Contractor shall document these linkages by having Memoranda of Understanding (MOUs) in place within 60 days of the start date of the contract.
  - a. All MOUs shall address the non-duplication of services.
  - b. All MOUs shall be signed, individualized, and annually reviewed; and shall contain beginning and end dates.
  - c. At a minimum, Contractor shall have MOUs with the following:
    - i. System Agency-funded HIV Outreach providers in Contractor's Health and Human Services Commission (HHSC) Region;
    - ii. System Agency-funded Outreach Screening Assessment and Referral contractor (OSAR) in Contractor's HHSC Region;
    - iii. System Agency-funded substance abuse treatment providers that serve the target population (including the statewide HIV substance abuse residential treatment provider;
    - iv. All DSHS Prevention and Preparedness Division's HIV/STD-funded providers, including Ryan White medical providers, medical case managers, and Partner Notification Services-Disease Intervention Services providers;
    - v. System Agency-funded Local Mental Health Authorities (LMHA) in Contractor's HHSC Region;
    - vi. HIV/AIDS community based service organizations;
    - vii. Local and regional health departments;
    - viii. Local domestic violence shelters; and
    - ix. Any other local or regional publicly funded health service providers that serve persons with STDs and/or HIV.
  - d. All MOUs shall be specific to the HEI program and shall specify the services provided by each entity and the benefits to the clients.

**E. ADDITIONAL GUIDANCE ON INCENTIVES:**

1. Bottled water and personal hygiene kits for clients shall be listed under Supplies category in Contractor's budget and are allowed as are other safer sex, overdose prevention tools and items.
2. Use funds for providing individually packaged snacks (protein bars, fruit bars, etc.) for participants under this Program Attachment to participate in general (non-targeted) HIV testing events such as World AIDS Day, Latino AIDS Testing Day, and community health fairs will be allowable.

**F. ADDITIONAL SERVICE REQUIREMENTS:**

Contractors in Health and Human Services Commission (HHS) Regions 8, 9, 10, and 11 shall:

1. Enter colonias reporting data in the Client Profile component of CMBHS for all clients who are residents of an unincorporated community within 62 miles of the international

border (Colonia). If the client has a pre-existing profile at the time the client is currently presenting, Contractor shall update the Client Profile and enter the appropriate response in this field.

2. Answer the question, "Is the client a resident of the Colonias?" in the Family/Social tab of the assessment for each client who receives an assessment in CMBHS for all clients who are residents of a Colonia. If the client's status changes as a resident of the Colonia, then Contractor shall perform an update assessment to enter the appropriate response in this field.

**G. STAFF COMPETENCIES:**

1. All direct care staff shall have one of the following credentials:
  - a. Bachelor of Social Work (BSW);
  - b. Licensed Social Worker (LSW);
  - c. Master of Social Work (MSW);
  - d. Licensed Master Social Worker (LMSW);
  - e. Licensed Clinical Social Worker (LCSW);
  - f. Licensed Professional Counselor (LPC);
  - g. Licensed Chemical Dependency Counselor (LCDC);
  - h. Be in training to become a Qualified Credentialed Counselor (QCC); or
  - i. Have four years case management experience in a social work-related field.

A request for an exception to these requirements shall be submitted in writing by Contractor for written approval by the System Agency.
2. All HEI case managers shall:
  - a. Be knowledgeable and competent in discussing the clinical aspects of HIV, hepatitis C and other communicable diseases associated with substance use/abuse and be able to demonstrate ability to address concerns openly and comfortably about sexual and substance abuse risk behaviors and overdose prevention to the target population;
  - b. Demonstrate skills in advocacy and the utilization of these skills for improved services and care for individuals with HIV disease;
  - c. Be knowledgeable about depression and anxiety and other mental health issues prevalent in people with HIV infection; and be trained in and able to conduct a brief mini mental status exam and assess for suicide risk, as appropriate;
  - d. Have demonstrated experience in the use of counseling skills associated with motivational interviewing techniques, including how to implement guidelines associated with the Stages of Change; or be enrolled in training on motivational interviewing techniques within 90 days from date of hire or the start date of the contract, whichever is later;
  - e. Receive formal case management training provided through the System Agency-funded HIV Training Services (HTS) program or another provider of specialized HIV case management training if approved by System Agency program staff. Training shall take place within three months of hire or within three months of the contract start date, whichever is later.
3. Each staff member who performs HIV testing shall be listed in the DSHS HIV/STD

database as having successfully completed the required HIV testing training, “The Foundations of HIV Counseling and Testing” (FCT) course within 90 days from date of hire or start date of this Program Attachment, whichever is later. Two online pre-requisite courses shall be completed first: “Prevention Groundwork” and the “Foundations Pre-course.” Information on these trainings can be found at <http://www.dshs.texas.gov/hivstd/training/schedule.shtm>.

4. All HEI case managers shall complete a minimum of 10 hours of training each fiscal year in any of the following areas (The hours for initial training listed above may be counted):
  - a. Transtheoretical Model of Stages of Change;
  - b. Motivational interviewing techniques;
  - c. Behavior change and risk-reduction;
  - d. Mental health and co-occurring disorders;
  - e. Medication adherence;
  - f. HIV/Acquired Immunodeficiency Syndrome (AIDS) disease and care;
  - g. Cultural competency;
  - h. Health literacy;
  - i. Substance abuse and trauma issues;
  - j. Women and HIV; or
  - k. HIV and Gay, Lesbian, Bisexual, Transgender, Queer/Questioning and Intersex (GLBTQI) issues.
5. All HEI Contractor staff shall be required to attend and complete the HEI case management training through the System Agency-funded HIV training contractor within the first 6 months of the fiscal year. This training must be completed annually by all HEI case management staff.
6. All HEI Contractor staff shall be required to attend and complete the following three trainings through the System Agency-funded HIV training contractor by August 31st, if the training was not previously completed within the past four fiscal years:
  - a. The System Agency Training Contractor’s Risk and Harm Reduction curriculum training course;
  - b. The Gender Specific training; and
  - c. Motivational Interviewing 101 and 201.
7. All staff funded under this Program Attachment must attend and complete Mental Health First Aide through a certified training entity (i.e. LMHAs) by August 31st.
8. Additional training requirements may be required based on the TA recommendations of the System Agency SME.
9. All immediate supervisors in charge of the day-to-day activities of the HEI staff shall meet the definition of a QCC and have:
  - a. Two years of experience in two or more of the following:
    - i. HIV outreach and prevention;
    - ii. HIV case management Substance abuse outreach;

- iii. Substance abuse intervention; or
  - iv. Mental health counseling
  - v. Substance abuse treatment.
- b. One year of experience in at least two of the following:
- i. Working with prison populations, the homeless, and/or people with addictions, HIV/STDs, and/or behavioral health issues;
  - ii. Community outreach strategies; and
  - iii. Supervisory experience.
- c. Two years of case management experience.

Exceptions to these requirements shall be submitted in writing by Contractor for written approval by the System Agency.

10. All day-to-day HEI contact supervisors overseeing HIV testing by HEI staff are required to take the on-line, State of Texas “Quality Assurance for Counseling and Testing” within 120 calendar days from the date of hire or start date of the Program Attachment, whichever is later. Log in at <https://tx.train.org>, Course ID# 1050443.
11. Contractor must maintain certificates of completion for all required training in each employee’s file and make them available for review by the System Agency upon request.

**H. REPORTING REQUIREMENTS:**

1. Contractor shall submit all documents identified by the dates specified by the System Agency. Contractor shall submit documents to the Substance Abuse mailbox at [SubstanceAbuse.Contracts@dshs.state.tx.us](mailto:SubstanceAbuse.Contracts@dshs.state.tx.us) unless otherwise noted.
2. Contractor’s duty to submit documents will survive the termination or expiration of this Program Attachment.
3. Contractor shall submit the HEI Quarterly Narrative Report by the 15th day of the month following the end of the quarter via email to the mailbox as designated by the System Agency and to the HEI Program Specialist.
4. Contractors in Regions 8, 10 and 11 shall answer the question, “Is the client a resident of Colonia?” in the Family/Social tab of the HEI Case Management assessment for each client who receives an assessment in CMBHS. For all clients who are residents of a Colonia (unincorporated community within 62 miles of the international border) Contractor shall answer ‘Yes’. If the client’s status changes as a resident of the Colonia, then Contractor shall perform an update assessment to enter the appropriate response in this field.
5. Each month, Contractor shall document and report in the monthly performance measures in CMBHS, the number of unduplicated clients who did not know of their HIV status until they were tested and informed by Contractor following testing conducted by Contractor.

6. Each month, Contractor shall document and report in the monthly performance measures in CMBHS, the number of unduplicated newly diagnosed HIV-infected clients who were referred into medical treatment and care for the first time.
7. Contractor shall submit Performance Measures in CMBHS by the 15th day of the month following the month being reported.
8. Contractor shall submit a CMBHS Security Attestation Form and list of authorized users bi-annually, according to dates set by the System Agency.
9. Contractor shall submit Financial Status Reports (FSRs) in CMBHS by the last business day of the month following the end of each quarter of the contract term. (The final FSR is due within 45 days after the Program Attachment end date).
10. Contractor shall submit closeout documents in an annual report due 45 days after the Program Attachment end date.

Report Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Program Attachment term. <i>* Final Financial Status Report (FSR) due within 45 days after Program Attachment end date</i>
Performance Measures	15 <sup>th</sup> of the month following the quarter being reported
CMBHS Security Attestation Form and List of Authorized Users	September 15th & March 15th
Closeout documents	Due 45 days after Program Attachment end date.
HEI Quarterly Narrative Reports	December 15th; March 15th; June 15th; September 15th

**SECTION II. PERFORMANCE MEASURES:**

Contractor's performance will be measured in part on the achievement of the following key performance measures. Contractor shall report these performance measures monthly through CMBHS. Each report is due 15 days after the report period.

**KEY PERFORMANCE MEASURE(S):**

Measure:	<u>Sep-Nov</u>	<u>Dec-Feb</u>	<u>Mar-May</u>	<u>Jun-Aug</u>	<u>Annual Goal</u>
Number of client referrals resulting in initial contact with service provider by the	<u>150</u>	<u>150</u>	<u>150</u>	<u>150</u>	<u>600</u>

client within 14 days					
Number of clients with an open case in HEI program	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>300</u>
Number of new written community agreements	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>16</u>
Number of renewed written community agreements	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>32</u>
Total number of clients who are actively participating in substance abuse services	<u>45</u>	<u>45</u>	<u>45</u>	<u>45</u>	<u>180</u>
Total number of clients who are maintained in continuous HIV medical care	<u>60</u>	<u>60</u>	<u>60</u>	<u>60</u>	<u>240</u>

**SECTION III. PROGRAM SERVICE AREA:**

Contractor shall deliver services or activities to participants and/or clients from the following counties:

Fort Bend, Harris, and Montgomery.

**SECTION IV. ELIGIBLE POPULATION:**

Male & Female

**SECTION V. SOLICITATION DOCUMENT:**

The Department of State Health Services (DSHS) Substance Abuse Intervention Programs Request for Proposals issued on November 5, 2012, RFP# SA/INTV-540.1.

**SECTION VI. RENEWALS:**

None

**SECTION VII. PAYMENT METHOD:**



Cost Reimbursement

Funding is further detailed in the attached Categorical Budget and, if applicable, Equipment List.

**SECTION VIII. BILLING INSTRUCTIONS:**

- A. Contractor shall submit all invoices to System Agency through CMBHS monthly. Contractor shall be paid on a monthly basis and in accordance with services performed under this Program Attachment.
- B. Contractor may access the Transactions List report in CMBHS to identify the amount of federal funds allocated to this award for each transaction.
- C. The Catalog of Domestic Federal Assistance (CFDA) number for the Substance Abuse Prevention and Treatment (SAPT) Block Grant is 93.959. The CFDA number is identified in the CMBHS Transactions List report.

**SECTION IX. FUNDING:**

- A. Contractor shall contribute an amount equal to at least five percent (5%) of the total System Agency share of the Program Attachment expenditures in matching cash or in-kind contributions from sources eligible to be used for matching purposes.
- B. Any unexpended balance associated with any other Program Attachment on the Contract may not be applied to this Program Attachment.

Funding Source:	93.959; State
DUNS Number:	838027571
System Agency Share:	\$440,245.00
Match:	\$22,012.00
Total Contract Value:	\$462,257.00

**SECTION X. SPECIAL PROVISIONS:**

- A. Contractor shall ensure that if treatment services are provided by electronic means under 25 TAC § 448.911, the services are delivered in accordance with the Telemedicine Medical Services provision of the FY2016 General Provisions, except that approval and oversight responsibilities attributed to a contractor’s medical director shall instead be attributed to Contractor’s Licensed Chemical Dependency Counselor or Qualified Credentialed Counselor who is responsible for treatment program oversight.
- B. Contractor shall ensure that if intervention services are provided by electronic means, the services are delivered in accordance with the Telemedicine Medical Services provision of the

FY2016 General Provisions, except that approval and oversight responsibilities attributed to a Contractor's medical director shall instead be attributed to Contractor's Program Director who is responsible for intervention program oversight.

- C. All requirements identified in the Fiscal Year FY2018 Program Attachment that extend past the term of that Program Attachment shall be due no later than October 15th.

**Categorical Budget for Program Attachment 2016-048268-003 (HEI)**

Contractor: MONTROSE COUNSELING CENTER, INC.

PERSONNEL	\$251,344.00
FRINGE BENEFITS	\$66,606.00
TRAVEL	\$6,447.00
EQUIPMENT	\$ .00
SUPPLIES	\$9,500.00
CONTRACTUAL	\$ .00
OTHER	\$41,562.00
TOTAL DIRECT CHARGES	\$375,459.00
INDIRECT CHARGES	\$86,798.00
TOTATL CONTRACT VALUE	\$462,257.00
SYSTEM AGENCY SHARE	\$440,245.00
MATCH	\$22,012.00

- A. Total reimbursements will not exceed \$440,245.00 for the period from September 1, 2017 through August 31, 2018.
- B. The budgeted indirect cost amount is based on a cost allocation plan that must be submitted for review to the System Agency no later than the 60th calendar day after the effective date of the contract.