

**SIGNATURE DOCUMENT FOR  
DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 2016-049426-001  
UNDER THE  
MENTAL HEALTH COORDINATED SPECIALTY CARE GRANT PROGRAM**

**I. PURPOSE**

The Department of State Health Services ("System Agency"), and Burke Center ("Grantee") (each a "Party" and collectively the "Parties") enter into the following grant contract to provide funding for Mental Health Coordinated Specialty Care (the "Contract").

**II. LEGAL AUTHORITY**

This Contract is authorized by and in compliance with the provisions of Local Political Subdivisions, which includes but is not limited to Cities, Counties, School Districts, Local Health Departments – Texas Government Code Chapter 791.

**II. DURATION**

The Contract is effective on June 1, 2016 and terminates on August 31, 2017, unless renewed or terminated pursuant to the terms and conditions of the Contract. The System Agency, at its own discretion, may extend this Contract subject to terms and conditions mutually agreeable to both Parties.

**III. BUDGET**

The total amount of this Contract will not exceed **FIVE HUNDRED THIRTY ONE THOUSAND ONE HUNDRED EIGHTY-NINE DOLLARS (\$531,189.00)**. All expenditures under the Contract will be in accordance with ATTACHMENT B. BUDGET.

**IV. CONTRACT REPRESENTATIVES**

The following will act as the Representative authorized to administer activities under this Contract on behalf of their respective Party.

**System Agency**

Department of State Health Services  
Mental Health Contracts Management Unit, MC 2058  
909 W. 45th St., Building 552  
Austin, TX 78751  
Attention: Debra Woodruff  
Debra.woodruff@dshs.state.tx.us

**Grantee**

Burke Center  
2001 S. Medford Drive  
Lufkin, TX 75901-5699  
Attention: Susan Rushing  
Susan.rushing@myburke.org

**V. LEGAL NOTICES**

Any legal notice required under this Contract shall be deemed delivered when deposited by the System Agency either in the United States mail, postage paid, certified, return receipt requested; or with a common carrier, overnight, signature required, to the appropriate address below:

**System Agency**

Department of State Health Services  
Attention: Lisa Hernandez  
1100 W. 49<sup>th</sup> Street, MC 1911  
Austin, TX 78756

**Grantee**

Burke Center  
2001 S. Medford Drive  
Lufkin, TX 75901-5699  
Attention: Susan Rushing  
Susan.rushing@myburke.org

Notice given by Grantee will be deemed effective when received by the System Agency. Either Party may change its address for notice by written notice to the other Party.

**VI. ADDITIONAL GRANT INFORMATION**

Federal Award Identification Number (FAIN): SM010051-16  
Federal Award Date: 12/02/2015  
Name of Federal Awarding Agency: Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
CFDA Name and Number: 93.958- Block Grants for Community Mental Health Services  
Awarding Official Contact Information:  
Wendy Pang  
Grants Management Officer  
Division of Grants Management  
DUNS: 076708494


**SIGNATURE PAGE FOLLOWS**

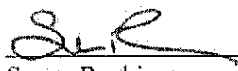
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SIGNATURE PAGE FOR SYSTEM AGENCY CONTRACT NO. 2016-049426-001

DEPARTMENT OF STATE HEALTH SERVICES      GRANTEE

  
\_\_\_\_\_  
Lauren Lacefield  
Assistant Commissioner of Mental Health and  
Substance Abuse  
Date of execution: 8/18/16

  
\_\_\_\_\_  
Susan Rushing  
Chief Executive Officer  
Date of execution: 8-12-16

THE FOLLOWING ATTACHMENTS TO SYSTEM AGENCY CONTRACT NO. 2016-049426-001 ARE HEREBY INCORPORATED BY REFERENCE:

ATTACHMENT A - STATEMENT OF WORK  
ATTACHMENT A-1 COORDINATED SPECIALTY CARE IMPLEMENTATION  
MANUAL  
ATTACHMENT A-2 CLINICAL ELIGIBILITY EARLY ONSET PROGRAM  
ATTACHMENT A-3 UNIFORM ASSESSMENT INSTRUCTIONS  
ATTACHMENT A-4 COORDINATED SPECIALTY CARE OUTREACH AND  
RECRUITMENT MANUAL  
ATTACHMENT A-5 LEVEL OF CARE ADULT EARLY ONSET SERVICE ARRAY  
ATTACHMENT A-6 LEVEL OF CARE CHILD EARLY ONSET SERVICE ARRAY  
ATTACHMENT A-7 ACUTE CARE MEDICAL HISTORY FORM  
ATTACHMENT A-8 EARLY ONSET REPORTING FORM  
ATTACHMENT A-9 EARLY ONSET DATA DEFINITIONS  
ATTACHMENT A-10 SECURITY ADMINISTRATOR ATTESTATION AND  
AUTHORIZED USERS LIST  
ATTACHMENT B - BUDGET  
ATTACHMENT C - UNIFORM TERMS AND CONDITIONS  
ATTACHMENT D - GENERAL AFFIRMATIONS  
ATTACHMENT E - SUPPLEMENTAL & SPECIAL CONDITIONS  
ATTACHMENT F - FEDERAL ASSURANCES AND CERTIFICATIONS  
ATTACHMENT G - DATA USE AGREEMENT  
ATTACHMENTS FOLLOW

# ATTACHMENT A STATEMENT OF WORK

## I. GRANTEE RESPONSIBILITIES

### A. GOALS

Grantee shall:

1. Implement a Coordinated Specialty Care (CSC) program for early psychosis identification and service provision in accordance with the Coordinated Specialty Care Implementation Manual, Attachment A-1.
2. Fulfill the roles as identified in Attachment A-1 by establishing a dedicated First Episode Psychosis (FEP) team. In addition to the roles identified in Attachment A-1, contractor shall provide a peer provider in accordance with the standards defined in Texas Administrative Code, Title 25, Part 1, Chapter 416, Subchapter A, Mental Health Rehabilitative Services;
3. Adhere to fidelity standards as set forth in Attachment A-1 in provision of these services or as otherwise specified by Department of State Health Services (DSHS).
4. Provide an average of 5 hours of services per individual per month for the first 12 months the individual is enrolled in the program. The clock starts at the time the individual is enrolled in the program and applies to the first 12 months the individual is receiving services even if the 12 months is not contiguous.
5. Create an implementation plan that includes the aforementioned items in this subsection, as well as the following:
  - a. Dedicated team members names, position, credentials and percentage of Full Time Equivalent(FTE) if not full time;
  - b. How staff vacancies will be addressed during the course of this project;
  - c. Implementation timeline specifying benchmarks for the following:
    - i. Date the dedicated team will be in place and trained to provide the services; and
    - ii. When services will begin for the CSC enrolled individuals.
  - d. Timeline for internal fidelity reviews;
  - e. Training as outlined in Section II,D.; and
  - f. Written plan of action to include:
    - i. a minimum of 3 strategies that will be implemented to provide service delivery; and
    - ii. barriers that may prevent the Grantee from meeting the target and strategies that will be used to address these barriers; and
    - iii. Strategies for providing community outreach and engagement.
6. Grantee shall notify DSHS of any staffing changes.

### B. TARGET POPULATION

Grantee shall provide CSC services for individuals ranging in age from 15-30 that meet the diagnostic criteria. Individual must meet the specified age requirements, as outlined in this subsection of the Contract to be enrolled in this program. Grantee shall serve individuals who are in the early stages of a primary psychotic disorder listed in Clinical Eligibility Early Onset Program, Attachment A-2.

## ATTACHMENT A STATEMENT OF WORK

### C. STAFFING

Grantee shall fulfill the following minimum requirements:

1. The Grantee shall only staff this project with personnel essential to the execution of the set forth curriculum. Staff roles per team would be those identified in Attachment A-1 including the following; 1 Full Time Team Lead who is an Licensed Professional of the Healing Arts (LPHA), 1 Full Time Individual Supported Employment/Supported Education Specialist (SEE), 1 0.5-1.0 Full time Skills Trainer, and 0.2 Full Time Psychiatrist, Psychiatric Advanced Practice Nurse, or Physician Assistant. In addition, Grantee shall employ a Full Time Peer Specialist for adults age 18-30 and Family Partner services shall be available for enrolled individuals under 18. Depending on caseload, some of these roles may be combined when appropriate.
2. In the event team personnel exit their position, Grantee shall ensure that their duties are executed fully by available qualified staff until vacancy is filled. Grantee shall make every attempt to fill the vacancy within 30 days. The Grantee shall not alter this project due to staff vacancies.

### D. TRAINING & EVIDENCE-BASED CURRICULUM

Grantee shall comply with training standards of the CSC program. In addition, Grantee shall utilize evidence-based practices in the provision of services to persons meeting criteria for the CSC program as specified below.

1. Grantee shall contract with an experienced organization to provide CSC training to all team members. Training subcontractor shall have a minimum of 3 years' experience training in the CSC program. Training subcontractor shall provide documentation to Grantee that authenticates experience in providing CSC training.
2. Grantee shall ensure that all CSC team members attend training and technical assistance provided by the training subcontractor. The training elements in item a. below shall be included in the training subcontract and are required prior to providing services in the FEP program:
  - a. An initial two-day interactive training seminar that provides training in the following areas and shall be recorded for future use by Grantee:
    - i. Introduction to Coordinated Specialty Care;
    - ii. Shared Decision Making;
    - iii. Psychopharmacology of FEP;
    - iv. Working with Families in FEP;
    - v. Supported Employment and Education in FEP;
    - vi. The Primary Clinician Role: Psychotherapy, Support and Case Management; and
    - vii. Skills Building and Substance Abuse Treatment
  - b. Technical assistance for planning and implementation of the CSC program between Grantee and training subcontractor for 2 hours a month for the duration of the training subcontractor's contract.

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- c. Training subcontractor shall provide Subject Matter Experts for clinical technical assistance to the CSC team which includes:
    - i. a Psychiatrist, Psychiatric Advanced Practice Nurse, Physician Assistant and other clinical staff as it relates to the operation practices of an entire CSC team(s) for no less than 9 hours.
    - ii. an Individual Placement and Support Trainer for specific roles within a CSC team for no less than 9 hours.
    - iii. a Primary Clinician (PC) Trainer for specific roles within a CSC team for no less than 6 hours.
    - iv. a Psychiatrist, Psychiatric Advanced Practice Nurse, Physician Assistant for description of specific roles within a CSC team for no less than 6 hours.
  - d. Training subcontractor shall provide, for the duration of this contract, access and technical support to an online learning system, should one be available, as part of the training subcontract for all team members. This would include any CSC learning modules that focus on integrated services for CSC teams. If online modules are available, access shall include all team members for the duration of the contract.
  - e. Ongoing consultation and technical assistance are essential to establishing fidelity to a new evidence-based practice. Items b., c., and d. may be completed on an as-needed basis. However, it is highly recommended they be included in the training subcontract so they will be available to the Grantee.
3. Grantee shall ensure that the CSC team is trained in the provision of the following evidence-based practices in accordance with Texas Resilience and Recovery standards:
- a. Individual Placement & Supports Supported Employment;
  - b. Supported Education;
  - c. Illness Management & Recovery;
  - d. Cognitive Behavioral Therapy;
  - e. Trauma Focused Cognitive Behavioral Therapy;
  - f. Preparing Adolescents for Young Adulthood;
  - g. Family Psycho-education; and
  - h. Other Substance Abuse Mental Health Services Administration (SAMHSA) evidence-based practices deemed appropriate by DSHS for the CSC program.
- E. RECRUITING, ADMITTING AND OUTREACH
1. Within 60 days of contract execution, Grantee shall achieve and maintain a caseload of no more than 30 enrolled individuals per CSC team.
  2. Grantee shall serve a minimum of 20 individuals.
  3. Grantee shall complete the Adults Uniform Assessment or Child Uniform Assessment at intake within 7 calendar days of referral.
  4. Grantee shall complete update assessments as indicated in Uniform Assessment Instructions, Attachment A-3. Enrolled individuals shall receive assessments in accordance with standards as set forth in the Texas Administrative Code, Title 25, Part 1, Chap. 416, Subchapter A, Mental Health Rehabilitative Services.

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5. Grantee shall maintain and make available to DSHS a recruitment plan utilizing Coordinated Specialty Care Outreach and Recruitment Manual, Attachment A-4, which shall include:
  - a. Written Policies and Procedures that will ensure that the caseload is maintained at a minimum of 20 and maximum of 30 per team for the duration of the Contract and outline the admission criteria;
  - b. Outreach activities that include community education on early psychosis events, networking with hospitals and coordination with other satellite facilities to identify candidates for this CSC program.
6. Grantee shall serve individuals in the community as defined by Level of Care Adult Early Onset Service Array, Attachment A-5 and Level of Care Child Early Onset Service Array, Attachment A-6.
7. Grantee shall develop rapport and provide education about medication options and best practices for medication treatment for FEP so that enrolled individuals are willing to try antipsychotic medications.
8. Grantee's psychiatrist, psychiatric advanced practice nurse, or physician assistant and the enrolled individual shall review medication effectiveness and side effects at least quarterly and as clinically indicated. Grantee shall record symptoms and side effects in a manner that facilitates monitoring changes over time.
9. Grantee shall transition the enrolled individual from the CSC Program to the most appropriate level of care if the enrolled individual becomes ineligible for this program after admission.
10. Grantee shall maintain the following information regarding enrolled individuals' primary care medical history and make available to DSHS upon request. In regards to item e., the requirement is to make appropriate referrals and facilitate the person keeping the appointments to the extent possible:
  - a. Individual's Name;
  - b. CSC Program Admission Date;
  - c. Primary Care Referral/Linkage Date;
  - d. First Appointment with Primary Care Physician Date; and
  - e. Subsequent Primary Care and Specialty Care Appointment Dates. An example of this form is Acute Care Medical History Form, Attachment A-7.

### F. DATA SUBMISSION & REPORTING

1. Grantee shall report service delivery using procedure codes data in the current version of Mental Health Service Array (Info\_Mental\_Health\_Service\_Array\_Combined), which can be found in the Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) [www2.mhmr.state.tx.us/applications/datawarehouse](http://www2.mhmr.state.tx.us/applications/datawarehouse) which is incorporated by reference, in the CA General Warehouse Information, Specifications subfolder. Grantee shall submit data via Clinical Management for Behavioral Health Services (CMBHS) <https://www.cmbhs.dshs.state.tx.us/cmbhs/WebPages/Contract.aspx> which is incorporated by reference, or submit batch data if applicable, in accordance with Attachment A-5 and Attachment A-6.
2. Grantee shall submit performance measures quarterly using Early Onset Reporting Form, Attachment A-8 on the following dates of each fiscal year:

## **ATTACHMENT A STATEMENT OF WORK**

- a. September 1;
  - b. December 1;
  - c. March 1; and
  - d. June 1.
3. DSHS will gather outcome and target data from MBOW on a quarterly basis and cross reference it with Grantee's quarterly data submission. Questionable data or data discrepancies will be resolved using the data shown in MBOW, as MBOW will be the official source.
  4. Grantee shall use Early Onset Data Definitions, Attachment A-9, as guidance for data reporting in Attachment A-8.

### **G. SERVICE PROVISION**

1. All enrolled individuals interested shall have access to Individual Placement and Support Services (IPS) regardless of readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation.
2. IPS specialists help enrolled individuals pursue permanent competitive jobs and academic opportunities in mainstream, integrated educational settings. Acceptable jobs include seasonal jobs and temporary jobs that are part of the community's regular labor market.
3. There shall be an active 24/7 crisis response system available for individuals enrolled in the CSC program. It is recommended, although not required, that individuals enrolled in the program have cell phone access to team members on an ongoing basis.
4. All enrolled individuals shall be assessed by Grantee for suicide risk and safety plans will be formulated and implemented for those determined to be at risk. Grantee shall be consistent in its use of risk assessment tools. Safety plans shall be available to DSHS upon request.
5. Team shall discuss with each enrolled individual their preferences for family involvement, as part of the intake and assessment process, to incorporate as part of the recovery plan. Team will reassess these preferences periodically.
6. Individual length of stay in CSC program for any enrolled individual shall not exceed 36 months.

### **H. CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS)**

1. Grantee shall ensure that it has appropriate Internet access and an adequate number of computers of sufficient capabilities to use CMBHS. If Grantee purchases equipment with DSHS funds, the equipment shall be inventoried, maintained in working order, and secured.
2. Grantee shall notify DSHS immediately if a security violation is detected, or if Grantee has any reason to suspect that the security or integrity of CMBHS data has been or may be compromised in any way. Grantee is required to update records on a daily basis to reflect any changes in account status.
3. Grantee shall ensure that adequate internal controls, security, and oversight are established for the approval and electronic transfer of information regarding payments



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- and reporting requirements. Grantee shall ensure that the electronic payment requests and reports transmitted contain true, accurate, and complete information.
4. DSHS may limit or deny access to CMBHS by Grantee at any time in DSHS's sole discretion.
  5. Grantee shall use the following CMBHS components/functionality, in accordance with DSHS's instructions:
    - a. Staff Member;
    - b. User Profiles;
    - c. Assign Roles; and
    - d. Client Profile.
  6. Grantee's network monitoring shall include troubleshooting or assistance with Grantee-owned Wide Area Networks (WANs), Local Area Networks (LANs), router switches, network hubs or other equipment and Internet Service Provider (ISP). Grantee shall maintain responsibility for local procedures to end-users and be responsible for data backup, restore, and contingency planning functions for all local data. Grantee shall:
    - a. Create, delete, and modify end-user LAN-based accounts;
    - b. Change/reset user local passwords as necessary;
    - c. Administer security additions/changes and deletions for CMBHS;
    - d. Install, maintain, monitor, and support Grantee Local Access Networks (LANs) and Wide Area Networks (WANs); and
    - e. Select, purchase service from, and monitor performance of ISP.
  7. DSHS will provide support for CMBHS, including problem tracking and problem resolution. DSHS will provide telephone numbers for Grantees to access expert assistance for CMBHS related problem resolution. DSHS will provide initial CMBHS training. Grantee shall provide subsequent ongoing end-user training.
  8. Grantee shall designate a Security Administrator and a back-up Security Administrator. The Security Administrator is required to implement and maintain a system for management of user accounts/user roles to ensure that all DSHS or HHSC database user accounts are current. Grantee shall develop and maintain a written security policy that ensures adequate system security and protection of confidential information. Grantee shall fulfill the following requirements:
    - a. Grantee shall complete Security Administrator Attestation & Authorized Users List, Attachment A-10 confirming the Grantee has reviewed the names of agency employees who have access to DSHS database systems or HHSC database systems that may be used in conducting business with DSHS, and Grantee has removed access to users who are no longer authorized to access secure data. Grantee shall also use Attachment A-10 to provide to DSHS the name, phone number, and email address of the two administrators no later than 30 days following the execution of this Contract and every 6 months during the contract term. Information should be submitted electronically to the mhcontracts@dshs.state.tx.us email address, as well as to the assigned DSHS Contract Manager.

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- b. Grantee shall use Attachment A-10 to notify DSHS within ten (10) business days of any change to the designated Security Administrator or the back-up Security Administrator.

### **II. PERFORMANCE MEASURES**

- A. Grantee shall submit an implementation plan as specified in Section I.A, within 30 days of Contract execution.
- B. Grantee shall submit a FEP Staff Roster to include name, credentials, position, team role(s), phone number and email address within 30 days of contract execution and within 15 days of any changes in staffing.
- C. Grantee shall maintain a caseload of a minimum of 20 and a maximum of 30 enrolled individuals per FEP team.
- D. Grantee shall maintain a recruitment plan as specified in Section II, E and submit within 5 calendar days upon receipt of DSHS' request.
- E. Grantee shall submit documentation of training subcontractor's experience and a copy of the executed subcontract with the training subcontractor within 30 days of execution of this contract.

The performance measures listed below (F-P) are included in the required quarterly reporting form, Attachment A-8.

- F. Grantee's records shall document an average of 5 hours of services per enrolled individual per month for the first 12 months the individual is enrolled in the program
- G. Grantee's records shall document a minimum of once weekly IPS supervision meetings conducted by the Team Lead to review individual situations, identify new strategies, and assist individuals in their work lives. Records shall document at least 1 such meeting per week.
- H. Grantee's records shall document the Team Lead reviews current enrolled individual outcomes with IPS specialist. Team Lead and IPS specialist set goals to improve program performance at least quarterly, with a monthly review. Team maintains a list of performance goals and associated performance over time. Records shall document at least 2 such meetings per month.
- I. Grantee's records shall document the provision of the follow-along supports by the IPS specialist as outlined by the IPS manual for Supported Employment. At least 80% of the enrolled individuals shall receive at least one visit between the time of job/academic start and end dates.
- J. Grantee's records shall document that the focus of the IPS specialists exclusively focused on supported employment and supported education. Documentation indicates that no more than 10% of the IPS specialist's time is devoted to case management and crisis services, administrative duties, or other duties not directly related to employment or education.
- K. Grantee shall ensure antipsychotic medication is prescribed for at least 60% of individuals enrolled at any given time.
- L. Grantee shall ensure at least 75% of enrolled individuals have had at least one trial of an antipsychotic medication prescribed within the recommended dosage range for at least 4 weeks.

## **ATTACHMENT A STATEMENT OF WORK**

- M. Grantee shall document that, in any given quarter, at least 50% of enrolled individuals have had one or more family members meet with a member of the CSC team at least once.
- N. Grantee shall report enrolled individual's average length of stay with the CSC team. Mean length of stay for discharged individuals will not exceed 30 months.
- O. Grantee shall have at least 90% of the enrolled individuals participate in planning for discharge with the CSC team. Discharge planning begins at 90 days prior to discharge date.
- P. Grantee shall ensure that at least 90% of discharged individuals attend their first appointment with a mental health and/or medical provider within 30 days of discharge.
- Q. All reports, documentation, and other information required of Grantee shall be submitted electronically to [mhcontracts@dshs.state.tx.us](mailto:mhcontracts@dshs.state.tx.us), as well as to the assigned DSHS Contract Manager. If DSHS determines Grantee needs to submit deliverables by mail or fax, Grantee shall send the required information to one of the following addresses:

### **U.S. Postal Mail**

Department of State Health Services  
Mental Health Contracts Management Unit (Mail Code 2058)  
P. O. Box 149347  
Austin, TX 78714-9347

### **Overnight Mail**

Department of State Health Services  
Mental Health Contracts Management Unit (Mail Code 2058)  
909 West 45<sup>th</sup> Street, Bldg. 552  
Austin, TX 78751  
Fax: (512) 467-5476

## **III. INVOICE AND PAYMENT**

- A. Grantee shall establish and maintain an independent cost center that is accessible and identifies the source and application of funds provided under this Contract and original source documentation substantiating that costs are specifically and solely allocable to this Contract and are traceable from the transaction to the general ledger.
- B. Grantee shall request payment using the State of Texas Purchase Voucher (Form B-13), which can be downloaded at <http://www.dshs.state.tx.us/grants/forms.shtm> which is incorporated by reference. When required by this Contract, supporting documentation for reimbursement of the services/deliverables shall also be submitted.

At a minimum, invoices shall include:

- 1. Name, address, and telephone number of Grantee;
- 2. DSHS Contract or Purchase Order Number;

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3. Identification of service(s) provided;
4. Dates services were delivered;
5. Total invoice amount;
6. A copy of the General Ledger for the period which supports the budget items requesting reimbursement; and
7. Any additional supporting documentation which is required by this Contract or as requested by DSHS.

Grantee shall electronically submit all invoices with supporting documentation to the Claims Processing Unit at [invoices@dshs.state.tx.us](mailto:invoices@dshs.state.tx.us) with a copy to [mhcontracts@dshs.state.tx.us](mailto:mhcontracts@dshs.state.tx.us) and to the assigned DSHS Contract Manager. Alternative submission arrangements must be approved by the assigned DSHS Contract Manager.