

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. 2017-049617-001A  
AMENDMENT NO. 1**

The Health and Human Services Commission (“HHSC” or “System Agency”) and UT Health Science Center at San Antonio (“Contractor”) parties to Centralized Training Infrastructure for Evidence-Based Practices contract effective September 1, 2016 and denominated HHSC Contract No. 2017-049617-001 (“Contract”), now desire to amend the Contract. This Amendment will be denominated as Contract No. 2017-049617-001A.

**WHEREAS**, the parties desire to revise the Statement of Work and Budget; and

**WHEREAS**, this revision will result in an addition of an estimated \$676,936 to the total value of this Contract. 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 disruption 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 2018 funding amount, or an amended state fiscal year 2018 funding amount, which will be incorporated into this Contract by a subsequent Amendment.

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

1. **Section II, Duration**, of the Contract Signature Document is amended to reflect a termination date of August 31, 2018.
2. **Section III, Budget**, of the Contract Signature Document is amended as follows:

The total amount of this Contract will not exceed an estimated **ONE MILLION THREE HUNDRED FIFTY-THREE THOUSAND AND EIGHT HUNDRED SEVENTY-TWO DOLLARS (\$1,353,872)**. All expenditures under the Contract will be in accordance with **ATTACHMENT B, BUDGET**.

3. **Section VI, Additional Grant Information**, of the Contract Signature Document is amended to revise the funding amounts as follows:  
Federally funded portion: \$836,246  
State funded portion: \$517,626
4. Attachment A, Statement of Work, replaced in its entirety with the attached revised Attachment A, Statement of Work.
5. Attachment B, Budget, replaced in its entirety with the attached revised Attachment B, Budget.

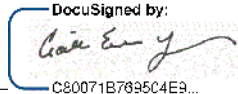
6. This Amendment No. 1 shall be effective September 1, 2017.
7. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
HHSC CONTRACT No. 2017-049617-001A**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

**UT HEALTH SCIENCE CENTER AT SAN  
ANTONIO**

By:  \_\_\_\_\_  
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Deputy Executive Commissioner

By:  \_\_\_\_\_  
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Chris G. Green  
Director, Sponsored Programs

Date of Execution: 10/3/2017 | 5:03 PM CDT

Date of Execution: 9/14/2017 | 8:18 AM CDT

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE  
CONTRACT:  
FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION  
FORM  
ATTACHMENT A – REVISED STATEMENT OF WORK  
ATTACHMENT B – REVISED BUDGET**

## **ATTACHMENT A STATEMENT OF WORK**

### **I. PURPOSE**

The Mental Health Substance Abuse (MHSA) Provider Training/Technical Assistance/Conference planning referred to as the Centralized Training Infrastructure for Evidence-Based Practices (CTI-EBP) is a project designed to aid in the development of a training infrastructure to support the delivery of mental health services in the State of Texas for the adult and youth population(s). Development of a training infrastructure would allow the Health and Human Services Commission (HHSC) to meet program objectives by building and/or increasing HHSC' capacity to respond to and meet the training needs of behavioral health treatment providers in our Local Mental Health Authorities (LMHAs)/Local Behavioral Health Authorities (LBHAs) and to meet the behavioral health needs of individuals receiving behavioral health services from those providers. The infrastructure shall promote and support the utilization of evidence-based and promising practices to facilitate recovery and increase positive outcomes for individuals utilizing behavioral health services in the Texas mental health system.

The mission of the HHSC Mental Health & Substance Abuse (MHSA) program is to improve health and well-being in Texas by providing leadership and services that promote hope, build resilience and foster recovery. The goals to accomplish this mission include maximizing service delivery through accountable and sustainable partnerships, and ensuring quality, cost-effective service delivery. Partnering with an agency to coordinate trainings in evidence-based and promising practices identified by HHSC will build capacity in our system to develop a competent and trained workforce to meet the growing behavioral health needs of Texans.

The CTI-EBP shall manage all the logistical aspects of delivery of trainings across the state of Texas. In addition to procuring and contracting with proficient and competent trainers in accordance with HHSC requirements, the CTI-EBP will track participants, offer continuing education units (CEU's) for practitioners, secure training locations, provide evaluation(s) of trainings and develop a needs assessment to determine the on-going training needs of the state mental health providers as HHSC funded providers or grantees. The CTI-EBP may also serve to augment other identified training needs within the purview of HHSC such as training in the delivery of crisis services, the creation of evidence-based learning communities, supervision and/or coaching in evidence-based and promising practices, and/or the development of on-line trainings.

### **II. GRANTEE RESPONSIBILITIES**

Grantee shall coordinate trainings in HHSC-promoted evidence-based and promising practice protocols for the provision of mental health services for adults and youth. Among other services, Grantee shall subcontract to provide regional trainings in evidence-based and promising practice protocols by experts identified in collaboration with HHSC and in accordance with HHSC requirements. Final approval of the chosen experts will be by HHSC. Trainings shall be based on the identified evidence-based and promising practices and associated curricula. Trainings shall include best practice approaches to encourage and support effective implementation of evidence-based mental health services at the local level.

## **ATTACHMENT A STATEMENT OF WORK**

### **A. TRAINING PROTOCOLS**

Grantee shall provide accessible training (in-person or online) to increase the knowledge and skill set of HHSC-funded providers or grantees in the following evidence-based protocols for adult and youth mental health services:

1. Cognitive Behavioral Therapy (CBT) for depression and anxiety with adults and children;
2. CBT for psychosis with adults (CBTp);
3. Cognitive Processing Therapy (CPT);
4. Individual Placement and Supports Supported Employment (IPS-SE);
5. Supportive Housing (SH);
6. Assertive Community Treatment (ACT);
7. Illness Management and Recovery (IMR);
8. Trauma Focused Cognitive Behavioral Therapy (TF-CBT);
9. Parent Child Interaction Therapy (PCIT) or other HHSC approved Parent Child Psychotherapy model from a university based institute or program;
10. Wraparound Planning Process using the National Wraparound Initiative model;
11. Nurturing Parenting's (NP) Tertiary Treatment Protocols;
12. Motivational Interviewing (MI) I, II, and III;
13. Seeking Safety;
14. Co-Occurring Psychiatric and Substance Abuse Disorders (COPSD);
15. Child and Adolescent Needs and Strengths (CANS);
16. Adult Needs and Strengths Assessment (ANSA);
17. Training with select LMHAs on Engagement and Engagement protocols;
18. Trauma Informed Care training and technical assistance;
19. Cognitive Adaptive Training (CAT);
20. Person-Centered Recovery Planning (PCRP);
21. Barkley's Defiant Child/Teen Programs;
22. Supplemental Security Income (SSI);
23. Harm Reduction;
24. Social Skills Training and Aggression Replacement Techniques (START) or Aggression Replacement Training®; and
25. Dialectical Behavior Therapy (DBT).

Grantee shall provide accessible (in person or online) HHSC approved Cultural Competency training(s) to increase the knowledge and skill set of HHSC-funded providers or grantees.

Grantee may provide accessible training (in-person or online) to increase the knowledge and skill set of HHSC-funded providers or grantees in the following evidence-based protocols and/or practice models for adult and youth mental health services, if funding permits:

1. Applied Suicide Intervention Skills Training (ASIST);
2. Incredible Years;
3. Trauma, Affect Regulation: Guide for Education and Therapy;
4. Preparing Adolescent for Young Adulthood (PAYA);

## **ATTACHMENT A STATEMENT OF WORK**

5. Family Therapy; and
6. Other practices or models prioritized by HHSC.

Grantee shall coordinate training identified and deemed necessary by HHSC to enhance the delivery of mental health services within the LMHAs/LBHAs system of care, any other HHSC-funded entities, and/or any other entity approved by HHSC. Trainings identified may vary based on need, cost, priority, etc. as determined by HHSC. Home and Community Based Services - Adult Mental Health (HCBS-AMH) providers shall attend trainings free of charge.

Grantee shall provide a conference line for consultation calls related to trainings of evidence-based practices.

### **B. TARGET POPULATION**

The primary target population includes LMHAs/LBHAs system of care, any other HHSC-funded entities, and/or any other entity approved by HHSC. For some training, as designated by HHSC, the target population may include private providers outside of the System, students, community groups, citizens, educators, and other community stakeholders.

### **C. NEEDS ASSESSMENT**

Grantee shall conduct a needs assessment to aid in determining the training plan for the target population. Grantee shall generate a report of those findings to aid the development of the training plan. Grantee shall develop the training plan in accordance with the parameters identified in Section I, E, of this Contract.

### **D. TRAINING PLAN**

Grantee shall collaborate with HHSC to develop a training plan based on the results of the needs assessment. Unless otherwise specified by HHSC, the following provisions shall be executed by the Grantee as part of the planning.

1. Trainings shall be administered face-to-face, or online as applicable and approved by HHSC;
2. Training needs of the public mental health system shall be met first prior to opening the trainings to other potential attendees;
3. Training locations shall be free of charge, or not increase the allotted budget; and
4. Host trainings shall be conducted in facilities that are handicap accessible and accommodate the enrolled number of training participants.

### **E. TRAINER REQUIREMENTS**

In accordance with the following provisions, Grantee shall subcontract with qualified experts to deliver training(s) in the HHSC-identified evidence-based protocols to training participants.

1. Qualified trainers shall be experts in the evidence-based protocol they are providing training for and shall be certified/approved trainers when applicable.
2. Qualified trainers shall include the following elements in their trainings:

## **ATTACHMENT A STATEMENT OF WORK**

- a. Didactic information;
  - b. Question and answer;
  - c. Role Play;
  - d. Modeling of skills; and
  - e. Exam and/or certification, when and if required by a particular protocol.
3. Grantee shall use best efforts to secure the same identified expert for each evidence based protocol training to ensure continuity and standardized delivery of trainings.
  4. Grantee shall collaborate with HHSC staff to identify an expert to provide training.

### **F. TRAINING REQUIREMENTS**

Grantee shall provide the following unless otherwise specified by HHSC.

1. Continuing Education Units (CEUs)
  - a. Ensure each training provides CEUs for the following providers: Licensed Professional Counselors (LPCs), Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs) and Licensed Psychologists; and
  - b. Ensure the training consists of all needed elements to allow for the provision of CEUs.
2. Evaluation
  - a. Ensure training participants complete an evaluation of the training at the conclusion of each training; and
  - b. Submit a report of the results of those evaluations to HHSC.
3. Tracking Participation
  - a. Develop a method for tracking participation in trainings electronically in a manner that allows the participant to view a training transcript, track the amount of CEUs acquired and view any acquired certifications; and
  - b. Ensure there are a minimum number of participants are registered at a capacity established by HHSC.
4. Training Material
  - a. Make every attempt to minimize the use of hard copy training materials and whenever possible use soft copy (i.e. electronic) materials for each training.
  - b. Ensure the training materials are available to participants prior to the scheduled training taking place on a training website.
  - c. In the event a training protocol requires additional steps for a practitioner to become a qualified or credentialed provider, Grantee shall coordinate all activities and materials required to complete the process of credentialing. This includes, but is not limited to, supervision calls, consultations and additional training if and when required.

### **G. ON-LINE TRAINING MODULES**

Grantee shall develop on-line training modules based on the needs assessment.

1. All training modules shall be approved by HHSC in writing.
2. Grantee shall complete a plan outlining the content of those training modules that shall be approved by HHSC in writing.

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3. The on-line training modules shall include the same elements outlined in Section I, F. of this Contract.
4. All on-line training modules are the intellectual property of HHSC and are considered work made for hire for which all right, title and interest are owned by HHSC.

### **H. TRAINING WEBSITE**

Grantee shall maintain the training website with the following information:

1. A current calendar of scheduled trainings, downloadable training materials for each delivered training, and include links to additional resources that augment the trainings provided. These resources may be, but are not limited to, research articles, templates, books, etc.
2. A registry for qualified providers of Cognitive Processing Therapy (CPT) shall be located on the training website. New registrants may only be added at the discretion of HHSC as determined by standards set forth by HHSC.
3. On-line training modules shall be located on the training website along with the other aforementioned items; and
4. Administrative access shall be provided to HHSC staff upon request.

### **I. ADDITIONAL REVENUE/PROGRAM INCOME**

Grantee shall adhere to the following provisions in the event there are individuals who participate in the trainings after HHSC target population needs have been met.

1. Grantee shall create an account to store additional revenue generated from training participants. Grantee shall collaborate with HHSC to determine appropriate use of funds for the training infrastructure.
2. HHSC will approve in writing how monies will be used within the training infrastructure project.
3. Grantee shall provide an annual report of revenue generated from training participants, to be included in the last quarterly data report. Grantee shall ensure that any additional revenue shall be separate from the other budgeted money and shall not have any associated indirect costs.

### **J. DATA-REPORTING REQUIREMENTS**

1. Grantee shall provide quarterly data reports to HHSC on trainings provided in the format specified by HHSC.
2. Data shall be maintained by the Grantee and provided to HHSC Project Manager upon request in addition to quarterly reports.

### **K. REPORTING**

Grantee shall maintain documentation of all trainings in the format approved by HHSC. Information shall be collected, maintained, and reported by Grantee in accordance with the following specifications:

1. All reports shall be submitted to HHSC Project Manager within the timeframe and formats, and will include subject matter, which is specified in this Contract and by HHSC Project Manager. Grantee shall work closely with HHSC staff to track the time between



## **ATTACHMENT A STATEMENT OF WORK**

report requests and production. Certain reports, as specified, shall also be submitted to the assigned HHSC Contract Manager.

### **L. STAFFING**

Grantee shall fulfill the following requirements:

1. Grantee shall only staff this project with personnel essential to the execution of the training objectives.
2. In the event key personnel (i.e. project coordinator) exits their position, Grantee shall ensure duties are executed fully by the available qualified staff until such time that a qualified staff person is hired.
3. Grantee shall not alter the implementation timeline for this project due to staff vacancies.

### **M. MEETING, CONFERENCE CALLS AND OTHER ACTIVITIES**

Grantee shall:

1. Participate in all HHSC scheduled training infrastructure meetings;
2. Participate in face-to-face meetings as requested by HHSC Project Manager;
3. Notify HHSC Project Manager within one business day of receipt of request of ability to participate in non-routine calls and activities; and
4. Notify HHSC Project Manager and request approval before giving access to training material and/or communicating with outside parties about the content of training, available training budget and HHSC contractual relationships and agreements. Training materials in development, the contract budget, and contractual relationships are confidential and shall not be disclosed without HHSC consent.

### **N. DOCUMENTS SUPPORTING ACTIVITIES**

Grantee shall timely submit activity reports and billing documents as specified in Sec. II. Documents shall meet content, quality and format criteria specified by the HHSC Project Manager.

## **III. PERFORMANCE MEASURES**

### **A. PROVISION OF TRAININGS**

No later than six weeks prior to a scheduled training, Grantee shall submit to HHSC an agenda for each training that will include the following information:

1. Type of training;
2. The name and credentials of the trainer facilitating the training;
3. The training location;
4. A copy of the materials that will be provided to participants for the training; and
5. A copy of the evaluation to be completed at the conclusion of the training.

### **B. ADMINISTRATION**

Grantee shall submit requests for any changes to staff and staff time allocated to the implementation of this project in writing, to HHSC within 10 working days of the effective date of the proposed change. Grantee shall not implement changes until approval is received, in writing, from the HHSC Project Manager.

## **ATTACHMENT A STATEMENT OF WORK**

### **C. REPORTING REQUIREMENTS**

Grantee shall maintain documentation of trainings and expenditures in a format approved by HHSC. The following information shall be collected, reported and maintained by Grantee:

1. Grantee shall submit a quarterly report documenting services and activities completed during the quarter no later than the following dates, each fiscal year. The final report shall include revenue generated from training participants.
    - a. December 20;
    - b. March 20;
    - c. June 20; and
    - d. September 20.
  2. No later than March 15, of each fiscal year, Grantee shall submit a report documenting a summary of expenditures and available funds for evidence-based protocols and best practices trainings.
  3. No later than September 1, of each fiscal year, Grantee shall submit the findings of needs assessment.
  4. No later than September 15, of each fiscal year, Grantee shall develop a training plan to be submitted that includes information on project staffing, trainer requirements, training requirements, and on-line training modules (if applicable). The training plan shall outline the results of the needs assessment and proposed trainings for the fiscal year.
  5. No later than September 30, of each fiscal year, Grantee shall develop and submit a trainer recruitment plan. The trainer recruitment plan will demonstrate adequate trainer availability for the proposed trainings.
  6. No later than September 30 of each fiscal year, Grantee shall develop and submit a quality management plan, which reviews the attendance and viability of training provided in the previous fiscal year. The quality management plan shall include Harm Reduction.
  - 7.
  8. No later than August 31 of each fiscal year, Grantee shall deliver trainings on MI (I, II, and III), CAT, and CBTp.
  9. No later than August 31 of each fiscal year, Grantee shall deliver six in person PCRCP trainings.
  10. No later than August 31, 2017, Grantee shall develop and host three online PCRCP training modules.
  11. No later than 14 days after the conclusion of each training, Grantee shall submit training evaluation results.
  12. No later than 30 days after the conclusion of each PCIT, CBTp, MI (I, II, and III), CAT, PCRCP, Harm Reduction and TF-CBT training and clinical consultations/supervision, Grantee shall submit copies of sign-in sheets of each day of training (or webinar attendance rosters) and attendance logs with names of clinical supervision/consultation groups/calls.
  13. Grantee shall make all training material, sign-in sheets, certificates of completion, and individual's testing results available to HHSC upon request.
  14. Grantee shall maintain and make available to HHSC documentation of all the individuals who completed training requirements, and waitlists (if applicable) for every training.
- D. Grantee shall submit all reports, documentation, and other information required of Grantee electronically to the [mhcontracts@dshs.state.tx.us](mailto:mhcontracts@dshs.state.tx.us), as well as to the assigned HHSC Contract

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Manager and the HHSC Project Manager. If HHSC 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**

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

### **Overnight Mail**

HHSC  
Mental Health Contracts Management Unit (Mail Code 2058)  
909 West 45<sup>th</sup> Street, Bldg. 552  
Austin, TX 78751

Fax: (512) 206-5307

## **IV. INVOICE AND PAYMENT**

- A. Grantee shall submit expenditures no later than the 20<sup>th</sup> day of each month. 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 Attachment A, 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. HHSC Contract or Purchase Order Number;
3. Itemized expenses broken down by salaries, fringe benefits, in-state travel, out-of state travel, equipment, supplies, contractual, other and indirect;
4. Identification of service(s) provided;
5. Dates services were delivered;
6. Name of the person performing the activities;
7. Total hours worked for each person performing the activities;
8. Total invoice amount;
9. A copy of the General Ledger for the period which supports the budget items requesting reimbursement;
10. A breakout of expenditures as described in Section B below; and
11. Any additional supporting documentation which is required by this Contract or as requested by HHSC.

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)

## **ATTACHMENT A STATEMENT OF WORK**

and the HHSC Contract Manager. Alternative submission arrangements shall be approved by the assigned HHSC Contract Manager.

B. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B of this Contract.

HHSC will pay Grantee for charges determined in accordance with the terms and conditions of this Contract. Funds identified as dedicated to training will not be used to pay for administrative fees, including salaries, cost of living increases, supplies etc.

HHSC is dependent upon funds appropriated by fiscal year to fund this contract. The initial funding allocations and funded contract attachments included with this Contract are for first fiscal year of the contract term. Subsequent fiscal year funding will be added to this Contract by contract amendment.

Training and technical assistance/CTI-EBP expenditures shall not exceed \$418,123 in FY17, and \$418,123 in FY18.

HCBS training expenditures shall not exceed \$258,813 in FY17, and \$258,812 in FY18, and includes the following services:

1. CBTp training, supervision calls and consultant travel;
2. Training in MI, Harm Reduction and PCRP, in person and online modules;
3. Provision of CEUs for CBTp and MI;
4. CAT Supplies;
5. Staff time associated with the above activities; and
6. Training fees for Home and Community Based Adult Mental Health providers to attend any other trainings.

### **General Instructions for Completing Budget Forms**

*(Examples and instructions for completing the budget category detail templates are in a separate Excel file.)*

In preparing the budget, you should budget for all costs that your organization will incur in carrying out the DSHS program. Instructions for completing the budget template follow:

- Enter the legal name of your organization in the space provided for “Legal Name of Respondent” on Form I-Budget Summary; doing so will populate the budget category detail templates with your organizations name.
- Complete each budget category detail template. Instructions for completing each budget category detail template are in a separate document. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget template at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template.
- After you completed each budget category detail template, go to Form I-Budget Summary.
- Distribute the total amount (column #1) in each budget category manually among the various funding sources.
- Refer to the table below the budget template table to verify that the amounts distributed (“Distribution Total”) in each budget category equals the “Budget Total” for each respective category. Next, verify that the overall total of all distributions (Distribution Totals) equals the Budget Total.
- Enter the total amount of “Program Income” anticipated for this project in on Row “K” under the “Total Budget”, column (1). The total program income budgeted will be automatically allocated to each funding source based on the percentage of funding of the total budget. Information on program income is available in the DSHS Contractor’s Financial Procedures Manual located at the following web site:  
<http://www.dshs.state.tx.us/contracts/>