

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. HHS000563100001  
AMENDMENT NO. 1**

**The Health and Human Services Commission ("HHSC" or "System Agency") and WILLIAMSON COUNTY ("Grantee"), each a "Party" and collectively the "Parties," entered to the Opioid Emergency Response Pilot Project Services Contract ("Contract") effective November 15, 2019, and denominated HHSC Contract No. HHS000563100001, and now desire to amend the Contract.**

**WHEREAS,** the Parties desire to extend the Contract to December 31, 2020, allocate additional funding, and revise attachments.

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

1. This Amendment shall be effective upon September 30, 2020, provided it is signed below by all Parties on or before said date.
2. The Contract term is revised to terminate on December 31, 2020.
3. This Amendment adds funding in Fiscal Year 2021 in the amount of **\$166,667.00** for the term of September 30, 2020, through December 31, 2020.
4. The Total Contract Value increases to **SIX HUNDRED SIXTY-SIX THOUSAND SIX HUNDRED SIXTY-SEVEN DOLLARS (\$666,667.00).**
5. "Attachment A, Statement of Work," is replaced by "Attachment A-1, Revised Statement of Work (Revised September 2020)," which makes the following changes to "Attachment A, Statement of Work":

- (1) Replaces all of the content in Section "**I. PURPOSE**" with the following:

The purpose of this program is to reduce opioid and stimulant overdose death and improve access to opioid and stimulant response services through partnership with Emergency Medical Services programs. Grantee will establish and provide oversight for a single-site integrated Emergency Medical Services (EMS) Opioid Response program.

EMS Opioid Response programs combine prevention, treatment, and recovery support strategies with a primary focus on reducing overdose death. EMS Opioid Response programs implement programming using four key strategies: provide overdose reversal education and disseminate opioid overdose reversal medication; provide induction onto U.S. Food and Drug Administration approved medications used to treat opioid use disorder and link patients to ongoing care; provide peer recovery support services; and provide community pre-hospital health care provider follow-up and support.

(2) Replaces all of the content in Section “**I. GOALS**” with the following:

1. To prevent opioid and stimulant overdose death and increase access to opioid and stimulant treatment and recovery services.
- A. Achieve a target rate of 25 persons served per month when program is fully operational.
- B. Each EMS site will achieve 30% patient engagement on medication-assisted treatment longer than 30 calendar days.

(3) Replaces all of the content in Section “**I. TARGET POPULATION**” with the following:

The primary population is all Texas residents at risk for opioid and stimulant overdose.

(4) Replaces entirely subsections “A.1., A.2., and A.3.” of Section “**II. GRANTEE RESPONSIBILITIES**” with the following:

- A. Grantee will provide integrated opioid and stimulant response prevention, treatment, and recovery services and activities:
  1. to the target populations approved by the System Agency;
  2. as approved by HHSC.
  3. The EMS provider site must be actively serving persons within the target population following the date of the interagency contract agreement execution.

(5) Replaces entirely subsections “B.1.a., B.1.b., B.1.c., and B.1.d.” of Section “**II. GRANTEE RESPONSIBILITIES**” with the following:

- a. Coordinate Health and Human Services Commission (HHSC) approved overdose prevention education trainings for the participating EMS site. Require a minimum of 25% of clinic staff attend this training within three (3) months of project start date and 75% of staff receive training within three (3) months of project start date.  
**Deliverable: Submit a report that details the number of attendees, pre and post surveys, as well as attendee profession type by the 15th of the third month. This report will be labeled as Overdose Prevention Training Report.**
- b. Host at least one (1) SYSTEM AGENCY approved overdose prevention community education training prior to the third month of project start.  
**Deliverable: Submit a report that includes participant demographic information and pre and post surveys on or before the 15<sup>th</sup> day of the third month.**
- c. Provide and track overdose prevention education/training to a minimum of 25% of patients, partners, and supportive allies.

**Deliverable: Submit monthly reports documenting provision of overdose prevention education/training including demographic information in a SYSTEM AGENCY-agency approved format due on the 15th of the following month.**

- d. Purchase and make available for distribution, supplies that aid in reducing opioid overdose risk including but not limited to overdose reversal kits that include overdose reversal medications. These materials should be made available concurrent with individual and group overdose prevention education and upon patient, partner, supportive ally request. Fentanyl testing supplies may not be purchased.

**Deliverable: Submit SYSTEM AGENCY approved opioid overdose reversal application and documentation methods to track both provision of overdose reversal medication and overdose reversals and will be due on the 15<sup>th</sup> of the following month.**

- (6) Replaces entirely subsections “C.1., C.2., C.3., and C4.” of Section “II. GRANTEE RESPONSIBILITIES” with the following:

1. Designate prescriber(s) of buprenorphine for the treatment of Opioid Use Disorder (OUD), and to ensure the designated provider(s) prescribing physician, nurse practitioners, and/or physician assistants participate in DATA 2000 Waiver Training and obtain the waiver to prescribe provide buprenorphine for the treatment of opioid use disorder for each designated prescriber at the EMS sites within 30 calendar days of contract execution.

**Deliverable: Submit a report that lists waived prescribing practitioners 45 calendar days from contract start date.**

2. Require each of the participating EMS sites to have two (2) mentors per site, an EMS Opioid Response pilot site mentor, and a Office Based Opioid Treatment (OBOT) mentor. An ongoing participation in a SYSTEM AGENCY-approved peer mentorship program by both an EMS Opioid Response pilot program and an OBOT provider is required by each site.

**Deliverable: Submit monthly documentation of peer mentorship activities due on the 15th of the following month.**

3. Provide universal screening for opioid and stimulant use disorder.

**Deliverable: Submit documentation of each clinic’s policy requiring universal screening for opioid and stimulant use disorder and shall submit a copy of the screening tool within 30 calendar days of contract execution, and monthly patient screening reports in a SYSTEM AGENCY-approved format due on the 15th of the following month.**

Establish Memorandum of Agreement (MOA)s with local Outreach Screening Assessment and Referral providers to facilitate admission into

ongoing Medication Assisted Treatment. MOAs must be made available upon request.

4. Within 24 hours of identification of a patient with OUD, make available through a process of informed consent, induction onto buprenorphine for uninsured and under-insured patients with a diagnosis of opioid use disorder.

**Deliverable: Submit documentation of each EMS site's diversion control policy, the informed consent form, and patient engagement and retention policies within 30 calendar days of contract execution. Submit monthly patient induction reports including individualized plans for long term care and referrals in a SYSTEM AGENCY-approved format due on the 15th of the following month.**

- (7) Replaces entirely subsection "D. Peer Recovery Support" of Section "II. GRANTEE RESPONSIBILITIES" with the following:

Peer Recovery Support – Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of reoccurrence. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. This strategy integrates peer recovery support into a traditional primary care environment. Grant will:

1. Coordinate SYSTEM AGENCY approved recovery support education and training. Require a minimum of 25% of clinic staff attend this training within three (3) months of project start date and 75% of staff receive training within three (3) months of contract execution.

**Deliverable: Submit a report during the third month of the project that details number of attendees, pre and post surveys, as well as attendee profession. This report will be labeled as Recovery Support Education and Training Report.**

2. Contract with or staff certified peer recovery coaches. Recovery coaches must be available on an on-call basis to provide peer recovery support services for patients for a minimum of eight (8) consecutive days after identification or induction and then once a week thereafter.

**Deliverable: Submit a monthly patient engagement and retention report in a SYSTEM AGENCY-approved format due on the 15th of the following month. This report shall be labeled as Monthly Recovery Support Engagement and Retention Report.**

- (8) Replaces entirely subsection “E. Community Paramedicine Follow-up and Support” of Section “II. GRANTEE RESPONSIBILITIES” with the following:

EMS Community Paramedicine Follow-up and Support – incorporates community paramedicine, a healthcare model that allows paramedics and EMTs to expand their role to provide non-crisis public health and preventive healthcare services. Grantee will:

1. Require that all patients identified as being at risk for opioid and stimulant overdose or opioid and stimulant use disorder receive follow-up and support by Paramedics and EMT’s, to address any co-occurring opioid and stimulant use disorder and primary healthcare issues. Paramedics and EMTs must be available to provide primary care consultation and support services for patients for a minimum of eight (8) consecutive days after identification or induction and then once a week thereafter. A follow up includes making contact with the patient and providing any of the following: health and wellness screening and/or assessment, referral to services, listening to patient concerns and answering questions.  
**Deliverable: Submit a monthly patient engagement and retention report in a SYSTEM AGENCY-approved format due on the 15<sup>th</sup> of the following month. This report shall be labeled as Patient Engagement and Retention Report.**

Replaces entirely Section “III. REPORTING REQUIREMENTS” with the following:

- (9) Grantee will submit all deliverables identified in Attachment A by the due dates specified by the System Agency. Grantee will submit documents to the designated substance abuse mailbox [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) and [ttor@hhsc.state.tx.us](mailto:ttor@hhsc.state.tx.us) and to the assigned contract manager, unless otherwise noted. Grantee’s duty to submit required documents will survive the termination or expiration of this Contract. Grantee will:

1. Note all communication to the [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) mailbox must include Grantee’s Contract Number, legal entity name, and purpose in the email subject line.
2. Submit monthly invoices in CMBHS for utilization of funds to support the activities within the Attachment A due no later than the 15<sup>th</sup> of the following month. The monthly invoice shall represent the activities conducted in the previous month. All supportive documents supporting the invoices shall be submitted to the assigned contract manager and the Substance Abuse Contract Mailbox:  
[SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us).

3. 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 Contract end date.

4. Reporting Table Outlined Below:

| <b>Requirement</b> | <b>Due Date</b>  | <b>Report</b>  |
|--------------------|--|--|
| Section II. B. 1   | on or before the 15th day of the third month from contract execution | Overdose Prevention Training Report  |
| Section II. B. 2   | on or before the 15th day of the third month from contract execution | Provide a report of that includes participant demographic information and pre and post surveys.  |
| Section II. B. 3   | 15 <sup>th</sup> of each month following the month being reported    | Provision of overdose prevention education/training Report   |
| Section II. B. 4   | 15 <sup>th</sup> of each month following the month being reported    | Opioid overdose reversal application and documentation methods to track both provision of overdose reversal medication and overdose reversals. |
| Section II. C. 1   | 45 calendar days from contract execution                             | Report that lists waived prescribing practitioners.  |
| Section II. C. 2   | 15 <sup>th</sup> of each month following the month being reported    | Submit documentation of peer mentorship activities.  |
| Section II. C. 3   | 15 <sup>th</sup> of each month following the month being reported    | Submit Documentation of each clinic's policy requiring universal screening for opioid use disorder.  |
| Section II. C. 3   | 30 calendar days from contract execution                             | Submit a copy of the screening tool  |
| Section II. C. 4   | 30 calendar days from contract execution                             | Submit documentation of each EMS site's diversion control policy, the informed consent form, and patient engagement and retention policies.    |

|                  |  |  |
|------------------|--|--|
| Section II. C. 4 | 15 <sup>th</sup> of each month following the month being reported    | Patient Induction Report   |
| Section II. D. 1 | on or before the 15th day of the third month from contract execution | Recovery Support Education and Training Report   |
| Section II D. 2  | 15 <sup>th</sup> of each month following the month being reported    | Recovery Support Engagement and Retention Report   |
| Section II. E. 1 | 15 <sup>th</sup> of each month following the month being reported    | Patient Engagement and Retention Report  |
| Section II. F    | 15 <sup>th</sup> of each month following the month being reported    | Government Performance and Results Act (GPRA) Compliance Reports   |
| Section IV. E    | 15 calendar days after contract execution, and April 15th            | CMBHS Security Attestation Form, and a list of Grantee's employees, contracted laborers and subcontractors authorized to have access to secure data. |

6. "Attachment B, Categorical Budget" is replaced by "Attachment B-1, Revised Categorical Budget (Revised September 2020)."
7. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
HHSC CONTRACT NO. HHS000563100001**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

DocuSigned by:  
*Trina Ita*  
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Trina Ita

Associate Commissioner

Date of Signature: September 10, 2020

**WILLIAMSON COUNTY**



Judge Bill Gravell

Date of Signature: 9/1/2020

**The following attachments are incorporated as part of the Contract:**

- ATTACHMENT A-1, REVISED STATEMENT OF WORK (SOW) (REVISED SEPTEMBER 2020)
- ATTACHMENT B-1, REVISED CATEGORICAL BUDGET (REVISED SEPTEMBER 2020)
- FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION

**Attachment A-1  
Statement of Work (SOW)  
REVISED SEPTEMBER 2020**

**I. PURPOSE**

The purpose of this program is to reduce opioid and stimulant overdose death and improve access to opioid and stimulant response services through partnership with Emergency Medical Services programs. Grantee will establish and provide oversight for a single-site integrated Emergency Medical Services (EMS) Opioid Response program.

EMS Opioid Response programs combine prevention, treatment, and recovery support strategies with a primary focus on reducing overdose death. EMS Opioid Response programs implement programming using four key strategies: provide overdose reversal education and disseminate opioid overdose reversal medication; provide induction onto U.S. Food and Drug Administration approved medications used to treat opioid use disorder and link patients to ongoing care; provide peer recovery support services; and provide community pre-hospital health care provider follow-up and support.

**GOALS**

1. To prevent opioid and stimulant overdose death and increase access to opioid and stimulant treatment and recovery services.
  - A. Achieve a target rate of 25 persons served per month when program is fully operational.
  - B. Each EMS site will achieve 30% patient engagement on medication-assisted treatment longer than 30 calendar days.

**TARGET POPULATION**

The primary population is all Texas residents at risk for opioid and stimulant overdose.

**II. GRANTEE RESPONSIBILITIES**

**1. PROGRAM IMPLEMENTATION**

- A. Grantee will provide integrated opioid and stimulant response prevention, treatment, and recovery services and activities:
  - a. to the target populations approved by the System Agency;
  - b. as approved by HHSC.
  - c. The EMS provider site must be actively serving persons within the target population following the date of the interagency contract agreement execution.
- B. EMS Opioid Response program grantee will utilize four (4) basic strategies to provide integrated and collaborative opioid response services:
  - a. **Overdose Prevention Education and Naloxone** - This strategy provides education to patients, family, friends and supportive allies on how to recognize and respond to an overdose event and provides access to opioid overdose reversal medications. Grantee will:

1. Coordinate Health and Human Services Commission (HHSC) approved overdose prevention education trainings for the participating EMS site. Require a minimum of 25% of clinic staff attend this training within three (3) months of project start date and 75% of staff receive training within three (3) months of project start date.  
**Deliverable: Submit a report that details the number of attendees, pre and post surveys, as well as attendee profession type by the 15th of the third month. This report will be labeled as Overdose Prevention Training Report.**
  2. Host at least one (1) SYSTEM AGENCY approved overdose prevention community education training prior to the third month of project start.  
**Deliverable: Submit a report that includes participant demographic information and pre and post surveys on or before the 15<sup>th</sup> day of the third month.**
  3. Provide and track overdose prevention education/training to a minimum of 25% of patients, partners, and supportive allies.  
**Deliverable: Submit monthly reports documenting provision of overdose prevention education/training including demographic information in a SYSTEM AGENCY-agency approved format due on the 15th of the following month.**
  4. Purchase and make available for distribution, supplies that aid in reducing opioid overdose risk including but not limited to overdose reversal kits that include overdose reversal medications. These materials should be made available concurrent with individual and group overdose prevention education and upon patient, partner, supportive ally request. Fentanyl testing supplies may not be purchased.  
**Deliverable: Submit SYSTEM AGENCY approved opioid overdose reversal application and documentation methods to track both provision of overdose reversal medication and overdose reversals and will be due on the 15<sup>th</sup> of the following month.**
- C. Induction onto Medications and Coordinated Treatment- A person that survives an opioid overdose with the use of opioid overdose reversal medications immediately experiences withdrawal symptoms. Untreated symptoms often times result in a recurrence to use of opioids leaving the person vulnerable to a fatal overdose. Symptoms of withdrawal can be managed with FDA-approved medications used to treat opioid use disorder. This strategy links the individual/person/patient with ongoing treatment services by providing induction onto medication used to treat opioid use disorder.

Grantee will:

1. Designate prescriber(s) of buprenorphine for the treatment of Opioid Use Disorder (OUD), and to ensure the designated provider(s) prescribing physician, nurse practitioners, and/or physician assistants participate in DATA 2000 Waiver Training and obtain the waiver to prescribe provide buprenorphine for the treatment of opioid use disorder for each designated prescriber at the EMS sites within 30 calendar days of contract execution.  
**Deliverable: Submit a report that lists waived prescribing practitioners 45 calendar days from contract start date.**
  2. Require each of the participating EMS sites to have two (2) mentors per site, an EMS Opioid Response pilot site mentor, and a Office Based Opioid Treatment (OBOT) mentor. An ongoing participation in a SYSTEM AGENCY-approved peer mentorship program by both an EMS Opioid Response pilot program and an OBOT provider is required by each site.  
**Deliverable: Submit monthly documentation of peer mentorship activities due on the 15th of the following month.**
  3. Provide universal screening for opioid and stimulant use disorder.  
**Deliverable: Submit documentation of each clinic's policy requiring universal screening for opioid and stimulant use disorder, and shall submit a copy of the screening tool within 30 calendar days of contract execution, and monthly patient screening reports in a SYSTEM AGENCY-approved format due on the 15th of the following month.** Establish Memorandum of Agreement (MOA)s with local Outreach Screening Assessment and Referral providers to facilitate admission into ongoing Medication Assisted Treatment. MOAs must be made available upon request.
  4. Within 24 hours of identification of a patient with OUD, make available through a process of informed consent, induction onto buprenorphine for uninsured and under-insured patients with a diagnosis of opioid use disorder.  
**Deliverable: Submit documentation of each EMS site's diversion control policy, the informed consent form, and patient engagement and retention policies within 30 calendar days of contract execution. Submit monthly patient induction reports including individualized plans for long term care and referrals in a SYSTEM AGENCY-approved format due on the 15th of the following month.**
- D. Peer Recovery Support – Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of reoccurrence. Peer support services

can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. This strategy integrates peer recovery support into a traditional primary care environment. Grant will:

1. Coordinate SYSTEM AGENCY approved recovery support education and training. Require a minimum of 25% of clinic staff attend this training within three (3) months of project start date and 75% of staff receive training within three (3) months of contract execution.

**Deliverable: Submit a report during the third month of the project that details number of attendees, pre and post surveys, as well as attendee profession. This report will be labeled as Recovery Support Education and Training Report.**

2. Contract with or staff certified peer recovery coaches. Recovery coaches must be available on an on-call basis to provide peer recovery support services for patients for a minimum of eight (8) consecutive days after identification or induction and then once a week thereafter.

**Deliverable: Submit a monthly patient engagement and retention report in a SYSTEM AGENCY-approved format due on the 15th of the following month. This report shall be labeled as Monthly Recovery Support Engagement and Retention Report.**

E. EMS Community Paramedicine Follow-up and Support – incorporates community paramedicine, a healthcare model that allows paramedics and EMTs to expand their role to provide non-crisis public health and preventive healthcare services. Grantee will:

1. Require that all patients identified as being at risk for opioid and stimulant overdose or opioid and stimulant use disorder receive follow-up and support by Paramedics and EMT's, to address any co-occurring opioid and stimulant use disorder and primary healthcare issues. Paramedics and EMTs must be available to provide primary care consultation and support services for patients for a minimum of eight (8) consecutive days after identification or induction and then once a week thereafter. A follow up includes making contact with the patient and providing any of the following: health and wellness screening and/or assessment, referral to services, listening to patient concerns and answering questions.

**Deliverable: Submit a monthly patient engagement and retention report in a SYSTEM AGENCY-approved format due on the 15<sup>th</sup> of the following month. This report shall be labeled as Patient Engagement and Retention Report.**

F. Grantee will submit GPRA (Government Performance and Results Act) compliance reports for individuals receiving treatment or recovery services using the funds from this contract. These reports will be completed at intake, six-month follow-up, and discharge. These reports may be conducted by phone. If only referrals are made to treatment or recovery, Grantee does not have to

submit GPRA reports. Additionally, the six-month follow-up may be conducted between months five through seven, depending on the individual's availability.

**Deliverable: Submit the individual GPRA reports monthly by the 15th day of the following month using a SYSTEM AGENCY-approved format.**

### III. REPORTING REQUIREMENTS:

Grantee will submit all deliverables identified in Attachment A by the due dates specified by the System Agency. Grantee will submit documents to the designated substance abuse mailbox [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) and [ttor@hhsc.state.tx.us](mailto:ttor@hhsc.state.tx.us) and to the assigned contract manager, unless otherwise noted. Grantee's duty to submit required documents will survive the termination or expiration of this Contract.

Grantee will:

1. Note all communication to the [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) mailbox must include Grantee's Contract Number, legal entity name, and purpose in the email subject line.
2. Submit monthly invoices in CMBHS for utilization of funds to support the activities within the Attachment A due no later than the 15th of the following month. The monthly invoice shall represent the activities conducted in the previous month. All supportive documents supporting the invoices shall be submitted to the assigned contract manager and the Substance Abuse Contract Mailbox: [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us).
3. 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 Contract end date.
4. Reporting Table Outlined Below:

| Requirement      | Due Date   | Report   |
|------------------|--|--|
| Section II. B. 1 | on or before the 15th day of the third month from contract execution | Overdose Prevention Training Report  |
| Section II. B. 2 | on or before the 15th day of the third month from contract execution | Provide a report of that includes participant demographic information and pre and post surveys.  |
| Section II. B. 3 | 15 <sup>th</sup> of each month following the month being reported    | Provision of overdose prevention education/training Report   |
| Section II. B. 4 | 15 <sup>th</sup> of each month following the month being reported    | Opioid overdose reversal application and documentation methods to track both provision of overdose reversal medication and overdose reversals. |

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|------------------|--|---|
| Section II. C. 1 | 45 calendar days from contract execution                             | Report that lists waived prescribing practitioners.   |
| Section II. C. 2 | 15 <sup>th</sup> of each month following the month being reported    | Submit documentation of peer mentorship activities.   |
| Section II. C. 3 | 15 <sup>th</sup> of each month following the month being reported    | Submit Documentation of each clinic's policy requiring universal screening for opioid use disorder.   |
| Section II. C. 3 | 30 calendar days from contract execution                             | Submit a copy of the screening tool   |
| Section II. C. 4 | 30 calendar days from contract execution                             | Submit documentation of each EMS site's diversion control policy, the informed consent form, and patient engagement and retention policies. |
| Section II. C. 4 | 15 <sup>th</sup> of each month following the month being reported    | Patient Induction Report  |
| Section II. D. 1 | on or before the 15th day of the third month from contract execution | Recovery Support Education and Training Report  |
| Section II D. 2  | 15 <sup>th</sup> of each month following the month being reported    | Recovery Support Engagement and Retention Report  |
| Section II. E. 1 | 15 <sup>th</sup> of each month following the month being reported    | Patient Engagement and Retention Report   |
| Section II. F    | 15 <sup>th</sup> of each month following the month being reported    | Government Performance and Results Act (GPRA) Compliance Reports  |
| Section IV. E    | 15 calendar days after contract execution, and April 15th            | CMBHS Security Attestation Form, and a list of Grantee's employees,   |

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|--|--|--|
|  |  | contracted laborers and subcontractors authorized to have access to secure data. |
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#### **IV. CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS) SYSTEM MINIMUM REQUIREMENTS**

Unless other wise noted, Grantee will:

- A. 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 the CMBHS user accounts are current within .
- B. Establish and maintain a security policy that ensures adequate system security and protection of confidential information.
- C. Notify the CMBHS Help-desk within ten (10) business days of any change to the designated Security Administrator or the back-up Security Administrator.
- D. Ensure that access to CMBHS is restricted to only authorized users. Performing Agency shall, within 24 hours, remove access to users who are no longer authorized to have access to secure data.
- E. In addition to CMBHS Helpdesk notification, Performing Agency shall submit a signed CMBHS Security Attestation Form and a list of Grantee's employees, contracted laborers and subcontractors authorized to have access to secure data. The CMBHS Security Attestation Form shall be submitted electronically twice a year, within fifteen (15) days of contract execution, and on April 15, 2019, to the designated Substance Abuse mailbox (SubstanceAbuse.Contracts@hhsc.state.tx.us).
- F. Document prevention, treatment, and recovery activities and services of each participant and/or patient in System Agency Clinical Management for Behavioral Health Services (CMBHS) system in accordance with the Contact and instructions provided by System Agency, unless otherwise noted. If CMBHS is unavailable, System Agency shall provide an alternative record keeping process. Grantee shall ensure the following:
  - a. Maintain all documents that require participant or staff signature in the physical record for review by System Agency.
  - b. Upload documentation that is handwritten and not transcribed into the CMBHS record.
  - c. Document the following in CMBHS (these data points are subject to change):
    1. Client
    2. Progress Note;
    3. Medication Order (for patients inducted onto Buprenorphine);
    4. Consent for Release of Information (including revoke consent when appropriate);
    5. Referral;
    6. Performance Measures;
    7. Screening (as needed);

8. Psychoeducational Note to document group education and support group activities (as needed); and
  9. Administrative Note to document any other activities (as needed).
- d. Attend System Agency training on CMBHS documentation.

**ATTACHMENT B-1  
REVISED CATEGORICAL BUDGET  
(REVISED SEPTEMBER 2020)**

**Contractor Name: WILLIAMSON COUNTY**

**Contract Number: HHS000563100001**

- A. Funding from The United States Health and Humans Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) fund the HHSC Substance Use Disorder project(s), which includes this contract.
- B. The Catalog of Federal Domestic Assistance (CFDA) funds, if any, are listed on the Categorical Budget as part of the System Agency Share.
  - 1. State Opioid Response Grant (SOR), CFDA 93.788
  - 2. State General Revenue
- C. Total reimbursements will not exceed the System Agency Share, as stated in the Categorical Budget, for each state fiscal year.
- D. System Agency Share contain funds from the Texas Targeted Opioid Response (TTOR), CFDA number 93.788.
- E. Any unexpended balance associated with any other System Agency-funded contract may not be applied to this Contract.
- F. Contractor Share (Match)  
Match is not required using State Targeted Response to the Opioid Crisis funds CFDA number 93.788
- G. Funding
  - 1. System Agency Share Total Contract Value is \$666,667.00, which is allocated as follows:
    - i. FY20 for the term of October 1, 2019 through September 29, 2020 is allocated \$500,000.00;
    - ii. FY21 for the term of September 30, 2020 through December 31, 2020 \$166,667.00.
- H. Cost Reimbursement Budget
  - 1. The Cost Reimbursement budget documents all approved and allowable expenditures; Grantee shall *only* utilize the funding detailed in Attachment B for approved and allowable costs. If Grantee requests to utilize funds for an expense not documented on the approved budget, Grantee shall notify, in writing, the System Agency assigned contract manager and

request approval prior to utilizing the funds. System Agency shall provide written notification regarding if the requested expense is approved.

2. The Cost Reimbursement budget documents all approved and allowable expenditures; Contractor shall *only* utilize the funding detailed in Attachment B for approved and allowable costs. If Contractor requests to utilize funds for an expense not documented on the approved budget, Contractor shall notify, in writing, the System Agency assigned contract manager and request approval prior to utilizing the funds. System Agency shall provide written notification regarding if the requested expense is approved.
  3. Contractor may request revisions to the approved Cost Reimbursement budgeted direct categories that exceed the twenty-five (25) percent requirement stated in Section 21.05 of the 2016 General Provisions, by submitting a written request to the assigned contract manager. This change is considered a minor administrative change and does not require an amendment. The System Agency shall provide written notification if the budget revision is approved; and the assigned Contract Manager will update CMBHS, as needed.
  4. Contractor may revise the Cost Reimbursement budget 'Equipment' and/or 'Indirect Cost' Categories, however a formal Amendment is required. Contractor shall submit to the assigned contract manager a written request to revise the budget, which includes a justification for the revisions. The assigned Contract Manager shall provide written notification stating if the requested revision is approved. If the revision is approved, the budget revision is *not* authorized, and funds *cannot* be utilized until the Amendment is executed and signed by both parties.
  5. The budgeted indirect cost amount is provisional and subject to change. The System Agency reserves the right to negotiate Contractor's indirect cost amount, which may require Contractor to provide additional supporting documentation to the assigned contract manager.
- I. Contractor will submit invoices to System Agency through CMBHS monthly.
- J. Any unexpended balance associated with any other System Agency Contract may not be applied to this System Agency Contract.
- K. Categorical budget
1. Below is the approved cumulative Categorical budget for the contract term September 30, 2020 through December 31, 2020 as follows:


|                 |             |
|-----------------|-------------|
| PERSONNEL       | \$75,794.00 |
| FRINGE BENEFITS | \$29,786.00 |
| TRAVEL          | \$0.00      |
| EQUIPMENT       | \$0.00      |

|                         |              |
|-------------------------|--------------|
| SUPPLIES                | \$5,000.00   |
| CONTRACTUAL             | \$20,667.00  |
| OTHER                   | \$35,420.00  |
| TOTAL DIRECT CHARGES    | \$166,667.00 |
| INDIRECT CHARGES        | \$0.00       |
| TOTAL CONTRACT<br>VALUE | \$166,667.00 |
| MATCH                   | \$0.00       |
| SYSTEM AGENCY SHARE     | \$166,667.00 |

## FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION

The certifications enumerated below represent material facts upon which HHSC relies when reporting information to the federal government required under federal law. If HHSC later determines that the Contractor knowingly rendered an erroneous certification, HHSC may pursue all available remedies in accordance with Texas and U.S. laws. Signor further agrees that it will provide immediate written notice to HHSC if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. *If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to HHSC detailing which of the below statements it cannot certify and why.*

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Legal Name of Contractor:</b><br><br>Williamson County   | <b>FFATA Contact # 1 Name, Email and Phone Number:</b><br><br>Annie Burwell<br>aburwell@wilco.org<br>512-943-3544 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Primary Address of Contractor:</b><br><br>3189 SE Inner Loop<br>Georgetown Texas 78626   | <b>FFATA Contact #2 Name, Email and Phone Number:</b><br><br>Jody Cook<br>jody.cook@wilco.org<br>512-943-1595     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>ZIP Code: 9-digits Required <a href="http://www.usps.com">www.usps.com</a></b><br><br><table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">-</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>  | 7   | 8 | 6 | 2 | 6 | - |   |   |   |   | <b>Primary DUNS Number: 9-digits Required <a href="http://www.dnb.com/us/">http://www.dnb.com/us/</a></b><br><br><table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">9</td> </tr> </table> | 0 | 7 | 6 | 9 | 3 | 0 | 0 | 4 | 9 |
| 7   | 8   | 6 | 2 | 6 | - |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0   | 7   | 6 | 9 | 3 | 0 | 0 | 4 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits</b><br><br><table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">2</td> </tr> </table> |   | 1 | 7 | 4 | 6 | 0 | 0 | 0 | 9 | 7 | 8   | 4 | 0 | 5 | 2 |   |   |   |   |   |
| 1   | 7   | 4 | 6 | 0 | 0 | 0 | 9 | 7 | 8 | 4 | 0   | 5 | 2 |   |   |   |   |   |   |   |

|  |   |
|--|---|
| <b>Printed Name of Authorized Representative</b><br><br>Judge Bill Gravell | <b>Signature of Authorized Representative</b><br> |
| <b>Title of Authorized Representative</b><br><br>Williamson County Judge   | <b>Date</b><br><br>September 1, 2020  |

## FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? ☐ Yes ☒ No

If your answer is "Yes," skip questions "A," "B," and "C" and finish the certification.

If your answer is "No," answer questions "A" and "B."

---

**A. Certification Regarding Percent (%) of Annual Gross from Federal Awards.**

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? ☐ Yes ☒ No

**B. Certification Regarding Amount of Annual Gross from Federal Awards.**

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? ☐ Yes ☒ No

If your answer is "Yes" to both question "A" and "B," you must answer question "C."

If your answer is "No" to either question "A" or "B," skip question "C" and finish the certification.

---

**C. Certification Regarding Public Access to Compensation Information.**

Does the public have access to information about the highly compensated officers/senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? ☐ Yes ☐ No

If your answer is "Yes" to this question, where can this information be accessed?

---

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

Provide compensation information here:

County Judge \$126,182.00, County Commissioner Pct 1, Pct 2, Pct 3, Pct 4 \$102,747.63

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## Certificate Of Completion

Envelope Id: 8C0426454A99441FA7A9AA77DB73FD9F

Status: Sent

Subject: Amending \$666,667.00; HHS000563100001; WILLIAMSON COUNTY A-1; HHSC MSS-IDD - SUDCMU

Source Envelope:

Document Pages: 34

Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

Texas Health and Human Services Commission

AutoNav: Enabled

1100 W. 49th St.

EnvelopeId Stamping: Enabled

Austin, TX 78756

Time Zone: (UTC-06:00) Central Time (US &amp; Canada)

PCS\_DocuSign@hhsc.state.tx.us

IP Address: 168.60.148.50

## Record Tracking

Status: Original

7/30/2020 9:54:47 AM

Holder: Texas Health and Human Services

Commission

Location: DocuSign

PCS\_DocuSign@hhsc.state.tx.us

## Signer Events

### Signature

### Timestamp

Judge Bill Gravell

aburwell@wilco.org

Security Level: Email, Account Authentication  
(None)

Sent: 7/30/2020 10:01:54 AM

Viewed: 7/30/2020 1:25:04 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Trina Ita

Trina.Ita01@hhsc.state.tx.us

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

## In Person Signer Events

### Signature

### Timestamp

## Editor Delivery Events

### Status

### Timestamp

## Agent Delivery Events

### Status

### Timestamp

## Intermediary Delivery Events

### Status

### Timestamp

## Certified Delivery Events

### Status

### Timestamp

## Carbon Copy Events

### Status

### Timestamp

Annalee Arredondo

Annalee.Arredondo@hhsc.state.tx.us

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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Sent: 7/30/2020 10:01:53 AM

Viewed: 8/3/2020 6:20:20 PM

SA Mailbox

SubstanceAbuse.Contracts@hhsc.state.tx.us

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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Sent: 7/30/2020 10:01:53 AM

| Carbon Copy Events   | Status | Timestamp                   |
|--|--------|-----------------------------|
| Wendy Jones<br>Wendy.Jones01@hhsc.state.tx.us<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure:<br>Not Offered via DocuSign | COPIED | Sent: 7/30/2020 10:01:53 AM |

| Witness Events          | Signature        | Timestamp             |
|-------------------------|------------------|-----------------------|
| Notary Events           | Signature        | Timestamp             |
| Envelope Summary Events | Status           | Timestamps            |
| Envelope Sent           | Hashed/Encrypted | 7/30/2020 10:01:54 AM |
| Payment Events          | Status           | Timestamps            |

## Certificate Of Completion

|   |  |
|---|--|
| Envelope Id: 8C0426454A99441FA7A9AA77DB73FD9F   | Status: Completed                          |
| Subject: Amending \$666,667.00; HHS000563100001; WILLIAMSON COUNTY A-1; HHSC MSS-IDD - SUDCMU |  |
| Source Envelope:  |  |
| Document Pages: 36  | Signatures: 1                              |
| Certificate Pages: 2  | Initials: 0                                |
| AutoNav: Enabled  | Envelope Originator:                       |
| Envelopeld Stamping: Enabled  | Texas Health and Human Services Commission |
| Time Zone: (UTC-06:00) Central Time (US & Canada)   | 1100 W. 49th St.                           |
|   | Austin, TX 78756                           |
|   | PCS_DocuSign@hhsc.state.tx.us              |
|   | IP Address: 168.60.148.50                  |

## Record Tracking

|                      |   |                    |
|----------------------|---|--------------------|
| Status: Original     | Holder: Texas Health and Human Services | Location: DocuSign |
| 7/30/2020 9:54:47 AM | Commission                              |                    |
|                      | PCS_DocuSign@hhsc.state.tx.us           |                    |

## Signer Events

| Signature   | Timestamp  |
|---|--|
| Trina Ita<br>Trina.Ita01@hhsc.state.tx.us<br>Associate Commissioner<br>Texas Health and Human Services Commission<br>Security Level: Email, Account Authentication (None) | Sent: 9/9/2020 1:53:13 PM<br>Viewed: 9/9/2020 2:33:39 PM<br>Signed: 9/10/2020 8:05:41 AM |

**Signature**

DocuSigned by:  
  
 97DC64070502414...

Signature Adoption: Pre-selected Style  
 Using IP Address: 68.203.4.14

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

## In Person Signer Events

| Signature | Timestamp |
|-----------|-----------|
|-----------|-----------|

## Editor Delivery Events

| Status | Timestamp |
|--------|-----------|
|--------|-----------|

## Agent Delivery Events

| Status | Timestamp |
|--------|-----------|
|--------|-----------|

## Intermediary Delivery Events

| Status | Timestamp |
|--------|-----------|
|--------|-----------|

## Certified Delivery Events

| Status | Timestamp |
|--------|-----------|
|--------|-----------|

## Carbon Copy Events

| Status  | Timestamp  |
|---|--|
| Annalee Arredondo<br>Annalee.Arredondo@hhsc.state.tx.us<br>Security Level: Email, Account Authentication (None) | Sent: 7/30/2020 10:01:53 AM<br>Viewed: 8/3/2020 6:20:20 PM |

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

|   |   |                             |
|---|---|-----------------------------|
| SA Mailbox<br>SubstanceAbuse.Contracts@hhsc.state.tx.us<br>Security Level: Email, Account Authentication (None) | <div style="border: 2px solid blue; padding: 5px; text-align: center; font-weight: bold; color: blue;">COPIED</div> | Sent: 7/30/2020 10:01:53 AM |
|---|---|-----------------------------|

**Electronic Record and Signature Disclosure:**  
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|   |   |                             |
|---|---|-----------------------------|
| Wendy Jones<br>Wendy.Jones01@hhsc.state.tx.us<br>Security Level: Email, Account Authentication (None) | <div style="border: 2px solid blue; padding: 5px; text-align: center; font-weight: bold; color: blue;">COPIED</div> | Sent: 7/30/2020 10:01:53 AM |
|---|---|-----------------------------|

**Electronic Record and Signature Disclosure:**

| Carbon Copy Events   | Status        | Timestamp  |
|--|---------------|--|
| Not Offered via DocuSign   |               |  |
| Judge Bill Gravell<br>aburwell@wilco.org<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign | <b>COPIED</b> | Sent: 7/30/2020 10:01:54 AM<br>Resent: 9/9/2020 1:53:12 PM |

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status           | Timestamps           |
|-------------------------|------------------|----------------------|
| Envelope Sent           | Hashed/Encrypted | 9/9/2020 1:53:13 PM  |
| Certified Delivered     | Security Checked | 9/9/2020 2:33:39 PM  |
| Signing Complete        | Security Checked | 9/10/2020 8:05:41 AM |
| Completed               | Security Checked | 9/10/2020 8:05:41 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|