



TEXAS

Health and Human Services

Dr. Courtney N. Phillips, Executive Commissioner

**Request for Applications (RFA)
For**

**State Youth Treatment Implementation
Recovery Youth Services
RFA No. HHS0001002**

**Date of Release:
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ARTICLE 1. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The State of Texas, by and through the Texas Health and Human Services Commission (System Agency) announces the expected availability of grant funds for State Fiscal Year 2019 to provide Recovery Youth Services (RYS), which integrates the Substance Use Disorder (SUD) Outpatient Treatment and Youth Recovery Support Services for youth/adolescents, ages twelve (12) to eighteen (18). The RYS Program is a pilot project, which will serve Health Regions 6, 7, and 8 and provides evidence-based assessments and interventions to adolescents with SUD or co-occurring substance use and mental health disorders. A detailed list of the counties in the HHS Health Regions 6 through 8 is referenced in **Attachment A: HHS Health Regions**.

Additionally, the RYS Program includes a collaborative effort with the Alliance for Adolescent Recovery and Treatment in Texas (AART-TX). Participants of this effort include various stakeholders, which include the providers of the RYS Program

To be considered for award, Grantees must execute **Exhibit A: Affirmations and Solicitation Acceptance**, of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

1.2 DEFINITIONS

Refer to **Exhibit B: HHSC Uniform Terms and Conditions - Grant** and **Exhibit I: HHSC Special Conditions, Version 1.1** for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

“Addendum” means a written clarification or revision to this Solicitation issued by the System Agency.

“AART-TX” refers to the Alliance for Adolescent Recovery and Treatment in Texas, which is the provider collaborative built from the Substance Abuse and Mental Health Services Administration (SAMHSA), the State Youth Treatment Planning grant, and the State Youth Treatment Implementation grant, to strengthen, expand and/or develop local collaborative networks in order to increase quality of and access to SUD and Co-Occurring Disorder (COD) assessments, treatment and recovery services to Texas youth.

“Case Management” means services that assist and support clients in developing skills to gain access to obtain services needed medical, social, educational and other service providers essential to meeting basic human needs. This function consists of assessment of needs, appropriate referrals, follow-up on referrals, and plan of action with clear goals.

“Client” means a person in treatment who is provided with clinical services of a QCC that work along with Client/Participant’s toward the progression of mutually determined treatment goals and objectives.

“Clinical Management for Behavioral Health System (CMBHS)” means the System Agency web-based clinical record-keeping system for state-contracted community mental health and SUD service providers.

“Clinical Services” means services rendered after observable and diagnosable symptoms are detected by a licensed professional that are to bring the client relief of symptoms.

“Co-Occurring Disorder” means the coexistence of both a mental health and a substance use disorder. Also referred to as co-occurring psychiatric and substance use disorder (COPSD).

“Elapsed Services” means activities that are beneficial to the Client/Participant that are no longer being provided.

“Evidence Based Assessments” means the decision-making process that integrates the best available research, clinician expertise, client characteristics.

“Education Recovery Support” means education services that are formal classes held with a designated instructor, set schedule and standardized curriculum.

“Face-to-Face Recovery Coaching” means non-clinical one-to-one services provided in-person to a Client/Participant, family members, to address recovery issues that help to keep the Client engaged in their recovery.

“Family” means identifying individuals that are identified as “family,” which may include biological relatives, significant others, and other individuals as defined by the Youth.

“GAIN” means the Global Assessment of Individual Needs, which is a comprehensive biopsychosocial assessment designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program planning and economic analysis. It is designed to be used primarily in clinical settings.

“Grantee” means the entity receiving a sub-recipient awarded Contract.

“Group Counseling” means simultaneous treatment to two or more Clients who may or may not be doing the same activities. If the QCC is dividing attention among the Clients, providing only brief, intermittent personal contact, or giving the same instructions to two or more Clients at the same time, the treatment is recognized as group therapy. The QCC involved in group therapy services must be in constant attendance, but one-on-one Client contact is not required.

“Health and Human Services Commission” or “HHSC” means the administrative agency established under Chapter 531, Texas Government Code or its designee. See also, System Agency.

“HUB” means historically underutilized business, as defined by Section 2161.001(2) of the Texas Government Code.

“Indirect Recovery Support” means ancillary services designed to improve a Client/Participant’s life circumstances, health and well-being and eliminate obstacles to recovery: e.g., community projects, social activities, health and wellness supports.

“Individual Counseling” means one-to-one process that facilitates the Client/Participant’s progress towards mutually determined treatment goals and objectives. Individual Counseling includes methods that are sensitive to individual client characteristics and to the influence of other people, as well as a Client’s cultural and social context.

“Internet Recovery Coaching” means non-clinical services provided via the Internet through chat rooms or other electronic communication to a Client/Participant and/or family members, to address recovery issues that help keep the Client engaged in their recovery.

“Key Personnel” means an Applicant’s organization’s Project contact, fiscal contact, and executive director and/or any other key stakeholders in the Proposed Project.

“Local Mental Health Authority (LMHA)” or “Local Behavioral Health Authority (LBHA)” means an entity designated as the LMHA or LBHA by the System Agency in accordance with the Texas Health and Safety Code, Sections 533.035(a) and 533.0356(a).

“Medication Assisted Therapy (MAT)” means medication-assisted therapies including opioid substitution therapy and other various uses of medications in the treatment of substance dependence.

“Memorandum of Understanding (MOU)” means a documented agreement with other entities that details formal linkages that encourage and promote collaboration.

“Overdose Prevention Education” means educational knowledge about overdose prevention.

“Outreach, Screening, Assessment and Referral (OSAR)” means System Agency funded contractor providing outreach, screening, assessment, and referral services.

“Participant” means a person in recovery who is provided with non-clinical recovery support services that helps the individual initiate and maintain recovery from SUD.

“Project” means the work and activities for which grant funding is awarded and information is provided as part of the response to this Solicitation. During the open application period and before selection of grant recipients are made, the Project will be known as the Proposed Project.

“QCC” means a Qualified Credentialed Counselor, who is a licensed chemical dependency counselor or one of the practitioners listed below who is licensed and in good standing with the appropriate licensing or certifying authority in the State of Texas; who has at least one year of experience in the treatment of SUD, or satisfactory completion of a training program in the treatment of SUD; and is acting within the authorized scope of the individual’s license, including:

- A. Licensed professional counseling (LPC);
- B. Licensed social worker;

- C. Licensed marriage and family therapist (LMFT);
- D. Licensed psychologist;
- E. Licensed physician;
- F. Licensed physician assistant;
- G. Certified addictions registered nurse (CARN); or
- H. Advanced practice nurse recognized by the Board of Nursing Examiners as a clinical nurse specialist or practitioner with a specialty in psychiatric–mental health nursing.

“Quality Improvement/Quality Assurance Plan” means adopt policies and procedures that conform with Title 25, Part 1, Chapter 448, Subchapter E, Section 448.504 of the Texas Administrative Code, which relates to Quality Management, and that include methods of assessing client satisfaction with the contractor’s services.

“Recovery Support Services” means a wide array of non-clinical services and supports to help individuals initiate support and maintain recovery from SUD.

“Recovery/Service Plan” means a self-directed, participant-driven plan that reflects goals in multiple life domains that aid the participant in their recovery.

“Respondent” means the entity applying to provide the services detailed within this RFA.

“SAMHSA” means the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

“Solicitation” means this RFA including exhibits and Addenda, if any.

“State” means the State of Texas and its instrumentalities, including HHSC, and any other state agency, its officers, employees, or authorized agents.

“SUD” means Substance Abuse Disorder, a broad term that includes substance abuse, substance dependence, substance withdrawal, substance intoxication, and other related disorders as described in the Diagnostic and Statistical Manual of Mental Disorders.

“System Agency” means the Texas Health and Human Services Commission, its officers, employees or authorized agents.

“Telephone Recovery Coaching” means non-clinical services provided via the telephone to a Client/Participant and/or family members, to address recovery issues that help to keep the Client engaged in their recovery.

“The Diagnostic and Statistical Manual of Mental Disorders (DSM)” means the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

“The Seven Challenges Model” means a comprehensive counseling program for adolescents that incorporates working on SUD issues to motivate youth to evaluate their lives, to consider changes they may wish to make, and then to succeed in implementing the desired changes.

“Treatment Plan” means a collaborative process through which the provider and Client develop a desired treatment outcome and identify the strategies for achieving them. At a minimum, the treatment plan addresses identified SUD, as well as issues related to treatment progress, including relationships with family and/or significant others, employment, education, spirituality, health concerns, and legal needs.

“Youth” means adolescents twelve (12) to eighteen (18) years of age.

1.3 AUTHORITY

The Health and Human Services Commission, Substance Abuse and Mental Health Services Administration have the authority to award funds within Section 509 of the Public Health Services Act, 42 U.S.C. § 290bb-2. The System Agency is requesting Applications under Texas Government Code Chapter 531.

ARTICLE 2. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

In 2015, the System Agency was awarded a two-year planning grant from SAMHSA to conduct comprehensive planning and data gathering activities to improve and expand publicly funded substance use treatment and recovery supports for Texas youth. As a result of the planning grant, Texas developed plans to expand the provision of evidence based assessments and interventions, to include the family and youth voice in programming efforts, and strengthen the expertise of the behavioral health workforce for young people with SUD or COD.

In 2017, the System Agency was awarded a four-year implementation grant from SAMHSA to provide services to youth individuals with SUD or COD. The services provided under this grant shall utilize the integrated model of outpatient treatment and recovery support services for Texas Youth.

In addition, the System Agency developed provider collaborative through the Alliance for Adolescent Recovery and Treatment in Texas(AARTTX), which ensures trainings, technical assistance, and support is provided to the selected Applicants.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

The total amount of funding available for the State Youth Treatment Implementation Grant for the initial term is **EIGHT-HUNDRED FOUR THOUSAND THREE-HUNDRED SEVENTY-TWO DOLLARS AND NO/100 DOLLARS (\$804,372.00)**, and it is System Agency’s intention to make one award in each of the following Health Regions: 6, 7, and 8. The specific dollar amount awarded to each

successful Respondent depends upon the merit and scope of the proposal and other considerations described in detail below. This decision is at the sole discretion of System Agency.

Funds are awarded for the purpose specifically defined in this RFA and must not be used for any other purpose. Funds may be used for personnel, fringe benefits, staff travel, contractual services, equipment, supplies, other direct costs, and indirect costs as allowed in the budget. Funds must not be used to supplant local, state, or federal funds. If Respondent is applying in multiple Regions, a complete and separate RFA proposal is required for each Region.

2.2.2 Grant Term

It is anticipated that the grant funding period for this program will begin **June 1, 2019**, and run through **September 30, 2021**. The Contract may be renewed for an additional two (2) one (1) year periods based on availability of federal funds and the satisfactory performance of the awardee. Funding may vary and is subject to change if renewed based on availability of State Youth Treatment Implementation grant funds at the sole discretion of System Agency.

2.3 ELIGIBLE APPLICANTS

In order to be eligible to be awarded a contract as a result of this RFA, a Respondent must meet the standards described in this section.

Eligible Respondents include public or private nonprofit 501(c)(3) entities. All Respondent's must comply with the criteria listed below under this RFA at the time the proposal is submitted.

- A. Respondent must be established as an appropriate legal entity as described in the paragraph above, under state statutes, and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFA.
- B. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the Respondent must conduct business at a physical location in the Texas Health Region where services are to be provided prior to the date that the contract is awarded.
- C. Respondent must be in good standing with the U.S. Internal Revenue Service.
- D. Respondent is not eligible to apply for funds under this RFA if currently debarred, suspended, or otherwise excluded or ineligible for participation in federal or state assistance programs.
- E. Respondent may not be eligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the financial, future viability, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by System Agency.

- F. Respondent's staff members, including the executive director, must not serve as voting members on their employer's governing board.
- G. Respondent must be in compliance with Texas Comptroller of Public Accounts and Procurement Oversight Division rules, a name search will be conducted using the websites listed in this section prior to the development of a contract.
- H. A Respondent is not considered eligible to contract with System Agency, regardless of the funding source, if a name match is found on any of the following lists:
 - 1. The U.S. General Services Administration's (GSA) System for Award Management (SAM) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits, <https://www.sam.gov/SAM/>.
 - 2. The Office of Inspector General (OIG) Texas Exclusions List Search <https://oig.hhsc.state.tx.us/oigportal/Exclusions.aspx>; and
 - 3. The Texas Comptroller of Public Accounts (CPA) Debarred Vendor List located at <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>.

2.4 PROGRAM REQUIREMENTS

The Respondent must have two (2) or more years' experience working with youth, ages twelve (12) to eighteen (18), and have provided outpatient or recovery support services.

To meet the mission and objectives of the State Youth Treatment Implementation Grant, the programmatic requirements are as follows:

- A. Administrative Requirements:
 - 1. Respondent will comply with all applicable rules adopted by System Agency related to SUD services and published in [Title 25, Part 1 of the Texas Administrative Code \(TAC\)](#). Specifically, the Respondent shall review the following chapters:
 - a. Chapter 140, Subchapter I, Licensed Chemical Dependency Counselors;
 - b. Chapter 441, General Provisions;
 - c. Chapter 442, Investigations and Hearings;
 - d. Chapter 447, Department-Funded Substance Abuse Programs; and
 - e. Chapter 448, Standard of Care.
 - 2. Respondent will provide clinical and recovery services simultaneously.
 - 3. Respondent will ensure services are individualized to each Client's/Participant's need and shall be documented in the Youth's Recovery/Service Plan in the Clinical Management for Behavioral Health Services (CMBHS) system.
 - 4. Respondent will ensure all Clients/Participants are oriented to the rules and regulations of the State Youth Treatment Grant, RYS Program.

5. Respondent will document all RYS activities and services in the System Agency's CMBHS system, as directed by the System Agency. Respondent shall utilize the CMBHS components/functionality specified below, in accordance with System Agency instructions:
 - a. Add/update staff, (including access control and credential maintenance);
 - b. Provider detail;
 - c. Location detail;
 - d. Attachments;
 - e. Client profile;
 - f. Service plan;
 - g. Service plan review;
 - h. Open case;
 - i. Progress note;
 - j. Psycho-educational note;
 - k. Referral and referral follow-up;
 - l. Referral list;
 - m. Consent/revoke consent;
 - n. Measures;
 - o. Financial status report;
 - p. Invoices;
 - q. Services offered;
 - r. Closed case;
 - s. Consent release request list; and
 - t. Reassign case manager.
6. Respondent will set limits on client caseload size that ensure effective, individualized services.
7. Respondent will justify and document in Respondent's policy and procedures, the caseload size, for counselors, based on the service design, characteristics, and needs of the population served, and any other relevant factors.
8. Respondent will maintain a current license agreement to utilize the Global Assessment of Individual Needs (GAIN) and the web-based GAIN Assessment Building System located at www.gaincc.org, **Attachment C: GAIN-Q3 Standard**.
9. Respondent will conduct the GAIN assessment for all enrolled RYS Clients/Participants. The initial assessment shall be used as the basis for each Client/Participant Recovery/Service Plan. The GAIN assessment shall be reconducted on or before thirty (30) days of elapsed services, and the re-assessment shall be used to

update the Client/Participant Recovery/Service Plan. To demonstrate the Client/Participant continued benefit from RYS services, Grantees will reconduct the GAIN assessment every sixty (60) days while enrolled for the first six (6) months of services.

10. Respondent will not deny admission to services based solely on the type or category of substance the Youth has been using.
11. Respondent will not deny access to services at any level solely on the basis that a Youth is taking or may need to take a prescribed medication or is receiving medication-assisted therapy (MAT).
12. Respondent will accept and make the necessary accommodations for Youth meeting the System Agency admission criteria, and who are also receiving MAT, which includes opioid substitution therapy and other various uses of medications in the treatment of substance dependence.
13. Respondent will accept and make the necessary accommodations for Youth meeting the System Agency admission criteria, who are also currently taking or are in need of access to prescribed medication for active or potentially re-occurring mental health or physical health issues.
14. Respondent will post the days and hours of operation at all building sites and entrances.
15. Respondent will ensure organizational policies reflect the culture, behaviors, values, and language of the population served.
16. Respondent will adopt and maintain the following policies and procedures, which shall be on file and available to System Agency upon request:
 - a. Quality management to include Client/Participant satisfaction with Respondent services;
 - b. Retention for Client/Participant in services, including protocols for addressing Client/Participant who are absent from services and policies defining non-compliance;
 - c. Address process for notifying parents or guardians in the event Client/Participant leaves Respondent's facility without authorization from Client's/Participant's parents or guardians;
 - d. Process for referring Client/Participant who continue to use substances while receiving SUD treatment. The policy shall describe how Respondents will re-engage Client/Participant while in treatment or after treatment completion; and
 - e. Procedure for employees who work directly or indirectly with Client's/Participant's family members, and supportive allies.
17. Respondent will ensure Client/Participant safety by requiring all activities with Client/Participant, family members, and supportive allies be conducted in a respectful, non-threatening, non-judgmental, and confidential manner and ensure that Clients/Participants are under direct supervision at all times while in treatment services.

18. Respondent will work with Client/Participant to identify and connect with a broad spectrum of community-based resources and supports to assist in achieving Client/Participant goals and rebuilding their life within the community.
19. Respondent will ensure that Youth have the right to define “families” broadly to include biological relatives, friends, allies, and significant others.
20. Respondent will provide services in a culturally, linguistically, and developmentally appropriate manner for Youth, family members, and supportive allies.
21. Respondent will maintain all documents that require Client/Participant and staff signature in the individual’s physical record for System Agency review.
22. Respondent will develop a marketing plan within the first ninety (90) days to engage local referral sources and provide information to these sources regarding the availability of SUD treatment services and the eligibility criteria for admission.
23. Respondent will document the marketing plan in the policies and procedures, and provide a copy of the marketing plan to System Agency upon request.
24. Respondent will ensure that all program directors participate in programmatic conference calls as scheduled by System Agency. The executive management may participate in the conference calls, but program directors must participate unless otherwise agreed to by System Agency in writing.
25. Respondent will have staff, knowledgeable about RYS and attend Outreach, Screening, Assessment and Referral (OSAR) quarterly regional collaborative meetings.
26. Respondent will participate and collaborate with contracted providers within the Alliance for Adolescent Recovery and Treatment (AART-TX) Program. The AART-TX provider collaborative shall accomplish the following activities:
 - a. Identify and address common administrative challenges in providing substance abuse and recovery support services to the population;
 - b. Implement a common continuous quality improvement/quality assurance plan within the collaborative;
 - c. Identify and address common barriers faced by the population of focus; and
 - d. Promote coordination and collaboration with family support organizations and community providers to strengthen services for the population of focus.
27. Respondent will provide an evaluation coordinator, which shall be funded by System Agency at no more than six (6) hours of a 40-hour work week. The Evaluation coordinator will provide the RYS Program with the following information:
 - a. Collect all recovery data for all RYS Youth;
 - b. Report all recovery data to System Agency, upon request;
 - c. Analyze data for quality improvement;
 - d. Prepare reports and present findings to System Agency, upon request; and
 - e. Collaborate and attend meetings with System Agency project director and project coordinator, as requested.

28. Respondent will report information fairly, professionally, and accurately when communicating with other professionals, System Agency staff, and community-based organizations.
29. Respondent will provide training and technical assistance to staff members on the following topics:
 - a. Evidence based assessment;
 - b. Seven Challenges Treatment Model; see **Attachment B: Seven Challenges**.
 - c. Best practices in family/youth engagement;
 - d. Recovery;
 - e. Recovery pathways;
 - f. Recovery resources; and
 - g. Different cultures: the behaviors and beliefs characteristic of a particular social, ethnic, or age group.
30. Respondent will have written job descriptions and continuing education units (CEUs) for employees and volunteers maintained in their personnel file and make available to System Agency upon request. The Respondent staff job descriptions shall include but not be limited to:
 - a. Level of education;
 - b. Work experience;
 - c. Background; and
 - d. Proportion of time assigned to data reporting activities.
31. Respondent will establish and maintain working linkages through Memoranda of Understanding (MOUs) with a resource network of community and social service agencies serving or having an interest in the target population. MOUs shall encourage networking, coordination, and referrals to help address the needs of the participants, their families, and supportive allies. MOUs shall be in place within sixty (60) days of contract execution. The Respondent will maintain copies of the signed MOUs on file for System Agency review upon request. All MOUs shall:
 - a. Address the non-duplication of services;
 - b. Be signed by both parties;
 - c. Contain beginning and end dates;
 - d. Be renewed annually;
 - e. At a minimum, MOUs shall be established with the following local entities:
 - i. System Agency-funded SUD treatment providers;
 - ii. Community-based organizations;
 - iii. LMHAs and LBHAs; and

- iv. Other community social service agencies that may provide support services to Clients/Participants.
32. Respondent will provide outreach, population screening, and other engagement strategies within Youth-serving settings to increase participation in, and provide access to, treatment for diverse populations (i.e., ethnic, racial, sexual orientation, gender identity, etc.). Respondent will provide services for diverse populations.
 33. Respondent will ensure that staff use the language of recovery in everyday conversations (e.g., hope, respect, high expectations, etc.) with Youth, their families, and supportive allies.
 34. Conduct satisfaction surveys among Youth participating in services, and their families to determine if services are being delivered effectively. System Agency shall provide the satisfaction survey format; any revisions to the survey require System Agency approval. Respondents will ensure the following:
 - a. Conduct the survey to Youth prior to completion of services, or when Youth has received services for six (6) months, whichever is earlier;
 - b. Conduct the survey with family members of Youth that have completed services or have received services for six (6) months;
 - c. Ensure all surveys are available in both Spanish and English formats, and in other languages as determined by the Respondents and the needs of the population being served;
 - d. All completed surveys shall remain on file in accordance with the retention of records requirements in the Terms and Conditions. Additionally, all surveys shall be submitted to System Agency, upon request
 - e. Provide a report documenting the results of all completed surveys, which at a minimum shall provide the overall results for each survey question, address identified issues, and provide overall satisfaction results.
 35. Respondent will have a mission statement that includes recovery principles and values that promote sustained recovery and wellness.
 36. The Respondents and their staff are specifically prohibited from the following acts:
 - a. Being under the influence or impaired by the use of alcohol, or mood-altering substances, including prescription medications not used in accordance with a physician's order, while performing any job duties or having any interaction with participants, family members, or supportive allies;
 - b. Illegal, unprofessional or unethical acts (including acts constituting abuse, neglect, or exploitation);
 - c. Assisting or knowingly allowing another person to commit an illegal, unprofessional, or unethical act;
 - d. Falsifying, altering, destroying, or omitting significant information from required reports, records, or interfering with their preservation;
 - e. Retaliation against anyone who reports a violation of these prohibitions, or who

cooperates during a review, inspection, investigation, hearing, or other related activity;

- f. Interfering with System Agency reviews, inspections, investigations, hearings, or related activities, which includes taking action to discourage or prevent someone else from cooperating with the activity;
- g. Entering into a personal or business relationship of any type with a Client, his or her family members, or supportive allies;
- h. Intimidating, harassing, or retaliating against participants who try to exercise their rights or make a complaint;
- i. Allowing unqualified persons or entities to provide services; and
- j. Hiring or using known sex offenders.

B. Recovery Youth Services, Youth Outpatient Treatment Service Requirements:

- 1. When the Youth first presents either by phone or in person at the Respondents site, the Respondent will determine and document financial eligibility and conduct CMBHS screening. The screening shall be conducted in a confidential, face-to-face interview unless there is documented justification for an interview by phone.
- 2. The Respondent will use the screening process to determine the individual's needs and make documented referral(s) to appropriate resources based on the screening. If the Youth is eligible for RYS Program services, the GAIN assessment is completed. Youths shall be screened and assessed for the presence of SUD and/or co-occurring mental health disorders and use the information obtained from the assessment in order to create the Recovery/Service Plan.
- 3. The Respondent will immediately admit pregnant youth ages twelve (12) to eighteen (18) years, injecting drug users, and individuals referred by Department of Family and Protective Services (DFPS) presenting for treatment. If unable to provide immediate admission to these populations, the Respondent will notify System Agency (specifically, the program services unit staff) so that assistance can be provided that ensures referral to other appropriate services, referral to an alternate provider for immediate admission, or, at a minimum, proper coordination with DFPS staff.
- 4. When appropriate, the Respondent will provide pre-engagement services to Youth in order to reduce barriers, enhance client motivation, and provide stabilized life situations.
- 5. For all individuals seeking treatment services who are determined to have a diagnosis of opioid/opiate use disorder, the Respondent will engage the individual in a process of informed consent and document using the form provided by System Agency. This form must be uploaded to an administrative note in CMBHS.
- 6. The Respondent will document screenings in CMBHS for Tuberculosis (TB), Hepatitis B and C, sexually transmitted diseases (STDs), and Human Immunodeficiency Virus (HIV). The Respondent will ensure the following:
 - a. If the screening indicates the Youth is at risk for these communicable diseases, the Respondent will refer the Youth to the appropriate community resources for further

testing and counseling.

- b. If the Youth is at risk for HIV, the Youth shall be referred for pre- and post-test counseling for HIV. If the Youth is HIV-positive, the Respondent will refer the Youth to a HHSC funded HIV Early Intervention (HEI) case manager or a Department of State Health Services (DSHS) HIV Ryan White case manager if no HEI case manager is available.
7. The Respondent must implement and provide services for appropriate Youth using the evidence-based recovery model, practice and curricula: The Seven Challenges, which can be reviewed at the following address: <http://www.sevenchallenges.com/>.
8. The Respondent will have a service schedule that offers new Youth Clients the opportunity to attend at least 15 hours of services each week. The actual service intensity for each Youth must be individualized and documented on the Youth's Service/Recovery Plan. The Respondents will encourage new Youth to attend services frequently to increase their level of engagement. When the Youth is ready to receive less intensive services, the Respondent will perform a re-assessment using the GAIN assessment tool, and document a Service/Recovery Plan review and document the expected number of hours that each Youth should attend during the rest of clinical services. The Respondent service schedule shall offer the following:
 - a. Five (5) hours of individual counseling;
 - b. Ten (10) hours of group counseling:
 - i. At least one (1) hour of education on the effects of alcohol, tobacco and other drugs on the developing fetus to all male and female participants prior to discharge;
 - ii. At least one (1) hour of educational information about overdose prevention prior to discharge; and
 - iii. When appropriate and possible, two (2) hours of family counseling each month.
9. For pregnant and parenting Youth, the Respondent will address needs of female Youth and may address the needs of male Youth on the Service/Recovery Plan either directly or through referral including but not limited to the following:
 - a. Gender-specific parenting education;
 - b. Reproductive health education and pregnancy planning;
 - c. DFPS coordination;
 - d. Family violence and safety;
 - e. Fetal and child development;
 - f. Current infant and child safety guidelines;
 - g. Financial resource needs; and
 - h. Any other needs of the participant's children.
10. The Respondent will maintain a waitlist and provide overdose prevention education to

Youth on the waiting list. Upon request, Respondent will provide HHSC the maintained waitlist. In addition, Respondent will provide overdose prevention education to all Youth prior to discharge, including those that received it prior to admission:

- a. General overdose prevention education must be provided to all Youth as a part of education requirements to include education on naloxone (including possible local access if available); and
 - b. Specific overdose prevention activities must be conducted with Youth with opioid use disorders and those participants that use drugs intravenously to include:
 - i. Education on Naloxone (including possible local access if available);
 - ii. Education about and referral to HHSC-funded HIV outreach services for Youth with intravenous drug use history; and
 - iii. Referral to local community resources that work to reduce harm associated with high risk behaviors associated with drug use.
11. The Respondent will offer tobacco cessation services for participants receiving treatment services. These services must address the disproportionate harm of tobacco use among individuals who use substances and must follow guidelines developed by the National Association of State Mental Health Program Directors in [Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery](#). These services must include the following documented activities:
- a. Implementing policies and procedures to create a tobacco-free system of care;
 - b. Providing adequate planning, time, and training for staff for implementation;
 - c. Ensuring access to adequate and appropriate medical and psychosocial tobacco cessation treatment for Youth and staff as follows:
 - i. Assessing tobacco use for all participants, entering the appropriate nicotine use disorder as an official diagnosis, if applicable;
 - ii. Including tobacco cessation in the service plan if the Client chooses to pursue quitting;
 - iii. Discussing readiness to change and recovery options with participants;
 - iv. Incorporating tobacco cessation into individual and group therapies;
 - v. Providing all tobacco users who are motivated to quit with interventions appropriate to the recovery setting such as a referral to hospital or other local cessation resources. Unless otherwise directed by System Agency, the Respondent shall offer a referral to the System Agency-funded Quit line (telephone cessation counseling service) with a fax referral for Nicotine Replacement Therapy; and
 - vi. Providing Youth with resource materials on tobacco cessation.

C. Recovery Youth Services, Youth Recovery Support Service Requirements:

1. Respondent will ensure the following recovery-oriented values and principles are in their organization:
 - a. Choice and Self Determination:
 - i. Provide Youth the opportunity to select from a menu of supports and services that correspond with their personal interests and recovery goals;
 - ii. Provide Youth the opportunity to revise their selections as needed to reflect their evolving personal interests and recovery goals; and
 - iii. Ensure Service/Recovery Plans are self-directed, youth-driven, and reflect goals in multiple life domains.
 - b. Community Integration:
 - i. Provide Youth the opportunity to be involved in community activities and receive support related to community; and
 - ii. Work with Youth to identify and connect with a broad spectrum of community-based resources and supports that will assist in achieving their goals and rebuilding their lives within their community.
 - c. Peer Culture: Offer an array of recovery support services that involve direct-assistance to establish and maintain recovery through the use of peer-support and peer-leadership in the following ways:
 - i. Hiring peer recovery leaders;
 - ii. Mobilizing peer volunteers; and
 - iii. Providing peer support groups.
 - d. Family Inclusion:
 - i. Ensure that Youth have the right to define their “families” broadly to include biological relatives, significant others; and
 - ii. Ensure Youth receive recovery support services and ensure family members and supportive allies are invited to participate in service/recovery planning and offered education and support.
 - e. Continuity of Care: Ensure recovery-oriented services are connected to a range of continuing support services beyond a substance use treatment episode.
 - f. Partnership-Consultant Relationships: Ensure Youth direct their own recovery through collaborative relationships and develop a Service/Recovery Plan.
2. Respondent will provide a wide array of non-clinical services and supports that helps individuals to initiate and sustain their recovery using the following types of recovery supports: emotional, informational, instrumental, and affiliation. These services and supports shall include social events and activities such as: recovery support groups, family support groups, alcohol and drug free dances, organized sport events, therapeutic outdoor activities, community projects, dinners that promote prosocial behaviors, and any additional System Agency approved services and support.

3. Respondent will assist Youth in accessing transportation to and from school, tutoring, and other needed services;
4. Respondent will assist Youth in attending court appearances and probation appointments, and attend with the participants when appropriate;
5. Respondent will assist Youth in accessing needed items such as clothing, school supplies, recreational supplies, and any additional System Agency approved items.
6. Respondent will assist Youth and his or her family in accessing needed social services such as those that provide food and nutrition services. The Respondent may not purchase food; but can refer to services, as needed. Additionally, Respondent may provide incentives for this program. An incentive can be given to a Youth to encourage participation in the program. Incentives may be in the form of discretionary funds not to exceed more than \$30/per incident, total amount of incentives shall not exceed \$3,000 for the period of contract term.
7. Respondent will develop and maintain a recovery support services resource directory that contains current information to include: location, contact information, services offered, days and hours of operation, and eligibility criteria.
8. Respondent will provide recovery support services at least five (5) days-per-week.
9. Respondent will ensure weekend hours are available and emergency support is available after-hours via telephone supported by peers. Respondent will post telephone support information at all building entrances.
10. Respondent will provide extended hours that include high-risk times for Youth populations (e.g., Friday and Saturday evenings between 2:00 PM and 10:00 PM).
11. Either directly or through referral, Respondent will provide the following recovery support services at times that meet the needs of the population. Ensure Youth have access to a diverse menu of recovery support services. When referring Youth to external resources, assist in the process of contacting resources, scheduling appointments, arranging transportation, and other System Agency approved needs. Funds may be used to purchase these services from another provider, upon approval by System Agency.
 - a. Recovery support groups: group activities designed to provide the Youth with positive emotional support to assist with dealing with daily and personal life issues, aid in understanding of the recovery process, to support the youth's path to recovery;
 - b. Structured therapeutic activities based on the needs of the Youth. Activities may include games that are age appropriate and promote prosocial negotiation skills, drug-free video night, etc.;
 - c. Employment if appropriate and needed;
 - d. Vocational training, if appropriate;
 - e. Education assistance (tutoring, general equivalency diploma (GED) preparation, etc.);
 - f. Recovery coaching; and

- g. Motivational interviewing.
12. Respondent will support executive director or program director in their efforts to provide recovery-focused technical assistance to peer recovery leaders.
 13. Respondent will ensure the executive director or program director roles are defined to ensure:
 - a. Appropriate boundaries are maintained (personal, finance, emotional, ethical and sexual);
 - b. Confidentiality is maintained;
 - c. Peer recovery leader roles are maintained (to avoid the tendency to move out of coaching role and into the role of a counselor or sponsor); and
 - d. Responding to complaints about a peer recovery leader's behavior.
 14. Respondent will develop criteria for identifying individuals who can function as effective peer recovery leaders.
 15. Respondent will identify and train appropriate peer recovery leaders.
 16. Respondent will provide technical assistance related to recovery-oriented care to peer recovery leaders.
 17. Respondent will ensure that peer recovery leaders receive relevant training before leading recovery approaches.
 18. Respondent will ensure peer recovery leaders are guided and supported in mentoring peers in recovery.
 19. Respondent will create a mechanism for peer recovery leaders to connect, share experiences, and receive support.
 20. Respondent will ensure that staff and volunteers have access to and participate in recovery-focused training.
 21. Respondent will ensure peer recovery leaders and volunteers have knowledge of:
 - a. Community resources for social support;
 - b. Resources for food, clothing, shelter, and other basic needs and how to access;
 - c. Resources for mental health care and how to access;
 - d. Mutual aid recovery groups, their functions, values and beliefs and how to access; and
 - e. Faith-based organizations and how to access.
 22. Respondent will involve peer recovery leaders and volunteers in staff orientation and continuing education trainings provided to staff.
 23. Respondent will ensure that all new peer recovery leaders have received training in working with youth ages twelve (12) to eighteen (18) that are in recovery, and to have knowledge of the Seven Recovery-oriented values and principles.

D. Recovery Youth Services, Staffing Requirements:

1. Respondent will ensure all personnel receive the training and supervision necessary to comply with System Agency rules, provision of appropriate and individualized treatment, and protection of Client health, safety, and welfare.
2. Respondent will ensure that all direct care staff receive a copy of the service requirements within this Contract.
3. Respondent will document training of its staff in the evidence-based treatment practice/curricula, the Seven Challenges, GAIN, and CMBHS. Staff members who deliver services must have the training and the credentials described in the chosen model for review by System Agency.
4. Respondent will develop and implement a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to Youth, as they relate to the staff member's job duties.
5. Respondent will document, training, credentials and/or experience to reflect all direct care staff are proficient in areas pertaining to Youth services, including but not limited to the following areas:
 - a. Chemical dependency problems specific to Youth treatment;
 - b. Appropriate treatment strategies, including family engagement strategies; and
 - c. Emotional, developmental, and mental health issues for Youth.
6. Respondent will ensure that individuals responsible for planning, directing, or supervising treatment services must be QCC. The clinical program director must have at least two (2) years of post-licensure experience providing SUD treatment. SUD counseling must be provided by a QCC, graduate, or counselor intern. SUD education and life skills training must be provided by counselors or individuals who have appropriate specialized education and expertise. All counselor interns must work under the direct supervision of a QCC.
7. Respondent will ensure that clinical staff have specific documented training in the following within ninety (90) days from the start date of the Contract or the date of hire, whichever is later:
 - a. Motivational enhancement therapy or motivational interviewing techniques;
 - b. Trauma, abuse and neglect, violence, post-traumatic stress disorder, and related conditions;
 - c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues;
 - d. Medicaid eligibility;
 - e. State of Texas co-occurring psychiatric and substance use disorder (COPSD) training; and
 - f. Have knowledge of the Seven Recovery-oriented values and principles.
8. Respondent will ensure licensed chemical dependency counselors recognize the

limitations of the licensee's ability and must not provide services outside the licensee's scope of practice or licensure, or use techniques that exceed the person's license authorization or professional competence.

9. Respondent will employ a maximum of one peer recovery leader who is between the ages of eighteen (18) and thirty (30), with lived experience regarding substance misuse. All other peer recovery leaders shall be volunteers.
10. Respondent will ensure that peer recovery leaders (both paid staff and volunteers) are:
 - a. Provided opportunities for leadership development;
 - b. Provided peer leadership training that cover topics such as:
 - i. Goal setting and developing strategies;
 - ii. Strategic planning;
 - iii. Conduct and participate in effective meetings;
 - iv. Managing and resolving conflicts;
 - v. Conducting focus groups;
 - vi. Consensus building;
 - vii. Group facilitation skills; and
 - viii. Valuing and respecting different viewpoints.
11. Respondent will support peer recovery Leaders and volunteers regarding their own sustained recovery and development through weekly recovery supervision.
12. Respondent will ensure peer recovery leaders and volunteers have access to continuing education in ethics, confidentiality, and boundary maintenance.

E. Respondent Reporting Requirements:

1. Respondent will submit all documents, identified in the table below, to the Substance Abuse mailbox (SA mailbox) at SubstanceAbuse.Contracts@hhs.state.tx.us by the required due date.
2. Respondent will report in CMBHS all performance measures as defined by System Agency, and identified on **Form G: Performance Measures and Outcomes**.

Report Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract term. September 2019 report due October 31, 2019.
Performance Measures	Due 15 th day of the following month
CMBHS Security Attestation Form and	March 15th and July 15th

List of Authorized Users	
Satisfaction Survey Report	September 28th
Closeout documents	Annual Reports due 45 days after Contract end date.

2.5 SCOPE

In developing proposals in response to this RFA, Respondents will be required to complete the attached **Form A** through **Form L**, which are discussed in detail in **Article 5, Narrative Proposal; Article 6, Request Respondent Information; and Article 7, Expenditure Proposal.**

Regarding the **Article 7, Expenditure Proposal**; the following expenses are **not allowed** within the State Youth Treatment Implementation Grant:

- A. Reimbursement for any lease beyond the project period;
- B. Providing services to incarcerated Youth, which is defined as Youth in jail, prison, detention facilities, or in custody where they are not free to move about in the community;
- C. Reimbursement of purchases and/or construction of any building or structure to house any part of the program;
- D. Reimbursement for housing services other than substance abuse treatment;
- E. Providing outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision;
- F. Providing direct payments to Youth to induce them to enter into services within the RFA;
- G. Providing direct payments to Youth to encourage attendance and/or attainment of services within the RFA;
- H. Providing sterile needles or syringes for the hypodermic injection of any illegal drugs; and
- I. Provide pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases/sexually transmitted illnesses, Tuberculosis, and Hepatitis B and C, or for psychotropic drugs.

2.6 PERFORMANCE MEASURES AND OUTCOMES

HHSC will monitor the performance of Contracts awarded under this RFA. All services and deliverables under the Contract shall be provided at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice.

The Respondent performance will be measured in part on the achievement of the key performance measures and outcomes in **Form G: Performance Measures and Outcomes**. Respondents will report the performance measures monthly through the HHSC approved electronic record by the

tenth (10th) of the following month as directed by System Agency in accordance with the Contract, unless otherwise noted.

A. The Performance Measures, and definitions are as follows:

1. Number of Youth with a case opened during the reporting month?

Report the number of new/unduplicated Youth who opened their case in the reporting month.

2. Number of Youth receiving direct recovery support services?

Each month, report the number of new/unduplicated Youth who are receiving Youth recovery services. Peer leaders will engage Youth in these services to assist in building strengths in various life domains that have been impediments to their recovery process.

3. Number of Youth receiving indirect recovery support services?

Each month, report the number of new/unduplicated Youth who are receiving Youth indirect recovery services. Peer leaders will engage Youth in these services to assist in building strengths in various life domains that have been impediments to their recovery process.

4. Number of Youth receiving education recovery support services?

Each month, report the number of new/unduplicated Youth who are receiving Youth recovery services. Peer leaders will engage Youth in these services to assist in building strengths in various life domains that have been impediments to their recovery process.

B. The Performance Outcomes, goals and data methodology are as follows:

1. Percentage of Youth reporting abstinence from use at three (3) months of service.

Target Goal: 25%

- a. The numerator is the number of Youth with an open outpatient case receiving Seven Challenges during the reporting month whose cases have been open for at least three (3) months and are reporting abstinence for at least three (3) months but less than six (6) months as of the last day of the reporting month.
- b. The denominator is the total number of Youth with an open outpatient case receiving Seven Challenges whose cases have been opened for at least three (3) months but less than six (6) months.

2. Percentage of Youth reporting abstinence from use at six (6) months of service or end of service.

Target Goal: 55%

- a. The numerator is the number of Youth with an open outpatient case receiving Seven Challenges during the reporting month whose cases have been open for at least six (6) months and are reporting abstinence for at least three (3) months as of the last day of the reporting month.

- b. The denominator is the total number of Youth with an open outpatient case receiving Seven Challenges whose cases have been opened for at least three (3) months but less than six (6) months.
- 3. Percentage of Youth reporting increased housing stability at three (3) months of service.
Target Goal: 10%
 - a. The numerator is the number of Youth initially reporting dissatisfaction with their living arrangements served for at least three (3) months but less than six (6) months who report satisfaction with their living arrangements as of the last day of the reporting month.
 - b. The denominator is the total number of Youth with an open case who have been open for at least three (3) months but less than six (6) months.
- 4. Percentage of Youth reporting increased housing stability at six (6) months or end of service.
Target Goal: 15%
 - a. The numerator is the number of Youth initially reporting dissatisfaction with their living arrangements served for at least six (6) months who report satisfaction with their living arrangements as of the last day of the reporting month.
 - b. The denominator is the total number of Youth with an open case who have been open for at least six (6) months.
- 5. Percentage of Youth reporting positive changes in employment status at three (3) months of service.
Target Goal: 10%
 - a. The numerator is the number of Youth not enrolled in school, served for at least three (3) months but less than six (6) months, who initially reported unemployment and currently report employment as of the last day of the reporting month.
 - b. The denominator is the total number of Youth with an open case who have been open for at least three (3) months but less than six (6) months and reported unemployment at program entry.
- 6. Percentage of Youth reporting positive changes in employment status at six (6) months or end of service.
Target Goal: 15%
 - a. The numerator is the number of Youth not enrolled in school, served for at least six (6) months, who initially reported unemployment and currently report employment as of the last day of the reporting month.
 - b. The denominator is the total number of Youth with an open case who have been open for at least six (6) months and reported unemployment at program entry.
- 7. Percentage of Youth reporting avoidance of criminal justice system involvement at three (3) months of service.
Target Goal: 80%

- a. The numerator is the number of Youth served for at least three (3) months but less than six (6) months, who have avoided arrest during the ninety (90) days prior to the last day of the reporting month.
 - b. The denominator is the total number of Youth with an open case who have been open for at least three (3) months but less than six (6) months.
8. Percentage of Youth reporting avoidance of criminal justice system involvement at six (6) months of service or end of service.

Target Goal: 80%

- a. The numerator is the number of Youth served for at least six (6) months, who have avoided arrest during the ninety (90) days prior to the last day of the reporting month.
 - b. The denominator is the total number of Youth with an open case who have been open for at least six (6) months.
9. Percentage of Youth successfully completing the RYS Program outpatient treatment services.

Target Goal: 42%

- a. The numerator is the number of Youth discharged from outpatient treatment with Seven Challenges during the reporting period who is reported as successfully completing treatment.
 - b. The denominator is the total number of Youth discharged from outpatient treatment using Seven Challenges within the reporting period.
10. Percentage of Youth successfully retained in recovery support services.

Target Goal: 50%

- a. The numerator is the number of Youth discharged from outpatient treatment with Seven Challenges in the month before the reporting period who participated in at least one recovery support activity or services during the month following discharge.
 - b. The denominator is the total number of Youth discharged from outpatient treatment using Seven Challenges one month prior to the reporting period.
11. Percentage of Youth reporting increased perception of social connectedness.

Target Goal: 30%

- a. The numerator is the number of Youth with an open case for recovery supports whose family, friends, significant others, and/or other supportive allies attended at least one structured activity hosted by the recovery center during the reporting period.
- b. The denominator is the total number of participants with an open case for recovery supports during the reporting period.

2.7 PROHIBITIONS

Grant funds may not be used to support the following services, activities, and costs:

- A. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- B. Lobbying;
- C. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- D. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e., mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
- E. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- F. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- G. Promotional gifts;
- H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
- I. Membership dues for individuals;
- J. Any expense or service that is readily available at no cost to the grant project;
- K. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- L. Fundraising;
- M. Statewide projects;
- N. Any other prohibition imposed by federal, state, or local law; and
- O. The acquisition or construction of facilities.

2.8 STANDARDS

Respondents must comply with the requirements applicable to this funding source cited in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Part 200 and all statutes, requirements, and guidelines applicable to this funding. The UGMS information is located at the following: <file:///C:/Users/mmoore800/AppData/Local/Microsoft/Windows/INetCache/IE/LI02NZAZ/ugms.pdf>.

Respondents are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found

on the System Agency Civil Rights Office website at: <https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>.

Upon request, a Respondent must provide the HHSC Civil Rights Office with copies of all the Respondent’s civil rights policies and procedures. Respondent must notify HHSC’s Civil Rights Office of any civil rights complaints received relating to performance under the Contract no more than ten (10) calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206
Austin, TX 78751
Phone Toll Free (888) 388-6332
Phone: (512) 438-4313
TTY Toll Free (877) 432-7232
Fax: (512) 438-5885

A Respondent must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Respondent’s programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Respondent must comply with Executive Order 13279, and its implementing regulations at 7 CFR Part 16 or 45 CFR Part 87, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Department of Agriculture or U.S. Department of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

2.9 DATA USE AGREEMENT

In order to enter a Contract to receive grant funds, a Grantee must agree to the terms of the Data Use Agreement attached as **Exhibit C: Data Use Agreement DUA** and **Exhibit C-1: Attachment 2 to DUA, Security and Privacy Inquiry (SPI)**.

ARTICLE 3. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	March 8, 2019
Deadline for Submitting Questions	March 22, 2019
Answers to Questions Posted	After March 27, 2019

Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	April 8, 2019 at 2:00 p.m. CST
Anticipated Contract Start Date	June 1, 2019

Note: These dates are a tentative schedule of events. The System Agency reserves the right to modify these dates at any time upon notice posted to the System Agency website. Any dates listed after the Solicitation Response deadline will occur at the discretion of the System Agency and may occur earlier or later than scheduled without notification on the System Agency website.

3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the System Agency and will post such on the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites.. It is the responsibility of Respondent to periodically check the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites.to ensure full compliance with the requirements of this Solicitation.

3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the point of contact listed in Section 3.4.1 as soon as possible so corrective addenda may be furnished to prospective Respondents.

3.4 INQUIRIES

3.4.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the System Agency's point of contact addressed to the person listed below. All communications between Respondents and other System Agency staff members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA. **Failure to comply with these requirements may result in disqualification of Respondent’s Solicitation Response.**

Name: Carolyn R. DeBoer, CTPM, CTCM
Title: Procurement Manager
Address: 1100 West 49th Street, Austin, TX 78756
Phone: 512-406-2447
Email: carolyn.deboer@hhsc.state.tx.us

3.4.2 Prohibited Communications

All communications between Respondents and other System Agency staff members concerning the Solicitation may not be relied upon and Respondent should send all questions or other

communications to the point of contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

3.4.3 Questions

The System Agency will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the point of contact listed in Section 3.4.1 above. Respondents' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- A. Identifying Solicitation number;
- B. Section number;
- C. Paragraph number;
- D. Page number;
- E. Text of passage being questioned; and
- F. Question.

Note: Questions or other written requests for clarification must be received by the point of contact by the deadline set forth in Section 3.1 above. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Clarification Request Made by Respondent

Respondent must notify the point of contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

3.4.5 Responses

Responses to questions or other written requests for clarification will be posted on the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites. The System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites. It is Respondent's responsibility to check the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites for updated responses. The System Agency also reserves the right to provide a single consolidated response of all similar questions in any manner at the System Agency's sole discretion.

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 Generally

All Applications must be:

- A. Clearly legible;
- B. Sequentially page-numbered and include the Respondent's name at the top of each page;
- C. Organized in the sequence outlined in Article 9, Submission Checklist;
- D. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- E. Blank forms provided in the attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- F. Correctly identified with the RFA number and submittal deadline;
- G. Responsive to all RFA requirements; and
- H. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature).

3.5.2 Submission in Separate Parts

- A. Administrative Information, including all forms;
 - 1. **Form A: Respondent Information;**
 - 2. **Form B-1: Governmental Entity;**
 - 3. **Form B-2: Nonprofit or For-Profit Entity;** and
 - 4. **Form H: Administrative Information;**
- B. Narrative Proposal, including all forms;
- C. Expenditure Proposal; and
- D. Applicable exhibits and required forms.

Paper documents (i.e., the original and all hard copies) must be separated by parts. Electronic submissions must be separated by electronic medium used for submission (i.e., flash drive).

The entire Solicitation Response—all separated paper documents and electronic copies—must then be submitted in one package to HHSC at the address listed in Section 3.6.3. The number of copies and directions for submitting an “Original” and “Copies” are outlined in Article 9, Submission Checklist.

3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

3.6.1 Deadline

Solicitation Responses must be received at the address in Section 3.6.3 time-stamped by the System Agency no later than the date and time specified in Section 3.1.

3.6.2 Labeling

Solicitation Responses shall be placed in a sealed box and clearly labeled as follows:

SOLICITATION NO:	HHS0001002
SOLICITATION NAME:	State Youth Treatment Implementation
SOLICITATION RESPONSE DEADLINE:	April 8, 2019 at 2:00 p.m. CST
FOR:	Recovery Youth Services
PURCHASER'S NAME:	Carolyn R. DeBoer
RESPONDENT'S NAME:	_____

The System Agency will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the System Agency. It is Respondent's responsibility to mark appropriately and deliver the Solicitation Response to the System Agency by the specified date and time.

3.6.3 Delivery

Respondent must deliver Solicitation Responses by one of the methods below to the address noted. Solicitation Responses submitted by any other method (e.g., facsimile, telephone, or email) will **NOT** be considered.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:

U.S. Postal Service/Overnight/Express Mail/Hand Delivery
Health and Human Services Commission Procurement and Contracting Services Building ATTN: Response Coordinator 1100 W 49th St., MC 2020 Austin, Texas 78756

Note: All Solicitation Responses become the property of System Agency after submission and will not be returned to Respondent.

3.6.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation submission deadline, a Respondent may: (1) withdraw its Solicitation Response by submitting a written request to the point of contact identified in Section 3.4.1; or (2) modify its Solicitation Response by submitting a written amendment to the point of contact

identified in Section 3.4.1. The System Agency may request Solicitation Response modifications at any time.

ARTICLE 4. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 GENERALLY

Those Respondents making it through the initial review process will be invited to submit additional information and to participate in a negotiation process which will determine the final selection. The specific dollar amount awarded to each successful Respondent will depend upon the merit and scope of the Application and negotiations. Funded amounts may differ from those requested. Not all Respondents who are deemed eligible to receive funds are assured of receiving an award.

The final funding amount and the provisions of the Contract will be determined at the sole discretion of System Agency.

A three-step selection process will be used:

- A. Eligibility screening;
- B. Evaluation based upon specific selection criteria; and
- C. Final selection based upon State priorities.

4.2 ELIGIBILITY SCREENING

Applications will be reviewed for minimum qualifications and completeness. All complete Applications meeting the minimum qualifications will move to the evaluation stage.

4.3 EVALUATION

Applications will be evaluated and scored in accordance with the factors required by eligibility criteria, geographical distribution, regional assessment of need, scores, best value factors, past performance, and other factors deemed relevant by System Agency.

4.3.1 Specific Selection Criteria

Grant Applications shall be evaluated on responses entered into the following forms and scored using **Exhibit H: Evaluation Score Sheet**:

- A. Demonstrated Operational Background and Experience – 25%:**

Form C: Executive Summary and

Form D: Corporate Background and Experience

B. Demonstrated Service Requirements – 20%

Form E: Programmatic Narrative:

C. Demonstrated ability to provide services – 25%

Form F: Project Work Plan:

D. Demonstrated Cost – 30%

Form J: Financial Management and Administration Questionnaire

4.4 FINAL SELECTION

System Agency intends on making multiple awards. After initial screening for eligibility, Application completeness, and initial scoring of the elements listed above in **Section 4.3**, a selection committee will look at all eligible applicants to determine which proposals should be awarded in order to most effectively accomplish State priorities. The selection committee will recommend grant awards to be made to the System Agency Executive Commissioner, who will make the final award approval.

System Agency will make all final funding decisions based on eligibility, geographic distribution across the state, state priorities, reasonableness, availability of funding, and cost-effectiveness.

HHSC Priority for the services detailed in this RFA are as follows:

1. Respondents identified in the HHSC response to the State Youth Treatment Grant;
2. Respondents providing services in regions 6, 7, and 8;
3. Respondents having a youth substance use disorder (SUD) treatment component or identify a collaboration with an entity with youth SUD treatment.

4.5 NEGOTIATION AND AWARD

The specific dollar amount awarded to each successful Applicant will depend upon the merit and scope of the Application, the recommendation of the selection committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase will involve direct contact between the successful Applicant, Procurement and Contracting, and System Agency representatives via phone and/or email. During negotiations, successful Applicants may expect:

- A. An in-depth discussion of the submitted proposal and budget; and
- B. Requests from System Agency for clarification or additional detail regarding submitted Application.

The final funding amount and the provisions of the Contract will be determined at the sole discretion of System Agency staff.

System Agency may announce tentative or apparent grant recipients once the Executive Commissioner has given approval to initiate negotiation and execute contracts.

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or general provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit D: Exceptions Form in this RFA and submitted to System Agency for consideration. System Agency will not consider exceptions submitted separately from the Applicant's Application or at a later date.

System Agency will post to the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites and may publicly announce a list of Applicants whose Applications are selected for final award. This posting does not constitute System Agency's agreement with all the terms of any Applicant's Application and does not bind System Agency to enter into a contract with any Applicant whose award is posted.

4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY

The System Agency reserves the right to ask questions or request clarification from any Respondent at any time during the application process.

ARTICLE 5. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

5.1.1 Executive Summary

Respondent will complete **Form C: Executive Summary** attached to this RFA. Respondent will provide a high-level overview with a broad understanding of the Respondent's approach to meeting the RFA's business requirements. The summary must demonstrate an understanding of the goals and objectives of the grant, and shall not be more than one page.

5.1.2 Corporate Background and Experience

Respondent will complete **Form D: Corporate Background and Experience** attached to this RFA. Respondent will provide details of the Respondent's corporate background and experience related to service delivery to the target population described in **Article 2, Scope of Grant Award**. Respondent will also include all documents requested as part of completing forms to demonstrate fulfilling **Article 2** requirements. Respondent shall provide the following information:

- A. Provide a brief narrative describing your organization’s history, accomplishments, primary purpose and number of years in operation. Explain how your organization’s experience and success demonstrates your ability to provide the expected services?
- B. Provide a key staffing profile and resumes for staff who will be responsible for the performance of the services requested under this solicitation. Respondent must provide job descriptions, duties, and experience requirements (vacant or otherwise).
- C. Provide your organization’s days and hours of operation.
- D. Describe your organizational structure, include your advisory board of directors (indicate number of board members in recovery), list of all advisory councils or committees, the length of their existence and their function.

5.1.3 Program Narrative

Respondent will complete **Form E: Program Narrative** attached to this RFA. Respondent will provide details of the Respondent’s programmatic services they plan to provide, which support the business activities and requirements in this RFA. Respondent will also include all documents requested as part of completing forms to demonstrate fulfilling **Article 2, Scope of Grant Award** requirements.

Respondent shall provide the following information:

- A. Provide a brief synopsis of your organization’s community as a whole describing in general:
 - 1. Geographic boundaries (urban, rural, physical environment);
 - 2. General demographic data (age, gender, ethnicity, etc.); and
 - 3. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.).
- B. Describe your organization’s current staffing: include levels of staffing, ratios of staff to person receiving services, supervision, number of staff, minimal educational and/or life experience qualifications and expertise of staff, different types of staff to be employed and their roles in the project.
- C. Target Population:
 - 1. Describe your target population;
 - 2. Geographic service area;
 - 3. Characteristics of the target population (including demographic and socioeconomic data, health risk factors, and co-occurring mental health conditions); and
 - 4. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided).
- D. Describe the unaddressed needs and current barriers to recovery of your target population. Explain how these needs were identified.
- E. Provide a brief statement of the services you are proposing to provide.

1. Discuss the specific activities in your proposed design that will foster recovery.
2. Identify how the key pillars of recovery oriented services will be addressed:
 - a. Self-direction, empowerment and choice;
 - b. Community integration;
 - c. Peer culture and leadership;
 - d. Family inclusion;
 - e. Continuity of support;
 - f. Partnership-consultant relationships; and
 - g. Cultural and linguistic competence.

5.1.4 Project Work Plan

Respondent will complete **Form F: Project Work Plan** attached to this RFA. Respondent will describe the proposed services, processes, and methodologies for meeting all components described in **Article 2, Scope of Grant Award**, including the Respondent's approach to meeting the timeline and associated milestones. Respondent should identify all tasks to be performed, including all project activities, to take place during the grant funding period. Respondent will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article 2** requirements. Respondent shall provide the following information:

- A. Describe how you intend to align SUD treatment with a recovery orientation identified in the scope of work. A detailed plan of the project model including the assessment process, treatment, recovery support services and timeline of activities should be described.
- B. Describe how staff will provide outreach services within their community to engage schools, mental health providers, criminal justice, families and other child-serving systems.
- C. Describe how many Clients/Participants the Respondent proposes to serve each month.
- D. Describe any implementation barriers you anticipate and the most pressing needs of the target population and how you will address them.
- E. Provide your organization's plans to train existing and new staff on recovery support services.
- F. Describe your organization's approach to documentation and how you will assure that it is provided in a timely manner.
- G. Describe your organization's collaborative arrangements with the other organizations that will be required for your program to be successful and your plan to engage those organizations as partners.
- H. Describe whether or not the organization has the technological capacity to access a web-based data system. Also, describe the staff's capability in using technology related to entering data into a web-based data system.

- I. Provide a detailed staffing plan for the organization, including:
 1. Levels of staffing for the following positions:
 - a. Licensed chemical dependency counselor;
 - b. Youth recovery leader;
 - c. Supervisor;
 - d. Data collection/assistant; and
 - e. Director;
 2. Ratios of staff to Clients/Participants receiving services;
 3. Supervision;
 4. Number of staff;
 5. Minimal education;
 6. Professional and/or life experience qualifications;
 7. Expertise of staff; and
 8. Different types of staff to be employed and their roles in the project.
- J. Provide resumes and/or job descriptions for primary personnel who will be involved in the project.
- K. Provide your organization's plan to sustain services beyond the solicitation period. The sustainability plan incorporates both future funding from an alternate source and how the agency will continue to improve effectiveness of the program after the solicitation period.

ARTICLE 6. REQUIRED RESPONDENT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Respondent must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Solicitation Response requested in **Article 3, Administrative Information** Respondent must provide the following information on **Form H: Administrative Information** and **Form I: Contact Person Information**.

6.2 LITIGATION AND CONTRACT HISTORY

Respondent must include in its Solicitation Response a complete disclosure of any alleged or significant contractual failures.

In addition, Respondent must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Respondent or in which Respondent has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Respondent.

Solicitation Response may be rejected based upon Respondent 's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

6.3 CONFLICTS

Respondent must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting contract. Additionally, if applicable, the Respondent must disclose all potential conflicts of interest. The Respondent must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. The System Agency will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a Solicitation Response or termination of a Contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful Respondent awarded a contract greater than \$1 million dollars must submit a disclosure of interested parties to the System Agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commissions public website and additional instructions will be given by HHSC to successful Respondents.

6.4 GRANT APPLICATION DISCLOSURE

In an effort to maximize state resources and reduce duplication of effort, System Agency, at its discretion, may require the Respondent to disclose information regarding the application for or award of state, federal, and/or local grant funding by the Respondent or community collaborative member organization within the past two (2) years.

6.5 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return all of the following listed forms and exhibits. See also, **Article 9, Submission Checklist.**

- A. **Exhibit A: Affirmations and Solicitation Acceptance**
- B. **Exhibit D: Exceptions Form** (if applicable)
- C. **Exhibit E: Federal Assurances and Certifications**
 - 1. Assurances – Non-Construction Programs
 - 2. Certification Regarding Lobbying

6.6 HISTORICALLY UNDERUTILIZED BUSINESS (HUB)

If a successful Respondent chooses to contract for goods and services using the funding awarded in this grant, System Agency encourages the Respondent to use HUBs to provide those goods and services where possible.

ARTICLE 7. EXPENDITURE PROPOSAL

7.1 EXPENDITURE PROPOSAL

Form K: Expenditure Proposal Template of this RFA includes the template for submitting the expenditure proposal. Respondents must complete this form and place it in a separate, sealed package, clearly marked with the Respondent's name, the RFA number, and the RFA submission date. Respondent must also submit a copy of its cost allocation plan or recently approved indirect cost rate agreement with the completed **Form K: Expenditure Proposal Template** and **Exhibit G: Indirect Cost Rate Questionnaire**.

Respondent must base their expenditure proposal on the scope of work described in **Article 2**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the expenditure proposal. System Agency reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the Contract resulting from this RFA are deemed rejected by System Agency.

Respondents must demonstrate that project costs outlined in the expenditure proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.

Respondents must utilize the System Agency template provided, and identify costs to be requested from System Agency and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project. **Match is not required under this RFA.**

Costs will be reviewed for compliance with federal grant guidance found in 2 CFR Part 200, with effective given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the expenditure proposal will be entered into budget tables and supported by narrative descriptions describing the need for the requested cost and a calculation demonstrating how the cost was determined.

The remainder of this page is intentionally left blank.

ARTICLE 8. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

Respondent understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. The System Agency is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

8.1.2 Contract Responsibility

The System agency will look solely to Respondent for the performance of all contractual obligations that may result from an award based on this Solicitation. Respondent shall not be relieved of its obligations for any nonperformance by its contractors.

8.1.3 Public Information Act

Solicitation Responses are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Respondent who wish to protect portions of the Solicitation Response from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA.

8.1.4 News Releases

Prior to final award a Respondent may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the System Agency point of contact identified in **Section 3.4.1**.

8.1.5 Additional Information

By submitting an Application, the Respondent Grants System Agency the right to obtain information from any lawful source regarding the Respondent's and its directors', officers', and employees' (1) past business history, practices, and conduct; (2) ability to supply the goods and services; and (3) ability to comply with Contract requirements. By submitting an Application, a Respondent generally releases from liability and waives all claims against any party providing HHSC information about the Respondent. System Agency may take such information into consideration in evaluating applications.

ARTICLE 9. SUBMISSION CHECKLIST

This checklist is provided for Respondent’s convenience only and identifies documents that must be submitted with this Solicitation in order to be considered responsive. Any Solicitation Response received without these requisite documents may be deemed nonresponsive and may not be considered for contract award.

Original Solicitation Response Package

The Solicitation package must include the “Original” Solicitation Response in **hard-copy** consisting of the four (4) parts described in detail below, each under separate cover but packaged together and clearly labeled “Original” on each.

1. Administrative Information (Forms A, B-1 and B-2)

- a. Form A: Respondent Information _____
- b. Form B-1: Governmental Entity (if applicable) _____
- c. Form B-2: Nonprofit or For-Profit Entity (if applicable) _____

2. Narrative Proposal Forms (Forms C through L)

- a. Form C: Executive Summary _____
- b. Form D: Corporate Background and Experience _____
 - i. Key Staffing Profile _____
 - ii. Resumes _____
- c. Form E: Program Narrative _____
- d. Form F: Project Work Plan _____
 - i. HHSC Outpatient License Certificate, if applicable _____
 - ii. Timeline of Activities _____
- e. Form G: Performance Measures and Outcomes _____
- f. Form H: Administrative Information _____
 - i. Evidence of Nonprofit Status _____
 - ii. Conflict of Interest (if applicable) _____
 - iii. Contract History _____
- g. Form I: Contact Person Information _____

3. Expenditure Proposal (template included)

- a. Form J: Financial Management and Administration Questionnaire _____
- b. Form K: Expenditure Proposal Template _____
 - i. Federal Agency Indirect Cost Rate documentation; and/or _____
 - ii. State Cognizant Agency Indirect Cost Rate documentation; and/or _____
 - iii. Indirect cost rate supportive documentation _____

4. Applicable Exhibits (to be included in Solicitation package)

- a. Exhibit A: Affirmations and Solicitation Acceptance _____
- b. Exhibit C-1: Attachment 2 to DUA, Security and Privacy Inquiry (SPI) _____
- c. Exhibit D: Exceptions Form _____
- d. Exhibit E: Federal Assurances and Certifications _____

- e. Exhibit F: Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification _____
- f. Exhibit G: Indirect Cost Rate Questionnaire _____

Copies of Solicitation Response Package

Respondent will provide the following number of **electronic** copies (all clearly labeled as “copy”) in addition to the hard-copy “Original” Solicitation Response. Electronic copies must be submitted on a USB Drive and separated by folders.

- 1 Electronic copy of **Administrative Information**
- 1 Electronic copy of **Narrative Proposal**
- 1 Electronic copy of **Expenditure Proposal**
- 1 Electronic copy of **Applicable Exhibits**

The remainder of this page is intentionally left blank.

ARTICLE 10. FORMS, EXHIBITS AND ATTACHMENTS

<p>FORM A: RESPONDENT INFORMATION (FACE PAGE) SEE <u>SECTION 3.5.2</u></p>	 FORM A Applicant Face Page.docx
<p>FORM B-1: GOVERNMENTAL ENTITY SEE <u>SECTION 3.5.2</u></p>	 FORM B1 GOVERNMENTAL EN
<p>FORM B-2: NONPROFIT OR FOR-PROFIT ENTITY SEE <u>SECTION 3.5.2</u></p>	 FORM B 2 NON PROFIT FOR PROFIT.
<p>FORM C: EXECUTIVE SUMMARY SEE <u>SECTION 5.1.1</u></p>	 FORM C Executive Summary.docx
<p>FORM D: CORPORATE BACKGROUND AND EXPERIENCE SEE <u>SECTION 5.1.2</u></p>	 FORM D Corporate Background.docx
<p>FORM E: PROGRAM NARRATIVE SEE <u>SECTION 5.1.3</u></p>	 FORM E Program Narrative.docx

<p>FORM F: PROJECT WORK PLAN SEE <u>SECTION 5.1.4</u></p>	 FORM F Project Work Plan.docx
<p>FORM G: PERFORMANCE MEASURES AND OUTCOMES SEE <u>SECTION 2.6</u></p>	 Form G - Performance Measu
<p>FORM H: ADMINISTRATIVE INFORMATION SEE <u>SECTION 6.1</u></p>	 FORM H Administrative Info.c
<p>FORM I: CONTACT PERSON INFORMATION SEE <u>SECTION 6.1</u></p>	 FORM I Contact Person Info.docx
<p>FORM J: FINANCIAL MANAGEMENT AND ADMINISTRATION QUESTIONNAIRE SEE <u>SECTION 4.3.1</u></p>	 FORM J Financial Management.docx
<p>FORM K: EXPENDITURE PROPOSAL TEMPLATE SEE <u>SECTION 7.1</u></p>	 FORM K Expenditure Propos:
<p>EXHIBITS</p>	
<p>EXHIBIT A: AFFIRMATIONS AND SOLICITATION ACCEPTANCE SEE <u>SECTIONS 1.1 AND 6.5</u></p>	 Exhibit A Affirmations and sol
<p>EXHIBIT B: HHSC UNIFORM TERMS AND CONDITIONS - GRANT, VERSION 2.16 SEE <u>SECTION 1.2</u></p>	 Grantee UTC VERSION 2 16 eff 02
<p>EXHIBIT C: DATA USE AGREEMENT (DUA) SEE <u>SECTION 2.9</u></p>	 Exhibit C - Data Use Agreement.pdf
<p>EXHIBIT C-1: ATTACHMENT 2 TO DUA, SECURITY AND PRIVACY INQUIRY (SPI) SEE <u>SECTION 2.9</u></p>	 Exhibit C-1 Att 2 to DUA Security and Pr
<p>EXHIBIT D: EXCEPTIONS FORM SEE <u>SECTION 6.5</u></p>	 Exhibit D EXCEPTIONS FORM.c
<p>EXHIBIT E: FEDERAL ASSURANCES AND CERTIFICATIONS SEE <u>SECTION 6.5</u></p>	 Exhibit E Federal Assurances Certificat

<p>EXHIBIT F: FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION</p>	 <p>Exhibit E-FFATA.PDF</p>
<p>EXHIBIT G: INDIRECT COST RATE QUESTIONNAIRE SEE <u>SECTION 7.1</u></p>	 <p>Exhibit G ICR.pdf</p>
<p>EXHIBIT H: EVALUATION SCORE SHEET SEE <u>SECTION 4.3.1</u></p>	 <p>Exhibit H -Example Evaluation Score To</p>
<p>EXHIBIT I: HHSC SPECIAL CONDITIONS, VERSION 1.1 <u>SECTION 1.2</u></p>	 <p>Exhibit I HHSC Special Provisions V1</p>
<p>PROGRAM INFORMATION ATTACHMENT A: HHS HEALTH REGIONS SEE <u>SECTION 1.1</u></p>	 <p>Attachment A HHS Health Regions.pdf</p>
<p>ATTACHMENT B: SEVEN CHALLENGES SEE <u>SECTION 2.4</u></p>	 <p>Attachment B Seven Challenges.pdf</p>
<p>ATTACHMENT C: GAIN-Q3 STANDARD SEE <u>SECTION 2.4</u></p>	 <p>Attachment C Global Assessment.r</p>