



## REQUEST FOR PROPOSAL (RFP)

### Healthy Community Collaborative

RFP #: **537-14-0005**

Issued **11-27-13**

Due **01-10-13**

*Class/Item:* **952-62**

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Procurement & Contracting Services (PCS)

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David L. Lakey, M.D. Commissioner

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## I. INTRODUCTION AND DEFINITIONS

Consistent with Government Code Chapter 539 (S.B. 58, Chapter 539 of the 83<sup>rd</sup> regular legislature) the Department of State Health Services Division of Mental Health Services (Program) announces the expected availability of a matching grant for fiscal year (FY) 2014 to provide services to individuals who experience homelessness and mental illness. This Request for Proposal (RFP) is not limited to this source of funding if other sources become available for this Project.

This RFP contains the requirements that all respondents must meet to be considered for contracts under this RFP. Failure to comply with these requirements will result in disqualification of the respondent without further consideration. Each respondent is solely responsible for the preparation and submission of a proposal in accordance with instructions contained in this RFP.

Before completing the proposal, refer to the relevant program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations, etc. **If web links in this document do not open, copy and paste them into your internet browser window.**

### **PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL.**

#### **Definitions**

Appendix – Additional information and/or forms that are available at the end of this solicitation document.

Budget – A financial schedule documented in the contract that describes how funds will be used and/or describes the basis for reimbursement for the provision of contracted services. ***The Budget Section is required and is posted with this RFP as a separate package on the ESBD.***

Budget Period – The duration of the budget (stated in the number of months the contract will reflect from begin date to end date of the term of the contract). Each contract renewal will have its own budget period.

Clinical Management of Behavioral Health Services (CMBHS) – Clinical Management for Behavioral Health Services (CMBHS) is a web-based clinical record keeping system for state-contracted community mental health and substance abuse service providers.

Co-located or Co-locating – Emergency shelter, housing services, crisis services and behavioral health / social services provided by the collaborative are located in either a shared facility or on a campus. Co-locating collaborative services provides a “one-stop shop” approach to service delivery in which program participants are potentially able to receive assistance from all collaborative partner agencies under one roof and/or on same campus.





Co-occurring Psychiatric and Substance Abuse and Disorder – Individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other.

Continuum of Care (CoC) – The Continuum of Care is a set of three competitively-awarded programs created to address the problems of homelessness in a comprehensive manner with other federal agencies. When HUD publishes a Notice of Funding Availability (NOFA) for Continuum of Care Homeless Assistance in the Federal Register, applicants must submit specific information about a proposed project, along with their Continuum of Care application. Each application must include a certification that the project is consistent with the Consolidated Plan of the jurisdiction where each proposed project is found.

Contract – A written document referring to promises or agreements for which the law establishes enforceable duties and remedies between a minimum of two parties. A DSHS contract is assembled using a core contract (base), one or more program attachments, and other required exhibits (general provisions, etc.).

Contractor – An individual, organization, or entity that contracts with DSHS to provide services and/or goods. This includes (but is not limited to) vendors, sub-recipients, and grantees.

Contract Term – The period of time during which the contract or program attachment will be effective from begin date to end, or renewal date. The contract term may or may not be the same as the budget period.

Debarment – An exclusion from contracting or subcontracting with state agencies on the basis of cause set forth in Title 34, Texas Administrative Code Chapter 20, Subchapter C, §20.105 et seq.

Deliverables – Goods or services contracted for delivery or performance.

Due Date – Established deadline for submission of a document or deliverable.

Effective Date – The date the contract term begins.

Evidence-Based Practices (EBPs) – Services being provided that are the most appropriate for the individual and are activities that evaluation research has shown to be effective.

Existing Community Collaborative Projects – For the purposes of this RFP, the Department of State Health Services identifies Haven for Hope in San Antonio and The Bridge in Dallas as existing collaborative projects.

Fully Executed – When a contract is signed by each of the parties to form a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.



Indirect Costs – Costs incurred for a common or joint purpose benefiting more than one project or cost objective of respondent's organization and not readily identified with a particular project or cost objective. Typical examples of indirect costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities.

General Provisions – Basic provisions that are essential in administering the contract, which include assurances required by law, compliance requirements, applicable federal and state statutes and circulars, financial management standards, records and reporting requirements, funding contingency, sanctions, and terms and conditions of payment.

Homelessness – (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member

Match – The portion of total DSHS Program Attachment costs or total program commitments not borne by federal or state government which, for the purposes of this RFP will be cash. Additional information and requirements on match are found in the DSHS Contractor Financial Procedures Manual available on line at: <http://www.dshs.state.tx.us/contracts/docs/CFPM-9-1-2011.doc>.

Mental Illness – For the purposes of this RFP, DSHS will utilize any diagnosis cataloged in the Diagnostic and Statistical Manual (DSM) IV-TR.

Minimum/Required Services – Essential services that DSHS views as a minimum standard of care for the collaborative participants. For co-located projects, each of these services must be offered on-site. For "Housing First" projects, easy, immediate, and facilitated/supported access must be ensured. Minimum/Required Services will include:

1. Intake centers that serve as a single point of entry and triage. Intake centers work to successfully engage participants. At this point of contact, collaborative staff can employ SBIRT (Screening, Brief Intervention and Referral to Treatment) screenings. Collaborative staff will perform a multi-axial behavioral and social assessment of need and will follow written policies and procedures to provide standard services or obtain urgent/emergent services for those requiring an increase their level of care.
2. Emergency shelter capable of providing safe shelter to adult men and women.
3. Mental health crisis facilities (crisis respite, crisis residential, or crisis stabilization units) and linkage and transport to inpatient psychiatric facilities if clinically indicated.



4. Mental health services that are appropriate within the initial phases of engagement.
5. Assistance accessing benefits in the form of disability, social security, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance to Needy Families (TANF).
6. Substance abuse treatment services inclusive of detoxification units, residential treatment services, and outpatient follow-up.
7. Integrated medical services to address primary, chronic, and urgent medical care co-located in the facility.
8. Housing services that represent a continuum of housing services that range from emergency shelter, temporary housing, sober housing and linkage to community-based supportive housing.
9. Education, Job Training and/or Employment services that may include, but are not limited to, general education and job training in the form of educational centers to provide adult literacy and GED services and workforce training (not full supported employment), supported employment services that encourage participation in the workforce and actively ensure access to and continuity of services with workforce training centers and community-based supported employment services.–

Peer Services –Services to help participants engage in and benefit from the full array of services provided through the collaborative including mental health and substance abuse treatment. May also include peer-delivered services such as independent living skills training.

Procurement & Contracting Services – Central contracting unit of the Health and Human Services Commission that is responsible for statewide client services procurements and their certifications. PCS oversees, coordinates, and assists the Divisions with client services procurement needs, issues competitive procurements, finalizes development, and executes contracts.

Program – Depending upon the context, either a coordinated group of activities carried out by DSHS, as authorized by state or federal law, for a specific purpose (“program”) or DSHS staff located in a program, region, or hospital that identify and request procurement needs (“Program”) The Program partners with PCS on procurements.

Program Attachment – An attachment to the contract that provides details for a particular statement of work to be performed under the contract such as services to be delivered, performance measures or deliverables, funding, and reporting requirements. There may be multiple program attachments associated with a core contract. A program attachment is typically for a one-year term, with a contracting cycle made up of several one-year program attachment renewals.

Project – All work to be performed as a result of a contract or solicitation.

Project Period – The anticipated duration of the entire Project stated in total number of budget periods.

Optional/Additional Services – Services that enhance the minimum standard of care, and demonstrate a deeper level of collaboration in the community. For co-located projects, these services must be offered on-site. For “Housing First” projects, easy,



immediate, and facilitated/supported access must be ensured. Optional/Additional Services include the following:

1. Centers for food in the form of the provision of daily meals as well as the creation and/or maintenance of a food bank for individuals served by the community collaborative.
2. Centers for the provision of clothing, grooming services and hygiene products. Transitional and permanent residential housing services and community-based supportive housing services.
3. Criminal Justice Services. A continuum of services to address social needs, education, and job training to successfully reintegrate persons recently released from jails or prison into the community which will include and not be limited to groups addressing these individuals' criminogenic needs. Criminogenic needs are dynamic factors highly correlated with criminal conduct. They include, but are not limited to, factors that can be changed such as who an offender associates with, offenders' attitudes and values, their lack of problem solving skills, their substance use, and their employment needs.
4. Veterans Services. Coordination of services for the provision of services to veterans.
5. Mental Health Services provided as persons transition to their own homes.
6. Micro businesses that train participants in entrepreneurship and developing marketable trades and work skills.
7. Peer Services delivered by peer providers across the spectrum of the community collaborative including:
  - a. Serving on the board and oversight committees; and
  - b. Peer delivered services including:
    - i. Recovery-oriented services;
    - ii. Supportive housing services; and
    - iii. Supported employment and/or job training Peer support.
8. Comprehensive services to assist homeless families with children including licensed child care, parenting classes, affordable housing, supportive housing, workforce training, and supported employment. This may also include the provision of parenting classes and service coordination to ensure that the needs of small children, teens and heads of household are all supported.
9. Tobacco Cessation Tobacco cessation counseling and training.
10. Other Any other service approved by DSHS to address the goals of this legislation and meet the needs of this population.

Recovery Oriented System of Care (ROSC) – A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems

Respondent – A person or entity that submits a response to a solicitation. For purposes of this document, "respondent" is intended to include such phrases as "offeror", "applicant", "bidder", "responder", or other similar terminology employed by DSHS (or HHSC) to describe the person or entity that responds to a solicitation.

Scope of Work – A description of the services and/or goods, if any, for each service type, to be obtained as a result of a solicitation for a project period. The scope of work





is a document written in the early stages of procurement to explain what DSHS plans to purchase.

**Social Enterprise** – Social mission driven organizations which trade in goods or services for a social purpose. They are non-profit businesses that attempt to create improved social outcomes and financial self-sufficiency by employing people outside the economic mainstream. Social enterprises can give people who are otherwise marginalized, important job training and, in some cases, permanent jobs. They can be built around many different types of goods or services, such as: print shops, courier services, restaurants, crafts, thrift stores, artwork, etc.

**Solicitation** – The process of notifying prospective contractors of an opportunity to provide goods or services to the state (e.g., this RFP).

**Special Provisions** – Modifications and additions to the General Provisions for a funded program activity; which are usually customized for the Program's requirements and contain provisions specific to the program attachment.

**Stage-Wise Intervention** - Individuals who have co-occurring disorders and are in treatment go through stages of change which demonstrates readiness for a specific treatment.

**Statement of Work** – The part of the contract that describes the services and/or goods to be delivered by the DSHS contractor specifying the type, level and quality of service, that directly relate to program objectives.

**Subcontractor** – A written agreement between the DSHS contractor and a third party to provide all or a specified part of the services, goods, work, and materials required in the original contract. The contractor remains entirely responsible to DSHS for performance of all requirements of the contract with DSHS. The contractor must closely monitor the subcontractor's performance. Subcontracting can be done only when expressly allowed in the program attachment.

**Subrecipient** – A type of contractor or subcontractor to which a subaward is made in the form of money, or property in lieu of money, to carry out all or part of the DSHS Program and that is accountable to DSHS for the use of the funds and property provided. This type of contractor may also be referred to as a subgrantee. Reimbursement is based on actual allowable costs incurred that comply with cost principles applicable to the grants and subgrants.

A subrecipient contractor will have most of the following characteristics: a) determines who is eligible to receive what assistance, according to specified criteria; b) has performance measured against federal or state program objectives, as described in the program attachment; c) has responsibility for programmatic decision-making, and d) carries out duties to implement all or part of a program, as specified.

**Substance Abuse Disorder** – A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.



Successful Completion of a Substance Abuse Program – For a client to be considered to have successfully completed a treatment service, both of the following criteria must be met.

1. Client has completed the clinically recommended number of treatment units and recommended treatment whether it is detox, residential, or outpatient treatment or a combination of all three; and
2. All problems on the treatment plan have been addressed.

Supported Employment – A well-defined approach to helping people with disabilities participate as much as possible in the competitive labor market, working in jobs they prefer with the level of professional help they need. Provision of supported employment, as per the Individual Placement and Supports (IPS) evidence-based model, is outlined in the indicated tool-kit.

Supplant (verb) – To replace or substitute one source of funding for another source of funding. A recipient of contract funds under this RFP must not use the funds to pay any costs that the recipient is already obligated to pay. If a contractor, prior to responding to an RFP, had committed to provide funding for activities defined in the contract's statement of work (i.e., as represented in the RFP Budget Summary), then the contractor must provide the amount of funding previously committed in addition to the amount requested under this RFP.

Supportive Housing –

1. Permanent. Tenants may live in their homes as long as they meet the basic obligations of tenancy, such as paying rent;
2. Supportive. Tenants have access to the support services that they need and want to retain housing; and
3. Housing. Tenants have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities.

Vendor – A type of contractor or subcontractor that provides services, and goods, if any, that assist in, but are not the primary means of, carrying out the DSHS-funded Program. Under a vendor contract, the vendor will have few if any administrative requirements. (For example, a vendor might be required only to submit a summary report of services delivered and an invoice.) A vendor generally will deliver services to DSHS-funded clients in the same manner the vendor would deliver those services to its non-DSHS-funded clients.

A vendor contractor generally has most of the following characteristics: a) provides goods and services within normal business operations, b) provides similar goods and services to many different purchasers, c) operates in a competitive environment, d) is not subject to compliance requirements of the federal or state program, e) provides goods and services that are ancillary to the operation of the program. Note: Characteristics a, b, c, and d do not apply to vendor contractors that are universities.

Vendor Identification Number (Vendor ID No.) – Fourteen-digit number needed for any entity, whether vendor or subrecipient, to contract with the State of Texas and which must be established with the State Comptroller's Office. It consists of a ten-digit identification number (IRS number, state agency number, or social security number) +check digit + 3 digit mail code. The Vendor ID No. includes all the numbers in the TINs (defined above), including a three digit mail code for a total of 14-digits.



Work Plan – A plan that describes how services will be delivered to the eligible population and includes specifics such as what types of clients will be served, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. To be an enforceable part of the contract, details from the work plan must be approved by DSHS and incorporated in the contract.



## **A. Eligible Respondents**

Eligible respondents include not-for profit organizations, faith-based organizations, Local Mental Health Authorities (LMHAs), and governmental entities. DSHS will accept one (1) application per municipality and award a maximum of one (1) contract per community in the five most populous counties in the state (Bexar, Dallas, Harris, Tarrant, and Travis). In the event there is more than one applicant from a given municipality, DSHS will consider the respondent who provides documentation of the most comprehensive coordination of services as evidenced by the number of collaborating partners, depth and breadth of the ongoing collaborative services and comprehensiveness of services and supports provided by collaborative partners.

All eligible respondents must comply with the criteria listed below.

1. 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 RFP.
2. Respondent must have a Texas business address. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in Texas prior to the date that the contract is awarded.
3. Respondent must be in good standing with the U.S. Internal Revenue Service.
4. Respondent is not eligible to apply for funds under this RFP if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
5. Respondent may not be eligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
6. Respondent's staff members, including the executive director, must not serve as voting members on their employer's governing board.
7. In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services rules, a name search will be conducted using the websites listed in this section prior to the development of a contract.

A respondent is not considered eligible to contract with DSHS, regardless of the funding source, if a name match is found on any of the following lists:

- a) The 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/portal/public/SAM>





- b) The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search– State –  
<https://oig.hhsc.state.tx.us/Exclusions/search.aspx>; and
  - c) Texas Comptroller of Public Accounts (CPA) Debarment List located at  
[http://www.window.state.tx.us/procurement/prog/vendor\\_performance/debarred/](http://www.window.state.tx.us/procurement/prog/vendor_performance/debarred/).  
If this web link does not open, copy and paste to your internet browser window.
8. Respondents **must be** listed on the following list if they are Professional Corporations, Professional Associations, Texas Corporations, and/or Texas Limited Partnership Companies. Secretary of State (SOS) at  
<https://direct.sos.state.tx.us/acct/acct-login.asp>.
9. Existing community collaborative projects are eligible to respond. However, per SB 58, the department shall give special consideration to entities establishing a new collaborative.

Except as expressly provided in A.2. above, respondent is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed above at the time the proposal is submitted. Respondent must continue to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request additional documentation, and determine the respondent's eligibility to compete for the contract award.

## **B. Term of Contract**

It is expected that the initial contract term will begin on or about 5/1/2014, and will be made for a 12-month budget period unless specifically noted as one time funding. An entity shall use money received from a grant made by DSHS and private funding sources for the establishment or expansion of a community collaborative, provided that the collaborative must be self-sustaining within seven years. DSHS defines self-sustaining as being a project that can continue without these specific dollars being allocated to the project. Collaborative partners may continue to receive funds from a variety of state agencies. For example, partners may have ongoing funding from DARS to deliver employment services. Likewise, DSHS may fund some partners through separate contracts for substance abuse services or mental health services.

Contracts awarded under this RFP and any anticipated contract renewals are contingent upon the continued availability of funding. DSHS reserves the right to alter, amend or withdraw this RFP at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations, or any other disruption of current appropriations. If a contract has been fully executed and these circumstances arise, the provisions of the Termination Article in the contract General Provisions will apply.



## **1. Use of Funds**

DSHS may award up to a maximum of \$7,000,000.00 for the biennium, to a contractor; however, there is no guarantee that applicants will receive this amount.

In Fiscal Year 2014 approximately \$ 7,773,967.00 is expected to be available to fund up to 5 contracts for Texas municipalities in counties with a population of more than one million (Bexar, Dallas, Harris, Tarrant and Travis). DSHS will award no more than one contract per community. In Fiscal Year 2015 approximately \$15,762,665.00 will be available. The total amount for contracts over the biennium is anticipated to be \$ 23,536,632.00

The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal and other best value considerations and is at the sole discretion of DSHS. DSHS will give special consideration to entities establishing a new collaborative ; however, established community collaborative projects may receive funds to enhance and expand their service array to comply with the Minimum/Required Service Array requirements as well as expand into Optional/Additional Services.

Per Government Code Chapter 539 (S.B. 58, Chapter 539 of the 83rd regular legislature) any community collaborative funded through this RFP must be self-sustaining within seven years.

Funds are awarded for the purpose specifically defined in this RFP and must not be used for any other purpose. Funds may be used for personnel, fringe benefits, staff travel, contractual services, other direct costs, and indirect costs, as allowed in the budget, including construction of the collaborative project's facility.

Funds must not be used to supplant other local, state, or federal funds.

### **Required Match**

Funds received from DSHS for the Community Collaborative must be matched 1:1 by private funds. Private funds are those from a source other than a federal, state, or local government entity.

### **Optional Match**

The applicant *may* identify additional contributions from community partners that do not meet the requirements of the required 1:1 matching local dollars. These additional contributions will be considered in the overall determination of best value to the state. These additional contributions may be in the form of cash, property, services, or in-kind. These additional contributions must not be used for activity that is contrary to the goals of the collaborative or does not support participant needs and the provision of allowable services for individuals served by the collaborative.



## 2. Schedule of Events

a. Calls to high level officials	11/21/13
b. Issue the RFP by posting to the Electronic State Business Daily (ESBD)	11/27/13
c. Submit Letter of Intent (LOI)	12/13/13
d. Pre-proposal Conference Call (Budget Questions only)	12/20/13
e. Deadline for Submitting Questions	12/20/13
f. Post Answers to Questions to the ESBD	01/03/14
g. Deadline for Submission of Proposals	01/10/14
h. Post Final Awards to the ESBD	03/17/14
i. Mail/Email Contract(s) to Awarded Respondent(s) for Signature	04/14/14
j. Anticipated Contract Begin Date	05/01/14

DSHS reserves the right to change the dates shown above without notice.

## II. PROGRAM INFORMATION

### A. General Purpose and Program Goals – Scope of Work

#### PURPOSE

DSHS is offering an RFP for funding community collaborative projects to engage program participants in recovery, provide a full array of centralized services/supports and fully coordinate the care of persons who are homeless and have a mental illness.

A community collaborative project uses a collaborative working relationship between local community entities (local entities, local governmental entities, non-profit community organizations, and faith-based organizations) and private sector entities to improve the access to care, quality/comprehensiveness of care, and outcomes for persons who are homeless and have a mental illness. Documented collaboration with the offices of the mayor and county judges is required.

Acceptable uses of grant funding and matching funds to the community collaborative include expanding or establishing a community collaborative and the associated start-up costs of a new community collaborative. Existing community collaborative projects (Haven for Hope in San Antonio, and The Bridge, in Dallas) may apply to enhance their facilities and service array to meet the basic requirements outlined in this RFP in order to provide required/minimum services. Once these basic requirements are satisfied, community collaborative projects may further expand services into optional/additional services.

#### PROGRAM GOALS

Recovery and reintegration into the community served by the community collaborative program is the overarching goal of participants in the collaborative program. The program will engage and assist participants to

1. Secure housing;
2. Obtain work;
3. Build /re-build supportive relationships; and



4. Achieve ongoing recovery from their medical, mental, and substance abuse disorders.

The program will actively help people improve their existing relationships with family and build their network of recovery support system through involvement with 12 step programs, work, community organizations, and faith-based groups. The participants will engage in treatment to foster an active and positive role in their community. Correspondingly, the community itself will be enriched and renewed through the effective collaboration of multiple public and private community partners invested in addressing the root causes of homelessness.

The local community collaborative identifies and addresses current gaps in service and/or unmet community needs for those individuals who experience homelessness and mental illness in their community, and identify effective solutions to those barriers.

### **COLLABORATION**

Cooperation and involvement across many areas of the public and private sphere with multiple partners is essential for the community collaborative to effectively address the root causes of homelessness. Successful respondents will demonstrate collaboration with the following community partners:

1. Written endorsement from the mayor's office and the county judge's office (required);
2. City and county law enforcement;
3. Substance abuse treatment and recovery support provider(s);
4. City and county housing partners;
5. LMHAs; and
6. The local Continuum of Care (CoC).

In addition to these partners, DSHS strongly recommends respondents articulate partnerships or a plan to partner with the following:

1. Hospital emergency departments, and/or
2. Supported employment providers.

Effective respondents will demonstrate long term financial and in-kind commitments from the public and private sectors will also include the use of peers on their board and oversight committee.

### **CO-LOCATED COLLABORATIVE PROJECT(S)**

For collaboratives proposing services in a co-located facility, respondents must demonstrate how the project's public and private community partners will work effectively in an ongoing manner in a co-located facility, and actualize policies and procedures to address any conflicts and potential conflicts that may arise among public and private partners. The collaborative and its public and private partners must demonstrate their ability to respond in a nimble and flexible manner to the ongoing challenges of maintaining a co-located community collaborative, meeting the needs of those they serve, and integrating the co-located facility into the community it serves.

Successful respondents must demonstrate how members of the homeless community will participate in the planning and oversight of the community collaborative. Since the





intent of collaboration among the public and private sector is to strengthen the community, the community collaborative must establish and enact an Independence Plan where the collaborative actively seeks contributions from the community in a consistent manner and demonstrates progress toward the goal of becoming self-sustaining within seven years of allocation.

### **NON CO-LOCATED COLLABORATIVE(S) - "HOUSING FIRST" APPROACH**

Respondents who propose to create a community collaborative that will provide services in a decentralized or non-co-located site will take a "Housing First" approach. The "Housing First" Approach will meet the applicable requirements and provide all Required/Minimum Services as outlined in the RFP, and may expand the service array into the Optional/Additional Services. In addition, the "Housing First" Approach projects will demonstrate adherence to effective low-demand housing (also called "Housing First") outlined in the SA

MSHA Permanent Supportive Housing Evidence Based Practice (EBP) Toolkit. Adherence will be evidenced in policies and procedures and process-maps.

Successful respondents will outline a collaborative with the following key elements:

1. Application processes that avoid barriers such as multiple site visits, interviews, extensive documentation, and waiting lists;
2. Applicants are not required to be "housing ready" (in terms of medication compliance, sobriety, money management skills, etc.); and
3. No or few conditions that impinge on residents' autonomy (such as requirements for treatment, money management, or curfews).

Additionally, respondents proposing to provide services using The "Housing First" Approach will document a plan to have strong fidelity to Permanent Supportive Housing outlined in the Substance Abuse and Mental Health Administration's (SAMHSA) Permanent Supportive Housing EBP Tool Kit:

1. Choice of housing;
2. Separation of housing and services;
3. Decent, safe, and affordable housing – as a point of reference, housing should meet the minimum standards for Section 8;
4. Integration, which means that tenants have the opportunity to interact with neighbors who do not have psychiatric disabilities;
5. Access to housing;
6. Flexible voluntary services (Required/Minimum Services must be provided); (Optional/Additional Services encouraged once Required/Minimum Services are secured);
7. Low staff to resident caseload ratio with caseload sizes from 10 to 20 residents per staff member. It should be noted that the Permanent Supportive Housing fidelity scale assigns the highest score to programs in which the ratio is no higher than 1 staff person for 15 residents;
8. The provision of on call services 24 hours a day, 7 days a week; and
9. The staffing patterns will accommodate residents who work and are at home during the evenings and on weekends.

Respondents who propose the "Housing First" Approach also must successfully describe provisions to account for transportation barriers that their population may face in accessing the community collaborative services in decentralized and/or differing



geographic locations.

Successful “Housing First” Approach respondents shall demonstrate the following:

1. How their new proposed service array will provide a significant improvement to the existing service array in their community;
2. How the collaborative will ensure enhanced participant engagement;
3. How the collaborative will ensure immediate access to fully supported, safe and sustainable housing; and
4. How staff will be trained as well as how staff turnover will be mitigated.

### **DATA & REPORTING**

Thorough knowledge of community gaps and unmet needs empowers the proposed community collaborative to effectively intervene and improve outcomes. Likewise, collection and analysis of project data will help the state address unmet needs, coordinate with statewide systems, and enhance the service delivery system based on the lessons learned in implementation as well as the outcomes of this project.

Respondents will be required to submit data to DSHS data systems including but not limited to clinical assessments and demographic data to CMBHS and encounter data to CARE/Data Warehouse.

Successful respondents will demonstrate timely collection, collation, and reporting of data associated with their chosen interventions. Successful respondents will also show how their interventions are addressing their chosen areas, and if their interventions need adjustment. The proposed community collaborative will articulate effective adjustments or plans of correction to meet their proposed goals. This will be a part of project's Quality Assurance activities that measure and monitor the effectiveness of services and client outcomes.

The independent third-party contractor that DSHS will contract with to measure the effectiveness of each collaborative project's interventions will outline data required to perform an effective program evaluation.

### **SERVICES & SUPPORTS (EBP's)**

Successful respondents will demonstrate a plan to provide Required/Minimum and Optional/Additional Services in the following manner by ensuring that stage-wise, effective, evidence-based services are provided through Memoranda of Understandings (MOU's) and other agreements with collaborative partners. Evidence-based practices (EBP) include the use of:

1. Trauma-Informed Care such as Seeking Safety
2. SAMHSA Motivational Interviewing EBP Toolkit;
3. SAMHSA Supported-Employment EBP Toolkit;
4. SAMHSA Permanent Supportive Housing EBP Toolkit; and
5. SAMHSA Integrated Treatment for Co-Occurring Disorders EBP Toolkit.

Successful RFP respondents outline clear admission criteria and demonstrate how participants will navigate their system of care. Each service array and program will have a zero exclusion criteria based on an individual's disability, intellectual functioning, national origin, or language.



This community collaborative system of care will demonstrate reasonable accommodation in accordance with the Americans with Disabilities Act.

## **RULES**

At the point individuals enter active mental health treatment, DSHS funded mental health providers will comply with 25 TAC Chapter 412, Subchapter G, Mental Health Community Standards, along with credentialing for their staff and organization to meet 25 TAC Chapter 419, Subchapter L, and Mental Health Rehabilitative Standards, as appropriate. Staff will follow the 25 TAC Chapter 415, Subchapter F, Interventions in Mental Health Programs pertaining to Restraint or Seclusion Initiated in Response to a Behavioral Emergency.

Additionally, all substance abuse treatment providers shall comply with all rules outlined 25 TAC Chapter 448 governing substance abuse treatment providers. All providers will have training and competency in Trauma-Informed Care. Successful RFP respondents will demonstrate compliance with rules that govern their operations and licensing as applicable in this setting. Additionally, all collaborating agencies will demonstrate compliance with their regulatory agencies to ensure the rights and benefits of individuals who participate in their program or offered service as applicable in this setting.

1. Successful respondents will comply with all standards for substance abuse treatment providers contained in 25 TAC. Additionally, Respondent shall demonstrate possession of a detoxification and residential facility license and comply with 25 TAC, including the following Chapters:
  - a. Chapter 441 – General Provisions;
  - b. Chapter 442 – Investigations and Hearings;
  - c. Chapter 444 – Contract Administration Requirements; and
  - d. Chapter 448 – Treatment Program Services.
2. All successful RFP respondents will adhere to the Department of Assistive and Rehabilitative Services' (DARS) applicable rules related to supported employment contained in Human Resources Code, Chapter 117, Department of Assistive and Rehabilitative Services statute, as well as the following chapters in 40 TAC, Part 2:
  - a. Chapter 106 – Division for Blind Services;
  - b. Chapter 107 – Division for Rehabilitative Services; and
  - c. Chapter 109 – Office for Deaf and Hard of Hearing Services.
3. All successful RFP respondents in the supportive housing portion of the program will show how they plan to have rights extended to the individuals they serve under the following federal housing laws:
  - a. The Fair Housing Act;
  - b. Fair Housing Act Nondiscrimination Requirements Related to Disability;
  - c. Section 504 of the Rehabilitation Act of 1973;
  - d. Title VI of the Civil Rights Act of 1964;
  - e. Americans with Disabilities Act (ADA); and
  - f. Age Discrimination Act of 1975.

## **FACILITY STANDARDS & REGULATORY LICENSING**

Traditional homeless shelters do not require licensing. However, DSHS anticipates that



a homeless shelter will be appropriate for some individuals to temporarily receive services while they reside in this setting. DSHS has outlined its expectations for the minimal standards for homeless shelters that its dollars fund (attached Attachments D Low or No-Demand Shelter Standards, and E, Shelter Standards). The two existing community collaboratives (Haven for Hope in San Antonio, and The Bridge in Dallas) may apply funds to bring their shelters into alignment with facility standards, but are not required to do so.

Successful respondents must have a plan to meet the applicable State of Texas licensing standards including detoxification services, residential substance abuse treatment, outpatient substance abuse treatment services, and methadone maintenance services in locations where mental health and substance abuse services are provided in the complex.

Successful respondents must have a plan to meet the applicable State of Texas licensing standards or LMHA Mental Health Performance Contract standards for crisis facilities as applicable.

If the community collaborative spends funds on the actual physical structure, the collaborative will follow the process of construction of real property in the Health and Safety Code §534.020-534.022. In addition, the physical structure shall be constructed in accordance with the Americans with Disabilities Act to accommodate those individuals who have physical limitations from a disability.

## **LOW DEMAND/EMERGENCY SHELTER**

For Collaborative projects operating a co-located facility, it is understood there may be individuals approaching the project who are not able to be safely included in a traditional homeless shelter. These persons may reside in the emergency shelter of the program until they are engaged and able to be incorporated into ongoing programming and other housing settings. For individuals who are minimally engaged in services, the collaborative will provide (or ensure access to) a low or no-demand shelter that has at minimum three walls and a roof. Successful RFP respondents will demonstrate compliance with attached Attachments D Low or No-Demand Shelter Standards, and E, Shelter Standards.

Successful RFP applicants will demonstrate how their policies and procedures for a low demand/ emergency shelter will allow for the following situations:

1. A clear plan to accommodate individuals in inclement cold weather (i.e. a collaboration among the city, nonprofits, and churches to shelter homeless people when temperatures drop below freezing.); and
2. A clear plan to accommodate individuals when temperatures rise to an unhealthy level. The collaborative shall have a plan in place to shelter and provide cooling facilities for homeless individuals (i.e., a hot weather plan.)

## **OUTCOMES**

Per Government Code Chapter 539 (S.B. 58, Chapter 539, of the 83<sup>rd</sup> regular legislature) Respondent shall identify quantifiable outcomes in a minimum of four (4) of the following areas:





1. Increasing the number of individuals who reside in supportive housing and decreasing homelessness;
2. Increasing individuals' access to medical, psychiatric, and substance abuse treatment in the community, and decreasing arrests of persons served by the community collaborative and a decrease in the use of jail beds;
3. The community collaborative will provide alcohol and substance abuse treatment to individuals participating in the community collaborative, and the individuals will successfully complete the program;
4. The community collaborative will help start social enterprise businesses in the community or engage in job creation, job training, or other supported employment services to enable participants in the community collaborative to maintain viable employment;
5. Increasing job training, adult education activities, or other supported employment services to enable participants in the community collaborative to maintain viable employment at 100% of the federal poverty level;
6. There will be an increase in viable affordable housing for families which will result in a decrease in referrals to the Department of Family and Protective Services, child welfare providers, or children's shelters for children who are homeless;
7. Increasing integrated primary and urgent medical health services for individuals participating in the community collaborative and decrease in the use of emergency room services; and/or
8. Any other appropriate outcome measure approved by the Department of State Health Services that demonstrates that the community collaborative is targeting a specific need of the community it is serving.

## **B. Program Background**

Government Code Chapter 539 (S.B. 58, Chapter 539, of the 83<sup>rd</sup> regular legislature) calls for the provision of 1:1 matching (public/private) funding to create community collaborative projects that bring local public and private entities together with the private sector to serve individuals who are experiencing homelessness, mental illness, and substance abuse problems.

DSHS has identified two examples of co-located community collaborative projects (i.e. The Bridge in Dallas, Texas and Haven for Hope in San Antonio, Texas).

The Bridge: This project was created through a coordinated effort of public and private entities in Dallas, Texas who wanted to address the root cause of homelessness. The Bridge provides emergency and ongoing shelter services to men and women as well as integrated medical, mental health, supportive housing, and substance abuse services to those individuals participating in their programs. The Bridge also coordinates services with other shelters in the Dallas area. The Bridge utilizes SAMHSA's model of Recovery-Oriented System of Care (ROSC) in order to meet individuals they serve where they are in their recovery process.

Haven for Hope: A confluence of private sector, city and county government, and community partners interested in addressing the root causes of homelessness formed Haven for Hope in San Antonio, TX. Haven for Hope utilizes SAMHSA's model of Recovery-Oriented System of Care (ROSC) in order to deliver a single-site, "one stop"-based delivery model to provide detoxification, mental health, shelter, food, medical,



supported employment, supportive housing, legal, and referral services to individuals who are experiencing homelessness, mental illness, and substance abuse problems. Additionally, the Haven for Hope provides community-based follow-up to assist participants to consolidate the gains they made after successfully completing the site-based program.

### **C. Legal Authority**

DSHS is authorized to enter into contracts through Texas Health and Safety Code Chapter 1001.

The authorized legislation for this Healthy Community Collaborative RFP is Government Code Chapter 539 (S.B. 58, Chapter 539 of the 83<sup>rd</sup> regular legislature).

### **D. Project Development**

Awarded contractors are encouraged to actively participate in local and regional planning activities related to the scope of this RFP.

#### **Bexar County Local Planning Activities contacts:**

1. ROSC:

San Antonio Council on Alcohol and Drug Abuse: 210-225-4741

2. CoC:

Nancy Taguacta  
Community Programs Director  
Bexar County  
233 N. Pecos, Suite 590  
San Antonio, TX 78205  
Phone: 210-335-6598  
E-mail: [n.taguacta@bexar.org](mailto:n.taguacta@bexar.org)

3. 1115 Waiver Regional Healthcare Plan 6:

George B. Hernández, Jr.  
President and CEO  
University Health System  
4502 Medical Dr.  
San Antonio, TX 78229  
Phone: 210-358-2000  
Email: [George.Hernandez@uhs-sa.com](mailto:George.Hernandez@uhs-sa.com)

#### **Dallas County Local Planning Activities contacts:**

7. ROSC:

Dallas Challenge: 972-566-4680

2. CoC:



Paula Maroney  
Director – Continuum of Care  
Metro Dallas Homeless Alliance  
P.O. Box 710100  
Dallas, TX 75371  
Phone: 972-638-5598  
Fax: 972-638-5621  
Email: [Paula.Maroney@mdhadallas.org](mailto:Paula.Maroney@mdhadallas.org)

3. 1115 Waiver Regional Healthcare Plan 9:

Jody Springer  
SVP, Strategy and Business Development  
Parkland Health & Hospital System  
5201 Harry Hines Blvd.  
Dallas, Texas 75235  
Phone: 214-590-4605  
Email: [Jody.Springer@phhs.org](mailto:Jody.Springer@phhs.org)

**Harris County Local Planning Activities contacts:**

1. ROSC:

Houston Council on Alcohol and Drug Abuse: 281-200-9331

2. CoC:

Jennifer Hughes  
Houston/Harris County CoC  
600 Jefferson, Suite 2050  
Houston, TX 77002  
Phone: 713-739-7514  
Fax: 713-739-8038  
E-mail: [jhughes@homelesshouston.org](mailto:jhughes@homelesshouston.org)

3. 1115 Regional Healthcare Plan 3:

Beth Cloyd  
RHP Lead  
2525 Holly Hall  
Houston, TX 77054  
Phone: 713-566-6405  
Email: [beth.cloyd@harrishealth.org](mailto:beth.cloyd@harrishealth.org)

**Tarrant County Local Planning Activities contacts:**

1. ROSC:



2. CoC:

Eric Samuels  
Balance of State Manager, Texas Balance of State CoC  
1713 Fortview  
Austin, TX 78704  
Phone: 512-687-5105  
E-mail: [eric@thn.org](mailto:eric@thn.org)

3. 1115 Regional Healthcare Plan 10:

David Salsberry  
1500 S. Main St.  
Fort Worth, TX 76104  
Phone: 817- 927-1611  
Email: [rhp@jpshealth.org](mailto:rhp@jpshealth.org)

**Travis County Local Planning Activities contacts:**

1. ROSC:

- a. RJ Garcia: 512-614-1299; email: [rjgcounseling@gmail.com](mailto:rjgcounseling@gmail.com)
- b. Drew Brooks: 512-417-2307; [drewbrooks@faith-partners.org](mailto:drewbrooks@faith-partners.org)

2. CoC:

Ann Howard  
Ending Community Homelessness Coalition  
100 N IH35 Ste. 1003,  
Austin, TX 78701  
Phone: 512-963-7630  
E-mail: [annhoward@austinecho.org](mailto:annhoward@austinecho.org)

3. 1115 Regional Healthcare Plan 7

Sarah Cook  
Central Health  
1111 E. Cesar Chavez St  
Austin, TX 78702  
Phone: 512-978-8195  
Email: [sarah.cook@centralhealth.net](mailto:sarah.cook@centralhealth.net)

**E. Program Requirements**

Contractors 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 *Health and Human Services Commission (HHSC) Civil Rights Office* website at:  
<http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>.

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

HHSC Civil Rights Office  
701 W. 51<sup>st</sup> 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 contractor must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the contractor'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.

Contractors must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. 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.

Contractors are required to conduct Project activities in accordance with the most recent *DSHS Standards for Public Health Clinic Services*.

Contractors may obtain a copy of the most recent *DSHS Standards for Public Health Clinic Services* which is posted on the DSHS website at:

<http://www.dshs.state.tx.us/gmb/dshsstdnrds4cl clinicsevs.pdf>.

DSHS reserves the right to modify the Statement of Work of the contract and to incorporate Special Provisions into contracts awarded under this RFP.



### III. PROCUREMENT REQUIREMENTS

#### A. RFP Point of Contact

For purposes of **submitting questions** concerning this RFP, the only contact is **Lisa Massock** unless otherwise delegated by the PCS Director. All communications concerning this RFP must be submitted by email (preferred), mail, hand-delivery, or fax to:

**Mailing Address for Regular Mail:**

**Lisa Massock,**  
Ref: RFP# **537-14-0005**  
Procurement and Contracting Unit MC 1886  
Department of State Health Services  
P.O. Box 149347  
Austin, Texas 78714-9347

**Physical Address for Overnight Mail or hand-delivery:**

**Lisa Massock,**  
Ref: RFP# **537-14-0005**  
Procurement and Contracting Unit MC 1886  
Department of State Health Services  
1100 W. 49<sup>th</sup> Street, Room T-502  
Austin, Texas 78756

**Phone and Fax Numbers:**

512/776-7470 phone  
512/776- 7351 fax

**PCS Contact Email:** [lisa.massock@dshs.state.tx.us](mailto:lisa.massock@dshs.state.tx.us)

Other employees and representatives of DSHS are not permitted to answer questions or otherwise discuss the contents of the RFP with any respondents or potential respondents or their representatives. Failure to observe this restriction may result in disqualification of this or other subsequent proposals. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

Written inquiries or questions about this RFP must be received no later than the date specified in Section I.D. Schedule of Events by **2:00 PM Central Standard Time (CT)**. Questions submitted after this date and time will not be answered. Questions will not be answered verbally. Questions must be submitted by email (preferred), mail, hand-delivery, or fax to the addresses or numbers above.

All questions and answers will be posted on the *Electronic State Business Daily* (ESBD) website at: <http://esbd.cpa.state.tx.us>. Postings may be made as questions are answered; however, all questions will be answered and posted no later than 5:00 P.M. CT on the date specified in Section I D. Schedule of Events.



Below are steps to navigate the ESBD web site to view all documents posted related to this RFP including questions and answers. If you know the Agency Requisition number, skip to 1. c.

1. On the ESBD page, under the Browse heading:
  - a) For the Agency Field, click Name then select Department of State Health Services from the pull down menu.
  - b) For the Search Type Field, select Search Bid/Procurement Opportunities from the pull down menu.
  - c) In the Agency Requisition Number field, type ***MH/HCC-0595.1***
  - d) Leave the NIGP Class – Item Number field blank.
  - e) For the Order Results By field, select your preference from the pull down menu.
  - f) Click the GO button.
2. All documents that are posted for this RFP will be displayed with a description of each document.
3. Click on the appropriate document or bid package to see the file.

PCS is the point of contact with regard to all procurement and contractual matters relating to the services described herein prior to the award of any contract(s) as a result of this RFP. PCS is the only office authorized to clarify, modify, amend, alter, or withdraw the Project requirements, terms, and conditions of this RFP.

#### **B. Letter of Intent (LOI)**

Although a Letter of Intent (LOI) is not required, DSHS requests that respondents planning to respond to this RFP submit a letter of intent to submit a proposal no later than 2:00 PM CT on the date reflected in Section I. D. The LOI must be on the Respondent's business letterhead using the template provided in the appendices of this RFP. The LOI must be received on or before the deadline by fax, emailed scanned image, mail or hand-delivery to the RFP Point of Contact and addresses reflected in Section III. A. PCS RFP Point of Contact. Mark "**RFP # 537-14-0005**" on the envelope.

The LOI should list all collaborative partners in the proposed community collaborative as well as a telephone number of the lead applicant who will serve as the central point of contact for the community collaborative.

**NOTE: A submission of a LOI does not obligate the party to submit a proposal in the event that party decides not to participate in this RFP process. However, if a LOI is required, failure to submit the LOI by the due date will disqualify the proposal from competition.**

#### **C. Proposal Conference**

DSHS will conduct a ***Proposal Tele-Conference*** on the date identified in Section I.D. Schedule of Events from **2 pm to 4 pm** CT via telephone at 1-877-820-7831, Participant Passcode: 509572. The purpose of this conference will be to discuss the budget requirements of the RFP. The conference is for information purposes only. Any answers furnished will not be official until verified in writing by DSHS in the *Electronic State Business Daily* (ESBD) website at: <http://esbd.cpa.state.tx.us/>. Written questions may be submitted at the conference, and answers will be posted



to ESBD. Refer to Section I.D. Schedule of Events for the deadline to submit questions and the anticipated posting date of the answers on the ESBD.

DSHS strongly recommends, but does not require, attendance at the Proposal Tele-Conference. Any respondent considering subcontracting will benefit from the information regarding HUB Subcontracting Plan instructions and reporting.

#### D. Proposal Due Date

The proposal must be received on or before the following date and time:  
**2:00 P.M. CT** on the date specified in Section I. D. Schedule of Events.

#### E. Submission

The original proposal and **5 additional copies** must be submitted on or before the due date to the RFP point of contact at the address specified in Section III. A. RFP Point of Contact. **DSHS will not accept proposals by fax or email.**

If a proposal is sent by overnight mail or hand-delivered to the DSHS address above, the respondent should request a receipt at the time of delivery to verify the proposal was received on or before the proposal due date and time. **Hand-delivered proposals must be delivered to the room number identified in Section III. A. RFP Point of Contact.** This is the only official date and time stamp accepted as verification of receipt.

If a proposal is mailed, it is considered as meeting the deadline if it is delivered to the correct address as reflected in Section III. A. RFP Point of Contact and received by DSHS on or before the due date and time.

Respondents sending proposals by the United States Postal Service or commercial delivery services must ensure the carrier will be able to guarantee delivery of the proposal by the due date and time. DSHS may make exceptions only for natural disasters or catastrophes in the affected area as determined by DSHS. The respondent must submit to the RFP contact proper documentation that reflects the above exceptions before DSHS can consider the proposal as having been received by the deadline. It is the respondent's responsibility to ensure timely delivery of the proposal as required by this RFP.

Proposals that do not meet the above criteria will not be eligible for competition.

### IV. PROPOSAL SCREENING AND EVALUATION

Proposals will be reviewed according to the criteria below. To maximize fairness for all proposals during review, DSHS staff may only confirm receipt of a proposal and are not permitted to discuss the proposal or its review during the review process. All proposals remain with DSHS and will not be returned to the respondent.

#### A. Screening Process

Proposals are initially screened for eligibility and completeness. The preliminary screening or eligibility criteria requirements include the following:





1. Proposal received on or before the proposal due date and time.
2. The original proposal bears an original signature of the authorized official of the respondent organization on Form A. Face Page.
3. Historically Underutilized Business (HUB) subcontracting plan that meets HUB requirements is included. **Note to All Respondents: Texas law provides that a proposal submitted in response to this RFP that does not contain a HUB subcontracting plan is non-responsive, in accordance with Texas Government Code § 2161.252.**
4. Form D: Administrative Information will be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of DSHS.
5. Respondent is prohibited from submitting more than one proposal in response to this RFP.
6. Each municipality is prohibited from submitting more than one response to this RFP.
7. In the event there is more than one response from a municipality, DSHS will consider the response with the most documented collaborative partners.
8. Other preliminary screening criteria as needed and appropriate.

In conducting the screening process, DSHS at its sole discretion may give respondents an opportunity to submit missing information or correct identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be screened as is or may be disqualified from the evaluation process. Information submitted after the deadline will not be part of the evaluation.

DSHS reserves the right to waive irregularities that DSHS in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived.

**PROPOSALS MAY BE EXCLUDED FROM REVIEW AND EVALUATION BASED ON THE SCREENING PROCESS OR ADMINISTRATIVE INFORMATION PROVIDED ON FORM D.**

**B. Evaluation Process**

Proposals that successfully pass the initial screening will be evaluated by an evaluation team consisting of professionals working in the areas of homelessness services, mental health services, substance use treatment services, and regulatory compliance using the standard evaluation criteria and scoring values as outlined below. In addition, past performance may be used as evaluation criteria if there are quantitative performance measures available.



In the event an item of non-compliance appears in a significant number of proposals, suggesting a possible lack of clarity in the RFP, DSHS at its sole discretion, may give all respondents an opportunity to correct the identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be evaluated as is. Information submitted after the deadline will not be part of the evaluation.

### C. Evaluation Criteria

The proposal sections will be weighted as follows:

Proposal Components	Value <i>[Points or Percent]</i>
FORM F: Respondent Background	25
FORM G: Assessment Narrative	10
FORM H: Performance Measures	20
FORM I: Work Plan	40
APPENDIX A: Budget (All forms)	5
<b>Total</b>	<b>100</b>

### D. Selection, Negotiation, and Award

Funding awards will be based on evaluation scores, availability of funds and the best interest of the State in providing services under this RFP.

Successful respondents are expected to achieve a score of at least **60 points**. DSHS may, in its sole discretion and contingent on the availability of resources, work with an applicant to remediate an application with a score of less than 60. The specific dollar amount awarded to each successful respondent will depend upon the merit and scope of the proposal and other best value considerations. 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 DSHS staff.

**Any exceptions to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, sought by the respondent must be specifically detailed in writing by the respondent on Form E: Exception Form in this proposal and submitted to DSHS for consideration. DSHS will accept or reject each proposed exception. DSHS will not consider exceptions submitted separately from the respondent's proposal or at a later date.**

Once qualified respondents have been selected, based on scoring, those respondents will be notified and asked to begin the negotiation process. DSHS staff members are responsible for negotiating contracts to obtain the needed deliverables within the framework of goals. As funds are limited, it is expected that respondents selected for negotiations may be asked to revise performance measures, work



plans, and/or proposed budgets in order to achieve Program goals within available funding limits. Respondents shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, DSHS will make an award decision based on best value and the best interest for the State of Texas. After the award decision, DSHS will initiate the development of a contract.

PCS will post to the ESBD a list of respondents whose proposals are selected for **final** award ***after negotiation***. This posting does not constitute DSHS's agreement with all the terms of any respondent's proposal and does not bind DSHS to enter into a contract with any respondent whose award is posted.



## **V. DSHS ADMINISTRATIVE INFORMATION**

### **A. Rejection of Proposals**

1. DSHS reserves the right to reject any or all proposals and is not liable for any costs incurred by the respondent in the development or submission of the proposal.
2. Any attempt by an employee, officer, or agent of the respondent to influence the outcome of DSHS's review through contact with any Commissioner or staff member of DSHS or other Texas Health and Human Services agency will result in rejection of the proposal.
3. Any material misrepresentation in a proposal submitted to DSHS will result in rejection of the proposal.
4. Form D: Administrative Information. Information supplied on this form will be used in the screening, evaluation, and/or rejection of any proposal.
5. Proposals may be rejected for failure to meet screening criteria or respondent eligibility criteria.

### **B. Right to Amend or Withdraw RFP**

DSHS reserves the rights to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of DSHS and the State of Texas. The decision of DSHS is administratively final. Amendment or notice of withdrawal of the RFP will be posted to the ESBD.

### **C. Authority to Bind DSHS**

For the purposes of this RFP, the only individuals who may legally commit DSHS to the expenditure of public funds under the contract are the Commissioner of DSHS, Assistant Commissioner, Chief Financial Officer or Chief Operating Officer, PCS Director, or the employee designated to act in place of one of those employees through commissioner's directive relating to line of authority, CD-2005.02. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

### **D. Financial and Administrative Requirements**

#### **General Provisions**

1. All contractors under this RFP must comply with the *DSHS General Provisions* posted on the ESBD with this RFP. The General Provisions are also located at: <http://www.dshs.state.tx.us/grants/gen-prov.shtm>.

Respondent is not required to return the General Provisions or DSHS Assurances and Certifications with its proposal. By signing the Form A: Face Page, respondent is agreeing to abide by the referenced General Provisions and DSHS Assurances and Certifications.





2. All contractors under this solicitation must comply with applicable cost principles, audit requirements, and administrative requirements. Form K. Financial Management and Administrative Questionnaire is required
3. All DSHS contractors are required to maintain a financial management system that will identify the receipt and expenditure of funds separately for each DSHS contract and/or program attachment and will record expenditures by the budget cost categories in the approved budget for a cost reimbursement program attachment. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each program attachment. In order to ensure the fiscal integrity of accounting records, the contractor must use an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

Additional requirements on basic accounting and financial management systems are found in DSHS General Provisions, Allowable Costs and Audit Requirements and the DSHS Contractor Financial Procedures Manual. Copies of the procedures manual are available online at <http://www.dshs.state.tx.us/contracts/cfpm.shtm>. OMB Circulars may be found at <http://www.whitehouse.gov/omb/circulars>. Internet links to laws and regulations applicable to the financial and administrative requirements of grants and sub grants are provided below.

Circulars (CFRs):

[http://www.whitehouse.gov/omb/grants/grants\\_circulars.html](http://www.whitehouse.gov/omb/grants/grants_circulars.html)

Federal agency common rules:

<http://www.whitehouse.gov/omb/grants/chart.html>

Code of Federal Regulations:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Uniform Grant Management Standards:

<http://governor.state.tx.us/files/state-grants/UGMS062004.doc>

Federal Department of Health and Human Services, Grants Policy Statement:

<http://www.hhs.gov/grantsnet/adminis/gpd/>

## **E. Contracting with Subcontractors**

If the selected respondent enters into contracts with vendor or subrecipient subcontractors, the documents must be in writing and must comply with the requirements specified in articles of the General Provisions posted on the ESD in conjunction with this RFP

## **F. DSHS Historically Utilized Business Participation**



In accordance with Texas Government Code §2161.252, a proposal that does not contain a HUB Subcontracting Plan (HSP) Attachment MH/HCC-0595.1 is non-responsive and will be rejected without further evaluation. In addition, if DSHS determines that the HSP was not developed in good faith, it will reject the proposal for failing to comply with material RFP specifications.

## 1. Introduction

DSHS is committed to promoting full and equal business opportunities for businesses in state contracting in accordance with the goals specified in the State of Texas Disparity Study. HHSC encourages the use of Historically Underutilized Businesses (HUBs) through race, ethnic and gender-neutral means. DSHS has adopted administrative rules relating to HUBs, and a Policy on the Utilization of HUBs, which is located on DSHS's website.

Pursuant to Texas Government Code §2161.181 and §2161.182, and DSHS's HUB policy and rules, DSHS is required to make a good faith effort to increase HUB participation in its contracts. DSHS may accomplish the goal of increased HUB participation by contracting directly with HUBs or indirectly through subcontracting opportunities.

## 2. DSHS's Administrative Rules

DSHS has adopted the CPA's HUB rules as its own. DSHS's rules are located in Title 25, Part 1, Chapter 1, Subchapter N of the Texas Administrative Code, and the CPA rules are located in Title 34, Part 1, Chapter 20, Subchapter B. If there are any discrepancies between DSHS's administrative rules and this RFP, the rules shall take priority.

## 3. Statewide Annual HUB Utilization Goal

The CPA has established statewide HUB participation goals for different categories of contracts in 34 T.A.C. §20.13. In order to meet or exceed the HUB participation goals, DSHS encourages outreach to certified HUBs. Contractors shall make a good faith effort to include certified HUBs in the procurement process.

This contract is classified as an **Other Services** contract under the CPA rule, and therefore has a HUB Annual Procurement Utilization Goal of **24.6 %** per fiscal year.

## 4. Required HUB Subcontracting Plan

In accordance with Government Code, Chapter 2161, Subchapter F, each state agency that considers entering into a contract with an expected value of \$100,000 or more over the life of the contract (including any renewals) shall,



before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract.

In accordance with 34 TAC §20.14(a) (1) (C) of the HUB Rules. State agencies may determine that subcontracting is probable for only a subset of the work expected to be performed or the funds to be expended under the contract. If an agency determines that subcontracting is probable on only a portion of a contract, it shall document its reasons in writing for the procurement file.

DSHS has determined that subcontracting opportunities are probable for this RFP. As a result, the respondent must submit an HSP with its proposal. The HSP is required whether a respondent intends to subcontract or not.

In the HSP, a respondent must indicate whether it is a Texas certified HUB. Being a certified HUB does not exempt a respondent from completing the HSP requirement.

DSHS shall review the documentation submitted by the respondent to determine if a good faith effort has been made in accordance with solicitation and HSP requirements. During the good faith effort evaluation, DSHS may, at its discretion allow revisions necessary to clarify and enhance information submitted in the original HSP.

If DSHS determines that the respondent's HSP was not developed in good faith, the HSP will be considered non-responsive and will be rejected as a material failure to comply with advertised specifications. The reasons for rejection shall be recorded in the procurement file.

## **5. CPA Centralized Master Bidders List**

Respondents may search for HUB subcontractors in the CPA's Centralized Master Bidders List (CMBL) HUB Directory, which is located on the CPA's website at <http://www2.cpa.state.tx.us/cmb/cmbhub.html>. For this procurement, DSHS has identified the following class and item codes for potential subcontracting opportunities:

### ***NIGP Class/Item Code:***

Respondents are not required to use, nor limited to using, the class and item codes identified above, and may identify other areas for subcontracting.

DSHS does not endorse, recommend nor attest to the capabilities of any company or individual listed on the CPA's CMBL. The list of certified HUBs is subject to change, so respondents are encouraged to refer to the CMBL often to find the most current listing of HUBs.

## **6. HUB Subcontracting Procedures – If a Respondent Intends to Subcontract**

A HSP must demonstrate that the respondent made a good faith effort to comply with DSHS's HUB policies and procedures. The following subparts outline the



items that DSHS will review in determining whether an HSP meets the good faith effort standard. A respondent that intends to subcontract must complete the HSP to document its good faith efforts.

For step-by-step audio/video instructions on how to complete the HSP, you may also visit the CPA's website at: <http://www.cpa.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>.

### **6.1 Identify Subcontracting Areas and Divide into Reasonable Lots**

A respondent should first identify each area of the contract work it intends to subcontract. Then, to maximize HUB participation, it should divide the contract work into reasonable lots or portions to the extent consistent with prudent industry practices.

### **6.2 Notify Potential HUB Subcontractors**

The HSP must demonstrate that the respondent made a good faith effort to subcontract with HUBs. The respondent's good faith efforts shall be shown through utilization of all methods in conformance with the development and submission of the HSP and by complying with the following steps:

- 6.2.1. Divide the contract work into reasonable lots or portions to the extent consistent with prudent industry practices. The respondent must determine which portions of work, including goods and services, will be subcontracted.
- 6.2.2. Use the appropriate method(s) to demonstrate good faith effort. The respondent can use either method(s) 1, 2, 3, 4 or 5:

### **6.3 Method 1: Respondent Intends to Subcontract with only HUBs:**

The respondent must identify in the HSP the HUBs that will be utilized and submit written documentation that confirms 100% of all available subcontracting opportunities will be performed by one or more HUBs; or,

### **6.4 Method 2: Respondent Intends to Subcontract with HUB Protégé(s):**

The respondent must identify in the HSP the HUB protégé'(s) that will be utilized and should:

- a. Include a fully executed copy of the Mentor Protégé Agreement, which must be registered with the CPA prior to submission to DSHS; and
- b. Identify areas of the HSP that will be performed by the protégé.

DSHS will accept a Mentor Protégé Agreement that has been entered into by a respondent (Mentor) and a certified HUB (protégé) in accordance with Texas Government Code §2161.065. When a respondent proposes to subcontract with a protégé(s), it does not need to provide notice to 3 HUB vendors for that subcontracted area.





Participation in the Mentor Protégé Program, along with submission of a protégé as a subcontractor in an HSP, constitutes a good faith effort for the particular area subcontracted to the protégé, or,

**6.5 Method 3: Respondent Intends to Subcontract with HUBs and Non-HUBs (Meet or Exceed the Goal):**

The respondent must identify in the HSP and submit written documentation that one or more HUB subcontractors will be utilized; and that the aggregate expected percentage of subcontracts with HUBs will meet or exceed the goal specified in this solicitation. When utilizing this method, only HUB subcontractors that has existing contracts with the respondent for five years or less may be used to comply with the good faith effort requirements.

When the aggregate expected percentage of subcontracts with HUBs meets or exceeds the goal specified in this solicitation, respondents may also use non-HUB subcontractors; or,

**6.6 Method 4: Respondent Intends to Subcontract with HUBs and Non-HUBs (Does Not Meet or Exceed the Goal):**

The respondent must identify in the HSP and submit documentation regarding both of the following requirements:

- a. written notification to minority or women trade organizations or development centers to assist in identifying potential HUBs of the subcontracting opportunities the respondent intends to subcontract.

Respondents must give minority or women trade organizations or development centers at least seven (7) working days prior to submission of the respondent's response for dissemination of the subcontracting opportunities to their members. A list of minority and women trade organizations is located on DSHS's website under the Minority and Women Organization link.

- b. written notification to at least three (3) HUB businesses of the subcontracting opportunities that the respondent intends to subcontract. The written notice must be sent to potential HUB subcontractors prior to submitting proposals and must include:
  - i. a description of the scope of work to be subcontracted;
  - ii. information regarding the location to review project plans or specifications;
  - iii. information about bonding and insurance requirements;
  - iv. required qualifications and other contract requirements; and
  - v. a description of how the subcontractor can contact the respondent.

Respondents must give potential HUB subcontractors a reasonable amount of time to respond to the notice, at least seven (7) working days prior to submission of the



respondent's response unless circumstances require a different time period, which is determined by the agency and documented in the contract file;

Respondents must also use the CMBL, the HUB Directory, and Internet resources when searching for HUB subcontractors. Respondents may rely on the services of contractor groups; local, state and federal business assistance offices; and other organizations that provide assistance in identifying qualified applicants for the HUB program.

### **Written Justification of the Selection Process**

DSHS will make a determination if a good faith effort was made by the respondent in the development of the required HSP. One or more of the methods identified in the previous sections may be applicable to the respondent's good faith efforts in developing and submission of the HSP. DSHS may require the respondent to submit additional documentation explaining how the respondent made a good faith effort in accordance with the solicitation.

A respondent must provide written justification of its selection process if it chooses a non-HUB subcontractor. The justification should demonstrate that the respondent negotiated in good faith with qualified HUB bidders, and did not reject qualified HUBs who were the best value responsive bidders.

#### **6.7 Method 5: Respondent Does Not Intend to Subcontract**

When the respondent plans to complete all contract requirements with its own equipment, supplies, materials and/or employees, it is still required to complete an HSP.

The respondent must complete the "Self Performance Justification" portion of the HSP, and attest that it does not intend to subcontract for any goods or services, including the class and item codes identified in Section 4.5. In addition, the respondent must identify the sections of the proposal that describe how it will complete the Scope of Work using its own resources or provide a statement explaining how it will complete the Scope of Work using its own resources. The respondent must agree to comply with the following if requested by DSHS:

- a. provide evidence of sufficient respondent staffing to meet the RFP requirements;
- b. provide monthly payroll records showing the respondent staff fully dedicated to the contract;
- c. allow DSHS to conduct an on-site review of company headquarters or work site where services are to be performed; and
- d. provide documentation proving employment of qualified personnel holding the necessary licenses and certificates required to perform the Scope of Work.

### **7. Post-award HSP Requirements**

The HSP shall be reviewed and evaluated prior to contract award and, if accepted, the finalized HSP will become part of the contract with the successful



respondent(s).

After contract award, DSHS will coordinate a post-award meeting with the successful respondent to discuss HSP reporting requirements. The contractor must maintain business records documenting compliance with the HSP, and must submit monthly subcontract reports to DSHS by completing the HUB "Prime Contractor Progress Assessment Report." This monthly report is required as a condition for payment to report to the agency the identity and the amount paid to all subcontractors.

As a condition of award the Contractor is required to send notification to all selected subcontractors as identified in the accepted/approved HSP. In addition, a copy of the notification must be provided to the agency's Contract Manager and/or HUB Program Office within 10 days of the contract award.

DSHS's UTCs outline the procedures for changing the HSP, as well as the HSP compliance and reporting requirements. All changes to the approved HSP require prior DSHS approval. In general, if the contractor decides to subcontract any part of the contract after the award, it must follow the good faith effort procedures outlined in Section 4.6 of this RFP (e.g., divide work into reasonable lots, notify at least three (3) vendors per subcontracted area, provide written justification of the selection process, or participate in the Mentor Protégé Program).

For this reason, DSHS encourages respondents to identify, as part of their HSP, multiple subcontractors who are able to perform the work in each area the respondent plans to subcontract. Selecting additional subcontractors may help the selected contractor make changes to its original HSP, when needed, and will allow DSHS to approve any necessary changes expeditiously.

Failure to meet the HSP and post-award requirements will constitute a breach of contract, and will be subject to remedial actions. DSHS may also report noncompliance to the CPA in accordance with the CPA's Rules, §20.105 (relating to Debarment) and §20.106 (relating to Procedures for Investigations and Debarment).

## **G. Contract Information**

DSHS will monitor contractors' expenditures. A contractor's budget may be subject to a decrease for the remainder of the budget period if expenditure percentages are below the amount projected and determined by DSHS. Vacant positions existing after ninety (90) days may result in a decrease in funds. DSHS reserves the right to adjust the funding allocation to contractors pursuant to the terms of the contract.

## **H. Contract Award Protest Procedures**

### **Respondents who feel aggrieved in connection with a contract award based on this RFP: Protest Procedures**

Texas Administrative Code, Title 1, Part 15, Chapter 392, Subchapter C outlines HHSC's respondent protest procedures.



## VI. PROPOSAL CONTENT

### A. Instructions for Preparation

The proposal must be developed and submitted in accordance with the instructions outlined in this section. The proposal should meet the following stylistic requirements:

- All pages clearly and consecutively numbered;
- Original and **5** additional copies unbound, but secured with binder clips or rubber bands;
- Typed (computer or typewriter);
- No less than single-spaced;
- No less than 12-point font on 8 1/2" x 11" paper with 1" margins;
- Black print on white paper;
- Blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** 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.
- Signed in ink by an authorized official (copies must be signed but need not bear an original signature);
- Envelope/package containing the proposal must clearly identify the respondent's legal name and mailing address as reflected on Form A: Face Page.
- Envelope/package containing the proposal must clearly identify the name and number of the RFP as reflected on the cover page of this RFP.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form.

### B. Confidential Information

The respondent must clearly designate any portion(s) of this proposal that contains confidential information and state the reasons the information should be designated as such. **Marking the entire proposal as confidential will be neither accepted nor honored.** If any information is marked as confidential in the proposal, DSHS will determine whether the requested information may be excepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception, and if a request is made by any other entity or individual for the information marked as confidential, the information will be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Respondents are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, proposals to this RFP are subject to release as public information unless any proposal or specific





parts of any proposal can be shown to be exempt from disclosure under the Public Information Act, Texas Government Code, Chapter 552.

### **C. Table of Contents**

**THE PROPOSAL SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:**

Form A.	Face Page - Proposal for Financial Assistance
Form B.	Proposal Table of Contents and Checklist
Form C.	Contact Person Information
Form D.	Administrative Information – attach required information
Form E.	Exceptions Form
Form F.	Respondent Background
Form G.	Assessment Narrative
Form H.	Performance Measures
Form I.	Work Plan
Form J.	Child Support Certification
Form K.	Financial Management and Administration Questionnaire
Appendix A.	Budget – Budget Section forms and instructions are posted separately on ESBD
Appendix B.	DSHS Assurances and Certifications
Appendix C.	HUB Subcontracting Plan
Appendix D.	No or Low-Demand Shelter Standards
Appendix E.	Shelter Standards
Appendix F.	Facility Standards



## VII. BLANK FORMS AND INSTRUCTIONS





Department of State Health Services  
**FORM A: FACE PAGE**

**Proposal for Financial Assistance [RFP Number]**

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

**RESPONDENT INFORMATION**

1) LEGAL BUSINESS NAME:

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change ☐

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change ☐

4) DUNS Number (9-digit) required if receiving federal funds:

5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):

*\*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.*

6) TYPE OF ENTITY (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> City                        | <input type="checkbox"/> Nonprofit Organization*      | <input type="checkbox"/> Individual                                      |
| <input type="checkbox"/> County                      | <input type="checkbox"/> For Profit Organization*     | <input type="checkbox"/> Federally Qualified Health Centers              |
| <input type="checkbox"/> Other Political Subdivision | <input type="checkbox"/> HUB Certified                | <input type="checkbox"/> State Controlled Institution of Higher Learning |
| <input type="checkbox"/> State Agency                | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Hospital  |
| <input type="checkbox"/> Indian Tribe                | <input type="checkbox"/> Minority Organization        | <input type="checkbox"/> Private   |
|  | <input type="checkbox"/> Faith Based (Nonprofit Org)  | <input type="checkbox"/> Other (specify): _____                          |

*\*If incorporated, provide 10-digit charter number assigned by Secretary of State: \_\_\_\_\_*

7) PROPOSED BUDGET PERIOD: Start Date: **[fill in date]** End Date: **[fill in date]**

8) COUNTIES SERVED BY PROJECT:

9) AMOUNT OF FUNDING REQUESTED:

10) PROJECTED EXPENDITURES

Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? \*\*

Yes ☐ No ☐

*\*\*Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

11) PROJECT CONTACT PERSON

Name:  
Phone:  
Fax:  
Email:

12) FINANCIAL OFFICER

Name:  
Phone:  
Fax:  
Email:

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX B: DSHS Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

13) AUTHORIZED REPRESENTATIVE

Name:  
Title:  
Phone:  
Fax:  
Email:

Check if change ☐

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE

15) DATE



## FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent's response are truthful and the respondent is in compliance with the assurances and certifications contained in **APPENDIX B: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and 9-digit zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee - Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** - 9-digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving **ANY** federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). \*The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at [https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS\\_Guide\\_0409.pdf](https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf) and check all other boxes that describe the entity.  
  
Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)  
State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii  
Institutions of higher education as defined by §61.003 of the Education Code.  
MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.  
If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
- 7) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP. *[To be completed by RFP developer]*
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project. *[If service area is pre-determined, to be completed by RFP developer]*
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If respondent's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.





# FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Business  
Name of \_\_\_\_\_

*This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.*

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	<input type="checkbox"/>		
B	Proposal Table of Contents and Checklist - completed and included	<input type="checkbox"/>		
C	Contact Person Information - completed and included	<input type="checkbox"/>		
D	Administrative Information - completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>		
E	Exceptions Form - completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>		
F	Respondent Background - included	<input type="checkbox"/>		
G	Assessment Narrative – included	<input type="checkbox"/>		
H	Performance Measures - included	<input type="checkbox"/>		
I	Work Plan – included	<input type="checkbox"/>		
J	Child Support Form <i>[required – applies to for-profit entities only]</i>	<input type="checkbox"/>		<input type="checkbox"/>
K	Financial Management and Administration Questionnaire <i>[optional for proposals with fee-for-service or unit rate budgets - see developer instructions]</i>	<input type="checkbox"/>		<input type="checkbox"/>
APPENDIX A	Budget Summary Form and Detail Pages- down load from ESD completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>		
APPENDIX C	HUB Subcontracting Plan	<input type="checkbox"/>		<input type="checkbox"/>
APPENDIX D	No or Low-Demand Shelter Standards	<input type="checkbox"/>		
APPENDIX E	Shelter Standards	<input type="checkbox"/>		
APPENDIX F	Facility Standards	<input type="checkbox"/>		

**Do not return the DSHS Assurances and Certifications.**



## FORM C: CONTACT PERSON INFORMATION

Legal Business  
Name of \_\_\_\_\_

*This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____



## FORM D: ADMINISTRATIVE INFORMATION

*This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

*NOTE: Administrative Information may be used in screening and/or evaluating proposals.*

---

### Legal Business

Name of \_\_\_\_\_

### Identifying Information

**1. The respondent must attach the following information:**

**If a Governmental Entity complete Form D-1.**

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

**If a Nonprofit or For Profit Entity complete Form D-2.**

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

**2. Is respondent a nonprofit organization?**

☐ YES    ☐ NO

*If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.*

- ☐ (a) A copy of a currently valid IRS exemption certificate.
- ☐ (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (c) A copy of the organization's certificate of formation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.



## FORM D: ADMINISTRATIVE INFORMATION continued

### Conflict of Interest and Contract History

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specifications or the RFP on which the bid is based.

- 3. Does anyone in the respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?**

☐ YES ☐ NO

*If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)*

- 4. Will any person who received compensation from DSHS or Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?**

☐ YES ☐ NO

*If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.*

- 5. Will any provision of services or other performance under any contract that may result from this RFP constitute an actual or potential conflict of interest or create the appearance of impropriety?**

☐ YES ☐ NO

*If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)*





6. Are any current or former employees of the respondent current or former employees of DSHS or HHSC (within the last 24 months)?

☐ YES ☐ NO

*If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.*

7. Are any proposed personnel related to any current or former employees of DSHS or HHSC?

☐ YES ☐ NO

*If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.*

8. Has any member of respondent's executive management, project management, governing board or principal officers been employed by DSHS or HHSC 24 months prior to the proposal due date?

☐ YES ☐ NO

*If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.*

9. If the respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?

☐ YES ☐ NO

10. Is respondent or any member of respondent's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt;
- or
- In default on an agreed repayment schedule with any funding organization?

☐ YES ☐ NO

*If YES, please explain. (Attach no more than one additional page.)*

11. Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

☐ YES ☐ NO

*If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.*



12. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code 2261.053?

☐ YES ☐ NO

*If YES, please explain. (Attach no more than one additional page.)*

13. Has respondent had a contract with DSHS within the past 24 months?

☐ YES ☐ NO

*If YES, list the DSHS contract and attachment number(s):*

DSHS Contract Number(s)

***If NO, respondent must be able to demonstrate fiscal solvency.*** Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If an organization does not have audited financial statements, submit a copy of the organization's most recent IRS Form 990 and an explanation why an audited financial statement is not available. DSHS will review the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the respondent's financial capability.

**ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM D, SHOULD BE INSERTED HERE.**



**FORM D-1: GOVERNMENTAL ENTITY**

Authorized Officials

Legal Business

Name of \_\_\_\_\_

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	
Phone: _____ Ext. _____	
Fax: _____	
Email: _____	
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	
Phone: _____ Ext. _____	
Fax: _____	
Email: _____	
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	
Phone: _____ Ext. _____	
Fax: _____	
Email: _____	
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	
Phone: _____ Ext. _____	
Fax: _____	
Email: _____	
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	
Phone: _____ Ext. _____	
Fax: _____	
Email: _____	
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	
Phone: _____ Ext. _____	
Fax: _____	
Email: _____	



**FORM D-2: NONPROFIT OR FOR-PROFIT ENTITY****Board of Directors and Principal Officers****Legal Business****Name of** \_\_\_\_\_

Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each member (e.g. chairperson, president, vice-president, treasurer, etc.). In addition, if entity is a for-profit, include the full names and addresses for each person who owns five percent (5%) or more of the stock.

Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____





## FORM E: EXCEPTIONS FORM

### FORM E: EXCEPTIONS FORM

RFP # 537-14-0005

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, or (2) list all exceptions to any requirements, terms conditions, certifications or deliverables in the RFP or General Provisions.

**Respondent must submit this form with their response.**

#### Instructions:

- If no exceptions are being requested to any issue of the RFP, respondent must check the 'no exception' box below and leave the table blank.
- If exceptions are being requested, use the table below and fill in all columns for each exception.
- Ensure the RFP section number and page number or the number of the term or condition of the issue is stated.
- Ensure each exception is described fully or by reference to the exact location within the proposal and/or general provisions.
- Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
- Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP.
- Add more table lines as necessary.
- If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference the attached page(s) – Ensure each attached page clearly identifies the line item it refers to.
- Any alternatives may also be embedded in the proposal narrative as appropriate to make the narrative clear, but in the proposal narrative the exception must be noted with the line item number on this form.

☐ **If no exceptions are being requested, check this box and leave the table below blank**



## FORM E: EXCEPTIONS FORM

RFP # 537-14-0005

### TABLE OF EXCEPTIONS

Exception No.	RFP Section No. and Page No. or no. of term or condition in the general provisions to which exception is requested	Full description of exception requested or reference to exact location of full description if found elsewhere in proposal and/or general provisions.	State if the exception is part of a proposal deliverable with a clear citation to the deliverable	Explanation of why the exception is being proposed and any proposed alternatives to the issue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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17.				
18.				
19.				
20.				



## FORM F: RESPONDENT BACKGROUND

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. A maximum of 5 additional pages may be attached if needed. In addition to background information answer the following questions.

---

1. Describe your organization's experience and expertise in working with those who experience homelessness and mental illness, including those with a co-occurring substance abuse disorders.
2. Provide a brief overview of your organization and your organization's experience meeting the comprehensive needs of those who experience homelessness and mental illness, including those with a co-occurring substance abuse disorder.
3. Describe your experience leading collaborative efforts focusing on evidence-based mental health treatment, substance abuse treatment, and homelessness. What position does your organization have in the community that will enable it to undertake a large multi-organization collaborative?
4. Please list the participating partners identified for this community collaborative and include any MOUs that have been drafted to support this collaboration. This list should include information on the required and/or participating partners:
  - a. The mayor and county judge of your municipality;
  - b. City and county law enforcement;
  - c. Substance abuse treatment and recovery support provider;
  - d. City and county housing partners;
  - e. LMHAs;
  - f. Hospital emergency departments;
  - g. Supported employment providers;
  - h. The local Continuum of Care (CoC); and/or
  - i. The local Recovery Oriented System of Care (ROSC).



## FORM G: ASSESSMENT NARRATIVE

Multiple data sources and assessments exist for many communities. Respondent is encouraged to use these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this proposal. A maximum of 5 additional pages may be attached if needed.

---

1. Please identify which community partners worked with you to collect data and prioritize needs. In addition, please list all participating partners who will be active members of the collaborative.
2. What specific service gaps and unmet service needs currently exist in your proposed service area for those who experience homelessness and mental illness? Please include gaps and unmet needs specifically identified by persons who are homeless in your community.
3. Describe your collaborative's priorities among the identified gaps and unmet needs (i.e. in collaborative relationships, supports, services, and other areas of unmet community needs). In addition, list the following:
  - a. specific Minimum/Required Services and Optional/Additional Services to be provided by the Collaborative; and
  - b. provide a brief description and identify which member(s) of the collaborative is slated to be the provider.





## FORM G: ASSESSMENT NARRATIVE GUIDELINES

Multiple data sources and assessments exist for many communities. Respondent is encouraged to use these resources when completing this form. Specifically address each of the assessment activities listed below associated with the services proposed in this proposal. The required assessment items include:

- a) Describe respondent's role and experience in activities described in this RFP.
- b) Specify names of the individuals or groups who conducted the assessment(s) and the date(s) completed.
- c) Provide brief synopsis of the community as a whole describing in general:
  1. Geographic boundaries (urban or rural, physical environment);
  2. General demographic data (age, gender, ethnicity, etc.);
  3. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.); and
  4. General description of gaps or need in community especially related to transportation.
- d) Describe target population including:
  1. Geographic service area;
  2. Characteristics of target population (including demographic and socioeconomic data specific to each population);
  3. Target population's (including population data related to health indicators, behavioral data, associated risk factors, and community opinion data); and
  4. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided).
- e) Describe gaps in resources, collaborative relationships, and potential barriers to improving access to services to individuals experiencing mental illness, substance use and homelessness.



## FORM H: PERFORMANCE MEASURES

In the event a contract is awarded, respondent agrees that performance measures will be used to assess, in part, the respondent's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal. A maximum of 5 additional pages may be attached if needed.

---

### A. Outcomes:

1. Choose four of the following listed outcomes and describe how you will meet each outcome.
  - i. Increasing the number of individuals who reside in supportive housing and decreasing homelessness;
  - ii. Increasing individuals' access to medical, psychiatric, and substance abuse treatment in the community, and decreasing arrests of persons served by the community collaborative and a decrease in the use of jail beds;
  - iii. The community collaborative will provide alcohol and substance abuse treatment to individuals participating in the community collaborative, and the individuals will successfully complete the program;
  - iv. The community collaborative will help start social enterprise businesses in the community or engage in job creation, job training, or other supported employment services to enable participants in the community collaborative to maintain viable employment;
  - v. Increasing job training, adult education activities, or other supported employment services to enable participants in the community collaborative to maintain viable employment at 100% of the federal poverty level;
  - vi. There will be an increase in viable affordable housing for families which will result in a decrease in referrals to the Department of Family and Protective Services, child welfare providers, or children's shelters for children who are homeless;
  - vii. Increasing integrated primary and urgent medical health services for individuals participating in the community collaborative and decrease in the use of emergency room services; and/or
  - viii. Any other appropriate outcome measure approved by the Department of State Health Services that demonstrates that the community collaborative is targeting a specific need of the community it proposes to serve or is serving.

### B. Outputs:

1. Project the number of persons your collaborative will serve for each of the following:
  - i. Minimum/Required services:
    - a) Intake centers



- b) Emergency shelter
- c) Mental health crisis services
- d) Assistance accessing benefits
- e) Detoxification units
- f) Integrated medical services
- g) Housing services
- h) Education, Job Training and/or supported Employment Services
- ii. Optional/Additional Services:
  - a) Centers for food
  - b) Centers for the provision of clothing, grooming services and hygiene products.
  - c) Criminal Justice Needs
  - d) Veterans Services
  - e) Mental Health Services
  - f) Micro Businesses
  - g) Peer Services
  - h) Comprehensive services to assist homeless families
  - i) Tobacco Cessation

C. Describe the efficiency of the following:

1. Anticipated Length of Admission; and
2. Anticipated Average Cost per Person.



## FORM H: PERFORMANCE MEASURES GUIDELINES

Respondents must write performance measures for their project objectives and proposed target levels of performance for each measure. The proposed measures and levels of performance will be negotiated and agreed upon by respondent and DSHS if respondent is selected to negotiate a contract.

Performance measures must be specific, measurable, time-phased, and feasible. Performance measures quantify outcomes and outputs, the number of such outputs to be performed, and the efficiency with which they will be performed. Performance measures also define the respondent's obligations in order to meet its contract requirements.

Performance measures are defined as outcome, output, efficiency, and explanatory measures. A well-written measure includes the following components: who will deliver the service(s) and their qualifications (as appropriate); a deliverable (a product or service and how much); a schedule/time frame; and a standard of performance. The following table provides a guide for developing the different types of performance measures:

Type	Measure	Example
<b>Outcome</b>	<i>measures the actual impact or public benefit of an entity's actions</i>	<i>% of clients rehabilitated % decline in inappropriate ER usage % decline in school absences</i>
<b>Output or Process</b>	<i>counts the goods/services provided</i>	<i># of clients served # of clinic sessions</i>
<b>Efficiency</b>	<i>measures the cost, unit cost, or productivity associated with a given outcome or output</i>	<i>average cost per client served average time per visit</i>
<b>Explanatory</b>	<i>shows the resources used to produce services and display factors that affect entity performance</i>	<i># of clients eligible for services # and type of health services presently available # of new partnerships developed</i>





## FORM I: WORK PLAN

### *Required*

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN GUIDELINES) associated with the services proposed in this proposal.

A maximum of 5 additional pages may be attached if needed. **The respondent's work plan must also address the following additional elements.**

---

1. Briefly describe the community collaborative's location(s) and service area, including county served.
2. Briefly describe the community collaborative's facility (ies), and physical plant, including any licensure requirements if the respondent is proposing services in a co-located facility.

### **3. Clinical Services**

- a. Describe the specific plans to conduct effective outreach to individuals who are experiencing homelessness and mental illness.
- b. Provide a description and flow chart showing how individuals will enter the collaborative and make progress through the collaborative including projected length of stay and discharge criteria.
  - i. If the proposed project will be in a co-located facility describe how the community collaborative specifically plans to ensure that it is a "zero exclusion" facility that will be able to provide services to culturally diverse populations including those who require adaptive aids, interpreter services, and language translation services.
  - ii. If your community collaborative will be using the "Housing First" Approach describe how the community collaborative specifically plans to ensure that it is a "zero exclusion" program that will be able to provide services to culturally diverse populations including those who require adaptive aids, interpreter services, and language translation services as well as address transportation and other access barriers and provide better outcomes than what is currently present in your community?
- c. Describe the community collaborative's specific plans to provide ongoing linkage and support through community-based programs (Minimum/Required Services and Optional/Additional Services) which will support individuals who participate in the collaborative. Please include plans for continuing these services once individuals "complete" the community collaborative program.
- d. Describe how the community collaborative will integrate the primary and urgent health needs of individuals participating in the community collaborative on-site and in the community after discharge.
- e. For collaboratives using the "Housing First" Approach, describe specific plans to provide a staff to resident ratio of 1:15.

### **4. Staffing**

- a. Describe the community collaborative's plan for the recruitment, training, and maintenance of qualified staff.
- b. What evidence-based practices would you employ in targeting the problem areas that exist with those who experience mental illness and homelessness?



- c. What is the collaborative's training plan to maintain the skill level of those who practice evidence-based practices? Please attach an organizational chart.

**5. Quality Management and Data Collection**

- a. Describe your specific plans to collect reliable data and ensure continuous quality improvement that is responsive to stakeholder input.
- b. How will your organization collect basic outputs such as the number of persons you serve as well as more complex participant outcomes?
- c. How would you assess the quality of your intervention? How often would your organization report the findings of your intervention to interested parties and how will you ensure that you make changes based on the data, participant feedback and broader community input?
- d. Does your organization have access to the HMIS data base and a dedicated Information Technology department?
- e. How long has your organization utilized a Quality Assurance/Quality Improvement department? How does it function in your organization?



## FORM I: WORK PLAN GUIDELINES

### *Required*

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The work plan must:

1. Summarize the proposed services, population to be served, location (counties to be served), etc. Also, address if and how you will serve individuals from counties outside your stated service area.
2. Describe delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities. What resources do you have to perform the services, who will deliver services and how will they be delivered?
3. Describe how data is collected and tabulated, who will be responsible for data collection and reporting, and how often data collection activities will occur.
4. Describe coordination with the other health and human services providers in the service area(s) and delineate how duplication of services is to be avoided.
5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).
6. Describe internal Quality Assurance/Quality Improvement (QA/QI) process used to monitor services, identify staff that use them and who is responsible for ensuring they are updated. The description must include the following:
  - a. Role of the QA/QI Committee;
  - b. Medical Director's involvement in the QA/QI activities;
  - c. Activities used to identify trends of needed improvement and the frequency of those activities;
  - d. Activities to ensure correction and follow-up to findings identified;
  - e. Utilization and frequency of client satisfaction surveys;
  - f. System used to identify and monitor adverse outcomes;
  - g. Process for identifying performance and outcome measures; and
  - h. Process used to develop protocols and Standing Delegation Orders.





**FORM J: CHILD SUPPORT CERTIFICATION (REQUIRED –  
Applies to For-Profit Entities Only)**

**Department of State Health Services**

**Child Support Certification**

The Texas Family Code, §231.006, places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

- ☐ An individual or sole proprietor, or
- ☐ A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies the following is a complete list of the names and social security numbers of either (A) the individual or sole proprietor who is the contractor or (B) each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity: (attach additional sheet if necessary).

(A) Printed Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

(B) Printed Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

3. Under the Texas Family Code, §231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

4. Printed Name of Contractor: \_\_\_\_\_  
Printed Name of Authorized Representative: \_\_\_\_\_  
Signing this Certification: \_\_\_\_\_  
Signature of Authorized Representative: \_\_\_\_\_  
Date: \_\_\_\_\_





**Name of Organization:** \_\_\_\_\_

The type of accounting system often depends on the size of the organization. Briefly describe your organization's accounting system including:

- Is the accounting system computerized, manual or a combination of both;
- How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger;
- When do you close your general ledger (e.g., monthly by the 10<sup>th</sup> of the following month);
- How are transactions organized, maintained, and summarized in financial reports. If your accounting system is computerized, indicate the name/type.

This image shows a single sheet of white paper with horizontal blue lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Answer each of the following questions with either a "yes" or "no" answer by checking the respective box.

1. Is your accounting system organized to allow an auditor to trace financial report balances through the general ledger and other summary ledgers/journals to each detail accounting transaction and supporting source documentation?
- ☐ YES    ☐ NO
2. Does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each DSHS contract/program attachment?
- ☐ YES    ☐ NO



3. Does your accounting system provide for the recording of expenditures for each program attachment by the budget cost categories shown in the proposed budget?

☐ YES ☐ NO

4. Does your accounting system provide for the segregation of direct and indirect expenses and the allocation of indirect costs?

☐ YES ☐ NO

5. Are time records (e.g., time sheets) maintained for all employees where their actual time/effort is recorded and specifically identified to a particular cost objective?

☐ YES ☐ NO

6. Is the employees' time/effort that is recorded on the time record the source/basis of the calculation of salary/wage costs recorded in the general ledger for each cost objective?

☐ YES ☐ NO

#### GENERAL ADMINISTRATION & INTERNAL CONTROLS

1. Is the staff who will be responsible for the financial management of the award generally familiar with the existing regulations and guidelines containing the cost principles and financial administrative requirements applicable to state and federal contracts/grants?

☐ YES ☐ NO

2. Does your organization have written accounting policies and procedures?

☐ YES ☐ NO

3. Are generally accepted accounting principles followed for separation of duties regarding receipts and deposit of funds and payment of goods and services?

☐ YES ☐ NO

4. Are procedures in place with adequate controls to ensure that receipts and disbursements are authorized and appropriately documented?



☐ YES ☐ NO

5. Are all disbursements approved prior to payment?

☐ YES ☐ NO

6. Is there any additional review or special approval required for checks exceeding a specific dollar amount?

☐ YES ☐ NO

7. Are there written procedures and internal controls established for the procurement of goods and services?

☐ YES ☐ NO

8. Do purchase orders/requisitions require specific approvals from authorized individuals in the requesting department?

☐ YES ☐ NO

9. Are supporting documents (invoices, receipts, approvals, receiving reports, canceled checks, etc.) maintained for each disbursement and on file for easy location and retrieval?

☐ YES ☐ NO

10. Do supporting documents accompany checks for the check signer's signature?

☐ YES ☐ NO

11. Are supporting documents marked when paid to prevent reuse or duplication of payment?

☐ YES ☐ NO

12. Are invoices coded to identify allocation of payment by cost objective and sub-account?

☐ YES ☐ NO



13. Does your organization stay current with payments of its accounts payable, payroll taxes and other liabilities, loans, taxes, etc.?

☐ YES ☐ NO

14. As program income is to be used for program purposes, are there procedures and controls to ensure proper use, accountability, and allocation?

☐ YES ☐ NO

15. Do you have written personnel policies?

☐ YES ☐ NO

16. Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?

☐ YES ☐ NO

17. Do procedures ensure that time and attendance reports can be specifically traced to costs recorded in the general ledger for each payroll period for each cost objective?

☐ YES ☐ NO

18. Do you have written job descriptions with set salary levels for each employee?

☐ YES ☐ NO

19. Do you have on file authorizations covering rates of pay, withholding and deductions for each employee?

☐ YES ☐ NO

The Financial Management and Administration Questionnaire must be signed by an authorized person who has either completed or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_





## APPENDICES

### **APPENDIX A: BUDGET SECTION**

Detailed budget category forms, general information, and instructions are located on the ESBD at: <http://online.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147492402>

**Respondent must insert budget section here.**



## APPENDIX B: DSHS ASSURANCES AND CERTIFICATIONS

**Note:** It is not required that the respondent return the DSHS Assurances and Certifications with the proposal. Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications will remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.

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**As the duly authorized representative of the respondent, my signature on FORM A: FACE PAGE certifies that the respondent:**

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;
2. Under Government Code Section 2155.004, is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. **NOTE:** Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based;
3. Has a financial system that identifies the source and application of DSHS funds and program income in a unique set of general ledger account numbers, permits preparation of reports required by the contract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts, and maintains accounting records that are supported by verifiable source documents;
4. Will give (and any parent, affiliate, or subsidiary organization, if such a relationship exists, will give) DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
5. Will not supplant funds (i.e. use funds from a contract awarded as a result of this RFP to replace or substitute existing funding from other sources that also supports the activities that are the subject of the contract), but rather will use funds from the contract to supplement any existing funds currently available for any such activities;
6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;



7. Will ensure that no officer, employee, or member of the respondent's governing body or of the respondent's contractor will vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity (as defined in Texas Government Code Chapter 573) to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the continued employment of a person who has been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
8. Has not given, offered to give, nor intends to give, at any time hereafter any economic opportunity, present or future employment, gift, loan, gratuity, special discount, trip, favor, or service to any employee or official of DSHS or HHSC, in connection with this solicitation or procurement; does not have nor will it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;
9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;
10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
11. Will not require a client with limited English proficiency to provide or pay for the services of a translator or interpreter;
12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
14. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the current Uniform Grant Management Standards (UGMS), issued by the Governor's Budget and Planning Office, applicable Office of Management and Budget Federal Circulars, and if applicable the Federal awarding agency Common Rule and U.S. Department of Health and Human Services Grants Policy Statements, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and federal references is available upon request;
15. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
16. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;
17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;



18. Will not charge a fee or profit. A profit and/or fee are considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance program;
19. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
20. As the prospective participant, and any of the prospective participant's principals (collectively, participants):
  - A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; in accordance with 2CFR Parts 376 and 180 (parts A-I), and 45 CFR Part 76 (or comparable federal regulation);
  - B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a private or public (federal, state, or local) transaction or contract under a private or public transaction; violation of federal or state antitrust statutes (including those proscribing price fixing between competitors, allocation of customers between competitors and bid rigging) or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or false claims, tax evasion, obstruction of justice, receiving stolen property or any other offense indicating a lack of business integrity or business honesty that seriously and directly affects the participant's present responsibility;
  - C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;
  - D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and
  - E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Texas Business & Commercial Code, or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

Should the respondent not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

The respondent agrees by submitting this proposal that the respondent will include, without modification, the certifications in subparagraphs A through E of this paragraph in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

21. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93):
  - A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering





- into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;
- B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the respondent must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and
  - C. The language of this certification must be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification must be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

- 22. Is in good standing with the Internal Revenue Service on any debt owed;
- 23. Affirms that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;
- 24. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;
- 25. Will comply with all statutes and standards of general applicability. It is Respondent's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Respondent will carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to respondent, respondent will comply with the following:
  - a) The following statutes, rules, regulations and DSHS policies, and any of their subsequent amendments that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation (where applicable), disabilities, age, substance abuse, political belief, or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107; 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91 or CFR Part 15; 8) Tex. Lab. Code, ch. 21; 9) Food Stamp Act of 1977 (7 USC §200 et seq); 10) US Department of Labor, Equal Opportunity E.O. 11246, as amended and supplemented; 11) Executive Order 13279 and 45 CFR Part 87 or 7 CFR Part 16 (regarding equal treatment and opportunity for religious organizations; 12) DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs; and 13) any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made, which prohibits exclusion from or limitation of participation in programs, benefits, or activities, or denial of any aid, care, service or



other benefit;

- b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
- c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
- d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
- e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
- f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;
- g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
- h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment, is funded with federal funds;
- i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
- j) Tex. Gov't Code ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
- k) Texas Workers' Compensation Act, Tex. Labor Code, chs. 401-406 28 Tex. Admin. Code pt. 2, regarding compensation for employees' injuries;
- l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
- m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
- n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
- o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Federal Water Pollution Control Act, 33 USC § 1251 et seq.; 10) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 11) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;
- p) Intergovernmental Personnel Act of 1970 (42 USC §§ 4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
- q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;



- r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction sub-agreements;
- s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;
- t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations;" and
- u) Requirements of any other applicable state and federal statutes, executive orders, regulations, rules, and policies.

If this contract is funded by a grant, additional state or federal requirements found in the Notice of Grant Award may be imposed on respondent;

26. Under §§2155.006 and 2261.053, Government Code, is not ineligible to receive a contract under this RFP and acknowledges that any contract may be terminated and payment withheld if this certification is inaccurate. Sections 2155.006 and 2261.053 relate to violations of federal law in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or certain other disasters;
27. Affirms that the statements in these assurances and certifications are true, accurate, and complete (to the best of respondent's and its authorized representative's knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense. Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available, be subject to civil penalties.



## APPENDIX C: HUB REQUIREMENTS

# QUICK CHECKLIST

While this HSP Quick Checklist is being provided to merely assist you in readily identifying the sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

❖ If you will be awarding all of the subcontracting work you have to offer under the contract to only Texas certified HUB vendors, complete:

- ☐ Section 1 – Respondent and Requisition Information
- ☐ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ☐ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors
- ☐ Section 2 c. – Yes
- ☐ Section 4 – Affirmation
- ☐ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract\* in place for five (5) years or less meets or exceeds the HUB Goal the contracting agency identified in the “Agency Special Instructions/Additional Requirements”, complete:

- ☐ Section 1 – Respondent and Requisition Information
- ☐ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ☐ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
- ☐ Section 2 c. – No
- ☐ Section 2 d. – Yes
- ☐ Section 4 – Affirmation
- ☐ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors or only to Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract\* in place for five (5) years or less does not meet or exceed the HUB Goal the contracting agency identified in the “Agency Special Instructions/Additional Requirements”, complete:

- ☐ Section 1 – Respondent and Requisition Information
- ☐ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ☐ Section 2 b. – List all the portions of work you will subcontract, and indicated the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
- ☐ Section 2 c. – No
- ☐ Section 2 d. – No
- ☐ Section 4 – Affirmation
- ☐ GFE Method B (Attachment B) – Complete an Attachment B for each of the subcontracting opportunities you listed in Section 2 b.

❖ If you will not be subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources, complete:

- ☐ Section 1 – Respondent and Requisition Information
- ☐ Section 2 a. – No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources





☐ Section 3 – Self Performing Justification

Rev. 02/12

☐ Section 4 – Affirmation

**\*Continuous Contract:** Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.



## HUB SUBCONTRACTING PLAN (HSP)

In accordance with Texas Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, all respondents, including State of Texas certified Historically Underutilized Businesses (HUBs) must complete and submit this State of Texas HUB Subcontracting Plan (HSP) with their response to the bid requisition (solicitation).

**NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Texas Gov't Code §2161.252(b).**

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the 2009 State of Texas Disparity Study. The statewide HUB goals defined in 34 Texas Administrative Code (TAC) §20.13 are:

- **11.2 percent for heavy construction other than building contracts,**
- **21.1 percent for all building construction, including general contractors and operative builders contracts,**
- **32.7 percent for all special trade construction contracts,**
- **23.6 percent for professional services contracts,**
- **24.6 percent for all other services contracts, and**
- **21 percent for commodities contracts.**

### -- Agency Special Instructions/Additional Requirements --

In accordance with 34 TAC §20.14(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified HUBs for its subcontracting opportunities if the total value of the respondent's subcontracts with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which it will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only contracts that have been in place for five years or less shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.

Please READ thoroughly when completing this HUB (HSP) Plan: you must: First, find the method that applies to you; see the HSP Quick Checklist to make this determination.

- If using Method B, you must comply with ALL sections of B3 and attach supporting documentation (e.g., notifications, emails, phone logs, etc.) with your bid response.
- If you are **awarded this contract**, you must notify all subcontractors of their selection as a subcontractor and provide a copy of the notification to the HUB Coordinator listed below within **10 days** of receiving the contract award. DSHS HUB Coordinator Contact: shawn.constancio@dshs.state.tx.us

This contract is classified as an **Other Services** contract under the CPA rule, and therefore has a Statewide Annual HUB utilization goal of **24.6%** per fiscal year. **RFP#**

Respondents may search for HUB subcontractors on the CPA Centralized Master Bidders List (CMBL), HUB Directory, which is located on the CPA website: <http://www2.cpa.state.tx.us/cmb/cmbhub.html>. For this procurement, DSHS has identified the following class and item codes for potential subcontracting opportunities:

### SECTION 1 RESPONDENT AND REQUISITION INFORMATION

- a. Respondent (Company) Name: \_\_\_\_\_ State of Texas VID #: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_
- b. Is your company a State of Texas certified HUB? ☐ - Yes ☐ - No
- c. RFP #: \_\_\_\_\_ Bid Open Date: I \_\_\_\_\_



**SECTION 2 SUBCONTRACTING INTENTIONS**

After dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, and taking into consideration the scope of work to be performed under the proposed contract, including all potential subcontracting opportunities, the respondent must determine what portions of work, including goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an "Subcontractor" means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:

- ☐ - **Yes**, I will be subcontracting portions of the contract. (If **Yes**, complete Item b, of this SECTION and continue to Item c of this SECTION.)
- ☐ - **No**, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources. (If **No**, continue to SECTION 3 and SECTION 4.)

b. List all the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you have a <u>continuous contract</u> * in place for five (5) years or less.	Percentage of the contract expected to be subcontracted to HUBs with which you have a <u>continuous contract</u> * in place for more than five (5) years.	Percentage of the contract expected to be subcontracted to non-HUBs.
1		%	%	%
2		%	%	%
3		%	%	%
4		%	%	%
5		%	%	%
6		%	%	%
7		%	%	%
8		%	%	%
9		%	%	%
10		%	%	%
11		%	%	%
12		%	%	%
13		%	%	%
14		%	%	%
Aggregate percentages of the contract expected to be subcontracted:		%	%	%

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at <http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>.)

c. Check the appropriate box (Yes or No) that indicates whether you will be using only Texas certified HUBs to perform all of the subcontracting opportunities you listed in SECTION 2, Item b.

- ☐ - **Yes** (If **Yes**, continue to SECTION 4 and complete an "HSP Good Faith Effort - Method A (Attachment A)" for each of the subcontracting opportunities you listed.)
- ☐ - **No** (If **No**, continue to Item d, of this SECTION.)

d. Check the appropriate box (Yes or No) that indicates whether the **aggregate expected percentage** of the contract you will subcontract with Texas certified HUBs with which you have a continuous contract\* in place with for five (5) years or less **meets or exceeds** the HUB goal the contracting agency identified on page 1 in the "Agency Special Instructions/Additional Requirements".

- ☐ - **Yes** (If **Yes**, continue to SECTION 4 and complete an "HSP Good Faith Effort - Method A (Attachment A)" for each of the subcontracting opportunities you listed.)
- ☐ - **No** (If **No**, continue to SECTION 4 and complete an "HSP Good Faith Effort - Method B (Attachment B)" for each of the subcontracting opportunities you listed.)

\***Continuous Contract:** Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.



# PROCUREMENT FILE CHECKLIST

ESBD No:		Solicitation Name: <i>Healthy Community Collaboratives</i>	
Date Posted:	Date Due:	Original Term:	No of Renewals:
CSCU Contact:	CMU Contact:	CTPM Certified by:	Date Renewals Expire:

No.	Y/NA	Tab #	Steps and Description:
1			Proof Solicitation posted on Electronic State Business Daily (ESBD page)
2			Solicitation (Approved and signed by CSCU Director)
3			Office of General Counsel (OGC) Approval
4			Work plan/Timeline
5	<i>N/A</i>		If One Initial Contract is >\$1,000,000 CATRAD Review (Approved and signed by CSCU Director)
6			Vendor Subrecipient Determination Form
7			CSCU Prescreen Tool (Approved and signed by CSCU Director)
8			Evaluation Plan (Approved and signed by CSCU Director)
9			Scoring Tools and Evaluator Instructions (Approved and signed by CSCU Director)
10			Centralized Master Bidders List (CMBL) and Transmittal E-mail
11			Supplemental Bidders (Approved and signed by CSCU Director) and Transmittal E-mail
12			Letters of Intent Received
13			Questions and Answers Posted on ESBD (Approved and signed by CSCU Director)
14			Addendums Posted on ESBD (Approved and signed by CSCU Director)
15			Pre-proposal Conference Agenda (Approved and signed by CSCU Director)
16			Log of Proposals Received (Prescreen Report)
17			Proposals with Prescreens
18			If One Initial Contract is >\$100,000 HUB Subcontracting Plans (HSP) Reviewed by HUB Coordinator
19	<i>Y</i>		Non-Disclosure/Conflict of Interest Statements Signed
20			Evaluators Individual Score Sheet and Summary Scores (Scores verified by CSCU)
21			Tentative Awards Recommendation Report (Approved and signed by CSCU Director)
22			Negotiation Plan (Approved and signed by CSCU Director)
23			Email to Potential Contractors Delegating Communications and Negotiations to CMU/Program
24			Final Award Recommendation Report (Approved and signed by CSCU Director)
25			Excluded Parties List System (EPLS) Proof of Awarded Contractor(s) Eligibility
26			If One Initial Contract >\$1,000,000 Nepotism Forms Signed
27			Proof Award(s) Posted on the ESBD (ESBD Page)
28			If One Initial Contract >\$5,000,000 Major Contracting Reported on ESBD
29			Financial and Administrative Questionnaire Waiver (when appropriate)

Comments:

Instructions: This form must be completed for each competitive procurement posted on the ESBD.  
 It is recommended that you complete each tab as each step is completed, do not wait until the awards are posted.  
 Indicate compliance by using the following: Y = Yes, N/A = Not Applicable  
 Indicate tab number in file or folder: example: 1, 2, 3...





## NON-DISCLOSURE STATEMENT

I, Lori Hagrone, the undersigned hereby certify that the following statements are true and correct and that I understand and agree to be bound by the commitments contained therein.

I am acting at the request of the **DEPARTMENT OF STATE HEALTH SERVICES** as a participant in the Healthy Community Collaborative procurement process (Solicitation No. WH/HCC-0595.1).

I am acting of my own accord and am not acting under duress. I am not currently employed by any potential respondent, nor am I receiving any compensation from the same, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with any potential responses or potential respondent in return for favorable consideration. I have no preconceived position on the relative merits of any potential responses nor have I established a personal preference or position on the worth or standing of any potential respondent participating in this action.

I agree not to disclose or otherwise divulge any information pertaining to the evaluation, negotiation, or contract development processes or the contents, status, or ranking of any submitted responses to anyone other than the evaluation team leader or other evaluation team members. I understand the terms "disclose or otherwise divulge" to include, but are not limited to, reproduction of any part or portion of any information, or removal of same from designated areas without prior authorization from the evaluation team leader. I agree to perform any and all evaluations of responses submitted to me in an unbiased manner, to the best of my ability, and with the best interest of the State of Texas paramount in all decisions.

Lori Hagrone  
(Signature)

Lori Hagrone  
Printed Name

11/18/13  
(Date)

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