



# TEXAS

## Health and Human Services

**Dr. Courtney N. Phillips, Executive Commissioner**

**Request for Applications (RFA)  
for  
Substance Use and Misuse Intervention Services  
Pregnant and Parenting Intervention  
Parenting Awareness & Drug Risk Education Services  
Rural Border Intervention**

**RFA No. HHS0001104**

**Date of Release: November 21, 2019**

**Responses Due: December 18, 2019 at 2:00 P.M.**

**Class/Item Code:**

- 918/03- Alcohol and Drug Abuse Consulting**
- 918/67- Human Services Consulting, Including Mental Health Consulting**
- 952/06- Alcohol and Drug Prevention**
- 952/59- Human Services (Not Otherwise Classified)**
- 952/67- Parenting Intervention Services**

Table of Contents

**ARTICLE 1. Executive Summary, Definitions, and Authority .....5**

1.1 Executive Summary ..... 5

1.2 Definitions ..... 6

1.3 Authority..... 12

**ARTICLE 2. Scope of Grant Award .....13**

2.1 Program Background ..... 13

2.1.1 Pregnant, Parenting Intervention (PPI) ..... 13

2.1.2 Parenting Awareness and Drug Risk Education (PADREs) ..... 13

2.1.3 Rural Border Intervention (RBI) ..... 14

2.2 Grant Award and Term ..... 15

2.2.1 Available Funding ..... 15

2.2.2 Pregnant, Parenting Intervention (PPI) ..... 16

2.2.3 Parenting Awareness and Drug Risk Education services (PADREs) ..... 16

2.2.4 Rural Border Intervention (RBI) ..... 16

2.2.5 Grant Term ..... 17

2.3 Eligible Applicants ..... 17

2.4 Program Requirements ..... 18

2.4.1 Mission and Objectives of Pregnant, Parenting Intervention (PPI) Programs ..... 18

2.4.2 Linkage and Retention Services Responsibilities ..... 19

2.4.3 Mommies Services Program ..... 20

2.4.4 Mission and Objectives of Parenting Awareness and Drug Risk Education Services (PADREs)..... 21

2.4.5 Mission and Objectives of Rural Border Intervention (RBI) ..... 23

2.5 SCOPE AND STATEMENTS OF WORK ..... 24

2.5.1 Pregnant, Parenting Intervention (PPI), Mommies ..... 24

2.5.2 Parenting Awareness and Drug Risk Education Services (PADREs)..... 36

2.5.3 Rural Border Intervention (RBI), Statement of Work..... 44

2.6 Match ..... 51

2.7 Expenditure Application ..... 51

2.8 Performance Measures..... 51

2.9 Prohibitions..... 52

2.10 Standards..... 52

2.11 Data Use Agreement..... 53

2.12 No Guarantee of Volume, Usage or Compensation ..... 53

**ARTICLE 3. Administrative Information .....54**

3.1 Schedule of Events ..... 54

3.2 Changes, Amendment or Modification to Solicitation ..... 54

3.3	Irregularities.....	54
3.4	Inquiries .....	55
3.4.1	Point of Contact.....	55
3.4.2	Prohibited Communications .....	55
3.4.3	Questions .....	55
3.4.4	Clarification request made by Respondent.....	56
3.4.5	Responses .....	56
3.4.6	Pre-Submittal Webinar Conference.....	56
3.5	Solicitation Response Composition.....	56
3.5.2	General Instructions .....	56
3.5.3	Submission in Separate Parts .....	57
3.6	Solicitation Response Submission and Delivery .....	57
3.6.1	Deadline.....	57
3.6.2	Labeling.....	57
3.6.3	Delivery .....	57
3.6.4	Alterations, Modifications, and Withdrawals.....	58
<b>ARTICLE 4. Solicitation Response Evaluation and Award Process.....</b>		<b>58</b>
4.1	Generally.....	58
4.2	Eligibility Screening .....	58
4.3	Evaluation .....	58
4.3.1	Specific Selection Criteria.....	58
4.4	Final Selection .....	59
4.5	Negotiation and Award.....	59
4.6	Questions or Requests for Clarification By HHSC .....	60
<b>ARTICLE 5. Narrative proposal .....</b>		<b>60</b>
5.1	Narrative Proposal .....	60
5.1.1	Background/Experience .....	60
5.1.2	Program Narrative .....	60
5.1.3	Work Plan.....	60
5.1.4	Performance Measures .....	61
<b>ARTICLE 6. Required Respondent Information.....</b>		<b>61</b>
6.1	Administrative Information .....	61
6.2	Litigation and Contract History .....	61
6.3	Conflicts.....	61
6.4	Grant Application Disclosure .....	62
6.5	Affirmations and Certifications .....	62
6.6	Exceptions and Assumptions .....	62
<b>ARTICLE 7. Expenditure Application .....</b>		<b>63</b>

7.1 Expenditure Application ..... 63  
7.2 Indirect Cost Rate (ICR) ..... 63  
**ARTICLE 8. General Terms and Conditions.....64**  
8.1 General Conditions ..... 64  
8.1.1 Costs Incurred..... 64  
8.1.2 Contract Responsibility ..... 64  
8.1.3 Public Information Act ..... 64  
8.1.4 News Releases ..... 64  
8.1.5 Additional Information..... 65  
**ARTICLE 9. Submission Checklist .....66**  
**ARTICLE 10. Exhibits and Forms .....67**

# **ARTICLE 1. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY**

## **1.1 EXECUTIVE SUMMARY**

The State of Texas, by and through the Health and Human Services Commission (HHSC or State), Medical and Social Services (MSS) Intellectual and Developmental Disabilities (IDD) and Behavioral Health Services announces the expected availability of grant funds for State Fiscal Year (SFY) 2021 to enhance Intervention programs in Texas by funding Substance Use Intervention Programs or target populations in Texas.

This Request for Applications (RFA) will reflect the Substance Abuse and Mental Health Services Administration (SAMHSA) priority for states to develop an Intervention Program which adhere to SAMSHA's guidelines. In developing a response to this RFA, the Respondent is encouraged to demonstrate how it currently provides or will provide intervention services to the target population.

HHSC will make funds available for organizations to deliver substance use intervention services to help ensure a continuum of care for the target populations: Pregnant and Parenting Females, Parenting Males, and Rural Border populations to increase education regarding use, misuse and substance use disorders. The Respondents will also demonstrate effective linkage to community-based referrals and community resources for this at-risk and high-risk population. It is expected that eligible Respondents have the demonstrated experience, expertise, and infrastructure to perform the work outlined in this RFA.

The goal of this RFA is to encourage Respondents to develop an expanded array of services within the treatment modality, to offer long-term engagement, and engage at-risk and high-risk populations in intervention programs.

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

The Applicants must submit applications in accordance to the requirements below:

- A. If an Applicant is proposing to provide Pregnant, Parenting Intervention (PPI) services, a complete and separate application is required for each county Applicant is applying to serve. The eligible counties are: Bell, Bexar, Cameron, Collin, Dallas, El Paso, Harris, Jefferson, Lubbock, Nueces, Potter, Tarrant, and Travis.
- B. If an Applicant is proposing to provide Parenting Awareness and Drug Risk Education (PADREs) services, a complete and separate application is required for each HHS Health Region. The counties by Health Region are referenced in **Exhibit L, HHS Regional Map**.
- C. If an Applicant is proposing to provide RBI services, a complete and separate application is required for each HHS Health Region. The Counties by Health Region are referenced **Exhibit L, HHS Regional Map**. The eligible Counties to receive this Service: Brewster, Brooks,

Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata and Zavala.

## 1.2 DEFINITIONS

Refer to **Exhibit B, HHSC Uniform Terms and Conditions - Grant, v. 2.16.1, B-1, HHSC Grantee Special Conditions, Exhibit C, Assurances-Non-Construction Programs, Exhibit C-1, Certification Regarding Lobbying**, for additional definitions.

**“Addendum”**- a written clarification or revision to this Solicitation issued by HHSC.

**“Adult”**- A person 18 years or older.

**“Allowable Expense”** – Costs charged to the program, which are allowed under the terms of the contract.

**“Alternative Activities”** – Activities under this strategy are designed to encourage and foster bonding with peers, family and community. Examples of activities under this strategy may include, but are not limited to, cultural events and activities, wilderness and adventure-oriented activities, ropes/challenge courses, rites of passage activities, artistic/theater activities, mentoring, tutoring, community service projects, social outings/events, health fairs, and athletic and other recreational alternatives.

**“Assessment”** - An ongoing process through which a qualified professional collaborates with the client and others to gather and interpret information necessary for developing and revising a service plan and evaluating client progress toward achievement of goals identified in the service plan, resulting in comprehensive identification of the client's strengths, weaknesses, and problems/needs.

**“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 type of budget for services under the RFA will be categorical (line item).

**“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 renewal will have its own budget period.

**“Childbearing Age”** – Typically refers to the period of time where a woman can biologically produce offspring or maternal age of 15-49 (World Health Organizations)

**“Clinical Management for Behavioral Health Services (CMBHS)”** – HHSC’s web-based clinical record-keeping system for state-contracted community mental health and substance use service providers.

"Client" - a member of the target population receiving intervention services by the Respondent's organization.

"Colonia" – unincorporated communities within 62 miles of the international border.

"Community-Based Outreach" - Activities directed toward finding community partners who may assist in enrolling new participants and/or have access to the eligible population.

"Community Health Worker/Promotor(a)" –

A Community Health Worker (CHW) who, with or without compensation, is a liaison and provides cultural mediation between health care, social services and the community. A promotor(a) or community health worker: is a trusted member, and has a close understanding of, the ethnicity, language, socio-economic status, and life experiences of the community served.

"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 HHSC contract is assembled using a core contract (base), one or more program attachments, and other required exhibits (general provisions, etc.).

"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.

"Cost Reimbursement" – A payment mechanism in which funds are provided to carry out approved activities based on an approved eight-category line-item (categorical) budget. Amounts expended in support of providing services and goods, if any, in accordance with the contract terms and conditions must be billed on a monthly basis for reimbursement unless otherwise specified in the contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the grant that funds the contract.

"Cultural Competency" - Demonstration of adequate and accurate knowledge and skill by a staff member, program, or agency to effectively respond to an individual's and/or community's needs through knowledge of communication, actions, customs, beliefs, and values within the individual's racial, ethnic, socioeconomic, religious, and social groups.

"Direct Care Staff" - Staff responsible for providing prevention or intervention services, care, supervision, or other direct client or participant services that involve face-to-face contact with a client or participant.

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

"Department of Family and Protective Services (DFPS)"- State agency responsible for investigating charges of abuse, neglect or exploitation of children, elderly adults and adults with disabilities.

“Dyad” - Two Individuals (such as mother and child) maintaining a sociologically significant relationship.

“Effective Date” – The date the contract term begins.

“Evidence-based” – A designation for models, curricula, and other interventions that have been proven effective through rigorous research methodologies.

“Family” - The parents, brothers, sisters, other relatives, foster parents, guardians or significant others who perform the roles and functions of family members in the lives of the participants.

“Fiscal Year” - State fiscal year is from September 1 through August 31 of each year. The Federal fiscal year is from October 1 through September 30 of each year. This is not to be confused with Federal grant project periods.

“Health and Human Services Commission” or “HHSC” – the administrative agency established under Chapter 531, Texas Government Code or its designee.

“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.

“Key Personnel” - a Respondent organization's Project Contact, Fiscal Contact, and Executive Director and/or any other key stakeholders in the Proposed Project.

“Letter of Support” – (LOS) is a letter that demonstrates a partner will support the project or proposal to provide RFA applicable services.

“Medication Assisted Treatment” -- the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose to include but not limited to: Narcotic Treatment Centers (NTCs), Opioid Treatment Centers (OTCs), Buprenorphine Waivered Physicians interested in working with the target population, and Opioid Based Office Treatment (OBOT) providers.

“Memorandum of Understanding” - (MOU) is a formal document describing the broad outlines of an agreement that two or more parties have reached through negotiations. It is not a legally binding document but signals the intention of all parties to move forward with a contract.

“Mommies Program Services” – an integrated, collaborative, comprehensive case management and psychoeducational program for high-risk pregnant, postpartum and parenting women.



[“Motivational Interviewing \(MI\) Techniques”](#) - Goal-directed, client-centered techniques that elicit behavioral change by helping individuals explore and resolve ambivalence. **(Exhibit M, Motivational Interviewing)**

[“Needs Assessment”](#) - A systematic process for determining and addressing needs or "gaps" between current services and conditions, and desired conditions and outcomes. The discrepancy between the current conditions and desired conditions must be measured to appropriately identify the need in a community. A needs assessment is an important part of the planning process and is an effective tool used to identify and clarify problems in a community. Gathering appropriate and sufficient data and input from multiple sources, including data specific to the target population in a community and the input from that target population, is critical to the development of an effective needs assessment.

[“Opioid Treatment Services”](#) – combined Methadone or Buprenorphine or other FDA approved medications with opioid use disorder treatment.

[“Opioid Use Disorder”](#) - A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period; using more or for longer durations, inability to stop, significant time spent pursuing, obtaining, or recovering from opioids, intense cravings, failure to fulfil obligations at work, school, or home; continued use despite persistent/recurrent problems relative to use, cessation/surrender of important activities, recurrent use in risky circumstances, continued use despite awareness of opioids as problematic; tolerance, and/or withdrawal.

[“Parents”](#) – the father, mother, step-parent, foster-parent, guardian to a child, or partners to guardian of the child.

[“Participant”](#) - a member of the target population receiving prevention services by the Respondent's organization.

[“Peer Recovery Coach”](#) - someone with “lived experience” in long term recovery who has been through peer coach training, has appropriate peer specialist or peer coach credentials, and works under organization supervision. A potential Peer Recovery Coach must have demonstrated recovery and the requisite acceptance of other’s circumstances necessary to support individuals on all paths to recovery. The individual also must have completed 46 hours of Texas HHSC approved Peer Recovery Coach training that includes 16 hours of Ethics, 10 hours of Recovery Support, 10 hours of Advocacy, and 10 hours of Mentoring.

[“Person-centered”](#) – A technique that directly focuses upon the need, preferences and strengths of the individual.

[“Prenatal Care”](#) – care provided by a health care professional during pregnancy which may prevent potential health problems throughout the course of pregnancy and to promote healthy lifestyles that benefit both mother and child(ren).

“Preventive Care” – routine health care that includes check-ups and patient screenings to prevent illness, disease, and other health-related problems.

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

“Promotora/Community Health Worker” – A Community Health Worker (CHW) who, with or without compensation, is a liaison and provides cultural mediation between health care, social services and the community. A promotor(a) or community health worker: is a trusted member, and has a close understanding of, the ethnicity, language, socio-economic status, and life experiences of the community served.

“Psycho-educational Activities” – Activities under this strategy are designed to encourage and foster bonding with peers, family and community. This strategy provides adults the opportunity to take part in educational, cultural, recreational, and work-oriented substance-free activities with youth involved in prevention programming. Examples of activities under this strategy may include, but are not limited to, cultural events and activities, wilderness and adventure-oriented activities, ropes/challenge courses, rites of passage activities, artistic/theater activities, mentoring, tutoring, community service projects, social outings/events, health fairs, and athletic and other recreational alternatives.

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

- A. Licensed Professional Counselor (LPC);
- B. Licensed Clinical Social Worker (LCSW);
- C. Licensed Marriage and Family Therapist (LMFT);
- D. Licensed psychologist;
- E. Licensed physician;
- F. Licensed Physician’s Assistant;
- G. Certified Addictions Registered Nurse (CARN); or
- H. Advanced practice nurse recognized by the Board of Nurse Examiners as a clinical nurse specialist or practitioner with a specialty in psychiatric-mental health nursing.

“Recovery” - defined by SAMSHA as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

“Referral” - The process of identifying appropriate services and providing the information and assistance needed to obtain access to them.

“Region (Health and Human Services (HHSC) Region)” – One of eleven geographic subdivisions of the state. (See **Exhibit L, HHS Regional Map**)

“Respondent” – the entity responding to this solicitation. May also be referred to as “Applicant”.

“Risky Substance Use Behavior” - refers to using tobacco, alcohol or other drugs in ways that threaten the health and safety of the user, as well as others, but does not meet the clinical criteria for a substance problem.

“Scope of Work” – A statement outlining specific goods or services reflected in a solicitation for a project period.

“Screening” – A process that identifies indicators for further assessment and needs for referral to services. The screening process will be conducted in a confidential, face-to-face interview whenever possible. If logistics or emergency circumstances prevent an in-person interview, the screening process may be conducted by telephone. The type of tool and/or process utilized for this service will be appropriate for the target population and program design.

“Service Plan” - An individualized, written plan used to guide the client’s services. The plan is developed and implemented through a collaborative process between qualified personnel and the client. At a minimum, the service plan addresses the needs and goals identified through an assessment process.

“Short-term funds” - Funds that should be used for one-time or short amount of time that should not be longer than 30 days.

“Solicitation” means this Request for Applications including Exhibits and Addenda, if any.

“Stages of Change” - A trans theoretical model designed by Prochaska and DiClemente to determine what type of interventions would be most effective in dealing with a substance abusing client. (**Exhibit J, The Transtheoretical Model**)

“Statement of Work” – A statement outlining specific services a contractor is expected to perform, indicating the type, level and quality of service, as well as the time schedule required.

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

“Strength-based” – Focusing upon the assets, strengths, resources and resiliencies of the individual, family and community rather than emphasizing needs, deficits, and pathologies.

“Substance Exposed Pregnancy” – prenatal exposure to alcohol, tobacco, illicit drugs and/or prescription medications.

“Substance Use Disorder (SUD)” - a condition in which the use of one or more substances leads to a clinically significant impairment or distress.

“Successful Respondent” - an organization that receives a grant award as a result of this RFA. May also be referred to as "Grantee, ""Awarded Applicant," "Subrecipient" or "Grant Recipient."

“Supervision” - The process of watching and directing what someone does or how something is done.

“Supplant” - To replace or substitute one source of funding for another source of funding. A recipient of contract funds under this RFA 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 RFA had committed to provide funding for activities defined in the contract’s statement of work (i.e., as represented in the RFA Budget Summary), then the contractor must provide the amount of funding previously committed in addition to the amount requested under this RFA.

“Supportive Allies” – individuals or community partners who provide a safe space for participants and/or clients.

“Targeted Outreach” - Activities directed toward finding high risk or a specific population of individuals who might not use services due to lack of awareness or active avoidance of those services.

“Transportation” - Travel services provided to a client that allows them to access substance use treatment and intervention services.

“Trauma-Informed Services” - As described by The National Center for Trauma Informed Care: Services that result when an entity takes the steps to become trauma-informed, and every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma has an effect on the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services can be supportive and assist helping survivors avoid being traumatized again.

“Working Capital”- the cash utilized for operations, calculated as the current assets minus the current liabilities.

“Youth”- A person under 18 years.

### **1.3 AUTHORITY**

HHSC is requesting applications under Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Services (PHS) Act, which established the Substance Abuse Prevention and Treatment Block Grant (SABG) Program; and Texas Government Code Chapters 531, to the extent applicable.

## **ARTICLE 2.      SCOPE OF GRANT AWARD**

### **2.1 PROGRAM BACKGROUND**

#### **2.1.1 Pregnant, Parenting Intervention (PPI)**

The purpose of PPI programs is to provide intervention services aimed at reducing the impact, severity, and cost associated with a substance exposed pregnancy to the mother and child dyad and to their families by providing comprehensive case management services, community-based linkage and retention services, and evidenced-based education for individuals with a past or present substance use disorder diagnosis and providing support to their families and significant others.

**Goal:** Plan and coordinate an approach to ensure that participants have access to all available health and social services necessary to obtain an optimum level of functioning, prenatal/preventive care, and lowering risky substance use behavior.

**Target Population:** Pregnant women/Postpartum women, who are Texas residents, with a previous or current substance exposed pregnancy, and family members

**Program Implementation:** Provide Substance Use Pregnant, Parenting Intervention (PPI) services, outreach and Mommies Program services for high risk pregnant or postpartum females and their families. Offer overdose prevention education for participants receiving intervention services. Offer tobacco cessation services for participants receiving intervention services. May provide home visits as needed and as appropriate. Assist with transportation and childcare of the participants' children during PPI activities as needed and as appropriate. Conduct outreach activities in areas and locations during times and days that maximize effective outreach, intervention and testing including street outreach, outreach to specialty clinics, emergency departments, and non-traditional settings based on a community needs assessment. Promote and advocate for coordinated prenatal care, postpartum care and substance use case management and collaborate with substance use providers and medical care providers to ensure participants receive optimal care. Provide ongoing, weekly coordinated case management activities that promote engagement, re-engagement and retention/maintenance in medical care, as appropriate. Organize weekly Mommies Education classes using the curriculum identified in the Mommies Toolkit including securing and orienting to the program medical educators that will be teaching group classes. The Mommies Toolkit training is located at: <https://store.centralizedtraining.com/product?catalog=MOMMIES> Organize monthly Response Team meetings designed to understand and address the problem of substance use among pregnant women in the community comprised of community members implementing Mommies program.

#### **2.1.2 Parenting Awareness and Drug Risk Education (PADREs)**

The purpose of PADREs is to provide community-based intervention outreach services and evidenced-based education to individuals who are of childbearing age to decrease the impact of substance use. Respondent will utilize prevention education workers to reduce the impact, severity, and cost of substance use upon the fetus, infant, family and community through early pregnancy testing, prevention and harm reduction education.

Goal: Provide a planned and coordinated educational approach to decrease the effects of substance use within the family and to increase access to community resources and evidenced-based education. Focus on behavior change and lowering risky substance use behavior.

Target Population: Parent(s), who are Texas residents, whose youngest child is at least six years or younger; or expectant parents who have one or more risk factors for a substance use disorder. Risk factors may include teen pregnancy, current or past involvement with child protective services.

Program Implementation: Provide Substance Use Outreach and Parenting Awareness and Drug Risk Education (PADREs) services. Offer overdose prevention education and tobacco cessation services for participants receiving intervention services. May provide home visits, as needed and as appropriate. Assist with transportation and childcare for the participants' children during activities, as needed and as appropriate. Provide all services in a trauma-informed, culturally competent, and developmentally appropriate manner for participants, families and partners. Conduct activities in areas and locations during times and days that maximize effective outreach, intervention and testing including street outreach, outreach to specialty clinics, emergency departments, and non-traditional settings (such as homeless shelters, bus stops, and food banks) based on a community needs assessment. Include activities, at a minimum, tools and materials such as male and female condoms, and appropriate distribution of individual-level risk-reduction education and tools targeting people who use or abuse substances, including overdose prevention and tobacco cessation education, applicable to the substance using community.

### **2.1.3 Rural Border Intervention (RBI)**

The purpose of RBI is to address the specific needs of the rural border communities by providing distinct, but integrated, prevention and intervention services and access to a continuum of behavioral health services to members of the rural border communities who have or are at high risk of developing substance use disorders. The continuum of services included in the RBI should include: substance use services; mental health promotion; substance use disorder and mental health treatment and recovery.

Goal: The goals of the RBI are to provide both substance abuse prevention and intervention services to youth and adults in remote Rural Border areas and to increase access to substance use disorder and mental health treatment services.

Target Population: The RBI program services are accessible to the eligible population and will specifically include residents of Colonias. The services are as follows:

- A. Prevention Services: Youth and adults (participants) living within the rural border community (within 62 miles north of the Texas/Mexico border) who are at risk of developing a substance use disorder.
- B. Intervention Services: Youth and adults (clients) living within the rural border community (within 62 miles north of the Texas/Mexico border) who have or are at high risk of developing a substance use disorder.

**Program Implementation:** Ensure that RBI program services will be accessible to the eligible population and will specifically include residents of Colonias. Services will be community-based and will include providing services in the Colonias of the designated counties, to the extent possible within the funding limits of the contract. In addition to providing services at Applicant's own program site, services will be provided in local community centers, participants' and/or clients' homes, area churches, Federally Qualified Health Centers (FQHCs), etc. Document the number of participants receiving services who are residents of a Colonia in the monthly performance measures reports submitted in CMBHS. Applicant in these Regions will reflect in Applicant's staff and Applicant racial and ethnic demographics of the eligible populations and will include indigenous community workers who provide behavioral health outreach services (including Promotoras [CHW/P). Engage in outreach strategies that promote client and participant recruitment and case finding in order to reach eligible populations. Assemble a network of contracted and/or employee direct care providers to provide prevention and intervention services and to assist the client or participant to the extent necessary to ensure they are able to obtain appropriate services within a full continuum of care, which includes, but is not limited to, other specialized prevention and intervention services, substance use disorder treatment, mental health services, and other needed services. Ensure that RBI program consists of both prevention and intervention services. Ensure that all staff providing direct RBI services are fluent in Spanish. The RBI services are provided in local community centers, participants' and/or clients' homes, area churches, FQHCs, etc. The RBI program must train staff and develop policies to ensure to provide services for residents of a Colonia in a respectful, non-threatening, and culturally sensitive manner. RBI program staff are trained to be culturally competent.

## 2.2 GRANT AWARD AND TERM

### 2.2.1 Available Funding

The total amount of state funding available for the PPI, PADREs, and RBI grant is **Six MILLION NINE HUNDRED NINETY THOUSAND DOLLARS (\$6,990,000.00)** and it is HHSC's intention to make multiple awards.

In this procurement, there are three intervention programs which address unique target populations. The services that Respondents provide should be based on the most critical needs of the target population in the Respondent's community and should build on the capabilities and strengths of the Respondent and staff.

### **2.2.2 Pregnant, Parenting Intervention (PPI)**

Grant awards made by HHSC to Successful Respondents must be matched by, at least, five percent (5%) of the expended funds of the grant award(s). Match **will not** be met with funds originating from state or federal sources.

Grant awards as a result of this RFA will be funded on a cost reimbursement basis. Under the cost reimbursement method of funding, grant recipients are required to finance operations with their own working capital with grant payments made by HHSC to reimburse the grant recipients for actual cash disbursements. All reimbursement requests must be supported by adequate documentation.

The total award is **TWO MILLION, THREE HUNDRED THOUSAND DOLLARS (\$2,300,000.00)** in general revenue. Grant awards will be 10-15 awardees depending on funding amounts.

Grant awards will be awarded by the counties with the highest percentage of Texas Medicaid Neonatal Abstinence Syndrome (NAS) newborns, documented in Exhibit K. If there are multiple Respondents within one county, only one Respondent will be awarded, based on the highest score.

### **2.2.3 Parenting Awareness and Drug Risk Education services (PADREs)**

Grant awards made by HHSC to Successful Respondents must be matched by, at least, five percent (5%) of the expended funds of the grant award(s). Match **will not** be met with funds originating from state or federal sources.

Grant awards as a result of this RFA will be funded on a cost reimbursement basis. Under the cost reimbursement method of funding, grant recipients are required to finance operations with their own working capital with grant payments made by HHSC to reimburse the grant recipients for actual cash disbursements must be supported by documentation.

The total award is **THREE MILLION SEVEN HUNDRED THOUSAND DOLLARS (\$3,700,000.00)** in block grant funding. Grant awards will be 25-35 awardees depending on funding amounts. Grants awards will be awarded, at minimum, one per region, with any additional awards based on highest scores.

### **2.2.4 Rural Border Intervention (RBI)**

Grant awards made by HHSC to Successful Respondents must be matched by, at least, five percent (5%) of the expended funds of the grant award(s). Match **will not** be met with funds originating from state or federal sources.



Grant awards as a result of this RFA will be funded on a cost reimbursement basis. Under the cost reimbursement method of funding, grant recipients are required to finance operations with their own working capital with grant payments made by HHSC to reimburse the grant recipients for actual cash disbursements must be supported by adequate documentation.

The total Grant award is **NINE HUNDRED NINETY THOUSAND DOLLARS (\$990,000.00)**, which will be distributed to a minimum of 3 awardees.

### **2.2.5 Grant Term**

The anticipated grant funding period for this program will be **September 1, 2020** through **August 31, 2023**. The fiscal term are as follows:

Fiscal year 2021; September 1, 2020- August 31, 2021;

Fiscal year 2022; September 1, 2021- August 31, 2022;

Fiscal year 2023; September 1, 2023- August 31, 2023.

Reimbursement will only be made for allowable expenses that occur within each fiscal term of the grant. Awarded funds will not be allowed to move between fiscal terms. Expenditures that occur before the contract is executed may not be reimbursed

## **2.3 ELIGIBLE APPLICANTS**

To be eligible for the PPI program, Respondents must provide intervention services in, at least, one of the counties where NAS is prevalent as based on Texas Medicaid newborns rates per county in FY 2016 (**Exhibit K, Texas Medicaid Newborns with Neonatal Abstinence Syndrome in FY 2016**).

To be eligible for the PADREs program, Respondent's must reflect the willingness and aptitude to provide intervention services to couples and/or single parents, either pregnant or with children.

To be eligible for the RBI program, Respondents must provide services to a rural border community (within 62 miles north of the Texas/Mexico border) in the following counties: Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata and Zavala.

Eligible Respondents include public or private non-profit 501(c)(3), and governmental entities. All Respondents must comply with the criteria listed below under this RFA at the time the proposal is submitted. In order to be awarded a contract as a result of this RFA:

- A. Respondent must be established as an appropriate legal entity as described in the paragraph above, under state statutes, and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFA.

- B. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the Respondent must conduct business at a physical location in the Texas region where services are to be provided prior to the date that the contract is awarded.
- C. Respondent must be in good standing with the U.S. Internal Revenue Service.
- D. Respondent is not eligible to apply for funds under this RFA if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
- E. Respondent may not be eligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the Applicant, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by HHSC.
- F. Respondent's staff members, including the executive director, must not serve as voting members on their employer's governing board.
- G. Respondent must be in compliance with 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 to verify the Respondent's legal name and confirm that the Respondent is in good standing with the state.
- H. A Respondent is not considered eligible to contract with HHSC, regardless of the funding source, if a name match is found on any of the following lists:
  1. 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.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/systems-and-services/>
  2. The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search <https://oig.hhsc.state.tx.us/oigportal/Exclusions.aspx>; and
  3. Texas Comptroller of Public Accounts (CPA) Debarment List located at <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>

Respondent must continue to meet the eligibility conditions throughout the selection and funding process. HHSC 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.

## 2.4 PROGRAM REQUIREMENTS

### 2.4.1 Mission and Objectives of Pregnant, Parenting Intervention (PPI) Programs

- A. Provide Substance Use Pregnant, Parenting Intervention (PPI) services, and Mommies Program services for high risk pregnant and parenting females and their families.
- B. Provide intervention services in accordance with 25 Texas Administrative Code (TAC) [Chapter 447; Part B: Intervention](#).
- C. Increase accessibility to intervention services by maintaining locations, hours and days of service that best meet the needs of the target population.
- D. Ensure no waitlist for any level of PPI services. If there is a need for a waitlist, contact HHSC for assistance in maintenance and/or technical assistance.

- E. Document specified activities and services in HHSC CMBHS system in accordance with the Contract and instructions provided by HHSC.
- F. In addition to providing services at their own program site, provide services in external community organization sites serving the target population.
- G. Provide access to services for participants referred by Department of Family and Protective Services (DFPS) within three business days.
- H. Directly provide referrals to intervention services or another appropriate community program.
- I. May provide services to pregnant or parenting participants who are concurrently admitted to substance use treatment programs, if the services are coordinated and sequenced, to avoid duplication of service and case manage for transitional assistance in discharge from treatment setting.
- J. Offer overdose prevention education for participants receiving intervention services.
- K. Offer tobacco cessation services for participants receiving intervention services.
- L. May provide home visits as needed and as appropriate.
- M. Assist with transportation and supervision of the participants' children during PPI activities as needed and as appropriate.
- N. Ensure that Program Director and appropriate staff attend all HHSC scheduled conference calls.
- O. Establish and maintain working linkages through MOUs with a resource network of external community organization sites serving the target population. Maintain MOUs on file for HHSC review.
- P. Provide all services in a trauma-informed, culturally competent, and developmentally appropriate manner for target population.
- Q. Perform one coordinated annual review of target population's trends and epidemiological statistics between service types to ensure that appropriate outreach and prevention education activities are conducted in the most appropriate settings and targeting the current service needs of the target populations due within the first quarter of each state fiscal year (September through November).
- R. Provide policies and procedures upon HHSC request.
- S. Conduct and document criminal and employment background checks and pre-employment drug testing of Respondent's staff who will deliver direct services.
- T. Have a webpage on Respondent's website that includes PPI services offered and current contact information specific to the program.

#### **2.4.2 Linkage and Retention Services Responsibilities**

- A. Conduct linkage and retention activities to improve participant outcomes and enroll eligible participants into the PPI program.
- B. Develop and maintain written policies and procedures related to street outreach.
- C. Include activities, at a minimum, distribution of community-level risk-reduction education, tools and materials.
- D. Distribute pregnancy tests and education regarding high-risk sexual behavior in the outreach activities.

### 2.4.3 Mommies Services Program

- A. Assess the needs of each participant upon entry into the Mommies Program and maintain documentation of this service requirement onsite for HHSC review in accordance with state retention records in accordance with **Exhibit B, HHSC Terms and Conditions.**
- B. Develop and document a service plan in collaboration with the participant based on the assessment.
- C. Provide appropriate referrals to participants based on the assessment.
- D. Provide information distribution and evidence-based education.
- E. Promote and advocate for coordinated prenatal care, postpartum care, and substance use case management and collaborate with substance use providers and medical care providers to ensure participants receive coordinated, comprehensive and individualized care.
- F. Provide ongoing, weekly coordinated case management activities that promote engagement, re-engagement and retention/maintenance in medical care, as appropriate.
- G. Include, if required, coordinated case management or co-case management with other case management providers.
- H. Administer the SUD Services Screening Tool in CMBHS with QCC or be supervised by a QCC to determine eligibility for treatment services for individuals indicating current substance use and document in CMBHS corresponding referral to SUD and/or OTS.
- I. Promote and encourage entry into substance use services and make referrals, if appropriate, for participants who are in need of formal substance use treatment.
- J. Provide OTS support to pregnant and postpartum participants who are concurrently admitted to SUD treatment, SUD intervention, and/or OTS, if services are coordinated and sequenced to avoid duplication of services.
- K. Document specified activities and services in HHSC CMBHS system in accordance with the Contract and instructions provided by HHSC:
- L. Establish and maintain additional working linkages through MOU or a Letter of Support (LOS) with community partners having interest in the target population and maintain MOUs on file for HHSC review.
- M. Organize weekly Mommies Education classes using the curriculum identified in the Mommies Toolkit, including securing and orienting to the program, medical educators that will be teaching group classes.
- N. Maintain copies of sign-in sheets and satisfaction surveys from psychoeducational groups and support group activities to have made available upon HHSC request.
- O. Organize monthly Response Team meetings designed to understand and address the problem of substance use among pregnant women in the community comprised of community members implementing Mommies Program.
- P. Provide PPI crisis services and care coordination 24-hours/7 days-a-week and document in CMBHS any after-hours crisis assistance, services and care coordination conducted.
- Q. For participants being formally referred to substance abuse treatment services, create a client profile and document the referral in CMBHS.
- R. Provide or arrange and advocate for appropriate social services for participants, their

- families and/or significant others.
- S. Provide case management services in settings that are based on the needs of the participant and the goals of the participant's service plan, including office-based, home-based or community-based locations.
  - T. Conduct regularly scheduled psycho-educational support groups for Mommies participants facilitated by Respondent's staff to help participants and their families with barriers to care, behavior change, relationships, empowerment, and community engagement.
  - U. Include ongoing services and support for discharge, overdose prevention, and aftercare planning, during and following treatment, incarceration or medically-related hospitalizations.

#### **2.4.4 Mission and Objectives of Parenting Awareness and Drug Risk Education Services (PADREs)**

- A. Provide Substance Use Outreach services, and PADREs services.
- B. Provide intervention services in accordance with 25 Texas Administrative Code (TAC) [Chapter 447; Part B: Intervention](#).
- C. Increase accessibility to intervention services by maintaining locations, hours and days of service that best meet the needs of the target population.
- D. Ensure no waitlist for any level of PADRE services. If there is a need for a waitlist, contact HHSC for assistance in maintenance and/or technical assistance.
- E. Document specified activities and services in HHSC CMBHS system in accordance with the Contract and instructions provided by HHSC, unless otherwise noted.
- F. Maintain all documents that require participant or staff signature in the physical record for review by HHSC. Upload documentation that is handwritten and not transcribed into the CMBHS record.
- G. Administer the Screening Tool in CMBHS as part of participant identification, recruitment, and engagement when appropriate.
- H. In addition to providing services at their own program site, provide services in external community organization sites serving the target population and their families.
- I. Provide access to services for participants referred by DFPS within three business days.
- J. Directly provide referral to intervention services or another appropriate community program.
- K. Ensure that Program Director and appropriate staff are on the programmatic conference calls as scheduled by HHSC, unless otherwise agreed to by HHSC Program Staff in writing.
- L. Establish and maintain working linkages through MOUs with a resource network of external community organization sites serving the target population and their families. Maintain MOUs on file for HHSC review.
- M. Provide all services in a trauma-informed, culturally competent, and developmentally appropriate manner for participants, families and partners
- N. Perform one coordinated annual review of target population's trends and epidemiological statistics between service types to ensure that appropriate outreach and prevention education activities are conducted in the most appropriate settings and

- targeting the current service needs of the target populations due within the first quarter of each state fiscal year.
- O. Conduct and document criminal and employment background checks and pre-employment drug testing of Respondent's staff who will deliver direct services. Documentation of criminal and employment background checks and pre-employment drug testing will be kept on file for HHSC review.
  - P. Have a webpage on Respondent's website that includes PADREs offered and current contact information specific to the program.
  - Q. Provide services to pregnant and parenting participants who are concurrently admitted to substance use treatment programs, if the services are coordinated and sequenced to avoid duplication of service and assist in discharge from treatment setting.
  - R. Provide overdose prevention education for participants receiving intervention services.
  - S. Provide tobacco cessation services for participants receiving intervention services.
  - T. Provide home visits as needed and as appropriate.
  - U. Assist with transportation and supervision of the participants' children during activities as needed and as appropriate.
  - V. Screen the needs of each participant upon entry into the PADREs education program and maintain documentation of this service requirement onsite for HHSC review.
  - W. If opened for PADREs, then develop and document a service plan in collaboration with the participant based on the needs identified in screening.
  - X. Provide at minimum, 4 hours per employee of drop-in time where clients can present, without appointment, additional needs including information and referrals, as needed and appropriate.
  - Y. Provide at a minimum, tools and materials such as condoms, and appropriate distribution of individual-level risk-reduction education and tools targeting people who use or misuse substances, including overdose prevention and tobacco cessation education, applicable to the substance using community.
  - Z. Distribute pregnancy tests and education regarding high-risk sexual behavior in the outreach activities.
  - AA. Provide evidenced-based parenting education, at minimum, to cover the following: substance use/misuse, risky use and medication management, and the effects on the family. Respondent will provide certificates with positive outcomes between the pre- and post-test evaluation which will be completed by all successful participants. Evidence-based parenting education programs will be chosen by the Respondent.
  - BB. Conduct alternative activities to promote healthy life styles and family bonding.
  - CC. Provide advocacy and a support system which is peer-led by past participants, and/or an individual from the target population to promote positive alternative activities.
  - DD. Document specified activities and services in HHSC CMBHS system in accordance with the Contract and instructions provided by HHSC, unless otherwise noted
  - EE. Provide or arrange and advocate for appropriate social services for participants and their families and/or significant others.
  - FF. Document internally all educational opportunities and, at minimum, the following per opportunity: date, time, location, setting, duration, name of person performing educational opportunity, number of individuals participating, adult or youth, and gender. Maintain documents for HHSC review.

#### **2.4.5 Mission and Objectives of Rural Border Intervention (RBI)**

- A. Ensure that all RBI services are performed in accordance with the requirements in this Attachment, which include the services defined in the Texas Administrative Code (TAC), Title 25, Chapter 447, Subchapter B, Intervention.
- B. Ensure that RBI program services will be accessible to the eligible population and will specifically include residents of Colonias.
- C. Document and report the number of participants and clients receiving services who are residents of a Colonia (unincorporated community within 62 miles of the international border in Regions 8, 9, 10, and 11) (Attachment D: Regions Map) in the monthly performance measures reports submitted in the CMBHS.
- D. Ensure Respondent and subcontracted staff reflect the racial and ethnic demographics of the eligible populations. The Respondent staff composition will include indigenous community workers who provide behavioral health outreach services (including CHW/P).
- E. Provide all services and activities with participants and clients in a respectful, non-threatening, non-judgmental, and confidential manner. Provide training to direct care and non-direct staff to ensure respectful, non-threatening, non-judgmental, and confidential manner. Verification of this training will be kept in the organization's personnel file, and available for review by HHSC upon request.
- F. Provide all services in a culturally, linguistically, and developmentally appropriate manner for participants, clients, families and significant others.
- G. Ensure that program materials and services are available in both English and Spanish.
- H. Maintain a current webpage on Respondent's website that includes the RBI services offered and current contact information specific to the RBI program.
- I. Engage in outreach strategies that promote participant and client recruitment and case finding in order to reach the eligible populations identified in Respondent's needs assessment.
- J. Provide prevention and intervention services to assist the participant or client to the extent necessary to ensure they are able to obtain appropriate services within a full continuum of care, which includes, but is not limited to, other specialized prevention and intervention services, substance use disorder treatment, mental health services, and other necessary services beyond the scope of the RBI.
- K. Work towards expanding the service network, building the workforce capabilities, and promoting the RBI model to the target communities.
- L. Support CHW/Ps and enhance workforce development in general. Respondent employing CHW/Ps will provide or contract to provide a minimum of 4 hours of Continuing Education Units (CEUs) for Promotoras certification annually.
- M. Ensure that RBI program consists of both prevention and intervention services.
- N. Upon discharge, Respondent will provide supportive intervention services to clients who were referred and admitted to substance use disorder treatment by the RBI program.
- O. Maintain all required documentation on file for review by HHSC unless required documentation is to be entered into the CMBHS system.
- P. Ensure that the day-to-day RBI supervisor and direct care staff attend the statewide conference.

- Q. Ensure that the day-to-day RBI supervisor is on the programmatic conference calls as scheduled by HHSC.
- R. Establish and maintain formal membership or active participation in at least two community planning groups.
- S. Establish and maintain working linkages through MOUs with a resource network of external community organization sites serving the target population and their families.
- T. Upon written request by HHSC, Respondent will plan, coordinate, market, and conduct a collaborative community-based border conference for a minimum of 100 youth and adults (families) involved in the RBI program in need of intervention and prevention services.

## 2.5 SCOPE AND STATEMENTS OF WORK

### 2.5.1 Pregnant, Parenting Intervention (PPI), Mommies

The Pregnant, Parenting Intervention (PPI), Mommies program provides intervention services aimed at reducing the impact, severity, and cost associated with a substance exposed pregnancy to the mother and child dyad and to their families by providing comprehensive case management services, community-based linkage and retention services, and evidenced-based education for individuals with a past or present substance use disorder diagnosis and providing support to their families and significant others.

- A. Grantee will have a planned and coordinated approach to ensure that participants have continuous access to all available health and social services necessary to obtain an optimum level of functioning, prenatal/preventive care, and lowering risky substance use behavior.
- B. Target Population
  - 1. Pregnant women, who are Texas residents, with a past or present substance use disorder and her family members.
  - 2. Parenting women, who are Texas residents, with a past or present substance use disorder and her family members with the youngest child aged, up to six years old.

#### 2.5.1.1 Administrative Requirements

Grantee will:

- A. Provide Substance Use Pregnant, Parenting Intervention (PPI) services, and Mommies Program services for high risk pregnant and parenting females and their families.
- B. Provide intervention services in accordance with 25 Texas Administrative Code (TAC) [Chapter 447; Part B: Intervention](#).
- C. Increase accessibility to intervention services by maintaining locations, hours and days of service that best meet the needs of the target population.
- D. Ensure no waitlist for any level of PPI services. If there is a need for a waitlist, contact HHSC for assistance in maintenance and/or technical assistance.



- E. Document specified activities and services in HHSC CMBHS system in accordance with the Contract and instructions provided by HHSC, unless otherwise noted.
- F. Maintain all documents that require participant or staff signature in the physical record for review by HHSC.
- G. Upload documentation that is handwritten and not transcribed into the CMBHS record.
- H. Administer the PPI Screening Tool in CMBHS as part of participant identification, recruitment, and engagement when appropriate.
- I. In addition to providing services at their own program site, provide services in external community organization sites serving the target population and their families.
- J. Provide access to services for participants referred by DFPS within three business days.
- K. Directly provide referrals to intervention services or another appropriate community program.
- L. May provide services to pregnant or parenting participants who are concurrently admitted to substance use treatment programs if the services are coordinated and sequenced to avoid duplication of service and case manage for transitional assistance in discharge from treatment setting.
- M. Offer overdose prevention education for participants receiving intervention services.
- N. Offer tobacco cessation services for participants receiving intervention services.
- O. Provide home visits as needed and as appropriate.
- P. Assist with transportation and supervision of the participants' children during PPI activities as needed and as appropriate.
- Q. Ensure that Program Director and appropriate staff attend all HHSC scheduled conference calls. Any deviation of this requirement requires HHSC's written approval.
- R. Establish and maintain working linkages through MOUs with a resource network of external community organization sites serving the target population and their families. MOUs will encourage networking, coordination, and referrals to help address the needs of the participants, their families, and supportive allies. MOUs will be in place within six months of initial funded fiscal year and maintain as current through the contract term. Maintain copies of the signed MOUs on file for HHSC review upon request. MOUs will include:
  - 1. Purpose;
  - 2. Goals and desired outcomes of partnership;
  - 3. Signatures, be individualized, and will contain beginning and end dates;
  - 4. Referral process, coordination of services and sharing of information;
  - 5. The Addressing of non-duplication of services; and
  - 6. Be reviewed annually.

- S. Provide all services in a trauma-informed, culturally competent, and developmentally appropriate manner for participants, families and partners as evidenced by:
  - 1. Pamphlets and other written materials that are gender- and age-specific and appropriate for educational and health literacy levels of the target population;
  - 2. Literature and signage in languages of the target populations;
  - 3. Use of interpreters as appropriate;
  - 4. Lobby and office environment welcoming to the target population;
  - 5. Staff training curricula; and
  - 6. Personnel records that document adherence to staff competency requirements.
- T. Perform one coordinated annual review of target population's trends and epidemiological statistics between service types to ensure that appropriate outreach and prevention education activities are conducted in the most appropriate settings and targeting the current service needs of the target populations due within the first quarter of each state fiscal year.
- U. Make policies and procedures available upon HHSC request. Develop and maintain written policies and procedures for the following:
  - 1. Employees, contracted labor, and volunteers who work directly or indirectly with participants, to address participant safety;
  - 2. Definition of participant engagement and the circumstances under which the participant's case would be opened and closed.
  - 3. Address participant safety and ensure all activities with participants, family members, and supportive allies are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
  - 4. Adhere to HHSC-approved Quality Management requirements as reflected in the Special Conditions of this Contract.
- V. Conduct and document criminal and employment background checks and pre-employment drug testing of Grantee's staff who will deliver direct services. Documentation of criminal and employment background checks and pre-employment drug testing will be kept on file for HHSC review.
- W. Have a webpage on Grantee's website that includes PPI services offered and current contact information specific to the program. Adhere to HHSC Branding and any electronic accessibility requirements in the Uniform Terms and Conditions and HHSC's Special Conditions

### **2.5.1.2 Linkage and Retention Services Responsibilities**

Grantee will:

- A. Conduct linkage and retention activities to improve participant outcomes and enroll eligible participants into the PPI program.
  - 1. At minimum, provide an average 10% of time weekly coordinating with community partners to improve services for program participants. This coordination may include but is not limited to presentations for community partners to explain your program,

- coordinated street outreach efforts, health fairs, tours of facilities which may serve participants;
2. Ensure that any program participants being unsuccessfully discharged or disengaging, due to non-attendance, are referred to the Linkage Specialist for follow up attempts in the community or wherever they can locate participant;
  3. Develop a policy and procedure for prior to discharge requirement to close cases for HHSC review.
  4. Hire a Linkage Specialist and ensure that the Linkage Specialist participates in or creates at least one community advisory board, committee or local work group designated to improving the lives of the target population.
  5. Ensure that the Linkage Specialist will, at minimum, coordinate with all local domestic violence shelters and housing shelters which serve women.
  6. Ensure that the Linkage Specialist creates and maintains a printed regional service directory which can be provided to clients which, at minimum, includes information about local substance use services, mental health services, HIV and STI testing, housing programs including sober housing for women with children, shelters, food pantries, prenatal care clinics, WIC offices, low cost and free counseling services, legal services, and other related human services which may benefit the target populations.
  7. Ensure that the Linkage Specialist provide a minimum of one (1) hour per week of Social Support Group to provide alternative activities for past and current participants.
- B. Develop and maintain written policies and procedures related to street outreach. Street outreach policies and procedures to include:
1. Partnering in-house staff or other community-based outreach organizations to ensure safety for staff conducting outreach activities;
  2. Ensure that all street outreach activities be conducted in pairs or teams; and
  3. Ensure that at least one member of the pair or team be an outreach worker.
- C. At a minimum, include activities such as, , distribution of community level risk-reduction education, tools and materials such as condoms, and appropriate distribution of individual level risk-reduction education and tools targeting people who use or abuse substances. This includes overdose prevention and tobacco cessation education, information and materials applicable to the substance using community.
- D. Distribute pregnancy test and education regarding high-risk sexual behavior in the outreach activities.
- E. Provide information distribution and evidence-based education on:
1. Current infant and/or child safety guidelines;
  2. Fetal and/or child development;
  3. Family violence and safety;

4. Pregnancy planning and reproductive health;
5. Substance exposed pregnancy education including alcohol, tobacco and other drugs; and
6. Communicable disease such as HIV, Hepatitis B and C, and Syphilis.

### **2.5.1.3 Mommies Services Program**

Grantee will:

- A. Assess the needs of each participant upon entry into the Mommies Program and maintain documentation of this service requirement onsite for HHSC review. The assessment will address the following:
  1. Substance use issues (including tobacco);
  2. Mental health counseling (including anger management);
  3. Intimate partner violence risks and history of sexual, emotional or physical abuse and other interpersonal violence;
  4. Health and wellness care (including preventive care);
  5. Financial resource needs (including transportation);
  6. Child care and housing;
  7. Education and employment; and
  8. Any needs of the participant's children.
- B. Develop and document a service plan in collaboration with the participant based on the assessment.
- C. Directly provide appropriate referrals to participants based on the assessment.
- D. Make available to the target population for individuals identified as having an opioid use disorder:
  1. Mommies education curriculum from the Mommies Toolkit located on Centralized Training website located at: <http://www.centralizedtraining.com/onlineWorkshops.html>
  2. PPI and substance use disorder financial eligibility screening;
  3. Provide substance use disorder services screening at Medication-Assisted Treatment (MAT) site(s) weekly or upon request; and
  4. Conduct, at minimum, weekly communication with the HHSC-funded NAS contractors providing MAT services as applicable.
- E. At minimum, provide information distribution and evidence-based education on:
  1. Current infant and/or child safety guidelines;
  2. Fetal and/or child development;
  3. Family violence and safety;
  4. Pregnancy planning and reproductive health;
  5. Substance exposed pregnancy education including alcohol, tobacco and other drugs; and
  6. Communicable disease, such as HIV, Hepatitis B and C, and Syphilis.
- F. Promote and advocate for coordinated prenatal care, postpartum care, and substance use case management and collaborate with substance use

providers and medical care providers to ensure participants receive optimal care.

- G. Provide ongoing, weekly coordinated case management activities that promote engagement, re-engagement and retention/maintenance in medical care, as appropriate.
- H. If required, include coordinated care management or co-case management with other case management providers. For this population, co-case management is not a duplication of service, but rather a set of agreed upon coordinated activities that clearly delineates the unique and separate roles of case managers who work jointly and collaboratively with the participant's knowledge and consent to partialize and prioritize goals in order to effectively achieve participant goals.
- I. Administer the SUD Services Screening Tool in CMBHS with QCC or be supervised by a QCC to determine eligibility for treatment services for individuals indicating current substance use and document in CMBHS corresponding referral to SUD and/or OTS.
- J. Promote and encourage entry into substance use services and make referrals, if appropriate, for participants who are in need of formal substance use treatment.
- K. Provide OTS support to pregnant and postpartum participants who are concurrently admitted to SUD treatment, SUD intervention, and/or OTS if services are coordinated and sequenced to avoid duplication of services.
- L. Document intervention activities in CMBHS using the following components for each participant receiving intervention services:
  - 1. Client Profile;
  - 2. PPI Screening (and SUD screening when indicated);
  - 3. Open Case;
  - 4. Close Case (when intervention services are complete);
  - 5. Consent for Release of Information (including revoke consent when appropriate);
  - 6. Service Plan that includes problems to be addressed, goals and intended outcomes;
  - 7. Psychoeducational Note to document group education and support group activities;
  - 8. Referral as indicated by Service Plan;
  - 9. Progress Note to document case management activities that are tied to the service plan; and
  - 10. Administrative Note to document any other activities.
- M. Establish and maintain additional working linkages through MOU or a LOS having interest in the target population. Either agreement will be in place within six months of the initial funded fiscal year. Maintain copies of the signed document on file for HHSC review upon request with at least one of each of the following:
  - 1. MAT provider;
  - 2. Substance use disorder treatment provider; or
  - 3. Hospital system.

- N. Ensure that MOUs or LOS will include the following information:
  - 1. Purpose;
  - 2. Goals and desired outcomes of partnership;
  - 3. Signatures, be individualized, and will contain beginning and end dates;
  - 4. Referral process, coordination of services and sharing of information;
  - 5. The Addressing of non-duplication of services; and
  - 6. Be reviewed annually.
- O. Organize weekly Mommies Education classes using the curriculum identified in the Mommies Toolkit; including, securing and orienting to the program, medical educators that will be teaching group classes.
- P. Maintain copies of sign-in sheets and satisfaction surveys from psychoeducational groups and support group activities to be made available upon HHSC request. Sign-in sheet will include at minimum:
  - 1. Facilitator;
  - 2. Credentials/licenses;
  - 3. Topic;
  - 4. Materials distributed;
  - 5. Participants' first name or initial;
  - 6. Date of Activity.
- Q. Organize monthly Response Team meetings designed to understand and address the problem of substance use among pregnant women in the community comprised of community members implementing Mommies program. Documentation of community-based process meetings will include, as applicable:
  - 1. Date, time, and duration of meeting;
  - 2. Key contact persons/providers involved;
  - 3. Purpose and goal of activity; and
  - 4. Printed name and signature of the staff conducting the activity.
- R. Provide PPI crisis services and care coordination 24-hours/7 days-a-week and document any afterhours crisis assistance, services and care coordination conducted in CMBHS.
- S. For participants being formally referred to substance abuse treatment services, create a client profile and document the following as needed in CMBHS:
  - 1. Substance abuse screening;
  - 2. Consent for substance use disorder treatment providers;
  - 3. Referral;
  - 4. Financial eligibility screening; and
  - 5. Opioid informed consent.
- T. Provide or arrange and advocate for appropriate social services for participants and their families and/or significant others that include, but are not limited to:
  - 1. Health and wellness education and nutritional counseling;
  - 2. Transportation;
  - 3. Licensed child care;

4. Substance abuse services;
  5. Mental health counseling;
  6. Legal counseling;
  7. Rehabilitative services;
  8. Child welfare and family services;
  9. Housing; and
  10. Support groups.
- U. Provide case management services in settings that are based on the needs of the participant and the goals of the participant's service plan, including office-based, home based or community-based locations.
- V. Conduct regularly scheduled psycho-educational support groups for Mommies participants facilitated by Grantee's staff to help participants and their families with barriers to care, behavior change, relationships, empowerment, and community engagement.
1. Support group sessions will be offered to participants and their families at no less than three opportunities per month.
  2. Support group will also provide the opportunity for ongoing support and education relevant to the target population.
- W. Include ongoing services and support for discharge, overdose prevention, and aftercare planning during and following treatment, incarceration or medically-related hospitalizations.

#### **2.5.1.4 Linkage Staff and Staffing Competencies Requirements**

- A. Ensure Linkage Specialist will meet the following requirements:
1. A high school diploma or equivalency; and
  2. Be a Recovery Coach who has received HHSC-approved 46-hour Recovery Coach Training; or
  3. Community Health Work Certification or Promotora Certification, or
  4. A person with lived experience in parenting and recovery from substance use disorder and/or indigenous to the target population; and
  5. One year of experience in one or more of the following with the target population:
    - a. Patient Navigation;
    - b. Case Management;
    - c. Outreach and prevention;
    - d. Substance use disorder treatment or intervention;
    - e. Working with individuals who have been incarcerated; and
    - f. Homeless individuals.
- B. Within 60 days of hire and prior to service delivery, staff will have training in the following:
1. Fetal Alcohol Spectrum Disorders (FASD) at the discretion of the Grantee;
  2. Mommies Toolkit Online Training Modules located at <http://www.centralizedtraining.com/>;
  3. Be knowledgeable and competent in discussing communicable

- diseases associated with substance use disorders and be able to demonstrate the ability to address concerns openly and comfortably about sexual and substance use disorders risk behaviors;
4. Tobacco cessation education; and
  5. Preconception and prenatal health: overview found at [www.txhealthsteps.com](http://www.txhealthsteps.com) website.
  6. Motivational Interviewing (MI) techniques (**see Exhibit M**)
- C. Ensure direct care staff receive a minimum ten (10) hours of training each state fiscal year, on any of the combinations of topics listed below. The trainings may be completed using any type of medium outlet at the discretion of the Grantee.
1. Stages of Change;
  2. Cultural competency;
  3. Health literacy;
  4. Risk and harm-reduction strategies;
  5. Substance use disorder and trauma issues;
  6. Community outreach (Linkage Specialist must complete within the first six months of employment);
  7. Aspects of prenatal and postpartum care;
  8. Overdose prevention education;
  9. Sexually transmitted infections, HIV, and Hepatitis C;
  10. Tobacco cessation education.
- D. Maintain documentation on all training and make available to HHSC upon their request. .

#### **2.5.1.5 Mommies Staff Competencies**

- A. Grantee will hire and ensure the PPI supervisor allocates 50% of his or her time to PPI direct care to meet program measures.
- B. Staff conducting Mommies programmatic services will meet one of the following minimum qualifications:
  1. Bachelor's degree or master's degree in a behavioral health field of study; or
  2. Two years of case management experience in a behavioral health field; or
  3. Qualified Credentialed Counselor (QCC); or
  4. Appropriately supervised Licensed Chemical Dependency Counselor (LCDC) Intern, or Licensed Professional Counselor (LPC) Intern, Certified Criminal Justice Addiction Professionals-Applicant (CCJP-A), Licensed Marriage and Family Therapist Associate (LMFTA), or similar license or certifications. If a similar license or certification is held by staff, then Program Services approval is needed.
- C. Mommies staff conducting substance use disorder screening or entering counselor progress notes will meet the definition of a QCC or be supervised by a QCC and obtain sign-off by a QCC.
- D. Within 90 days of hire, all Mommies program staff will receive training in



the following:

1. Be knowledgeable and competent in discussing communicable diseases associated with substance use disorders and be able to demonstrate ability to address concerns openly and comfortably about sexual and substance use disorder risk behaviors
  2. Principles of Harm Reduction
  3. Childhood Trauma and Toxic Stress
  4. Preconception and Prenatal Health
  5. Preventing Unintentional Injury
  6. Recognizing, Reporting and Preventing Child Abuse
  7. Trauma Informed Care
  8. Child Abuse, Neglect, and Exploitation
  9. Part 8 of the Addiction Society of Addiction Medicine (ASAM) National Practice Guideline
  10. Two certifications may be obtained on FASD informed care. Curriculum and Certificates must be renewed every two years and have HHSC approval. Within 60 days of hire, all new Direct Care staff will be required to obtain their Understanding FASD certification for HHSC review. All FASD Curriculum Educators must obtain an FASD Informed Care Provider advanced certification. Individuals seeking an advanced certification must first successfully obtain the FASD Informed Care Certificate
  11. NAS, Stigma in Methadone and Buprenorphine Treatment
- E. Ensure all direct care staff complete at minimum ten (10) hours of training during the state fiscal year on any of the combination of topics listed below. The trainings can be completed by using any type of medium outlet at the discretion of the Grantee.
1. Stages of Change
  2. MI techniques
  3. Cultural competency
  4. Health literacy
  5. Risk and harm-reduction strategies
  6. Substance use disorder and trauma issues
  7. Community outreach
  8. Aspects of prenatal and postpartum care
  9. Overdose prevention education
  10. Sexually transmitted infections, HIV, and Hepatitis C
  11. Tobacco cessation education
  12. Ethics
- F. Ensure that Mommies Program direct staff, program director, and at least one Response Team Member attend the annual NAS symposium.
- G. Maintain documentation on all training and make available for HHSC review upon request.

### **2.5.1.6 Guidance on Allowable Costs**

- A. Grantee will ensure that the total cost of participant-centered supplies or assistance will not exceed ten percent (10%) of the total funding amount of this Contract. If the participant-centered supplies or assistance are not described within this Contract, submit request, with justification to the [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) email box and receive written response before incurring costs.
  - 1. One-time funds up to \$350.00/per participant to obtain suitable housing, such as transitional housing, sober housing, or affordable housing. Assistance may include moving fees, rental deposits, or HHSC approved assistance. The total amount for one-time funds will not exceed \$3,500.00 for the Contract term.
  - 2. One-time funds up to \$150.00/per participant for utilities. The total amount of utility assistance will not exceed \$2,000.00 for the Contract term.
  - 3. Transportation costs. This includes bus passes, rails, taxi, gas, etc. not to exceed \$3,000.00 per the period of this Contract.
  - 4. One-time funds to obtain official documents such as Identification Cards and/or Birth Certificates for participants and their children, not to exceed \$100 per person for one-time costs.
- B. Purchase of food, snacks, or beverages for consumption by participants during the psycho-educational support group session is allowed for psycho-educational support group activities to actively engage participants and be effective in these activities. The cost of snacks, food, or light meals will be reasonable in accordance with the approved budget.
- C. Funds will be used to assist participants in the Mommies Program on a case-by-case basis to meet short-term or one-time needs. Cash will not be given directly to a participant. Grantee will develop and maintain current written policies and procedures stating how a case manager will request assistance for a participant and how a request will be approved and tracked. Funds will not be used for assistance to a participant if other funding resources are available for the proposed purpose.

### **2.5.1.7 Data Reporting Requirements**

Grantee will:

- A. Meet all data reporting requirements as established by HHSC.
- B. Document and report all specified recovery activities, and services in HHSC CMBHS as directed by HHSC in accordance with this Contract, unless otherwise noted.
- C. Submit invoices and Financial Status Reports (FSRs) through the CMBHS in accordance with any Contract resulting from the grant associated with this RFA, unless otherwise noted.

### **2.5.1.8 Reporting Requirements and Submission Schedule**

Grantee will:

- A. Submit all documents identified below to the designated substance abuse mailbox (SubstanceAbuse.Contracts@hhsc.state.tx.us), unless otherwise noted, by the due dates specified by HHSC.
- B. Submit FSRs in CMBHS by the last business day of the month following the end of each quarter of the contract term. (Final FSR due within 45 days after end of the Contract term.)
- C. Submit Performance Measures in CMBHS by the 15<sup>th</sup> day of the month following the month being reports.
- D. Submit update of Regional Service Directory due the 15<sup>th</sup> day of the month following the end of the 1<sup>st</sup> quarter and 3<sup>rd</sup> quarter.
- E. Submit a Quarterly Expenditure Report due 15<sup>th</sup> day of the month following the end of each quarter of the Contract term in the format specified by HHSC located on HHSC website.
- F. Submit a Quarterly Narrative Report due 15<sup>th</sup> day of the month following the end of each quarter of the Contract term in the format specified by HHSC located on HHSC website
- G. Submit CMBHS Security Attestation Form bi-annually, according to dates set by HHSC.
- H. Submit closeout documents in an annual report due 45 day after the end of the Contract term.
- I. Submit required documents will survive the termination or expiration of this Contract.
- J. If the Due Date is on a weekend or state/federal holiday, the Due Date is the next business day.

Report Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract term <i>* Final FSR due within 45 days after the end of this fiscal term. (Fiscal term ends on August 31.)</i>
Performance Measures	Due 15 <sup>th</sup> day of the following month
Submission and Update of Regional Service Directory	Due the 15 <sup>th</sup> day of the month following the end of 1 <sup>st</sup> (September through November) quarter and 3 <sup>rd</sup> quarter March through May)
Quarterly Expenditure Report (separating Female and Male Services)	Due 15 <sup>th</sup> day of the month following the end of each quarter of the Contract term
Quarterly Narrative Report	Due 15 <sup>th</sup> day of the month following the end of each quarter of the Contract term
Security Attestation Form and List of Authorized Users	Within 15 days of contract execution and March 15 <sup>th</sup>

Closeout documents	45 days after the end of this fiscal term (Fiscal term ends on August 31.)
--------------------	--

**2.5.1.9 Billing Instructions**

- A. Contractor shall submit all invoices to HHSC through CMBHS monthly. Contractor will be paid on a monthly basis and in accordance with services performed under this Contract.
- B. Contractor may access the Transactions List report in CMBHS to identify the amount of federal funds allocated to this award for each transaction.
- C. The Catalog of Domestic Federal Assistance (CFDA) number for the Substance Abuse Prevention and Treatment Block Grant (SABG) is 93.959. The CFDA number is identified in the CMBHS Transactions List report.

**2.5.2 Parenting Awareness and Drug Risk Education Services (PADREs)**

- A. The Parenting Awareness and Drug Risk Education Services (PADREs) program provides community-based intervention outreach services and evidenced-based education to individuals who are of childbearing age to decrease the impact of substance use. Grantee will utilize prevention education workers to reduce the impact, severity, and cost of substance use upon the fetus, infant, family and community through early pregnancy testing, prevention and harm reduction education.
- B. Grantee will provide a planned and coordinated educational approach to decrease the effects of substance use within the family and to increase access to community resources and evidenced-based education. Grantee will focus on behavior change and lowering risky substance use behavior.
- C. Parents, who are Texas residents, whose youngest child is at least six years or younger; or expectant parents who have one or more risk factors for a substance use disorder.

**2.5.2.1 Administrative Requirements**

Grantee will:

- A. Provide Substance Use Outreach services, and PADREs services.
- B. Provide intervention services in accordance with 25 Texas Administrative Code (TAC) Part 1; [Chapter 447; Subchapter B: Intervention](#).
- C. Increase accessibility to intervention services by maintaining locations, hours and days of service that best meet the needs of the target population.
- D. Ensure no waitlist for any level of PADRE services. If there is a need for a waitlist, contact HHSC for assistance in maintenance and/or technical assistance.
- E. Document specified activities and services in HHSC CMBHS system in accordance with the Contract and instructions provided by HHSC, unless otherwise noted.
  - 1. Maintain all documents that require participant or staff signature in the physical record for review by HHSC.
  - 2. Upload documentation that is handwritten and not transcribed into the CMBHS record.

3. Administer the Screening Tool in CMBHS as part of participant identification, recruitment, and engagement when appropriate.
- F. In addition to providing services at their own program site, provide services in external community organization sites serving the target population and their families.
  - G. Provide access to services for participants referred by DFPS within three business days.
  - H. Directly provide referral to intervention services or another appropriate community program.
  - I. Ensure that Program Director and appropriate staff are on the programmatic conference calls as scheduled by HHSC unless otherwise agreed to Program Services in writing.
  - J. Establish and maintain working linkages through MOUs with a resource network of external community organization sites serving the target population and their families. MOUs will encourage networking, coordination, and referrals to help address the needs of the participants, their families, and supportive allies. MOUs will be in place within six months of initial funded fiscal year and maintain as current through the contract term. Maintain copies of the signed MOUs on file for HHSC review upon request. MOUs will include:
    1. Purpose;
    2. Goals and desired outcomes of partnership;
    3. Signatures, be individualized, and will contain beginning and end dates;
    4. Referral process, coordination of services and sharing of information;
    5. Address the non-duplication of services; and
    6. Be reviewed annually.
  - K. Provide all services in a trauma-informed, culturally competent, and developmentally appropriate manner for participants, families and partners as evidenced by:
    1. Pamphlets and other written materials that are gender and age specific and appropriate for educational and health literacy levels of the target population;
    2. Literature and signage in languages of the target populations;
    3. Use of interpreters as appropriate;
    4. Lobby and office environment welcoming to the target population;
    5. Staff training curricula; and
    6. Personnel records that document adherence to staff competency requirements.
  - L. Perform one coordinated annual review of target population's trends and epidemiological statistics between service types to ensure that appropriate outreach and prevention education activities are conducted in the most appropriate settings and targeting the current service needs of the target populations due within the first quarter of each state fiscal year.

- M. Develop and maintain current written policies and procedures on file and available for review upon HHSC request, to include the following:
  - 1. Employees, contracted labor, and volunteers who work directly or indirectly with participants, to address participant safety;
  - 2. Definition of participant engagement and the circumstances under which the participant's case would be opened and closed;
  - 3. Address participant safety and ensure all activities with participants, family members, and supportive allies are conducted in a respectful, nonthreatening, nonjudgmental, and confidential manner; and
  - 4. Adhere to HHSC approved Quality Management requirements as reflected in the Special Conditions of this Contract.
- N. Conduct and document criminal and employment background checks and pre-employment drug testing of Grantee's staff who will deliver direct services. Documentation of criminal and employment background checks and pre-employment drug testing will be kept on file for HHSC review.
- O. Include on Grantee's website, PADRE services offered and current contact information specific to the program. Grantee may:
  - 1. Provide services to pregnant and parenting participants who are concurrently admitted to substance use treatment programs, if the services are coordinated and sequenced to avoid duplication of service and assist in discharge from treatment setting.
  - 2. Provide overdose prevention education for participants receiving intervention services.
  - 3. Provide tobacco cessation services for participants receiving intervention services.
  - 4. Provide home visits as needed and as appropriate.
  - 5. Assist with transportation and supervision of the participants' children during activities as needed, and as appropriate.

#### **2.5.2.2 (PADREs) Program Responsibilities**

Grantee will:

- A. Screen the needs of each participant upon entry into the PADREs education program and maintain documentation of this service requirement onsite for HHSC review. The screening will address the following:
  - 1. Substance use;
  - 2. Mental health;
  - 3. Intimate partner violence risks and history of sexual, emotional or physical abuse and other interpersonal violence;
  - 4. Health and wellness care (including preventive/reproductive care);
  - 5. Financial resource needs including transportation, child care and housing;
  - 6. Education (including GED) and employment; and
  - 7. Any needs of the participant's children.
- B. If opened for PADREs, then develop and document a service plan in collaboration with the participant based on the needs identified in

screening.

- C. Provide at minimum 4 hours per employee of drop-in time where clients can present, without appointment, additional needs including information and referrals as needed and appropriate.
- D. At a minimum, distribute community level risk-reduction education, tools and materials such as condoms, and appropriate distribution of individual level risk reduction education and tools targeting people who use or misuse substances. This includes overdose prevention and tobacco cessation education, information and materials applicable to the substance using community.
- E. Distribute pregnancy test and education regarding high-risk sexual behavior in the outreach activities.
- F. At minimum, provide information distribution on:
  - 1. Current infant and/or child safety guidelines;
  - 2. Fetal and/or child development;
  - 3. Family violence and safety;
  - 4. Pregnancy planning and reproductive health;
  - 5. Substance exposed pregnancy education including alcohol, tobacco and other drugs; and,
  - 6. Communicable disease.
- G. Provide evidenced based parenting education. At minimum, to cover the substance use/misuse, risky use and medication management, and the effects on the family.
- H. Evidence based parenting education programs will be chosen by the Grantee. After participants successfully complete the programs, and participants have had positive outcomes between the pre- and post-test evaluation phases of the programs, the Grantee will award certificates to the successful participants.
- I. Conduct alternative activities to promote healthy life styles and family bonding.
- J. Provide advocacy and support system which is peer led by past participants, and/or an individual from the target population to promote positive alternative activities.
- K. Document intervention activities in CMBHS using the following components for each participant receiving intervention services as appropriate:
  - 1. Client Profile;
  - 2. PADREs Screening;
  - 3. Open Case;
  - 4. Close Case (when intervention services are complete);
  - 5. Consent for Release of Information (including revoke consent when appropriate);
  - 6. Service Plan that includes problems to be addressed, goals and intended outcomes;
  - 7. Referral and Referral Follow-up to document all referrals;

8. Psycho-educational Note to document group education activities;
  9. Progress Note to document one-on-one counseling and case management activities that are tied to the service plan; and
  10. Administrative Note to document any other activities.
- L. Provide or arrange and advocate for appropriate social services for participants and their families and/or significant others that may include:
1. Health and wellness education and nutritional counseling;
  2. Transportation;
  3. Licensed child care;
  4. Substance abuse services;
  5. Mental health counseling;
  6. Legal counseling;
  7. Rehabilitative services;
  8. Child welfare and family services;
  9. Housing; and
  10. Support groups.
- M. Document internally all educational opportunities and, at minimum, the following per opportunity: date; time; location; setting; duration; name of person performing educational opportunity; number of individuals participating; adult or youth; and gender. Maintain documents for HHSC review.

### **2.5.2.3 Guidance on Allowable Costs**

Grantee will:

- A. Provide the following as applicable:
  1. Participant centered public health education materials focused on the target population including, but not limited to, overdose prevention information and tools;
  2. Reproductive health education and materials;
  3. Family violence and safety materials, harm reduction tools; and
  4. Hygiene kits for the target population.
- B. Ensure appropriate harm and risk-reduction information, methods, and tools are used by educators with the target populations.
- C. Ensure all educators under this Contract have the tools and materials available during education activities for demonstration and appropriate distribution to participants.
- D. Ensure that the total cost of participant-centered supplies and assistance will not exceed ten percent (10%) of the total funding amount of this Contract. If the participant-centered supplies and assistance are not described within this Contract, submit request, with justification to the [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) email box and HHSC Program Specialist to receive written response before incurring costs.
- E. If needed, submit request, with justification to the [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) email box and HHSC



Program Specialist to utilize additional funds for the same participant. Grantee may provide participant assistance as follows:

1. One-time funds may be used by Grantee for up to \$350.00/per participant to obtain suitable housing, such as transitional housing, sober housing, or affordable housing. Assistance may include moving fees, rental deposits, daycare expenses, or HHSC approved assistance. The total amount for one-time funds will not exceed \$3,500.00 for the period of this Contract.
  2. One-time funds, may be used by Grantee, up to \$150.00/per participant, for utilities. One-time funds will not be utilized without assurance that utilities will be reinstated. The total amount of utility assistance will not exceed \$2,000.00 for the period of this Contract.
  3. Transportation. This includes bus passes, rails, taxi, gas, etc., not to exceed \$3,000.00 per the period of this Contract.
  4. One-time funds may be used by Grantee to obtain official documents, such as, Identification Cards and/or Birth Certificates for participants and their children, not to exceed \$100 for one-time costs per participant.
- F. Purchase of food, snacks, or beverages for consumption by participants during the psychoeducational support group session is allowed for psychoeducational support group activities to actively engage participants and be effective in these activities. The cost of snacks, food, or light meals will be reasonable within the approved budget.
- G. Funds will be used to assist appropriate participants in the PADREs Program on a case-by-case basis to meet short term or one-time needs. Cash will not be given directly to a participant. Develop and maintain current written policies and procedures stating how the program will request assistance for a participant and how a request will be approved and tracked. Funds will not be used for assistance to a participant, if other funding resources are available for the proposed purpose.

#### **2.5.2.4 Staffing and Staff Competencies**

- A. Grantee will hire and ensure the PADREs supervisor allocates 50% of his or her time to PADREs direct care to meet program measures.
- B. Staff conducting PADREs programmatic services will meet **one** of the following minimum qualifications:
  1. Two years' experience in behavioral health field of study including substance use disorders; or
  2. Associate degree in a behavioral health field of study; or
  3. Qualified Credentialed Counselor (QCC); or
  4. Appropriately supervised LCDC Intern, or LPC Intern, CCJP-A, LMFTA, or similar license or certifications. If a similar license or certification is held by staff, then Program Services approval is needed.
- C. Within 90 days of hire, all PADREs program staff will receive training in the following:
  1. Parenting Training Course of Grantee's choice;

2. Be knowledgeable and competent in discussing communicable diseases associated with substance use/abuse and be able to demonstrate ability to address concerns openly and comfortably about sexual and substance abuse risk behaviors
  3. Principles of Harm Reduction
  4. Childhood Trauma and Toxic Stress
  5. Preconception and Prenatal Health
  6. Preventing Unintentional Injury
  7. Recognizing, Reporting and Preventing Child Abuse
  8. Trauma Informed Care
  9. Reporting Suspected Child Abuse, Neglect and Exploitation
  10. Part 8 of the Addiction Society of Addiction Medicine (ASAM) National Practice Guideline
  11. Two certifications may be obtained on FASD informed care. Curriculum and Certificates must be renewed every two years and have HHSC approval. Within 60 days of hire, all new Direct Care staff will be required to obtain their Understanding FASD certification for the System Agency review. All FASD Curriculum Educators must obtain an FASD Informed Care Provider advanced certification. Individuals seeking an advanced certification must first successfully obtain the FASD Informed Care Certificate
  12. NAS, Stigma in Methadone and Buprenorphine Treatment
- D. Ensure all direct care staff receive a minimum of 10 hours of training during the state fiscal year on any of the combinations of topics listed below. The trainings can be completed by using any type of medium outlet at the discretion of the Grantee.
1. Stages of Change
  2. MI techniques
  3. Cultural competency
  4. Health literacy
  5. Risk and harm-reduction strategies
  6. Substance use disorder and trauma issues
  7. Community outreach
  8. Aspects of prenatal and postpartum care
  9. Overdose prevention education
  10. Tobacco cessation education
  11. Ethics
  12. Education on Substance Use and Misuse

#### **2.5.2.5 Data Reporting Requirements**

Grantee will:

- A. Meet all data reporting requirements as established by HHSC.
- B. Document and report all specified recovery activities, and services in HHSC CMBHS system as directed by HHSC in accordance with this Contract, unless otherwise noted.

- C. Submit invoices and FSRs through the CMBHS in accordance with this Contract, unless otherwise noted.

**2.5.2.6 Reporting Requirements and Submission Schedule**

- A. Grantee will submit all documents identified below to the designated substance abuse mailbox ([SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us)), unless otherwise noted, by the due dates specified by HHSC.
- B. Contractor will submit FSRs in CMBHS by the last business day of the month following the end of each quarter of the contract term. (Final FSR due within 45 days after end of the Contract term.)
- C. Contractor will submit Performance Measures in CMBHS by the 15<sup>th</sup> day of the month following the month being reported.
- D. Grantee will submit a Quarterly Expenditure Report separated by Female and Male Services due 15<sup>th</sup> day of the month following the end of each quarter of the Contract term in the format approved by HHSC.
- E. Grantee will submit a Quarterly Narrative Report due 15<sup>th</sup> day of the month following the end of each quarter of the Contract term in the format approved by HHSC.
- F. Grantee will submit CMBHS Security Attestation Form biannually, according to dates set by HHSC.
- G. Grantee will submit closeout documents in an annual report due 45 day after the end of the Contract term.
- H. Grantee’s duty to submit required documents will survive the termination or expiration of this Contract.
- I. If the Due Date is on a weekend or state/federal holiday, the Due Date is the next business day.

Report Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract term. <i>* Final FSR due within 45 days after the end of this fiscal term.</i>
Performance Measures	Due 15 <sup>th</sup> day of the of the month following the end of the prior month
Quarterly Expenditure Report (separating Female and Male Services)	Due 15 <sup>th</sup> day of the month following the end of each quarter of the Contract term.
Quarterly Narrative Report	Due 15 <sup>th</sup> day of the month following the end of each quarter of the Contract term.
Security Attestation Form and List of Authorized Users	Within 15 days of contract execution and March 15 <sup>th</sup>
Closeout documents	45 days after the end of fiscal term.

#### **2.5.2.7 Billing Instructions**

Contractor will submit all invoices to HHSC through CMBHS monthly. Contractor will be paid on a monthly basis and in accordance with services performed under this Program Attachment.

### **2.5.3 Rural Border Intervention (RBI), Statement of Work**

- A. The Rural Border Intervention (RBI) program is to address the specific needs of the rural border communities by providing distinct but integrated prevention and intervention services and access to a continuum of behavioral health services to members of the rural border communities who have or are at high risk of developing substance use disorders. The continuum of services included in the RBI should include: substance use services; mental health promotion; substance use disorder and mental health treatment and recovery.
- B. The goals of the RBI are to provide substance use prevention and intervention services to youth and adults in remote Rural Border areas; and to increase access to substance use disorder treatment, recovery, and mental health treatment services.

#### **2.5.3.1 Target Population**

##### **A. Prevention Services**

Youth and adults (participants) living within the rural border community (within 62 miles north of the Texas/Mexico border) who are at risk of developing a substance use disorder.

##### **B. Intervention Services**

Youth and adults (clients) living within the rural border community (within 62 miles north of the Texas/Mexico border) who have or are at high risk of developing a substance use disorder.

#### **2.5.3.2 Administrative Requirements**

Grantee will:

- A. Ensure that all RBI services are performed in accordance with the requirements in this Attachment which include the services defined in the TAC, Title 25, Part 1, Chapter 447, Subchapter B, Intervention.
- B. Ensure that RBI program services will be accessible to the eligible population and will specifically include residents of Colonias. Services will be community based and will include the provision of services in the Colonias of the designated counties to the extent possible within the funding limits of the Attachment. In addition to providing services at Grantee's program site, services will be provided in local community centers, participants' and/or clients' homes, area churches, (FQHCs), etc.
- C. Document and report the number of participants and clients receiving services who are residents of a Colonia in the monthly performance measures reports submitted in the CMBHS.
- D. Develop a policy and train all staff to ensure that information gathered from participants and clients is conducted in a respectful, non-threatening, culturally competent manner, and maintained confidential.

- E. Develop and maintain current written policies and procedures for employees, contracted staff, and volunteers who work directly or indirectly with participants and clients to address participant and client safety. Make the policies and procedures available for review by HHSC upon request.
  - 1. Conduct and document criminal and employment background checks and preemployment drug testing of Grantee's staff (including any contracted staff and volunteers) who will deliver direct services. Documentation of the criminal and employment background checks, and pre-employment drug testing will be kept on file, and available for review by HHSC upon request.
  - 2. Ensure Grantee and subcontracted staff reflect the racial and ethnic demographics of the eligible populations. The Grantee staff composition will include indigenous community workers who provide behavioral health outreach services (including CHW/P).
  - 3. Provide all services and activities with participants and clients in a respectful, non-threatening, non-judgmental, and confidential manner. Provide training to direct care and non-direct staff to ensure respectful, non-threatening, non-judgmental, and confidential manner. Verification of this training will be kept in the organization's personnel file, and available for review by HHSC upon request.
  - 4. Provide all services in a culturally, linguistically, and developmentally appropriate manner for participants, clients, families and significant others as evidenced by:
    - a. Pamphlets and other written materials appropriate for educational and health literacy levels of the eligible population;
    - b. Literature and signage in languages of the eligible populations;
    - c. Use of interpreters as appropriate;
    - d. Lobby and office environment welcoming to the eligible population;
    - e. Training curricula; and
    - f. Personnel records that document adherence to staff competency requirements.
- F. Ensure that program materials and services are available in both English and Spanish.
- G. Maintain a current webpage on Grantee's website that includes the RBI services offered and current contact information specific to the RBI program. The webpage will be compliant with requirements for Electronic and Information Resources specified in 1 TAC, Part 10, Chapter 213 and Website Accessibility Standards/Specifications specified in 1 TAC, Part 1, Chapter 206.
- H. Engage in outreach strategies that promote participant and client recruitment and case finding in order to reach the eligible populations identified in Grantee's needs assessment submitted as a part of Grantee's response to the RFA.
- I. Provide prevention and intervention services to assist the participant or client to the extent necessary to ensure they are able to obtain appropriate services within a full continuum of care, included, but is not limited to, other

specialized prevention and intervention services, substance use disorder treatment, mental health services, and other necessary services beyond the scope of the RBI.

- J. Work towards expanding the service network, building the workforce capabilities, and promoting the RBI model to the target communities.
- K. Support CHW/Ps and enhance workforce development in general, Grantee employing CHW/Ps will provide or contract to provide a minimum of 4 hours of CEUs for Promotoras certification annually. Training will include at least one of the eight key competency areas of the State of Texas Promotora certification program (<http://www.dshs.texas.gov/mch/chw.shtm>), and will focus on the areas related to substance use disorders, mental health, or community health promotion.
- L. Ensure that RBI program consists of both prevention and intervention services. Individuals entering RBI services will participate in one or both components, as appropriate.
  - 1. Prevention:
    - a. When providing prevention services to the target population, use and implement an evidenced-based and culturally and linguistically appropriate prevention curriculum approved by HHSC SME for selective or indicated youth populations, and other related prevention strategies such as youth and adult alternative activities, problem identification and referrals (and follow-up), and information dissemination, etc.
    - b. Use the curriculum designated in this Attachment. Implement prevention curriculum approved by HHSC as designed and maintain fidelity. Request written approval from HHSC SME, prior to making any modifications or adaptation to the implementation of HHSC approved prevention curriculum. Grantee's request will include a written recommendation for requested implementation modification or adaptation from the curriculum developer.
    - c. In addition, to alternative activities, use the book titled "*US-Mexico Border Violence Prevention Curriculum: Keeping My Family Safe,*" (Author: Rio Grande Valley Council, Inc. Rural Border Initiative Violence Prevention Task Force, published: 2010) when providing individual or other group related activities within the scope of the RBI.
  - 2. Intervention:
    - a. Use evidence-based intervention strategies including recovery coaching services with adults and youth who are in need of, but are not able or ready to enter, HHSC funded substance use disorder treatment or other behavioral health services; and other adults and adolescents who have, or are at high risk of developing, substance use disorder problems, regardless of treatment needs.
    - b. Use the Transtheoretical Model of Change "Stages of Change" (authorized by DiClemente and Prochaska – Stages of Change)

- (Refer to **Exhibit J, The Transtheoretical Model.**) and other client-centered intervention, including MI techniques to assist clients needing support, resources and services.
- c. Conduct service planning and coordination, including referrals to appropriate resources and referral follow-up outcomes.
  - d. Use MI techniques to promote behavior changes that improve the quality of life and overall health of clients by lowering/reducing risks related to substance use/abuse, mental health problems and border violence.
  - e. For clients that may be in need of formal substance use disorder treatment, promote and encourage entry into substance use disorder services including treatment, recovery coaching, and other appropriate referrals.
- M. Upon discharge, provide supportive intervention services to clients who were referred and admitted to substance use disorder treatment by the RBI program.
- N. Maintain all required documentation on file for review by HHSC unless required documentation is to be entered into the CMBHS system. Any required documentation that is entered into CMBHS, but requires client or staff signature will be printed, signed, and maintained on file, and available for review by HHSC upon request.
- O. Document intervention activities using CMBHS. Use the following components in CMBHS for each client receiving intervention services:
1. Client Profile;
  2. Open Case;
  3. Close Case (when intervention services are complete);
  4. Consent for Release of Information (including revoke consent when appropriate);
  5. Referral and Referral Follow-up to document all referrals;
  6. Service Plan that includes problems to be addressed, goals and intended outcomes; and,
  7. Progress Notes (Case Management notes) that document progress related to service plan goals.
- P. Adopt and maintain current written policies and procedures for quality management activities that include methods of assessing client and participant satisfaction with Grantee's services, as well as methods of assessing the quality of collaboration with other community agencies serving the target population, and those agencies' satisfaction with Grantee's services. The policies and procedures will also address how these assessments will be documented and how needed changes will be implemented. Maintain quality management policies and procedures on file, available for review by HHSC upon request. Grantee's quality management policies and procedures will describe activities directly conducted and documented by the immediate supervisor in charge of the day-to-day activities of the RBI staff, including the following:
1. Quarterly reviews of performance measures;

2. Biannual client record review of at least 10% of the intervention client records;
  3. Quarterly assessment of fidelity to the model(s) and curricula approved by HHSC;
  4. Biannual review of rural border population trends to ensure appropriate RBI services are located in the most appropriate community settings and are targeting the current service needs of the community;
  5. Twice monthly supervision meetings with staff, which will include conference calls or other electronic methods of meeting, or in-person meetings;
  6. Quarterly in-person supervision meetings at all locations providing RBI services; and
  7. Maintaining documentation of these activities for review by HHSC upon request.
- Q. Ensure that the day-to-day RBI supervisor and direct care staff attend the statewide conference.
- R. Ensure that the day-to-day RBI supervisor is on the programmatic conference calls as scheduled by HHSC.
- S. Establish and maintain formal membership or active participation in at least two community planning groups. Document participation of at least one RBI staff person through attendance noted in meeting minutes, sign-in sheets, or agendas. The focus of the planning groups will include, but is not limited to, the following topics:
1. Colonias and rural border issues;
  2. Border violence prevention;
  3. Substance use disorder, overdose and prevention;
  4. Recovery Oriented Services of Care (ROSC) groups
  5. Mental health issues and promotion; or
  6. Other community-based services specifically needed by individuals or groups residing within the rural border community.
- T. Establish and maintain working linkages through MOUs with a resource network of external community organization sites serving the target population and their families. MOUs will encourage networking, coordination, and referrals to help address the needs of the participants, their families, and supportive allies. MOUs will be in place within six months of initial funded fiscal year and maintained as current through the contract term. Maintain copies of the signed MOUs on file for HHSC review upon request. MOUs will include:
1. Purpose;
  2. Goals and desired outcomes of partnership;
  3. Signatures, be individualized and will contain beginning and end dates;
  4. Referral process, coordination of services and sharing of information;
  5. The addressing of nonduplication of services; and
  6. Be reviewed annually.
- U. Upon written request by HHSC, plan, coordinate, market, and conduct a collaborative community-based border conference for a minimum of 100



youth and adults (families) involved in the RBI program in need of intervention and prevention services. The community-based border conference will be conducted annually by August 31st as follows:

1. Provide necessary resources, support, and outreach to ensure attendance barriers for the target population are minimized.
2. Conference will focus primarily on issues that are significant (including opioids, teen pregnancy, suicide prevention, school dropout, obesity, diabetes) to families residing in the border and Colonia areas and counties served by the Grantee.
3. Create a diverse collaborative workgroup including community-based organizations for networking, planning, and developing conference content that will benefit parents and adolescents targeted by program.
4. Conference will include a special track or session(s) for professionals such as Promotoras/Community Health Workers, case managers, social workers, and teachers to build skills and capacity regarding prevention issues.
5. Utilize local, state, and national speakers with specialized expertise. Grantee may utilize expenses to cover speakers' costs and travel which may not exceed 10% of conference budget.
6. Submit a final project report utilizing the 4th quarter RBI Quarterly Narrative Report Form, summarizing all the activities performed for this project, noting the number of workgroup meetings and sign-in sheets, list of collaborating partners, conference topics, number of attendees from the Colonias and community, age ranges of attendees, and results of a conference evaluation/feedback tool.

### **2.5.3.3 Staffing and Staff Competency Requirements**

- A. Grantee will hire and ensure the RBI supervisor allocates 50% of his or her time to RBI direct care to meet program measures.
- B. Grantee will ensure all prevention and intervention direct care RBI staff speak Spanish fluently.
- C. Grantee staff will include indigenous certified community workers who provide behavioral health outreach services (including CHW/P).
- D. All prevention and intervention direct care staff will be knowledgeable and understand the causes and treatment of substance use disorder problems, recovery and have the ability to identify health concerns and risks associated with substance use/misuse including overdose and opioid use.
- E. All direct care staff and/or contracted direct care staff implementing evidence-based curricula. Staff will complete the curriculum training and be deemed competent by the Program Supervisor to implement curriculum and deliver services independently, prior to service delivery. Documentation reflecting Program Supervisor assessment of staff capability will be maintained on file, available for review by HHSC upon request.
- F. All direct care staff and contracted direct care staff that have not completed

the Substance Abuse Prevention Specialist Training (SAPST) will complete the training within the first **18 months** from the date of hire. Grantee will obtain and maintain a copy of the SAPST training certificate for all permanent and contracted direct-care staff on file, and available for HHSC review upon request. Direct care staff should complete a full review of the SAPST within 90 days of their hire date. Documentation of this review will be maintained on file, and available for review by HHSC upon request.

- G. All direct care staff will complete a full review of the book titled: “*US-Mexico Border Violence Prevention Curriculum: Keeping My Family Safe*” (Author: Rio Grande Valley Council, Inc. Rural Border Initiative Violence Prevention Task Force, published: 2010) within 60 days of hire, whichever is later. Documentation of this review will be maintained on file and made available for review by HHSC upon request.
- H. All direct care staff and/or subcontractors will receive a minimum of 8 hours of training on Motivational Interviewing techniques and Stages of Change within six months of hire or the beginning of the **Exhibit M**, whichever is later. Staff will demonstrate competency in using the techniques by Grantee’s program supervisor. Documentation reflecting Program Supervisor assessment of staff capability will be maintained on file and made available for review by HHSC upon request.
- I. All direct care staff will attend the statewide annual conference. The RBI Supervisor must attend the annual supervisor’s meeting. Any direct care staff or RBI Supervisor who do not attend must be granted written permission in advance of missing the annual conference.

#### **2.5.3.4 Reporting Requirements and Submission Schedule**

Grantee will:

- A. Submit all documents identified by the dates specified by HHSC. Submit documents to the Substance Abuse mailbox at [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) unless otherwise noted.
- B. Submit FSRs in CMBHS by the last business day of the month following the end of each quarter of the contract term. (Final FSR due within 45 days after end of the Contract term.)
- C. Submit Performance Measures in CMBHS by the 15<sup>th</sup> day of the month following the month being reported.
- D. Submit a Quarterly Narrative Report due 15<sup>th</sup> day of the month following the end of each quarter of the Contract term in the format approved by HHSC.
- E. Submit CMBHS Security Attestation Form biannually, according to dates set by HHSC.
- F. Submit closeout documents in an annual report due forty-five (45) days after the end of the Contract term.
- G. Duty to submit required documents will survive the termination or expiration of this Contract.
- H. If the Due Date is on a weekend or state/federal holiday, the Due Date is the next business day.

<b>Report Name</b>	<b>Due Date</b>
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Attachment term. (CMBHS System Report.)  <i>* Final Financial Status Report (FSR) due within 45 day after Attachment end date</i>
Performance Measures	15 <sup>th</sup> of the month following the month being reported (CMBHS System Report.)
RBI Quarterly Narrative Report	December 15 <sup>th</sup> ; March 15 <sup>th</sup> ; June 15 <sup>th</sup> ; September 15 <sup>th</sup>
CMBHS Security Attestation Form and List of Authorized Users	September 15th & March 15th
<i>Community-Based Border Conference Final Project Report (if applicable)</i>	<i>September 15th</i>
Closeout documents – Annual Report	Due 45 days after end date of each Fiscal Year.

## 2.6 MATCH

Matching funds may be provided through local public or private, city, or county funds, pooled or braided funds from partner organizations, donated resources, or in-kind contributions committed specifically for the proposed project. Match **will not** be met with funds originating from state or federal sources.

Respondents are not required to certify matching funds as part of the application process. However, the state awards for this RFA must be matched by, at least, five percent (5%) of the expended funds of the grant award(s).

## 2.7 EXPENDITURE APPLICATION

In attached **Form K, Expenditures** Respondents must:

- A. Demonstrate project costs outlined in the Expenditure Application are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.
- B. Identify costs to be requested from HHSC.
- C. Utilize the HHSC template provided as **Forms K, Expenditures** and per the instructions outlined in Article 7 – Expenditure Application.

## 2.8 PERFORMANCE MEASURES

The performance measures and outcomes are referenced in the following attachments (RBI program does not have outcome measures):

- A. **Exhibit D: Performance Measures & Definitions**
- B. **Exhibit E: PPI Outcome Measures**
- C. **Exhibit F: PADRE Outcome Measures**

HHSC will monitor the performance of contracts awarded under this RFA. All services and deliverables under the contract will be provided at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice. As described in this section, Respondents must estimate the number of clients to be served and the number of services to be provided, as well as identify outcomes anticipated as a result of providing services and supports as part of the proposed project. (See Exhibit D for Performance Measure Definitions.)

## 2.9 PROHIBITIONS

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

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

## 2.10 STANDARDS

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements* for Federal Awards (2 CFR 200); the *Uniform Grant Management Standards (UGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

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

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

Upon request, a Respondent must provide the HHSC Civil Rights Office with copies of all the Respondent's civil rights policies and procedures. Respondents 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  
Regular Mail:  
P.O. Box 149027, Mail Code W206  
Overnight Delivery:  
701 W. 51st Street  
Austin, TX 78751  
Phone Toll Free (888) 388-6332  
Phone: (512) 438-4313  
TTY Toll Free (877) 432-7232  
Fax: (512) 438-5885

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

Respondents 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.

## **2.11 DATA USE AGREEMENT**

By entering into a Grant Agreement with HHSC as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit G, Data Use Agreement** and **Exhibit G Attachment 2, HHSC DUA SPI**.

## **2.12 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION**

HHSC makes no guarantee of volume, usage, or total compensation to be paid to any Respondent under an awarded Grant, if any, resulting from this Solicitation. Any awarded Grant is subject to appropriations and the continuing availability of funds.

HHSC reserves the right to cancel, make partial award, or decline to award a Grant under this Solicitation at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

### **ARTICLE 3. ADMINISTRATIVE INFORMATION**

#### **3.1 SCHEDULE OF EVENTS**

<b>EVENT</b>	<b>DATE/TIME</b>
Solicitation Release Date	November 21, 2019
Pre-Submittal Webinar	December 2, 2019 at 1:00 p.m.
Deadline for Submitting Questions	December 6, 2019 by 5:00 p.m.
Estimated Deadline for Posting Questions & Answers	December 11, 2019
<b>Deadline for submission of Solicitation Responses [NOTE: Responses must be <u>RECEIVED</u> by HHSC by the deadline.]</b>	December 18, 2019 at 2:00 p.m.
Anticipated Notice of Award	May 2020
Anticipated Contract Start Date	September 1, 2020

Note: These dates are a tentative schedule of events. HHSC reserves the right to modify these dates at any time upon notice posted to the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites. Any dates listed after the Solicitation Response deadline will occur at the discretion of HHSC and may occur earlier or later than scheduled without notification on the [ESBD](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites.

#### **3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION**

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

#### **3.3 IRREGULARITIES**

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

## 3.4 INQUIRIES

### 3.4.1 Point of Contact

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

Name: Carolyn DeBoer, CTCD, CTCM  
Title: Purchaser  
Address: 1100 West 49<sup>th</sup> Street, Austin, TX 78756  
Phone: 512-406-2401  
Email: Carolyn.DeBoer@hhsc.state.tx.us

### 3.4.2 Prohibited Communications

All communications between Respondents and other HHSC staff members concerning the Solicitation may not be relied upon and Respondent should send all questions or other communications to the Point of Contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

### 3.4.3 Questions

The HHSC will allow written questions and requests for clarification of this Solicitation. Questions must be submitted to the Point of Contact listed in **Section 3.4.1** above by (1) e-mail; or (2) via Portable Document Format (PDF) uploaded to a USB drive and sent by U.S. First class mail. Respondents' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

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

**Note:** Questions or other written requests for clarification must be received by the Point of Contact by the deadline set forth in Section 3.1 above. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions. Illegible questions or questions submitted in formats that are inaccessible to HHSC will not be addressed. HHSC will not be held

**responsible for any issues a respondent encounters as a result of the submission of illegible or inaccessible questions.**

#### **3.4.4 Clarification request made by Respondent**

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

#### **3.4.5 Responses**

Responses to questions or other written requests for clarification may be posted on the [ESBD](#) and [HHSC Grants](#) websites. HHSC reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the [ESBD](#) and [HHSC Grants](#) websites. It is the Respondent's responsibility to check the [ESBD](#) and [HHSC Grants](#) websites. HHSC also reserves the right to decline to answer any question or questions or to provide a single consolidated response of all questions they choose to answer in any manner at HHSC sole discretion.

#### **3.4.6 Pre-Submittal Webinar Conference**

HHSC will conduct an **optional** Pre-Submittal Webinar December 2, 2019. Respondents will need to register for the webinar using weblink

<https://attendee.gotowebinar.com/register/3587834387194445068>.

### **3.5 SOLICITATION RESPONSE COMPOSITION**

#### **3.5.2 General Instructions**

All Applications must be:

- A. Clearly legible;
- B. Sequentially page-numbered and include the respondents name at the top of each page;
- C. Organized in the sequence outlined in **Article 9 - Submission Checklist**;
- D. Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- E. Correctly identified with the RFA number and submittal deadline;
- F. Responsive to all RFA requirements; and
- G. Signed by an authorized official in each place a signature is needed (electronic or digital signature will be necessary to submit via USB drive).
- H. Page is defined as front only print. A paper with print on front and back is considered two pages.



### 3.5.3 Submission in Separate Parts

Electronic submissions must be separated by parts using file names that relate to each part and submitted on a USB drive.

The entire Solicitation Response – all electronic copies – must then be submitted in one package to HHSC at the address listed in **Section 3.6.3**. The number of copies and directions for submitting an "Original" and "Copies" are outlined in Article 9, Submission Checklist:

- A. Narrative Application (Article 5), including all forms;
- B. Respondent Information (Article 6), including all forms;
- C. Expenditure Application (Article 7); and
- D. Applicable Exhibits and Required Forms.

## 3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

### 3.6.1 Deadline

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

### 3.6.2 Labeling

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

<u>SOLICITATION NO.:</u>	HHS0001104
<u>SOLICITATION NAME:</u>	Substance Use and Misuse Intervention Services
<u>SOLICITATION RESPONSE</u>	
<u>DEADLINE:</u>	December 18, 2019 2:00 p.m.
<u>PURCHASER'S NAME:</u>	Carolyn R. DeBoer
<u>RESPONDENTS'S NAME:</u>	_____

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

### 3.6.3 Delivery

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

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

**U.S. Postal Service/Overnight/Express  
Mail/Hand Delivery**

Health and Human Services Commission  
Procurement and Contracting Services Building  
Building S  
ATTN: Response Coordinator  
1100 W 49th. MC 2020  
Austin, Texas 78756

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

### **3.6.4 Alterations, Modifications, and Withdrawals**

Prior to the Solicitation submission deadline, a Respondent may:

- A. Withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1**; or
- B. Modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1**. HHSC may request Solicitation Response Modifications at any time.

## **ARTICLE 4. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS**

### **4.1 GENERALLY**

A three-step selection process will be used:

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

### **4.2 ELIGIBILITY SCREENING**

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

### **4.3 EVALUATION**

Applications will be evaluated and scored in accordance with the factors required by this procurement package using **Exhibit H, Evaluation Score Tool-PPI, Exhibit H-1, Evaluation Score Tool-PADREs, and Exhibit H-2, Evaluation Score Tool-RBI.**

#### **4.3.1 Specific Selection Criteria**

Grant applications will be evaluated based upon:

- A. Pregnant, Parenting Intervention (PPI)**

1. PPI Background Program – 10%
  2. PPI Program Narrative – 45%
  3. Work Plan – 45%
- B. Parenting Awareness and Drug Risk Education services (PADREs)**
1. PADRE Background Program – 15%
  2. PADREs Program Narrative – 25%
  3. Work Plan – 60%
- C. Rural Border Intervention (RBI)**
1. RBI Background Program – 20%
  2. RBI Program Narrative – 50%
  3. Work Plan – 30%

#### 4.4 FINAL SELECTION

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

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

#### 4.5 NEGOTIATION AND AWARD

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

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

- A. An in-depth discussion of the submitted application and budget; and
- B. Requests from HHSC for clarification or additional details regarding submitted Application.

The final funding amount and the provisions of the contract will be determined at the sole discretion of HHSC staff.

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

**Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or General Provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on Form J: Exception**

**Form in this application and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant's application or at a later date.**

HHSC will post to the ESB and HHS Grants Websites the Respondents selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Applicant's application and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

#### **4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY HHSC**

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

## **ARTICLE 5. NARRATIVE PROPOSAL**

### **5.1 NARRATIVE PROPOSAL**

Respondents must submit the following narrative's. A page requirement is defined as front and back or two fronts only printing. Print beyond the stated page number(s) will not be evaluated.

#### **5.1.1 Background/Experience**

Utilizing **Forms C** attached to this RFA, Respondents will provide a response to all questions stated on the corresponding form on a one-page narrative:

- A. **Form C-1**: PPI Background/Experience
- B. **Form C-2**: PADRE Background/Experience
- C. **Form C-3**: RBI Background/Experience

#### **5.1.2 Program Narrative**

Utilizing **Forms D** attached to this RFA, Respondents will provide a response to all questions stated on the corresponding form on a two-page narrative:

- A. **Form D-1**: PPI Program Narrative
- B. **Form D-2**: PADRE Program Narrative
- C. **Form D-3**: RBI Program Narrative

#### **5.1.3 Work Plan**

Utilizing **Forms E** attached to this RFA, Respondents will provide a response to all questions stated on the corresponding form on a three-page narrative:

- A. **Form E-1**: PPI Work Plan
- B. **Form E-2**: PADRE Work Plan
- C. **Form E-3**: RBI Work Plan

#### 5.1.4 Performance Measures

Utilizing **Forms F** attached to this RFA, Respondents will provide a response to all questions stated on the corresponding form:

- A. **Form F-1:** PPI Performance Measures
- B. **Form F-2:** PADRE Performance Measures
- C. **Form F-3:** RBI Performance Measures

## ARTICLE 6. REQUIRED RESPONDENT INFORMATION

### 6.1 ADMINISTRATIVE INFORMATION

Respondent must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Solicitation Response requested in **Article 3**, Respondent must provide the following information below and completing **Form A, Respondent Information (Face Page), Form B-1, Government Entity, Form B-2, Non-Profit or For-Profit Entity, Form G, Administrative Information, Form H, Contact Persons, and Form I, Financial Management & Administration Questionnaire.**

### 6.2 LITIGATION AND CONTRACT HISTORY

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

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

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

### 6.3 CONFLICTS

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

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

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

#### 6.4 GRANT APPLICATION DISCLOSURE

In an effort to maximize state resources and reduce duplication of effort, HHSC, at its discretion, may require the Respondent to disclose information regarding the application for or award of state, federal, and/or local grant funding by the Respondent or Community Collaborative member organization within the past two years to provide PPI, PADRE or RBI services.

#### 6.5 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return the following listed exhibits. All forms and exhibits to be returned are listed in **Article 9, Submission Checklist**.

- A. **Exhibit A: Affirmations and Solicitation Acceptance**
- B. **Exhibit C: Assurances Non-Construction**
- C. **Exhibit C-1: Certification Regarding Federal Lobbying**

#### 6.6 EXCEPTIONS AND ASSUMPTIONS

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or General Provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on **Form J, Exceptions and Assumptions** in this application and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant's application or at a later date.

Failure to sign or take exception to any of the Exhibits and Forms, shall automatically render the Applicant's Application as Non-Responsive.

Applicants must return **Form J, Exceptions and Assumptions Form**, even if there are no Exceptions taken.

## ARTICLE 7. EXPENDITURE APPLICATION

### 7.1 EXPENDITURE APPLICATION

Attached **Form K, Expenditures Application Template** of this RFA includes the template for submitting the Expenditure Application. Respondents must complete this form and place it in a separate, sealed package, clearly marked with the Respondent's name, the RFA number, and the RFA submission date.

Respondents must base their Expenditure Application on the Scope of Work described in **Article 2**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Application. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

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

Respondent must utilize the HHSC template provided and identify costs to be requested from HHSC and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project.

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

Costs included in the Expenditure Application will be entered into budget tables and supported by narrative descriptions detailing the need for the requested cost and a calculation demonstrating how the cost was arrived at.

Matching funds must also be identified in the Expenditure Application, including both anticipated matching funds and funds being certified in the application. Matching funds may be provided through local philanthropic, private, or city or county funds, pooled or braided funds from collaborative partner organizations, donated resources, or in-kind contributions committed specifically for the proposed project. State or federal funds may not be used as match.

The value of donated materials, professional services, and volunteer time is to be calculated in accordance with Subpart C, Post-Award Requirements, Section .24, Matching or Cost Sharing, of UGMS.

### 7.2 INDIRECT COST RATE (ICR)

All Applicants are required to complete and submit **Form L, Indirect Cost Rate Agreement** the HHS System Indirect Cost Rate information, along with the required supporting documentation. HHSC will recognize the following pre-approved Indirect Cost Rates:

- A. Federally Approved Cost Allocation Plan
- B. Federally Approved Indirect Cost Rate Agreement
- C. State of Texas Cognizant Agency Indirect Cost Rate

If the Grantee does not have one of the options listed above, then the Grantee may be eligible for the 10% de minimis or an indirect cost rate. If Grantee requests an indirect cost rate above the 10% de minimis, Grantee shall provide the Organizations Indirect Cost Rate Agreement. If the Agreement is not provided, Grantee is only eligible to budget the de minimis. The HHS System Contract Oversight and Support (COS) will outreach applicable Grantees after contract award to complete the ICR process. Applicants should respond the COS request timely to ensure that the ICR is issued as timely as possible.

## **ARTICLE 8.     GENERAL TERMS AND CONDITIONS**

### **8.1     GENERAL CONDITIONS**

#### **8.1.1   Costs Incurred**

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

#### **8.1.2   Contract Responsibility**

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

#### **8.1.3   Public Information Act**

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

#### **8.1.4   News Releases**

Prior to final award a Respondent may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact Identified in **Article 3**.



### **8.1.5 Additional Information**

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

**The remainder of this page is intentionally left blank.**

**ARTICLE 9.      SUBMISSION CHECKLIST**

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

**Original Solicitation Response Package**

The Solicitation Response Package must include the "Original" Response **submitted in electronic-copy on a USB drive in Portable Document Format (PDF) and, where applicable, Microsoft Excel Workbook format (.xlsx) and** must consist of the four parts below. Each of the four parts must be loaded onto the USB drive in separate, clearly named folders. In each Folder, each Form must be clearly labeled "Original" with the Form Name in the filename. All forms requiring a signature must have an electronic or digital signature in the "Original" electronic copy response.

- A.      Respondent Information**
  - 1. Form A: Face Page \_\_\_\_\_
  - 2. Form B-1: Governmental Entity (if applicable) \_\_\_\_\_
  - 3. Form B-2: Nonprofit Entity (if applicable) \_\_\_\_\_
  - 4. Form G: Administrative Information \_\_\_\_\_
  - 5. Form H: Contact Person Information \_\_\_\_\_
  - 6. Form I: Financial Management and Administrative Questionnaire \_\_\_\_\_
- B.      Narrative Application Forms (Forms C through F)**
  - 1. Form C-1: PPI Background/Experience \_\_\_\_\_
  - 2. Form C-2: PADRE Background/Experience Form \_\_\_\_\_
  - 3. Form C-3: RBI Background/Experience Form \_\_\_\_\_
  - 4. Form D-1: PPI Program Narrative \_\_\_\_\_
  - 5. Form D-2: PADRE Program Narrative \_\_\_\_\_
  - 6. Form D-3: RBI Program Narrative \_\_\_\_\_
  - 7. Form E-1: PPI Project Work plan \_\_\_\_\_
  - 8. Form E-2: PADRE Project Work plan \_\_\_\_\_
  - 9. Form E-3: RBI Project Work plan \_\_\_\_\_
  - 10. Form F-1: PPI Performance Measures \_\_\_\_\_
  - 11. Form F-2: PADRE Performance Measures \_\_\_\_\_
  - 12. Form F-3: RBI Performance Measures \_\_\_\_\_
- C.      Expenditure Application (template included)**
  - 1. Form K: Expenditure Application Template \_\_\_\_\_
  - 2. Form L: Indirect Cost Rate (ICR) \_\_\_\_\_

- a. Federally Approved Cost Allocation Plan \_\_\_\_\_
- b. Federally Approved Indirect Cost Rate Agreement \_\_\_\_\_
- c. State of Texas Cognizant Agency Indirect Cost Rate \_\_\_\_\_

**D. Applicable Exhibits and Signed Addendums (to be included in Solicitation Package)**

- 1. Exhibit A: Affirmations and Solicitation Acceptance \_\_\_\_\_
- 2. Exhibit C: Assurances Non-Construction \_\_\_\_\_
- 3. Exhibit C-1: Certification Regarding Lobbying \_\_\_\_\_
- 4. Exhibit G: Data Use Agreement \_\_\_\_\_
- 5. Exhibit G Att 2: Security and Privacy Initial Inquiry Information \_\_\_\_\_
- 6. Exhibit I: Fiscal Federal Funding Accountability and Transparency Act Form (FFATA) \_\_\_\_\_

**E. Submission Checklist** \_\_\_\_\_

**Copies of Solicitation Response Package**

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

The electronic submission shall ensure all required forms are provided in accordance with **Article 9, Submission Checklist.**

- 1. 1 Electronic copy of **Respondent Information**
- 2. 1 Electronic copy of **Narrative Application**
- 3. 1 Electronic copy of **Required Forms**
- 4. 1 Electronic copy of **Expenditure Application (Form K through L)**
- 5. 1 Electronic copy of **Applicable Exhibits (Article 9: Submission Checklist)**

**ARTICLE 10. EXHIBITS AND FORMS**

<b>EXHIBIT A: AFFIRMATIONS AND SOLICITATION ACCEPTANCE</b>	<b>SECTION 1.1</b>
<b>EXHIBIT B: HHSC Uniform Terms and Conditions Grant v.2.16.1</b>	<b>SECTION 1.2 AND SECTION 2.4.3</b>
<b>EXHIBIT B -1: HHS GRANT SPECIAL CONDITIONS v1.2</b>	<b>SECTION 1.2</b>
<b>EXHIBIT C: ASSURANCES NON-CONSTRUCTION</b>	<b>SECTION 1.2</b>
<b>EXHIBIT C-1: CERTIFICATION REGARDING LOBBYING</b>	<b>SECTION 1.2</b>

<b>EXHIBIT D: PERFORMANCE MEASURES AND DEFINITIONS</b>	<b>SECTION 2.8</b>
<b>EXHIBIT E: PPI OUTCOME MEASURES</b>	<b>SECTION 2.8</b>
<b>EXHIBIT F: PADRE OUTCOME MEASURES</b>	<b>SECTION 2.8</b>
<b>EXHIBIT G: DATA USAGE AGREEMENT</b>	<b>SECTION 2.11</b>
<b>EXHIBIT G ATT 2: DUA SPI</b>	<b>SECTION 2.11</b>
<b>EXHIBIT H: EVALUATION SCORE TOOL -PPI EXHIBIT H-1: EVALUATION SCORE TOOL- PADRES EXHIBIT H-2: EVALUATION SCORE TOOL-RBI</b>	<b>SECTION 4.3</b>
<b>EXHIBIT I: FFATA</b>	<b>ARTICLE 9</b>
<b>EXHIBIT J: THE TRANSTHEORETICAL MODEL</b>	<b>SECTION 2.5.3.2</b>
<b>EXHIBIT K: TEXAS MEDICAID NEWBORNS WITH NEONATAL ABSTINENCE SYNDROME IN FY 2016</b>	<b>SECTION 2.3</b>
<b>EXHIBIT L: HHS-REGIONAL-MAP</b>	<b>SECTION 1.1, 1.2</b>
<b>EXHIBIT M: MOTIVATIONAL INTERVIEWING</b>	<b>SECTION 2.5.1.4</b>
<b>FORM A: FACE PAGE</b>	<b>SECTION 6.1</b>
<b>FORM B-1: GOVERNMENTAL ENTITY (IF APPLICABLE)</b>	<b>SECTION 6.1</b>
<b>FORM B-2: NON-PROFIT ENTITY (IF APPLICABLE)</b>	<b>SECTION 6.1</b>
<b>FORM C-1: PPI BACKGROUND/EXPERIENCE</b>	<b>SECTION 5.1.1</b>
<b>FORM C-2: PADRE BACKGROUND/EXPERIENCE</b>	<b>SECTION 5.1.1</b>
<b>FORM C-3: RBI BACKGROUND/EXPERIENCE</b>	<b>SECTION 5.1.1</b>
<b>FORM D-1: PPI PROGRAM NARRATIVE</b>	<b>SECTION 5.1.2</b>
<b>FORM D-2: PADRE PROGRAM NARRATIVE</b>	<b>SECTION 5.1.2</b>
<b>FORM D-3: RBI PROGRAM NARRATIVE</b>	<b>SECTION 5.1.2</b>
<b>FORM E-1: PPI PROJECT WORK PLAN</b>	<b>SECTION 5.1</b>
<b>FORM E-2: PADRE PROJECT WORK PLAN</b>	<b>SECTION 5.1</b>
<b>FORM E-3: RBI PROJECT WORK PLAN</b>	<b>SECTION 5.1</b>
<b>FORM F-1: PPI PERFORMANCE MEASURES</b>	<b>SECTION 5.1</b>
<b>FORM F-2: PADRE PERFORMANCE MEASURES</b>	<b>SECTION 5.1</b>
<b>FORM F-3: RBI PERFORMANCE MEASURES</b>	<b>SECTION 5.1</b>

<b>FORM G: ADMINISTRATIVE INFORMATION</b>	<b>SECTION 6.1</b>
<b>FORM H: CONTACT PERSON INFORMATION</b>	<b>SECTION 6.1</b>
<b>FORM I: FINANCIAL MANAGEMENT AND ADMINISTRATION QUESTIONNAIRE</b>	<b>SECTION 6.1</b>
<b>FORM J: EXCEPTIONS AND ASSUMPTIONS (NOTE TO APPLICANTS: COMPLETION OF THIS EXHIBIT IS REQUIRED)</b>	<b>SECTION 6.6</b>
<b>FORM K: EXPENDITURE APPLICATION TEMPLATE</b>	<b>SECTION 2.7 AND SECTION 7.1</b>
<b>FORM L: INDIRECT COST RATE</b>	<b>SECTION 7.2</b>