

**ATTACHMENT I**  
**SOLICITATION NO. 529-18-0016**



**TEXAS**  
**Health and Human Services**

**Charles Smith, Executive Commissioner**

**Request for Applications (RFA)**  
**For**

***Texas' Opioid Recovery Support Services***  
**RFA No. 529-18-0016**

**Date of Release: August 14, 2017**  
**Responses Due: September 5, 2017 by 2:00 p.m. Central Time**

**Class/Item: 952/06**

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## • **ARTICLE I. 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) 2018 to enhance the recovery environment in Texas by funding opioid recovery support services.

This Request for Applications (RFA) will reflect the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment's (SAMHSA CSAT) priority for states to develop a targeted response to the opioid crisis within the Recovery-Oriented System of Care (ROSC), adhere to SAMSHA's definition of recovery, and the definition of recovery support services. In developing a response to this RFA, the respondent is encouraged to demonstrate how it currently provides, or will provide, an opioid recovery framework that is consistent with the ROSC principles.

HHSC will make funds available for organizations to deliver opioid use recovery support services to help facilitate entry of individuals into the recovery process, prevent relapse, and promote sustained recovery from opioid use disorder (OUD) statewide. 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, recovery support services at pre- and post-treatment to engage and assist individuals with initiation and sustaining recovery from opioid use disorders and co-occurring substance use. This RFA is intended to ensure an informed recovery-oriented system of care in Texas for persons with OUD and co-occurring disorders. Successful respondents providing OUD treatment services will be required to align their service-orientation by supporting the development of recovery support services addressing this goal.

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.

### 1.2 DEFINITIONS

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

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

“Apparent Awardee” means an organization that has been selected to receive a grant award through response to this RFA but has not yet executed a grant agreement or contract. May also be referred to as "Apparent Grant Recipient" or "Apparent Grantee."

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

“Co-Occurring Disorders” refers to an individual having co-existing mental health and substance use disorders. There are a number of other terms that have been used to describe individuals in this category as well, including: dually diagnosed, mentally ill chemical abusers, mentally ill substance abusers.

“Cultural Diversity and Inclusion” refers to developing a recovery community peer support services program that is inclusive of various groups and that honors differing routes to recovery, including medication-assisted recovery.

“Customer Advisory Board” advises management of the program they do not necessarily have to be peers of the management but rather customers of the program who receive program services.

“Direct Recovery Support Services” consists of peer-to-peer recovery coaching contacts, either face to face, or by telephone. These may be individual sessions or group sessions led by peers and dealing with recovery issues of participants.

“Formal Participants” means individuals in recovery who enroll for direct recovery support services including peer coaching. These direct recovery support participants may also receive indirect recovery support services such as housing or mental health services.

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

“HUB” means Historically Underutilized Business, as defined by Chapter 2161 of the Texas Government Code.

“Indirect Recovery Support Services” address other life needs of an individual in recovery such as housing, health care, and employment.

“Informal Participants” means individuals in recovery who may participate in program services on an occasional, one-time, or informal basis, but are not “signed up” for ongoing services.

“Informal Recovery Support Services” means less structured services such as providing used clothing, hosting sober social activities, and drop-in centers.

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

“Leadership Development” means building leadership among members of the recovery community so that they are able to guide and direct the service program and deliver support services to their peers.

“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 fulfill 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.

“Outcome Measures” means to provide data on the short-term changes in the participants’ knowledge, attitude, beliefs, or actual behavior, to determine whether the goals of recovery support services have been met based on an established baseline status for each participant.

“Participant” is an individual who receives or has received substance abuse recovery support services. This may also include significant other, family members and allies who are receiving services.

“Participatory Process” involves the recovery community in project design and implementation, so that recovery community members identify their own strengths and needs, and design and deliver peer services to address them.

“Peer” is an individual who shares the experience of addiction and recovery, either directly or as a family member or significant other.

“Peer-to-Peer Recovery Support Services” means recovery support services designed and delivered by peers to assist others in or seeking recovery, and/or their family members and significant other(s), to initiate and/or sustain recovery from opioid use disorders and closely related consequences.

“Person-Centered” means recovery support services that directly focus upon the need, preferences and strengths of the individual.

“Process Measures” are measures designed to explore the extent to which services are being delivered in the manner that the organization originally proposed and to assess the

services being provided. Process measures are specific to the kinds of services and supports that are provided.

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

“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.

“Recovery Coach” is 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.

“Recovery Coaching” means a one-on-one relationship in which a peer leader encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.

“Recovery Support Services (RSS)” are non-clinical services that assist individuals and families who are affected by history or current use of opioids which may include co-occurring use of other substances. RSS’s include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness. These services may be and may be provided prior to, during, and after treatment, and also may be provided as separate and distinct services, to individuals and families who desire and need them.

“Recovery Plan” is a self-directed plan that is completed by the individual in recovery, rather than a staff person. In addition to devising the plan, the individual is responsible for the development, revision, and implementation of their recovery plans each week, month or phase. Although the primary responsibility is placed on the individual to complete and implement their recovery planning process, peer recovery coaches may participate and assist in an important guiding and "teaching" role in the planning and monitoring process.

“Relapse Prevention” are services that include identifying a participant’s current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

“Respondent” means the entity responding to this Solicitation. May also be referred to as "Applicant."

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

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

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

“Successful Respondent” means 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” is the process of watching and directing what someone does or how something is done.

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

Transportation” are services provided to that allows individuals to access substance abuse treatment and recovery support-related appointments and activities.

“Treatment Organization” is a licensed substance use disorder treatment program that incorporates peer coaching services and provides other recovery support services.

“Volunteer” is a peer, 18 years of age or older, who provides recovery services at a recovery community-based organization without financial compensation.

“Volunteering” means carrying out tasks and/or provide services for participants in a recovery community-based organization without financial compensation.

“Walk-In” is a participant who arrives without a reservation or arrives unannounced.

### 1.3 AUTHORITY

The System Agency is requesting applications under Texas Health and Safety Code Chapters 12 and 1001 and Texas Government Code Chapters 531, Subchapter D, to the extent applicable.

- **ARTICLE II. SCOPE OF GRANT AWARD**

- **2.1 PROGRAM BACKGROUND**

For the purpose of this RFA, the focus population for funded services includes individuals, their family members, significant others, and supportive allies, who are affected by the use and/or consequences of opioids, which may include co-occurring use of other substances, mental, and primary health conditions. This population may include men; women; pregnant women and/or women with children; individuals with criminal justice involvement;

individuals who are homeless; individuals with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS); and older adults, who are experiencing problems relative to opioid use or opioid use disorders (OUD). Funding from the Center of Substance Abuse Treatment and the Substance Abuse and Mental Health Administrations for the support of the Texas Targeted Opioid Response Grant program will allow the Health and Human Services Commission to expand its treatment efforts that promote recovery for populations identified as high risk for OUD.

In recent years, there has been a significant shift in the addiction field in the understanding of what it means to recover from a substance use disorder (SUD). Spurred by emerging research and the experiences of individuals in recovery, the field is moving away from an acute care model of brief treatment episodes focused on stabilization to a long-term, sustained recovery model which encompasses the whole health and well-being of individuals. This approach required a transformation in practice and policy at the local, state, and national level. Recovery-Oriented Systems of Care (ROSC) are the framework for a long-term systems transformation. The transformation process extends beyond the treatment system to other community organizations that support individuals and families impacted by OUD. The development of additional capacity at the state and local levels for implementation of peer recovery supports are vital to responding to this crisis, particularly within agencies that have not typically offered recovery supports.

### **Recovery-Oriented Values and Principles**

For the purpose of this RFA, respondents should consider the following recovery-oriented values and principles, and strive to ensure that their proposed service design reflects them. Each application must outline the type of services that will be provided to support recovery and the (re)establishment of a life in the community. The described services must reflect key pillars of recovery-oriented services and supports. These are:

1. **Choice and Self Determination:** The successful respondent will provide all participants the opportunity to select from a menu of supports and services that correspond with their personal interests and recovery goals. Participants will have opportunities to revise their selections to reflect their evolving preferences and goals. Recovery plans and service plans will reflect goals in several major life domains (See Attachment C) and will be developed in collaboration with the individuals being served.
2. **Community Integration:** Recovery involves a process of (re)joining and (re)building a life in the community. Participation in community activities and receiving support related to community integration has been positively correlated with recovery and should constitute a primary objective for successful respondents. Treatment organizations not only must encourage, but assist participants to identify and connect with a broad spectrum of community-based resources and supports that can assist them to achieve their goals and (re)build their lives in their community.
3. **Peer Culture:** Peer-to-peer supports have proven effective in promoting recovery, conveying hope, and motivating participants to pursue positive change. Successful



respondents will demonstrate how they have and will continue to infuse their service environment with a peer support culture and leadership. This will include hiring recovery coaches, mobilizing peer volunteers, forming peer advisory councils, integrating peer support groups, and other peer run services, etc.

4. **Family Inclusion:** Family inclusion requires the active participation of recovering individuals' family members and other key supporters at all levels of the service process. Participants shall be afforded the opportunity to define their "families" broadly to include biological relatives, significant others, and other supportive allies. Based on the preference of the individuals receiving services, family members and allies will be invited to participate in service planning and offered education and support.
5. **Continuity of Care:** Recovery-oriented services ensure that individuals are connected to a range of continuing support services beyond a treatment episode.
6. **Partnership-Consultant Relationships:** In a recovery-oriented system, relationships with participants focus more on collaboration and less on hierarchy. Services are designed to empower participants to direct their own recovery. This is reflected in the collaborative treatment and service planning processes.
7. **Culturally and Linguistically Competent:** Culturally competent systems recognize that culture counts. There is an understanding that world views, beliefs, and customs are different and can impact the extent to which individual's access or engage in services. As a result, they can have a significant influence on recovery outcomes. Successful respondents will demonstrate that they understand and will address the varying cultural needs of the populations that they serve through their service design, staffing, and organizational policies.

For additional information about how to operationalize these concepts, respondents are referred to the Philadelphia Behavioral Health Services Transformation Practice Guidelines For Recovery and Resilience Oriented Treatment, which may be accessed at <http://www.dbhids.org/practice-guidelines/> and also the book entitled, A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care by Larry Davidson and colleagues, Oxford University Press; 1st Edition (October 2, 2008), which can be purchased online.

### **Service Array**

Recovery Support Services encompass a wide array of non-clinical services and supports that help individuals to initiate and sustain their recovery. Four types of support have been identified and are described below. See Attachment D – Types of Support for further details.

1. **Emotional** Demonstrate empathy, caring, or concern to bolster a person's self-esteem, hope and confidence.

2. Informational - Share knowledge and information and/or provide life or vocational skills training.
3. Instrumental - Provide concrete assistance to help others accomplish tasks that are connected to (re)building their life in their community.
4. Affiliational - Facilitate contact with other individuals to promote learning of social and recreational skills, create community, and acquire a sense of belonging.

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.

### **Outcome and Process Measures Evaluation**

1. Outcomes are an important part of all treatment services administered by HHSC. All programs approved through this RFA process will be subject to evaluation by HHSC. All awarded contracts will be subject to HHSC review throughout the course of their contract. By accepting the award under this RFA, respondents agree to comply with the evaluation requirements of HHSC. HHSC will establish a data reporting mechanism and system and awardees must agree to supply all the required data necessary for the evaluation. Successful respondents will also be required to meet all data reporting requirements established by HHSC.
2. HHSC's client record a web-based data system will collect all Awardee's data, the application must specify how the respondent plans to submit data to HHSC. Specifically, respondents must indicate that they have the technological capacity as well as the staff capability to use technology related to entering data into a web-based data system that will be designed specifically for this initiative. If applicable, the respondent should provide evidence of prior successful data submissions to HHSC.
3. Respondents are also asked to include a job description for each of the staff person(s) assigned to meet evaluation requirements, including but not limited to level of education, experience, background, and proportion of time assigned to evaluation activities. If the application includes existing or new position(s) to address evaluation activities, the position(s) are to be reflected in the respondent's budget application.
4. The evaluation component designed by HHSC will consist of both outcome and process measures. The outcome component will assess the immediate effects that the program has on the individuals receiving the service. The purpose is to learn about short-term changes in participants' knowledge, attitudes, beliefs, or actual behavior, and to determine whether the service goals are met. Baseline information will be collected on these measures when an individual begins to receive the recovery support services, and follow-up assessments will be carried out at 3, 6, 9, and 12-month intervals to measure change as a result of the services.

5. Additional Requirements Related to Evaluation: Surveys will be available in both Spanish and English formats and in other languages as determined by the respondent and the needs of the population being served. The respondent must keep all participant surveys in a file for HHSC review.
6. HHSC will collect to measure program and performance outcomes. These measures are subject to change and do not comprise the entire array of measures that may be required of the contractor. See Attachment E - Outcome Measures for further details.

### **Process Measures**

Process measures are designed to explore the extent to which services are being delivered in the manner that the respondent originally proposed and to assess the services being provided. The respondent must recruit and screen recovery coach applicants and other peer volunteer workers, and supervise their areas of work. As the process measures are specific to the kinds of services and supports that are provided, HHSC will partner with the respondent to define process measures that are relevant to the respondent's project.

- **2.2 GRANT AWARD AND TERM**

- **2.2.1 Available Funding**

The total amount of state funding available utilizing the Texas Targeted Opioid Response (TTOR) federal grant funds in Fiscal Year 2018 is **\$3,000,000** and it is HHSC's intention to make multiple awards. The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal and other best value considerations. This decision is at the sole discretion of HHSC.

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

- **2.2.2 Grant Term**

It is anticipated that the grant funding period for this program will begin **October 15, 2017** through **August 31, 2018**. The contract may be renewed for an additional four (4) 12-month periods based on availability of federal funds and the satisfactory performance of the apparent awardee. Funding may vary and is subject to change if renewed based on availability of TTOR grant funds.

• **2.3 ELIGIBLE APPLICANTS**

Eligible respondents include public or private non-profit 501(c) (3) entities. All respondents must comply with the criteria listed below under this RFA at the time the proposal is submitted.

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

2. 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.

3. Respondent must be in good standing with the U.S. Internal Revenue Service.

4. Respondent is not eligible to apply for funds under this RFA if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.

5. Respondent may not be eligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the Apparent Awardee, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by HHSC.

6. Respondent's staff members, including the executive director, must not serve as voting members on their employer's governing board.

7. In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services rules, a name search will be conducted using the websites listed in this section prior to the development of a contract.

8. 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:

- a) The General Services Administration's (GSA) System for Award Management (SAM) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits. <https://www.sam.gov/portal/SAM/##11>
- b) The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search <https://oig.hhsc.state.tx.us/oigportal/Exclusions.aspx>; and
- c) 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.

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## **2.4 SCOPE AND PROGRAM REQUIREMENTS**

To meet the mission and objectives of Texas' Opioid Recovery Support Services program, Respondents must:

### **A. Goal**

1. Align treatment services with a recovery-oriented approach.
2. Develop a recovery-oriented treatment workforce that can successfully integrate recovery support services and support individuals' efforts to initiate and sustain their recovery.
3. Expand the availability and quality of recovery-oriented supports and services in treatment settings.
4. Establish effective linkages between treatment, peer-run recovery community organizations, and other community-based organizations.

### **B. Administrative Requirements**

1. Provide opioid use disorder recovery support services under this Contract.
2. Ensure administrative staff (Executive Director and/or Program Director) and up to at least two direct-paid staff attend the programmatic trainings held in Austin, Texas.
  - a. Apparent Awardee will include travel, per diem, and lodging expenses including registration fee in Apparent Awardee's categorical budget.
  - b. Apparent Awardee will be required to attend one face-to-face recovery support services training. Training dates, times and location will be determined by the HHSC. Required attendance at trainings will be completed by August 31, 2018.
3. Ensure that at least two direct-paid staff attend the Behavioral Health Institute (BHI) to receive face-to-face training.
  - a. Apparent Awardee will include travel, per diem, and lodging expenses including registration fee are included in Apparent Awardee's categorical budget.
  - b. Required attendance to BHI will be completed by August 31, 2018.
4. Ensure that appropriate staff participate in the HHSC webinars, conference calls, and trainings at the specified dates, times, and locations as required by the HHSC.
5. Ensure that Recovery Coaches have completed the required HHSC-approved 46-hour Recovery Coach Training. Apparent Awardee or individual seeking Recovery Coach Training will be responsible for all costs incurred in obtaining the 46-hour training.
6. Ensure that Recovery Coaches working with the opioid population receive the Medication-Assisted Recovery Support (MARS) training and the Medication-Assisted Advocacy Training.
7. Ensure that Recovery Coaches have access to the Applied Suicide Intervention Skills Training (ASIST).

8. Work with HHSC staff to transform their organization from a traditional treatment setting to a recovery-oriented setting. Apparent Awardee's treatment staff will attend all relevant webinars, conference calls, and trainings as requested by HHSC.
9. Work collaboratively with the local mental health authority (LMHA) and/or local behavioral health authority (LBHA) and other community providers to increase job placements for participants.
10. Work with HHSC staff to increase collaboration between Apparent Awardee's treatment staff and recovery coaches to improve participant outcomes.
11. Provide HHSC and HHSC-funded evaluation contractor with data collection and program evaluation requirements.

### C. Service Delivery Requirements

1. Comply with all applicable rules adopted by the HHSC related to substance -use disorder services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:
  - a. Chapter 441 - General Provisions
  - b. Chapter 442 - Investigations and Hearings
2. Develop a mission statement to include recovery principles and values that will promote sustained recovery and wellness.
3. Adhere to the transformation guidelines provided by HHSC and HHSC-funded evaluation contractor on the transformation and integration of services into a recovery-oriented approach.
4. Submit required reports to HHSC-funded evaluation contractor in the HHSC-approved format.
5. Ensure the following recovery-oriented values and principles are reflected in their organization's service delivery:
  - a. Choice and Self Determination:
    - i. Provide participants the opportunity to select from a menu of supports and services that correspond with their personal interests and recovery goals.
    - ii. Ensure recovery plans are self-directed, participant-driven, and reflect goals in multiple life domains (See Attachment C).
    - iii. Acknowledge an individual's choice for their own pathway to recovery.
    - iv. Ensure that participants have a choice in selecting their recovery coach.
  - b. Community Integration:
    - i. Implement an assessment process for participants that explores multiple life domains and assesses their strengths, challenges, and goals, and not just their substance use history. (See Attachment C).
    - ii. Provide participants the opportunity to be involved in community activities and receive support related to community integration that is associated with recovery.
    - iii. Work with participants to identify and connect with a broad spectrum of community-based resources and supports that will assist in achieving their personal goals and rebuilding their lives within their community.
    - iv. Align organizational policies to ensure that recovery coaches have access to transportation, funds, flexible work schedules, cell phones and other

- required resources to work with participants outside of the organizational setting and in their local communities.
- v. Ensure that each participant has a recovery plan that outlines both their personal goals and next steps for rebuilding their life in the community and sustaining their recovery.
  - vi. Ensure that recovery coaches meet with participants in various community settings to decrease their dependency on the Apparent Awardee and increase their connection to local community supports.
- c. Peer Culture:
- i. Offer an array of recovery support services that involve direct-assistance to establish and maintain recovery through the use of peer-support and peer-leadership in the following approaches:
    - (1) Hiring Recovery Coaches;
    - (2) Mobilizing peer volunteers;
    - (3) Facilitating Focus Groups;
    - (4) Participation in Story Telling Opportunities;
    - (5) Providing peer support groups; and other peer run services; and
    - (6) Other peer-run activities required by HHSC.
  - ii. Ensure volunteers do not maintain an RSS caseload but rather supplement and support efforts of recovery coaches.
  - iii. Form a Peer Advisory Council (PAC) comprised primarily of individuals receiving services. Apparent Awardee will ensure the PAC is empowered to provide recommendations to leadership around program design, program evaluation, enhanced service delivery and organization's overall recovery-orientation.
- d. Family Inclusion:
- i. Ensure that participants have the right to define their "families" broadly to include biological relatives, significant others, and other supportive allies.
  - ii. Ensure that participant receives recovery support services and will ensure family members and supportive allies are invited to participate in recovery planning activities and offered education and support.
- e. Continuity of Care:
- i. Ensure recovery-oriented services are connected to a range of continuing support services beyond a substance use treatment episode.
  - ii. Ensure that continuing support plans are developed early in the treatment episode and that recovery coaches are an integrated part of the development, initiation and follow-through process.
  - iii. Ensure that Recovery Coaches make every effort to stay connected to participants for a minimum of 12 months by utilizing a combination of strategies including telephone, assertive outreach, and face-to-face meetings.
  - iv. Individualize the intensity of support that participants need over time (preferably 3 times per week within the first 30-90 days).
  - v. Implement recovery-oriented practices such as motivational interviewing.

- vi. Will not terminate services with participants when they experience a lapse in abstinence, but continue to engage them, identify challenges to maintain recovery, and readjust their recovery plan.
  - f. Partnership-Counselor Relationships:
    - i. Ensure participants direct their own recovery through collaborative relationships and develop an action-based recovery plan.
    - ii. Ensure that recovery coaches are integrated into the clinical service delivery team and there are collaborative team meetings with participants receiving recovery support services to ensure that services are coordinated.
    - iii. Ensure that counselors and recovery coaches share treatment and recovery plans with one another and collaborate together on next steps for the participants being served.
  - g. Culturally and Linguistically Competent:
    - i. Provide services in a culturally, linguistically, and developmentally appropriate manner for participants, family members, and supportive allies.
    - ii. Ensure organizational policies reflect the culture, behaviors, values, and language of the population served.
  - h. Promote Recovery Coach Self-Care
    - i. Recovery Self-Care will be supported through supervision, staff recognition, recovery cafés, (group check-ins), etc.
    - ii. Implement a process to support a recovery coach who struggles or relapses in their recovery, etc.
6. Work with individuals across the various stages of change and styles of recovery, including non-abstinence.
  7. Provide a wide array of non-clinical services and supports that helps participants to initiate and sustain their recovery using the following types of recovery supports: Emotional, Informational, Instrumental, and Affiliational (Attachment D).
  8. Apparent Awardee will, through the use of focus groups, interviews, or surveys, receive information from those receiving services and that information gathered is then shared with the Apparent Awardee's leadership and used to modify and improve services, and service setting.
  9. Ensure that relationships between clinical staff and recovery staff are mutually respectful and supportive.
  10. Meet all data reporting requirements as established by the HHSC. Apparent Awardee will comply and submit required reporting data as described in Reporting Requirements of the Contract.
  11. Ensure the organization has the technological capacity and staff capability to use technology related to entering reporting data in the HHSC approved electronic record.
  12. Maintain all documents that require participant, staff or volunteer signature in the participants' physical record for review by HHSC staff.
  13. Develop and maintain written policies and procedures for employees and volunteers who work directly or indirectly with participants, family members, and supportive allies.



14. Maintain current written policies and procedures on file and available for review by HHSC.
15. Apparent Awardee's policies and procedures must 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.
16. Report information fairly, professionally, and accurately when providing recovery services, documenting services and contacts, and when communicating with other professionals, HHSC staff, and community-based organizations.
17. Identify and revise the organizations' policies and procedures that are inconsistent with recovery processes. Apparent Awardee's written policies and procedures will be aligned with a recovery orientation.
18. Post the days and hours of operation at all building sites and entrances.
19. Ensure that recovery coaches are available five days-per-week.
20. Ensure that emergency support is available after hours and during weekends via telephone support by recovery coaches. Apparent Awardee will post telephone support information at all building entrances.
21. Provide flexible hours of services based on the needs of individuals seeking services.
22. Maintain documentation of continuing education units (CEUs) on employees and volunteers in their personnel file and make available for HHSC review.
23. Have written job descriptions for employees and volunteers maintained in their personnel file and make available for HHSC review.
24. Provide written job descriptions for personnel assigned to input data into the HHSC approved electronic record.
25. Apparent Awardee's staff job descriptions will include but not be limited to:
  - a. Job duties and responsibilities;
  - b. Required qualifications;
  - c. Job supports (weekly support and feedback sessions with experienced Peer Coaches); and
  - d. Required trainings.
26. Establish and maintain working linkages through Memorandums of Understanding (MOUs) with a resource network of community and social service agencies serving or having an interest in the target population. 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 60 days of the contract start date. Apparent Awardee will maintain copies of the signed MOUs on file for HHSC review upon request. All MOUs will include:
  - a. Partnership vision;
  - b. Purpose and concept;
  - c. Partnership goals and desired outcomes;
  - d. Description of participating organizations;
  - e. Methods of partnership roles and responsibilities;
  - f. Address the non-duplication of services;
  - g. Be signed by both parties,
  - h. Contain beginning and end dates,

- i. Be reviewed annually, and
- j. Have at a minimum, MOUs with the following local entities:
  - i. HHSC-funded substance abuse treatment providers;
  - ii. Community-Based Organizations;
  - iii. Recovery Community Organizations (if available in area);
  - iv. LMHAs or LBHAs; and
  - v. Other community social service agencies that may provide support services to participants.
- 27. Have on file a recovery support services resource directory that contains current information to include: location, contact information, services offered, days and hours of operation, and eligibility criteria.
- 28. Use recovery-oriented, person-first language and service delivery that reflects recovery.
- 29. Ensure that all participant surveys are available in both Spanish and English formats and in other languages as determined by the Apparent Awardee and the needs of the population being served.
- 30. Apparent Awardee will keep all participant surveys on file for HHSC review.
- 31. Coordinate with a HHSC-approved transportation organization to cover the transportation costs to provide bus services for Apparent Awardee's Recovery Support Services clients to attend the Texas National Recovery Rally in the fall of 2017. Apparent Awardee will:
  - a. Contract with and secure affordable, reliable, and safe transportation through negotiation with a charter bus contractor.
  - b. Verify that charter bus inspections, operating status, licensing, and insurance are current and that charter bus contractor is able to provide proof of same upon request.
  - c. Ensure that each charter bus is comfortable, safe, and reliable for transporting passengers and that the number of passengers on each bus does not exceed bus capacity.
  - d. Coordinate with charter bus contractor the times for departure and arrivals to/from designated locations.
  - e. Make any necessary deposit and timely payments to the charter bus contractor.
- 32. Provide recovery support services to individuals via pre-treatment assertive outreach and engagement.

#### D. Staffing Requirements

- 1. Ensure recovery coaches, recovery peers, or volunteers demonstrate the following traits:
  - a. Ability to establish empathy with an individual;
  - b. Ability to work with diverse populations and cultural backgrounds;
  - c. Comfortable working independently in community settings;
  - d. Ability to focus on and reinforce positive strengths and behaviors;
  - e. A high level of energy and commitment;
  - f. Acceptance of extremely flexible working hours;
  - g. Open attitude towards pathways to recovery;
  - h. Stable personal program of recovery.

2. Ensure the supervisors of recovery coaches support their coaches in understanding:
  - a. Boundary setting (personal, finance, emotional, ethical, and sexual);
  - b. Maintaining confidentiality;
  - c. The role of a Recovery Coach; and
  - d. How to respond to complaints.
3. Ensure that recovery supervisors, coaches, peers, and volunteers have completed the HHSC-approved 46-hour Recovery Coach training and have at least one year experience as a Recovery Coach.
4. Ensure recovery coaches, recovery peers, and volunteers have access to continuing education in ethics, confidentiality, and boundary maintenance.
5. Ensure that staff who conduct and/or enter participant data into the HHSC approved electronic record have attended the HHSC data entry training or have completed their data entry training via webinar.
6. Document completion of data entry training in employee's folder and have available for review by HHSC.
7. Include recovery coaches, recovery peers, and volunteers providing recovery services in clinical, treatment and general staff meetings, and in trainings on topics that are relevant to their work (e.g. cultural competence, motivational strategies, trauma-informed services, etc.)
8. Ensure recovery coaches, recovery peers, and volunteers have received training on the following:
  - a. Community resources for social support;
  - b. Resources for food, clothing, shelter, and other basic needs and how to access;
  - c. Resources for mental health care and how to access;
  - d. Mutual aid recovery groups, their functions, values and beliefs and how to access; and
  - e. Faith-based organizations and how to access.
9. Include recovery coaches, recovery peers, and volunteers in staff orientation and continuing education trainings provided to staff.

#### E. Criminal Background Verification Requirements

Apparent Awardee will:

1. Prior to employment, conduct and document criminal background checks pre-employment drug testing of Apparent Awardee's potential employees and/or subcontractors who will conduct recovery activities and/or have direct contact with participants, significant others, or other supportive allies.
2. Prior to volunteering, conduct and document criminal background checks and drug testing of Apparent Awardee's volunteers who will conduct recovery activities and/or have direct contact with participants, significant others, or other supportive allies.
3. Conduct annual criminal background checks for Apparent Awardee's current staff, subcontractors, and volunteers who will conduct recovery activities and/or have direct contact with participants, significant others, or other supportive allies.
4. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, subcontractors, or volunteers who work directly or with participants, significant others, or other supportive allies.

5. Develop and maintain current written policies and procedures that require individuals (staff, subcontractors, and volunteers) to notify the Apparent Awardee of an arrest, conviction, investigation, or any other legal involvement.
6. Maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement on file and make available to HHSC for review upon request.
7. Maintain documentation of each criminal background check and drug testing on file and make available to HHSC for review upon request.

F. Staff Competencies

1. Ensure that newly hired full-time Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within the first 4 months of hire.
2. Ensure that all newly hired part-time Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within the first 8 months of hire.
3. Ensure that all volunteer Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within the first 12 months of hire.
4. Provide the 46-hour HHSC-approved Recovery Coach training for new recovery coaches.
  - a. Apparent Awardee will reimburse recovery coach trainer for incurred travel costs (transportation, meals, lodging, and incidentals).
    - i. Travel reimbursement for the 46-hour training will not exceed \$1,000.00.
    - ii. Travel expenses will be in accordance with the State of Texas travel guidelines.
  - b. Apparent Awardee will ensure completion of training for new recovery coaches within 30 days after date of employment or within 30 days of contract start date.
  - c. Ensure that all recovery staff have been trained in Medication-Assisted Recovery Support and Medication Assisted Advocacy Training.

G. Guidance on Incentives and Alternative Activities

1. Apparent Awardee will ensure that the total cost of incentives and alternative activities will not exceed ten percent (10%) of the total funding amount of the contract award.
2. If an incentive or alternative activity is not described within the Contract, Apparent Awardee will contact HHSC staff for prior approval before implementation of the activity.
3. Incentives are allowable under the Contract. An incentive can be given to a participant to encourage participation in the program.
  - a. Incentives may be in the form of retail gift or service cards not to exceed more than \$100/per participant for the contract period;
  - b. Examples of appropriate use of incentives include, but are not limited to, participation in 3-, 6-, 9-, and 12-month interviews.
4. Apparent Awardee may provide participants assistance in obtaining suitable housing, such as transitional housing, sober housing, or affordable housing.
  - a. Participant assistance may include moving fees, rental deposits, etc.
  - b. Apparent Awardee may provide one-time funds (up to \$350/per participant).

5. Apparent Awardee may provide participants assistance with paying for utilities. Apparent Awardee may provide one-time funds (up to \$150/per participant).
6. Apparent Awardee may provide participants assistance with paying for transportation. This includes bus passes, rails, or taxi under the Contract.
7. Apparent Awardee may purchase supplies for recovery services such as appointment cards, pens, copies, etc. not to exceed \$750 for the term of the contract.
8. Apparent Awardee may use funds for health and wellness support services. Example: providing supports that promote community integration such as paying for document assistance, purchasing personal care items, etc.
9. Apparent Awardee may use funds for social activities (purchase movie to show at Apparent Awardee's site, bowling, DJ, etc.) that promote peer support and connectivity.
10. Apparent Awardee may transport participant to referral services and will be reimbursed for mileage costs incurred for Apparent Awardee-provided transportation.

#### H. Reporting Requirements

1. Document and report all specified recovery activities, and services in the HHSC approved electronic record in accordance with the Contract, unless otherwise noted.
2. Submit invoices and financial status reports (FSRs) through the HHSC approved electronic record in accordance with this Contract, unless otherwise noted.
3. Access the designated website provided by HHSC and/or the HHSC-funded evaluation contractor to access required forms for completion and submission, unless otherwise noted. Apparent Awardee will submit the following forms:
  - a. Enrollment Form will be completed by Apparent Awardee's program staff at participant's enrollment for Recovery Coaching services.
  - b. Check-up Form will be completed by Apparent Awardee's program staff at participant's enrollment for Recovery Coaching services and at 3-, 6-, 9-, and 12-months.
  - c. Recovery Capital Scale Form will be completed by Apparent Awardee's program staff at participant's enrollment for Recovery Coaching services and at quarterly intervals 3-, 6-, 9-, and 12-months.
  - d. Enrollment To Do List - List of administrative activities Apparent Awardee's program staff will complete at participant's enrollment.
  - e. Check-up To Do List - List of administrative activities Apparent Awardee's program staff will complete at participant's check-up.
  - f. Recovery Coach Form for each Recovery Coach.
  - g. Monthly Activity Summary for services provided. (See Attachment B).
  - h. Participant Survey Questions completed every 90 days such as: 90-days, 180-days, 270-days, and 360-days from date of recovery services.
  - i. Recovery Wellness Plan will be updated as goals and objectives are completed.
4. Apparent Awardee will use the HHSC approved electronic record to conduct and document participant interviews receiving individual recovery coaching:
  - a. At enrollment into the program's recovery coaching services; and
  - b. Check-up interviews at 30-days, 60-days, 90-days, 180-days, 270-days, and 360-days and every 90 days thereafter if the participant is still receiving services; and

- c. Participant surveys will be completed at 30-days, 60-days, 90-days, 180-days, 270-days, and 360-days and every 90 days thereafter if the participant is still receiving services.
5. Apparent Awardee will ensure that Check-Up interviews be conducted whether or not the participant is still receiving individual recovery coaching at the time that the Check-Up interviews are due.
6. Apparent Awardee will conduct interviews face-to-face with the participant. Apparent Awardee may however, conduct the 30-day, 60-day 90-day, 180-day, 270-day, and 360-day participant interviews via telephone under any of the following circumstances:
  - a. After three documented unsuccessful attempts to schedule a face-to-face interview;
  - b. If the participant is incarcerated; or
  - c. If the participant resides or works more than 15 miles from the program's location.
7. Apparent Awardee will enter interview data into HHSC approved electronic record within 7 working days after the interview date.
8. Apparent Awardee will use the HHSC approved electronic record to report descriptive information regarding the Recovery Coaches providing services in the program on a monthly basis.
9. Apparent Awardee will provide participant surveys to participants once recovery services have ended.

**I. Reporting Due Dates Requirements**

1. Financial Status Report (FSR) - Last business day of the month following the end of each quarter of the Contract term.
2. Final Financial Status Report (FSR) due within 45 days after Contract end date.
3. Performance Measures - Due 10th day of the following month
4. Security Attestation Form and List of Authorized Users - Due September 15th and March 15th
5. Closeout documents Annual Report - Due 45 days after Contract end date.
6. Monthly Activity Summary - Due 10th day of the following month.

• **2.5 EXPENDITURE PROPOSAL**

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

1. Demonstrate project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.
2. Identify costs to be requested from HHSC.
3. Utilize the HHSC template provided as **Form K** and per the instructions outlined in **Article VII** – Expenditure Proposal.

• **2.6 PERFORMANCE MEASURES**

Apparent Awardee's performance will be measured in part on the achievement of the key performance measures stated below. Apparent Awardee will report these performance measures monthly through the HHSC approved electronic record by the 10th of the following month as directed by HHSC in accordance with the Contract, unless otherwise noted.

## Performance Measure and Definitions

1. Number of individuals who formally enroll in long-term Recovery Coaching.
  - Each month, report the number of new/unduplicated participants whose primary drug of choice is opioids and who started any type of recovery coaching services during the reporting month. Participants who are enrolled in long-term Recovery Coaching will develop an individualized strength-based Recovery Plan, and provide regular Recovery Check-Ups. If a participant starts different types of recovery coaching services in different reporting months, he/she should be counted as new in the month that he/she began the first type of coaching service.
2. Number of participants who receive Direct Recovery Support, Indirect Recovery Support, and/or Educational Services.
  - Each month, report the number of new/unduplicated participants whose primary drug of choice is opioids and who are receiving recovery support services to include: direct, indirect, and/or educational services. Recovery Coaches will engage participants in these services to assist in building strengths in various life-domains that have been impediments to their recovery process.
3. Percent of 12-Month Follow-Up Interviews successfully completed. (Target 80%)
  - Each month, Report the number of participants whose primary drug of choice is opioids and who completed a 12-month follow-up interview. Only include participants who are formally enrolled in long-term Recovery Coaching services. Excludes participants who did not formally enroll in long-term Recovery Coaching services but who may have received any type(s) of other Recovery Support services from the program.
4. Percent of participants with reduced and/or abstinence from substance use during the past 30 days at 12-Month Follow-Up Interview, compared to their past 30-day substance use at enrollment into Recovery Coaching. (Target 75%)
  - Each month, report the number of participants whose primary drug of choice is opioids and who have reduced and/or maintained abstinence from substance use during the past 30 days at the 12-Month Follow-Up Interview compared to their past 30-day substance use at enrollment into Recovery Coaching. Includes participants who formally enrolled in long-term Recovery Coaching services and who completed the 12-Month Follow-Up Interview. This measure excludes participants who did not formally enroll in long-term Recovery Coaching services but who may have received any type(s) of other Recovery Support services from the program.
5. Percent of participants involved in any of the following recovery activities during the past 30 days at 12-Month Follow-Up Interview: (Target 70%)

- a. Self-Help Groups
  - b. Met with Sponsor affiliated with Self-Help Groups
  - c. Met with a Peer Recovery Coach
  - d. Other Self-Help
  - e. Served as a Recovery Coach
  - f. Served as a Peer Recovery Volunteer (Non-Coaching Activities)
  - g. Served as a Sponsor affiliated with Self-Help Groups
- Each month, report the new of participants whose primary drug of choice is opioids and who are involved in recovery activities during the past 30 days at the 12-Month follow-up interview. Includes participants who formally enrolled in long-term Recovery Coaching services and who completed the 12-Month Follow-Up Interview. This measure excludes participants who did not formally enroll in long-term Recovery Coaching services but who may have received any type(s) of other Recovery Support services from the program.
6. Percent of participants achieving increased total scores on the Assessment of Recovery Capital (ARC) scale at 12-Month Follow-Up. (Target 75%)
- Each month, report the number of individuals whose primary drug of choice is opioids and who demonstrate increased ARC total scores at 12-Month Follow-Up compared to their total ARC score at enrollment into Recovery Coaching. Includes participants who formally enrolled in long-term Recovery Coaching services and who completed the 12-Month Follow-Up Assessment of Recovery Capital (ARC) scale. This measure excludes participants who did not formally enroll in long-term Recovery Coaching services but who may have received any type(s) of other Recovery Support services from the program. The ARC scale is a self-report questionnaire that measures Recovery Capital in 10 life domains: Substance Use & Sobriety; Global Health (Psychological); Global Health (Physical); Citizenship/Community Involvement; Social Support; Meaningful Activities; Housing & Safety; Risk Taking; Coping & Life Functioning; and Recovery Experience. Improved Quality of Life as reflected by increases in Recovery Capital.
7. Number of participants who receive Opioid Use Disorder recovery coaching services.
- Each month, report the total number of participants whose primary drug of choice is opioids and who received long-term recovery coaching services during the reporting month.
8. Number of participants who were referred to an LMHA or LBHA for supported employment services.
- Each month, report the number of participants whose primary drug of choice is opioids and who received job development/employment services.



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- **2.7 PROHIBITIONS**

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

1. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
2. Lobbying;
3. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
4. 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);
5. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
6. Admission fees or tickets to any amusement park, recreational activity or sporting event;
7. Promotional gifts;
8. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
9. Membership dues for individuals;
10. Any expense or service that is readily available at no cost to the grant project;
11. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
12. Fundraising;
13. Statewide projects;
14. Any other prohibition imposed by federal, state, or local law; and
15. The acquisition or construction of facilities.

- **2.8 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.

Grantees are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the Health and Human Services Commission (HHSC) Civil Rights Office website at: <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>.

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

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

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee'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.

Grantees 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.

- **2.9 DATA USE AGREEMENT**

By entering into a Grant Agreement with the System Agency as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit C**.

- **2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION**

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

The System Agency 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 III. ADMINISTRATIVE INFORMATION**

- **3.1 SCHEDULE OF EVENTS**

<b>EVENT</b>	<b>DATE/TIME</b>
Solicitation Release Date	8/14/17
Respondent Conference	8/24/17
Deadline for Submitting Questions	8/28/17
Answers to Questions Posted	8/31/17
<b>Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]</b>	9/5/17
Anticipated Notice of Award	10/1/17
Anticipated Contract Start Date	10/15/17

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

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

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the System Agency and will post such on the HHSC website. It is the responsibility of Respondent to periodically check the HHSC website to ensure full compliance with the requirements of this Solicitation.

- **3.3 IRREGULARITIES**

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

### 3.4 INQUIRIES

- **3.4.1 Point of Contact**

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

Name: Deanna Kinsfather, CTPM  
Title: Procurement Project Manager  
Address: 1100 West 49<sup>th</sup> Street, Austin, TX 78756

Phone: 512-406-2401  
Email: Deanna.kinsfather@hhsc.state.tx.us

- **3.4.2 Prohibited Communications**

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

- **3.4.3 Questions**

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

- A. Identifying Solicitation number
- B. Section Number
- C. Paragraph Number
- D. Page Number
- E. Text of passage being questioned
- 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. However, the System Agency, at its sole discretion, may respond to questions or other written requests received after the deadline. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.**

- **3.4.4 Clarification request made by Respondent**

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 HHSC website. The System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the HHSC

website. It is Respondent's responsibility to check the HHSC website or contact the Point of Contact for updated responses. The System Agency 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 the System Agencies sole discretion.

### 3.4.6 Respondent Conference

The System Agency will conduct an **optional** pre-submittal respondent conference via phone conference on August 24, 2017 at 2:00 pm Central Time. Respondents may access the phone conference by calling 1-800-820-7831 #9168623. The respondent conference is **optional**.

## 3.5 SOLICITATION RESPONSE COMPOSITION

- 
- **3.5.1 Generally**

All Applications must be:

4. Clearly legible;
5. Sequentially page-numbered and include the respondents name at the top of each page;
6. Organized in the sequence outlined in **Article IX** - Submission Checklist;
7. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
8. 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;
9. Correctly identified with the RFA number and submittal deadline;
10. Responsive to all RFA requirements; and
11. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature).

- **3.5.2 Submission in Separate Parts**

1. Organizational Information, including all forms;
2. Narrative Proposal, including all forms;
3. Financial Management/Administrative Information and Expenditure Proposal; and
4. Applicable Exhibits and Required Forms.

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

The entire Solicitation Response – all separated paper documents and electronic copies – must then be submitted in one package to HHSC at the address listed in **Section 3.4.1**. The

number of copies and directions for submitting an "Original" and "Copies" are outlined in **Article IX**.

### **3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY**

- **3.6.1 Deadline**

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

- **3.6.2 Labeling**

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

SOLICITATION NO.: 529-18-0016

SOLICITATION NAME: Texas' Opioid Recovery Support Services

SOLICITATION RESPONSE DEADLINE: September 5, 2017

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

- **3.6.3 Delivery**

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

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

HHSC Procurement and Contracting Services (PCS)

Bid Room

Attn: Deanna Kinsfather, CTPM

1100 W. 49<sup>th</sup> Street, MC 2020

Service Building (Building S)

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: (1) withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1**; or (2) modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1**. The System Agency may request Solicitation Response Modifications at any time.

- **ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS**

- **4.1 GENERALLY**

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

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

- **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**

HHSC will select Respondents to receive awards based on eligibility criteria, geographical distribution, regional assessment of need, scores, best value factors, and the best interest of the State.

- **4.3.1 Specific Selection Criteria**

Grant applications shall be evaluated based upon:

1. Executive Summary & Corporate Background and Experience 10%
2. Programmatic Narrative 30%
3. Project Work Plan 30%
4. Financial Management and Administration Questionnaire 30%

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- **4.4 FINAL SELECTION**

HHSC intends on making multiple awards. After initial screening for eligibility, application completeness, and initial scoring of the elements listed above in **Section 4.3.1**, a selection committee will look at all eligible applicants to determine which proposals should be awarded in order to most effectively accomplish state priorities. The selection committee will recommend grant awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

- **4.5 NEGOTIATION AND 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:

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

The final funding amount and the provisions of the contract will be determined at the sole discretion of 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 Exhibit D: Exception Form in this proposal 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 proposal or at a later date.**

- **4.5 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY**

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

- **ARTICLE V. NARRATIVE PROPOSAL**

- **5.1 NARRATIVE PROPOSAL**

- **5.1.1 Executive Summary**



Respondent will complete **Form C-Executive Summary** attached to this RFA. Respondents will provide a high-level overview with a broad understanding of the Respondent's approach to meeting the RFA's business requirements. The summary must demonstrate an understanding of the goals and objectives of this solicitation.

### **5.1.2. Corporate Background and Experience**

Respondent will complete **Form D-Corporate Background and Experience** attached to this RFA. Respondent will provide details of the respondent's corporate background and experience related to service delivery to the target population described in Article II. Respondent will also include all documents requested as part of completing Form D to demonstrate fulfilling Article II requirements.

1. Provide a brief narrative describing your organization's history, accomplishments, primary purpose and number of years in operation. Explain how your organization's experience and success demonstrates your ability to provide the expected services?
2. Provide a key staffing profile and resumes for staff who will be responsible for the performance of the services requested under this solicitation. Respondent must provide job descriptions, duties, and experience requirements (vacant or otherwise).
3. Provide your organization's days and hours of operation.
4. Describe your organizational structure, include your advisory board of directors (indicate number of board members in recovery), list of all advisory councils or committees, the length of their existence and their function.
5. Describe your organization's efforts-to-date to provide training for staff in recovery-oriented service provision.
6. Describe the relationship between your organization and other community-based services to be provided. These should include but not limited to linkages to the reentry population and linkages to those in the community providing employment services. Where possible, provide letters of support from those organizations that have worked with your organization, which describe the nature of past and/or current collaborations.
7. Describe the extent to which a recovery-orientation and recovery support services are currently in place. This goes beyond having recovery principles written into mission statements, but instead looks for the presence of a recovery orientation in the ways in which services are delivered, the active involvement of peers and individuals in recovery, etc.

### **5.1.3. Programmatic Narrative**

Respondent will complete **Form E-Programmatic Narrative** attached to this RFA. Respondent will provide a detailed description of the proposed programmatic services they

plan to provide and to whom, and must support all the business activities and requirements described in this RFA. The detailed description must reflect a clear understanding of the work undertaken. Respondent will also include all documents requested as part of completing Form E to demonstrate fulfilling Article II requirements.

1. Provide a brief synopsis of your organization's community as a whole describing in general:
  - a. Geographic boundaries (urban, rural, physical environment);
  - b. General demographic data (age, gender, ethnicity, etc.);
  - c. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.)
2. Target Population:
  - a. Describe your target population;
  - b. Geographic service area;
  - c. Characteristics of the target population (including demographic and socioeconomic data, health risk factors, and co-occurring mental health conditions); and
  - d. Current population served (characteristics, population data, numbers of participants served, types and numbers of services provided).
3. Describe the unaddressed needs and current barriers to recovery of your target population. Explain how these needs were identified.
4. Provide a brief statement of the services you are proposing to provide.
  - a. Discuss the specific activities in your proposed design that will foster recovery.
  - b. Identify how the key pillars of recovery oriented services will be addressed:
    - (1) Self-direction, empowerment and choice
    - (2) Community integration
    - (3) Peer culture and leadership
    - (4) Family inclusion
    - (5) Continuity of support
    - (6) Partnership-consultant relationships
    - (7) Cultural and linguistic competence

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• **5.1.4 Project Work Plan**

Respondent will complete **Form F-Project Work Plan** attached to this RFA. Respondents will describe its plan for service delivery to the target population in the proposed program service area for meeting all components described in **Article II**. Respondent will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article II** requirements.

1. Describe how you intend to provide the recovery support services identified in the Scope of Work. A detailed plan of the project model should be described.

2. Describe how new participants will be engaged in your program. For existing participants, describe how services will be explained and offered to them.
3. Describe how you will link with the re-entry population into your community.
4. Describe how your organization will partner with those in your community to provide employment services.
5. Describe any implementation barriers you anticipate and how you will address them.
6. Provide your organization's plans to train existing and new staff in recovery-oriented approaches.
7. Describe your organization's approach to documentation and how you will assure that it is provided with a recovery focus and in a timely manner.
8. Describe your organization's collaborative arrangements with the other organizations that will be required for your program to be successful and your plan to engage those organizations as partners.
9. Provide your organization's plan for collecting and entering the evaluation data outlined in the Scope of Work and who will be responsible for submitting the data to HHSC.
10. Describe whether or not the organization has the technological capacity to access a web-based data system. Also, describe the staff's capability in using technology related to entering data into a web-based data system.
11. Provide a job description for each of the staff person(s) assigned to meet the evaluation requirements, including but not limited to the level of education, experience, background, and proportion of time assigned to conducting evaluation activities. NOTE: If the application includes existing or new position(s) that address data collection and entry activities, the position(s) are to be reflected in the budget section of the application.
12. Provide your organization's plan to sustain services beyond the solicitation period.

- **ARTICLE VI. REQUIRED RESPONDENT INFORMATION**

- **6.1 ADMINISTRATIVE ENTITY INFORMATION**

Respondent must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Solicitation Response requested in **Article III**, Respondent must provide the following information

- **6.2 LITIGATION AND CONTRACT HISTORY**

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

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

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

- **6.3 CONFLICTS**

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

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

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful respondent awarded a contract greater than \$1 million dollars, 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 Texas' Opioid Recovery Support Services.

- **6.5 ASSURANCE AND CERTIFICATIONS**

Respondent must complete and return all of the following listed forms and exhibits. Exhibits are listed following **Article IX**.

1. Exhibit A, Respondent Affirmations and Solicitation Acceptance
2. Exhibit D, Exceptions (if applicable)
3. Exhibit E, Federally Required Assurance and Certifications
  - a. Certification Regarding Federal Lobbying
  - b. Federal Assurance
4. Exhibit F, Fiscal Federal Funding Accountability and Transparency Act Form (FFATA Form)

- **6.6 HUB**

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

- **ARTICLE VII. EXPENDITURE PROPOSAL**

- **7.1 EXPENDITURE PROPOSAL**

Attached **Form K** of this RFA includes the template for submitting the Expenditure Proposal. Respondents must complete this form and place it in a separate, sealed package, clearly marked with the respondent's name, the RFA number, and the RFA submission date. Respondents must also submit a copy of its cost allocation plan or recently approved indirect cost rate agreement with the completed **Form K**.

Respondents must base their Expenditure Proposal on the Scope of Work described in **Article II**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Proposal. 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 Proposal 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. **Match is not required under this RFA.**

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

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

- **ARTICLE VIII. 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 System Agency to award a contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. The System Agency is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

- **8.1.2 Contract Responsibility**

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

- **8.1.3 Public Information Act**

Solicitation Responses are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. 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 III**.

- **8.1.5 Additional Information**

By submitting a proposal, 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 a proposal, 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 proposals.

• **ARTICLE IX. SUBMISSION CHECKLIST**

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

**Original Solicitation Response Package**

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

**1. Organizational Information (Forms A and B-1 or B-2 [as applicable])**

- a. Form A: Face Page \_\_\_\_\_
- b. Form B-1: Governmental Entity (if applicable) \_\_\_\_\_
- c. Form B-2: Non-Profit Entity (if applicable) \_\_\_\_\_

**2. Narrative Proposal (Forms C through I) (Section 2.5)**

- a. Form C: Executive Summary \_\_\_\_\_
- b. Form D: Corporate Background/Experience \_\_\_\_\_
  - i. Key Staffing Profile \_\_\_\_\_
  - ii. Resumes \_\_\_\_\_
- c. Form E: Program Narrative \_\_\_\_\_
- d. Form F: Project Work Plan \_\_\_\_\_
  - i. Job Description(s) \_\_\_\_\_
- e. Form G: Performance Measures \_\_\_\_\_
- f. Form H: Administrative Information \_\_\_\_\_
  - i. Evidence of Non-Profit Status \_\_\_\_\_
  - ii. Conflict of Interest (if applicable) \_\_\_\_\_
  - iii. Contract History \_\_\_\_\_
- g. Form I: Contact Person Information \_\_\_\_\_

**3. Financial Management/Administrative Information and Expenditure Proposal (template included) (Article VII)**

- a. Form J: Financial Management and Administration Questionnaire \_\_\_\_\_
- b. Form K: Expenditure Proposal Template \_\_\_\_\_
  - i. Cost Allocation Plan; **or** \_\_\_\_\_
  - ii. Recently Approved Indirect Cost Rate Agreement \_\_\_\_\_

**4. Applicable Exhibits (to be included in Solicitation Package) (Section 6.5)**

- a. Exhibit A - Respondent Affirmations and Acceptance \_\_\_\_\_
- b. Exhibit C – Data Use Agreement (Including Attachment 2-Security & Privacy Initial Inquiry (SPI) Form) \_\_\_\_\_
- c. Exhibit D - Exceptions Form \_\_\_\_\_
- d. Exhibit E - Federally Required Assurance and Certifications \_\_\_\_\_













- e. Exhibit F - Fiscal Federal Funding Accountability And Transparency Act Form (FFATA Form) \_\_\_\_\_












### **Copies of Solicitation Response Package**




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

- 1 Electronic copy of **Organizational Information**
- 1 Electronic copy of **Narrative Proposal**
- 1 Electronic copy of **Financial Management/Administration Information and Expenditure Proposal**
- 1 Electronic copy of **Applicable Exhibits**

• **ARTICLE X. FORMS AND EXHIBITS**

<b>FORM A: FACE PAGE</b>	 Form A - Face Page.docx
<b>FORM B-1: GOVERNMENTAL ENTITY (IF APPLICABLE)</b>	 Form B-1 Governmental Entity
<b>FORM B-2: NON-PROFIT ENTITY (IF APPLICABLE)</b>	 Form B-2 Non Profit Entity.docx
<b>FORM C: EXECUTIVE SUMMARY</b>	 Form C - Executive Summary.docx
<b>FORM D: CORPORATE BACKGROUND/EXPERIENCE</b>	 Form D - Corporate Background&Experi
<b>FORM E: PROGRAM NARRATIVE</b>	 Form E - Program Narrative_rev072117
<b>FORM F: PROJECT WORK PLAN</b>	 Form F - Project Work Plan.docx
<b>FORM G: PERFORMANCE MEASURES</b>	 Form G - Performance Measu
<b>FORM H: ADMINISTRATIVE INFORMATION</b>	 Form H - Administrative Infor
<b>FORM I: CONTACT PERSON INFORMATION</b>	 Form I - Contact Person Information.

<p><b>FORM J: FINANCIAL MANAGEMENT AND ADMINISTRATION QUESTIONNAIRE</b></p>	 Form J - Financial Mgmt & Administrat
<p><b>FORM K: EXPENDITURE PROPOSAL TEMPLATE</b></p>	 Form K - Expenditure Proposi
<p><b>EXHIBIT A: AFFIRMATIONS AND SOLICITATION ACCEPTANCE</b></p>	 <b>Vendor-General-Affirmations.pdf</b>
<p><b>EXHIBIT B: HHSC UNIFORM TERMS AND CONDITIONS</b></p>	 <b>grantee-UTC.pdf</b>
<p><b>EXHIBIT C: DATA USE AGREEMENT &amp; SPI FORM</b></p>	 <b>HHS_SPI.pdf</b>   data-use-agreement.pdf
<p><b>EXHIBIT D: EXCEPTIONS FORM</b></p>	 exceptions_form.docx
<p><b>EXHIBIT E: FEDERALLY REQUIRED ASSURANCE AND CERTIFICATIONS</b></p>	 Federal Assurances and Certifications.p
<p><b>EXHIBIT F: FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT FORM (FFATA FORM)</b></p>	 <b>ffata.pdf</b>
<p><b>PROGRAM INFORMATION</b>   <b>ATTACHMENT A - RECOVERY ORIENTED SYSTEM OF CARE DEFINITIONS</b></p>	 Adobe Acrobat Document
<p><b>ATTACHMENT B - MONTHLY ACTIVITY SUMMARY</b></p>	 Adobe Acrobat Document

<b>ATTACHMENT C - LIFE DOMAINS</b>	 Adobe Acrobat Document
<b>ATTACHMENT D - TYPES OF RECOVERY SUPPORT</b>	 Adobe Acrobat Document
<b>ATTACHMENT E – OUTCOME MEASURES</b>	 Attachment E - Outcome Measures.