



## REQUEST FOR PROPOSAL

Recovery Support Services (RSS)

and

Recovery-Oriented Care Services (RCO)

PROJECT# 2016-08-05

Approved as to Form and Legality

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## INVITATION

The North Texas Behavioral Health Authority (“NTBHA”) is accepting Proposals from Providers experienced in providing Recovery Support Services and Recovery-Oriented Care Services to eligible residents of Dallas, Ellis, Navarro, Hunt, Kaufman, and Rockwall Counties.

North Texas Behavioral Health Authority invites you or your firm to submit a Proposal for Recovery Support Services and Recovery-Oriented Care Services. If you are interested in submitting a Proposal, please adhere to the instructions and requirements as outlined in the enclosed Request for Proposal.

Independent Providers and/or Providers Firm shall pay particular attention to all **INSTRUCTIONS, REQUIREMENTS and DEADLINES** indicated in the attached documents and should govern themselves accordingly.

In accepting Proposals, North Texas Behavioral Health Authority reserves the right to reject any and all Proposals, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action, which it deems to be in the best interest of North Texas Behavioral Health Authority, and is not obligated to accept the lowest proposal.

At the time and place established for receipt of the Proposal, North Texas Behavioral Health Authority will only release the names of the Providers selected. No other information will be released until after the North Texas Behavioral Health Authority evaluation team has evaluated the Proposals, and an award has been made and approved by the Executive Staff and the North Texas Behavioral Health Authority Board of Directors.

We greatly appreciate your efforts and look forward to receiving your submission.

**NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY**

**(PROJECT #2016-08-05)**

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## PURPOSE & BACKGROUND

North Texas Behavioral Health Authority (Local Authority) is the Texas Department of State Health Services (DSHS) designated Local Behavioral Health Authority established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and substance use disorder services for the residents of Dallas, Ellis, Navarro, Hunt, Kaufman, and Rockwall Counties.

### The Local Authority's Mission is:

North Texas Behavioral Health Authority seeks to create a well-managed, integrated and high quality delivery system of behavioral health services available to qualified consumers residing in Dallas, Ellis, Navarro, Hunt, Kaufman, and Rockwall Counties.

As required by agreement with the Texas Department of State Health Services, NTBHA must provide, directly or by contract, the services of highly qualified and competent personnel to increase the prevalence and quality of long-term recovery from substance use disorder by enhancing quality of life and increased social contribution through sustained engagement in long-term recovery support services.

By issuance of this Request for Proposals ("RFP"), NTBHA is hereby requesting bids for the provision of Recovery Support Services and Recovery-Oriented Care Services associated with the provision of services as outlined in the RFP. Services will be procured for a contracted period of eight (8) months beginning January 1, 2017, and ending August 31, 2017, with one (1) additional one-year contract renewal at the sole option of NTBHA.

Copies of the RFP Document may be obtained via internet at <http://ntbha.org>, or picked up at 1201 Richardson Drive, Ste 270, Richardson, TX 75080.

**All questions regarding the RFP #2016-08-05 should be directed to Christina Gonzales via e-mail at [cgonzales@ntbha.org](mailto:cgonzales@ntbha.org).**

### **PROPOSAL DOCUMENTS:**

- EXHIBIT "A", entitled "PROCUREMENT TIMELINE"
- EXHIBIT "B", entitled "SCOPE OF SERVICES BEING PROCURED – RSS/RCO SERVICES "
- EXHIBIT "C", entitled "EVALUATION AND SELECTION CRITERIA PROCESS"
- EXHIBIT "D", entitled "PROPSAL REQUIREMENTS FOR RSS/RCO SERVICES"
- EXHIBIT "E", entitled "RESIDENT/NON-RESIDENT CERTIFICATION"
- EXHIBIT "F", entitled "SUBMISSION OF PROPOSAL ASSURANCES"
- PROGRAM ATTACHMENTS entitled "ATTACHMENT A, B, C, D"

**EXHIBIT A: PROCUREMENT TIMELINE**

<b><u>DATE</u></b>	<b><u>EVENT</u></b>
<b><u>August 8, 2016</u></b>	The Request for Proposal (RFP) announcement is issued to identified agencies.
<b><u>August 22,2016</u></b>	Deadline for any questions regarding this RFP.
<b><u>August 29,2016</u></b>	Responses must be submitted to NTBHA no later than 3 <b>PM, CDT, <u>August 29,2016.</u></b> (See Instructions for Proposal Submission, following)
<b><u>September 9, 2016</u></b>	NTBHA's review of bids and selection of vendor
<b><u>September 15, 2016</u></b>	Announcement of contract award

**END OF EXHIBIT A**

**1.01 SERVICE DELIVERY**

**PURPOSE:** To increase the prevalence and quality of long-term recovery from substance use disorder by enhancing quality of life and increased social contribution through sustained engagement in long-term recovery support services.

**GOALS:**

- Develop a recovery support workforce that can provide effective recovery support services and support individuals' efforts to initiate and sustain their recovery.
- Expand the availability and quality of recovery-oriented supports and services among recovery support service organizations.
- Establish effective linkages between recovery support organizations, substance use disorder treatment organizations, community-based organizations, and other sources of support within the community.

**SERVICE REQUIREMENTS:**

1. Contractor shall-
  - a) Implement an assessment process for participants that assesses the strengths, challenges, and goals, not just participants' substance use history, but in multiple life domains (See Attachment C).
  - b) Implement a strength-based assessment process for participants to identify resources and goals across multiple life domains that are best suited for the participant.
  - c) Utilize person-centered planning principles with participants to develop strength-based recovery plans.
  - d) Develop recovery plans with participants based on the wants, needs and interests of the participant.
  - e) Work with staff and volunteers to shift from traditional hierarchical models of treatment to a collaborative partnership-based approach.
  - f) Ensure participants have access to a diverse menu of recovery supports and services within the substance abuse treatment environment from which to select based upon their identified needs, goals, and preferences.
  - g) Identify mechanisms to increase the engagement and support to family members.
  - h) Focus on connecting participants to community resources and develop strong relationships with a wide array of community resources.
  - i) Use recovery-oriented practices such as motivational interviewing
  - j) Ensure participants are connected to local resource(s), and assist them as needed in the process of contacting resources, scheduling appointments, providing transportation, etc.
  - k) Address issues related to employment, housing, positive social support, education, etc.
  - l) Provide supports to individuals before they are connected to treatment.
  - m) Provide recovery check-ups or other forms of continuing support to individuals who are in recovery and beyond the acute-care phase.
  - n) Conduct recovery check-ups at 3-, 6-, 9-, and 12-month intervals; recovery check-up can be provided via telephone, face-to-face contact or internet-based to individuals who are in recovery.
2. Contractor shall ensure the following recovery-oriented values and principles in their organization:
  - a) ***Choice and Self Determination:***
    - (1) Contractor shall provide participants the opportunity to select from a menu of supports and services that correspond with their personal interests and recovery goals.

- (2) Contractor shall provide participants the opportunity to revise their selections as needed to reflect their evolving personal interests and recovery goals.
- (3) Contractor shall ensure recovery plans are self-directed, participant-driven, and reflect goals in multiple life domains (see Attachment C).
- (4) Contractor shall acknowledge an individual's choice for their own pathway to recovery.
- (5) Contractor shall ensure that participants have a choice in selecting their recovery coach.
- (6) Contractor shall be supportive and explore options for the participant if participant requests a different recovery coach.

***b) Community Integration:***

- (1) Contractor shall provide participants the opportunity to be involved in community activities and receive support related to community integration that is associated with recovery.
- (2) Contractor shall work with participants to identify and connect with a broad spectrum of community-based resources and supports that will assist in achieving their goals and rebuilding their lives within their community.
- (3) Contractor shall align organizational policies to ensure that recovery coaches have access to transportation and other required resources to work with participants outside of the organizational setting and in their local communities.
- (4) Contractor shall ensure that recovery coaches have access to funds to support participants with rebuilding their lives in their community.
- (5) Contractor shall ensure that recovery coaches engage in assertive outreach.
- (6) When utilizing community or social services agency linkages, Contractor shall ensure recovery coaches provide warm hand-offs when transferring or referring participants to community resources.
- (7) Contractor shall ensure recovery coaches accompany participants they are serving to important appointments such as parole/probation officers, court hearings, etc.
- (8) Contractor shall 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.

***c) Peer Culture:***

- (1) Contractor shall 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:
  - (i) Hiring Recovery Coaches;
  - (ii) Mobilizing peer volunteers;
  - (iii) Forming a peer advisory council;
  - (iv) Facilitating Focus Groups;
  - (v) Participation in Story Telling Opportunities;
  - (vi) Providing peer support groups; and
  - (vii) Other peer-run activities required by DSHS.
- (2) Contractor may use volunteers to help build a culture of peer support.
- (3) Contractor shall ensure volunteers do not maintain an RSS caseload. Examples of appropriate roles for volunteers include:
  - (i) Conducting assertive outreach;
  - (ii) Providing transportation to participants to appointments (if allowed by Contractor's policies);
  - (iii) Accompanying participants into the community;
  - (iv) Assertively connecting participants to needed community resources;

- (v) Assisting with efforts to improve the Project; (vi) Providing companionship, modeling and support, etc.
- (4) Contractor shall promote Recovery Coach Self Care.
  - (i) Recovery Self-Care shall be supported through supervision, staff recognition, recovery cafés, (group check-ins), etc.
- (5) Contractor shall implement a process to support a recovery coach who struggles or slides out of recovery, etc.

**d) Family Inclusion:**

- (1) Contractor shall ensure that participants have the right to define their “families” broadly to include biological relatives, significant others, and other supportive allies.
- (2) Contractor shall ensure that participant receives recovery support services and shall ensure family members and supportive allies are invited to participate in recovery planning activities and offered education and support.
- (3) Contractor shall ensure that family members have leadership opportunities such as participation in focus groups, storytelling, planning and participation in recovery-related events and activities.

**e) Continuity of Care:**

- (1) Contractor shall ensure recovery-oriented services are connected to a range of continuing support services beyond a substance use treatment episode.
- (2) Contractor shall 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.
- (3) Contractor shall individualize the intensity of support that participants need over time (preferably 3 times per week within the first 30-90 days).
- (4) Contractor shall ensure that the intensity of support to connect initially with participant(s) is at least a minimum of once a week.
- (5) Contractor shall ensure that recovery coaches meet with participants in various community settings to decrease their dependency on the Contractor and increase their connection to local community supports.
- (6) Contractor shall assist participants in becoming connected to a recovery-based community of their choice.

**g) Partnership-Consultant Relationships:**

- (1) Contractor shall ensure participants direct their own recovery through collaborative relationships and develop an action-based recovery plan.

**h) Culturally and Linguistically Competent:**

- (1) Contractor shall provide services in a culturally, linguistically, and developmentally appropriate manner for participants, family members, and supportive allies.
  - (2) Contractor shall ensure organizational policies reflect the culture, behaviors, values, and language of the population served.
- 3. Contractor shall provide a wide array of non-clinical services and supports that helps individuals to initiate and sustain their recovery using the following types of recovery supports: Emotional, Informational, Instrumental, and Affiliation.
  - 4. Contractor shall, through the use of focus groups, interviews, or surveys, receive information from those receiving services and that information gathered is then shared with the Contractor’s leadership and used to modify and improve services, and service setting.

**GUIDANCE ON INCENTIVES AND ALTERNATIVE ACTIVITIES:**



Contractor shall ensure that the total cost of incentives and alternative activities shall not exceed ten percent (10%) of the total funding amount of this Program Attachment. If an incentive or alternative activity is not described within this Program Attachment, Contractor shall contact DSHS staff for prior approval before implementation of the activity.

- a) Incentives are allowable under this Program Attachment. An incentive can be given to a participant to encourage participation in the program.
  - (1) Incentives may be in the form of retail gift or service cards not to exceed more than \$75.00/per participant for the contract period; participant incentives shall not exceed more than \$20.00/per activity for the period of the Program Attachment.
  - (2) Total amount of incentives shall not exceed \$3,000.00 for the period of this Program Attachment.
  - (3) Examples of appropriate use of incentives include, but are not limited to, participation in 3-, 6-, 9-, and 12-month interviews.
- b) Contractor may provide participants assistance in obtaining suitable housing, such as transitional housing, sober housing, or affordable housing.
  - (1) Participant assistance may include moving fees, rental deposits, etc.
  - (2) Contractor may provide one-time funds (up to \$350.00/per participant).
  - (3) Total amount of one-time funds shall not exceed \$3,500.00 for the period of this Program Attachment.
- c) Contractor may provide participants assistance with paying for utilities.
  - (1) Contractor may provide one-time funds (up to \$150.00/per participant).
  - (2) Total amount of utility assistance shall not exceed \$2,000.00 for the period of this Program Attachment.
- d) Contractor may provide participants assistance with paying for transportation. This includes bus passes, rails, taxi, etc. not to exceed \$3,000.00 per the period of this Program Attachment.
- e) Contractor may purchase supplies for recovery services such as appointment cards, pens, copies, etc. not to exceed \$500.00 for the period of this Program Attachment.
- f) Indirect recovery support services may be donated services and used as Match under this Program Attachment.
  - (1) Contractor 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.
- g) Contractor may use funds for social activities (purchase movie to show at Contractor's site, bowling, DJ, etc.) that promote peer support and connectivity (up to \$200.00/per activity).
  - (1) Total amount of one-time funds shall not exceed \$2,400.00 for the period of this Program Attachment.
- h) Contractor may transport participant to referral services and shall be reimbursed for mileage costs incurred for Contractor-provided transportation.

## **1.02 TARGET 'ELIGIBLE' POPULATION**

Individuals with a history of substance use disorders, including co-occurring mental health disorders, who are in or seeking recovery, along with their family members, significant others, and supportive allies.

## **1.03 STAFFING REQUIREMENTS**

1. Contractor shall ensure that recovery support service peers (both paid staff and volunteers) are-
  - a) provided opportunities for leadership development
  - b) provided peer leadership training that cover topics such as:
    1. goal setting and developing strategies
    2. strategic planning
    3. conduct and participate in effective meetings

4. managing and resolving conflicts
  5. conducting focus groups
  6. consensus building
  7. group facilitation skills
  8. valuing and respecting different viewpoints
- c) provided informal volunteer opportunities within Contractor's organization.
2. Contractor shall ensure when hiring 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 to work 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
  3. Contractor shall ensure when hiring recovery coaches, recovery peers, or volunteers demonstrate a strong and stable personal program of recovery (preferably a minimum of one year in recovery).
  4. Contractor shall support both paid and peer volunteer recovery supervisors in their efforts to provide recovery-focused technical assistance to Contractor's recovery coaches.
  5. Contractor shall support recovery coaches and other peer volunteers regarding their own sustained recovery and development through weekly recovery supervision.
  6. Contractor shall ensure the recovery supervisors' role are defined to include:
    - a) appropriate boundaries are maintained (personal, finance, emotional, ethical and sexual).
    - b) confidentiality is maintained.
    - c) Recovery Coach roles are maintained (to avoid the tendency to move out of coaching role and into the role of a counselor or sponsor).
    - d) responding to complaints about a Recovery Coach's behavior.
  7. Contractor shall ensure that recovery coaches, recovery peers, and volunteers conducting participant interviews have completed the DSHS-approved 46-hour Recovery Coach Training prior to service delivery.
  8. Contractor shall ensure recovery coaches, recovery peers, and volunteers have access to continuing education in ethics, confidentiality, and boundary maintenance.
  9. Contractor shall ensure that staff who conduct and/or enter participant data shall have attended the initial DSHS face-to-face data entry training or have completed their data entry training via webinar.
  10. Contractor shall document completion of data entry training in employee's folder and have available for review by DSHS.
  11. Contractor shall ensure staff who conduct and/or enter participant data have the skills, knowledge and ability to operate a computer based system.
  12. Contractor shall develop criteria for identifying individuals who can function as effective recovery supervisors.
  13. Contractor shall identify and train appropriate recovery supervisors.
  14. Contractor shall provide technical assistance related to recovery-oriented care to recovery supervisors.
  15. Contractor shall ensure that recovery supervisors receive relevant training before supervising recovery coaches.
  16. Contractor shall ensure recovery supervisors are guided and supported in supervising Recovery Coaches.
  17. Contractor shall create a mechanism for recovery supervisors and recovery coaches to connect, share experiences, and receive support.

18. Contractor shall ensure that staff and volunteers have access to and participate in recovery-focused training.
19. Contractor shall provide training to participants in recovery to serve on Advisory Boards and Committees.
20. Contractor shall ensure recovery coaches, recovery peers, and volunteers have knowledge of:
  - a) community resources for social support
  - b) resources for food, clothing, shelter, and other basic needs and how to access
  - c) resources for mental health care and how to access
  - d) mutual aid recovery groups, their functions, values and beliefs and how to access
21. Contractor shall involve recovery coaches, recovery peers, and volunteers in staff orientation and continuing education trainings provided to staff.

### **Training**

1. Contractor shall provide the following substance abuse recovery support services under this Program Attachment.
2. Contractor shall ensure the administrative staff (Executive Director and/or Program Director) and up to at least two direct paid staff (paid under this Program Attachment) attend the programmatic training held in Austin, Texas.
3. Contractor shall include travel, per diem, and lodging expenses including registration fee (\$35/per person) in Contractor's categorical budget.
4. Contractor shall be required to attend two face-to-face trainings. Training dates, times and location will be determined by DSHS. Required attendance to trainings shall be completed as training is provided.
5. Contractor shall ensure that appropriate staff participate in all DSHS webinars, conference calls, and trainings at the specified dates, times, and locations as required by DSHS.
6. Contractor shall ensure that all Recovery Coaches have completed the DSHS-approved 46-hour Recovery Coach training.
7. Contractor or individual seeking Recovery Coach Training shall be responsible for all costs incurred in obtaining the 46-hour training; this is not an allowable cost or used as Match under this Program Attachment.
8. Contractor shall agree to provide DSHS and DSHS-funded evaluation contractor with data collection and program evaluation requirements.

### **Criminal Background Verification**

#### **Requirements:**

Contractor shall -

1. prior to employment, conduct and document criminal background checks pre-employment drug testing of Contractor'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 Contractor'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 Contractor'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 Contractor 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 DSHS for review upon request.
7. maintain documentation of each criminal background check and drug testing on file and make available to DSHS for review upon request.

**STAFF COMPETENCIES:**

1. Contractor shall ensure that all full-time newly hired Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within their first 4 months of hire.
2. Contractor shall ensure that all part-time newly hired Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within their first 8 months of hire.
3. Contractor shall ensure that all volunteer Recovery Coaches obtain either their Recovery Coach Certification or Designation through the Texas Certification Board of Addiction Professionals within their first 12 months of hire.
4. Contractor shall provide the 46-hour DSHS-approved Recovery Coach training for new recovery coaches.
  - a. Contractor shall reimburse recovery coach trainer for incurred travel costs (transportation, meals, lodging, and incidentals).
    - i. Travel reimbursement for the 46-hour training shall not exceed \$1,000.00.
    - ii. Travel expenses shall be in accordance with the State of Texas travel guidelines.
  - b. Contractor shall ensure completion of training for new recovery coaches within 30 days after date of employment or within 30 days of contract start date of this Program Attachment.

**1.04 REPORTING REQUIREMENTS**

1. Contractor shall meet all data reporting requirements as established by DSHS. Contractor shall comply and submit required reporting data as described in Section H. Reporting Requirements of this Program Attachment.
2. Contractor shall document and report all specified recovery activities and services in Redcap Recovery Oriented Care (RED-ROC) DSHS-funded online data reporting system as directed by DSHS in accordance with this Program Attachment and instructions provided through DSHS training, unless otherwise noted.
3. Contractor shall ensure the organization has the technological capacity and staff capability to use technology related to entering reporting data in RED-ROC.
4. Contractor shall maintain all documents that require participant or staff signature in the participants' physical record for review by DSHS staff.
5. Contractor shall document all specified recovery activities and services in Redcap Recovery-Oriented Care (RED-ROC) DSHS-funded online data reporting system as directed by DSHS in accordance with this Program Attachment and instructions provided through DSHS training, unless otherwise noted.
6. Contractor shall document and report all specified recovery activities and services in RED-ROC through the designated online website as directed by DSHS and instructions provided

- by DSHS-funded evaluation contractor, in accordance with this Program Attachment, unless otherwise noted.
7. Contractor shall access the designated website provided by DSHS and the DSHS-funded evaluation contractor to access required forms for completion and submission, unless otherwise noted. Contractor shall submit forms to the designated online website as designated by DSHS.
    - a. Enrollment Form shall be completed by Contractor's program staff at participant's enrollment for Recovery Coaching services.
    - b. Check-up Form shall be completed by Contractor's program staff at participant's enrollment for Recovery Coaching services and at 3-, 6-, 9-, and 12-month intervals.
    - c. Recovery Capital Scale Form shall be completed by Contractor's program staff at participant's enrollment for Recovery Coaching services and at 3-, 6-, 9-, and 12-month intervals.
    - d. Enrollment To Do List - List of administrative activities Contractor's program staff shall complete at participant's enrollment.
    - e. Check-up To Do List - List of administrative activities Contractor's program staff shall complete at participant's check-up.
    - f. Recovery Coach Form for each Recovery Coach.
    - g. RED-ROC Monthly Activity Summary shall be submitted by the 10<sup>th</sup> day of the following month services were provided.
    - h. Participant Survey Questions shall be completed at 90-days, 180-days, 270-days, and 360-days from date of recovery services.
    - i. Recovery Wellness Plan
  8. Contractor shall use RED-ROC to conduct and document participant interviews receiving individual recovery coaching:
    - a. at enrollment into the program's recovery coaching services
    - b. check-up interviews at 30-days, 60-days, 90-days, 180-days, 270-days, and 360-days post enrollment into recovery coaching.
    - c. participant surveys shall be completed at 30-days, 60-days, 90-days, 180-days, 270-days, and 360days.
  9. Contractor shall ensure 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.
  10. Contractor shall conduct all RED-ROC interviews face-to-face with the participant. Contractor may however, conduct the RED-ROC 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.
  11. Contractor shall enter interview data into RED-ROC within 7 working days after the interview date.
  12. Contractor shall use the RED-ROC to report descriptive information regarding the Recovery Coaches providing services in the program on a monthly basis.
  13. Contractor shall provide participant surveys to participants once recovery services have ended.

**REPORTING DUE DATES REQUIREMENTS:**

1. Contractor shall use RED-ROC to report the monthly recovery activity summaries by the 10<sup>th</sup> day of the month following the monthly reporting period.
2. Contractor shall submit Performance Measures through RED-ROC. Each report is due by the 10th of the month.
3. Contractor shall submit the DSHS Clinical Management for Behavioral Health Services (CMBHS) Security Attestation Form to DSHS and list of authorized users by September 15, 2016 and March 15, 2017

4. Contractor shall submit Financial Status Reports (FSRs) in CMBHS by the last business day of the month following the end of each quarter of the Program Attachment term. (The final FSR is due within 45 days after the Program Attachment end date).
5. Contractor shall submit closeout documents to DSHS in an annual report due 45 days after the Program Attachment end date.
6. Contractor's duty to submit documents will survive the termination or expiration of this Program Attachment.

Report Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Program Attachment term. * <i>Final Financial Status Report (FSR) due within 45 days after Program Attachment end date.</i>
Performance Measures	Due 10 <sup>th</sup> day of the following month
CMBHS Security Attestation Form and List of Authorized Users	September 15, 2015 and March 15, 2016
Closeout documents	Annual Reports due 45 days after Program Attachment end date.
RED-ROC Monthly Activity Summary	Due 10 <sup>th</sup> day of the following month

**KEY PERFORMANCE MEASURES AND DEFINITIONS:**

Contractor's performance will be measured in part on the achievement of the key performance measures stated below. Contractor shall report these performance measures monthly through RED-ROC by the 10<sup>th</sup> of the following month.

1. Number of individuals who formally enroll in long-term Recovery Coaching.

Each month, report the number of new/unduplicated participants 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. The types of recovery support coaching services to include in this category are described in Attachment A. 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 receiving recovery support services to include: direct, indirect, and 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 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 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%)

- Self-Help Groups
- Met with Sponsor affiliated with Self-Help Groups
- Met with a Peer Recovery Coach
- Other Self-Help
- Served as a Recovery Coach
- Served as a Peer Recovery Volunteer (Non-Coaching Activities)
- Served as a Sponsor affiliated with Self-Help Groups

Each month, report the new of participants who are involved in recovery activities during the past 30 days at the 12Month 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 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. 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.

#### **1.05 Administrative Procedures**

1. Contractor shall develop and maintain written policies and procedures for employees and volunteers who work directly or indirectly with participants, family members, and supportive allies.
2. Contractor shall maintain current written policies and procedures on file and available for review by DSHS.
3. Contractor's policies and procedures shall address participant safety and ensure all activities with participants, family members, and supportive allies are conducted in a respectful, non-threatening, nonjudgmental, and confidential manner.
4. Contractor shall report information fairly, professionally, and accurately when providing recovery services, documenting services and contacts, and when communicating with other professionals, DSHS staff, and community-based organizations.

5. Contractor shall post the days and hours of operation at all building sites and entrances.
6. Contractor shall provide recovery support services at least five days-per-week.
7. Contractor shall ensure weekend hours are available and emergency support is available after-hours via telephone support by peers. Contractor shall post telephone support information at all building entrances.
8. Contractor shall provide flexible hours based on the needs of individuals seeking services. (For example, recovery coaches might connect with participants during non-business hours).
9. Contractor shall maintain documentation of continuing education units (CEUs) on employees and volunteers in their personnel file and make available for DSHS review.
10. Contractor shall have written job descriptions for employees and volunteers maintained in their personnel file and make available for DSHS review.
11. Contractor shall provide written job descriptions for personnel assigned to input data into the RED-ROC.

Contractor's staff job descriptions shall include but not 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.
12. Contractor shall maintain all documents that require participant, staff, or volunteer signature in the individual's physical record for DSHS.
  13. Contractor abide by Memorandums of Understanding (MOUs) established by NTBHA. Memorandums of Understanding (MOUs) create a resource network of community and social service agencies serving or having an interest in the target population. MOUs shall encourage networking, coordination, and referrals to help address the needs of the participants, their families, and supportive allies. All MOUs shall 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 renewed annually, and

Have at a minimum, MOUs with the following local entities:

    - (1) DSHS-funded substance abuse treatment providers;
    - (2) Community-Based Organizations;
    - (3) Mental Health Authorities (LMHAs); and
    - (4) Other community social service agencies that may provide support services to participants.
  16. Contractor shall 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.
  17. Contractor shall ensure that staff and volunteers use the language of recovery in everyday conversations (e.g. hope, respect, high expectations, etc.) with participants, their families, and supportive allies.
  18. Contractor shall ensure that all participant surveys are available in both Spanish and English formats and in other languages as determined by the Contractor and the needs of the population being served.
  19. Contractor shall keep all participant surveys on file for DSHS for review.



20. Contractor shall recruit and screen recovery coach applicants and peer volunteers and supervise them in their areas of work by supporting recovery coaches and peer volunteers regarding their sustained recovery.
21. Contractor shall develop and implement an active peer leadership/advisory council in which participants in recovery, their family members, and supportive allies are involved with program design, program evaluation (e.g. conducting focus groups), and have opportunities to advise and/or make organizational decisions related to the overall recovery-orientation of the organization that:
  - a) Has direct access to the organization's executive level, and
  - b) Is self-governed.
22. Contractor shall provide training and technical assistance to staff members on the following topics: recovery, recovery pathways, recovery resources, and cultures.
23. Contractor shall ensure the organizations' mission statement includes recovery principles and values that will promote sustained recovery and wellness.
24. Contractor and their staff are specifically prohibited of the following acts:
  - a) Under the influence or impaired by the use of alcohol, or mood altering substances, including prescription medications not used in accordance with a physician's order while performing any job duties or having any interaction with participants, family members, or supportive allies.
  - b) Illegal, unprofessional or unethical acts (including acts constituting abuse, neglect, or exploitation).
  - c) Assisting or knowingly allow another person to commit an illegal, unprofessional, or unethical act.
  - d) Falsifying, altering, destroying, or omitting significant information from required reports, records, or interfering with their preservation.
  - e) Retaliation against anyone who reports a violation of these prohibitions, or who cooperates during a review, inspection, investigation, hearing, or other related activity.
  - f) Interfering with DSHS reviews, inspections, investigations, hearings, or related activities, which includes taking action to discourage or prevent someone else from cooperating with the activity.
  - g) Entering into a personal or business relationship of any type with a participant, family members, or supportive allies.
  - h) Intimidating, harassing, or retaliating against participants who try to exercise their rights or make a complaint.
  - i) Allowing unqualified persons or entities to provide services.
  - j) Hiring or using known sex offenders in a RSS program.
25. Contractor shall have a written policy for the use of Contractor's designated vehicle(s) to transport participant, family members, or supportive allies to referral services as identified in Attachment A. If the Contractor allows the use of Contractors' vehicle(s) or staff's personal vehicle to transport participants, family members, or supportive allies to referral services, it shall adopt transportation procedures that include the following:
  - a) Vehicle(s) used to transport a participant, family member, or supportive ally to referral services shall have appropriate insurance coverage for business or staff's personal coverage with a current safety inspection sticker and license registration.
  - b) Vehicle(s) used to transport participants, family members or supportive allies to referral services shall be maintained in safe driving condition.
  - c) Drivers shall have a valid driver's license.
  - d) Use of tobacco products is prohibited in any and all vehicles for the purpose of transporting participant, family members, or supportive allies to referral services.

## **1.06 Organizational Alignment**

1. Contractor shall develop and implement an active peer leadership/advisory council.

2. Contractor shall promote a peer culture and leadership through a Peer Recovery Advisory Council (PRAC) comprised primarily of the RSS Recoverees.
3. Contractor shall ensure members of the PRAC shall be involved with program design, program evaluation (e.g. conducting focus groups, etc.), and have opportunities to advise and/or make organizational decisions related to the overall recovery-orientation of the organization that:
  - a. Has direct access to the organization's executive level;
  - b. Is self-governed; and
  - c. Works with clinical and administrative staff to ensure that policies and procedures are aligned with recovery principles and values, provide training and technical assistance to staff members on the following topics: recovery, recovery pathways, recovery resources, and cultures.
4. Develop or revise the Contractor's mission statement to include recovery principles and values that will promote sustained recovery and wellness.

**1.07 Reports of Abuse and Neglect.** The Successful Contractor shall report any allegations of abuse and neglect in accordance with applicable state laws and rules of the Texas Department of State Health Services and Texas Department of Protective Services.

**1.08 AIDS/HIV Workplace Guidelines.** The Successful Contractor shall have adopted and implemented policies which capture the spirit and intent of the workplace guidelines adopted by the State, and AIDS/HIV confidentiality guidelines, consistent with state and federal law.

**1.09 Receipts and Records.** The Successful Contractor shall agree to provide NTBHA, upon request, with original receipts (if any) for the purchases of all goods and services involving the use of NTBHA funds as well as all other financial and supporting documents and statistical records. The Successful Contractor shall retain these and any other records pertinent to the services for which a claim or cost report was submitted to NTBHA, for a period of six (6) years from the expiration or termination of an awarded contract.

**1.10 Access.** Pursuant to the Texas Health and Safety Code Section 534.060, the Successful Contractor agrees to allow the State, including the Office of the State Auditor, NTBHA's representatives, including independent financial auditors, or other authorized governmental agencies unrestricted access to all facilities, data, and other information under control of the Successful Contractor, as necessary, to enable the State or NTBHA to audit, monitor, and review all financial or programmatic activities in services associated with an awarded contract.

**1.11 Retention of Records.** The Successful Contractor agrees to retain all records pertinent to an awarded contract for a period of six (6) years from the expiration or termination of the contract.

**1.12 Protected Health Information.** During the term of an awarded contract, the Successful Contractor may receive from NTBHA, or may receive or create on behalf of NTBHA, certain confidential health or medical information ("Protected Health Information" or "PHI"). This PHI is subject to protection under and it is the intent of the parties to be in full compliance with state and federal law, including the Health Insurance Portability and Accountability Act, Texas Health and Safety Code Chapter 181, and implementing regulations issued pursuant thereto, and the requirements of Division A, Title XIII of the American Recovery and Reinvestment Act of 2009, subtitled the Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-005 ("HITECH Act"), and their implementing regulations (collectively "HIPAA" herein) to the extent such law and regulations apply during the term hereof.

Contractor shall comply with the following confidentiality and participant rights requirements:

1. Services shall be appropriate for the participant's needs and circumstances, including age and developmental level, and shall be culturally sensitive.

2. Contractor shall not discriminate against any participant, family member, or supportive ally based on gender, race, religion, age, national origin, disability (physical or mental), sexual orientation, medical condition, including HIV diagnosis or because a participant, family member, or supportive ally is perceived as being HIV-infected.
3. Contractor shall protect the privacy of participant, family members, or supportive allies served and shall not disclose confidential information without the participant's, family member's, or supportive allies' express written consent, except as permitted by law.
4. Contractor shall remain knowledgeable of, and obey, all State and Federal laws and regulations relating to confidentiality of records and information relating to the provision of recovery services.
5. Contractor shall not discuss or divulge information obtained in Recovery Coach or group sessions except in appropriate settings and for professional purposes that demonstrably relate to the case.
6. Contractor shall ensure confidential information acquired during delivery of recovery services shall be safeguarded from illegal or inappropriate use, access and disclosure or from loss, destruction or tampering. These safeguards shall protect against verbal disclosure, prevent unsecured maintenance of records, or recording of an activity or presentation without appropriate release from the participant, family member, or supportive ally.
7. Contractor shall not exploit relationships with participants, family members, or supportive allies for personal or financial gain of the Contractor or its personnel.
8. Contractor shall not charge any fees for services provided under this Program Attachment.
9. Contractor shall not pay or receive any commission, consideration, or benefit of any kind related to the referral of a participant, family member, or supportive ally for services.
10. Contractor shall take immediate action to prevent or stop any abuse, neglect, or exploitation, and provide appropriate care.
11. Contractor or any staff member who receives an allegation or has reason to suspect that a participant, family member, or supportive ally has been, is, or will be abused, neglected, or exploited by any person shall immediately inform DSHS Consumer Services and Rights Protection.
12. Contractor or Contractor's staff member shall also report allegations of abuse or neglect of a child, elderly, or disabled individual to DFPS.
13. Contractor shall ensure that Participants Rights are posted in a conspicuous location at each of the Contractors' sites.
14. The Participants Rights (Attachment E) shall be shared with each Participant prior to the initiation of recovery services, in a way the Participant can understand. The Participants Rights document shall be signed by the Participant. A signed copy of the Participants Rights document shall be provided to the Participant.
15. Contractor shall not retaliate against Participants who exercise their rights or file a complaint.
16. Contractor shall not restrict, discourage, or interfere with participant communication with DSHS staff or any entity the participant chooses to communicate.
17. Contractor shall establish written rules addressing participant behavior designed to protect their health, safety, and welfare
  - a) participant behavior rules shall-
    - (1) explain consequences for violating program rules;
    - (2) ensure consequences are reasonable; and
    - (3) be defined in writing and include clear identification of violations that may result in discharge.
  - b) participant behavior rules shall not permit-
    - (1) physical consequences or measures involving the denial of food, water, sleep, or bathroom privileges; or

(2) discipline that is authorized, supervised, or carried out by participants.

18. Contractor shall inform every participant, family member, or supportive ally at the time of admission, verbally, and in writing, of the Contractor's program rules and consequences for violating the rules.
19. Contractor shall enforce the rules fairly and objectively and shall not implement consequences if any for the convenience of staff.

**END OF EXHIBIT B**

## **EXHIBIT C: EVALUATION AND SELECTION CRITERIA PROCESS**

Any award made based upon this Request for Proposal will be based upon Best Value to NTBHA, which is the optimum combination of economy and quality resulting from fair, efficient, and practical procurement decision-making and which consider the following relevant factors:

1. the delivery terms;
2. the quality and reliability of the respondent's services;
3. the extent to which the services meet NTBHA's needs;
4. indicators of probable respondent performance under the contract, such as the respondent's past performance, the respondent's financial resources and ability to perform, and the respondent's experience and responsibility;
5. the impact on the ability of NTBHA to comply with laws and rules relating to historically underutilized businesses or relating to the procurement of services from persons with disabilities;
6. the total long term cost to NTBHA of contracting for the respondent's services;
7. the cost of any staff training associated with the contract;
8. the contract price;
9. the ability of the respondent to perform the contract and to provide the required services within the contract term, without delay or interference;
10. the respondent's history of compliance with the laws relating to its business operations and the affected service(s) and whether it is currently in compliance;
11. whether the respondent's financial resources are sufficient to perform the contract and to provide the service(s);
12. whether necessary or desirable support and ancillary services are available to the respondent;
13. the character, responsibility, integrity, reputation, and experience of the respondent;
14. the quality of the facilities and equipment available to or proposed by the respondent;
15. the ability of the respondent to provide continuity of services;
16. the ability of the respondent to meet all applicable written policies, principles, regulations, and standards of care; and
17. any other factor relevant to determining the best value for NTBHA in the context of a particular contract.

The evaluation process is as follows:

1. All proposals received by the established deadline will be evaluated and ranked by NTBHA's RFP Evaluation Committee according to the factors above.
2. Respondents meeting the requirements and criteria may be invited to interview with NTBHA to further clarify the evaluations of proposals, if deemed necessary by the committee.
3. Additional information, such as copies of the Respondent's Organizational Policies, Procedures and Quality Assurance documents, may be requested during contract negotiations.
4. Visits may be conducted to potential service contractors.

5. Based on resulting ranking of the proposals one or more Respondents may be asked to participate in negotiation with NTBHA.
6. APPEALS and/or PROTEST. Any Respondent's wishing to protest or appeal the selection process must do so within 7 days of the proposal award. Protest or appeals must clearly state with specificity the grounds upon which the award selection is being challenged. Send via certified mail to:  
RSS/RCO Services PROJECT # \_\_\_\_\_  
North Texas Behavioral Health Authority  
ATTN: Christina Gonzales  
1201 Richardson Dr, Ste 270  
Richardson, TX 75080
7. Proposals submitted become the property of NTBHA and will not be returned to the Respondents.

<b>END OF EXHIBIT C</b>
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<b><u>EXHIBIT D:</u></b> <b>PROPOSAL REQUIREMENTS FOR RSS-RCO SERVICES</b>
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Contractor must submit a sealed proposal packet containing one (1) complete original bid and three (3) copies to NTBHA no later than 3:00 PM, CST, on \_\_\_\_\_, by a method described below. NTBHA reserves the right to reject delinquent bids.

For hand delivered bids:

RSS/RCO Services PROJECT #  
North Texas Behavioral Health Authority  
ATTN: Christina Gonzales  
1201 Richardson Dr, Ste 270  
Richardson, TX 75080  
Contact Number: 214.366.9407

For Mailed/Express Delivered bids:

RSS/RCO Services PROJECT #  
North Texas Behavioral Health Authority  
ATTN: Christina Gonzales  
1201 Richardson Dr, Ste 270  
Richardson, TX 75080  
Contact Number: 214.366.9407

### **INSTRUCTIONS FOR COMPLETION**

Please be sure to answer every question. If the question does not apply to the Applicant, simply and clearly document "N/A". Evaluation of Applicant eligibility is based on completed questions. ALL unanswered questions will be considered omissions. Answer all questions in the order of this proposal outline. Use the forms attached or prepare responses in the same format. Clearly designate each item in the document as it appears in this outline (by number, letter, and question). The document should be double spaced, type size at least 11 pitch. NTBHA reserves the right to review only completed Proposals. NTBHA reserves the right to hold subsequent face to face or telephone interviews for clarification and/or negotiation purposes. Interviews will not be solicited for the purpose of completing incomplete proposals. Multiple omissions and/or incomplete responses may result in disqualification. All supporting documentation should be attached to the appropriate section of the Proposal and in the order described in this Application Outline section.

### **INSTRUCTIONS AND CONDITIONS**

- 1. LATE PROPOSALS:** Proposals received at the specified location after submission deadline shall be returned unopened and shall be considered void and unacceptable. The official time shall be determined by the time/date stamp when received by the front desk receptionist at the North Texas Behavioral Health Authority, 1201 Richardson Dr, Ste 270, Richardson, TX 75080, North Texas Behavioral Health Authority is not responsible for lateness of mail, carrier, etc.
- 2. FUNDING:** This contract shall be funded by State of Texas General Revenue.
- 3. ETHICS:** Respondents shall not offer or accept any gifts or anything of value nor enter into any business arrangement with any employee, official or agent of NTBHA.
- 4. IT IS UNDERSTOOD** NTBHA reserves the right to accept or reject any and/or all proposals for any or all services covered in this solicitation and to waive informalities or defects in proposals or to accept such proposals as it shall deem to be in the best interest of NTBHA.

5. **MODIFICATIONS:** NTBHA reserves the right to modify the general description and scope of services, by issuing written addenda of any such modifications.
6. **ADDENDA:** Any interpretations, corrections or changes to the Request for Proposal (RFP) and specifications shall be made by written addenda. Sole issuing authority of addenda shall be vested in the Contracts Coordinator. Addenda shall be mailed to all who are known to have received a copy of the Request for Proposal. All such addenda become, upon issuance, an inseparable part of the specifications which must be met for the offer to be considered. All responding Respondents shall acknowledge receipt of all addenda.
7. **ALTERING PROPOSALS:** Any corrections, deletions, or additions to offers may be made prior to closing date and time of the solicitation. No oral, telephone, telegraphic, fax, E-mail, or other electronically transmitted corrections, deletions, or additions shall be accepted. The Respondent shall submit substitute pages in the appropriate number of copies with a letter documenting the changes and the specific pages for substitution. The signatures on the form and letter must be original and of equal authority as the signatures on the offer.
8. **WITHDRAWAL OF PROPOSALS:** A proposal shall not be withdrawn or canceled by the Respondent unless the Respondent submits a letter prior to the closing date. The signature on the withdrawal letter must be original and must be of equal authority as the signature of the offer.
9. **PROPOSALS SHALL BE** received and publicly acknowledged at the location, date and time stated within this document. Respondents, their representatives and interested persons may be present. The proposal shall be received and acknowledged only so as to avoid disclosure of the contents to competing Respondents and kept confidential during negotiations.

However, all proposals shall be open for public inspection after the contract is awarded and written notification is sent to both successful and unsuccessful Respondents, except for trade secrets and confidential information contained in the proposal and identified by the Respondents as such. Such information may still be subject to disclosure under the Public Information Act based on the Texas Attorney General opinions and on steps taken by the Respondent to protect the information outside the scope of the RFP process.

10. **SALES TAX:** NTBHA is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the proposal shall not include taxes.
11. **PROPOSALS MUST COMPLY** with all federal, state, county and local laws. All services must be in compliance with federal, state, county and local rules, codes, regulations, laws, and executive orders.
12. **RESPONDENTS SHALL PROVIDE** with this proposal response, all documentation required by this RFP. Failure to provide this information may result in rejection of proposal. There is no expressed or implied obligation for NTBHA to reimburse responding firms for any expenses incurred in preparing proposals in response to this Request for Proposal and NTBHA will not reimburse responding firms for these expenses, nor will NTBHA pay any subsequent costs associated with the provision of any additional information or presentation, or to procure a contract for these services.
  1. **Title Page.** Title page should include the RFP # and subject. The Respondent's name, the name, address, and telephone number of a contact person; and the date of the proposal transmitted.
  2. **Submission Letter.** A letter of understanding by the person or officer of the Respondent entity that is authorized to enter into a contractual agreement on behalf of Respondent



indicating acceptance and commitment to the work to be done as well as a succinct statement as to why the Respondent believes itself to be the best qualified.

3. **Detail Proposal.** Response to Proposal Guidelines as specified in this document.
  4. **References.** Submit as specified in Section A.16 of this document.
  5. **Respondent's Contact.** Include the name of the designated individual(s), along with respective telephone numbers, who will be responsible for answering technical and contractual questions with respect to the Proposal
13. **EXCEPTIONS/SUBSTITUTIONS:** All proposals meeting the intent of this Request for Proposal shall be considered for award. Respondents taking exception to the specifications, terms and conditions or offering substitutions, shall state these exceptions in the section provided or by attachment as part of the proposal. The absence of such a list shall indicate that the Respondent has not taken exceptions and NTBHA shall hold the resultant Contractor responsible to perform in strict accordance with the specifications, terms, and conditions of the contract. NTBHA reserves the right to accept any and/or none of the exception(s) /substitution(s) as deemed to be in the best interest of NTBHA.
14. **MINORITY OWNED BUSINESSES:** Historically Underutilized Business and/or Minority business enterprises will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race color, creed, sex, or national origin in consideration for an award.
15. **SILENCE OF SPECIFICATIONS:** The apparent silence of these specifications as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only best practices of quality services and facilities will prevail. All interpretations of these specifications shall be made on the basis of this statement.
16. **REFERENCES:** NTBHA requests Respondent to supply, with this RFP, a list of at least three (3) references where similar services have been provided by their organization. Include name, contact name, address, telephone number and description of services provided for each reference.
17. **INSURANCE:** Successful contractor must provide proof of minimum insurance coverage prior to start of contract and annually thereafter of liability insurance (including general liability, and workers' compensation coverage) as follows:
- |                                  |   |
|----------------------------------|---|
| SCHEDULE: Professional Liability | \$1,000,000/\$3,000,000                         |
| General Liability                | \$1,000,000/3,000,000                           |
| Worker's Compensation            | In accordance with Texas Statutory Requirements |
18. **MINIMUM STANDARDS FOR RESPONSIBLE PROSPECTIVE RESPONDENTS:** A prospective Respondent must affirmatively demonstrate Respondent's responsibility. A prospective Respondent must meet the following minimum requirements:
1. have adequate financial resources, or the ability to obtain such resources as required;
  2. be able to comply with the required or proposed performance schedule;
  3. have a satisfactory record of performance;
  4. have a satisfactory record of integrity and ethics; and
  5. be otherwise qualified and eligible to receive an award.

NTBHA may request representation and other information sufficient to determine Respondent's ability to meet these minimum standards listed above and any other required documentation.

19. **LIMITATIONS:** Any Respondent currently held in abeyance from or barred from the award of a Federal or State contract may not contract with NTBHA.
20. **CONSIDERATION:** For an offer to be considered, the Respondent must meet NTBHA's requirements, demonstrate the ability to perform successfully and responsibly under the terms of the prospective contract, and submit the completed offer according to the time frames, procedures, and forms stipulated by NTBHA.
21. **CONTRACT:** In the event Respondent and NTBHA are satisfied with the proposal submission and its conditions in its entirety and no modification or negotiations are warranted, the submitted proposal shall serve as a legal and binding agreement. In the event modification is necessary, a sample contract containing the major provisions of Respondent's anticipated agreement subject to refinement and negotiation can be obtained upon request to Christina Gonzales via email at: [cgonzales@ntbha.org](mailto:cgonzales@ntbha.org).
22. **TERMINATION OF CONTRACT:** NTBHA reserves the right to terminate any resulting contract with thirty (30) days written notice.
23. **CONFLICT OF INTEREST:** No public official shall have interest in this contract, in accordance with Vernon's Texas Codes Annotated, Local Government code Title 5, Subtitled C., Chapter 171.
24. **SUCCESSFUL RESPONDENT SHALL** defend, indemnify and save harmless NTBHA or its designee and its officers, directors and employees from any and all suits, claims, actions, losses, damages, liability and expenses, including attorney's fees arising from any negligent or willful act, error, omission or misrepresentation of Contractor or his employees, agents (including subagents) or servants. The provisions of the subparagraph shall continue and be ongoing in any contract resulting from this RFP.
25. **NOTICE:** Any notice provided by this proposal (or required by Law) to be given to the successful Respondent by NTBHA shall be deemed to have been given and received on the next day after such written notice has been deposited in the mail in Richardson, Texas by Registered or Certified Mail with sufficient postage affixed thereto, addressed to the successful Respondent at the address so provided; provided this shall not prevent the giving of actual notice in any other manner.
26. **CONTRACT MONITOR:** Under this contract NTBHA shall appoint a contract monitor with designated responsibility to ensure compliance with contract requirements. The contract monitor will serve as liaison between NTBHA and the successful Respondent.
27. **INVOICES** shall show all information as required and shall be mailed directly to **NTBHA** location and staff person as set out in the contract entered into by NTBHA and Contractor.
28. **PAYMENT** shall be made upon receipt of valid invoice and approval by NTBHA of all completed and authorized services as set out in the contract entered into by NTBHA and Contractor.
29. **ASSIGNMENT:** The successful Respondent shall not sell, assign, transfer or convey any contract resulting from this RFP, in whole or in part, without the prior written consent of NTBHA.
30. **ORDER OF PRECEDENCE:** Any inconsistency in this solicitation or contract shall be resolved by giving precedence in the following order.

- A. Request for Proposal Instructions and Conditions
- B. Proposal Guidelines, if any
- C. Other documents, exhibits and attachments

**31. SUBMISSION OF PROPOSAL:** Submit sealed one (1) original, clearly marked, and **two** (2) copies of the proposal describing your organization and services in detail following the sequence as outlined, and requirements of the Solicitation of Offers and Request for Proposal Instructions and Conditions.

There is no expressed or implied obligation for NTBHA to reimburse Respondents for any expense incurred in preparing Proposal in response to this request, and will not reimburse anyone for those expenses. NTBHA will consider Proposals from all responsible Respondents.

Following Contract award, the contents of all applications may be made available upon written request. Therefore, ***any information contained in the application that is deemed to be proprietary in nature must clearly be so designated in the application.*** Such information may still be subject to disclosure under the Public Information Act depending on opinions from the Attorney General's office.

## APPLICATION OUTLINE

Each Respondent must answer each of the following items completely. You may attach additional materials as necessary to provide support information and details. Failure to disclose or provide complete and accurate responses, or to utilize format described below, may be considered a basis for eliminating the proposal from further consideration. Each Respondent must use the proposal response format as follows: State the question or item exactly as appears; then provide your detailed response.

Questions fall under the following sections:

- I. Business Demographics
- II. Staffing Plans
- III. Services
- IV. Facility
- V. Policy and Procedures/Safety:
- VI. Quality Assurance Processes and Monitoring
- VII. Certificate of Insurance
- VIII. Financial Information
- IX. Cost Proposal
- X. Risk Profile
- XI. Implementation Plan
- XII. Information System
- XIII. Client Reference
- XIV. Certification

**I. Business Demographics**

Name \_\_\_\_\_  
Title of Business \_\_\_\_\_  
SS# \_\_\_\_\_ and/or Tax ID \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_  
Website address \_\_\_\_\_

Contact Person \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Billing Address if Different From Above (include Street, City, State, and Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_

Billing Manager \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Other Business Locations in this Market Area: (include Street, City, County, and Zip)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Other Owners/Partners:**

Name	% Ownership	If corporate, list organization
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Type of organization (i.e., non-profit corporation, Limited Liability Company, general partnership, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Provide a copy of Provider’s Articles of Incorporation and 501(c)(3) certificate, or other bylaws/governing documents as appropriate –

Years in Operation \_\_\_\_\_  
Hours of Operation \_\_\_\_\_

Certification Number if a Historically Underutilized Business: \_\_\_\_\_, or qualifications if HUB eligible, but not certified: \_\_\_\_\_

**II. Staffing Plans**

- a. Provide a staffing profile for RSS/RCO services as defined in this proposal request to include number of staff, and verification of their credentials.
- b. Provide a RSS/RCO services staffing plan including plan for the following:
  - 1) Staffing No-shows: Demonstrate how Contractor will ensure adequate staffing in the event of unplanned staff absence

### **III. Services:**

Provide a description of your materials and/or services for RSS/RCO services as defined in this proposal.

- a. Describe how the Provider currently provides RSS/RCO services or a similar service model.
- b. Describe the Provider's experience in working with persons with serious mental illness and substance abuse over the last five years, including 30-day readmission rates for psychiatry.
- c. Describe the frequency and type of in-service training offered and required by Provider for employees who will provide services. Note specific training within the past two (2) years related to patient rights and standards of service. Is Provider's staff current with in-service training as required by the credentialing/licensing agency? Provide documentation.
- d. Describe the Provider's ability to work with persons who are hearing impaired, persons who have limited language skills and persons who speak a language other than English.
- e. Describe the Provider's ability to work with persons with physical impairments and adaptive equipment.
- f. Describe how the Provider ensures cultural competency on the part of staff with regard to ethnic, racial, religious and sexual orientation differences.
- g. Describe how the Provider will meet the cultural and linguistic needs of the consumers in NTBHA's local service area Dallas, Ellis, Navarro, Hunt, Kaufman, and Rockwall Counties, Texas.

### **IV. Facility**

Provide a brief description of your facility for RSS/RCO services as defined in this proposal.

- a. Describe the physical type of facility you plan to operate and its location.
- b. Explain how you will make this facility welcoming to individuals experiencing a mental health crisis?
- c. Demonstrate policies and procedures that will be in place for emergency preparedness and health and safety issues.

### **V. Quality Assurance Processes and Monitoring:**

Provide information regarding Contractor's capacity for compliance with NTBHA quality assurance processes, to include:

- a. Ability to participate in clinical staffing/case reviews with NTBHA staff; and
- b. Describe the Quality Management and Improvement system currently in place in your program.
- c. Describe in detail, performance indicators used in measuring and monitoring service performance and goals.
- d. Submit a copy of the most recent Quality Improvement Plan.
- e. Submit a copy of your Quality Management Program activities for the past 12-month period.
- f. Submit copies of all external reviews from all regulatory/accrediting bodies: include any plans of improvement required as a result of the reviews.
- g. Submit information and examples of any ongoing outcome measurement program activities, which have been operational for a minimum of 12 months.
- h. Lawsuits – Indicate any lawsuits or litigation involving clinical Services to Mental health patients to which you have been a party during the past three years. Provide details on any judgments.

### **VI. Certificate of Insurance**

Provide a Certificate of Insurance secured and maintained with an insurance company, or companies, licensed to do business in Texas for the following coverage in the following amounts:

- a. Comprehensive General Liability, Professional Liability and Employee Misconduct insurance \$1,000,000/\$3,000,000
- b. Sufficient coverage to meet the requirement of State law for Workers' Compensation on its employees providing services under this Contract.

## **VII. Equal Employment Opportunity**

For applicants with more than 100 employees, the RFP submission must include the applicants' status regarding equal employment opportunity. Please submit verification of status using the Employer Information Report EEO-1 or the State and Local Government Report EEO-4.

## **VIII. Financial Information**

- a. Provide a copy of a Certified External Audit for the past three years.
- b. Provide a copy of the most recent Tax Statement (IRS Form 1120, Form 990 as applicable).
- c. Provide a current Financial Statement including Cash Flow.
- d. Submit the most current Annual Report available.
- e. Provide evidence of continued financial viability to ensure your capabilities to support this project.
- f. Provide the budget detail for the proposed program.
  - Identify salaries and fringe benefits.
  - Identify all other operating and administrative expenses that will be related to the program.
  - Identify Medicaid/Third Party Revenue Projections.

## **IX. Cost Proposal**

- a. Describe your proposal fee structure.
- b. Describe how you will maximize other payor sources to ensure NTBHA is the payor of last resort.

## **X. Risk Profile**

- a. Has the Respondent had any validated/confirmed client abuse, client neglect, or rights violations claims in the last three (3) years? If so, explain in detail.
- b. Provide a copy of Professional Liability Insurance showing liability insurance coverage. Include directors' and officers' professional liability, errors and omissions, general liability, breaches of privacy, and medical malpractice insurance.
- c. Identify whether Respondent, as an entity, or anyone employed by the Respondent is currently under investigation, or has had a license or accreditation revoked by any state, federal, or local authority or licensing agency within the last five (5) years. If "yes", provide a detailed explanation.
- d. Identify whether Respondent, as an entity, or anyone employed by the Respondent providing direct care or employed in a management position has had any felony convictions. If "yes", provide a detailed explanation. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.
- e. Identify whether Respondent has ever been placed on vendor hold by an agency or company. If "yes", provide a detailed explanation.
- f. Identify any lawsuits or litigation involving clinical services to which you have been a party during the past five (5) years. Provide details on any judgments.
- g. Provide a list of clinical services contracts for which Respondent has been terminated for cause in the last five (5) years.
- h. Identify whether Proposer, as an entity, or any of Respondent's employees Medicaid Provider number(s) have ever been suspended or revoked. If "yes", explain.

## **XI. Implementation Plan**

- a. Briefly describe the project management approach you will use to implement and operate the RSS/RCO Services within the contracted timeframe.

## **XII. Client References**

Provide a minimum of three professional references. For each reference listed, include the following:

- Agency name and address
- Name or Point of contact (POC)
- POC email address and telephone number
- Type of services provided to reference

## **XIII. Rights Reserved**

NTBHA reserves the right to withdraw this Request for Bids at any time before bids are submitted; reject, for any reason and at its sole discretion, in total or in part, any and/or all bids, regardless of comparability of price, terms or any other matter, and to waive any informalities. If a firm is selected, the firm will be required to execute a contract. If NTBHA funding is materially decreased during the contract term, the contract may be amended and/or terminated.

No contract shall be deemed to exist between NTBHA and any Contractor until NTBHA and that Contractor have executed a mutually acceptable, comprehensive and binding contract. A countersigned copy of this bid or any other preliminary written agreements shall not suffice to bind NTBHA to any legal obligation of any kind whatsoever with regard to the work considered hereby.

In the contract with the successful Contractor, NTBHA will not agree to waive its governmental immunities, engage in binding arbitration or agree to indemnification of Contractor or limitation of Contractor's liability. The contract will require that it be construed and enforced in accordance with the laws of the State of Texas and that venue shall lie in Dallas County, Texas.

**XIV. Certification.** I, individually and on behalf of the business named above, do by my signature below certify that the information provided herein to be true and correct. I understand that if the information provided herein contains any false statements or any misrepresentations:

- a) NTBHA may have the grounds to terminate any or all contracts which NTBHA has or may have with the business named above;
- b) NTBHA may disqualify the business from consideration for this or other contracts and may remove the business from NTBHA's Contractors lists; and
- c) NTBHA may have grounds for initiating legal action under federal, state, or local law.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner  
(Owner, CEO, President, Majority Stockholder or  
Designated Representative)

\_\_\_\_\_  
Date

**END OF EXHIBIT D**

**EXHIBIT E: RESIDENT/NON-RESIDENT CERTIFICATION**

Contractor must answer the following questions in accordance with the Texas Government Code § 2252.002, as amended:

- A. Is the Contractor that is making and submitting this bid a “resident Contractor” or a “non-resident Contractor”?

Answer: \_\_\_\_\_ Resident Contractor \_\_\_\_\_ Non-resident Contractor

(1) Texas Resident Contractor - A Contractor whose principal place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.

(2) Nonresident Contractor - A Contractor who is not a Texas Resident Contractor.

- B. If the Contractor is a “Nonresident Contractor”, does the state in which the Nonresident Contractor’s principal place of business is located have a law requiring a Nonresident Contractor of that state to bid a certain amount or percentage under the bid of a Resident Contractor of that state in order for the nonresident Contractor of that state to be awarded a contract on his bid in such state?

Answer: \_\_\_\_\_ Yes \_\_\_\_\_ No Which state? \_\_\_\_\_

- C. If the answer to Question B is “yes”, then what amount or percentage must a Texas Resident Contractor bid under the bid price of a Resident Contractor of that state in order to be awarded a contract on such bid in said state?

Answer: \_\_\_\_\_

**END OF EXHIBIT E**



**EXHIBIT F: SUBMISSION OF PROPOSAL ASSURANCES**

The undersigned does make the following assurances that:

1. That the Respondent is not currently held in abeyance or barred from the award of a federal or state contract.
2. That the Respondent is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.
3. No attempt will be made by the Respondent to induce any person or firm to submit or not to submit a response, unless so described in the RFP response document.
4. The Respondent does not discriminate in its services or employment practices on the basis of race, color, religion, sex, national origin, disability, veteran status, or age.
5. That no employee of NTBHA, DSHS or DADS, and no member of the NTBHA's Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the Respondent is unable to make the affirmation, then the Respondent must disclose any knowledge of such interests.
6. Respondent accepts NTBHA's right to cancel the RFP at any time prior to contract award.
7. The RFP response submitted by the Respondent has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
8. No claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
9. The individual signing this document and any subsequent contract (if necessary) is authorized to legally bind the Respondent.
10. That Respondent will comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code, the DSHS Community Standards of Community Mental Health Centers and Community Service Programs, and applicable local, state, and federal laws, rules and regulations, including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
11. No member of the Respondent's staff or governing authority has participated in the development of specific criteria for award of the contract, nor will participate in the selection of the proposal to be awarded the contract.

The Organization or Individual named below offers and agrees to furnish all labor, materials, and services offered within the designated time frame for the amount to be agreed upon and upon conclusion of a successful contract.

**Name of Respondent Firm or Individual:** \_\_\_\_\_

**Type of Legal Entity:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
\_\_\_\_\_ **FAX No.:** \_\_\_\_\_

**Auth. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**END OF EXHIBIT F**

## PROGRAM ATTACHMENT

### Attachment A Recovery-Oriented Care (ROC) Service Definitions

#### Recovery Coaching Services:

Recovery Coaching Services are non-clinical services provided by peer recovery coaches who have completed the 46 hour DSHS sponsored Recovery Coach training. Recovery Coaches utilize their personal experiences in order to support peers in recovery, their family members and/or their significant others. Recovery Coaching Services are provided by the program through DSHS Recovery Support Services (RSS)-funded contract. Recovery Coaching Services may occur in a one-to-one or small group setting. They include:

1. **Face-to-Face Recovery Coaching:** Non-clinical one-to-one services provided in-person to a Participant, family members, and/or significant others addressing recovery issues that help to keep the Participant engaged in their recovery. Recovery Coaches also communicate and coordinate with referring entities and develop resources to assist with providing recovery service needs.
2. **Telephone Recovery Coaching:** Non-clinical services provided via the telephone to a Participant, family members, and/or significant others addressing recovery issues that helps to keep the Participant engaged in their recovery. Recovery Coaching telephone contacts also communicate and coordinate with referring entities and develop resources to assist with providing service needs.
3. **Internet Recovery Coaching:** Non-clinical services provided via the Internet through chat rooms or other electronic communication to a Participant, family members, and/or significant others addressing recovery issues that help to keep the Participant engaged in their recovery. Recovery Coaching Internet contacts also communicate and coordinate with referring entities and develop resources to assist with providing service needs.
4. **Traveling Companion Recovery Coaching:** Non-clinical services provided when a Recovery Coach provides transportation to referral services or recovery meetings for a Participant, family member(s), or significant other(s) addressing recovery issues that helps to keep the Participant engaged in their recovery. Recovery Coaches may also discuss potential referrals and develop resources to assist with providing service needs.

#### Recovery Support Groups:

Recovery Support Groups are group activities designed to provide the Participant positive emotional support to assist with dealing with daily and personal life issues, to aid in understanding the recovery process, and to support the Participant's path to recovery. Recovery Support Groups must be facilitated by a paid or volunteer Recovery Coach who has completed the 46-hour DSHS sponsored Recovery Coach training. Recovery Support Groups are provided by the program through DSHS Recovery Support Services (RSS)-funded contract.

#### Indirect Recovery Support Services:

Indirect Recovery Support Services are ancillary services designed to improve a participant's life circumstances, health and well-being and eliminate obstacles to recovery. Indirect Recovery Support Services are provided by the program through DSHS Recovery Support Services (RSS)-funded contract. Indirect Recovery Support Services may be provided by Recovery Coaches, other RSS staff and/or volunteers. Monetary stipends which are distributed to participants from RSS contract funds with DSHS's approval and designated to Indirect Recovery Support Services may also be counted in this category. Indirect Recovery Support Services include:

1. **Career Closet / Clothing Closet:** Services providing donated clothing at no cost to assist acquiring appropriate apparel for job interviews or general daily clothing needs for the Participant, family members, and/or significant others.

2. **Health and Wellness Supports:** Activities that support the mind, body, as well as the physical and mental wellbeing of the Participant, family members, and/or significant others. Examples of such activities may include gym memberships, yoga sessions, acupuncture, organized sports participation, document assistance, and music and art therapy.
3. **Alcohol- and Drug-Free Social Activities:** Events that provide social interaction and connectivity for Participants, family members, and/or significant others that do not include availability of alcohol or drug use. Examples: DJ services, holiday decorations, supplies for recovery-related activities, etc.
4. **Community Service Projects:** Projects that allow the Participant, family members, and/or significant others to contribute services that benefit the community. These service activities may also allow individuals to complete community service hours related to probation, parole, or other requirements related to legal issues.
5. **Child Care:** Child care services that allow the participant to attend recovery-related meetings, and/or activities that provide recovery support.
6. **Housing Services:** Services that provide participants assistance with obtaining suitable housing, such as transitional housing, sober housing, affordable housing, and housing dispute resolution.
7. **Mental Health or Co-Occurring Peer Services:** Services provided by peers that provide recovery support for participants, family members, and/or significant others affected by mental health or co-occurring substance use and mental health issues.
8. **Veteran's Services:** Services that provide treatment or support for issues unique to military veterans, family members, and/or significant others.
9. **Transportation:** Services that enable participants to move about within their communities through the use of buses, rails, taxis, or chauffeured service vehicles driven by Contractor staff or volunteers. These services may include provision of tokens/passes for the use of public transportation and/or paid mileage to recovery staff.
10. **Food Pantry:** Services that provide participants, family members, and/or significant others access to free or reduced-cost food to assist in maintaining appropriate nutrition.
11. **Financial Assistance / Family Needs:** Financial aid or other support services for participants designed to enhance quality of life.
12. **Other Indirect Recovery Support Services:** "Other" Indirect Recovery Support Services are those that the program may provide that do not fit into the above categories, but may be considered indirect recovery support services and are also not considered direct recovery support services as described. Any services considered to be "Other" Indirect Recovery Support Services will need to be specified by the reporting program for DSHS review and approval.

## Education Services

Education Services are formal classes held with a designated instructor, set schedule and standardized curriculum. The classes are provided to participants through DSHS RSS contract funds. Education class instructors may include paid or volunteer Recovery Coaches, other RSS staff and/or volunteers.

1. **Alcohol and Drug:** Services that educate the Participant, family members, and/or significant others about addiction to alcohol and/or drugs, processes of addiction, and the effects of addiction on family and significant others.
2. **Recovery:** Services that educate the Participant, family members, and/or significant others about the processes of recovery, relapse prevention, and other issues related to maintaining an individual's process of recovery.
3. **Employment:** Services that teach or build skills that allow individuals to obtain employment, such as developing resumes, completing job applications, conducting successful job searches, and imparting positive employment behaviors and attitudes. Instruction may also include how to positively discuss past legal issues with potential employers.
4. **Volunteer Service:** Services that instruct Participants to provide volunteer services in the program or in community settings. Examples: transportation (if allowed by Contractor's policies, accompany a participant into the community, connecting participants to needed community resources, assisting with RSS program improvements, provide companionship, modeling and support.

5. **Daily Living Skills:** Services that impart knowledge and skills to individuals needed to succeed in day-to-day life. Topics may include financial budgeting, time management, health education, nutrition, parenting, child development.
6. **Computer Skills:** Services that train individuals on basic computer skills, such as use of the Internet, use of common computer programs (i.e., Word, Excel), and use of social media. These computer skills may enhance an individual's employment opportunities and may assist in maintaining connectivity to others via the Internet who are supportive of an individual's recovery process.
7. **GED Preparation:** Services that provide preparation for an individual to obtain a GED certificate.
8. **Other Education Services:** "Other" Education Services are those that the program may provide that do not fit into the above categories. Any services considered to be "Other" Education Services will need to be specified by the reporting program.

## Referral Services

Recovery coaches/peer leaders shall utilize their own personal experiences with recovery to connect a peer with professional and non-professional services and resources that will help the peer meet his or her personal recovery goals. Referral services may include but are not limited to: making phone calls to service providers, providing personal introductions, accompanying participants to appointments, writing referral letters, assisting with collection or completion of required documentation, providing translation services, and/or offer insights into the most effective means of navigating service systems.

Referrals provided to services and activities that support a peer's recovery and are not directly funded through the RSS funded contract. The services to which a participant is referred may be offered within a Contractor's organization through other funding sources, or through other organizations in the wider community. They include:

1. **Housing Services:** Services that provide individuals' assistance with obtaining suitable housing, such as transitional housing, sober housing, or affordable housing. These services may also include housing dispute resolution.
2. **Medical Treatment:** Services that provide preventative care and medical treatment for individuals' physical needs, including preventative care and medical interventions for health care issues.
3. **Employment Services:** Services that teach or build skills that allow individuals to obtain employment, such as developing resumes, completing applications, conducting successful job searches, and imparting positive employment behaviors and attitudes. Instruction may also include how to positively discuss past legal issues with potential employers.
4. **Mental Health Treatment:** Services that provide treatment for individuals, family members, and/or significant others to address mental health issues.
5. **Substance Abuse Treatment:** Services that provide treatment for individuals, family members, and/or significant others to address substance abuse issues. These services may include inpatient, outpatient, and detoxification services for substance use disorders.
6. **Co-Occurring Substance Abuse and Mental Health Treatment:** Services that provide treatment for individual, family members, and/or significant others to address co-occurring substance use disorders and mental health issues.
7. **Mental Health or Co-Occurring Peer Services:** Services provided by peers that provide recovery support for individuals, family members, and significant others affected by mental health or co-occurring substance use and mental health issues.
8. **Veteran's Services:** Services that provide treatment or support for issues unique to military veterans, family members, and/or significant others.
9. **Education Services:** Services that enhance individuals' education or training that will enable them to obtain employment or aid in career advancement. Examples may include obtaining a high school diploma or GED, VoTech training, or higher education leading to an Associate's, Bachelor's, or other advanced degrees.

10. Driver's License / Identification Services: Services that enable an individual to obtain a driver's license or other form of valid identification.
11. Transportation: Services that enable individuals to move about within their communities through the use of public transportation such as buses or rails to referral services. These services may include provision of tokens/passes for the use of public transportation and mileage for recovery staff providing transportation services.
12. Food Pantry: Services that provide participants, family members, and/or significant others access to free or reduced-cost food to assist in maintaining appropriate nutrition.
13. Texas Workforce Commission: Services provided by the Texas Workforce Commission to increase a participant's employability and/or assist in job search in an effort to obtain successful job placement.
14. Financial Assistance / Family Needs: Financial aid or other support services for the participant, family members, and/or significant others designed to enhance quality of life.
15. Dental: Services addressing dental needs of the participant, family members, and/or significant others designed to enhance quality of life.
16. Optical: Services addressing eye care needs of the participant, family members, and/or significant others designed to enhance quality of life.
17. Child Care: Child care services that allow a participant, family members, and/or significant others designed to enhance quality of life to attend recovery-related meetings, and/or activities that provide recovery support.
18. Other Referral Services: "Other" Referral Services are those that the program may provide that do not fit into the above categories, but require a referral to an entity that supports recovery. Any services considered to be "Other" Referral Services will need to be specified by the reporting program for DSHS review and approval.

Attachment B  
RED-ROC Monthly Activity Summary

1. Number of new persons who started attending recovery support groups. Report the number of new persons who started attending recovery support groups during the reporting month.
2. Total number of persons who attended recovery support groups. Report the total number of persons who attended recovery support groups during the reporting month.
3. Total number of persons who attended recovery support groups. Report the total number of persons who attended recovery support groups during the reporting month
4. Number of new persons who started receiving any type of indirect recovery support services. Report the number of new individuals who started receiving any type of indirect recovery support services during the reporting month. The types of indirect recovery support services to include in this category are described in Attachment A. If an individual began receiving different types of indirect recovery support services in different reporting months, he/she should be counted as new in the month that he/she began receiving the first type of indirect service.
5. Total number of persons who received any type of indirect recovery support services. Report the total number of persons who received any type of indirect recovery support services during the reporting month. The types of indirect recovery support services to include in this category are described in Attachment A.
6. Number of new persons who began receiving Alcohol- and Drug-Free Social Activities. Report the number of new individuals who began receiving Alcohol- and Drug-Free Social Activities during the reporting month. The types of services to include in this category are described in Attachment A.
7. Total number of persons who attended Alcohol- and Drug-Free Social Activities. Report the total number of persons who received Alcohol- and Drug-Free Social Activities during the reporting month. The types of services to include in this category are described in Attachment A.
8. Number of new persons who started attending any type of education classes. Report the number of new persons who started attending education classes-during the reporting month. The types of education classes to include in this category are described in Attachment A. If an individual began attending different types of education classes in different reporting months, he/she should be counted as new in the month that he/she began attending the first type of education class.
9. Total number of persons who attended any type of education classes. Report the total number of persons who attended any type of education classes during the reporting month. The types of education services to include in this category are described in Attachment A.
10. Number of newly written Memorandums of Understandings (MOU's). Reporting: Report monthly the number of newly written Memoranda of Agreement that are signed by your organization and partnering agency each month. For the first month of the new fiscal year, MOAs renewed from the previous fiscal year may be counted as new.
11. Percent of enrolled participants who complete the 12 month Recovery Check-up interview. Target: 80% Reporting: Provider is required to ensure that the each participant who completes an initial Enrollment Interview completes the 12 month Recovery Check Up Interview. The participant must complete the Recovery Check Up Interview 12 months after he or she enrolled in long term coaching whether or not he or she is still engaged with services at the RSS program. Participants may complete the Recovery Check Up Interview online, on paper or in an oral interview with RSS program staff. Provider must ensure the results of the interview are entered into the

RED-ROC system, either directly by the participant or by program staff if the participant completes the interview orally or on hard copy paper. If the Provider is unable to contact the participant, the Provider may interview a family member or friend as long as the participant has signed an informed consent in advance allowing that individual to be contacted by the Provider for a Recovery Check Up Interview.

12. Recovery support services received by all participants (for those enrolled in individual recovery coaching, and those who are not enrolled in recovery coaching but are still receiving recovery support services in the program).
13. Number of referrals made to services outside the program (for those enrolled in individual recovery coaching and those who are not enrolled in recovery coaching but who have received referrals by Contractor to services outside the program).
14. Number of individuals who received DSHS-approved 46-hour Recovery Coach training and the number of new Recovery Coaches enlisted during the month to provide paid and/or volunteer services.
15. Number of volunteers providing services other than Recovery Coaching, including the number of volunteers enlisted, trained, providing services, and an estimated monetary value of those services provided.
16. Number of Peer Recovery Advisory Council meetings held.
17. Number of Recovery Coach orientations and in-service trainings held during that month.
18. Number of Recovery Training sessions provided to substance abuse treatment staff during the month (treatment programs only).
19. Total number of admissions to substance abuse treatment services during the month (treatment programs only).

ATTACHMENT C  
LIFE DOMAINS

1. Recovery from substance use or abuse: directly related to obtaining and maintaining abstinence from alcohol or other drugs.
  - a. Learning how to access and use AA or NA meetings, developing a recovery plan,
  - b. Assets and strengths can include any periods of abstinence (and what worked during those periods), experience with and access to a self-help/mutual help group and having a sponsor, having access to supportive participants (e.g., partner, parent, pastor, or friend), or being assertive.
  - c. Barriers to recovery can include living in an area that has easy access to illicit drugs or living within a household where other residents drink or use drugs, working in bar, having no access to childcare or having no identified person to call for help.
  
2. Living and financial independence: any self-defined goals associated with acquiring, maintaining, or improving a persons' independence in living and finances.
  - a. Improving a persons' current living situation (e.g., location, affordability, proximity to public transportation, and safety); specific features of the residence (e.g., cleanliness, clutter, size, furniture, comfort and density); other occupants (e.g., children, parents, roommates, or a significant other); and access to basic necessities, such as food and clothing.
  - b. Assets and strengths can include past experiences of living independently, being frugal or good with managing limited funds, being a great cook, having no debt, having access to medical insurance, owning a car, or having easy access to transportation.
  - c. Barriers to living or financial independence can include being homeless or living in an unstable living situation, living with an abusive partner or family member, having limited or no access to transportation, having substantial debt or legal fees, having a felony conviction, an inability to manage symptoms of an anxiety, mood, or psychotic disorder, no access to child support, or limited access to food and clothing for the person or his or her children.
  
3. Employment and education: any activities directly related to acquiring or improving employment options or education.
  - a. Finding a job and the multitude of activities associated with searching for and acquiring employment, learning how to work on a computer, purchasing work-related supplies (e.g., clothing, computer, or tools), enrolling in a vocational training program or technical school, completing a GED or high school diploma, or enrolling in and completing a college degree.
  - b. Assets and strengths can include having a job, previous work history and vocational skills, having a car or tools for a job, having computer skills, current educational level, certificates acquired, being enrolled in educational classes, being a good student, being intelligent or a quick learner, possessing organizational skills or an attention to detail, loving school, or having access to financial aid for school.
  - c. Barriers to employment or education can include having a felony conviction, limited or no access to transportation, an untreated or unstable medical condition (e.g., diabetes, high blood pressure, obesity, migraine headaches or lower back pain), an inability to manage psychiatric symptoms that can occur while working (e.g., social phobia, panic attacks, paranoia, or hallucinations), having an untreated attention deficit disorder, or having a general fear of returning to or entering the workforce (e.g., fear of failing or losing SSI or SSDI benefits).
  
4. Relationships and social supports: any activities associated with participants' relationships and social networks.
  - a. Improving or expanding sober social networks, finding friends, finding a romantic partner, mending relationships with partners or family members, or learning the skills to socialize without alcohol or other drugs. Goals can also include improving relationships with children or resolving an ongoing DCFS case.
  - b. Assets and strengths can include positive or supportive members of the consumers' social network, such as family, friends, significant others, clergy, or counselors. Strengths can also include being funny, friendly, kind-



- hearted, assertive, adventurous, or athletic. This list should not include participants who are detrimental to the persons' recovery, but are in their social network, such as drug dealers or an abusive spouse or family member. This category can also include access to social outlets, church, weekly family outings, or a club
- c. Barriers to improving social supports and relationships can include social phobia or panic attacks that occur in public places, lack of access to transportation, lack of child care, living in an unsafe or unstable environment, or limited social skills.
5. Medical health: medical or primary care issues, including medical issues of the persons' children.
    - a. Acquiring medication, receiving a medical evaluation or access to pre- or postnatal care, losing weight or learning how to improve diet, learning how increase exercising, learning how to manage pain or a chronic medical condition (e.g., arthritis), learning how to manage stress, or acquiring medical insurance.
    - b. Assets and strengths can include having good health, having access to a primary care physician or psychiatrists, having the ability to manage a complicated medication regimen, having a good diet and eating habits, enjoys exercising, knowledge and skills associated with stress management and meditation, and disease management skills for a chronic medical condition, such as diabetes.
    - c. Barriers to achieving good medical health include limited access to a kitchen or having limited cooking or shopping skills, an eating disorder, experiencing side effects from prescribed medications, limited or no access to medical care or having no medical insurance, poor memory associated with taking medications as prescribed or having a complicated medication regimen, or limited time management skills.
  6. Leisure and recreation: any activities associated with improving or expanding leisure activities, hobbies, or artistic interests.
    - a. Learning new hobbies (or picking up an old one), taking a photography or art class, attending a concert, going fishing or hiking, joining a softball league or playing golf with some friends, going to the movies or reading a new book, learning to manage time, writing poetry, or playing the guitar.
    - b. Assets and strengths can include having hobbies, sources of entertainment, or recreational activities; having access to social events (e.g., going out dancing with a friend or camping with family); or being musically or artistically gifted.
    - c. Barriers to achieving leisure and recreational goals can include lack of access to transportation, physical impairments (e.g., obesity or chronic back pain), poor or limited time-management skills, side effects from psychotropic medications (e.g., drowsiness or fatigue), or panic attacks or social phobia.
  7. Independence from legal problems and institutions: any activities associated with the resolution of legal problems or sentences.
    - a. Attending court hearings, following the guidelines of probation/parole or completing the requirements, paying off legal fees, obtaining a lawyer, following the guidelines of a drug court or similar problem-solving court program, or completing community hours.
    - b. Assets and strengths can include a demonstrated ability to complete the requirements of probation or parole.
    - c. Barriers to resolving legal problems can include tendency to miss court dates or appointments with parole/probation officers, difficulties with a probation/parole officer, or continued participation in illegal activities.
  8. Mental wellness and spirituality: any activities associated with the management of a mental illness or improving mental wellness and spirituality.
    - a. Learning how to manage the symptoms of a mental illness (e.g., managing an anxiety disorder or symptoms of depression), acquiring psychotropic medications, receiving a psychiatric evaluation or access to mental health treatment, learning meditation skills or stress management and relaxation skills, learning how to manage anger, reconnecting with a church or other religious organization, working on spirituality and dealing with shame, receiving couples counseling, gaining access to treatment for a post-traumatic stress disorder (PTSD), or gaining access to legal counseling to get out of an abusive relationship.

- b. Assets and strengths can include presently receiving treatment for a mental illness, established skills for managing symptoms of a mental illness, presently attending a church or other religious organization, established skills for meditation, having access to various groups or intellectual activities that promote the development of spirituality.
- c. Barriers to achieving mental wellness and spirituality include limited or no access to needed psychotropic medications or psychiatric services, living in an unstable or unsafe environment, continued exposure to trauma (e.g., living with an abusive partner or family member), an inability to manage anger, or experiencing side effects from psychotropic medications (e.g., lethargy or weight gain).

ATTACHMENT D  
TYPES OF RECOVERY SUPPORT

Type of Support	Description	Service Examples
Emotional	Demonstrate empathy, caring, or concern to bolster a person's self-esteem, hope and confidence	<ul style="list-style-type: none"> <li>☐ Peer Mentoring</li> <li>☐ Recovery Coaching</li> <li>☐ Peer-led Support Groups</li> </ul>
Informational	Share knowledge and information and/or provide life or vocational skills training	<ul style="list-style-type: none"> <li>☐ Parenting class</li> <li>☐ Job readiness training</li> <li>☐ Wellness seminars</li> </ul>
Instrumental	Provide concrete assistance to help others accomplish tasks that are connected to (re)building their life in their community	<ul style="list-style-type: none"> <li>☐ Child Care</li> <li>☐ Transportation</li> <li>☐ Help accessing community health and social services</li> <li>☐ Housing Supports</li> </ul>
Affiliation	Facilitate contact with other individuals to promote learning of social and recreational skills, create community, and acquire a sense of belonging	<ul style="list-style-type: none"> <li>☐ Recovery centers Alcohol and drug free socialization opportunities</li> </ul>