REQUEST FOR PROPOSAL

Substance Abuse/TCO – Co-occurring Mental and Substance Abuse Services (COPSD)

RFP #2016-07-10
INVITATION

The North Texas Behavioral Health Authority ("NTBHA") is accepting Proposals from Providers experienced in providing Substance Abuse/TCO 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.
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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 provide adjunct services to clients with co-occurring psychiatric and substance use disorders (COPSD), emphasizing integrated treatment where both disorders are seen as primary, in existing mental health and substance use disorder treatment services.

By issuance of this Request for Proposals (“RFP”), NTBHA is hereby requesting bids for the provision of professional services associated with the provision of services as outlined. 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://nthba.org, or picked up at 9441 LBJ FWY, Ste 350, Dallas TX 75243

All questions regarding the RFP #2016-07-10 should be directed to Christina Gonzales via e-mail at cgonzales@ntbha.org.

PROPOSAL DOCUMENTS:

- EXHIBIT “A”, entitled “PROCUREMENT TIMELINE”
- EXHIBIT “B”, entitled “SERVICE REQUIREMENTS”
- EXHIBIT “C”, entitled “EVALUATION AND SELECTION CRITERIA AND PROCESS”
- EXHIBIT “D”, entitled “PROPOSAL REQUIREMENTS FOR SA/TCO SERVICES”
- EXHIBIT “E”, entitled “RESIDENT/NON-RESIDENT CERTIFICATION”
- EXHIBIT “F”, entitled “ASSURANCES”
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<td>October 6, 2016</td>
<td>The Request for Proposal (RFP) announcement is issued to identified agencies.</td>
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<td>October 20, 2016</td>
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<td>October 27, 2016</td>
<td>Responses must be submitted to NTBHA no later than 3 PM, CDT, October 27, 2016. (See Instructions for Proposal Submission, following)</td>
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<td>November 2, 2016</td>
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EXHIBIT B: SERVICE REQUIREMENTS

1.01 SERVICE DELIVERY

Purpose: To provide adjunct services to clients with co-occurring psychiatric and substance use disorders (COPSD), emphasizing integrated treatment where both disorders are seen as primary, in existing mental health and substance use disorder treatment services.

a. If the client first presents either by phone or in person at Contractor’s site, Contractor shall determine and document financial eligibility and conduct and document screening. Contractor shall conduct the screening in a confidential, face-to-face interview unless there is documented justification for an interview by phone. Contractor shall use the screening process to determine the individual's needs and Contractor shall make documented referral(s) to appropriate resources based on the screening.

b. Contractor shall utilize The Diagnostic and Statistical Manual of Mental Disorders criteria for a substance use disorder to determine client diagnosis.

c. Contractor shall immediately admit pregnant women, injecting drug users, and individuals referred by Department of Family and Protective Services (DFPS) presenting for treatment. If unable to provide immediate admission (within 72 hours) to these populations, Contractor shall notify DSHS (specifically, the program services unit staff) so that assistance can be provided that ensures referral to other appropriate services, referral to an alternate provider for immediate admission (within 72 hours), or, at a minimum, proper coordination with DFPS staff.

d. Contractor shall accept referrals from all DSHS-funded mental health and substance use disorder providers. Contractor shall give COPSD admission preference to clients receiving DSHS-funded mental health or substance use disorder services, and Contractor shall comply with priority population guidelines as defined in the Contract General Provisions.

e. When appropriate, Contractor shall provide pre-admission case management to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.

f. Contractor shall conduct and document screening for tuberculosis, hepatitis B and C, sexually transmitted diseases (STD), and Human Immunodeficiency Virus (HIV).
1. If the screening indicates the client is at risk for these communicable diseases, Contractor shall refer the client to the appropriate community resources for further testing and counseling.
2. If the client is at risk for HIV, Contractor shall refer the client to pre- and post-test counseling on HIV.
3. If the client is HIV-positive, Contractor shall refer the client to a DSHS-funded HIV Early Intervention (HEI) case manager or an HIV Ryan White case manager if no HEI case manager is available, and consider referral to the DSHS-funded statewide HIV residential provider.

g. Contractor shall ensure that services to adult and youth clients are age-appropriate and are provided by staff within their scope of practice. Contractor shall provide all services in a culturally, linguistically, and developmentally appropriate manner for clients, families, and/or significant others. Contractor shall train staff and develop policies and procedures to ensure that service delivery and information gathering is conducted in a respectful, non-threatening, and culturally competent manner.
h. Contractor shall determine the client’s initial and ongoing eligibility for service, but not exclude clients based on any of the following:
1. The client’s past or present mental illness;
2. The medications prescribed to the client in the past or present;
3. The presumption of the client’s inability to benefit from treatment; or
4. The client’s level of success in prior treatment episodes.

i. Contractor shall ensure that a client’s refusal of a particular service does not preclude the client from having access to other needed mental health or substance use disorder services. As client motivation is a strong predictor of treatment effectiveness, Contractor shall be responsive to clients who are not engaged in treatment and shall use motivational interviewing (MI) to facilitate client engagement in substance use disorder and mental health treatment services. In addition to MI, Contractor may use other evidence-based practices to enhance client engagement.

j. Contractor shall conduct and document a full substance use disorder and mental health assessment (separate or integrated) within 3 individual service days of admission to services unless completed prior to admission. If the assessment identifies a potential mental health or substance use disorder problem, Contractor shall offer the client appropriate mental health and/or substance use disorder services either internally or through referral. Mental health services shall be provided by a facility or qualified person authorized to provide such services.

k. Contractor shall document on the client’s treatment plan mental health problems and substance use disorder problems with a goal, objectives and strategies documented for each problem. Contractor shall work together with the client to develop and implement a documented treatment plan that identifies services to be provided and includes measurable outcomes, e.g., transitioning to safe living environments or avoiding further criminal justice involvement. The treatment plan shall also be documented and shall identify the family members’ need for education and support services related to the client's mental illness and substance use disorder. Contractor shall ensure and document access to the needed education and support services. Contractor shall provide the client with a copy of the treatment plan upon its completion and shall file the original signed plan in the client’s physical record. Contractor shall complete and document the treatment plan within five (5) service days of admission. At a minimum, Contractor shall conduct a treatment plan review every three months.

l. When appropriate, either directly or through referral, Contractor shall ensure that children of the client have access to services to address their needs and support healthy development. This includes primary pediatric care, early childhood intervention services, substance use disorder prevention services, and other therapeutic interventions that address the children’s developmental needs and any issues of abuse and neglect.

m. Contractor shall provide and document services that assist in client stabilization, including MI, case management and other counseling as indicated by the treatment plan based on the clinical assessment. Contractor shall address both psychiatric and substance use disorders simultaneously and assist clients in obtaining available services they need and choose, including self-help groups. Services shall be provided within established practice guidelines for this population.

n. Contractor shall follow the definitions provided below for individual counseling and case management:
1. Individual Counseling comprises counseling methods that assist clients in processing feelings in the area of gaining access to and remaining engaged in substance use disorder or mental health services or obtaining access to both.

2. Case Management comprises services that assist and support the client in developing skills to gain access to needed medical, social, educational, and other services essential to meeting basic human needs.

o. Contractor shall provide a minimum of one hour per week of documented service to each client.

p. In those instances, where the client is receiving multiple services from various other providers in the community, Contractor shall make reasonable efforts to collaborate with these providers in order to avoid duplication of services specifically from the mental health and substance use disorder fields.

q. Contractor shall provide overdose prevention education to clients on Contractor’s waiting list. Contractor shall also provide overdose prevention education to all clients prior to discharge, including those that received it prior to admission or from another provider.

r. Contractor shall offer tobacco cessation services for clients receiving treatment services. These services shall address the disproportionate harm of tobacco use among individuals who use substances and shall follow guidelines developed by the National Association of State Mental Health Program Directors in *Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery* (http://www.nasmhpd.org/docs/publications/docs/2007/April142011TCIP_tk_FINAL_electronic0414.pdf).

These services shall include the following documented activities:
1. Implementing policies and procedures to create a tobacco-free system of care;
2. Providing adequate planning, time, and training for staff for implementation; and
3. Ensuring access to adequate and appropriate medical and psychosocial tobacco cessation treatment for clients and staff as follows:
   a) Assessing tobacco use for all clients, entering the appropriate nicotine use disorder as an official diagnosis, if applicable;
   b) Including tobacco cessation in the treatment plan if the client chooses to pursue quitting;
   c) Discussing readiness to change and treatment options with clients;
   d) Incorporating tobacco cessation into individual and group therapies;
   e) Providing all tobacco users who are motivated to quit with interventions appropriate to the treatment setting such as a referral to hospital or other local cessation resources. Unless otherwise directed by DSHS, Contractor shall offer a referral to the DSHS-funded Quitline...
(telephone-based tobacco cessation counseling services) with a fax referral for Nicotine Replacement Therapy (NRT); and

f) Providing client with resource materials on tobacco cessation.

s. Contractor shall document the client-specific information that supports the reason for discharge listed on the discharge report. A Qualified Credentialed Counselor (QCC) shall sign the discharge summary. For a client to be considered to have successfully completed a treatment service, both of the following criteria shall be met:

1. Client has completed the clinically recommended number of treatment units (either initially projected or modified with clinical justification) as indicated in CMBHS.

2. All problems on the treatment plan have been addressed. Contractor shall use the Treatment Plan component of CMBHS to create a final and completed treatment plan version.

   a) Problems designated as “treat” or “case manage” status shall have all objectives resolved prior to successful discharge.

   b) Problems that have been “referred” shall have associated documented referrals in CMBHS.

   c) Problems with “deferred” status shall be re-assessed. Upon successful discharge, all deferred problems shall be resolved, either through referral, withdrawal, treatment, or case management with clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.

   d) “Withdrawn” problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.

 t. Contractor shall complete referral follow-up for each referral entered into CMBHS.

 u. Contractor shall document all referrals to recovery housing in CMBHS using the dropdown choice for recovery housing for the referral and by selecting the recovery housing dropdown choice in the Discharge Referral Destination field on the discharge assessment.

1. Capacity and Waiting List

Contractors that provide ambulatory detoxification, outpatient treatment, or co-occurring psychiatric and substance use disorders may report the previous day’s attendance in the daily capacity report the next day Monday thru Friday, directly to NTBHA at utilization@ntbha.org no later than 9:00 a.m. Central Time. For example: Monday’s daily attendance may be reported on Tuesday and Friday’s attendance may be reported on the following Monday.

Contractors that have a pregnant woman or an injecting substance user on the waiting list shall confirm this in the Daily Capacity Management Report to NTBHA at utilization@ntbha.org

2. Confidentiality and Client Rights:

   a. Contractor shall provide a copy of client’s rights to each individual that consents to receiving services. The document shall be provided in English and in a second language(s) appropriate to the populations served. In addition, Contractor shall ensure that clients with impaired vision, hearing or cognition deficits are provided with an appropriate explanation regarding confidentiality and client rights. Client rights shall include the following:
1. Protection against abuse, neglect, and exploitation. Clients shall have the right to be free from abuse, neglect and exploitation;
2. Dignity and Respect. Clients shall have the right to be treated with dignity and respect;
3. Complaints. Clients shall have the right to make a complaint to Contractor or the department at any time; and
4. Non-discrimination. Contractor shall not unlawfully discriminate against a client based on race, color, national origin, religion, sex, age, or disability.

b. Clients shall be provided with an explanation of the type of service that they will receive, including information on treatment planning process and how lengths of stay are determined.
c. Services shall be appropriate for the client's needs and circumstances, including age and developmental level, and shall be culturally sensitive.
d. Contractor shall not discriminate against any client, 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 client, family member, or supportive ally is perceived as being HIV-infected.
e. 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.
f. Contractor shall not exploit relationships with clients, family members, or supportive allies for personal or financial gain of Contractor or its personnel.
g. Contractor shall not charge any fees for services provided under this Contract.
h. Contractor shall not pay or receive any commission, consideration, or benefit of any kind related to the referral of a client, family member, or supportive ally for services.
i. Contractor or any staff member who receives an allegation or has reason to suspect that a client, family member, or supportive ally has been, is, or will be abused, neglected, or exploited by any person shall immediately inform appropriate agencies.
j. Contractor shall also report allegations of abuse or neglect of a child, elderly, or disabled individual to the appropriate agencies.
k. Contractor shall ensure that Clients Rights in both English and Spanish are posted in a conspicuous location at each of Contractors’ sites.
l. Contractor shall not retaliate against clients who exercise their rights or file a complaint.
m. Contractor shall not restrict, discourage, or interfere with client communication with DSHS staff or any entity the client chooses to communicate.

1.02 ELIGIBLE POPULATION
Texas residents who meet financial criteria for DSHS-funded substance use disorder services and also meet The Diagnostic and Statistical Manual of Mental Disorders criteria for a substance use disorder and have reported problems with one or more mental health issues.

1.03 PROVIDER ELIGIBILITY REQUIREMENTS
In order to conduct business with NTBHA and provide the services specified in this RFP, Providers responding to this RFP must submit proof (certificates or other documentation) that meet the following Administrative Requirements:
a. Contractor shall comply with all applicable rules adopted by DSHS related to substance use disorder services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:
   1. Chapter 441 - General Provisions;
   2. Chapter 442 - Investigations and Hearings;
   3. Chapter 447 - Department-funded Substance Abuse Programs;
   4. Chapter 448 - Standards of Care; and
   5. Chapter 140, Subchapter I  - Counselor Licensure
b. Contractor shall document all specified activities and services in the Department of State Health Services (DSHS) Clinical Management for Behavioral Health Services (CMBHS) system.
c. Contractor shall adopt policies and procedures that conform with 25 TAC §448.504 (relating to Quality Management) and that include methods of assessing client satisfaction with Contractor’s services.
d. Contractor shall maintain policies and procedures related to the retention of clients in Contractor’s services, including protocols for attempting to re-engage clients absent from treatment and policies defining program non-compliance.
e. Contractor shall not deny access to treatment services at any level solely on the basis that a client is taking or may need to take a prescribed medication or is receiving medication-assisted therapy. Contractor shall accept and make the necessary accommodations to continue treatment services for clients meeting DSHS admission criteria who are also receiving medication-assisted therapy. Medication-assisted therapies include opioid-substitution therapy and other uses of medications in the treatment of substance dependence. Further, Contractor shall accept and make the necessary accommodations to continue treatment for clients meeting DSHS admission criteria who are also currently taking or in need of access to prescribed medication for active or potentially reoccurring mental health or physical health issues.
f. Contractor shall ensure that all program directors participate in programmatic conference calls as scheduled by NTBHA. Contractor’s executive management may participate in the conference calls, but program directors shall participate unless otherwise agreed to by NTBHA in writing.
i. Contractor shall have representative staff, knowledgeable about Contractor’s provision of this service type, attend OSAR quarterly regional collaborative meetings.
j. Contractor may provide services in Contractor’s facility, at the client’s home, or other locations.
k. Contractor shall ensure that services are provided in addition to, and not as a replacement for, other services.
l. Contractor’s COPSD specialist-to-client ratios shall not exceed 1:20.
m. Contractor shall bill only hours that Contractor’s COPSD specialist spends in face-to-face, one-on-one counseling or case management sessions with a client and shall not bill for more than three hours per day, per client.
n. A comprehensive resource network made of community and social service agencies serving or having interest in the eligible population, including other NTBHA-funded treatment, prevention, intervention, mental health and co-occurring psychiatric and substance use disorders (COPSD) providers is important for continuity of care.
l. Contractor shall engage and collaborate with community resources, using memoranda of understanding (MOUs) to document collaborative relationships. Contractor shall maintain all relevant MOUs on file for review by NTBHA/HHSC/DSHS.
2. When there are multiple DSHS-funded COPSD contractors in the same Region, Contractor shall maintain MOUs with the other COPSD contractors to ensure that COPSD services are available to all clients of DSHS-funded mental health and substance use disorder providers.

1.04 STAFFING AND STAFF COMPETENCY REQUIREMENTS

1. All personnel shall receive the training and supervision necessary to ensure compliance with DSHS rules, provision of appropriate and individualized treatment, and protection of client health, safety and welfare. All COPSD staff are required to have two hours of training annually on working with persons with co-occurring disorders.

2. Contractor shall ensure that all direct care staff receive a copy of the service requirements within the statement of work.

3. Individuals responsible for planning, directing, or supervising treatment services shall be QCCs. Contractor shall have a clinical program director with at least two years of post-licensure experience providing substance use disorder treatment. Substance use disorder counseling shall be provided by a QCC. All counselor interns shall work under the direct supervision of a QCC.

4. Clinical staff (including staff providing case management) shall have specific documented training in the following within 90 days from the start date of the Contract or the date of hire, whichever is later:
   a. Motivational Enhancement Therapy or motivational interviewing techniques;
   b. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder, and related conditions;
   c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues;
   d. Medicaid eligibility; and
   e. State of Texas co-occurring psychiatric and substance use disorder (COPSD) training. Contractor shall access www.centralizedtraining.com website for COPSD training.

5. Licensed Chemical Dependency Counselors shall recognize the limitations of the licensee's ability and shall not provide services outside the licensee's scope of practice or licensure, or use techniques that exceed the person's license authorization or professional competence.

6. Individual counseling shall be provided by a Licensed Practitioner of the Healing Arts or a QCC. A QCC shall practice within their scope of practice.

7. Case Management shall be provided face-to-face and one-on-one by:
   a. An individual who has been credentialed by the LMHA as a QMHP; or,
   b. An individual who (A) has a bachelor's degree from an accredited college or university with a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention or (B) is a registered nurse.

8. Contractor shall train COPSD staff responsible for providing direct services using SAMSHA’s TIP 27 – Comprehensive Case Management to as a guideline. Contractor shall develop a post-training test and provide certificates of completion, both of which will confirm that COPSD staff demonstrate competency in the following areas:
   a. Knowledge of the location and types of local community resources;
   b. Making referrals in the community in which the client resides;
   c. Development of person-centered treatment plans;
   d. Discharge planning;
   e. Documentation of service delivery; and
f. Ensuring services are culturally, linguistically, and developmentally appropriate.

1.05 REPORTING REQUIREMENTS
Contractor shall submit all documents identified below to the contracts mailbox Contracts@ntbha.org by the required due date. Contractor’s duty to submit documents survives the termination or expiration of this Program Attachment.

<table>
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<tr>
<th>Document Name</th>
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<tr>
<td>CMBHS Security Attestation Form and List of Authorized Users</td>
<td>December 15, 2016 &amp; March 15, 2017</td>
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1.08 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.

1.09 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.

1.10 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.

1.11 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 its 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.

1.12 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.

1.13 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.

END OF EXHIBIT B
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:
   SA/TCO Services PROJECT # 2016-07-10
   North Texas Behavioral Health Authority
   ATTN: Christina Gonzales
   9441 LBJ Frwy, Ste 350
   Dallas TX 75243

7. Proposals submitted become the property of NTBHA and will not be returned to the Respondent’s.

END OF EXHIBIT C
EXHIBIT D:  
REQUIREMENTS FOR  
SA/TCO SERVICES

Applicant may submit the application in hard copies or electronically. If submitting hard copies, one document must be labeled ‘original’, and must be accompanied by one (1) additional copy by mail or in person to the address below no later than 3:00 p.m., Central Daylight Time, October 27, 2016 to:

For hand delivered bids:
SA/TCO Services PROJECT # 2016-07-10
North Texas Behavioral Health Authority
ATTN: Christina Gonzales
9441 LBJ Frwy, Ste 350
Dallas TX 75243

For Mailed/Express Delivered bids:
SA/TCO Services PROJECT # 2016-07-10
North Texas Behavioral Health Authority
ATTN: Christina Gonzales
9441 LBJ Frwy, Ste 350
Dallas TX 75243

Hard copies must be received sealed and marked “RFP# 2016-07-10”. If submitted electronically, applications must be submitted in PDF format and attached in an e-mail that identifies it as the ‘original’ application. RFP number must be on the “Subject Line” of the email. Applications must be submitted no later than 3:00 p.m., Central Daylight Time, October 27, 2016 to: cgonzales@ntbha.org.

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” and the reason it is not applicable. 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, 9441 LBJ Frwy, Ste 350. Dallas TX 75243, 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 Proposals 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 is 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
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.

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

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. Quality Assurance Processes and Monitoring
   VI. Certificate of Insurance
   VII. Financial Information
   VIII. Cost Proposal
   IX. Risk Profile
   X. Client Reference
   XI. 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: __________________________________________________________________
EMAIL: ______________________________ Phone # ____________________________
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 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. 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. If your organizations does not fit into the above mentioned categories please complete and return Attachment 1.
b. Provide a staffing profile for SA/TCO services as defined in this proposal request to include number of staff, and verification of their credentials.
c. Provide a SA/TCO 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 SA/TCO services as defined in this proposal. *(refer to pg 6 - EXHIBIT B, 1.01)*

   a. Describe how the Provider currently provides SA/TCO services or a similar service model. Provide the current program description currently utilized.
   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 SA/TCO 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.
   d. Submit a copy of the most recent Quality Improvement Plan.
   e. Submit a copy of your Quality Management Program activities for the past 6-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 6 months.
   h. Lawsuits – Indicated 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. 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.

VIII. Cost Proposal

For this program NTBHA has a total budgeted amount of $321,666.67, the break down is for 17 units per individual; at a rate of $64.00 per unit. NTBHA would like to contract with enough providers in the area to maintain a level of choice for our clients with importance on the ease of ability to enter services for the client.

a. Provide a cost proposal; for your services.
b. How many indigent individuals did you serve (SA/TCO) in the prior year
c. How many participants do you intend on serving with the budget, that you have proposed.
d. Describe how you will maximize other payor sources to ensure NTBHA is the payor of last resort.
e. Provide the budget detail for the proposed program.
   1) Identify salaries and fringe benefits.
   2) Identify all other operating and administrative expenses that will be related to the program.
   3) Identify Medicaid/Third Party Revenue Projections.

IX. 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.
X. **Client References**

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

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

XI. **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.

XII. **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      Date
(Owner, CEO, President, Majority Stockholder or Designated Representative)

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: ___________________________________________________________________________

Auth. Signature: ________________________________ Date:  _________________

Printed Name: ________________________________Title: _________________________________

END OF EXHIBIT F
**NAME OF FIRM:**

**- EMPLOYMENT DATA**

Employment at this establishment. Report all permanent full and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

<table>
<thead>
<tr>
<th>Job Categories</th>
<th>Number of Employees (Report employees in only one category)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td></td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td></td>
<td>Not-Hispanic or Latino</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Male Female White Black or African American Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native Two or more races Male Female White Black or African American Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native Two or more races</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Executive/Senior Level officials and Managers</td>
<td>1.1</td>
</tr>
</tbody>
</table>

1. Date(s) of payroll period used: __________________________________ (Omit on the Consolidated Report.)

**Section E-ESTABLISHMENT INFORMATION** (Omit on the Consolidated Report). What is the major activity of this establishment? (Be specific, i.e., manufacturing steel casings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.)

**Section F- REMARKS** - Use this item to give any identification data appearing on the last EEO-1 report which differs from that given above, explain major changes in composition of reporting units and other pertinent information

**Section G- CERTIFICATION**

Check One  
1 □ All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report only.)  
2 □ This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official | Title | Signature | Date  
Name of person to contact regarding this report | Title | Address (Number and Street)  
City and State | Zip Code | Telephone No. (including area code and extension) | Email address

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII. WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S CODE, TITLE 18, SECTION 1001

Description of Race and Ethnic Identification and Job Categories are found @ [http://www.eeoc.gov/employers/eeo1survey/2007instructions.cfm](http://www.eeoc.gov/employers/eeo1survey/2007instructions.cfm) / Appendix 4. Race and Ethnic Identification / and Appendix 5. Description of Job Categories