

IMPORTANT INFORMATION: This abbreviated document includes program content of the TTAC RFP posted by Texas. For a copy of the entire RFP, please contact MHT project staff via the email link on www.mhtransofrmation.org.



Request for Proposal Consumer and Family Training and Technical Assistance Center

INTRODUCTION

The Department of State Health Services (DSHS) Community Mental Health and Substance Abuse Services Section announces the expected availability of Fiscal Year (FY) 2009 Mental Health Block Grant funds for one Training and Technical Assistance Center (TTAC) to provide services for consumers, and family members of consumers and stakeholders. This Request for Proposal (RFP) is not limited to the Mental Health Block Grant if other sources of funds become available for this project.

The single statewide TTAC to be procured through this RFP is an integral part of an ongoing process to develop evidence-based, Consumer and Family-Operated services that are part of the statewide mental health system. Approximately two million dollars is available to fund one TTAC that shall be responsible for the services described in this RFP for consumers, family members of consumers, and stakeholders. The entity awarded the contract shall use one million dollars to procure consumer and family operated services and one million dollars to procure training, technical assistance and other activities described in the scope of work under Section II. A.

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

A. Eligible Respondents

Eligible respondents include Texas located consumer- or family-operated 501 (c) (3) organizations. Eligible organizations must include as a majority of their employment consumers or family members of consumers. Respondent should describe their experience in the Texas mental health system in their proposal. Respondents must also comply with the criteria listed below.

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

business in Texas. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in Texas prior to the date that the contract is awarded.

2. Respondent must be in good standing with the U.S. Internal Revenue Service.
3. Respondent is ineligible to apply for funds under this RFP if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
4. Respondent may be ineligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
5. Respondent's staff members, including the executive director, must not serve as voting members on respondent's governing board.
6. Respondent must **not** be listed on the Excluded Parties List System (EPLS). In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services rules, a name search will be conducted using the federal EPLS at <http://epls.arnet.gov> prior to the development of a contract. No contract may be awarded to any respondent found on the EPLS system. A respondent is not considered eligible to contract with DSHS if a name match is found.
7. Respondent must have at least two years of documented paid or volunteer experience including project management experience and/or certifications in providing technical assistance to individuals with mental illness.
8. Respondent is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed above at the time the proposal is submitted. Respondent must continue to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request additional documentation, and determine the respondent's eligibility to compete for the contract award.

Contract Term

It is expected that the initial contract period will begin on or about **11/01/08**, and will be made for an eleven- (11) month budget period to end 09/30/2009.

This contract may be renewed up to **four** additional one year period(s) at the sole discretion of DSHS. Continued funding of the project in future years is contingent upon the availability of funds and the satisfactory performance of the contractor during the prior budget period. Funding may vary and is subject to change each budget period.

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

C. Use of Funds

In Fiscal Year **2009**, approximately **\$2,000,000.00** is expected to be available to fund **one TTAC** contract. The specific dollar amount awarded to the successful respondent depends upon the merit and scope of the proposal and other best value considerations.

Funds are awarded for the purpose specifically defined in this RFP and must not be used for any other purpose. Funds must not be used to supplant local, state, or federal funds. Funds may be used for personnel, fringe benefits, staff travel, contractual services, other direct costs, and indirect costs, as allowed in the budget.

PROGRAM INFORMATION

Program Background

The President's New Freedom Commission (NFC) Report, *Achieving the Promise: Transforming Mental Health Care in America*¹ found that recovery from mental illness is possible and that the promise of a life in the community for everyone can be realized. The NFC vision is "a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports — essentials for living, working, learning, and participating fully in the community."² The NFC report established six broad goals to achieve this vision through system transformation:

- Americans understand that mental health is essential to overall health.
- Mental health is consumer and family driven.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment and referral are common practices.

1 New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003

2 Ibid, Executive Summary Vision Statement, p 9

- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

Key to achieving these goals in Texas is recognizing that in a recovery oriented system, "consumers and families of children with serious emotional disturbances have a key role in expanding the mental health care delivery workforce."³ It is recognized nationwide that in the mental health system, adults with serious mental illness, children with serious emotional disturbance, and their family members have been secondarily consulted regarding policies, services, and practices from which they are intended to benefit. In addition, the treatment community has traditionally not been that attentive or particularly responsive to the value that peer support can bring to the treatment and recovery process. Evidence from practice research supports the participation and direction of primary consumers and family members in policy and program planning and implementation. While attempts have been made to ensure that these voices are included and valued, improvements are needed at both the state and local levels.

Consumers and family members are purposely prominent throughout the NFC report. Emphasis is placed on the involvement of consumers and family members in orienting the mental health system toward a recovery focus in NFC Goal #2 of the New Freedom Commission Report (NFC): Mental Health Care is Consumer and Family Driven. In addition to this particular goal, the report emphasizes a need to improve and expand the workforce providing evidence-based mental health services and supports. This is particularly important, as Texas is currently experiencing a behavioral health care workforce shortage in many parts of the state, which will only worsen as a majority of these service providers are nearing retirement age without a sufficient replacement workforce being generated by the state's colleges and universities to meet the growing demand. Consumers and family members can help expand the range and availability of services and supports and studies demonstrate that consumer- and family-run services can broaden access to peer support, engage more individuals in traditional mental health services, play vital roles in crisis response and avoidance, serve as a resource for those on the path of recovery, and are cost effective adjuncts to more traditional treatment.

To develop a system oriented toward recovery, it will be necessary to address system barriers that add to the burden of mental illness for individuals, their families, and our communities. In order to move toward eliminating these barriers, active consumer and family voice, direction, and participation is vital. Only through coordinated state, community, and individual level efforts can a continuum of care be provided to achieve the resiliency and recovery goals of consumers and the promise of a life in the community for everyone.

DSHS used several venues to gather input from consumers and family members about mental health service needs. After gathering this input, a Request for Information was issued in February 2008 that included for comment a draft RFP for TTAC. A total of 52 responses were received from individuals representing themselves or individuals representing organizations, including consumers, family members, service providers, legislators, and interested stakeholders. DSHS has been responsive to comment on the establishment of TTAC, and this RFP includes revision or clarification based on the feedback received. The responses that comprised the greatest percentage of overall feedback are reflected in this RFP and include:

- Recommending that the DSHS fund one statewide TTAC instead of two.
- Revising the definitions of consumer and family member to be more inclusive.
- Recommending that a majority of individuals employed by or on the board of the TTAC be consumers or family members of consumers.

- Requesting clarification on TTAC subcontracting.
- Recommending changes to work requirements or responsibilities of the TTAC.

General Purpose and Program Goals – Scope of Work

This RFP will fund one TTAC to serve consumers, families of consumers and stakeholders statewide. DSHS will provide up to one million dollars to the TTAC to procure and oversee the provision of consumer- and family-oriented services by a subcontractor(s). DSHS will provide up to an additional one million dollars for the TTAC to provide training coordination, technical assistance, network and leadership development, technical assistance to DSHS, and participation in evaluation activities.

The primary goal of the TTAC during the first six months of the contract term will be procurement of Consumer and Family-Operated services in the state.

Within the TTAC, resources must be directed to both adult and children/adolescent populations. The TTAC shall develop subcontracts with organizations and individuals with experience and expertise in providing Consumer, Youth and Family Training and Technical Assistance to individuals with mental illness and their families.

Multiple methods will be used to reach individuals and organizations in the vast geography of the state, with support and services provided via:

- Face to face interaction.
- Use of technology (web based; teleconferencing; videoconferencing, etc).
- State, regional, and local meetings and conferences facilitated via the above.

SCOPE OF WORK

The following section provides a description of requirements for TTAC and the services that shall be offered.

During the first contract year, the awarded contractor shall prioritize the specific services that will be provided and to whom the services will be provided. DSHS expects that during the first six months of the contract year, TTAC shall focus on the first four work requirements listed below.

1. Consumer and Family-Operated Services Procurement

During the first three months of the contract, TTAC shall finalize development and issue an RFP to procure a network of Consumer and Family-Operated Services in the state. DSHS will provide guidance to TTAC on development of the statement of work and the evaluation process. TTAC shall be responsible for all aspects of the procurement process. DSHS will approve any awards that may be offered.

2. TTAC Advisory Committee

TTAC shall select a 15 member Advisory Committee that shall provide input and recommendations about the required activities of TTAC by the end of the first contract quarter. The Advisory Committee shall be comprised of agencies serving consumers, and/or family members (e.g. community centers; advocacy organizations; peer support organizations), consumer/family member hires within Mental Health Transformation Working Group agencies (if possible), and consumers, and family member leaders

representing regions across the state. The Advisory Committee shall be comprised of a majority of consumers and family members of consumers. At least two youth (a consumer or family member of a consumer) serving on the advisory committee is recommended. TTAC shall convene at least twice a year, one meeting occurring immediately prior to or following the weeklong DSHS Annual Summer Behavioral Health Institute held in Austin or other large metropolitan cities each summer. Travel funds should be included in the projected budget for committee members and TTAC staff. All travel cost must be equivalent to current state rates.

3. Assessment

An assessment of the business development needs of organizations providing consumer-and family-operated services will be conducted and a report of findings will be provided to DSHS by the end of the first contract quarter. TTAC shall develop a scope of work for the business and nonprofit development entity or entities described below that is based on the report findings.

4. Business and Nonprofit Development of Family and Consumer Organizations

TTAC shall subcontract with an entity specializing in the development of nonprofit organizations. The subcontractor shall provide technical assistance to consumer-and family-operated organizations to improve self-sufficiency, business plan development, and sustainability.

Additional funds for these services may be available at a later date, contingent upon award of grant funds other than the Mental Health Block Grant to DSHS.

5. Services that may be offered and/or coordinated by TTAC:

TTAC shall subcontract with individuals or entities to provide the services listed below. A minimum of 50 percent of services shall be provided through subcontracts during the first contract year. This percentage shall increase during the initial or subsequent contract renewals.

a. Coordinate Training Delivery:

TTAC shall coordinate the delivery of training that is culturally appropriate for the population served, based on best practices and provide technical assistance after training. TTAC shall not develop training curriculum, unless the training curriculum available are not suitable for the state's needs. TTAC shall identify training needs and coordinate the delivery of training by experts in the following training areas listed below.

A partial list of training content areas has been identified. Other topics shall be identified and prioritized based on the needs of the consumer, youth, family, or other stakeholder organizations.

- Peer leadership and development;
- Peer support and facilitating peer support groups;
- How to educate health care and other service providers;
- Consumer and family advocacy skill development;
- Recovery and Resiliency;
- Behavioral health treatment options;
- The role of trauma in behavioral health and providing trauma informed care;
- Navigating the state funded service delivery system;
- Competencies to provide peer service and support to individuals with co-occurring disorders;

- Preparing consumer, youth, and family service and support providers to work in interdisciplinary environments;
- Teaching life skills and other wellness and education topics;
- Suicide prevention;
- Securing housing; and
- Activities that support employment.

b Provide Technical Assistance

TTAC shall provide technical assistance and support first to newly and currently funded Consumer and Family-Operated service providers, next to identified stakeholders, and then to other stakeholders that may be identified.

c Develop a Statewide Consumer, Youth, and Family Network

An early focus of TTAC shall be identifying and building a statewide consumer, youth and family network, to ensure opportunities for participation and voice in the development of the mental health service system. The nature of TTAC work in this area may evolve as the consumer, youth, and family network grow. Network development may consist of:

Outreach and grassroots development

- Coordinate training and provide technical assistance to consumer-and family-operated service organizations.
- Identify, provide information, and direct new groups of consumers, youth, and family members to resources in order to further their development into providers of services.

Use of technology and other mechanisms

- Distribute relevant and timely news and updates via mailed or electronically distributed newsletters.
- Develop e-mail distribution lists and web-based chat rooms and forums.
- Provide tele-, web-, and video-conferencing for state and regional networking.

Develop a statewide speaker's bureau

- Identify and recruit consumers, family members, and other advocates (e.g. judges, physicians, law enforcement, education, child protection services, clergy, etc.) to be members of a speaker's bureau and share as a resource.
- Speakers should be identified and organized based on preference for speaking engagements and by the HHSC service regions (http://www.hhs.state.tx.us/aboutHHS/HHS_Regions.shtml) and include speakers that could and desire to speak at the local, regional, state, and national level.
- TTAC shall facilitate a speaker being available to speaker requests.
- Present a plan to DSHS to market these speakers to audiences.

d Participate and/or Provide Technical Assistance to DSHS on Issues and Projects

TTAC shall participate and provide technical assistance to DSHS by either assigning staff or identifying appropriate consumers or family members from the network to participate. TTAC shall be responsible for ensuring that staff or identified participants understand and have received necessary information and/or training about the issue or project. TTAC shall maintain and/or have access to individuals with knowledge of federal and state policy, best practices, services research, and other matters affecting people with mental illness. Some immediate issues and projects are likely to include:

- Participate in developing and implementing a peer certification system.
 - Participate in the development of and inclusion of consumers and family members as providers in the local authority network development (<http://www.dshs.state.tx.us/mhcommunity/LPND/>).
 - Participate in the development and implementation of the crisis system redesign (<http://www.dshs.state.tx.us/mhsacsr/default.shtm>).
 - Assist the state in promoting an anti-stigma campaign.
- e Participate in Planning and Implementing a Consumer/Family Services Survey
TTAC shall work with an evaluator to assist with recruiting a sample of consumer and family members across the state to complete a survey regarding quality of services and/or the recovery orientation of the public mental health system. TTAC shall identify consumers and family members to participate on an evaluation group that shall advise the evaluation process and survey implementation.
6. Recipients of TTAC Services:

Recipients for training and technical assistance are:

- Consumers and Family Members.
- Consumer and family operated service groups and organizations.

In order to orient the entire system toward recovery, training and technical assistance may also be provided to:

- Mental Health Transformation Community Collaborative sites (listed on www.mhtransformation.org).
- Community Mental Health Center or Local Mental Health Authority staff.
- Substance Abuse Treatment, Prevention, and Intervention provider staff.
- Mental Health Transformation Working Group Agencies – select agency staff (www.mhtransformation.org).
- Special interest groups and stakeholders (e.g. law enforcement, judges, attorneys, physical health care providers, community leaders, schools and child serving agencies, adult and child protective services, nursing homes, local housing authorities, workforce commissions, employer groups and organizations, etc.)

Legal Authority

DSHS is authorized to enter into contracts through Texas Health & Safety Code Chapter 1001. DSHS has authority under Health & Safety Code §12.011 to disburse the block grant funds that are expected to be available in FY 2009.

Program Requirements

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

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

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

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

Contractors must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

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

Contractors may obtain a copy of the most recent DSHS Standards for Public Health Clinic Services which is posted on the DSHS website at <http://www.dshs.state.tx.us/qmb/dshsstndrds4clinicservs.pdf>.

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

PROPOSAL SCREENING AND EVALUATION

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

A. Screening Process

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

1. Proposal received on or before the proposal due date and time.
2. The original proposal bears an original signature of the authorized official of the respondent organization on Form A. Face Page.
3. Historically Underutilized Business (HUB) subcontracting plan that meets HUB requirements is included. **Note to All Respondents: Texas law provides that a proposal submitted in response to this RFP that does not contain a HUB subcontracting plan is non-responsive, in accordance with Texas Government Code § 2161.252.**

4. Form D: Administrative Information will be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of DSHS.

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

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

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

Evaluation Process

Proposals that successfully pass the screening process move to the evaluation process that will be conducted by an evaluation team consisting of DSHS subject matter experts on community mental health. In the event an item of non-compliance appears in a significant number of proposals, suggesting a possible lack of clarity in the RFP, DSHS at its sole discretion, may give all respondents an opportunity to correct the identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be evaluated as is. Information submitted after the deadline will not be part of the evaluation.

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

Evaluation Criteria

The proposal sections will be weighted as follows:

Proposal Components	Value
FORM E: Respondent Background	25
FORM F: Performance Measures	10
FORM G: Work Plan	40
FORM H: Budget (All forms)	25
Total	100
Minimum Number of Points to be Considered for funding	75

Selection, Negotiation, and Award

Based on available funds, DSHS will consider funding proposals that receive a proposal score of 75 or higher. In the event there are an insufficient number of proposals receiving a score of 75 or higher, proposals scoring less than 75 may be considered.

Funded amounts may differ from those requested. DSHS reserves the right to recommend adjustments to proposed services as presented in the proposals.

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

Once a qualified respondent has been selected, the entity will be notified and asked to begin the negotiation process. DSHS staff is responsible for negotiating contracts to obtain the needed deliverables within the framework of goals of the available funds. As funds are limited, it is expected that the respondent selected for negotiations may be asked to revise performance measures, work plan and/or proposed budget in order to achieve program goals within available funding limits. This process is commonly referred to as contract negotiation. Respondent shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, DSHS will make an award decision based on best value and what is in the best interest of the State of Texas. After the award decision, DSHS will initiate the development of a contract.

The final funding amount and the provisions of the contract will be determined at the sole discretion of DSHS staff. Any exceptions to the requirements in the RFP sought by the respondent will be specifically detailed in writing by the respondent in the proposal submitted to DSHS for consideration. DSHS will accept or reject each proposed exception.

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

FORM E: RESPONDENT BACKGROUND (25 Points)

If the respondent is a partnership of organizations and/or includes specific subcontractors, responses should describe the role, ability and expertise of each organization or subcontractor as it relates to accomplishing the work requirements.

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. Preference will be given to those respondents who show they have a coalition of entities who are willing to work together to perform the requested requirements.

Organizational Structure and Capacity

1. Provide an organizational chart demonstrating the structure of the proposed TTAC and describe key staff and their role in accomplishing work requirements. If respondent includes a partnership of agencies and/or includes subcontractors, also describe the role and activities for which each organization or subcontractor will be responsible.
2. Describe the qualifications for expected staff positions as related to the work requirements, including education level, training and experience.
3. Describe how financial and staffing resources will be structured to meet the needs of both adult and children/youth populations.
4. Describe respondent's history of accomplishments in providing the services described in the work requirements.
5. Describe respondent's history and experience with procurement of services and the history and experience of any subcontractors that are proposed to procure services.
6. Describe respondent's expertise and experience in identifying training needs, coordinating and/or providing training and technical assistance that is culturally appropriate to meet the needs of stakeholders identified in the work requirements.
7. Describe stakeholder involvement, respondent's regional coordination capabilities, and respondent's ability to access the knowledge and mental health expertise of individuals at the national and/or state level.
8. Describe the ability and experience to provide management and oversight of TTAC activities, including a description for how this will be resourced and implemented.

*A maximum of **eight** additional pages may be attached if needed*

FORM F: PERFORMANCE MEASURES (10 Points)

The respondent agrees that the following performance measures will be used to assess, in part, the respondent's effectiveness in providing the services described if respondent is chosen to receive an award under this RFP. **More detailed information about the nature of the performance measures, the dates of completion, and/or schedule of reporting are included in the work requirements. Specific numeric targets for the number of individuals receiving TTAC services or engaging in the system will be negotiated during the contracting process.** The final format and contents of quarterly performance reports will also be decided during the contract negotiation process.

The respondent must address staff and processes used to ensure that performance measures can be tracked, reported, and achieved in the narrative response for Form E and Form G.

The performance measures will be described in quarterly reports of accomplishments toward meeting deadlines, reporting on activities, and participant involvement as described in the work requirements, including:

1. Develop and post RFP to procure consumer and family-operated services.
2. Procure Consumer and family-operated services.
3. Receive activity and financial reports from awarded consumer and family-operated services.
4. Create 15-member advisory committee to inform activities of TTAC.
5. Complete assessment of training need, resources available, and training delivery methods.
6. Determine the business development needs of Consumer and Family-Operated services.
7. Subcontract with a business/nonprofit development organization to address Consumer and Family-Operated service development needs.
8. Document that a minimum of 30 percent of services are provided through subcontract(s).
9. Document and report all trainings provided and the number of participants who have been trained.
10. Document and report technical assistance requested and provided.
11. Document and report each element of network development and growth over time.
12. Document and report the development and growth of a speaker's bureau.
13. Document and report TTAC participation and technical assistance with DSHS.
14. Document and report participation in evaluation activities described in the scope of work.

*A maximum of **one** additional page may be attached if needed.*

FORM G: WORK PLAN (40 Points)

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

A maximum of **15** additional pages may be attached if needed.

Respondent must describe its plan for service delivery and include time lines for accomplishments. The plan must address the following:

1. Describe the plan to implement each of the requirements in the SOW, including a timeline with critical milestones identified.
2. Describe the process that will be used to develop an RFP to procure consumer and family-operated services.
3. List the potential training and technical assistance topics, the curricula or resource available on the topic, and the entities responsible for ensuring delivery and follow up.
4. Describe the plan to market training and technical assistance statewide and how the training and technical assistance will be delivered statewide.
5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility).
6. Describe how follow-up services, on-going support and technical assistance will be provided to training recipients. This plan shall also include methods to ensure fidelity of implementation by training recipients.
7. Describe the strategies that will be used to expand the number of consumers, and family members engaged in the network described in the scope of work and how leaders will be developed.
8. Describe your plan to engage with all stakeholders described in the scope of work.
9. Describe your plan to identify committee members to form the TTAC Advisory Committee and the process that will be used to solicit and implement recommendations received from the advisory committee.
10. Describe the process that will be used to oversee data collection for performance measure reporting, including who will be responsible, the methods used for data collection and reporting, and how often these activities will occur.
11. Describe how you will evaluate the effectiveness of the TTAC activities, how you will use the results of evaluation to improve TTAC activities, and how you plan to report on these activities to DSHS.
12. Describe the internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services; the activities used to identify trends of needed improvement and the frequency of those activities; and the activities used to ensure correction and follow-up to findings identified.

FORM H BUDGET SECTION (25 points)

Requirements for Categorical Budgets

The proposal must include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category must be expressed using the Budget Category Detail Forms (I.1–6), which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

General Information

Additional information on basic accounting and financial management systems requirements is available in DSHS's Contractor's Financial Procedures Manual. The manual is available on the Internet at <http://www.dshs.state.tx.us/contracts/docs/cfpm.doc>.

Only those costs allowable under Uniform Grants Management Standards (UGMS) and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements as reflected in the table located in Section V. D. Financial and Administrative Requirements.

Office of Management and Budget (OMB) Circulars may be found at: <http://www.whitehouse.gov/omb/circulars/>

A. Allowable and Unallowable Costs

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or DSHS policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It is allocable to the funded program in accordance with the relative benefit received;
3. It is authorized or is not prohibited under State or local laws or regulations;
4. It conforms to applicable limitations or exclusions set forth in applicable cost principles, Federal or State laws and the terms and conditions of the contract;
5. It is consistent with policies and procedures that apply uniformly to other activities of the organization;
6. It is accorded consistent treatment as either a direct or indirect cost;
7. It is determined in accordance with generally accepted accounting principles;
8. It is not allocated or included as a cost of any other program or used to meet cost sharing or match requirements of any other Federal or State award;
9. It is adequately documented; and
10. It is net sum of all applicable credits.

Unallowable costs, i.e., costs that **may not be paid** with DSHS funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the program attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction except with the prior written approval of DSHS;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) unless the costs are directly related to the program's purpose and DSHS has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

B. Direct Costs

Direct costs are those that can be specifically identified with a particular final cost objective of the organization (i.e., activity funded by a DSHS program attachment). These costs may be charged directly to the DSHS program attachment (if respondent is awarded a contract). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific cost objectives. Direct cost reporting categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

C. Indirect Costs

Indirect costs are those costs incurred for a common or joint purpose benefiting more than one project or cost objective and not readily identified with a particular program. They are typically comprised of facility and general administrative costs. Respondents claiming central service costs (applies to governmental entities only) or indirect costs must comply with the following requirements:

Governmental Entities

Respondents with a current central service cost rate or an indirect cost rate agreement approved by a Federal cognizant agency or a state single audit coordinating agency must submit a copy of the rate agreement with their budget. Expired rate agreements are not acceptable.

Respondents that do not have a current approved rate agreement may prepare a central service cost allocation plan or an indirect cost rate proposal in accordance with the requirements of UGMS and OMB Circular A-87. The plan/proposal must be prepared utilizing the "fixed rate" option as defined in UGMS. The proposal and related

supporting documentation must be maintained on file for audit or review. Governmental entities claiming central service costs or indirect costs based on a rate must submit a certification that complies with UGMS requirements along with a statement of the effective rate and base. Acceptance of the central service cost/indirect cost rate by DSHS does not signify approval of the rate.

Respondents not using rates must develop a cost allocation plan that distributes indirect costs to benefiting programs/activities. In this case, a narrative cost allocation methodology should be developed, documented, and maintained on file for audit/review. If awarded a contract, the respondent must submit a copy of the cost allocation plan within 60 days after the contract start date.

For contract renewals, the contractor must submit one of the following: 1) a current approved rate agreement as described in the first paragraph of this section; 2) a central service cost allocation plan or indirect cost rate proposal as described in the second paragraph of this section; 3) a cost allocation plan certification or a revised cost allocation plan if there were significant changes in allocation methodology.

Note: Guidance pertaining to cost allocation plans and cost allocation plan certifications is contained in the Contractor's Financial Procedures Manual.

Non-Profit Organizations

Respondents with a current indirect cost rate agreement approved by a Federal cognizant agency or a state single audit coordinating agency must submit a copy of the rate agreement with their budget. Expired rates are not acceptable.

Respondents that do not have an approved rate agreement and are claiming indirect costs must prepare a cost allocation plan in accordance with the requirements in OMB Circular A-122 and maintain the plan on file for audit or review. The cost allocation plan must include a narrative that clearly describes the allocation methodology. If awarded a contract, the respondent must submit a copy of the cost allocation plan within 60 days after the contract start date.

For contract renewals, the contractor must submit one of the following: 1) an approved rate agreement as described in the first paragraph of this section; 2) a cost allocation plan certification or a revised cost allocation plan if there were significant changes in allocation methodology.

Note: Guidance pertaining to cost allocation plans and cost allocation plan certifications is contained in the Financial Administrative Procedures Manual for DSHS Grantees.

D. Audit Requirements

If required by OMB Circular A-133 and/or UGMS, respondent or respondent's authorized contracting entity* must arrange for a financial and compliance audit (Single Audit). Respondent may include in the budget request an amount for DSHS's

proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services must be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

* Authorized Contracting Entity – Entity that may legally sign a contract with DSHS.