

# COASTAL PLAINS COMMUNITY CENTER

## REQUEST FOR APPLICATIONS (RFA #2020-002)

This RFA is issued by COASTAL PLAINS COMMUNITY CENTER (CPCC), an agency, authorized by Article 5547-203 of the Texas Revised Civil Statutes Annotated (1965), as amended, establishes the duties and authority of the community centers of mental health and mental retardation services. This RFA contains the requirement that all applications must meet to be considered by CPCC for selection. Failure to conform to requirements of the RFA will result in rejection of the application without any further consideration. The applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFA.

Contracted Services:

**Coastal Plains Community Center seeks to contract with service providers to deliver Covered Mental Health services. Providers selected will not be employees of CPCC. CPCC will not withhold any income tax, unemployment insurance, social security or any other withholdings or make available to the provider any benefits (sick leave, vacation).**

Covered Services to be provided to consumers with serious and persistent mental illness:

- **Individual & Group rehabilitative and skills training**
- **Individual & Group peer support activities**
- **Consumer transportation as needed.**
- **At a rate of \$10 per hour. Average hours per week = 20hrs**

Credentials Required:

- 1) **At least 18 years of age**
- 2) **Must have a current Texas Driver's License\*\*\***
- 3) **Possess a High School Diploma or General Equivalency Degree (GED)\*\*\***
- 4) **Has a least one cumulative year of receiving mental health community services for major depression, bipolar disorder, or schizophrenia**

**\*\*\*A COPY OF THE ABOVE INFORMATION IS REQUIRED WITH APPLICATION\*\*\***

Contact Person: All inquiries about this RFA should be directed to:

Micheline Hodge, Administrative Assistant  
200 Marriott  
Portland TX 78374  
(361) 777-3991

Submission of Completed Application:

Please submit applications to: Micheline Hodge  
200 Marriott  
Portland TX 78374  
CONFIDENTIAL: RFA MH SERVICES – Peer Provider 2020-002  
**DO NOT OPEN IN MAILROOM!**

**Applications will be accepted throughout the year. However, there may not be a need in all areas at all times.**

Incomplete proposals will not be considered. Electronically submitted applications will not be considered; however, applications may be modified by electronically submitted notice, provided such notice is received prior to the time and date set for the application opening.

## **COVERED SERVICES**

- 1. Individual & Group rehabilitative and skills training and documentation.**
- 2. Individual & Group peer support activities and documentation.**
- 3. Participation in interdisciplinary meetings.**
- 4. Consumer transportation as needed.**
- 5. Attend all required training**

## SPECIFIC PROPOSAL REQUIREMENTS

To achieve a uniform review process CPCC requires that applicants submit the following:

- 1) A completed application to provide services
- 2) Copy of drivers license
- 3) Copy of high school diploma or GED
- 4) Three personal references from persons not related by blood (please use attached forms)
- 5) Signed “assurances and Certifications” form (attachment 2)

There will also be an interview and a short writing test.

## AWARD CRITERIA

In addition to the above 5 elements, the following qualifications are required to complete a contract for peer provider services:

- 1) No history of confirmed client abuse or neglect
- 2) No history of sanctions by Medicaid or Medicare
- 3) Favorable driving record
- 4) Effective communication in the Consumer’s primary language
- 5) Applicant must be available to work during the hours required.

The follow criteria will be weighed to determine the best value

- 20%- Personal experience with mental illness
- 20%- Experience with mental health agencies
- 20%- Experience working with persons with a mental illness
- 20%- References
- 20%- Writing skills

ATTACHMENT 1

**APPLICATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ SSN#/TIN: \_\_\_\_\_  
 Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_ **Please, attach copy**  
 Date of Birth: \_\_\_\_\_

List any driving offenses in the past five (5) years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please, list all DWI's: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Education:  
 Do you have a high school diploma or a GED? Yes \_\_\_\_\_ No \_\_\_\_\_ **Please, attach copy.**

Experience:  
 Please, describe your personal experience with mental illness. Describe your illness, how it has affected your life, and how you have adjusted to having a mental illness

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please, describe any treatment and services you received from an MHMR agency.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What skills have you learned to help you cope with your mental illness?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What knowledge or experience do you have working with or providing services to persons with a mental illness.

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What knowledge or experience do you have working with people with other disabilities?

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Languages spoken, please, describe fluency

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Work Schedule

**Please, circle days you are willing to work:**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**What hours are you willing to work?**

Mornings Afternoons Evenings

**What counties are you willing to work in?**

Bee/Live Oak San Patricio Aransas Jim Wells/Duval Kleberg/Kenedy Brooks

Risk Profile

- 1) Do you have any felony convictions?  Yes  No
- 2) Have you had any validated client abuse, client neglect, or client rights violation claims in the past five years?  Yes  No
- 3) For any “yes” answers to questions 1 or 2, please, attach a detailed explanation.
- 4) Are you mentally and physically able to perform the covered services?  Yes  No

If No – please, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note to applicant: Convictions related to any sexual offenses, drug related offenses, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make you ineligible for employment in positions in direct contact with clients of Coastal Plains Community Center. The names of all prospective employees are cleared through Texas Department of Public Safety to determine the existence of such records.

Note to applicant: Coastal Plains Community Center completes a credentialing process and will verify your high school diploma or GED prior to completing a contract. You have the right to review this information. You also have the right to correct any erroneous information that the Center receives for the purposes of credentialing.

Coastal Plains Community Center completes a criminal history check, drivers license check and a review of any confirmed abuse or neglect allegations, as well as a search on the employee misconduct database. Your signature indicates consent to these investigations.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

## ATTACHMENT 2

## ASSURANCES AND CERTIFICATIONS

I understand that I, or my organization, known collectively as “Offeror”, must comply with each of the assurances listed below if awarded a contract in response to this solicitation. I am legally authorized to bind my organization to the following assurances, as signified by my signature at the end of this section. I understand that my failure to sign this section and certify all of these assurances may result in disqualification of this proposal.

- 1) Offeror has made no attempt nor will make any attempt to induce any person or firm to submit or not submit a proposal.
- 2) Offeror will comply with the requirements of the Immigration Reform and Control Act of 1986 and Immigration Act of 1990 regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, described in this proposal who will perform any labor or services.
- 3) Offeror will comply with all federal statutes relating to nondiscrimination. These include but are not limited to Title VI of the Civil Rights Act of 1964 (Public Law 88-352) which prohibits discrimination on the basis of race, color or national origin; Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), which prohibits discrimination on the basis of handicaps; the American with Disabilities Act of 1990 (Public Law 101-336); and all amendment to each, and all requirements imposed by the regulations issues pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age).
- 4) Offeror certifies that neither it nor its officers or employees is involved in other activities or relationships with other persons that cause Offeror to be unable or potentially unable to render impartial assistance or advice to CPCC, or that impair or might impair the Offeror’s objectivity in performing work under the contract or that cause Offeror to have an unfair competitive advantage.
- 5) Offeror accepts the terms, conditions, criteria and requirements set forth in the RFA.
- 6) Offeror accepts CPCC’s sole right to cancel the RFA at any time CPCC so desires.
- 7) Offeror accepts CPCC’s sole right to alter the timetables for procurement as set forth in the RFA.
- 8) Offeror agrees that no claim will be made for payment to cover costs incurred in the preparation of the submission of the proposal or any other associated costs.
- 9) Offeror owes no funds to CPCC or the State of Texas for unresolved audit exceptions. An unresolved audit exception is an exception for which the Offeror has exhausted all administrative and/or judicial remedies and has failed to comply with any resulting demand for payment.
- 10) Offeror agrees that all processes and products resulting from this contract award will be the property of the State of Texas.
- 11) Offeror agrees to ensure that information about individuals served by CPCC will be kept confidential according to federal and state laws and regulations.
- 12) Offeror certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal or state Agency or agency.
- 13) Offeror, if it is a corporation, is either not delinquent in its franchise tax payments to the State of Texas, or is not otherwise subject to payment of franchise taxes to the State of Texas.
- 14) Neither Offeror nor any member of Offeror’s staff or governing authority has participated in the development of specific evaluation criteria for award of this contract, nor will participate in the selection of the successful Offeror awarded this contract.
- 15) No principal of Offeror’s has worked as an employee for CPCC in the past year.
- 16) Offeror has not retained or promised to retain an entity or used or promised to use a consultant that has participated in the development of the specific criteria for the award of this contract or that will participate in the selection of the successful Offeror awarded this contract.
- 17) Offeror agrees to provide CPCC with information necessary to validate any statements made in this proposal, as requested by CPCC, including but not limited to, allowing access for on-site observation, granting permission for CPCC to verify information with third parties, and allowing inspection of

Offeror's records. Offeror understands that failure to substantiate any statements made in the proposal as requested by CPCC may result in disqualification of the offer.

- 18) As provided by Texas Family Code, Section 231.006, a child support obligor who is more than 30-days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services or receive a state-funded grant or loan. Offeror certifies that it is not ineligible to receive the payments under this contract and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.
- 19) Offeror certifies that any Health and Human Services agency or Public Safety and Criminal Justice agency has not revoked its license, permit, or certificate.
- 20) Neither Offeror nor its officers and employees have given, offered to give, or intend to give any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public employee in connection with the submitted offer.
- 21) Offeror certifies that none of the funds paid by CPCC pursuant to any contract resulting from this RFA will be used to pay any person for influencing or attempting to influence an officer or employee of any agency, a member, officer or employee of Congress or the state legislature or for obtaining any federal or state contract.
- 22) Offeror certifies that it has not filed for protection under any state or federal bankruptcy law.
- 23) Offeror certifies that none of Offeror's property, plant or equipment has been subject to foreclosure or repossession within the preceding 10-year period.
- 24) Offeror certifies that it has not had any debt declared in default and accelerated to maturity within the preceding 10-year period.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Reference Form

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your relationship to the applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

The applicant is seeking a position providing training and assistance to a consumers with mental illness.

Do you believe the applicant has the skills and abilities to help consumers cope and adjust to their mental illness?

YES \_\_\_\_\_ NO \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would describe the applicant's ability to solve problems? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you think the applicant gets frustrated easily? YES \_\_\_\_\_ NO \_\_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever observed the applicant interacting with people with mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Please, describe any behaviors or attitudes you observed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you rate the applicant's trustworthiness? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you rate the applicant's driving abilities? \_\_\_\_\_

\_\_\_\_\_

**TO APPLICANT: PLEASE RETURN ALL COMPLETED REFERENCES WITH YOUR APPLICATION.**



Reference Form

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your relationship to the applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

The applicant is seeking a position providing training and assistance to a consumers with mental illness.

Do you believe the applicant has the skills and abilities to help consumers cope and adjust to their mental illness?

YES \_\_\_\_\_ NO \_\_\_\_\_ Why? \_\_\_\_\_

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Reference Form

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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YES \_\_\_\_\_ NO \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

How would you rate the applicant's driving abilities? \_\_\_\_\_

\_\_\_\_\_

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