PUBLIC NOTICE

Notice is hereby given that the County of Webb is soliciting Request for Qualifications from a not-for- profit organization interested in providing drug treatment services to youth. This is a zero dollar offer that will allow the selected provider an opportunity to provide the services in a Webb County owned facility at no charge for the use of the facility. Provider is expected to be self-sufficient. Provider must have the necessary DSHS or financial resources to operate this facility. Provider will be selected early enough to provide input into the construction of the facility that is expected to be built by December 2015.

RFQ 2014-010 "Youth Residential Services"

RFQ's must be submitted in one (1) original and eight (8) copies in sealed envelopes to the Office of the Webb County Clerk's. Sealed envelopes must be marked with RFP number and title on front of lower left-hand corner of envelopes.

RFQ's will be either hand delivered or mailed to the following location:

Webb County Clerk
Webb County Justice Center
1110 Vitoria St. Suite 201
Laredo, Texas 78040-0029

Request for Qualifications must be delivered no later than **Friday November 14, 2014 at 2:00 p.m.** at which time all RFQ's received will be opened and read to the public.

If additional information is requested please email questions to lgutierrez@webbcountytx.gov deadline for questions is *November 7, 2014* at 5:00 p.m. Please visit our Web-site for a copy of RFQ, under purchasing department www.webbcountytx.gov.

Dr. Cecilia May Moreno
Purchasing Agent

Published on Saturday November 1, 2014
Saturday November 8, 2014

THIS FORM MUST BE INCLUDED WITH RFQ-PACKAGE; PLEASE CHECK OFF EACH ITEM AND SIGN

"Sealed RFQ"

RFQ-2014-010 "Youth Residential Services"

- ☐ Public Notice
- ☐ Scope of Work
- ☐ Conflict of Interest Forms (required)
- ☐ Certification Regarding Debarment (Form H2048) (required)
- ☐ Certification Regarding Federal Lobbying (Form 2049) (required)
- ☐ Qualifier Information Form (required)
- ☐ Proof of No Delinquent Tax Owed to Webb County (required)
- ☐ References (required)
- ☐ Proof of non-profit status

_____

Signature (must be signed)

RFQ 2014-010 "Youth Residential Services"

I. Introduction

Webb County is soliciting Request for Qualifications from a not- for- profit organization interested in providing drug treatment services to youth. This is a zero dollar offer that will allow the selected provider an opportunity to provide the services in a Webb County owned facility at no charge for the use of the facility. Provider is expected to be self-sufficient. Provider must have the necessary DSHS or financial resources to operate this facility. Provider will be selected early enough to provide input into the construction of the facility that is expected to be built by December 2015.

Webb County will build a facility in the property located immediately next to the Youth Village and the Juvenile Justice Alternative Education Program. Provider is expected to provide service for a 24 bed facility. Location of these facilities is 111 Camino Nuevo Road. The selected provider will provide input to the design and construction of the facility.

Personnel and operational expenses will be borne by the provider. Webb County will provide the facility at no cost to the provider. Cost of utilities will be negotiated at contract time.

II. Scope of Work

Purpose: To provide intensive and or supportive treatment services in a residential setting that facilitates recovery from substance abuse or dependence for adolescents 12 to 17 years of age. Applicants must:

1. Comply with all applicable rules adopted by the Texas Department of State Health Services (DSHS) related to substance abuse services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters: a. Chapter 441 - General Provisions; b. Chapter 442 - Investigations and Hearings; c. Chapter 444 - Contract Administrative Requirements; d. Chapter 447 - Department-funded Substance Abuse Programs; e. Chapter 448 - Standards of Care; f. Chapter 140, Subchapter I - Counselor Licensure.
2. Applicants shall be capable of maintaining all documents according to DSHS licensure rules.
3. Be able to maintain a standard operating procedures manual that is in compliance with Texas DSHS's licensure standards.
4. Be able to provide comprehensive chemical dependency treatment in a structured environment and must ensure access to the full continuum of treatment services and to the appropriate treatment intensity to achieve treatment plan goals.
5. Be able to provide all services in a culturally, linguistically, and developmentally appropriate manner for clients, families, and/or significant others.
6. Provide comprehensive chemical dependency treatment in a structured environment and must ensure access to the full continuum of treatment services

as well as ensure access to treatment intensity to achieve treatment plan goals. Intensity and content of treatment must be consistent with standards of care. The provider must provide all services in a culturally, linguistically, and developmentally appropriate manner for clients, families, and/or significant others. Services must be appropriate for each individual admitted, with documented justification to support the admission.

7. Not allow any adult clients in the facility.
8. Provide access to education approved by the Texas Education Agency
9. Provide five hours of planned, structured activities during evenings and weekends. Recreational and leisure activities must be included in the structured time. The total number of hours of planned, structured activities must be at least fifteen.
10. Ensure the direct care staff-to-client ratio is at least 1:8 during waking hours (including provider-sponsored activities away from the facility) and 1:16 during sleeping hours.
11. Ensure clients are under direct supervision at all times. During sleeping hours, staff must be awake and must conduct and document hourly bed checks.
12. Facilitate and document regular communication between a client and the client's family and not arbitrarily restrict any communications without clear, individualized, and documented clinical justification.
13. Document screening for tuberculosis (TB), Hepatitis B and C, sexually transmitted diseases (STDs), and Human Immunodeficiency Virus (HIV). If the screening indicates the client is at risk for these communicable diseases, the provider must refer the client to the appropriate community resources for further testing and counseling. If the client is at risk for HIV, the provider must refer the client to pre- and post-test counseling on HIV. If the client is HIV positive, the provider must 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.
14. Provide at least 30 hours of documented services per week for each client, comprising at least the following:
    a. Ten hours of chemical dependency counseling, (one hour of which must be individual counseling).
    b. Ten hours of additional counseling, chemical dependency education, life skills training, relapse prevention education.
    c. Ten hours of planned, structured activities monitored by staff. Five hours of these services must occur on weekends and evenings.
15. Offer tobacco cessation services for clients receiving treatment services. These services must address the disproportionate harm of tobacco use among substance abusers and must 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/general_files/publications/NASMHPD.toolkitfinalupdated90707.pdf).
16. Include other service providers that can meet the youth comprehensive needs in the development of a discharge/transfer plan and document this involvement.
17. Ensure that the mental health needs of all youth are assessed and address these needs through case management activities when these needs are identified.

18. Provide services for the families and document that family members were engaged in the treatment process.
19. Have familiarity and expertise in the implementation and use of evidence-based treatment practices for adolescents and demonstrate how these are used in a residential setting.
20. Have a Quality Management Plan that includes methods of assessing client satisfaction with the provider's services.
21. Ensure that all personnel receives the training and supervision necessary to ensure compliance with all licensure rules, provision of appropriate and individualized treatment, and protection of client health, safety and welfare.
22. Ensure that all staff and the facility have the appropriate credentials and licenses necessary to operate a residential treatment program in the state of Texas
23. Demonstrate having a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to youth, as they relate to the staff member's job duties.
24. Demonstrate through documented training, credentials and/or experience that all direct care staff are proficient in areas pertaining to youth services, including but not limited to the following areas:
    i) Chemical dependency problems specific to youth treatment.
    ii) Appropriate treatment strategies, including family engagement strategies.
    iii) Emotional, developmental, and mental health issues for adolescents.

III. Selection Criteria

The Juvenile Drug Rehabilitation Treatment Committee will recommend a qualifier to the Webb County Commissioner's Court for award of the contract. Selection of a qualifier is expected to take place during the November 24, 2014 meeting of the Webb County Commissioner's Court. Criteria to be used by the committee include:

a. Experience with adolescent care- 35 point

b. Financial Stability – 35 points

c. Involvement in the Laredo community or a similar community – 10 points

d. Previous grant recipients of Federal funding- 10 points

e. Successful completion of previous Federal grants-10 points

Qualifier submittals must clearly address all selection criteria elements.

IV. Proposal Information

a. Qualifications are to be sent to Webb County Clerk's Office 2nd floor, 1110 Victoria, Suite 201, Laredo, Texas 78042.

b. Qualifications are due November 14, 2014 at 2:00 P.M.

c. Questions regarding the submittal of the qualification package should be made in writing to Leticia Gutierrez, Contract Administrator at lgutierrez@webbcountytx.gov.

d. Questions are due on November 7, 2014 at 5:00 p.m.

e. All questions and responses will be posted on the website.

Webb County

Conflict of Interest Disclosure

Effective January 1, 2006, Chapter 176 if the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filled with the records administrator of Webb County no later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. The questionnaire may be viewed and printed by following the link before:

By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

The Webb County Officials who come within Chapter 176 of the Local Government Code relating to filing of Conflict of Interest Questionnaire (Form CIQ) include:

1. Webb County Judge Danny Valdez
2. Commissioner Linda Ramirez
3. Commissioner Rosaura "Wawi" Tijerina
4. Commissioner John Galo
5. Commissioner Jaime Canales
6. Judge Joe Lopez, Chairman, 49th Judicial District
7. Judge Becky Palomo, 341st Judicial District
8. Judge Monica Notzon, 111th Judicial District

Please send completed forms to the Webb County Clerk's Office located at 1110 Victoria, Suite 201, Laredo, Texas 78040.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____

Name of Officer

This section (Item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____

Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

Texas Department of
Agriculture

Form H2048
January 2008

CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

PART A.

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?
☐ Yes

☐ No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Indicate in the appropriate box which statement applies to the covered potential contractor:

☐ The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded form participation in this contract by any federal department or agency or by the State of Texas.

☐ The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	**Vendor ID No. or Social Security No.**	**Program No.**

Signature of Authorized Representative

Date

Printed/Typed Name and Title of Authorized Representative

Texas Department of
Agriculture

Form H2049
January 2008

CERTIFICATION REGARDING FEDERAL LOBBYING
(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

PART A. PREAMBLE

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

PART B. CERTIFICATION

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have peen paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?
☐ Yes
☐ No

Name of Contractor/Potential Contractor	**Vendor ID No. or Social Security No.**	**Program No.**

Name of Authorized Representative	**Title**

Signature – Authorized Representative

Date

Qualifier Information

Name of Qualifier: _____

Address: _____

_____

Phone: _____

Email Address: _____

Signature of Person Authorized to Sign Qualifier:

_____
Signature

_____
Print Name

_____
Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.

_____

_____
(Date)

Note:
All submissions relative to these RFQ shall become the property of Webb County and are nonreturnable.

If any further information is required please call the Webb County Purchasing Agent, Dr. Cecilia May Moreno, at (956)523-5224 or Administrative Assistant, Leticia Gutierrez, at (956)-523-4127.

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name _____ owes no delinquent property taxes to Webb County.

_____ owes no property taxes as a business in Webb County.
(Business Name)

_____ owes no property taxes as a resident of Webb County.
(Business Owner)

_____
Person who can attest to the above information

*** SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas
County of Webb
Before me, a Notary Public, on this day personally appeared _____, know to me (or proved to me on the oath of _____ to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this ____day of _____ 2014.

Notary Public, State of Texas

_____
(Print name of Notary Public here)

My commission expires the _____day of _____20__.

References

Name of Firm	Address	Phone	Name of Contact