SSCC Expansion RFP Q&A

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The following are questions and answers regarding 3 RFPs recently published by TFI Family Services and 2INgage on behalf of all Texas Single Source Continuum Contractors (SSCCs):

- Stabilization and Assessment Center (SAC) RFP
- Intensive Residential Treatment Program (IRTP) RFP
- Treatment Facility for Youth with Sexual Aggression (TF) RFP

1. **The RFPs state that proposals are due at Midnight CST on January 7, 2022. This may cause confusion. Can you change the due date to 11:59 PM CST on January 7, 2022?**

Yes. Proposals are due at 11:59 PM CST on January 7, 2022.

2. **What time will the information session be held on December 6, 2021?**

The information session will be held at 2:00 PM CST on December 6, 2022. Please RSVP to Christine Gendron at cgendron@tfifamily.org by 5:00 PM CST on December 3, 2022.

3. **Can we apply for funding under these RFPs and DFPS ones too? Do the programs have to stay separate?**

Yes. Applicants can apply for other funding from DFPS or other entities to support programs under any of these RFPs.

4. **These would be totally new contracts, even if we are already contracted with the SSCCs?**

Yes. These will be new contracts.

5. **"References: Give at least three (3) references for contracts of similar size and scope, including at least two (2) references for current contracts or those awarded during the past three (3) years. Include the name of the organization, the length of the contract, a brief summary of the work, and the name and telephone number of a responsible contact person." How would a start-up agency and/or its principal leadership answer this?**

A start-up agency may answer this by providing references who can attest to the experience of its leadership team. Experience will strengthen the proposal.

6. **How soon will funds be distributed if our proposals are accepted?**

This will be discussed and determined during the negotiation period, but applicants can anticipate receiving start-up funds prior to August 31, 2022, if they are selected. Funds cannot be distributed under this RFP until the SSCCs receive the funds from the State of Texas.

7. **Are the renovations to meet standards an included grant cost including the requirement for a fire sprinkler system?**

The SSCCs are still waiting confirmation on details of allowable expenses for these funds from DFPS. However, our current understanding is that yes, if applicants can show that renovation costs, such as the addition of fire sprinkler systems, will result in new capacity for SSCCs, they will be eligible.

8. **If I am able to obtain a loan for the renovations, will the grant be ok to be used to repay the loan?**

Start-up funds may be able to be used to reimburse some of the start-up expenses for which loans are incurred.

9. **Is the 3 months required budget for licensing an allowable expense?**

Working capital or cash on hand will not be an allowable expense for start-up funds.

10. **Is there accreditation support, financially or mentorship?**

Applicants may request accreditation support in their proposals. For example, applicants may include expenses related to accreditation in their proposed budgets for the start-up funding. Additionally, applicants may request accreditation mentorship from the SSCCs.

11. **What is the rate of pay for a SAC? What is the rate of pay for a GRO? Will the rate be the same for Intense, Intense Plus, and Exceptional Levels?**

Applicants should propose their own rates and provide justification. Rates will be negotiated.

12. **At what point does the rate begin to apply?**

Contracted providers will receive a daily rate for each child served who is referred by an SSCC from first date of placement under the contract.

13. **Is there a cap on the indirect cost rate?**

There is not a separate indirect cost rate. Applicants should propose their own rates that include indirect costs and provide justification.

14. **Can medical and physical health services be paid by the child's insurance coverage? Are the assessment services paid by the rate or billed to an external party - MCO/Medicaid?**

All children referred by a SSCC will be enrolled in STAR Health/Medicaid through Superior Healthplan. Contracted providers will have the option to bill STAR Health/Medicaid for qualifying services and/or to contract with health and/or behavioral healthcare providers who accept and bill Medicaid for services.

15. **Is there a minimum number of beds required? Is there a capacity minimum for the Stabilization and Assessment RFP?**

There is not a capacity minimum stated in any of the posted RFPs. Applicants should propose their own minimums, with justification, in their proposals.

Applicants should also include their ramp-up plan in their proposals. For example, what will be the facility's bed capacity when it first opens, and by when will the facility operate at full capacity?

16. **Is there an outline of criteria needed for admission?**

Contracted providers shall accept all referrals from SSCCs within the agreed upon criteria for admission, up to their maximum capacity. Applicants should detail their admission criteria in their proposals, including child behaviors and characteristics. Applicants should consider the stated purpose of the RFP and the services requested.

17. **Does the SAC get to select the age range they intend to serve at their facility? For example: 13 to 18-year-olds? Or does it have to be all children between the ages of 6 to 18?**

Applicants should propose their admission criteria in their proposals. Applicants may propose to serve a narrower population than the population outlined in the RFP. This applies to the SAC, IRTP, and TF RFPs.

18. **Does the SAC get to select the gender to be served?**

Applicants should propose their admission criteria in their proposals. Applicants may propose to serve a narrower population than the population outlined in the RFP. This applies to the SAC, IRTP, and TF RFPs.

19. **Can an organization be both an Emergency Shelter and a SAC at the same time?**

Yes. A SAC should be licensed as a General Residential Operation – Emergency Care Services (GRO-ECS).

20. **Are there restrictions with blended populations, such as GRO and Emergency Shelter youth at the same time?**

A provider may propose to serve as a GRO, GRO-RTC, and/or GRO-ECS at the same time, providing they can meet the licensing criteria for each licensing type.

21. **We are a non-restraint facility, and we use a Positive Youth Development approach to EBI. Can we maintain our non-restraint philosophy?**

Applicants should address how they will manage the behaviors of the youth in crisis in a trauma-informed manner. Please review relevant sections of the RFP, including the "Behavior Management" and "Emergency Behavior Intervention" sections.

22. **There is a stated requirement that "Assessment shall also include family finding to identify potential caregivers for each child/youth and assess their suitability." Can you please provide further justification for this? This is a function that historically is a case management investigative function, which is beyond the scope of stabilizing and assessing a child. Historically, GROs have no expertise in this area; this would require hiring experts with this type of knowledge.**

Selected providers will not be expected to conduct their own family finding activities but will be expected to support family finding efforts by other parties, including the case management team, including by considering relevant information and resources for assessment and planning.

23. **"The SAC shall coordinate with other entities, including the case management team, to make specialized healthcare services, such as attendant services, available to qualifying children/youth as needed and appropriate. Additionally, the SAC shall provide medication management." Please further define intention here. Naturally, GROs ensure children get access to medication, but is this requiring the SAC to have its own physician or contracts to prescribe medications? Is this only for psychotropic medications?**

The SAC will be responsible for ensuring that all healthcare and behavioral healthcare needs of children/youth in its care are met. This includes ensuring that all children/youth have access to needed healthcare services and that they receive their medication consistently as prescribed.

The SAC does not need to have its own physician but must be able to ensure all children/youth will have access to needed healthcare services as needed, including during emergencies or times of crisis.

24. **Does medication management require a medical professional, such as a Licensed Vocational Nurse?**

Providers will be expected to follow all regulatory requirements and guidelines. This includes meeting current licensing requirements and any new requirements that may be rolled out in the future.

25. **Can the medical/screening exam be done via telemedicine?**

Providers will be expected to follow all regulatory requirements and guidelines.

26. **Are transportation and other care coordination services part of the rate?**

Yes. The proposed daily rate should be sufficient to cover all expenses to meet requirements of the RFP.

27. **Under what circumstances will extension to the maximum length of stay be granted?**

These circumstances will be determined with the SSCCs during the contract negotiation period.

28. **"The SAC shall offer one-on-one supervision for children/youth in the facility who need extra supervision to maintain placement at the SAC while receiving stabilization and assessment**

services and while awaiting a longer-term placement. This service shall be provided on an individual case basis, subject to the approval of the referring SSCC or agency caseworker involved in the case, and subject to staffing." This requirement will be cumbersome and delay immediate therapeutic intervention when a youth requires it. How about just notifying folks during the required weekly staffing when one-on-one was utilized for the safety and stability of the child and the milieu?

The intent of this requirement is not to limit the SAC's ability to provide immediate one-to-one supervision when needed. The SAC shall notify the relevant SSCC when one-to-one supervision is needed as soon as possible.

29. **"Fewer than 20% of children/youth who exit the SAC will experience a placement breakdown at their following placement within the first six months." Though I appreciate the standard, ultimately this standard is not within the control of the SAC. The decision always belongs to the foster family, kinship family, CPA, other GRO, etc. How about something along the lines of: The SAC will remain engaged with 905 of children who exit for the first six months. This is within the SAC's control.**

The SSCCs agree that this performance measure is not fully within the control of the SAC, however, one goal of the SAC is to provide stabilization and assessment services to facilitate success in future placements. Applicants are encouraged to propose their own performance measures. The suggestion provided here sounds reasonable.

30. **We currently work with youth ages 2-17, so excessively aggressive youth are not suitable for our facility. We have worked with youth who have higher issues, but Intense-Intense Plus with physical aggression may not be suitable for our environment.**

Applicants should propose their admission criteria in their proposals. However, applicants should consider that the purpose of these RFPs is to procure residential services for children and youth who may be "hard to place," including those at the Intensive or Intense Plus levels, and/or those who have displayed physical aggression.

31. **If I am already providing programming for CSA ("Child Sexual Aggressor"), can current program be expanded? My program does not offer services for Intense levels, so I would have to offer that level or higher for CSA?**

Yes. Applicants can propose to expand the capacity of an existing program and/or to build capacity to serve youth at higher levels of care. Applicants must show that they will build capacity to serve SSCC children and youth in some way, however; they cannot simply apply to sustain an existing program.