

Family-Based Mental Health Services (FBS/FBHMS) Request for Proposals (RFP) Questions and Answers (Q&A)

1. *Do I need to be licensed through OMHSAS to apply for this RFP?*

If you are in the CBH network but don't have a current license to provide FMBHS, you must, at minimum, need to have a plan to be licensed by the time of service implementation. However, if you are not in the CBH network and wish to apply, you must currently have a license to provide FBMHS.

2. *Does the Child Mental Health Worker have to be certified via OMH at the time of hire?*

Not if they are just starting ESFT training. However, the individual must pass the certification upon completion of the 3-year training program.

3. *Is there the potential for partial awards? (i.e., if our response is for 5 teams is it possible for 3 to be awarded)*

Yes, this is a possibility, especially in the case of allowing room for more specialty teams.

4. *Is there potential for multiple specialties to be awarded to the same legal entity (i.e. can 2 IDD, 2 autism, and 1 standard team be requested and awarded)?*

Yes, but careful consideration and thought should be given in your response in terms of capacity to hire and supervise multiple teams across specialties.

5. *If an enhanced rate is available for a specialty, would that rate apply for all consumers served by that team or just the specialized consumers?*

Yes. However, at least half of your census should be families requiring that specialty, assuming sufficient need.

6. *As a current provider who already has several specialty teams, will we automatically qualify for the enhanced rate for the specialty teams without applying through the RFP?*

If you currently meet the staffing and training requirements, you would be eligible for the enhanced rate without having to go through the RFP.

7. *If we do NOT want to add teams, but want to convert a current general team to a specialty team who would qualify for the enhanced rate, can we do so without going through the RFP?*

Following award of new teams through the RFP, we will consider allowing conversion of a current general team to a specialty team, based on system need.

8. *Regarding ASD specialty team requirements, 2.5.2 (pg. 15) states that*

Must have one of the following or a clear plan to obtain:

- a. Graduate coursework in Autism and other developmental disorders
- b. Graduate coursework in evidence-based treatments for ASD
- c. Graduate coursework in Applied Behavioral Analysis

- 8.1. *If we do not have the staff with this coursework, and we plan to have them obtain it, is this required only for the Mental Health Professional (Therapist), not the bachelor's-level Mental Health Worker?*

This would only apply to Master's-prepared staff.

- 8.2. *Also, what would constitute "graduate coursework"? Would staff have to enroll in a graduate certificate program associated with a University, or would CBH consider trainings through the Bureau of Autism Services or through a training vendor like Rethink or Relias?*

Graduate Coursework requirements will be discussed during contract negotiations and considered during implementation on a case-by-case basis.

9. *For the various specialty team requirements, the wording in the RFP states that “applicants that would like to develop specialty FBHMS for families with members with ID/whose children have ASD diagnoses etc., **must have staff with the following qualifications: [...]**” Does this mean that, if you are a current in-network provider, you have to currently have staff with these qualifications in order to be awarded additional teams? Or, can you apply to add these teams and hire staff with these credentials after contract negotiations?*

You can apply to bring on those new teams with staff with the listed credentials.

10. *How did CBH identify the ZIP codes identified in the RFP?*

ZIP codes were based on utilization data from prior years.

11. *Is it the expectation to have new teams and/or all current teams meet additional training and staffing standards?*

That expectation is just for newly procured teams. However, there are forthcoming Performance Standards that will bring all current teams up to the RFP standards.

12. *The family support section seems like it could be a broad area to provide services and supports, including food, housing, etc.—how is it determined how those monies will be paid for by the organization?*

Family Supports Funds are utilized to help families meet a need that impacts treatment. Typically, 5% of the organization’s budget should be utilized in these cases.

13. *ESFT Training is a 3-year training process—for a new provider, what is the expectation of core elements needed for new staff members?*

It would be beneficial to bring on experienced staff members; however, with newer staff members, as long as they are enrolled into the training program, no further requirement is needed.

14. *How often will staff members need to be out of the office for training?*

Training is once per month for clinical staff and once per month for supervisory staff.

15. *How often does CBH plan to open FBS RFPs—annually, 2 years, etc.?*

There has been no discussion of FBS procurement frequency at this time.

16. *Will CBH consider a pilot for an anxiety-specific team?*

CBH will consider this specialty if the provider can establish a need and staff qualifications within the proposal.

17. *How many providers currently offer FBS in the city—is this utilization high or at capacity?*

We have 11 providers currently; one provider is out-of-county but offers in-county services. We currently have openings due to cycles related to the academic year. Historically we have fewer requests in the summer time, though from Sep/Oct through March we typically have a wait time.

18. *Regarding online training through MUSC, there is a cost of \$35 and only accepts MA level people – is the expectation for all staff members to be able to access that training? Will the city be subsidizing that training?*

You don't need to have a master's or graduate coursework for the 10-hour online training. However, you *do* need the master's level training for the 2-day TF-CBT course. We will not be covering the cost of the online training, though we will be offering slots in the TF-CBT training in December.

19. *After the online training, what are the ongoing trauma training requirements?*

This is to be determined in part by our EPIC department following designation. There is no deadline as to when providers must be designated as this would be discussed during contract negotiations and considered on a provider-by-provider basis. However, in your response, please present a plan to ensure training for new staff members due to turnover.

20. *For the autism specialty, do both team members need to meet the requirements, or just the MHP?*

Both.

21. *In the RFP, it notes that at least one of the specialty teams should have a max of 5—is this true of all teams?*

Under the trauma specialty, we asked for 4-5, as we want to leave teams with the ability to take cases which don't require TF-CBT. This should ensure adequate census.

22. *Must we provide the full course of TF-CBT?*

The expectation is that you provide TF-CBT to fidelity for the course of FBMHS. At the time of discharge, families may move to a provider who also utilizes TF-CBT when appropriate.

23. *For ESFT training, is the expectation for providers to seek this out on their own, or will there be a coordinated effort so that groups of providers can be trained?*

As this training is a requirement from State, each provider is expected to coordinate through the training organization.

24. *Explain the line on page 6 that asks applicants to include family members in development of the RFP.*

Given that this a level of care which involves the family, we encourage you to collaborate with a family member who has experience with our system. This will ensure that your response is as well-rounded as possible.

25. *What is the standard rate?*

The standard rate is \$44.84 per 15-minute unit.

26. *According to the original posting of the RFP, in January 2020, there will be a staggering of teams—but, in the revised version, we saw the need to be up and ready to accept referrals as of January 2020—which is it?*

The expectation is that certain providers will be ready by January 2020 while others may not be. Please indicate in your proposal when you believe you will be ready. Staggering is key for ease of implementation and will allow for a steadier flow of referrals and discharges.

27. *While FBS providers have specialty teams, most prescribers are not fully aware of these team's specialties—will there be more education given to those prescribers? Whose role is it to educate?*

Please educate your own evaluators. Additionally, as an organization, CBH will think about how we are messaging this information throughout our network, whether through PACs, etc.

28. *I am interested in applying for the trauma specialty team. Where can I find information about TF-CBT training?*

Coordination continues with the manager of the PACTS grant and information (including dates and sign-up) about training through the grant will be shared following award of the right to negotiate.