

DSHS Crisis Expansion Needs and Capacity Assessment: Frequently Asked Questions

Timeline

Q1: Will DSHS provide an extension to the submission deadline for the Crisis Expansion Needs and Capacity Assessment (NCA)?

A1: DSHS intends to contract for services beginning on September 1, 2013. Therefore, the deadline for submission of proposals cannot be extended.

Proposals received after this date may be considered at the sole discretion of DSHS. Funding of late proposals will depend, in part, on availability of funds. Additionally, submission of proposals after the deadline may affect the contract start date.

Budget

Q2: In our budgets, do you want us to include the current PESC project money as well as the expansion dollars, or just the new expansion dollars only?

A2: Please include only the new expansion dollars in the budget.

Q3: If we are proposing two separate projects do we need two needs and capacity assessments and budgets?

A3: Yes, two separate projects (also referred to as "services" in the NCA), would require that you complete Section II A-- F for **each** proposed project as per the NCA. This would also be required even if providing the same project in more than one county due to continuity of care variances from county to county. Please also note that you would need to submit a budget for FY14 and FY15 for **each** proposed project.

Match

Q4: Are we able to use the value of GR funded crisis services we provide through our DSHS-funded Mental Health contract as in-kind match?

A4: No, the match must be community funded. DSHS General Revenue cannot be used as a match for another contract with DSHS.

Q5: Please explain in more detail what funds can be used for the 25% local match (cash and/or in-kind).

A5: The match is the portion of costs of a federally or state assisted project or program not born by the federal or state government. The funds for the match must come from the community, and therefore, would require working with community stakeholders.

Q6: Is it permissible to use 1115 Transformation Grant money for this match?

A6: No, 1115 Transformation Grant Money is federal money and the match must come from the community.

Q7: If our organization is purchasing or leasing a building to establish a Crisis Respite program can the purchase price or the lease price be used for this match?

A7: If the building owner allows the center to use the building for free, then this would be considered an in-kind match. However, it is not considered in-kind if the center leases or purchases the building for this project and wants to use the cost for the match. The match must come from the community.

Acceptable Proposals

Q8: Could crisis chat be considered in the crisis expansion funding?

A8: All proposals are welcome to be submitted; however, the priority will be on funding programs

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that avoid state hospitalization.

Q9: Can PESC money be used for In-Home and Out of Home Respite?

A9: Yes, PESC funding can be used towards Crisis Respite. Specific Information regarding any in-home respite proposals would be recommended.

General

Q10: When you say “hospitalization” do you mean State Hospitalization? I’m asking that since one of the components of the program per Broadcast 99 could be expansion of local inpatient psychiatric beds.

A10: Yes, we mean state hospitalization. Brief crisis stabilization using local beds is a priority option.

Q11: We’re planning the expansion of a single project that provides one service—inpatient psychiatric care. There are not additional services outside of the hospitals internal care practices. Does this mean section D. Program Design is not applicable (since there’s not more than one service)?

A11: You would still need to complete Section D, but only for that one service (inpatient psychiatric care).

Q12: Can Crisis Respite be provided by my MCOT staff as long as they capture the “In-Home Respite” time and bill to a designated location to track and allocate costs accordingly?

A12: In-Home Respite services may be provided, but the MCOT contract measures will not be impacted by the respite services provided by the MCOT team. Those encounters will only count towards your psychiatric services. This may require some additional explanation in the proposal to ensure there is a clear delineation regarding how those services will be provided.

Q13: Where can we find the prescribed uniform standards and requirements for transportation of individuals? The following is in the Health and Safety Code 574.0455:

The Department of State Health Services shall prescribe uniform standards:

- (1) that a person must meet to be listed as a qualified transportation service provider under Subsection (a); and
- (2) prescribing requirements relating to how the transportation of a person to a mental health facility by a qualified transportation service provider is provided.

A13: The standards as we have determined, are outlined in Texas Administrative Code (TAC) Rule §404.154 Rights of All Persons Receiving Mental Health Services, Subsection 29 (A-E).

This section outlines the standards for transporting individuals to, from and between department facilities.

Q14: We are proposing three (3) projects. Are we to submit a separate 15 page N&CA for EACH project or should we submit one (1) N&CA that includes proposal of all 3 projects?

A14: Per the NCA, you are to submit a Needs and Capacity Assessment narrative for each proposed project, using Section II A- F to organize the drafting of the narrative. In addition, you must submit a budget for FY14 and FY15 for **each** of the 3 proposed projects/services. Please note that the narrative does not have to be exactly 15 pages, but should not exceed that amount per the NCA.