



The Center for Health Care Services

SUBJECT: Request for Proposal (RFP) for Crisis Hotline Services **RFA 2025-005**

FROM: Adam Velez
Sr. Director, Compliance and Systems Support

DATE: December 30, 2024

THIS NOTICE SHALL SERVE AS ADDENDUM NO. 1 - TO THE ABOVE REFERENCED REQUEST FOR PROPOSAL

EDIT: RFP 2025-005, Section 004 – Scope of services, B – Description of Services, pages 4-5, is hereby amended to read:

Inpatient Psychiatric Hospital Services:

Acute inpatient mental health services for children and adolescents are crucial in managing severe psychiatric crises in this vulnerable population. Treating these distressed youth in intense settings is challenging due to their high acuity, limited length of stay, and lack of family and caregiver involvement. This is especially noted in youth in DFPS conservatorship. This inpatient program is designed specifically for youth in child protective custody who are experiencing significant emotional and behavioral challenges. Recognizing the unique needs of this youth population, this program aims to provide a safe and supportive environment that fosters health and growth for up to ninety (90) days. The goal is to stabilize psychiatric symptoms, improve emotional regulation, and equip youth with coping strategies for long-term success. The focused approach will be multimodal, combining medication management with evidence-based therapeutic intervention, such as Cognitive Behavioral Therapy.

In addition, as required by CENTER'S Performance Contract with HHSC, hospital services provided by CONTRACTOR under this Contract shall be staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. CONTRACTOR'S staff shall provide intensive interventions designed to relieve acute psychiatric symptomatology and restore consumer's ability to function in a less restrictive setting. The services to be provided shall include: (a) crisis stabilization and assessment; (b) acute care psychiatric treatment, (c) appropriate disposition in conjunction with CENTER'S MEDCOM and the South Texas Regional Advisory Council (STRAC) staff, and (d)

recommendations for appropriate follow-up care. This acute setting will provide or cause to be provided, on a 24-hour basis, a full range of diagnostic and therapeutic services, with the capability for immediate implementation of emergency psychiatric and medical interventions. CONTRACTOR will ensure 24-hour per day physician coverage by a board certified/eligible psychiatrist, direct daily involvement of the attending psychiatrist in the direction and management of a multi-disciplinary treatment plan, and 24-hour per day skilled nursing care. The condition and response to treatment of the child served will be continuously monitored and assessed. Both appropriate voluntary and involuntary admissions will be accepted. All primary clinical service providers will be fully qualified mental health professionals to include board certified/eligible psychiatrists, licensed social workers, licensed professional counselors, and licensed psychologists. CONTRACTOR will designate and identify to CENTER (a) a single board certified/eligible psychiatrist to serve as medical director for CENTER-contract beds and (b) a single point of contact for any administrative issues related to the Contract; this administrative contact, and any designated backup staff, will be accessible by telephone to CENTER staff 24 hours per day 7 days per week, and all contacts will be fully educated on the parties' obligations under the Contract. CONTRACTOR shall cooperate with all requests for information by DFPS staff, caseworkers, and authorized parties, and provide any information needed for court proceedings or updates in a timely manner.

Services to be provided by CONTRACTOR will include, but not be limited to:

1. Hospital daily care;
2. Physical examination;
3. Nursing assessment;
4. Social work assessment regarding disposition needs;
5. Psychological consultation and, if needed, assessment and interpretation by a psychologist;
6. Group and Individual psychotherapy as prescribed;
7. Family and Legally Authorized Representative (LAR) involvement, to include family meetings and parent management training, as applicable;
8. Education services, as indicated;
9. Psychopharmacological evaluation and management, with consideration for client's ability to pay in choice of medication; and
10. Discharge coordination, in collaboration with CENTER's Child Mental Health Outpatient Program and coordination with the receiving provider of care, to consider housing, access to medication, as well as treatment needs.

The following evidence-based and best practice program components are recommended for these DFPS beds:

11. **Medication Management:** The medical team shall conduct comprehensive assessments to determine the most appropriate medication regimen for each youth. This aspect of the program focuses on symptom management, addressing issues such as anxiety, depression, and psychosis.
12. **Cognitive Behavioral Therapy (CBT):** In addition to medication management, this program shall emphasize the importance of addressing emotional dysregulation through CBT. This evidence-based therapy helps youth identify and challenge negative thought patterns and behaviors that contribute to their emotional struggles. Key components include:
 - a. **Psychoeducation:** Youth will connect thoughts, feelings, and behaviors, gaining insight into their emotional responses.
 - b. **Skills Training:** Youth will learn practical skills to manage emotions and reduce impulsivity, including relaxation techniques, mindful practices, and effective communication strategies.
 - c. **Cognitive Restructuring:** The youth will work with a therapist to identify cognitive distortions and replace them with healthier, more adaptive thoughts.
13. **Therapeutic Environment:** Provide a nurturing environment where youth can feel safe expressing emotions and experiences. A multi-disciplinary team should work collaboratively to develop an individual treatment plan tailored to each youth's unique circumstances.
14. **Outcome Measures:** Utilize standard assessments and ongoing evaluations to measure progress in symptom management, emotional regulation, and overall well-being. This data will guide treatment adjustments and ensure that each youth receives the most effective care.

All other RFP conditions remain unchanged.

RFP documents may be downloaded from <http://www.chcsbc.org/contracting-opportunities/>