

Responses to Written Questions

Q1: Would you please expound on any school-based requirements for children placed in the SRT?

A1: It is the responsibility of the provider to ensure continuity of educational services for the program participants. This can sometimes be done through an agreement with the local school board to provide an onsite teacher. It is up to the provider to determine the means by which educational needs will be met.

Q2: Since the provider may be under a combined LSF/CFCHS contract, will data reporting be through LSF or CFCHS data system? Is this determined by which ME you report to?

A2: While we are both putting funding into the project, the selected provider will have two contracts, one with each managing entity (ME) and will enter data into the data system for the respective ME.

Q3: Is funding for this program expected to be recurring?

A3: These funds are from the HB7021 (Baker Act) funding and are anticipated to be recurring, however all funding is subject to availability of funding as made available by DCF.

Q4: Should we include in the proposal an annual budget or should we put in a prorated budget for Feb 21 through June 30, 2025?

A4: For planning purposes, it would be helpful to provide both an annual budget and a budget for the remainder of the 2024-2025 fiscal year.

Q5: How many beds are expected to be funded, designated for LSF regions or CFCHS regions?

A5: The number of beds will be dependent upon the budget and rate included in the provider response to the procurement. The provider should propose a number of beds based on the funding available per the RFP.

Q6: Are SRT beds funded by utilization or availability?

A6: Per 65E-14 F.A.C., the beds will be funded by availability.

Q7: Are we required to provide school for the children in SRT?

A7: It is the responsibility of the provider to outline the means by which they will ensure educational continuity for program participants as part of the RFP response.

Q8: Can you please clarify if this solicitation is only open to non-profit organizations, or are for-profit organizations also able to apply?

A8: The current RFP is open to not-for-profit providers. In the event there is no successful not-for-profit bidder, we will reopen the procurement to consider for-profit responses.

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Q9: Are prospective Network Service Providers required to serve the entire 27-county area covered by Northeast, North Central, and East Central regions of Florida? Can proposed projects serve a smaller catchment area?

A9: The RFP is intended to identify a provider who can meet the needs for the specialized population of youth needing SRT, focusing on Northeast and Central Regions. We follow the *No Wrong Door* philosophy and preference will be given to proposals that are responsive to how they will align their program to that philosophy.

Q10: What is the funding period for the grant awards?

A10: Funding is allocated for the State fiscal year. The funding for this year runs through June 30, 2025. Each subsequent fiscal year begins on July 1st and ends on June 30th of the following calendar year. So, next year the funding would run from July 1, 2025 through June 30, 2026.

Q11: Is the \$2,092,411 available through this solicitation annualized?

A11: Yes, \$2,092,411 is the annual budget amount.

Q12: The solicitation is for Children's SRT but includes references to Juvenile Addiction Receiving Facilities (JARF). The rules, standards, and designations for SRTs and JARFs are different, and the services cannot be colocated. Additionally, SRT is a step-down service while JARF is a direct admit. Can you clarify the solicitation's intent regarding JARF services?

A12: This RFP is based on a model being implemented in South Florida where the selected provider does have both a JARF and the SRT. If impractical to include both, the respondent may respond to how they will meet the needs for youth with co-occurring conditions as part of the SRT program.

Q13: Page 3, IV. Transfer Process: a. Court order or consent pursuant to Chapter 394, Part I, F.S., and Chapter 65E-5, F.A.C. Can you clarify what is meant by consent?

A13: Admission requires either a Court order or parental/legal guardian consent for treatment.

Q14: Page 5, VII. Length of Stay: Will there be an exception/waiver on legal status, especially given the anticipated LOS. Specifically, can the Dept or ME issue a waiver so that patients do not have to be on a legal status during their LOS, if clinically warranted?

A14: We are not really understanding this question. Participation may be either voluntary or involuntary and decisions on LOS will always be driven by clinical assessment of continued medical necessity for this level of care.

Q15: Page 5, IX. Performance Metrics: a. Diversions calls for the Network Service Provider to collect baseline data on diversions from SIPP/Psychiatric Hospitalization treatment and the child welfare system/custody.

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Since these diversions are affected by the MEs, CBCs, or other entities other than the Network Service Provider, how do you envision the provider to collect this data?

A15: The Network Service Provider will be responsible for keeping and reporting data on the number of program participants that are diverted from Statewide Inpatient Psychiatric Program (SIPP)/Psychiatric Hospitalization or Child Welfare System involvement.

Q16: Page 9, F. Administrative Documents: Copy of Florida Agency for Health Care Administration (AHCA) issued CSU License and proof/documentation of intent to acquire children's waiver and DCF SRT designation. Please explain the intent of the children's waiver. Is it for operations?

A16: Due to the fact that licensing requirements for SRT programs are for adults, a waiver is required for children's SRT.

Q17: Florida's current ROSC Principles are designed for adults. Will there be an ROSC for adolescents that can accept referrals?

A17: ROSC principles are more value-driven guiding principles rather than an entity. Key values are that services provided are strength-based, person and family centered, offer choice, and focus on overall health and wellness. These values apply to all services, programs and providers regardless of population served.

Q18: Can Network Service Provider provide the primary care services for children served in the SRT?

A18: The Network Service Provider may provide primary care services, but it is not required as part of this RFP and not reimbursable under any contract resulting from this RFP.