

Substance Abuse and Mental Health Assessment, Referral, and Treatment Services

Questions and Answers

All questions due by November 21, 2022 (5:00 pm CST)

Submitted October 3, 2022

Is the 530 people the RFP is referring to a number they are expecting each applicant to be able to serve? or do we apply based on the capacity we can handle? Or work up to that 530 number ? Also there is not specific amount listed for this RFP correct?

We estimate that up to 530 individuals (approximately 30% of the individuals to be served by the Tech Alliance program) will be referred to the selected provider for assessment and referral services over the 30 months of the implementation period. Providers who propose to provide Assessment and Referral Services (see Section 5.1.1 of the RFP, p. 5) are expected to assess, refer, and follow up on services for all of the individuals referred. This component of the application does not require that the provider provide direct treatment services.

Providers who propose to provide Substance Abuse and Mental Health Treatment Services (see Section 5.1.2 of the RFP, p.6) should describe their capacity (including the number of individuals they can serve) for each type of service detailed in the RFP (see pages 12-13). The applicant does not need to provide all types of service in house.

An applicant should apply for those types of services that it provides and has the capacity to provide over the course of the 3 year funding period.

There is no specific funding amount provided in the RFP.

Submitted October 18, 2022

If we are responsible to ensure referred clients have access to identified levels of care from assessment, how is payment for services (i.e. residential) arranged with another provider when no primary insurance exists?

The first activity for the Assessment and Referral Services component of the RFP is to “Assess the current substance abuse and mental health treatment services and resources available in each region *AND the funding sources* available for accessing existing resources.” (RFP, p.6), The second activity is to “develop a detailed assessment and referral plan.” The plan will include a strategy for prioritizing needs when sufficient resources are not available.

The applicant is responsible for the location of appropriate services and service referrals, not for ensuring that services are provided if the services or resources to provide the services are not

available; however, a full assessment of available resources in each region must be conducted to determine the availability of resources.

Collaboration with Persevere staff and participation on the Leadership Team is important to help focus Alliance efforts and resources on filling in the gaps.

Ultimately, the plan should document the applicant's good faith efforts to find and place all referred participants in an appropriate treatment option.

Similarly, for MAT services and medication when no primary insurance exists, and we are not able to provide that level of service or intervention ourselves

An applicant is not required to provide MAT services, and medication and does not need to address MAT in the application if it cannot provide those services and does not have an appropriate partner to provide them.

An applicant may propose an amount in its budget for MAT services through referral to another provider. In that case, the provider(s) should be identified, if possible. Provide as much information as possible in the Proposed Budget (Part 3: Additional Budget Information, p. 16).

No applicant will be penalized for not proposing services that it does not provide.

If there is no placement available, we would do our best to maintain clients in the community (as we currently do) but will this reflect on our ability to achieve the goals identified in the grant?

Project Goal 2.5 identifies assessment, referral, and support services for access. The provider is responsible for a thorough assessment of available resources and following its assessment and referral plan. The provider will not be held responsible for services that are not delivered because there is no community provider, there is not a funding source for the service, or the client has refused service.

In these cases, documentation of a good faith effort to place the client in the appropriate service is the expectation. This may also include follow-up to monitor when new resources or placements become available.