

December 14, 2007

TO: All MH/MR Providers of Service

FROM: Stephen Arnone, Administrator  
Lackawanna-Susquehanna MH/MR Program

SUBJECT: 2009-2010 Request for Proposals

The Lackawanna/Susquehanna County Mental Health/Mental Retardation Program Request for Proposal (R.F.P.) format to be used in applying for funds from this Office for fiscal year 2009-2010 to serve Lackawanna and Susquehanna County residents is available at [www.lsmhmr.org](http://www.lsmhmr.org), our Program's website. Once you are on our home page, click on the RFPs section written on the left side, and click on the words "2009-2010 Request for Proposal".

Please be aware this Request for Proposal (RFP) as released represents an effort to solicit proposals in four (4) categories to promote the maintenance, conversion, expansion and new service development for persons with mental disabilities and infants and toddlers with developmental disabilities within the counties of Lackawanna and Susquehanna.

No proposal will be accepted after **TUESDAY, JANUARY 22, 2008 AT 4:00 P.M.**, unless a waiver has been requested in writing prior to that date, and the waiver request has been approved by the County Administrator prior to that date.

Applicants may submit proposals within four (4) categories, according to the following procedures:

1. Maintenance of Existing Services

Requests in this category are defined as: A program/service which is currently funded by this Office, and the level of service will remain essentially the same as that which is to be delivered in 2008-2009. The design, population served, staffing pattern, etc. will not change. A proposal in this category is due by **TUESDAY, January 22, 2008.**

2. Conversion of Existing Services

Requests in this category are defined as: A program/service which redefines and redirects an existing program element/program/service; e.g., segregated services to community options. When a request is made for conversion of an existing

service/program, the provider should complete **Form D**, and return it to this Office by **Friday, January 4, 2008**. (Providers should complete **Form D** for those service development areas defined by the Lackawanna-Susquehanna MH/MR Program.)

3. Expansion of Existing Services

Consideration for funding in this category will be given higher priority if the applicant includes within its request existing program resources or other revenue sources which can be utilized to enhance services, or the development of a partnering relationship with another entity/agency.

Requests in this category are defined as: A program/service which is currently funded by this Office, and the level of service, i.e.: units delivered and number of persons served, will be increased over that which is to be delivered in 2008-2009. Where a request is made for expansion of an existing program/service, the provider should complete **Form D**, and return it to this Office by **Friday, January 4, 2008**. (Providers should complete **Form D** for those service development areas defined by the Lackawanna-Susquehanna MH/MR Program.)

4. New Program/Service

Consideration for funding in this category will be given higher priority if the applicant includes within its request existing program resources or other revenue sources which can be utilized to enhance services, or the development of a partnering relationship with another entity/agency.

Requests in this category are defined as: A program/service which is not currently funded through this Office, which the provider proposes to initiate during fiscal year 2009-2010. Where a request is made for a new proposal/service, the provider should complete **Form D** and return it to this Office by **Friday January 4, 2008**. (Providers should complete **Form D** for those service development areas defined by the Lackawanna-Susquehanna MH/MR Program.)

If you should have any questions, please feel free to contact James R. Martin, Deputy Administrator, or Jeremy Yale, Assistant Administrator for Administration, at (570)346-5741.

SA:ds  
Enclosure

REQUEST FOR PROPOSAL PROCEDURAL DIRECTIONS  
FISCAL YEAR 2009-2010

CONTACT PERSONS: James R. Martin, Deputy Administrator  
Jeremy Yale, Assistant Administrator for Administration

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STEP 1: Prepare Form A - Summary Fact Sheet - for fiscal year 2009-2010.

STEP 2: Prepare Form B - Distribution Analysis by County - for fiscal years 2007-2008, 2008-2009, and 2009-2010.

STEP 3: Prepare Form C - Narrative for Existing Services (If Appropriate)

STEP 4: If your organization is interested in submitting a proposal for the conversion of an existing program/service, expansion of existing services, or new services, as defined by the Lackawanna-Susquehanna MH/MR Program, then you should prepare Form D - Conversion of an Existing Program/Service; Expansion of an Existing Program/Service; or Proposed New Program/Service, and submit it to this Office by **Friday, January 4, 2008.**

STEP 5: For each program/service for which your organization is requesting funds from the Lackawanna-Susquehanna MH/MR Program, a Maintenance proposal must be packaged and submitted in the following order:

1. Form A - Summary Fact Sheet.
2. Form B - Distribution Analysis by County.
3. Form C - Narrative for Existing Services (if appropriate)

STEP 6: Please submit all maintenance proposal requests in one (1) packet.

STEP 7: Submit completed proposal packets (**original plus five (5) copies**) to:  
Lackawanna-Susquehanna MH/MR Program,  
135 Jefferson Avenue, Third Floor, Scranton, PA, by:  
**4:00 P.M., Tuesday, January 22, 2008.**

SUMMARY FACT SHEET FOR 2009-2010  
LACKAWANNA-SUSQUEHANNA MH/MR PROPOSAL

PART A: INCLUDE ON THIS SHEET THE TITLE OF EACH PROPOSAL INCLUDED IN THIS PACKET.

COUNTY/OTHER AGENCY FROM WHICH FUNDS ARE REQUESTED	TITLE OF PROPOSAL	AMOUNT REQUESTED	
		FROM MH/MR	FROM OTHER AGENCY
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
11.		\$	\$
12.		\$	\$

PART B:

Please provide the following information in the event of questions or need for clarification:

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

PART C:

I certify that, to the best of my knowledge, the information in this application is correct, and we will conduct the service as described in the proposal.

Signature \_\_\_\_\_  
 Agency Director

Agency \_\_\_\_\_

Date \_\_\_\_\_

REQUEST FOR PROPOSAL (R.F.P.)  
FISCAL YEAR 2009-2010

GUIDELINES FOR DISTRIBUTION ANALYSIS BY COUNTY  
FISCAL YEARS 2007-2008, 2008-2009, 2009-2010  
FORM B

1. Enter number and percentage distribution of unduplicated persons in Column A.
2. Enter number and percentage distribution of units provided by county in Column B.
3. Multiply the Lackawanna-Susquehanna MH/MR total allocation by the percentage distribution of units to arrive at each county's allocation.
4. Divide the total MH/MR allocation by total units provided to arrive at unit cost.
5. Multiply the total expenditures by percentage distribution of units to arrive at each county's expenditure.
6. Divide the total expenditures by total units provided to arrive at unit cost by total expenditure.
7. Definition of unit: be specific (1/4 hours, hours, days, etc.).

LACKAWANNA-SUSQUEHANNA MH/MR PROGRAM  
NARRATIVE FOR EXISTING SERVICES  
FOR 2009-2010 PROPOSAL

CHECK ONE	
MENTAL HEALTH	___
MENTAL RETARDATION	___

**A program narrative is not required unless the program design, population served, staffing pattern, etc., is anticipated to be increased above or decreased below the projected maintenance level as defined for fiscal year 2009-2010.**

In case growth in the above-identified areas exceeds the maintenance level as defined for fiscal year 2008-2009, you must complete the items listed below. In addition, you must contact James R. Martin for mental health services, or Jeremy Yale for mental retardation services, to obtain required fiscal and statistical forms needed for submission of a maintenance proposal for fiscal year 2009-2010. Services/Programs impacted by the initiated of the HealthChoices Program are not required to submit a narrative for existing services related to a decrease in services.

1. Program/service provided by the agency (include only those programs/services which are funded through this Office).
2. Program description of each of those programs/services included under number one above. Include within the program description the program goals and objectives.
3. Total number of persons served.
4. Type of person served.
5. Geographic area served (Lackawanna-Susquehanna Counties).
6. Number of full time equivalent staff employed (who provide staff time in service(s) funded through this Office).
7. Method and timetable of evaluation of the service. Include a description of the evaluation process which should include persons who receive the service being evaluated, their satisfaction with the service and outcome measures to assess the effectiveness of the service.

LACKAWANNA AND SUSQUEHANNA COUNTIES  
MENTAL HEALTH/MENTAL RETARDATION PROGRAM

REQUEST FOR PROPOSAL (R.F.P.)  
FISCAL YEAR 2009-2010

GUIDELINES FOR CONVERSION OF AN EXISTING PROGRAM/  
SERVICE; EXPANSION OF AN EXISTING PROGRAM/SERVICE;  
OR PROPOSED NEW PROGRAM/SERVICE (FORM D)

For use only by those agencies proposing conversion of an existing program/service, expansion of an existing program/service, or development of a program/service. Form D must be completed and returned to this Office by Friday, January 4, 2008 for consideration.

CONVERSION OF AN EXISTING PROGRAM SERVICE:

Defined as a program/service which redefines and redirects an existing program element/program/service; e.g., segregated services to community options

EXPANSION OF AN EXISTING PROGRAM/SERVICE:

Consideration for funding in this category will be given higher priority if the applicant includes within its request existing program resources or other revenue sources which can be utilized to enhance services, or the development of a partnering relationship with another entity/agency.

Defined as a program/service which is currently funded by this Office, and the level of service, i.e.: units delivered and number of persons served will be increased over that which is to be delivered in 2008-2009.

NEW PROGRAM/SERVICE:

Consideration for funding in this category will be given higher priority if the applicant includes within its request existing program resources or other revenue sources which can be utilized to enhance services, or the development of a partnering relationship with another entity/agency.

Defined as a program/service which is not currently funded through this Office, which the provider proposes to initiate during fiscal year 2009-2010.

**LACKAWANNA AND SUSQUEHANNA COUNTIES**  
**MENTAL HEALTH/MENTAL RETARDATION PROGRAM**

REQUEST FOR PROPOSAL (R.F.P.) - FISCAL YEAR 2009-2010  
 CONVERSION OF AN EXISTING PROGRAM/SERVICE;  
 EXPANSION OF AN EXISTING PROGRAM/SERVICE;  
 OR PROPOSED NEW PROGRAM/SERVICE (FORM D)

Examples of area(s) suitable for development:

MENTAL HEALTH

(1) Recovery and Resilience; (2) Human Resource Development/PSI; (3) Supported Living/Community Housing Arrangements; (4) Psychiatric Rehabilitation Options, Including Consumer Facilitated Options; (5) Forensic Services including diversion programs; (6) School Linked Services; (7) Mobile Crisis; (8) Sexual Abuse Services - for Perpetrators and/or Victims; (9) Family Living; (10) Inter-system collaboration.

MENTAL RETARDATION

(1) Self Determination; (2) Community Integration; (3) Supported Independent Living; (4) Person Centered Planning; (5) Community Employment; (6) Human Resource Development; (7) Staff Development and Training; (8) School to Adult Life Transition; (9) Life sharing through Family Living; (10) Early Intervention

Please provide the following information if requesting the conversion of an existing program/service, expansion of an existing program/service, or the development of a new program/service.

CHECK ONE:	_____	CONVERSION OF EXISTING PROGRAM/SERVICE
	_____	EXPANSION OF EXISTING PROGRAM/SERVICE
	_____	NEW PROGRAM/SERVICE
	_____	MENTAL HEALTH _____ MENTAL RETARDATION
	_____	MENTAL HEALTH/MENTAL RETARDATION
PROVIDER AGENCY:	_____	
PROPOSED PROGRAM TITLE:	_____	
TYPE OF PERSON TO BE SERVED (Target Group):	_____	
CHILDREN/YOUTH:	ADULTS:	AGED:
_____	_____	_____

	GRAND TOTAL	MENTAL HEALTH			MENTAL RETARDATION		
	MH AND MR	TOTAL	L	S	TOTAL	L	S
Number of Persons to be Served by County							
Total Cost *L/S Dollars							
Total Units *							
Cost Per Unit *L/S Dollars							
FTE Staff							

\*Define Unit (hour/day/etc.) \_\_\_\_\_

NE Enter Amount Requested From Non-L/S Sources	GRAND TOTAL	MENTAL HEALTH	MENTAL RETARDATION
*Identify Source(s):	\$	\$	\$

TIME PERIOD COVERED BY PROPOSAL: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ANNUAL BUDGET FOR CONVERSION OF EXISTING PROGRAM/SERVICE; EXPANSION OF EXISTING PROGRAM/SERVICE; OR NEW PROGRAM/SERVICE: \_\_\_\_\_

ATTACH TO THIS FORM A BRIEF PROGRAM NARRATIVE

INCLUDE LETTERS OF SUPPORT

Return this form to the County Administrator's Office by Friday, January 4, 2008. (Be sure to indicate whether this request is for the conversion of an existing service; for the expansion of an existing service; or for a proposed new service/program.)

LACKAWANNA-SUSQUEHANNA MENTAL HEALTH/MENTAL RETARDATION PAROGRAM  
 DISTRIBUTION ANALYSIS BY COUNTY (FORM B)

CHECK ONE  
 MENTAL HEALTH \_\_\_\_\_  
 MENTAL RETARDATION \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ COST CENTER \_\_\_\_\_

COUNTY	A UNDUPLICATED PERSONS	B UNITS PROVIDED	C LACK-SUSQ MH/MR ALLOCATION	D AMOUNT REQUESTED FROM OTHER SOURCES	E UNIT COST PER L-S MH/MR ALLOCATION	F TOTAL EXPENDITURES  (C + D)	G UNIT COST PER TOTAL EXPENDITURES
	NO.  %	NO.  %					
<b>FY 2007-2008</b>							
Lackawanna			\$			\$	
Susquehanna			\$			\$	
TOTAL	100%	100%	\$*		\$	\$	\$
<b>FY 2008-2009</b>							
Lackawanna			\$			\$	
Susquehanna			\$			\$	
TOTAL	100%	100%	\$*		\$	\$	\$
<b>FY 2009-2010</b>							
Lackawanna			\$			\$	
Susquehanna			\$			\$	
TOTAL	100%	100%	\$*		\$	\$	\$

DEFINITION OF UNIT: ONE UNIT EQUALS ONE \_\_\_\_\_ (SPECIFY UNIT)

\*Please insert MH/MR allocation figures that are provided with this Request for Proposal (RFP) by our Program Office for Fiscal Year 2007-2008.

For planning purposes the allocation figures provided by the Administrator's Office should be used for Fiscal Year 2008-2009, and Fiscal Year 2009-2010. Please add a two (2) percent cost of living adjustment.