



MENTAL HEALTH MENTAL RETARDATION PROGRAM

Administrator's Office

TO: All MH/MR Providers of Service
FROM: *Stephen Arnone*, Administrator
Lackawanna-Susquehanna MH/MR/EI Program
SUBJECT: 2011-2012 Request for Proposals
DATE: December 21, 2009

The Lackawanna/Susquehanna Counties Mental Health/Mental Retardation/Early Intervention Program Request for Proposal (R.F.P.) format to be used in applying for funds from this Office for fiscal year 2011-2012 to serve Lackawanna and Susquehanna County residents is available at 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 "2011-2012 Request for Proposal".

As you know, the Lackawanna/Susquehanna Counties Mental Health/Mental Retardation / Early Intervention Program is not the payer source for waiver funded services for persons with intellectual disabilities or infants and toddlers with developmental disabilities. For this RFP process we are requesting that your agency provide information for base funded services (Mental Retardation and Early Intervention) as contained within this Request for Proposal (RFP). For provider agencies who deliver services to persons with mental health disabilities (Mental Health) they should provide information on "County Funded" services only. This serves the dual purpose of meeting the Lackawanna County Request for Qualification (RFQ) process, as well as giving this Office final information necessary to contract for Base Funded individuals authorized for services through your agency.

Please be aware this Request for Proposal (RFP) as released represents an effort to solicit proposals in following four (4) categories: (1) Maintenance of Existing Services, (2) Conversion of Existing Services, (3) Expansion of Existing Services and (4) New Service Development. Requests should focus on services to persons with mental health disabilities, intellectual disabilities or infants & toddlers with developmental disabilities within the counties of Lackawanna and Susquehanna.

No RFP will be accepted after **Friday, January 22, 2010 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. Agencies submitting a RFP associated with conversion, expansion and/or the development of new services will submit **FORM D** by **Monday, January 4, 2010 AT 4:00 P.M.**

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 2010-2011. The design, population served, staffing pattern, etc. will not change. A proposal in this category is due by **Friday, January 22, 2010.**

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 **Monday, January 4, 2010.** (Providers should complete **Form D** for those service development areas defined by the Lackawanna-Susquehanna MH/MR/EI 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 2009-2010. 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 **Monday, January 4, 2010.**

(Providers should complete **Form D** for those service development areas defined by the Lackawanna-Susquehanna MH/MR/EI 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 2011-2012. Where a request is made for a new proposal/service, the provider should complete **Form D** and return it to this Office by **Monday January 4, 2010.** (Providers should complete **Form D** for those service development areas defined by the Lackawanna-Susquehanna MH/MR/EI 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:lr
Enclosure

REQUEST FOR PROPOSAL PROCEDURAL DIRECTIONS
FISCAL YEAR 2011-2012

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

- STEP 1: Prepare Form A - Summary Fact Sheet - for fiscal year 2011-2012.
- STEP 2: Prepare Form B - Distribution Analysis by County - for fiscal years 2009-2010, 2010-2011, and 2011-2012.
- 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/EI 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 **Monday, January 4, 2010.**
- STEP 5: For each program/service for which your organization is requesting funds from the Lackawanna-Susquehanna MH/MR/EI 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/EI Program,
135 Jefferson Avenue, Third Floor, Scranton, PA, by:
4:00 P.M., Friday, January 22, 2010.

LACKAWANNA AND SUSQUEHANNA COUNTIES
 MENTAL HEALTH/MENTAL RETARDATION/EARLY INTERVENTION PROGRAM

**SUMMARY FACT SHEET FOR FISCAL YEAR 2011-2012
 FORM A**

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/EI	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 _____

LACKAWANNA AND SUSQUEHANNA COUNTIES
MENTAL HEALTH/MENTAL RETARDATION/EARLY INTERVENTION PROGRAM

GUIDELINES FOR DISTRIBUTION ANALYSIS BY COUNTY
FISCAL YEARS 2009-2010, 2010-2011, 2011-2012
FORM B

REQUEST FOR PROPOSAL (R.F.P.)
FISCAL YEAR 2011-2012

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/EI total allocation by the percentage distribution of units to arrive at each county's allocation.
4. Divide the total MH/MR/EI 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 AND SUSQUEHANNA COUNTIES
MENTAL HEALTH/MENTAL RETARDATION/EARLY INTERVENTION PROGRAM

**NARRATIVE FOR EXISTING SERVICES
FORM C**

REQUEST FOR PROPOSAL (R.F.P.)
FISCAL YEAR 2011-2012

CHECK ONE	
MENTAL HEALTH	<input type="checkbox"/>
MENTAL RETARDATION	<input type="checkbox"/>
EARLY INTERVENTION	<input type="checkbox"/>

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 2011-2012.

In case growth in the above-identified areas exceeds the maintenance level as defined for fiscal year 2010-2011, 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 and early intervention services, to obtain required fiscal and statistical forms needed for submission of a maintenance proposal for fiscal year 2011-2012. 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/EARLY INTERVENTION PROGRAM

**GUIDELINES FOR
CONVERSION, EXPANSION, AND/OR DEVELOPMENT
OF NEW AND EXISTING PROGRAM/SERVICE**

REQUEST FOR PROPOSAL (R.F.P.)
FISCAL YEAR 2011-2012

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 Monday, January 4, 2010 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:

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 2010-2011.

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.

NEW PROGRAM/SERVICE:

Defined as a program/service which is not currently funded through this Office, which the provider proposes to initiate during fiscal year 2011-2012.

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.

LACKAWANNA AND SUSQUEHANNA COUNTIES
MENTAL HEALTH/MENTAL RETARDATION PROGRAM

REQUEST FOR PROPOSAL (R.F.P.) - FISCAL YEAR 2011-2012
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

EARLY INTERVENTION

(1) Assistive Technology services; (2) Nutrition services; (3) Psychological services; (4) Vision services

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 EARLY INTERVENTION
 MENTAL HEALTH/MENTAL RETARDATION

PROVIDER AGENCY: _____

PROPOSED PROGRAM TITLE: _____

TYPE OF PERSON TO BE SERVED (Target Group):
 INFANTS/TODDLERS CHILDREN/YOUTH ADULTS AGED

	GRAND TOTAL			MENTAL HEALTH			MENTAL RETARDATION			EARLY INTERVENTION		
	MH	MR	EI	TOTAL	L	S	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	EARLY INTERVENTION
*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 Monday, January 4, 2010. (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.