

2-11-2010

**Q: Is this in ADDITION to the (822 program) run by Allegany Rehabilitation Associates (ARA), or a competitive bid?**

A: The RFP is in addition to the one currently operated by ARA. ARA's board has announced its intention to continue to operate Part 822 services whether or not it is the successful applicant for this RFP and the deficit funding. However, as the RFP describes, the applicant should be prepared to assume services and include a plan for absorbing as many staff as possible should ARA not be the successful applicant and elect to discontinue its Part 822 services in the future.

**Q: Are for profit agencies eligible?**

A: No. According to the terms of the RFP, only not-for-profit voluntary agencies running Part 822s from the specified OASAS regions are eligible.

**Q: I would like to review your two most recent years' CFRs and audited financial statements. In the essence of time, I prefer to obtain these directly from you versus going through the Freedom of Information. How can this be arranged?**

A: These documents are not the property of the county but belong to the current provider, ARA. Since ARA has announced its intention to apply for this RFP, applicants will need to resort to other means if they wish to obtain CFR or other information from competing organizations.

**Q: If an agency other than the current licensed OASAS provider is successful in the RFP process, will OASAS continue to license the current provider as well as the provider who is selected through the RFP process? Typically OASAS determines how many providers they will license in a particular area based on the population and level of need for services and will issue only the number of licenses consistent with their assessment.**

A: OASAS needs methodology conducted in September 2009 indicates that 41.3% of need is currently being met in the County for outpatient treatment services. There should not be any impediment to the issuance of another 822 operating certificate in Wyoming County. Information pertaining to need and utilization in Wyoming County may be obtained through the planning resources section available to all providers on the NYS OASAS County Planning System website.

2-18-2010

**Q: I was informed several months ago that Spectrum Human Services was the selected operator for these services and the submission of the RFP is a mere formality now required by OASAS. As I am sure you can appreciate, it seems unreasonable to complete a comprehensive RFP under these circumstances. Please advise if my information is incorrect.**

A: In 2009 the Director of Community Services approached Spectrum Human Services to see if they were interested in coming into Wyoming County to provide behavioral health services. Spectrum indicated they were interested. As part of that process the LGU communicated with both the NYS Office of Mental Health and the NYS Office of Alcoholism and Substance Abuse Services as to the proper procedures for establishing new outpatient providers in our county. For OMH licensed services, no RFP was required. Spectrum has already begun providing some mental health services in the county, with more expected to start up in the months ahead.

For the Part 822 program, OASAS informed the county that an RFP process would be required, resulting in the current RFP.

The RFP process requires, and the county pledges to honor, a fair and impartial review process for all eligible applicants. The successful applicant will be the one that will bring the best services to Wyoming County, according to the rather detailed priority areas identified in the RFP, and determined by a six-member review panel. The review panel will include representatives from the LGU plus key stakeholders representing a variety of county perspectives in the designated service areas.

3-1-2010

**Q: Could you please provide 2009 Unit of Service totals from the current provider?**

**Q: What is the current staffing at the existing chemical dependence 822 provider?**

**Q: I am wondering if you could provide me with some information on the service area of this RFP in terms of the number of clients served, the number of units of service provided to the CD patient population in recent years, trends as far as drug(s) of choice, the perceived or substantiated need for co-occurring, Veterans', or other specialty populations.**

**Q: Under Part II number 3. Staffing. The retention of current staff is given high priority. The number of current clinical and support staff would be helpful in completing this RFP.**

A:

OASAS Reported Units of Service 7,928 (2009)  
OASAS Average Daily Census: 166 (2008)  
Number of Person's Served: Provider reports 661 individuals served annually (2009)

Drugs of Choice: According to the 2008 County Planning Epidemiology Survey, the following substances were identified as highly available within the county: Alcohol (to minors), smoked and smokeless tobacco (to minors), marijuana/hashish, inhalants. Other prescription drugs (painkillers), crack, cocaine and heroin were identified as moderately available. Changes within the past year indicated an increase in

alcohol (minors), smoked tobacco (minors), marijuana/hashish, and inhalants.

Special populations: County Planning data has identified adolescents, criminal justice clients, persons with co-occurring disorders, and unemployed and/or unconnected young adults as high priority populations. This is posted on the RFP website. We have not formally tracked veterans' service needs to date although there are many veterans in the county. Additional data related to the county profile may be found on-line on the 2010 OASAS CPS Wyoming County.

The county actively promotes MICA services across mental health and A/SA providers. These consist of a MICA task force which oversees what we aspire to be a seamless, no-wrong door MICA service, and includes key stakeholders from the community.

The county contracts for approx 2 days a week MICA coordinator through the mental health clinic provider contract. The county also has a Dual Recovery Coordinator shared across three counties, who among other things co-leads the MICA task force, provides extensive training, helps implement best practices including screening, trauma-informed care, and links with the Center for Excellence and other COD best practices.

Groups are co-led by therapists from the current provider's mental health clinic and Part 822 programs.

Staffing: The program is staffed with 5.136 FTE Counselors/MSW's; .016 FTE RN, .065 FTE UR, .90 FTE Director and 3.288 FTE support staff. (2008 CFR)

The current provider reports the following statistics for MICA clients over the course of the past three years:

Measure	2009	2008	2007
Individuals Serviced	109	75	66
Assessments Completed	38	44	46
Group Participants (Unduplicated)	107	72	66
MICA Units of Service	2478	1203	870
Total Patients (SPMI total of Patient population)	109 (12%)	75 (11%)	34 (15%)

**Q: Under Part II number 4, Service Delivery Information, the second to last bullet refers to Funding for Domestic Violence Intervention Program, the questions seem to be incomplete.**

A: Basically, for this service we are saying "If you had \$5600 in extra non-OASAS funding for a court-ordered domestic violence intervention program in Wyoming County, how would you construct the service and what model would you use and/or what service activities would you provide?" The service could include the collection of appropriate fees but it is assumed that for the most part would not be covered by client health insurance. No budget is required for the DVIP.