

**Wyoming County Department of Mental Health  
338 N. Main Street  
Warsaw, New York 14569  
585.786.8871  
Fax 585.786.8874**

**REQUEST FOR PROPOSAL: OASAS Part 822 Outpatient Chemical Dependence  
Treatment Program**

**Date: February 8, 2010**

**The Wyoming County Department of Mental Health seeks proposals to operate a Part 822 Outpatient Chemical Dependence Treatment Program (hereafter referred to as an “Part 822 program”) in Wyoming County, and a small related Domestic Violence service.**

**Proposals must be received by 5 pm, March 22, 2010. Proposals received after that time will not be considered.**

**Details of the RFP process and proposal requirements are available on (the Wyoming County website [www.wyomingco.net](http://www.wyomingco.net) or through the Wyoming County Department of Mental Health 585-786-8871, Karen Thompson, program assistant.**

**Wyoming County reserves the right to reject any and all proposals.**

**Wyoming County is an Equal Opportunity Employer**

**Stephen C. Snell, LCSW  
Director of Community Services  
Wyoming County 585.786.8871  
ssnell@wyomingco.net**

Wyoming County Department of Mental Health (“The Department”) is seeking applicants to operate a Part 822 Outpatient Chemical Dependence Treatment Program and related services for Wyoming County. The program is currently operated by Allegany Rehabilitation Associates, Inc. of Wellsville, NY.

In general, Wyoming County is seeking an established provider which

- has a history of excellence and leadership in the delivery of cost-effective OASAS-certified chemical dependence treatment services in Western New York State, and
- has demonstrated an ability to work and plan closely with their respective county Departments of Mental Health, local agencies and stakeholders in building effective and responsive local services
- demonstrates corporate/agency expertise, infrastructure and policies which prepare them to operate successfully in the increasingly complex and risky financing environment in New York State.

The Department of Mental Health will review all completed proposals on behalf of the County and make a determination by May 8, 2010. It is anticipated that start-up for any new provider, if selected, would occur either July 1, 2010 or Jan 1, 2011.

The successful applicant will agree to operate the program(s) in accordance with New York State Office of Alcoholism and Substance Abuse Services (OASAS) and other applicable state and federal regulations, at funding levels not to exceed funds available to the current provider (see budget documents).

Deficit funding from OASAS and Wyoming County may be made available through the Local Assistance State Aid process for eligible services.

Proposals from providers outside the county should reference how they have addressed the questions *within their own counties as well as what their plans would be in Wyoming County if they are the successful applicant.*

### **ELIGIBLE APPLICANTS**

To be eligible for consideration, an applicant must be a voluntary agency currently certified by OASAS to provide Part 822 Outpatient Chemical Dependence Treatment services in either the OASAS Western or Finger Lakes districts, and deemed to be “In Good Standing”. For the purposes of this RFP, the following definitions apply:

***Voluntary Agencies:*** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 12, a voluntary agency “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” For profit or proprietary entities are **not eligible**.

***In Good Standing:*** All of the applicants OASAS operating certificates that are subject to a compliance rating have a current rating of partial (two years) or

substantial (three years) compliance as of the due date for applications submitted in response to this solicitation, and the applicant agency has not initiated or been the subject of any bankruptcy case file in any U.S. district court that has not been fully discharged as of the due date for applications submitted in response to this solicitation.

The Agency agrees to adopt and actively implement Person-Centered values as a platform for service delivery, as illustrated by the following summary version of the Wyoming County Department of Mental Health and provider agencies' pledge:

1. To seek to understand our clients as individuals
2. To resolve to be of genuine service
3. To remain open to the person's own expressed desires, needs and wants
4. To struggle for difficult goals important to specific individuals
5. To embrace values and actions that enhance the dignity of persons served
6. To seek flexible, creative, innovative, and even unconventional solutions
7. To look for the good in people and help bring it out

Additionally, an applicant must:

- Be willing to serve all clients regardless of ability to pay in those programs supported by state aid;
- If a new provider to the county, assume responsibility for service provision in a manner that minimizes disruption in care provided to Wyoming County residents seeking services;
- Participate in the development and implementation of the Department's local plans for services, and such service planning and implementation processes as may be deemed necessary by the Department while working closely with other community agencies which provide related services;
- Work closely with other community agencies which provide related services to enhance, impact and minimize duplication;
- Meet all applicable state and federal regulations and requirements including participation in local system planning, integration and coordination activities.

The RFP process will include scoring criteria as detailed in the Section entitled "Application Review Process"

### **SCOPE OF SERVICES – Part 822 Outpatient Chemical Dependence Treatment Services**

This RFP seeks to identify an organization(s) to operate a Part 822 Outpatient Chemical Dependence Treatment program in Wyoming County. There is currently a licensed Part 822 Outpatient Chemical Dependence Program in Wyoming County. If the current provider is the successful applicant, its' Part 822 and related services under contract with the Wyoming County Department of Mental Health will continue.

If the current provider is not the successful applicant and elects to continue its Part 822 services under its current OASAS license without county and OASAS deficit funding, the successful applicant to this RFP agrees to establish a second Part 822 program in the county in a central location available to bus service. The county agrees in this case to devote all deficit funding dollars under its control to the successful RFP applicant.

If the current provider is unsuccessful and elects to close its services, the successful applicant will agree to establish comparable service(s), as agreed to by the County Department of Mental Health. In this case the new provider must agree to offer services to those clients requiring treatment at the time of such closure, assuring minimal disruption to client services. It is also hoped that if this is the case any new provider would agree to hire as many of the closing program's qualified staff as possible according to their staffing plan.

Part 822 Outpatient Chemical Dependence Treatment Services are designed for individuals who have a chemical dependence or abuse condition, but who are able to participate in treatment and comply with treatment outside of a 24-hour treatment setting. For the purposes of this RFP, these outpatient services refer to outpatient non-intensive and intensive outpatient services modules. Because of the nature of the target population, intensive services have not been and are not expected to be part of the program design. These services are governed by OASAS Part 822 Chemical Dependence Outpatient Services Regulations. Applicants should review Part 822 for additional requirements for chemical dependence outpatient services.

The outpatient chemical dependence treatment service is eligible for Medicaid reimbursement in accordance with the standards set forth in OASAS regulations (Part 822), and New York State Social Services regulation 10 NYCRR 505.27, as well as for other third party insurance reimbursement. This service is currently supported by \$300,104 in annual OASAS net deficit funding and serves a significant number of youth as well as adults. There are no enhanced service dollars attached to the current program.

### **ADDITIONAL REQUIREMENTS**

In addition to the requirements set forth in the Scope of Service for each component, successful applicants will be required to:

- Enter into a contract with Wyoming County Department of Mental Health and abide by all terms and conditions set forth in the contract, including, but not limited to, requirements related to fiscal and program data submission, HIPAA and confidentiality, insurance, indemnification, audit, Labor Law and workers compensation and prohibition of discrimination;
- Comply with all OASAS reporting requirements, including, but not limited to Workscopes, IPMES, the PARIS system, Client Data System, County Planning System, and budget documents;
- Comply with all applicable OASAS regulations and Local Services Bulletin directives;

- Comply with all certificate of need application and licensing application requirements, including submission of such documents in a timely manner to ensure services may be operated by the applicant within the time lines specified below;
- All contracts are subject to availability of funding.

**Timeline:**

<b>RFP release:</b>	<b>Feb 8, 2010</b>
<b>Deadline for Submission of Questions:</b>	<b>Feb 22, 2010</b>
<b>Questions and Answers posted on website:</b>	<b>Mar 1, 2010</b>
<b>Proposals Due</b>	<b>Mar 22, 2010</b>
<b>Notice of Award:</b>	<b>May 8, 2010</b>

**PROPOSAL SUBMISSION**

Interested organizations should submit a **signed original and five (5) copies** of the completed proposal containing all required elements to the address below:

Stephen Snell, LCSW  
Wyoming County Department of Mental Health  
338 N. Main Street  
Warsaw, NY 14569

To be considered, the proposal must be received no later than **5:00 PM on March 22, 2010**

Responses received after this time will NOT be considered. Proposals submitted by facsimile or electronic mail will not be accepted.

As a result of this RFP, Wyoming County Department of Mental Health intends to enter into contract with the selected vendor to provide the services described in the Scope of Services section. However, this intent does not commit the county to award a contract to any responding vendor. Wyoming County Department of Mental Health reserves the right, with agreement by the applicant, to accept or reject in part or in its entirety any proposal received as a result of this RFP if it is in the best interest of the County to do so.

**PROPOSAL FORMAT –**

- I. Agency/Organization Narrative**
- II. Program Narrative (Parts I and II must be limited to twelve (12) pages narrative combined, 12 point font, with one inch margins, not counting attachments).**
- III. Budget and Narrative Budget Justification**
- IV. Required Attachments**

**Note: Letters of support or agency promotional materials are not part of the RFP and**

**should not be included.**

**PART I: Agency/Organization Narrative Overview - Provide an overview that clearly describes the organization and its experience in providing chemical dependence services:**

- Provide a *brief* one sentence summary of background information which describes the agency and its history.
- Indicate the location of the agency's main corporate/administrative operations offices.
- State the corporate form of the agency, to include year of incorporation and purpose.
- Describe the agency's experience in providing chemical dependence services.
- Complete the "Program Listing Form" (Attachment C), listing all programs licensed by New York State agencies, including the operating certificate number, expiration date and duration of the license.
- Indicate the size, scope and scale of current operations, to include programs offered, geographic service area, annual operating budget, financial history, number and type of employees.
- Provide copies of your audited financial statement and Federal Tax Form for not-for-profits 990 (Label as Attachment G) and CFR for the last two years (Label as Attachment F) as attachments.

**1. Organization Governance - Describe agency governance structure and its relationship to the services proposed:**

- Attach a listing of the members of the current Board of Directors, including member affiliations and term for each member. Indicate Board Officers by position and term of such office (Label as Attachment A).
- Attach a Board Resolution that authorizes the submission of this proposal (Label as Attachment B).

**2. Organization Vision and Mission - Provide an overview that clearly describes the agency's mission and demonstrates a commitment to chemical dependence services:**

- State the Vision and Mission of the organization.
- Describe the process used to develop the Vision and Mission statements.

**3. Organization Structure - Describe the organizational structure and the relationship of the services proposed to the overall agency structure:**

- In narrative form, explain current and proposed chemical dependence services and their relationship to other areas of the agency.
- Attach an organizational chart which clearly illustrates the reporting relationships between the various components. (Label as Attachment D)
- Include names and titles of each key management position on the organizational chart.
- Clearly label the proposed services as "Proposed" within the organizational chart.

**4. Organization Management Systems - Describe the internal management systems of the agency:**

- Human Resources

- Management Information Systems
- Billing
- Supervision and Controls
- Corporate Compliance
- HIPAA and Federal Confidentiality Compliance
- Quality Assurance
- Facilities Management
- Other management systems in place necessary for organizational management

## **5. Organization Relationships**

- Describe the organization's relationships and linkages with other health and human services providers which are necessary to affect the continuity of care and access to needed services.
- List any contracts you have with the Local Governmental Unit and/or its designee within each locality where your agency currently provides services (Attachment J).
- List any formal, written agreements in place and purpose of such agreements (Attachment J).
- Describe the process to be used to develop linkage agreements in Wyoming County if no such linkages are currently in place. Include the purpose of such agreements and name of provider(s) with whom such agreements will be sought.

## **6. Coordination**

- Describe the organization's past experience in working with the Local Governmental Unit within each locality your agency currently provides services in.
- Describe participation in local planning for chemical dependence services.
- Describe participation in other related local and state planning efforts (i.e. mental health, homeless services, criminal justice, etc.).
- Indicate if the agency is currently registered in the OASAS County Planning System (CPS).

## **7. Commitment to Wyoming County**

- Explain your interest in providing services to the residents of Wyoming County. What experience do you have providing services in rural settings?
- How would you assure Wyoming County of your ability to establish and maintain familiarity with and knowledge about the community, and of your commitment to support these services over time?

## **PART II: Program Narrative**

### **1. Description of Service**

Provide a description of the services to be provided from your agency's perspective:

- A brief description of the service, including service delivery methods and philosophical approaches to care.
- Describe how this service fits with other chemical dependence services the agency currently operates.

- Describe how you would envision the services proposed would operate within the overall system of care for behavioral and other health and human services in Wyoming County.
- Indicate the agency's experience/expertise in providing the particular service proposed and/or similar type services.
- Describe how the service approach ensures the provision of culturally and linguistically competent care.

## **2. Site and Facilities Plan**

\*(Note: applicants must complete the Site Information/Capital Request Form (Attachment I) if proposing an alternative site regardless of whether capital funding is requested or not)

- Indicate if an alternative site is being proposed for this service and the rationale for seeking an alternative site.
- If an alternative site is proposed, identify the location of the site and if the site meets OASAS facility standards. If rehabilitation or renovations are required, identify the source of funding for the work. Complete the Site Information/Capital Request Form (Attachment I).

## **3. Staffing:**

- Describe the staffing plan for the proposed service as listed in the Budget Section.
- Describe the process to be used to determine if current staff will be retained and the terms and conditions of employment; (It is the intent of the Department of Mental Health in issuing this RFP that as many qualified, competent staff as possible will be retained by the successful applicant if the current provider elects discontinue providing services).
- List relevant training clinical staff has received during the past two years.

## **4. Service Delivery Information:**

- Describe the program approach, including engagement strategies, how the program will support individuals in their recovery, including community reintegration, support for vocational/educational pursuits, how relapse will be addressed and any evidence-based approaches to be used.
- Describe the approach to be used for any special populations. Be sure to include co-occurring disorders and how you would work with the local mental health to develop such services; trauma-impacted clients; family; gender-specific services, clients with medical conditions requiring care, etc.
- Describe the approach for the provision of culturally and linguistically competent service delivery for this population.
- Describe discharge planning and how individuals will be linked to continuing services, including housing, in the community; include a description of linkage agreements to be developed.
- Describe the performance measures that will be used to demonstrate successful client outcomes.
- Funding includes \$5,600 of Office of Mental Health funding for a Domestic Violence Intervention Program. Please describe how you would use this additional funding to

- Complete the “Implementation Time Line Form” (Attachment H), identifying major tasks and activities by month for assuming operations (Month 1, Month 2, etc.).

## **APPLICATION REVIEW PROCESS**

Applications received in response to this RFP will be reviewed and evaluated by a representative review panel established by the Wyoming County Mental Health Department. The final award is subject to approval by the Community Services Board, and the budget and contract are subject to approval by the Wyoming County Board of Supervisors.

## **SUPPLEMENTAL INFORMATION**

**Q and A** Provider questions will be accepted and should be submitted to [kthompson@wyomingco.net](mailto:kthompson@wyomingco.net) by February 22, 2010 All questions and answers will be posted on the website under “ Part 822 RFP Q and A”.

To insure equitable treatment for all bidders, the Department will respond to questions only through the Q and A section on the website, so that each question answer is available to all potential applicants. Questions submitted to members of the Department of Mental Health will not be received.

## **Threshold Review Criteria**

The following threshold review criteria will be rated either “yes” or “no”. If any of the criteria are rated “no”, the application will be immediately disqualified from further consideration.

1. Was the application received by the submission deadline date and time set forth in this RFP?
2. Does the applicant meet the criteria as an “eligible applicant” as set forth in this RFP?
3. Has the application been signed by an authorized representative of the organization?
4. Are the Organization and Program narratives limited to twelve (12) pages combined?
5. Is the application complete?

## **Proposal Review Criteria**

- Applications passing the threshold review criteria will be reviewed and rated by a representative group established by the Wyoming County Department of Mental Health. Each application will be scored on a 100 point scale using the review and scoring criteria below.

Proposals will be scored as follows:

Part I Agency/Organization – 45 Points

Part II Program – 35 Points

Part III Budget – 20 Points

The following criteria will be utilized in the evaluation of qualifications for developing the list of applicants to be considered. Further consideration may include interviews and/or potential negotiations with high scoring applicants. Individual criteria may or may not be assigned varying weights at the County's discretion to reflect relative importance.

***Part I - Agency/Organization: 45 points***

The review of Part I – Agency/Organization Narrative will evaluate the agency's character and competence, including experience and expertise in providing chemical dependence services as well as preparedness to operate in the current New York State behavioral healthcare environment going forward.

- Has the Board approved the submission of this application via a Board Resolution? (Required)
- Organizational values and commitment to quality of services: Do these reflect a leadership role for agencies managing modern behavioral healthcare services?
- Does the Vision and Mission of the organization support the delivery of the services proposed and does the Governance structure provide the appropriate level of oversight and attention to the services proposed?
- Is the relationship of the services proposed to the overall agency structure clearly defined?
- Does the agency have experience in providing successful chemical dependence services?
- Does the agency show awareness of incorporating current trends in substance abuse services at the state and national levels?
- Is the agency fiscally viable and prepared to operate in the current fiscal climate?
- Does the agency have the necessary internal management systems in place?
- Does the agency describe strong local linkages in place or if not, is the process to develop such linkages thorough and clearly described?
- Has the applicant demonstrated past cooperation with the LGU in the county where it operates and in its dealings, if any, with Wyoming County Department of Mental Health?
- Does the agency show high levels of financial management capacity, including CFR knowledge, and success in retaining state funding?
- Does the agency demonstrate a commitment to Wyoming County and our residents?
- Has the agency shown an ability to manage services in rural areas?
- What has been the experience of local stakeholders with the agency and its programs?
- Does the agency demonstrate a comprehensive corporate compliance plan and successful audit experience?
- Does the agency demonstrate a foundation of evidence-based and other effective innovative practices throughout services?
- Is the Continuous Quality Improvement plan and execution comprehensive?
- To what extent do outcome measures and person-centered planning appear to be driving services?

- How extensive are the program and supervisory supports the organization devotes to its programs?
- What is the evidence of a strong peer/consumer involvement at a corporate level?
- What is the readiness to link with Western New York Care Coordination Project for high-risk high-need initiatives?
- What has been the organization's experience of success in RFP and grant applications?
- What is the responsiveness, overall quality, and completeness of the proposal?

***Part II - Program Proposal: 35 points***

The review of Part II – Program Narrative will evaluate the applicant's understanding of the service and its objectives, how the services must be delivered, the agency's experience/expertise and demonstrated quality in delivering the type of service proposed and the applicant's responsiveness to delivering the service within the parameters set forth in the RFP. The current provider, if applying, should outline its current practices and plans.

- How does the proposed Part 822 service fit into other chemical dependence and related services provided by the agency?
- Did the applicant demonstrate a clear understanding of the overall system of care for behavioral and other health and human services in Wyoming County?
- Do the applicant's service delivery methods and philosophical approach to care demonstrate an understanding of the service and a good fit with Wyoming County Department of Mental Health values and priorities? (You may wish to consult Wyoming County's 2010 Mental Hygiene Plan on the County Planning System – Contact the Department if you do not have access.)
- Does the agency have experience/expertise in providing the service proposed?
- Did the applicant propose an appropriate staffing plan?
- For programs new to Wyoming County, did the applicant demonstrate a willingness to retain qualified staff who might apply from the current provider?
- Are the performance measures appropriate for the service proposed?
- Is the Implementation Time Line complete and reasonable?
- For those services requiring identification of a facility site, has the applicant identified a site and appear to be prepared to start up according to its timeline?
- What is the program's experience with Integrated Co-occurring Disorder services (mental health and substance abuse) and to what extent does its' proposal represent best practices for such integration?
- What have been the agency's Part 822 program's practices and responsiveness in coordinating with local court systems, and Department of Social Services and how comprehensive and practical is the plan for Wyoming County?
- What is the current practice for its Part 822 program, and the plan for assuring Wyoming County access, including waiting list policy?
- What have the agency's 822 programs' experience been in OASAS site visits, level of Tiered Certification and program scorecard?
- What are the current Part 822 program's coordination processes with medical providers for the healthcare of the client base?
- What is the program's past and proposed training plans/activities for Part 822 staff?

- What are the client satisfaction and other continuous quality improvement activities both in the current Part 822 program(s) and planned for Wyoming County?
- What are the 822 program's current use of evidenced-based or research-based practices in alcoholism and substance abuse both in active use and planned for the near future?
- For those agencies new to the county how complete and effective is the plan for the transition of services, including premises, staffing, records, and collaboration with current provider?

**Part III - Budget and Narrative Justification: 20 points**

The review of the budget will evaluate the reasonableness of costs and revenue projections, including an assessment of the fiscal viability of the program as proposed.

**Budget and Service Information**

Please see the budget overall information related to current programming. Wyoming County anticipates operating these services using current revenue streams and resources, with no increase in county levy support;

Submit a full copy of your year-end Consolidated Fiscal Report for the previous two years (Attachment F).

Describe any OASAS funding that has had to be returned to funding sources since 2005, and reasons for that return. Include the status of completed or in-process Federal or State Medicaid audits.

**Program Financing/Assistance to Support Service Delivery**

To assist potential vendors with provision of local services, the county will redirect current state aid and other resources to support operation of chemical dependency services. The County and State will provide the maximum available resources for these services, but are held harmless in the event of funding cuts due to New York State or Wyoming County budgetary and/or legislative actions. For the purposes of the budget section, do not include any expenses, revenues or deficit funding associated with the NYS Office of Mental Health funded Domestic Violence Intervention Program component of this RFP.

NYS OASAS Approved 2010 Annual Budget Amounts:	Gross Expense	620,188
	Revenue	320,084
	Net Deficit:	300,104

Deficit Funding:

NYS OASAS Approved 013S State Aid Funding	278,266
County Share:	
Wyoming County Tax Levy	14,838
Wyoming County STOP DWI Allocation for Treatment Services	7,000

*County data to assist in completing projected units of service and revenue calculations may be found on the NYS OASAS County Planning website under Planning Resources.*

**Budget Narrative (limit to one page, 12 point font, with one inch margins):**

The applicant should provide narrative detail on budgeted expenditures and revenues, including, but not limited to the following:

- Fringe benefit components, including mandatory and non-mandatory fringe benefit costs;
- Amount of dollars allocated for staff training and cite examples of possible training topics;
- Basis for property and equipment cost estimates;
- Resources to cover any non-funded costs; and
- Basis for projected annual units of services.

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE  
SERVICES REVIEW**

Following completion of the county's review process, the Department will forward the results of the selection process to OASAS for state level review and approval.