



Jennifer Earl, MA, LMHC
Director of Community Services
Lewis County Community Services Board
7714 Number Three Road
Lowville, NY 13367

OMH Clinic and Community Support Programs

REQUEST FOR INFORMATION

Responses Due: November 14, 2011

OMH Clinic and Community Support Programs RFI – Table of Contents

			<u>Page</u>
1.0	Introduction		3
	1.1	Purpose of this RFI	3
	1.2	Background	3
	1.3	Scope of Services	4
	1.4	Mental Health Programs	5
	1.5	Anticipated State Aid Available	10
2.0	Eligible Applicants		10
	2.1	Who May Apply	10
	2.2	Contractual Requirements	12
3.0	Proposal Submission		13
	3.1	Instructions for Submission	13
	3.2	Questions for this RFI	14
	3.3	Proposal Format and Elements	15
	3.4	Proposal Required Elements	15
4.0	Guideline for Proposal Submission		15
	4.1	Application Checklist	15
	4.2	Application Cover Sheet	16
	4.3	Part I – Agency / Organization Narrative	16
	4.4	Part II – Program Narrative	19
	4.5	Part III – Budget Justification and Narrative	20
5.0	Application Review Criteria		21
	5.1	Threshold Review Criteria	21
	5.2	Proposal Review Criteria	21
	5.3	Applicant Interviews	22
	5.4	New York State Office of Mental Health services Review	22
	Attachment 1 - Application Checklist		23
	Attachment 2- Cover Sheet		24

Lewis County OMH Clinic and Community Support Programs Request for Information (RFI)

1.0 INTRODUCTION

On behalf of the Lewis County Board of Legislators (“BOL”), the Lewis County Mental Hygiene Department (“LCMHC”), the Lewis County Community Services Board (“CSB”), the Director of Community Services (“DCS”) is seeking one or more applicants to operate all of the mental health programs that are currently being operated by Lewis County. Applications are being sought for those interested in operating any individual program, combination of programs, or all of the mental health programs including the Outpatient Clinic and community support programs for adults and children that are currently operated by the Lewis County Mental Hygiene Department at 7550 South State Street, Lowville, New York 13367.

1.1 Purpose of this RFI

The DCS is issuing this Request for Interest (RFI) from one or more qualified providers to assume responsibility for the provision of all of the mental health programs for Lewis County, either as a single operation or a combination of individual programs provided through multiple providers, including the Outpatient Mental Health Clinic, Forensic Jail Based Services, and the Community Support Programs including any/all of the following: Adult and Children’s Intensive and Supportive Case Management with associated Blended Case Management Emergency and Non-Emergency Service Dollars; Case Management (non-Medicaid), MICA, Advocacy, Family Support Services, Supported Housing, Client Transport, Psychosocial Club, Single Point of Access (SPOA), Transition Management, and Crisis.

The Outpatient Clinic requires licensure through the New York State Office of Mental Health (“OMH”). Some programs require certification by OMH while others do not. However, all programs are subject to the oversight of (OMH), the CSB, and the BOL. It is expected that any respondent who is interested in the licensed or certified programs will demonstrate that they are currently licensed or certified to provide such services or are able to obtain the necessary licenses or certifications within a reasonable time should their proposal be accepted.

1.2 Background

Lewis County is a rural county in Northern New York. According to the 2010 Census there are 27,087 residents. The median household income in Lewis County is \$41,837 which is nearly \$14,000 below that of New York State. The average annual unemployment rate is slightly higher than that of New York State which is balanced with modest housing costs in comparison to state averages. The mortality rate for death by suicide/10,000 residents is nearly twice that of New York State. Data for Local Fiscal Year 2009 identifies \$870,108 in Medicaid Mental Health expenditures through the provision of adult and children case management and Outpatient Clinic services.

The Outpatient Clinic is the only OMH licensed clinic within the geographical borders of Lewis County and is currently operated by the County. It is the recommendation of the CSB that the stand alone Article 31 clinic and County operated Community Support Programs transition operations to alternate providers.

1.3 Scope of Services

This RFI seeks to identify one or more organization(s) to assume operation of (1) existing Outpatient Mental Health Treatment Clinic program for adults and children and (2) existing Community Support Program services as described in section 1.4 Mental Health Programs. The county and state will be providing no deficit funding beyond the amounts in section 1.5 to the successful RFI applicant.

Services to be provided include the following:

1. Outpatient Mental Health Clinic
2. Forensic and Jail Based Services
3. Community Support Programs, including any/all of the following:
 - a. Adult Blended Intensive and Supportive Case Management
 - b. Children's Intensive Case Management
 - c. Non-Medicaid Care Coordination
 - d. MICA Network
 - e. Advocacy
 - f. Case Management: Non-Medicaid Care Coordination
 - g. Client Transport
 - h. Psychosocial Club
 - i. Single Point of Access (SPOA)
 - k. Transition Management
 - l. Crisis Intervention

Each of the above listed programs is described in more detail in Section 1.4 below.

The successful applicant will agree to provide service(s) comparable to those currently being provided by LCMHD, and as agreed by the BOL and CSB. The successful applicant for mental health services must agree to offer treatment to those clients engaged in treatment at the time of transition, and in a manner that will assure minimal disruption to client services. It is also hoped that the successful applicant for any of the services described herein, would hire as many of the closing program's qualified staff as possible according to the applicant's staffing plan.

1.4 Mental Health Programs

Outpatient Clinic (NYS OMH Licensed)

Part 599 Outpatient Clinic services for adults and children is designed for individuals who have a serious and persistent mental health diagnosis (SPMI), but who are able to participate in treatment and comply with treatment outside of a 24-hour treatment setting. The Outpatient Clinic provides treatment designed to reduce symptoms, to improve patient functioning and to provide on going support. This program serves children, adolescents, adults, and geriatric adults, regardless of their ability to pay. Assessment and treatment planning, health screening and referral, discharge planning, verbal therapy, medication therapy, medication education, symptom management and psychiatric rehabilitation readiness determination. The following additional services may also be provided: case management, crisis intervention services, clinical support services, and family treatment services. The current Outpatient Clinic participates in the New York State Child and Family Clinic Plus Program and provides assessments, expansion visits and in home treatment.

The Outpatient Clinic is licensed by the New York State Office of Mental Health and is subject to Article 31 of the Mental Hygiene Law and all applicable regulations. The Outpatient Clinic services are monitored by OMH, the CSB and the BOL.

The services provided by the Outpatient Clinic are eligible for Medicaid and Medicare reimbursement in accordance with applicable state and federal laws, rules, and regulations. Such services are also eligible for other third party insurance reimbursement and self-pay reimbursement. It will be the applicant's sole responsibility to maintain such eligibility upon assuming responsibility for such programs.

Client Transport (non-licensed program)

The provision of transportation to and from facilities or resources specified in the consumer's individual treatment plan as necessary part of his/her service for mental disability. This includes all necessary supportive services for full and effective integration of the consumer into community life.

Psychosocial Club (non-licensed program)

The objective is to assist individuals disabled by mental illness to develop or reestablish a sense of self-esteem and group affiliation, and to promote their recovery from mental illness and their reintegration into a meaningful role in community life through the provision of two or more of the following: (1) consumer self-help and empowerment interventions; (2) community living; (3)

academic; (4) vocational and/or (5) social-leisure time rehabilitation, training and support services.

Programs should include hours of operations and locations that are conducive to the needs of families, including evening and weekend hours of operation. Programs should include a minimum of three days of operation with evening hours available at least two evenings per week.

Case Management (Non-Medicaid) (non-licensed)

Activities aimed at linking the consumer to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of case management in a mental health system is continuity of care and service. Services may include linking, monitoring and case specific advocacy.

- *Linking*: the process of referring or transferring a consumer to all required internal and external services that include the identification and acquisition of appropriate service resources.
- *Monitoring*: Observation to assure the continuity of service in accordance with the Consumer's Treatment Plan
- *Case-Specific Advocacy*: Interceding on behalf of a consumer to assure access to services required in the individual service plan. Case management activities are expediting and coordinative in nature rather than the primary treatment services ordinarily provided by a therapist.

Case management services are provided to enrolled consumers for whom staff are assigned a continuing case management responsibility. Thus, routine referral would not be included unless the staff member making the referral retains a continuing active responsibility for the consumer through the system of service.

Blended Case Management and Emergency and Non-Emergency Service Dollars (adult) (non-licensed)

This program will facilitate a team approach to case management services by combining the caseloads of multiple Intensive Case managers (ICMs) and/or supportive Case Managers (SCMs). Services consistent with a consumer's treatment plan, designed to be flexible and responsive to current individual needs. These services may include emergency services, both immediate and not immediate. The emergency dollars aimed at meeting immediate basic needs of the consumer to include transportation, medical/dental care, shelter/respice/hotel, food/meals, clothing, escort and other. Service dollars may also include furnishings, utilities, tuition, job related costs, job coaching, education, vocational services, leisure time services and others.

Single Point of Access (SPOA) (non-licensed)

Facilitate a process, led by a SPOA Coordinator, that helps Local Government Unit achieve Community based mental health systems that are cohesive and well coordinated in order to serve those individuals most in need of services. There are three types of SPOA's – Children's, Adult Case Management, and Adult Housing. The SPOA manages service access and utilization.

Family Support Services (Children and Family) (non-licensed program)

Family support programs provide an array of formal and informal services to support and empower families with children and adolescents having serious emotional disturbances. The goal of family support is to reduce family stress and enhance each family's ability to care for their child. To do this, family support programs operate on the principles of individualized care and recognizing every child and family is unique in their strengths and needs. Connecting family members to other families with children with serious emotional problems helps families to feel less isolated and identify their own strengths.

Family support programs ideally provide the following four core services: family/peer support, respite, advocacy and skill building/educational opportunities.

Programs should include hours of operations and locations that are conducive to the needs of families, including evening and weekend hours of operation.

Advocacy/Support Services (non-licensed program)

Advocacy / support services may be individual advocacy or systems advocacy (or a combination of both). Examples are warm lines, hot lines, teaching daily living skills, providing representative payee services, and training in any aspect of mental health services.

Individual advocacy assists consumers in protecting and promoting their rights resolving complaints and grievances, and accessing services and supports of their choice.

Systems advocacy represent the concerns of a class of consumers by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems on a systemic, rather than individual basis.

Programs should include hours of operations and locations that are conducive to the needs of families, including evening and weekend hours of operation.

Intensive Case Management (children) (non-licensed program)

Services consistent with a consumer's treatment plan, designed to be flexible and responsible to current individual needs. These services may include emergency services, both immediate and not immediate.

Transition Management Services (non-licensed program)

Transition Management Services (discharge planning) programs provide support for improved community service linkages and timely filing of Medicaid applications for seriously and persistently mentally ill (SPMI) consumers being released from local correctional facilities. The TM focus will be in obtaining post-release services for these consumers.

Crisis Intervention (non-licensed program)

Crisis intervention services, applicable to adults, children, and adults, are intended to reduce acute symptoms and restore individuals to pre-crisis levels of functioning. Examples of where these services may be provided include emergency rooms and residential settings. Provision of services may also be provided by a mobile treatment team, generally at a consumer's residence or other natural setting (not at an in-patient or outpatient treatment setting). Examples of services are screening, assessment, stabilization, triage, and/or referral to an appropriate program or programs. This program type does not include warm lines or hotlines. This program is NOT USED FOR SERVICES PROVIDED BY A LICENSED OUTPATIENT CLINIC.

Intensive Case Management/Supportive Case Management/Blended Case Management Emergency and Non-Emergency Service Dollars (non-licensed program)

Services consistent with a consumers treatment plan, designed to be flexible and responsible to current individual needs. These services may include emergency services, both immediate and not immediate. The emergency dollars aimed at meeting immediate basic needs of the consumer to include transportation, medical/dental care, shelter/respice/hotel, food/meals, clothing, escort and other. Service dollars may also include furnishings, utilities, tuition, job related costs, job coaching, education, vocational services, leisure time services and others. This program does not include agency administration.

MICA (non-licensed program)

The proposed network must define a service area, a target population and ensure that MICA consumers have access to housing, treatment, peer support/self-help and alcohol/substance abuse services and case management. A MICA Network would include, but not be limited to: residential capacity, case management, psycho-social capacity, enhancement of treatment capacity, and

self-help, peer leadership/peer specialist/peer case management, linkages with drug and alcohol providers.

Supported Housing Programs – Rental Assistance and Community Services

Rental assistance is provided to residents of supported housing programs through the means of a voluntary agency-administrated rent stipend mechanism. Residents are expected to contribute 30% of their income toward the cost of rent and utilities in decent, moderately priced housing in the community; the difference between the residents' contribution and actual cost of the housing is paid directly to the landlord on behalf of the program residents.

Supported Housing Community Services includes all services provided to residents of supported housing programs by the supported housing agency, excluding rental assistance. The objective of the program is to assist individuals in locating and securing housing of their choice and in accessing the supports necessary to live successfully in the community. Services may include assistance with choosing housing, roommates, and furniture; providing financial assistance with the purchasing of apartment furnishings and with initial apartment/utility deposits, assistance with resolving roommate or landlord issues that may jeopardize the stability of the housing placement; and linking residents to a comprehensive community support system of case management, mental health and general health supports.

1.5 Anticipated State Aid Available for Program Operations

Program Code	Program	Estimated 2012 State Aid Amount
1400	Single Point of Access (SPOA)	4,040
1650	Family Support	22,035
1760	Advocacy	127,815
1970	Transition Management Services	5,380
5990	MICA Network	60,240
2100	Outpatient Clinic	0
0770	Psychosocial Club	12,707
2680	Crisis Intervention	27,142
0670	Client Transportation	31,805
6050 6060	Supported Housing & Rental Assistance	337,684
2720	Case Management Non-Medicaid Care Coordination	59,928
0820, 0920, 1810,	Adult Blended Intensive/ Supportive, Case Management	45,544
1910	Children's Intensive Case Management	19,420

The forgoing are estimates only based upon currently available information and are subject to change at any time with or without notice. No representations or warranties are made or implied as to the actual amount of state aid that will be available.

2.0 ELIGIBLE APPLICANTS

2.1 Who May Apply

To be eligible for consideration, an applicant may be a for profit, not-for profit, government, or voluntary agency currently certified or eligible to become certified and/or funded by OMH to provide Mental Health services. Additionally, applicants currently OMH certified to provide treatment services must be deemed to be "In Good Standing." For the purposes of this RFI, 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." (Accordingly, for profit or proprietary entities are **not** eligible to apply for funding).

In Good Standing: All of the certified Mental Health Services that the agency operates have an OMH regulatory compliance rating of partial or substantial compliance as of the due date for the applications submitted in response to this RFI 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 RFI applications submitted in response to this RFI.

The Applicant must demonstrate their willingness and ability to actively implement Person-Centered values of rehabilitation and recovery as a platform for service delivery, as illustrated by the following summary version of the Lewis County Mental Hygiene Department's and provider agency's 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.

Successful applicants will also be required to:

- Demonstrate that they are an experienced provider of mental health or similar health care services, with a successful track record of financial and operational management;
- Assume responsibility for services in a manner that minimizes disruption in care provided to Lewis County residents seeking services;
- Demonstrated an ability to work and plan closely with their respective County Department of Mental Health, local agencies and stakeholders in building effective and responsive local services in order to enhance impact and minimize duplication.
- Be willing to serve all clients regardless of ability to pay in those programs supported by state aid;
- Assume responsibility for forensic services at the Lewis County Jail.
- Assume responsibility for service provision for high risk and multiple needs clients, including those served through Assisted Outpatient Therapy
- Assume responsibility for ensuring adequate psychiatric services are available to meet the need for forensic psychiatric evaluations when necessary, including, but not limited too Assisted Outpatient Therapy examinations, court testimony and CPL 730 examinations.
- Establish and maintain relationships with the CSB, and the Local Government Unit, and follow the required processes for obtaining approvals for and continuation of public benefits for eligible clients;
- Demonstrates the ability to work and plan closely with the CSB, work collaboratively with local agencies and stake holders in building effective and responsive local services and participate in the development and implementation of the Board's annual local plans for services and subsequent priorities, and such service planning and implementation processes as may be deemed necessary by the Board;

- Meet all applicable state and federal regulations and requirements including participation in local system planning, integration, and coordination activities.
- Demonstrate 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 RFI process will include scoring criteria as detailed in the section entitled “Application Review Criteria”

Preferences will be given to eligible applicants currently providing OMH services in Central and Northern New York, and in particular agencies under the auspices of the Central Regional Office. Please see scoring criteria for additional detail.

The LCMHD will establish a committee consisting of members of the CSB, the BOL, peers, and qualified community members to review the proposals and make a determination by December 14, 2011. It is anticipated that initial transfer and start-up for any new provider, if selected, would begin within 30 days of receiving the award.

The successful applicant will agree to operate the program in accordance with New York State Office of Mental Health (OMH) and other applicable state and federal regulations. No County funding will be available for these programs (see budget documents).

Proposals from providers currently providing services should reference how they have addressed the questions in section(s) 4.0-4.5 within their own current service provisions as well as what their plans would be in Lewis County if they are the successful applicant.

2.2 Contractual Requirements

Successful applicants will be required to:

- Enter into a joint contract with the BOL and the CSB 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, HIPPA, and confidentiality, corporate compliance, insurance, indemnification, audit, Labor Laws and worker’s compensation and prohibition of discrimination;
- Comply with all OMH reporting requirements, including, but not limited to, Utilization Reports, Client Data System, County Planning System, and budget documents;
- 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 in this RFI;
- Comply with all applicable OMH regulations

- The successful applicant shall agree to indemnify and hold harmless the County of Lewis and its agents and employees from and against all claims, damages, losses, causes of action or expenses, including reasonable attorney fees, arising out of or resulting from such applicant's performance pursuant to any contract entered under this RFI.
- The successful applicant shall not assign, transfer, convey, sublet or otherwise dispose of a contract or the successful applicant's right, title, or interest therein, or the successful applicant's power to execute such contract to any other person, firm or corporation without the express prior written consent of the County of Lewis, in accordance with New York State General Municipal Law, Section 109.
- **Conflicts of Interest:** In executing and submitting a proposal in response to this RFI, the applicant represents and warrants that no person who is an elected official, officer, or employee of Lewis County, nor any person whose salary is payable, in whole or in part, by the County, shall have a financial interest, direct or indirect, in the contract to be awarded hereunder or in the proceeds thereof, unless such person completes and submits a Disclosure Form, on a form acceptable to the County, disclosing their interest or seeks a formal opinion from the Lewis County Ethics Board as to whether or not a conflict of interest exists. Any contract entered into a violation of such representation warranties shall be **void**, and the County shall have the right to immediately annul any such contract without any liability whatsoever, entitling the County to recover all monies paid there under. In such an event, the contractor shall have no claim for, nor be entitled to recover, any sum or sums otherwise due under any contract awarded hereunder regardless of any services rendered.

3.0 PROPOSAL SUBMISSION

Timeline:

RFI Release:	September 30, 2011
Deadline for Submission of Questions:	October 31, 2011
Question & Answers Posted:	October 31, 2011
Proposals Due:	November 14, 2011
Notice of Award(s):	December 14, 2011

3.1 Instructions for Submission

Interested organizations should submit a signed original and seven (7) copies of the completed proposal containing all required elements to the address below:

Jennifer L. Earl, Director
 Lewis County Community Services
 7714 Number Three Road
 Lowville, New York 13367

To be considered, the proposal must be received no later than: **4:00 PM on November 14, 2011**

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

Lewis County bears no responsibility for the loss, delay or other problems associated with the use of a public or private carrier in the transmittal and delivery of application materials.

As a result of this RFI, the BOL and CSB intend to enter into contract with the selected vendors to provide the services described in the scope of service and mental health programs sections of this RFI. However, this intent does not commit the Board of Legislators or Community Services to award a contract to any responding vendor.

Lewis County specifically reserves the right to:

1. Accept or reject, in whole or in part any or all proposals received as a result of this RFI.
2. Select proposals for contract award or for negotiations that are deemed to be in the best interest of Lewis County for reasons other than the relative cost to the County.

While it is within the purview of the LCMHD to solicit the interest of other providers in the delivery of mental health clinical services, the New York State Office of Mental Health retains authority for the issuance, continuance and revocation of provider's operating certificates as established under Mental Hygiene Law and in accordance with the Prior Approval Review process.

3.2 Questions related to this RFI:

Questions related to any aspect of this RFI must be submitted via e-mail or in writing (be sure to include some form of receipt verification) to Jennifer L. Earl (jearl@lewiscountyny.org) or at the above address **no later than 4:00 pm on October 31, 2011**. The request should identify the name of the individual posing the question and their organization affiliation. Questions will not be responded to individually. Answers will be posted on the Mental Health Center Website <http://lewismh.org> by the close of business on October 31, 2011.

During the proposal review process, the BOL and CSB may require clarifying information from an applicant for the purpose of assuring a full understanding of the applicant's responsiveness to the RFI elements. This clarifying information must be submitted in writing in accordance with the format set forth in any request for clarifying information and will not be considered a formal part of the application. Any request for clarifying information shall NOT include the submission of required materials that were

omitted from the original submission and shall not be construed as an opportunity to address areas of the proposal deemed to be non-responsive to the RFI elements.

3.3 Proposal Format and Elements

The proposal format consists of the Agency and Program Narrative, required attachments, Budgets, Narrative Budget Justifications and Capital Request Form, as appropriate. Attachments are limited to those specified within the Narrative Instructions. Agency promotional materials should not be included and will NOT be accepted as part of this RFI process.

The Narrative sections should be prepared using a standard font, no smaller than 12 point, with a minimum of one (1) inch margins on top, bottom, and sides. There are no page limits associated with this application. Pages should be consecutively numbered beginning with the Application Cover Sheet as page 1, followed by the Agency/Organization Narrative, Program Narrative(s), Budgets, Budget Narrative Justification and Capital Request Form in that order. Attachments should be clearly labeled and paginated within each attachment.

The Narrative consists of two (2) parts – Part I, Agency/Organization Narrative and Part II, Program Narrative for each service component the agency is proposing to operate. Applicant must submit a response to both Part I and Part II and include all required attachments to be considered. Applicants are advised to refer to the Scope of Services section of this RFI for requirements for each component.

3.4 Proposal Required Elements:

The Application Packet at the end of this document includes any forms to be completed. Please refer to the list below for required elements and forms:

- Application Checklist (Attachment 1)
- Application Cover Sheet (Attachment 2)
- Part I - Agency/Organization Narrative
- Part II - Program Narrative
- Part III - Budget and Justification Narrative
- Expenditure and Revenue Reports

4.0 GUIDELINES FOR PROPOSAL SUBMISSION

4.1 Application Checklist

The Application Checklist located in the Application Packet at the end of this document is to be completed and submitted as part of the application package.

4.2 Application Cover Sheet

The Application Cover Sheet is located in the Application Packet at the end of this document is to be completed and signed by an authorized representative of the agency.

4.3 Part I – Agency / Organization Narrative

Part I: Agency/ Organization Narrative is to be completed by all applicants. Clearly label each section of your response. Each of the following sections must be included in the narrative:

1. Organization Overview – Provide an overview that clearly describes the organization and its experience providing Mental Health Services or equitable health care services:
 - Provide background information which describes the agency and its history
 - Indicate the location of the agency's main corporate/administrative operations office
 - Describe the agency's experience in providing Mental Health Services
 - State the corporate form of the agency, to include year of incorporation and purpose
 - 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
 - List all programs licensed by New York State agencies, including the operating certificate number
 - Provide a Year to Date Expenditure and Revenue Report (Label as Attachment 3)
 - Provide copies of your audited financial statements (Label as Attachment 6) and CFR for the last three years (Label as Attachment 7)
2. Organization Vision and Mission - Provide an overview that clearly describes the agency's mission and demonstrates a commitment to Mental Health Services:
 - State the Vision and Mission of the organization
 - Describe the process used to develop the Vision and Mission statements
 - Specify those parts of the mission that permit you to operate the program(s) which you are requesting through this proposal
3. 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 office (Label as Attachment 4)

- Attach a copy of the Board By-Laws or other documentation which specifies the policy and decision-making responsibilities of the Board in the areas of planning, program development, personnel management, budget and finance and service monitoring and evaluation. Identify any standing committees and their reporting mechanism to the full board (Label as Attachment 5)
- Attach a Board Resolution that authorizes the submission of this proposal (Label as Attachment 8)

4. Organization Structure

- Describe the organization structure and the relationship of the services proposed to the overall agency structure;
- In narrative form, explain current and proposed Mental Health 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 9)
- Include names and titles of each key management position on the organization chart
- Clearly label the proposed services as “Proposed” within the organizational chart

5. Organization Management Systems

- Describe the internal management systems of the agency;
 - Human Resources
 - Management Information Systems including electronic medical records
 - Billing
 - Audit and Finance
 - Supervision and Controls
 - Corporate Compliance
 - HIPPA Compliance
 - Quality Assurance
 - Facilities Management
 - Other management systems in place necessary for organizational management

6. Organization Relationships

- Describe the organization’s relationships and linkages with other health and human service providers or agencies which are necessary to affect the continuity of care and access to needed services;
- List any formal, written agreements in place and purpose of such agreements;
- Describe the process to be used to develop linkage agreements 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;

- State your intent to establish and/or maintain a relationship with the Lewis County Board of Legislators and Community Services Board.

7. Coordination

- Describe the organization's past experience in working with the Local Government Unit within each locality where your agency currently provides services in;
- Describe participation in local planning for Mental Hygiene Services;
- Describe participation in other related local planning efforts (i.e. chemical dependence, homeless services, criminal justice, etc.)
- Indicate if the agency is currently registered in the NYS County Planning System (CPS)
- List any contracts you have with the Local Government Unit and/or its designee within each locality your agency currently provides services in.

8. Commitment to Lewis County

- Explain your interest in providing services to the residents of Lewis County. What experience do you have providing services in rural settings?
- How would you assure Lewis 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?

4.4 Part II – Program Narrative

Narrative Part II is to be completed for each of the service components the agency is proposing to operate.

A separate Program narrative should be completed for each service component addressing all areas, as applicable. Refer to Question #3 below for specific questions related to each component.

Clearly label the narrative for EACH component and each section of your response.

1. Component Being Proposed to Operate

- Identify the service component the organization is proposing to operate.

2. 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 approach to care;
- Describe how this service fits with other Mental Hygiene services the agency currently operates;
- Indicate if the agency is proposing to operate other service components under this RFI;
- If other service components are proposed, describe the relationship of the service to those other components;
- Describe how the services proposed will operate as a part of the overall system of care for behavioral and other health and human services in Lewis County;
- Indicate the agency's experience/expertise in providing the particular service proposed and/or similar type of services;
- Describe how the service approach ensures the provision of culturally and linguistically competent care.

3. Specific Areas to Address in Each Component

Based on the component being proposed in Question # 1, please address each area below for each applied service:

- Describe the process to be used to determine if current staff will be part of this new or expanded service and the terms and conditions of employment; note: it is the intent of the BOL and CSB in issuing this RFI that qualified, competent staff will be retained by the successful applicant. Be sure to include the process to be used to keep the CSB informed of staff qualifications, credentials, and how the agency will conduct employee

- background checks verify licensing or other credentials, and determine current standing as a professional in the field;
- Describe primary sources of referral and process to be used to obtain DSS benefits for eligible individuals;
 - Describe the program approach, including engagement strategies, how the program will support individuals in their recovery, including community reintegration, support for vocational/educational pursuits, and meeting ongoing recovery needs;
 - Describe the approach to service delivery for any special populations, including but not limited to females, co-occurring mental illness/chemical dependency, older adults, adolescents, non-English speaking, AOT clients, etc.;
 - 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
 - Complete the "Implementation Time Line Form," identifying major tasks and activities by month for assuming operations (Month 1, Month 2, etc)

4.5 Part III – Budget Justification and Narrative

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. Lewis County anticipates operating these services using current revenue streams and resources, with no county levy support;

- Provide copies of your audited financial statements and CFR for the last three years. (Label as Attachment 7)
- Describe any OMH funding that has been returned to funding sources since 2006, 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 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 Lewis county budgetary and/or legislative actions.

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

Budget Narrative (Per program proposing) (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;
- Basis for projected annual units of services.

5.0 APPLICATION REVIEW CRITERIA

Applications received in response to this RFI will be reviewed and evaluated by a representative group established by the BOL and the CSB of Lewis County. Multi-tiered review criteria will be used for the purpose of selecting agencies for each service component.

5.1 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 RFI?
2. Does the applicant meet the criteria as an “eligible applicant” as set forth in this RFI?
3. has the application been signed by an authorized representative of the organization?
4. Is the application complete?

5.2 Proposal Review Criteria

Applications passing the threshold review criteria will be reviewed by the selection committee and evaluated with the following criteria in mind (Not listed in any specific order of importance):

- Organizational values and commitment to quality of services
- Commitment to Lewis County
- Demonstrated understanding and experience with serving rural populations

- A clear track record of providing high quality services
- Ability to handle the transition of services with minimal impact to consumers
- Evidence of a strong consumer orientation
- Start-up time
- Fiscal strength of the proposal
- Reputation of Contractor
- Responsiveness and overall quality of the proposal

5.3 Applicant Interviews

Lewis County specifically reserves the right to interview any applicant during the proposal review process and before a final decision is made in order to aid the selection gather further or additional information regarding the applicant's proposal. If an applicant is selected fro an interview, it is no indication as to the relative merits of the applicant's proposal, nor is it an indication of the likelihood of success for the applicant's proposal. Provided, however, that in the event an applicant declines or refuses to attend an interview, if selected, the applicant's proposal may be immediately removed from the selection process at the sole discretions of Lewis County.

5.4 New York State Office of Mental Health Services Review

Following completion of the county's review process, the Department will forward the results of the selection process to OMH for state level review and approval. The successful applicant will also need to complete any and all required paper work as required by OMH.

ATTACHMENT 1

APPLICATION CHECKLIST

- I. Agency/Organization Narrative
- II. Program Narrative
- III. Budget and Justification Narrative
- IV. Required Attachments
 - A. Listing of current Board of Directors, including member affiliations and term for each member. Indicate Board officers by position and term of such office. Cob of the Board By-Laws or other documentation which specifies the policy and decision making responsibilities of the Board in areas of planning, program development, personnel management, budget and finance and service monitoring and evaluation. Identify any standing committees and their reporting mechanism to the full board.
 - B. Attach a Board Resolution that authorizes the submission of this proposal
 - C. Complete the "Program Listing Form;" listing all programs licensed by New York State agencies, including the operating certificate number, expiration date and duration of the license and standing (partial or substantial).
 - D. Attach an organizational chart which clearly illustrates the reporting relationships between the various components. Include names and titles of each key management position on the organizational chart. Clearly label the proposed services as "proposed" within the organizational chart.
 - E. Organization Vision and Mission – Provide an overview that clearly describes the agency's mission and demonstrates a commitment to mental health services: State the Vision and Mission of the organization. Describe the process used to develop the Vision and mission statements.
 - F. CFR for the last three years
 - G. Provide copies of your audited financial statement and Federal Tax Form for not-for profits 990 for the last three years.
 - H. Complete an "Implementation Time Line Form." Identifying major tasks and activities by moth for assuming operations (Week 1, Month 1, Month 2, etc)
 - I. If an alternative site is proposed, identify the location of the site and if the site meets OMH facility standards. IF rehabilitation or renovations are required, identify the source of funding of the work. Identify the proposed site.
 - J. List any contracts you have with the Local Government Unit and/or its designee within each locality where your agency currently provides services. List any formal, written agreements in place and purpose of such agreements.

ATTACHMENT 2

COVER SHEET

Proposals must include a cover sheet providing the following information:

- I. Name of the Agency presenting the proposal, including the name of the current Chief Executive Officer (or equivalent).
- II. Address, phone number, fax number, website and/or e-mail address for the agency.
- III. Name, title, phone number, fax number, mailing address, and e-mail
- IV. address of individual(s) designated as the agency contact for the submitted proposal.
- V. List any / all programs for which the agency is applying.