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YADAC Administrator: Shawn Anne McNichol, MA, CACD, CCDPD

MEMORANDUM

TO: All YADAC Contracted Outreach Intervention Providers

FROM: Shawn Anne McNichol, YADAC Administrator

SUBJECT: 2012-2013 Request for Proposals

DATE: April 9, 2012

The York/Adams Drug & Alcohol Commission (YADAC) is issuing a Request for Proposal (RFP) for outreach intervention services for the 2012/2013 fiscal year. YADAC will use this proposal process to renew the existing outreach intervention provider contracts. Specific budgets, allocations and performance plans will be negotiated on an annual basis. Continuation of agreements for the fiscal years following the 2012/2013 fiscal year will be contingent upon provider performance and available funding.

The RFP packet is attached to this memo. It includes a detailed index, required forms, instructions and related materials to assist you. If additions or corrections are necessary to correct errors found within the instructions, an addendum to the RFP will be issued. An electronic version of the generic Outreach Intervention RFP packet will be sent to your attention.

Providers must submit two copies of the proposal to YADAC by: May 7, 2012

Any questions regarding the RFP must be submitted to YADAC in writing. YADAC will issue written responses to such questions as an official supplement to the RFP.

YORK/ADAMS DRUG & ALCOHOL COMMISSION

2012/2013 RFP

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- Provider Agency Plan of Action Worksheets
- Outreach Staff Roster
- Outreach Staff Roster of Personnel
- Outreach Budget Cover Sheet/certification Sheet
- Tentative Allocation Sheet
- Budget Overview
- Statistical Reporting Signature Page
- Statistical Reporting Requirements

**PROVIDER ELIGIBILITY CRITERIA AND
SPECIFICATIONS FOR
OUTREACH INTERVENTION PROVIDERS**

Eligibility Criteria

The following criteria must be met before the proposals of any organization will be considered:

- The provider must agree to carry out the standard terms and conditions of the YADAC contract.
- The provider must submit a proposal that is complete and that addresses all sections of this Request for Proposals.

Required Programmatic Specifications

In addition to the above mentioned eligibility criteria, YADAC has identified specifications regarding the planned acquisition of Outreach Intervention Services which are as follows:

- Provider will be responsible for visiting various identified locations of drug use in local neighborhoods in York and Adams Counties distributing educational pamphlets specific to the risks associated with the use of drug paraphernalia and availability of treatment services.
- As applicable, providers must comply with all Department of Health, Bureau of Drug and Alcohol Programs (BDAP) manuals (those are: Treatment; Fiscal; and Prevention) as they relate to the outreach intervention services.
- Providers must remain aware of and adhere to the most current YADAC policies regarding outreach services.
- Providers shall provide demographic data for the population served that shall include, at minimal: date of service; intervention level; gender; race; Hispanic ethnicity; age range; and location of outreach activity.
- Programs must demonstrate use of evidenced based outreach approaches and/or outreach program strategy approaches.
- Programs must demonstrate an understanding of the Recovery Oriented System of Care (ROSC) philosophy and incorporate this philosophy into their outreach approaches.
- Providers must:
 - *Ensure that outreach activities are carried out for the injection drug users who have not yet entered treatment;
 - *As indicated, provide referral information for drug and alcohol treatment services and/or other appropriate services;
 - *Participate in the YADAC Provider Working Group Meetings AND/OR the YADAC Prevention Provider Meetings;

- *Coordinate with the YADAC Prevention Specialist regarding appropriate collaboration of services with the YADAC prevention providers (such as: information dissemination; presentations; etc.);
- *As appropriate, collaborate with the YADAC Case Management Supervisor regarding client referrals to treatment and/or treatment service information dissemination;
- *Remain proficient in outreach, educating, and referral of the injection drug user;
- *As requested, submit copies of all training completion certificates to YADAC Prevention Specialist;

REQUEST FOR PROPOSALS

INSTRUCTIONS

There are eight sections to the 2012/2013 RFP. The first seven are required sections with the eighth being optional or as needed only. Please read the instructions for each section and include the requested information for each. Narratives are to be kept as concise as possible.

Section I. Index Page

The proposal must include an index that identifies the major sections of the RFP. The index is to include the corresponding page numbers.

Section II. Description of Outreach Intervention Operations

The purpose of this section is to provide a description of outreach intervention operations and services. Please limit this section to no more than six pages. At a minimum, the following items must be addressed:

- ❖ Where is the outreach intervention site located? Are there any satellite sites?
- ❖ Provide a brief overview of the services that will be provided. At minimum this must include:
 - ❖ Counseling and education about HIV and TB; counseling and education about the risks of needle sharing; counseling and education about the risks of transmission to sexual partners and infants; counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur; and
 - ❖ Referral for HIV and TB treatment service, if necessary.
- ❖ What will be the specific target groups for the proposed services? Include notation for evidenced based programming and rationale for such.
- ❖ What are the hours of the outreach intervention service program? How are these hours determined? How does the program handle service requests that are outside of the program's hours of operation?
- ❖ Is the program covered by liability insurance?
- ❖ Describe the program's quality assurance process, including: provisions for standard supervision; supervising newly hired outreach staff; maintaining client confidentiality; etc.
- ❖ Describe how the success of the services provided is measured. Include how client follow-up is completed.
- ❖ Describe the program's experience for soliciting monies/grants/funding unrelated to the YADAC outreach allocation. How much revenue has the facility generated in the past two years?

- ❖ Describe what trainings are required by the staff and how proficiency in outreach intervention services and information is maintained. What is the agency's policy regarding supervision of staff in process of acquiring said trainings? Does the provider agency have an established ethics policy for the outreach staff?

Section III. Agency Mission Statement, Philosophy, Development, Experience, Goals and Objectives

This section is narrative in nature and must include a concise mission statement for your organization; a statement of what way or manner the Agency's philosophy relates to the proposed services that are intended to be provided; a brief history of the applicant agency including its purpose, founder, date of incorporation (if applicable) and development to the present; a brief narrative history of the Agency's involvement in activities or services similar to, or related to, those presented in this RFP.

This section will also outline the main service goal or goals and related objectives for the contract period. Include the values, beliefs, and assumptions, which are fundamental to the operation of the Agency and substantiate with data on the number of individuals served and other relevant information that will describe the Agency's service population.

Section IV. Provider Agency Plan of Action Worksheets (attached)

This section will present the major objectives (up to 10) that relate to the goals introduced in Section III. Each identified agency goal is to include the identified need. The need statement should help to explain the community need for each targeted goal.

Remember: For purposes of this Request for Proposal (RFP), goals are outcomes to be achieved and reflect the mission of the organization. Objectives are outcome measures achieved in pursuit of identified goals. For use in the accompanying charts, action steps are significant measures that lead toward the completion of the objective.

A brief statement must be included about the agency's responsibility in notifying YADAC if/when the identified outreach services are NOT rendered and/or the accompanying required documentation is not entered/reported, as well as how the agency understands that, accordingly, payments will not be rendered by YADAC.

Section V. Personnel

This section must include:

- A. *Outreach Staff Roster* (attached)
- B. *Roster of Personnel Project Budget* form; (attached)
- C. The agency's organizational chart that illustrates the lines of authority that govern facility operations.
- D. A narrative explaining:
 - Staffing levels, highlighting important elements related to staff qualifications, experience and credentials; and
 - How the agency will provide supervision for newly hired staff and /or staff who are in the process of acquiring required trainings;
 - Who is responsible for monitoring the outreach program & what safeguards are in place to ensure that services are provided;
 - What ethical parameters are in place to govern the program staff;
 - How is the outreach staff supervised?
 - What personnel policies are in place to safeguard all client information acquired through the staff's employment duties will be kept confidential AND what action the provider agency will take if the client confidentiality is breached.

Section VI. Budget

Your proposal must present a budget for fiscal year 2012-2013 using the following forms and format:

A. Budget Cover Sheet/Certification Statement (attached)

The Budget Cover Sheet/Certification Statement page must clearly identify: the agency name; intervention service location; budget period; and the signature with printed version of the signature; title of person signing the statement; and date of signature.

B. Tentative Allocation Sheet: **This form is provided in its entirety by YADAC. (Attached)**

C. *Budget Overview* (attached): Be sure to include non-YADAC income under the Revenue and Income section. A narrative should be presented that is related to the *Budget Overview* form and should address each line item included in the budget. It should also be used to describe any distinctive cost factors that affect the budget request. .

Section VII. Data/Reports

A. *Outreach Data Reporting Form* (to be attached by provider)

Identify the designated agency staff responsible for submission/completion of said form. Include agency written policy and/or a narrative of the agency's assurance:

- That the required document will be provided to the YADAC Prevention Specialist by the 10th of each month;
- How YADAC will be informed if/when the required reports/data submissions are NOT completed in the required timeframes;
- The understanding of YADAC's position that failure to fulfill the required data submissions/reports will result in the agency's payment forfeiture
- That the agency acknowledges that failure to provide identified outreach services will result in the agency's forfeiture of payment for said untendered services

B. *Statistical Reporting to YADAC Signature Page* (attached)

This document is to be signed by the party responsible for the timely and accurate submission of aforementioned data reports.

Section VIII. Appendices (Optional and/or As-Needed): This section is optional. It will allow the agency to provide supplemental information to substantiate material presented in the information packet that may help YADAP understand the services being proposed. However, this section will not be considered a required part of the basic packet.

REQUIRED FORMS

**YORK/ADAMS DRUG & ALCOHOL COMMISSON
RFP FISCAL YEAR: _____**

PROVIDER AGENCY PLAN OF ACTION

Agency Name: _____

Identified Community Need: _____

Goal: _____

NO.	OBJECTIVES	NEW	EXISTING	ACTION STEPS & TIME FRAME	Person Responsible	Methodology

NO.	OBJECTIVES	NEW	EXISTING	ACTION STEPS & TIME FRAME	Person Responsible	Methodology

Outreach Intervention

BUDGET COVER SHEET / CERTIFICATION STATEMENT

AGENCY NAME: _____

SERVICE LOCATION: _____

BUDGET PERIOD: _____ To _____

BUDGET TYPE : _____ Annual _____ Part-Year
_____ Cost-Reimbursement _____ Fee-For-Service

I certify that I am the Executive Officer of said Organization and that this budget statement of estimated receipts and expenditures for the period shown, is true and correct to the best of my knowledge and belief; that all anticipated revenues are shown; that the anticipated expenditures have been listed in accordance with the request approved by the local authorities and the Commonwealth of Pennsylvania; that this Organization is not founded upon covenants which discriminate on account of race, creed, or national origin, nor are the affairs of this organization conducted in such fashion as to so discriminate; and that the Organization understands that any and all budgets made hereunder are made in reliance by the Commonwealth and the local authorities upon that statement herein made.

Date

Signature

Title

Printed Version of Signature

BUDGET OVERVIEW

EXPENSE/REVENUE CATEGORIES	2012 - 2013		
Personnel Expenses			
111 - Administrative Salaries			
112 - Administrative Benefits			
122 - Client-Oriented Salaries			
131 - Client-Oriented Benefits			
131 - Staff Development			
SUB-TOTAL: Personnel Expenses			

Operating Expenses			
301 - Meeting and Conferences			
302 - Consultant Expenses			
303 - Miscellaneous Personnel Expenses			
304 - Occupancy Expenses			
305 - Insurance			
306 - Communications			
307 - Office Supplies			
308 - Minor Equipment and Furniture			
309 - Medical Supplies and Drugs			
310 - Food and Clothing			
311 - Program Supplies			
312 - Staff Travel			
313 - Client Transport			
314 - Purchased Client-Oriented Services			
315 - Equipment Maintenance Expenses			
316 - Equipment Leases			
317 - Motor Vehicle Maintenance Expense			
318 - Motor Vehicle Expense			
319 - Other Operating Expenses			
320 - Indirect Costs			
SUB-TOTAL: Operating Expenses			

Fixed Assets			
401 - Equipment and Furniture			
402 - Motor Vehicles			
SUB-TOTAL: Fixed Assets			
TOTAL ALL EXPENSES			

Revenue and Income			
514 - Other Revenue			
521 - Client Fees			
522 - Health Insurance			
523 - Medical Assistance			
530 - Other:			
TOTAL ALL REVENUE and INCOME			

SCA Special Initiative Funds			
530 - Other:			
TOTAL SCA SPECIAL INITIATIVES			

Net Expense:			
(Total Expenses less Total Revenue/Initiatives)			

YORK/ADAMS DRUG & ALCOHOL COMMISSION

STATISTICAL REPORTING REQUIREMENTS

REQUIREMENTS FOR THE SUBMISSION OF DATA TO THE SCA DURING THE FISCAL YEAR:

DRUG & ALCOHOL SERVICE PROVIDERS ONLY

1. **HDA Form 310** (Fee-For-Service Invoice) is to be completed and submitted to the SCA by the 15th day of the following month in accordance with the agreed unit rate.
2. **HDA Form 311** (Program-Funded Invoice) is to be completed and submitted to the SCA by the 15th day of the following month.
3. **HDA Form 313** (Roster of Personnel) is to be completed and submitted to the SCA in connection with the HDA 311 (when applicable) by the 15th day of the following month.
4. **HDA Form 314** (Annual Inventory Report for Fixed Assets) is to be completed and submitted to the SCA in connection with the HDA Form 311 (when applicable) by the 10th day of the following month.
5. **HDA Form 623** (Facility Summary Non-Compliance) is to be submitted to the SCA no later than the 10th day of the following month on a monthly basis.
6. **H800 864** (Student Assistance Program – Prevention Statistical Report) is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis.
7. **TASC Statistical Report** is to be submitted to the Bureau of Drug and Alcohol Programs (BDAP) on a monthly basis. A copy is also to be sent to the SCA not later than the 15th day of the following month.
8. **Resource Management Report** is to be submitted to the SCA not later than the 20th day of the following month on a monthly basis.
9. **Outpatient Information Report** is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis.
10. **PBPS Report or PBPS Webbase** is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis by email and by provider Hard Copy.
11. **Prevention Service Activity Report and Prevention Activity Log** is to be submitted to the SCA not later than the 15th day of the following month on a monthly basis by email.
12. **SAP Outpatient Community Statistics Report or SAP Reporter Webbase** is to be submitted in the SAP Reporter Webbase and to the SCA not later than the 10th of every month.
13. **Client Information System (CIS)** – CIS files must be made available through BDAP Client Information System YADAC extraction before the 15th of the following month. Failure to meet this deadline could result in delay of future payments.

**STATISTICAL REPORTING TO THE YORK/ADAMS
DRUG & ALCOHOL PROGRAM
Signature Page**

*AS THE RESPONSIBLE PARTY FOR THE AGENCY IDENTIFIED IN THIS RFP,
I WILL ENSURE THAT ACCURATE AND TIMELY STATISTICAL REPORTS
ARE SUBMITTED IN ACCORDANCE TO THE REQUIREMENTS OF THE
YORK/ADAMS DRUG AND ALCOHOL PROGRAM AND THE DEPARTMENT
OF HEALTH, BUREAU OF DRUG AND ALCOHOL PROGRAMS..*

Signature & Date

Print Name

Agency Name

Date