LACKAWANNA-SUSQUEHANNA
BEHAVIORAL HEALTH / INTELLECTUAL DISABILITIES / EARLY INTERVENTION PROGRAM
REQUEST FOR QUALIFICATIONS
FOR BEHAVIORAL HEALTH HOUSING SUPPORT SERVICE PROVIDERS

Issued: ~~October 15, 2021~~ Reissued November 2, 2021 RFQ ID #: LACK SOC 2021

1. INTRODUCTION:

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submittals will be received and reviewed by the Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/ Early Intervention Program Administrator for the provision of Housing Support services to eligible transition age youth with Serious Emotional Disturbance/Serious Mental Illness or Co-occurring Substance Use Disorder in conjunction with the Lackawanna County System of Care. This Request for Qualifications (RFQ) will be used to identify a qualified provider of Housing Support Services effective no later than ~~November 30, 2021~~ December 31, 2021.

Submission Deadline:
November 30, 2021
Respondents must submit their written Submittals by 4:00 p.m. prevailing time:

Contact Person: Maryann Colbert, Administrator **Email**: colbertm@lsbhidei.org

Submissions received will be reviewed and evaluated by the Lackawanna–Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program (herein after referred to as the Program), based upon such criteria as the Program, in its sole discretion, deems appropriate. The Program reserves the right to request clarification or additional information from any respondent. The Program, in its sole discretion may accept or reject any or all submittals.

The Program reserves the opportunity to modify this Request for Qualifications (herein after referred to as RFQ) at its own discretion and without prior notice, and to waive any immaterial defect or informality in any proposal as may be permitted by law.

2. PURPOSE:

The purpose of this Request for Qualifications is to solicit submissions from qualified agencies and individuals to provide professional services on behalf of The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program in connection with the administration of services provided to eligible transition age youth with Serious Emotional Disturbance/Serious Mental Illness or Co-occurring Substance Use Disorder in conjunction with the Lackawanna County System of Care.

Service areas include: **Behavioral Health Housing Support Services.**

Housing Support Services

Housing Support Services are services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.
They are provided by county MH program housing specialists or other staff designated by the county program.

There are two (2) unique services that should be reported in this cost center.

The first is **Supported Living**, which is provided to an individual in a setting in which they do not hold a lease and as a condition of retaining the housing, the individual must receive community-based behavioral health services. The setting may be a private residence, apartment, host home or foster home, and the services may include life skills or treatment.

The other service, **Supportive Housing** is a SAMHSA-recognized Evidence Based Practice (EBP). The services are provided in a setting for which the consumer does hold a lease and has no requirement that behavioral health services must be received to retain housing.

Housing Support Services include the following:

a. Housing location/re-location assistance,
b. Roommate assistance,
c. Renter skills training,
d. Emergency rent or utility payments,
e. Landlord/tenant negotiations,
f. Rent guarantees,
g. Security deposits for rent or utilities,
h. Furniture and household goods,
i. Moving assistance,
j. Repair guarantees,
k. Interim rent assistance,
l. Assistance in obtaining housing benefits,
m. Life skills training, and
n. Tenant rights and responsibilities.

This program will follow a rapid re-housing model in that it will provide rental support for first and last months' rent and a security deposit for youth ages 17-21. Youth will be expected to assume responsibility for the rent in a titrated model with decreasing support from the contracted agency over the period of 12 months. The service will include a case management component well versed in accessing and coordinating comprehensive transition services covering multiple domains including education, employment, housing, social support, health, substance abuse, mental health, and life skills.

3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

Only Electronic Submissions will be accepted.

Submittals must be addressed to Maryann Colbert, Administrator, The Lackawanna-Susquehanna Behavioral Health/Intellectual Disabilities/Early Intervention Program, colbertm@lsbhidei.org.

The final selection will be made in the sole discretion of the Program.

4. PRE-SUBMITTAL MEETINGS: Pre-Submittal Meetings will be scheduled at the request of the respondent. Please contact Maryann Colbert via email to schedule a pre-submittal meeting. Colbertm@lsbhidei.org

~~There will be an opportunity for prospective Submitters to meet with the County staff for a Question and Answer session:~~ ~~**Only Submissions from the providers that attend the Pre-Submittal Meeting will be accepted.**~~

~~Date: October 21, 2021~~

~~Time: 1:00pm~~

~~Location: Zoom~~

5. QUESTIONS:

Questions can be submitted via email to Maryann Colbert, Administrator at colbertm@lsbhidei.org

* Questions will be answered by the appropriate individual(s) and answered within 3 business days via email with a return reply acknowledging receipt of the email request.

All questions pertaining to this RFQ must be submitted on or before: November 15, 2021 ~~**October 19, 2021**~~

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

The Program will independently evaluate each submittal and selection will be made upon the following criteria:

1. Experience and reputation in the field providing behavioral Health Housing Support Services.

2. Experience and reputation in the field with respect to contracting with governmental entities to provide services on behalf of the County.

3. Knowledge of the Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services (OMHSAS) regulations/ requirements and the organizational structure of the Lackawanna-Susquehanna BH/ID/EI Program.

4. The administrative and programmatic capacity to manage the volume of work.

5. Availability to accommodate any required meetings of the Program.

6. Ability to meet reporting requirements and timelines for completion as set forth by the Program.

7. Other factors determined to be in the best interest of the County in the Program's sole discretion.

7. SUBMISSION REQUIREMENTS:

Each Submission must be in sufficient detail to permit evaluation, at a minimum, with respect to the following issues. Submissions must include the information that is specifically requested herein as well as such additional information as a respondent deems relevant to the process. Each submitter agrees that their Submittal constitutes a firm offer to the County that cannot be withdrawn for ninety (90) days from the Submission due date

To achieve a maximum degree of comparability, the Submissions shall be organized in the manner specified below and use corresponding lettering and/or numbering.

Title Page:

(1 page): Show name of your agency, address, name of contact, telephone number(s) and email address along with the current date. Also include the title and ID number of the RFQ.

All Submissions to the County must include the following:

SECTION 1 Agency Information (see Form A)

- Name, address, phone number and email address of the agency;
- The corporate officer's name, title, and signature. This person must be able to execute agreements on behalf of the agency;
- The service(s) for which the submittal has been prepared.

SECTION 2 Agency Description (see Form A)

- A brief description of your agency's history, ownership, and organizational structure;
- Include as attachments an organizational chart, a copy of the most recent audit and a copy of any licenses that pertain to services provided.

SECTION 3 Agency Services (see Form A)

- List all behavioral health services provided by your agency and address at which they are provided.

SECTION 4 Scope of Services/Statement of Qualifications (see Form B)

- Provide a detailed description of the proposed Housing Support service and your agency's qualifications and experience in providing this service;
- Provide the names, experience, qualifications held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.

SECTION 5 County Contracts (see Form C)

- Provide a listing of all like or similar service contracts or Mutually Agreed Upon Written Agreement (MAWA) with other county programs to provide services. Include agency name, contact person, services, contract dates and amounts. If no other contracts, please state N/A.

SECTION 6 Statement of Assurances (see Form D)

- A statement of assurance that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on your agency's operations;
- A statement of assurance that your agency has no conflict of interest in providing service on behalf of Lackawanna County;
- A statement of assurance that your agency is not involved in any current or pending litigation involving Lackawanna County or any of its Departments or Authorities;
- A statement of the insurances currently held by your agency.

SECTION 7 Additional Information

- Include any additional information not specifically required but deemed important and relevant by the submitting agency.

SECTION 8 Subcontractors

- RESPONDENTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THIS SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTOR(S) – NO EXCEPTIONS

8. RESPONSIBILITIES:

The successful Submitter shall have primary responsibility for the completion of this RFQ and shall be available to provide any additional information as requested by the Program.

9. CONFIDENTIALITY:

All Submissions in response to this RFQ shall be held confidential until a contract is awarded. Following the contract award, Submissions are subject to release as public information unless the Submission or specific parts of the Submission can be shown to be exempt from the Pennsylvania Public Information Act. Respondents are advised to consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets or any other proprietary information. The County assumes no obligation or responsibility for asserting legal arguments on behalf of potential Respondents. If a Respondent believes that a Submission or parts of a Submission are confidential, then the Respondent shall so specify. The Respondent shall stamp in bold red letters the term “CONFIDENTIAL” on that part of the Submission, which the Respondent believes to be confidential. Vague and general claims as to confidentiality shall not be accepted. All Submission and parts of Submissions that are not marked as confidential will be automatically considered public information after the contract is awarded.

10. CONFLICT OF INTEREST:

Any agency or person considering doing business with Lackawanna County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

11. COMMUNICATION WITH ELECTED OR APPOINTED OFFICIALS

All communications during this process should be directed to the appropriate contact listed in this RFQ. Any organization that makes any effort to communicate with any other official of Lackawanna County, either directly or indirectly, during this process will be EXCLUDED from consideration.

12. FORMS ATTACHED

- Form A – Agency Information, Description and Services
- Form B – Scope of Services/Statement of Qualifications
- Form C – County Contracts
- Form D – Statement of Assurances
- Form E – Budget