



New York State  
Office of Alcoholism & Substance Abuse Services  
Addiction Services for Prevention, Treatment, Recovery

## **OASAS 2009 Request for Proposals**

**Re-Entry Scatter-Site Permanent  
Supportive Housing Initiative for  
Parolees in New York City**

**December 2009**

**OASAS 2009 Request for Proposals**  
**RE-ENTRY SCATTER-SITE PERMANENT SUPPORTIVE HOUSING INITIATIVE**  
**FOR PAROLEES IN NEW YORK CITY**

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

**2009 Request for Proposals  
Re-Entry Scatter-Site Permanent Supportive Housing Initiative  
for Parolees in New York City**

- **FUNDING GOAL:** **One Scatter-Site Program of 12 Apartments:  
10 Studios and 2 One-bedroom Units**
- **GRANT PARAMETERS:** **Units are to be operational by March 1, 2010. Up to \$220,000 will be available to support this program on a full annual basis.**
- **AMOUNT AVAILABLE:** **Up to \$220,000 on a full annual basis for one Permanent Supportive Housing Program. Up to \$99,000 will be available for one-time-only start-up costs.**
- **ELIGIBLE APPLICANTS:** **OASAS-certified agencies in good standing, that provide services in New York City, with at least two years of demonstrated successful experience in treatment of substance abusers with a history of incarceration AND two years of demonstrated successful experience managing a Permanent Supportive Housing (PSH) Program.**

**NOTE: Proposals allocating either Single Room Occupancy (SRO) units or larger apartments (two or more bedrooms) for multiple adult participants will not be accepted.**

**I. Introduction**

Under the leadership of Governor David A. Paterson and Commissioner Karen M. Carpenter-Palumbo, the Office of Alcoholism and Substance Abuse Services (OASAS) developed PSH Programs as a fundamental part of successful long-term recovery efforts for individuals and families. PSH Programs offer Rental Subsidies up to Fair Market Rental rates, in combination with Case Management and Employment Counseling/Job Development services.

There are three major Housing Programs supported by OASAS: (1) Shelter Plus Care in collaboration with HUD; (2) New York/New York III in collaboration with other State and City governmental agencies; and (3) Upstate PSH, in collaboration with County governments. In just two years of program development, OASAS has increased its Apartment Portfolio from 856 units in 13 communities to 1,276 units in 22 communities.

OASAS projects that at least 20 percent of those persons released on parole into mandated addiction treatment will be **functionally homeless at that point of time**. In New York City (NYC), parolees seek admission to homeless shelters within one week of returning to the City. As a first phase in the development of a new PSH program

initiative, Statewide Re-Entry PSH Program Initiative for SFY 2010-11, OASAS proposes to establish one model program in NYC by March 2010. This Program will have a total of 12 apartment units, with the following distribution:

- Ten Studio apartments for single adults, and
- Two One-Bedroom apartments that can be used for a parent who is reuniting with his/her child.

It is expected that the apartment units will be operational by March 2010.

### **OASAS PSH Model**

- This Re-Entry PSH Program will provide Rental Subsidies up to HUD Fair Market Rental rates in combination with Case Management and Employment Counseling Services.
- This is the program model that OASAS has successfully used in the past two years of its housing development. Over 90 percent of program participants remain in OASAS' Housing programs; significant relapse rates are less than 10 percent; 43 percent of participants are employed within one year of Program membership. Approximately 50 percent of participants have criminal justice histories.
- The OASAS PSH program model uses scatter-site, small cluster housing placements. The Program Case Manager and Employment Counselor would bring those services on-site to the participants. Evening and weekend staffing coverage is expected.
- The provider agency holds a lease from a private landlord. The Program participant signs an occupancy agreement with the provider agency that requires client contributions toward the monthly rent, participation in a range of services, and appropriate community involvement.

### **II. The Target Population for this Request for Proposals is:**

Persons with substance abuse problems who are being released on parole to NYC and would be functionally homeless if not placed in this PSH program. "Doubling up" in an apartment where other adults are actively using and/or engaged in criminal behavior is not an acceptable housing option. Severe overcrowding is also not an acceptable housing option.

### **III. General Definitions**

*Functionally homeless: no secure and permanent housing option is available.*

*Severe overcrowding: the number of persons exceeds health and/or safety standards for the apartment unit's size.*

## IV. ELIGIBLE APPLICANTS AND PROGRAMS

### A. Eligible Applicants

OASAS intends to fund projects which can demonstrate an ability to provide the appropriate services for the populations identified. The initial phase of this housing initiative will be targeted for communities in NYC, due to the considerable need for re-entry housing.

OASAS, through this RFP, is seeking funding proposals from **voluntary agencies that operate OASAS-certified chemical dependence outpatient and residential services in NYC** as follows:

<u>Program Type</u>	<u>OASAS Certification Part</u>
Intensive Residential Rehabilitation	Part 819
Community Residential	Part 819
Outpatient Services	Part 822
Methadone Treatment Programs	Part 828

Applicants are advised that only those programs with a valid OASAS operating certificate that are in good standing will be accepted for possible funding through this RFP. In addition, the applicant agency must have its own OASAS operating certificate for outpatient services or methadone treatment, OR enclose with the application, a formal Memorandum of Understanding (MOU) with an OASAS-certified outpatient service and/or methadone treatment Program. The applicant agency and/or the agency referenced in the MOU, must be in good standing, and meet the IPMES Threshold Review Criteria set forth in Sections VIII (A) (3) and (4) of this RFP (“Contracted Provider”). The Contracted Provider must be located in the community of the proposed PSH program for the provision of outpatient treatment services to residents of the re-entry units. The MOU should commit the outpatient programs to provide ongoing services for those persons living in this housing program.

For purposes of this solicitation 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.

***OASAS Certified:*** Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible applicants must possess operating certificates issued by the OASAS Commissioner to engage in the provision of *Chemical Dependence Residential Services* as defined in Part 819, *Chemical Dependence Outpatient Services* as defined in Part 822, and *Methadone Treatment Programs* as defined in Part 828 of the *Official Compilation of Rules and Regulations* of the State of New York.

***In good standing:*** all of a provider’s operating certificates which are subject to a compliance rating must have a current compliance rating of partial (two year) or

substantial (three year) compliance. The provider cannot have initiated or been the subject of any bankruptcy case filed in any U.S. bankruptcy court that has not been fully discharged as of the date of this application.

## **B. Program Components**

### **Contractor Qualifications**

1. In addition to the appropriate OASAS certifications outlined above, the applicant agency or its contracted provider should have at least two years of demonstrated successful experience in treatment of substance abusers with a history of incarceration.
2. The applicant agency should have two years of demonstrated successful experience managing a PSH Program.
3. The applicant agency should have effective linkages with appropriate not-for-profit agencies or service providers in the community in which the proposed program will be located or readily accessible through public transportation, and who could serve as resources for and/or provide off-site services to program clients.
4. The applicant agency should have a collaborative work history with NYS Division of Parole.

### **Staffing and Training**

1. The applicant agency should ensure that the program has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications. The applicant agency would initially train staff and conduct ongoing training.
2. Program Directors overseeing case managers should be required to have a graduate degree and experience with the target population or a bachelor's degree with supervisory experience and experience serving the target population.
3. The applicant agency should have the capacity to provide training to staff that should include, but not be limited to: health education and infectious disease prevention; nutrition; relationship skills; crisis intervention; counseling techniques and motivational interviewing; addiction treatment and recovery issues; criminal justice issues, including the stages of change model; and trauma and relapse prevention.

### **Client Referral and Placement**

NYS Division of Parole will refer eligible participants to the agency awarded this Re-entry Housing funding. The agency will complete a history and admission which will determine that the prospective participant is appropriate for this level of care.

### **Support Services**

To deliver the core services required for this program initiative, the applicant agency and any contracted provider should:

1. In conjunction with each client, develop an individualized housing-related needs assessment and support services plan, including an action plan with clearly stated goals and outcomes. The plan should adequately address client access to preventive, ongoing, and emergency services as well as the interval at which the support plan will be reviewed. The plan should be designed to assist the client to remain in housing while the type and intensity of services vary to meet the changing needs of the individual.
2. Encourage direct client participation into ongoing program implementation and management, through regular community meetings, advisory boards, or other means.
3. Focus on the multiple service needs of the clients as well as those skills and services that the clients would require when stably housed in the community.
4. Coordinate all support services for each client directly with the provider agency's own programs or through appropriate providers located nearby or at a central location that is readily accessible to public transportation.
5. Directly provide: case management; medication management; rehabilitation; personal assistance that emphasizes learning daily living skills; residential stability in housing; financial management, and assistance in gaining access to appropriate public benefits and services; peer support; 24 hour/7 day on-call staffing; and help in the establishment of the household.
6. Directly provide a liaison with Parole.
7. Through linkages/referrals to appropriate providers located nearby or that are readily accessible through public transportation, comprehensively address clients' physical and behavioral needs in the areas of primary medical, mental health, and dental care, substance abuse counseling and treatment, domestic violence counseling and HIV/STD prevention services, treatment and support services (including access to condoms and rapid HIV/AIDS testing) as appropriate.
8. Make programming available during evenings and on weekends to accommodate the work, training, and/or treatment requirements of clients.
9. Focus on and promote each client's recovery to his or her fullest potential, by providing educational opportunities, job readiness skills, vocational training and employment placement and retention.
10. Train staff in housing placement in order to assist clients who would like to move on to a more independent setting.
11. Many individuals with substance use-related problems have been victimized or abused as children or later in life. The provider agency should ensure that supportive services are trauma-informed.
12. Provide services in a culturally- and linguistically-competent and sensitive manner.
13. In cases where the provider agency is the lease holder for the apartment(s), a sub-lease that is in easily understandable language shall be provided to the client and a copy of such sub-lease must be maintained as part of the client file. In cases where the client is the primary lease holder, a copy of the lease shall be maintained in client file.
14. Require client to contribute 30 percent of their household income toward rent and utilities (electric and gas, at minimum).
15. Allocate contingency funds in the budget to cover events that may lead to non-payment of rent, such as hospitalization. The provider agency should make every effort to preserve the client's/family's housing in the event of hospitalization or relapse.

16. Establish appropriate procedures for terminating the client's sub-lease if a tenant does not comply with the sub-lease provisions and/or requires assistance beyond the scope of the program. In such circumstances, the provider agency would identify alternate appropriate placement. Due process procedures and NYC's landlord/tenant law would be followed.
17. The provider agency will conduct a consumer perception of care survey on an annual basis and upon participant discharge.
18. Track, record, and report information to OASAS as required in the contract, including, but not limited to, client demographics; income source; place discharged to; and outcome data, including occupancy rate, housing retention, incidents of hospitalization, and incidents of incarceration.
19. Focus on those skills and services that clients would require to achieve self-sufficiency and the ability to eventually move into independent housing in the community, particularly educational, vocational training, and employment placement services.
20. Address the substance use, recovery-related needs of the clients as well as those skills and services that the clients would require to sustain sobriety and avoid relapse.
21. Provide directly or through linkages the following support services for each client, including, but not limited to, peer counseling and advocacy; Alcoholics Anonymous, Narcotics Anonymous and similar groups; social and community building activities; and recreation opportunities.

## **V. OPERATING PROGRAM ASSUMPTIONS**

### **Program Design**

1. Some Program participants may clinically require ongoing outpatient treatment services, including patients receiving addiction medications, such as methadone and buprenorphine, while living in this PSH Program, while others will be involved in aftercare-and/or relapse prevention services.
2. This program is permanent supportive housing, not certified residential treatment. The length of participation in the program should be individualized and should be driven by client needs, interests, and development of strengths necessary for successful economic self-sufficiency and fully independent living (including establishment of positive family and social supports in the community).
3. Where possible, apartments that have an original lease between the provider agency and a private landlord may be later "turn-keyed," with a subsequent lease assumed by the client and held directly with the landlord. In such a situation, the provider agency would locate and secure a replacement apartment to maintain the required number of apartments needed to serve 12 active program participants.
4. All apartments must meet federal Housing and Urban Development (HUD) Housing Quality Standards. Leases must be secured at or slightly below the HUD Fair Market Rental rates: \$1,091 per month for a studio and \$1,180 for a one bedroom.
5. A small cluster of apartments (i.e., no more than 10 units) in one building is an acceptable practice in developing a scatter-site program. The result of cluster housing can be a small-scale recovering community which is effective for those individuals with long histories of addiction, minimal family and social support, and previous failures in transitioning from residential treatment settings to fully independent living.

6. One bedroom apartments offer the opportunity for an individual to share the apartment with a partner or a child who is returning to his/her custodial care on a part-time or full-time basis.
7. Rental apartments leased by the provider agency can be subsequently “turn-keyed” to the participant who would then sign the next year’s lease with the landlord.

## **VI. MODEL PROGRAM GUIDELINES**

The following presentation is intended as a guideline for applicant agencies. If required elements of supportive services are not funded by the grant, then the provider agency will need to support such services through either another grant source or as a service match. If applicants propose a different staffing pattern, they must justify their approach. The start-up budget should be displayed separately and should not exceed 25 percent of the annual budget. Budget projections are displayed which cover all components of the Operating Budget.

### **OPERATING BUDGET GUIDELINES**

#### **One-time Only Costs:**

Furnishings = \$3,500/apartment x 12 units = \$42,000

Security Deposit + Last Month’s Rent + Broker’s Fee = \$3,000/unit x 12 units = \$36,000

Apartment Inspections = \$250 x 12 units = \$3,000

Agency Equipment = \$6,000

Clothing Loan Fund = \$1,000/participant x 12 participants = \$12,000

(Program participant is given a voucher to purchase clothing and commits to returning money to the loan fund once employed).

**One-time Only Costs = \$99,000**

#### **Full Annual Operating Costs**

##### **Lease Costs:**

Studios = \$1,091/month x 10 units = \$10,910/month x 12 months = \$130,920

One-bedroom = \$1,180/month x 2 units = \$2,360 x 12 months = \$28,320

**Total Gross Lease Costs = \$159,240**

##### **Client Contributions:**

\$200/month x 12 clients = \$2,400 x 12 months = \$28,800 x 90% occupancy = **\$25,900**

**Net Lease Costs = \$133,350 (rounded)**

##### **Other Occupancy Costs:**

Contingency Fund = \$500/client x 12 clients = \$6,000

Legal = \$1,000/event x 1 event = \$1,000

Repairs = \$1,000/event x 1 event = \$1,000

**Other Occupancy Costs = \$8,000**

##### **OTPS Costs:**

Supplies: \$1,000

Travel: \$1,000

**OTPS Costs = \$2,000**

##### **Staffing Costs:**

Program Supervisor = 0.1 FTE @ \$60,000 for FTE = \$6,000

Case Manager = 0.5 FTE @ \$40,000 for FTE = \$20,000  
Employment Counselor = 0.25 FTE @ \$40,000 for FTE = \$10,000  
Weekend Case Manager = 0.25 FTE @ \$40,000 for FTE = \$10,000  
**Total P.S. Costs = \$46,000**

**Fringe Costs:**

30% for Case Manager = \$6,000  
11% for all other staffing = \$3,000 (rounded up from \$2,860)  
**Total Fringe Costs = \$9,000**  
**Staffing + Fringe = \$55,000**

**Total Direct Costs:**

\$133,350 + \$8,000 + \$2,000 + \$55,000  
**Total Direct Costs = \$198,350**

**Admin & OH Costs:**

**A&OH @10% of Direct Costs = \$19,850**

**TOTAL NET OPERATING COSTS = \$218,200**

**NET COST PER UNIT = \$18,183**

**VII. FORMAT AND CONTENT OF THE PROPOSAL**

Proposal Submission Instructions: The proposal should be typed double-spaced on both sides of 8 ½" X 11" paper. Pages should be paginated. The proposal would be evaluated on the basis of its content, not length.

**A. Proposal Cover Letter**

A Proposal Cover Letter will transmit the applicant agency's Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of the applicant agency.

**B. Agency Experience**

Describe the successful relevant experience of the applicant agency, each proposed subcontractor (including contracted providers), if any, and the proposed key staff, in providing the program described in the support services section of this RFP. Specifically address the following:

**1. Program**

- a. Describe the applicant agency or contracted provider's successful experience providing services to the target population, individuals with substance use problems and a history of incarceration.
- b. Describe the applicant agency's successful experience providing permanent supportive housing. Include the specific nature of the housing program and when and where it was provided.
- c. Attach a letter of support from the Division of Parole.
- d. Attach a resume for the Program Supervisor and job descriptions of other project staff.

## **2. Organizational Capability**

Demonstrate the applicant agency's and contracted provider's organizational (i.e., programmatic, managerial and financial) capability to provide an appropriate site and successfully perform the services described in the section entitled, "Support Services." Specifically address the following:

- a. Demonstrate that the applicant agency has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications.
- b. Demonstrate that the applicant agency has an appropriate staff training program.
- c. Demonstrate that the applicant agency and/or contracted provider has an appropriate client record-keeping and data management system.
- d. Demonstrate that the applicant agency has established effective linkages with other appropriate not-for-profit agencies and/or service-providers or others in the community in which the proposed program will be located or readily accessible through public transportation, who could serve as resources for and/or provide off-site services to clients. Be as specific as possible and attach copies of all relevant linkage agreements.
- e. Attach documentation demonstrating not-for-profit status.
- f. Attach a chart showing where, or an explanation of how, the proposed services would fit into the applicant agency's and/or contracted provider's organization.
- g. Attach a copy of the applicant agency's financial audit or certified financial statement, or a statement as to why no report or statement is available.

## **C. Program Services**

Describe in detail how the applicant agency and its contracted provider will provide the services set forth in the section entitled, "Support Services," demonstrate that the applicant agency's proposed approach would fulfill OASAS' stated goals and objectives for this program initiative. Specifically address the following:

1. Describe and demonstrate the effectiveness of the applicant agency's approach for providing directly or through linkages the services set forth under the heading "Support Services."
2. Describe and demonstrate the effectiveness of measures that will be taken to ensure that services are provided in a culturally competent, linguistically appropriate, and sensitive manner.
3. State and justify each of the outcomes to be achieved by clients to be served and demonstrate how the program would effectively assist them to achieve those outcomes.
4. Describe and demonstrate that the applicant agency and its contracted provider has actively participated in community- and city-wide consortia and networks appropriate to the needs of program participants.
5. Describe and demonstrate the emergency response plan including response to medical and psychiatric emergencies. Include in the program description an explanation of personnel training including assessing risk and safety, handling

emergencies, coordinating with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures.

OASAS' assumptions regarding programmatic approach represent what OASAS believes to be most likely to achieve its goals and objectives. Applicant agencies, however, may propose a different approach.

#### **D. Initiative Funding Request**

- a. The funding request should include a line item budget, as referenced in the Appendix A of this RFP.
- b. Complete Initiative Funding Request (IFR) form to itemize the one-time only expenses. This is the start-up budget.
- c. Complete IFR form for the full annual operating budget and include cost per unit data.
- d. If an application identifies a funding commitment for some of the operating costs of the Re-entry Housing Program, please list the source (i.e., HUD Homeless Assistance grant programs, Office of Temporary and Disability Assistance (OTDA), etc.), the amount of operating monies and the services that will be supported by these additional monies.

#### **E. Proposal Package Contents (Checklist)**

The Proposal Package should contain the following materials. Applicant agencies should utilize this section as a checklist to assure completeness prior to submitting their proposal to OASAS.

A sealed envelope containing **one original and six copies** of the documents listed below in the following order:

1. Proposal Cover Letter
2. Program Proposal
  - a. Narrative
  - b. Resumes and/or Job Descriptions for Key Staff
  - c. Organizational Chart (including proposed services)
  - d. Budget Narratives for Start-up and Fully Annualized Budgets
  - e. Financial Audit Report or Certified Financial Statement
3. Initiative Funding Request Forms
4. Applicant agency and/or contracted provider's Attestation of In Good Standing
5. Letter of Support from NYS Division of Parole

### **VIII. APPLICATION REVIEW CRITERIA**

#### **A. 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 without exception.**

1. Was the application received by OASAS by the submission deadline date as set forth in the RFP?

2. Are the applicant agency and its contracted provider, if any, eligible to apply as set forth in Section IV A. Eligible Applicants (page 3)?
3. Are all the applicant's and/or its contracted provider's programs in good standing with OASAS? (i.e., All of a provider's operating certificates which are subject to a compliance rating must have a current compliance rating of partial (two year) or substantial (three year) compliance. The provider cannot have initiated or been the subject of any bankruptcy case filed in any U.S. bankruptcy court that has not been fully discharged as of the date of this application).
4. Have less than 50 percent of the applicant's and/or its contracted provider's Program Reporting Units (PRUs) been flagged by the OASAS Integrated Program Monitoring and Evaluation System (IPMES) for the last two consecutive years?
5. The specific PRU identified for funding under this RFP has not been flagged in IPMES for the last fiscal year an IPMES report has been generated.

If a provider fails to meet the IPMES criteria in No. 4 or No. 5 above, it can submit an Appendix C containing proof that it meets at least one of the two following conditions:

- a. During the six months following the most recent applicable fiscal year's IPMES performance, at least 50 percent of the applicant's and/or its contracted provider's PRUs would no longer be flagged on IPMES, have submitted all of their data in a timely manner, and are not deficient on any retention or completion indices.

AND/OR

- b. The applicant and/or its contracted provider has one or more PRUs that were flagged, but the provider can demonstrate that due to extenuating structural or operational anomalies, the PRUs are not able to exceed one or more minimum standards and thus find it difficult to avoid being flagged.

If the applicant believes that it meets one of the two above criteria, it **must submit** a statement and proof to that effect. That is, the statement and proof should acknowledge that the applicant and/or its contracted provider does not meet the IPMES criteria in No. 4 or No. 5 and provide proof that meets either the criterion of no longer being flagged as a result of more current data or that it has extenuating structural or operational anomalies. The proposal must include a complete description of how the applicant and/or its contracted provider satisfies either a or b. Whether a particular provider meets either of these criterion shall be determined by OASAS.

Extenuating structural or operational anomalies may include but are not limited to:

- Programs that exclusively treat physically handicapped clients (e.g., deaf, TBI)
- One or more of the provider's intensive residential PRUs always does poorly on the employment-related index because employment issues

are addressed when the clients move into a step-down program (e.g., outpatient rehab, community residential)

- Programs that, through no fault of their own, have experienced a physical plant problem which caused them to lose capacity

Note: A program is flagged on IPMES if it is deficient on three or more indices or has failed to submit all 12 required Monthly Service Delivery Reports (PAS-48N) for the relevant years.

\* Deficient – A program is deficient on an index if its performance falls below the minimum standard or the 25<sup>th</sup> percentile of its comparison group's performance where no minimum standard has been established.

6. Is the Initiative Funding Request Form (IFR) completed, signed, dated?
7. Is a letter of support from the NYS Division of Parole included?

## **B. Proposal Evaluation Criteria**

1. Applications passing the Threshold Review Criteria will be read, reviewed, and rated by a team of OASAS staff using the eligibility review criteria specified below.
2. The application will be evaluated on a complete, accurate, and signed Operational Funding Request for both start-up and fully annualized time periods. The budget narratives should adequately describe all expenses and revenue.

### **Evaluation Criteria**

The three major Evaluation Criteria are as follows:

- |    |   |             |
|----|---|-------------|
| A. | Demonstrated Successful Relevant Experience | = 30 points |
| B. | Demonstrated Organizational Capability      | = 20 points |
| C. | Quality of the Program Approach             | = 50 points |
- 
- A. Demonstrated Quantity and Quality of Successful Relevant Experience (Maximum 30 Points)
    - A1. Extent to which the applicant agency demonstrates that the agency (including each sub-contractor, if any) has successful experience in providing services to substance abusers with a history of incarceration. (15 points)
    - A2. Extent to which the applicant agency demonstrates that the agency has successful experience managing permanent supportive housing for alcohol and substance abusers. (15 Points)
  - B. Demonstrated Organizational Capability (Maximum Total: 20 Points)

B1. Extent to which applicant agency demonstrates the agency's programmatic and managerial capability to successfully meet the following standards: (15 Points)

1. Has an appropriate staffing plan with sufficient numbers of staff for the number of clients to be served and salaries commensurate with their qualifications.
2. Has an appropriate agency organizational structure as demonstrated by the attached agency organizational chart.
3. Has an appropriate staff training program.
4. Has an appropriate client record-keeping and data management system, in view of both (i) efficient internal management, and (ii) meeting other client tracking and data reporting responsibilities described in the Support Services of this RFP.
5. Maintains effective linkages with other appropriate service-providers and other community organizations that could serve as resources for and/or provide services to program participants.

B2. Extent to which applicant agency demonstrates fiscal viability through review of agency's financial statement and review of history of OASAS contracts. (5 points)

C. Quality of Proposed Approach (Maximum Total: 50 Points)

C1. Extent to which the applicant agency demonstrates that its program approach will meet the following programmatic standards: (15 points)

1. Has an appropriate plan to successfully secure leases for apartments that meet HUD Quality Standards and all appropriate New York State Codes and Local Housing Authority Codes.
2. The applicant agency demonstrates an effective approach to preparing program participants to move into this housing.
3. The applicant agency demonstrates an effective approach to preparing program participants to move into this housing.
4. Applicant agency demonstrates a commitment to take effective measures to ensure that services are provided in a culturally competent and linguistically appropriate and sensitive manner.
5. Applicant agency has an effective emergency response plan, including response to medical and psychiatric emergencies.

6. Applicant agency demonstrates effective participation in community and citywide referral networks appropriate to meeting the needs of its Program participants.

C2. Extent to which the applicant agency demonstrates that its program approach will effectively provide, whether directly or through linkages, the services described in the Support Services section of the RFP. (10 points)

C3. Extent to which the applicant agency describes appropriate outcomes to be achieved in the following areas: (10 points)

3 points Achieving successful completion of parole term.

2 points Achieving stable recovery from use of alcohol and other substances of abuse.

2 points Achieving stable housing.

2 points Achieving economic self-sufficiency.

1 points Achieving positive reintegration to the community.

0 points Applicant agency does not describe any appropriate outcomes

C4. Extent to which the applicant agency agency's budget is comprehensive, appropriate and cost effective in the following four key areas: Staffing, OTPS, Administration and Revenue Projections. (15 points)

**C. Instructions for Completing the Initiative Funding Request Form (IFR)  
(Start-up and Annual Operating Budgets)**

**PROVIDER INFORMATION**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**

2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity's local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**

3. **Applicant's OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the *Agency Code* number used when submitting Consolidated Fiscal Report (CFR) documents.

4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.

7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.

- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

## **PART II – OPERATIONAL FUNDING REQUEST**

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

### **Requested Operating Budget for Proposal**

Requested operating budget amounts must represent:

Column A: the **start-up, part year costs**, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.

Column B: the **12-month, full annual costs**, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

**ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.**

2. **Gross Expense Budget:** Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget:** Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering \$0 for each category in Columns A and B.

4. **Net Operating Cost:** Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.

5. **OASAS State Aid Funding Requested:** Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.
6. **Full-Time Equivalent (FTE) Staff Requested:** Enter the number of FTE's requested as part of this initiative in Columns A and B.

**Applicant Official:** Enter the printed name and title of the applicant agency representative submitting the IFR proposal.

**Signature and Date:** The IFR must be signed and dated by the applicant agency representative.

## **IX. Funding Availability and Awards**

The enacted 2009-10 State Budget for OASAS provides funding to support the Re-entry Scatter-Site Permanent Supportive Housing Initiative for Parolees in New York City. One award will be made for a 12-unit program in New York City.

Applicants are reminded that continuation of operational funding is contingent upon availability of State funding, the results of OASAS' annual Prospective Budget and Performance Review process.

OASAS will review and evaluate funding proposals submitted by eligible applicant entities according to the criteria set forth in Section VIII of this RFP. OASAS will select a successful applicant, at its sole discretion, based on consideration of a number of factors, including but not necessarily limited to amount of available State appropriation authority.

If an award is made pursuant to this RFP, only the acceptance in writing by the OASAS Associate Commissioner, Division of Fiscal Administration or a designated duly authorized representative, with the approval of the Attorney General and the Office of the State Comptroller, shall constitute a contract between a successful applicant and the State of New York

This RFP, all information submitted in the successful applicant's proposal and any revisions thereto, any follow-up questions and answers, and any RFP addenda, amendments or clarification will be included as part of the successful applicant's contract.

Neither OASAS nor the State of New York is liable for any expenditure incurred or made by an applicant until a contract is signed and approved.

OASAS will provide written notification to the successful applicant and all applicants not selected to receive funding under the RFP.

## **ADDENDA TO THE RFP**

In the event that it becomes necessary to revise any part of the RFP an addendum will be posted on the OASAS website.

## **DESIGNATED CONTACT AGENT**

OASAS has designated a Contact Agent who shall be the exclusive OASAS contact from the time of issuance of the RFP until the issuance of the Notice of Award (restricted time period). Applicants may not communicate with any other personnel of OASAS regarding this RFP during the restricted time period.

The designated contact agent is:

Judy Monson  
New York State Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue, Room 205  
Albany, New York 12203-3526  
[judymonson@oasas.state.ny.us](mailto:judymonson@oasas.state.ny.us)  
Phone: (518) 485-2145  
Fax: (518) 485-1332

## **BIDDERS' CONFERENCE**

A Bidders' Conference will be held on December 21, 2009 from 11 a.m. until 1 p.m. in Conference Room 8B at OASAS' offices located at 501 7<sup>th</sup> Avenue, New York, New York 10018. Attendance is not mandatory. To confirm your attendance, please contact the designated contact agent referenced above by December 18, 2009.

## **INQUIRIES RELATED TO THE RFP**

Any questions or requests for clarification about this RFP must be submitted in writing by 5 p.m. on December 18, 2009 and must be directed to the designated contact agent referenced above. All inquiries must be typed and include your name, organization, mailing address, email address, and fax number. Please reference the Re-Entry Scatter-Site Permanent Supportive Housing Initiative RFP. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by mail, e-mail or facsimile. OASAS will not entertain inquiries via telephone, made to anyone other than the designated contact agent or received after the deadline date. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date and all questions asked at the Bidders' Conference will be posted on the OASAS website ([www.oasas.state.ny.us](http://www.oasas.state.ny.us)) on or about December 28, 2009.

## **APPLICATION SUBMISSION PROCESS**

Interested applicants should submit **ONE ORIGINAL AND SIX COPIES** of a completed *OASAS 2009 Request for Proposals – Re-Entry Scatter-Site Permanent Supportive Housing Initiative for Parolees in New York City* application and the **Initiative Funding Request Form (IFR)** to the following address:

Bureau of Financial Management  
Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany NY 12203-3526

All applications must be received by 5 p.m., **Monday, January 11, 2010.**

OASAS expects to send award letters within 30 days from receipt of application.

**VENDOR RESPONSIBILITY**

Pursuant to New York State Finance Law section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause. For more information on vendor responsibility determinations and questionnaires, applicants may contact the Office of the State Comptroller or view its website at <http://www.osc.state.ny.us/vendrep/index.htm>.

**APPENDIX A - OASAS 2009 REQUEST FOR PROPOSALS – RE-ENTRY SCATTER-SITE PERMANENT  
SUPPORTIVE HOUSING INITIATIVE FOR PAROLEES IN NEW YORK CITY  
INITIATIVE FUNDING REQUEST (IFR) FORM  
(Start-up and Annual Operating Budgets)**

1. Printed Legal Name of Applicant Entity:			
2. Printed Name of Local Governmental Unit, if Applicable:			
3. Applicant's OASAS Provider Number:		4. Applicant's Street Address/P.O. Box:	
5. Applicant's City/Town/Village:		6. Postal Zip Code:	7. Date Prepared:
8. Printed Name of Applicant Contact Person:		9. Printed Title of Contact:	
10. Contact Telephone #:			

**PART II – OPERATIONAL FUNDING REQUEST**

<b>1. Date Initiative expected to be operational:</b>		
	<b>(Column A)</b>	<b>(Column B)</b>
<b>REQUESTED OPERATING BUDGET FOR PROPOSAL</b>	<b>PROPOSED START-UP OPERATING BUDGET</b>	<b>ANNUAL OPERATING BUDGET</b>
<b>2. Gross Expense Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
<b>TOTAL GROSS EXPENSE BUDGET</b>		
<b>3. Revenue Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
Patient Fees		
SSI and SSA		
Public Assistance (Safety Net & TANF)		
Medicaid		
Medicare		
Third Party Insurance/Private Pay		
Food Stamps		
Closely Allied Entity Contributions		
Donations		
Other:                   Specify:		
Specify:		
Specify:		
<b>TOTAL REVENUE BUDGET</b>		
<b>4. NET OPERATING COST</b>		
<b>5. OASAS State Aid Funding Requested</b>		
<b>6. Full-Time Equivalent (FTE) Staff Requested:</b>		
Applicant Official:		
Printed Name:	Printed Title:	
Signature:	Date:	

**Appendix B**

**OASAS 2009 Request for Proposals  
Re-Entry Scatter-Site Permanent Supportive Housing Initiative  
for Parolees in New York City**

**Applicant Attestation of In Good Standing**

As a duly authorized official of the Applicant Entity identified below, I certify and attest to the following items:

1. all of our operating certificates which are subject to a compliance rating have a current compliance rating of partial (two year) or substantial (three year) compliance.
2. this entity is fiscally sound, (i.e., the provider cannot have initiated or been the subject of any bankruptcy case filed in any U.S. bankruptcy court that has not been fully discharged as of the date of this application.)

**LEGAL NAME OF APPLICANT ENTITY:**

**PRINTED NAME OF ATTESTNG OFFICIAL:**

**TITLE OF ATTESTNG OFFICIAL:**

**SIGNATURE OF ATTESTING OFFICIAL:**

Signature:

Date Signed:

## Appendix C

### OASAS 2009 Request for Proposals Re-Entry Scatter-Site Permanent Supportive Housing Initiative for Parolees in New York City

#### IPMES Threshold Review Criteria Statements and Proof

As indicated in Section VIII A. of the *OASAS 2009 Request for Proposals – Re-Entry Scatter-Site Permanent Supportive Housing Initiative for Parolees in New York City*, there are two IPMES threshold review criteria (Items #4 and #5 of Section VIII A.) that an applicant entity and/or its contracted provider must satisfy in order to be approved for funding. If an applicant entity and/or its contracted entity fails to meet the IPMES threshold review criteria the applicant can satisfy the criteria by submitting a statement and proof to OASAS with their application that the applicant entity and/or its contracted provider meets at least one of the two conditions specified in Item (a) and (b) of Section VIII A.

This Appendix C document is to be used by an applicant entity to submit the required statement and proof documentation to OASAS.

1. Printed Legal Name of Applicant Entity:		
2. OASAS Provider Number:	3. OASAS PRU Number:	4. Identify which of the following IPMES Threshold Criteria applicant entity failed :
5. Identify which condition(s) applicant entity believes its Statements and Proof documentation support:		

STATEMENTS AND PROOF MUST BE ATTACHED TO THIS APPENDIX AND INCLUDED WITH AN APPLICANT ENTITY'S PROPSAL.