



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

OASAS 2010 Request for Proposals:
Specialized Chemical Dependence Services
at Bayview Correctional Facility

March 2010

Governor David A. Paterson
Commissioner Karen M. Carpenter-Palumbo

**OASAS 2010 Request for Proposals
Specialized Chemical Dependence Services at Bayview**

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I. Introduction

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announces its intention to provide funding to an OASAS-certified, voluntary not-for-profit provider of chemical dependence treatment services for the operating costs associated with the provision of specialized chemical dependence services for criminal justice-involved individuals at the Bayview Correctional Facility, located at 550 West 20th Street, New York City. The Bayview Re-Entry Unit will provide trauma-informed relapse prevention services and a chemical dependency assessment for those female inmates housed at Bayview with chemical dependency need services to 40 female inmates housed at the Bayview CF Re-Entry Unit, preparing them for a return to their communities and engagement in community-based addiction treatment. The OASAS *2010 Request for Proposals --- Specialized Chemical Dependence Services at Bayview* is being distributed to OASAS-certified, not-for-profit, outpatient services providers in New York City to solicit proposals to operate this program. The facility capacity will be 40 female inmates, each detained for approximately 6 months, with the overall service capacity of approximately 80 individuals annually.

The contracted provider will be expected to be on-site and fully operational by July 1, 2010. There will be programmatic and administrative liaisons from OASAS who will provide technical assistance to guide the program implementation.

The Bayview Re-entry Program is a collaboration between OASAS, New York State Department of Correctional Services (DOCS), and New York State Division of Parole (DOP). The various responsibilities and understandings of the various state agencies in this initiative are:

1. DOP, DOCS, and OASAS-certified program staff shall collectively constitute a team responsible for integrating the various services provided at the Bayview facility, as well as the coordination of continuing care services after release from the facility;
2. Certain addiction services will be provided by an OASAS-certified provider. Chemical dependence services shall be provided three days a week for the hours from 8 a.m. to noon. One half-day will be dedicated to the DOCS' DOP OASAS Individual Service Plans; the other half-days will be dedicated to trauma-inform relapse group and individual counseling, as needed. The provider may utilize the provided workspace in the afternoons of the scheduled days to complete documentation, make referral contacts, etc. However, the staffer will not be allowed access to the inmates and must stay in the designated work area. This is due to facility security procedures. Services provided will consist of and be limited to:
 - a. evaluations for chemical dependency,
 - b. level of care determinations for services post-release,
 - c. participation in ISP team process,

- d. assisting with referrals to community substance abuse agencies,
- e. provision of weekly trauma informed relapse prevention groups to women identified with chemical dependency issues,
- f. individual counseling to women regarding CD issues, as appropriate.

OASAS will develop Part 1045 Specialized Program operating guidelines for the Bayview Re-entry chemical dependency component. The guidelines will specify elements and timeframes for assessment, treatment planning, progress documentation, discharge planning, staffing, group frequency and size. The guidelines will indicate that the treatment planning will be coordinated with ISP and the team. Specific elements will be developed with the participation of DOCS and DOP. Trauma informed services shall be provided for each inmate with a CD diagnosis who volunteers to participate in trauma-informed relapse prevention for up to six months. Aftercare coordination shall occur for three months. All services provided by the contracted agency shall be coordinated with DOCS and DOP as part of the total Bayview Re-Entry Program. The services will be a component of that program, not a separate program.

3. DOCS shall maintain the inmates within the Bayview Correctional Facility in full compliance with applicable regulations for the facility. DOCS' responsibilities include, but are not limited to, facility security, medical care, food services, building maintenance, transportation of inmates and facilitating Re-Entry Unit operations.
4. DOCS shall also provide adequate work space for DOP and the provider's program staff, including cubicle, desk, chairs, telephone and computer equipment. For security purposes, there is no Internet access in the Bayview Facility.
5. DOP, DOCS, OASAS and the provider shall communicate on a regular and ongoing basis regarding Bayview Re-Entry Program. Each agency shall designate a lead staff person to address any problems and issues that may arise regarding the implementation of this MOU;
6. OASAS shall produce a monthly report to the agency Commissioners which tracks the performance and status of present and past participants of the Bayview Reentry Unit; this will include level of care recommended upon discharge and the actual placement.

OASAS is requesting applicants to develop a comprehensive, innovative trauma-informed relapsed program to address relapse issues, as well as referrals to community providers for ongoing treatment services for the females living in the New York City area. The successful applicant's proposal will provide the inmate an opportunity to address relapse issues during a period of detention. Referral to community-based treatment and other critical services is an essential element of the Bayview Re-entry model.

OASAS will issue an operating certificate to the successful applicant under Part 1045, Specialized Services program operations.

II. Eligible Applicants and Programs

OASAS intends to fund an OASAS-certified voluntary provider operating a certified 822 program in New York City that can demonstrate the experience and ability to provide effective, evidence-based chemical dependence services that are clinically appropriate for the identified population. Providers should specifically demonstrate that they:

1. Are experienced in working with and addressing the chemical dependence outpatient treatment and other services needs of female criminal justice clients.
2. Are experienced in providing gender-specific (female) programming including:
 - assessment,
 - individual and group therapy,
 - relapse prevention programming
 - family/children re-unification/re-integration,
 - trauma-informed treatment,
 - criminal justice issues,
 - housing, and
 - case management.
3. Have staff members who are Qualified Health Professionals (QHP) as described in Part 880.2 (a) (15) who are experienced in working with the female Criminal Justice clients and the issues related in Section 3 above. Due to the special needs of the population, a Social Worker (LMSW or LCSW) or a Master's-level trained CASAC with significant experience with similar populations, is the appropriate staff for this program.
4. Have existing procedures and protocols to ensure that clients have access to all appropriate levels of care, including, but not limited to, Medication Assisted Treatment, that are clinically indicated.
5. Have proposed preliminary outcome measures for the first full year of program operation. Outcome measures should include, but are not limited to: determining individual engagement in post-incarceration, community based treatment, housing, family support, and other services.

OASAS, through this Application, is seeking program proposals from voluntary agencies that operate OASAS-certified chemical dependence treatment services, as follows:

Program Type
Outpatient Services

OASAS Certification Part
Part 822

Applicants are advised that only those programs with a valid OASAS operating certificate and which are in good standing will be accepted for possible funding through the *2010 Request for Proposals --- Specialized Chemical Dependence Services at Bayview*.

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 *Outpatient Chemical Dependence Services* as defined in Part 822 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 or substantial 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.

Operating in New York City: Only agencies that have an 822 Certified Outpatient program located within New York City will be considered for this solicitation.

III. Program Components

OASAS seeks proposals to provide trauma-informed relapse chemical dependency assessment and individual counseling services to inmates participating in the Reentry Unit at Bayview Correctional Facility. It is anticipated that the inmates will all be returning to the greater New York City area.

The goal of the Bayview Re-entry Program is to prepare female inmates for a successful return to the community. Utilizing a combination of comprehensive services and intensive parole supervision, the Bayview team will engage the inmates in developing and implementing an Individual Service Plan (ISP).

Services will be provided to the participants to ensure that continuity of care is consistent with treatment and continuing care plans.

DOCS will provide security, maintenance, food services, and medical services to inmates housed at Bayview Correctional Facility. DOCS shall provide for the services to meet the religious and spiritual needs of the inmate.

Parole supervision will be provided by dedicated Facility Parole Officers. Treatment services will be provided at the Bayview facility by the OASAS-certified provider agency selected through this application process. The program will have a capacity for 40 inmates under the supervision of DOCS, with a maximum stay of 180 days and a minimum stay of 90 days. Services shall include individual and group counseling, as well as educational lectures and other therapeutic activities related to trauma-informed relapse prevention for CD/Diagnosed inmates who volunteer to participate. Services should be provided in accordance with OASAS Part 822 regulations.

The successful applicant will be funded to provide a variety of services and activities to 40 inmates, three days per week between the hours of operation: 8 a.m. to noon on three separate days as agreed to with DOCS and DOP. The staff member will have access to their workspace inside the correctional facility on the afternoons of the days services are provided for documentation and phone calls (but due to security procedures, will not have access to the inmate population). The application is looking to fund one (1) staff member to fulfill the tasks. The applicant should also identify its back-up plan for providing services during staff vacancies, leaves, vacations, etc. The back-up plan will require DOCS and DOP approval for security purposes.

The Bayview Correctional Facility is a medium-security facility operated by DOCS. Medium-security correctional facilities have very specific security guidelines that must be adhered to by the awardee and its staff. The security guidelines outline what items may or may not be brought into the facility, procedures for search of all individuals entering the facility, etc. Agency staff who will be working in the facility must submit for a criminal background check, provide fingerprints, and participate in the DOCS volunteer training program. Agency staff are required to abide by facility rules and security staff direction at all times. Failure to do so may result in staff being barred from the facility. The staff must also immediately make facility administration aware of any contact with inmates (prior history, family/friend, outside contact, etc.) that falls outside the specific scope of the duties to be performed.

A provider seeking to develop specialized services for this population should have an understanding of how addiction affects a female inmate's ability to successfully reintegrate in the community, as well as other factors influencing successful re-entry. The provider must demonstrate the ability to provide clinically appropriate services that support treatment, recovery and successful

community re-entry for female inmates, as well as the ability to cooperate, coordinate and/or collaborate with DOP and DOCS staff.

Service provision for female inmates is a complex issue that must take into account a variety of unique issues related to a female inmate's life, including criminal thinking, impulsive behavior, poor decision-making skills, criminal behavior, and often a long history of alcohol/substance abuse, trauma, family relationships, child care, etc. The Bayview Re-entry Program will enable the inmates to assess their lifestyle, and develop plans for successful community reintegration. The programmatic framework will include: a comprehensive evaluation of all relevant domains (e.g., alcohol/substance use, employability, family relationships, housing, mental health), an individualized service plan, structured therapeutic activities, an individualized community reintegration plan, and referrals to community-based services. In addressing the unique needs of the inmate, the treatment environment must encourage the inmate to address issues of addiction and criminal lifestyle and to develop new skills and strategies for successful and productive community living.

Expected Outcomes:

Expected patient outcomes include, but are not limited to, the following:

1. Development of a written individualized service plan for every Bayview participant. The plan is developed by the entire Bayview team and should address treatment, housing, family, childcare, sober support networks and other needs identified;
2. Admission to community-based treatment services within 48 hours of release from Bayview;
3. Referrals and appointments made to all appropriate community-based services, per the individualized plan;
4. Timely follow-up on all referrals;
5. Improved daily living skills;
6. Improved family functioning;
7. Improved employment-related functioning;
8. Reduced re-arrest rate;
9. Successful completion of community-based treatment.

IV. Application Review Criteria

Application Deadline

All applications must be received by the close of business on **April 15, 2010**.

Listed below are the multi-tiered criteria that OASAS will follow to review and to evaluate each application submitted under the *2010 Request for Proposals --- Specialized*

Chemical Dependence Services at Bayview Correctional Facility for purposes of making the funding award.

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 and time set forth in the *2010 Request for Proposals --- Specialized Chemical Dependence Services at Bayview Correctional Facility*?
2. Is the applicant entity eligible to apply as set forth in Section II – Eligible Applicants and Programs of this RFP?
3. Is a completed, signed, and dated *Applicant Attestation of Good Standing* (Appendix B) included with the submitted application?
4. Is the application complete, signed and dated? See the *Application Completeness Checklist* (Appendix A) that will be used by OASAS reviewers.
5. Is the applicant entity in good standing as defined in Section II of this RFP? This criteria will be independently verified by OASAS to the extent information is in the custody and control of OASAS.
6. Does the applicant entity meet the following Integrated Program Monitoring and Evaluation System (“IPMES”) criteria:
 - (a) Are less than 50 percent of its Program Reporting Units (“PRUs”) flagged by IPMES for the last two fiscal years that IPMES reports have been generated; **and**
 - (b) 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 an applicant entity fails to meet the IPMES criteria in (a) and/or (b) above, the applicant entity can satisfy the failed criteria by submitting proof to OASAS with their funding proposal application that the applicant entity meets **at least one** of the two following conditions.

1. During the six months following the **most recent** applicable fiscal year’s IPMES performance reports, at least 50 percent of the applicant entity’s PRUs, which **must** include the PRU identified for funding,

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

2. The applicant entity has one or more PRUs that were flagged, but the applicant entity can demonstrate that due to extenuating structural or operational anomalies, these particular PRUs are not able to exceed one or more minimum standards and thus find it difficult to avoid being flagged.

If the applicant entity believes that the provider 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 entity does not meet the IPMES criteria in (a) and/or (b) and provide proof that meets either the criterion of no longer being flagged as a result of more current data and/or that the applicant entity has extenuating structural or operational anomalies. The statement must include a complete description of how the applicant entity satisfies condition #1 and/or #2. Whether an applicant entity actually meets either of these conditions shall be determined by OASAS.

An applicant entity that wishes to submit the above statement and proof materials **must** do so using *Appendix E – Threshold Review Criteria #2 Statements and Proof*.

NOTE: 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.

NOTE: A program is deficient on an index if its performance falls below the minimum standard or the 25th percentile of its comparison group’s performance where no minimum standard has been established.

Program Proposal Review Criteria

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. The applicant's total score will be 100 points for the Program Proposal/Operational Funding Request (Part II). All proposals will be scored by OASAS. Those determined to be most appropriate for selection will also be reviewed by DOCS and DOP, with the final decision made by OASAS. The successful applicant will be selected based upon a review of all aspects of the proposal as outlined in the application. The contract will be awarded to the provider whose proposal best responds to this supplement, as determined by OASAS. If it is determined that two or more proposals are potentially capable of implementing and providing the service, OASAS, DOCS and DOP may conduct interviews with the finalists.

The proposal must demonstrate a thorough understanding of the major program objectives, the services to be provided, how those services should be delivered and the appropriateness of those services. Refer to Section III of this Application for more detailed guidance on program components. All of the program components described in Section III must be fully addressed in response to the items below. Research findings, relevant statistics, and the applicant's experience with the target population should be used to support the responses to each section below. Scoring points will be given for the following components:

1. **Service Needs of the Inmate (20 points)** – The proposal must demonstrate the relevant experience and expertise necessary to deliver specialized chemical dependence services to the female inmate population. It also must demonstrate a good understanding of the target population addressing issues of chemical dependency, trauma, relationships, family and co-occurring disorders. Preference will be given to the providers that have a demonstrated experience in providing services for women who have been imprisoned and returned to the community.
2. **Operational Capacity (20 points)** – The proposal must demonstrate the agency's organizational capacity to develop, implement, and operate the proposed specialized chemical dependence service. The capacity to be operational within the specified timeframe must be described. The proposal must also describe the agency's support infrastructure, particularly related to clinical supervision, clinical record keeping, ability to staff the program (including during vacations, sick leaves and vacancies), and administrative support.
3. **Program Description (30 points)** – The proposal must demonstrate:
 - a good understanding of the major program objectives, the services to be provided inside the Bayview Facility, how those services should be delivered, and the appropriateness of those services.
 - Proposed staffing plan, including qualifications of staff member(s), clinical supervision, and vacation/leave/vacancy coverage.
 - The provider's capacity and experience to work with DOCS and DOP.

- a description of linkages with appropriate community-based service agencies, to include the provider’s ability to engage participants in long-term treatment and link them to continuing care services.
 - a description of how the special needs of inmate, such as criminal thinking, criminal behavior, trauma, family relationships, etc. will be provided for programs that propose to serve inmates.
 - descriptions of: how linkages with community-based services will be established; how appointments for community-based services will be made; how admission to community-based treatment within 48 hours of discharge will be accomplished; and how follow-up will be ensured.
4. **Quality Improvement (10 points)** – The proposal must describe the agency’s continuous quality improvement plan, and how it will identify and be responsive to the unique issues presented by this population of inmates. The applicant must describe how the quality improvement process will identify progress (or lack of) on each of the expected outcomes listed above, and how the information will positively affect program operation and effectiveness.
5. **Budget Narrative (20 points)** – The proposal must include an operating budget that supports the program proposal. The Operational Funding Request will be reviewed for reasonableness consistent with the program proposal. It should be noted that DOCS will provide for all on-site equipment, space, materials, etc.

V. Application Components

The following components must be included in the application.

Application Completeness Checklist (Appendix A)

Applicant Attestation of Good Standing (Appendix B)

As set forth in Section II (Eligible Applicants and Programs) of this solicitation, an applicant must satisfy three conditions in order to be considered eligible, including a self-attestation that it is in good standing.

Accordingly, an applicant must complete, sign, and date the *Applicant Attestation of Good Standing* and submit it with the application package in order to be considered for funding awards under the *OASAS 2010 Request for Proposals --- Specialized Chemical Dependence Services at Bayview Correctional Facility*.

Eligible Programs Attestation (Appendix C)

Under its *2010 Request for Proposals --- Specialized Chemical Dependence Services at Bayview* will make awards to successful applicants for eligible Chemical Dependence Services.

As such, an applicant must complete, sign, and date the *Eligible Programs Attestation* and submit it with its application package in order to be considered for a funding award.

Initiative Funding Request Form (IFR2010) (Appendix D)

**Instructions for Completing the Initiative Funding Request Form (IFR2010)
(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. **Operating Budget Net Deficit** - 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.

VI. Funding Availability and Awards

OASAS will review and evaluate funding proposals submitted by eligible applicant entities according to the criteria set forth in Section IV of this Application. OASAS will select a successful applicant, at its sole discretion, based on consideration of a number of factors, including the amount of available appropriation authority.

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

Similarly, the operational budget submitted is used for evaluation purposes only in making the award decisions. The actual operational funding received will be determined through the normal budget review process for OASAS funded programs on a yearly basis.

The successful and selected applicant is reminded that grant award funding is not final or approved for expenditure until such time as the Office of the State Comptroller (OSC) has approved the Capital contract.

Neither OASAS nor the State of New York is liable for any expenditure incurred or made by an applicant until the applicable action(s) listed above occur.

OASAS will provide written notification to applicants not selected to receive grant award funding under the *2010 Request for Proposals --- Specialized Chemical Dependence Services at Bayview*.

VII. Bidder's Conference

There will be a non-mandatory **Bidder's Conference** on **March 19, 2010** at the **ADAM CLAYTON POWELL JR. STATE OFFICE BUILDING, 163 WEST 125TH STREET, NEW YORK, NY 10027**. The Conference will be held from 10 a.m. until noon. Please check the OASAS website (<http://www.oasas.state.ny.us>) for details. Webinar access will **not** be available. An overview of the initiative will be presented, with an opportunity to ask questions. To confirm your attendance, please call (646) 728-4521, or via email: Soniagarzon@oasas.state.ny.us

VIII. Questions about the 2010 Request for Proposals

Any questions about the *2010 Request for Proposals – Specialized Chemical Dependence Services at Bayview* must be submitted in writing by **March 22, 2010** to:

Addiction Planning Unit
NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203-3526
Email: oasasplanning@oasas.state.ny.us
Fax: 518-485-5228

All questions must be typed. Along with your question(s), provide your name, organization, mailing address, email address, and fax number. Please reference the *OASAS 2010 Request for Proposals – Specialized Chemical Dependence Services at Bayview* in your submission. Questions may be submitted at any time prior to the **March 22, 2010** deadline. Questions may only be submitted by mail, email or FAX to the above office. OASAS will not entertain questions via telephone or questions received after the deadline date.

Questions will not be answered on an individual basis. A written response to questions submitted by the deadline date (including questions presented at the Bidder's Conference) will be posted on the OASAS website (www.oasas.state.ny.us) on or about **April 1, 2010**. Organizations may also request that a hard copy of the questions and answers be mailed to them at the time they submit their questions to OASAS.

IX. 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:

Steve Hanson
Director of Bureau of Treatment
New York State Office of Alcoholism
and Substance Abuse Services
1450 Western Avenue, Room 205
Albany, New York 12203-3526
stevehanson@oasas.state.ny.us

X. 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. Please make sure that you check the website prior to submitting your proposal.

XI. Initiative Application Process

Interested applicants should submit **ONE ORIGINAL AND FOUR COPIES** of a completed application containing all required components to the following address. All applications must be received by **close of business, April 15, 2010**.

Specialized Chemical Dependence Services at Bayview
Bureau of Financial Management
Bureau of Treatment
NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, NY 12203-3526

XII. 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>.

Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at: <http://www.osc.state.ny.us/vendrep/systeminit.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the Office of the State Comptroller's Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Office of Alcoholism and Substance Abuse Services or the Office of the State Comptroller's Help Desk for a copy of the paper form.

Appendix A
Application Completeness Checklist

- Attestation of Good Standing (Required)**
- Eligible Program Attestation (Required)**
- LGU Letter of Support and Local Contractor Commitment (Required, if local contract agreement with LGU)**
- Initiative Funding Request Form (IFR2010-V):**
 - Part II, Program Proposal (include attachments, if necessary)**
 - Part III, Operational Funding Request**
- IPMES Threshold Review Criteria Statements and Proof (if necessary)**

**Appendix B
Specialized Chemical Dependence Services at
Bayview Correctional Facility
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 ATTESTING OFFICIAL:

TITLE OF ATTESTING OFFICIAL:

SIGNATURE OF ATTESTING OFFICIAL:

Signature:

Date Signed:

Appendix C
Eligible Programs Attestation

As a duly authorized official of the Applicant Entity identified below, I certify and attest that under no circumstances shall State aid funding provided as the result of being selected for an award and/or awards under the OASAS 2010 Request for Proposals --- *Specialized Chemical Dependence Services at Bayview* be used to support services and expenses of any program except eligible services as defined in Section II of this solicitation.

LEGAL NAME OF APPLICANT ENTITY:

PRINTED NAME OF ATTESTING OFFICIAL:

TITLE OF ATTESTING OFFICIAL:

SIGNATURE OF ATTESTING OFFICIAL:

Signature:

Date Signed:

3. Program Description (30 points) – Provide a description of: a good understanding of the major program objectives, the services to be provided inside the Bayview Facility, how those services should be delivered, and the appropriateness of those services. Provide a proposed staffing plan, including qualifications of staff member(s), clinical supervision, vacation/leave/vacancy coverage. The provider’s capacity and experience to work with NYS DOCS and NYS Parole. A description of linkages with appropriate community-based service agencies, to include the provider’s ability to engage participants in long-term treatment and link them to continuing care services. A description of how the special needs of inmate, such as criminal thinking, criminal behavior, trauma, family relationships, etc. will be provided for programs that propose to serve inmates. Describe: how linkages with community-based services will be established; how appointments for community-based services will be made; how admission to community-based treatment within 48 hours of discharge will be accomplished; and how follow-up will be ensured. **(Attach an additional page, if necessary)**

4. Quality Improvement (10 points) – Provide a description of the agency’s continuous quality improvement plan, and how it will identify and be responsive to the unique issues presented by this population of inmates. Describe how the quality improvement process will identify progress (or lack of) on each of the expected outcomes listed above, and how the information will positively affect program operation and effectiveness. **(Attach an additional page, if necessary)**

**OASAS 2010 REQUEST FOR PROPOSALS—
Specialized Chemical Dependence Services at Bayview
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

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

**Specialized Chemical Dependence Services at
Bayview Correctional Facility**

Appendix E – IPMES Threshold Review Criteria Statements and Proof

As indicated in Section IV of the RFP, there are two IPMES threshold review criteria (Items 1 and 2 of Section IV) that an applicant entity must satisfy in order to be approved for funding. If an applicant entity fails to meet the IPMES threshold review criteria the applicant entity can satisfy the criteria by submitting a statement and proof to OASAS with their application that the applicant entity meets at least one of the two conditions specified therein.

This Appendix E 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 (Items 1, 2 or both):
5. Identify which condition(s) applicant entity believes its Statements and Proof documentation support (Items 1, 2 or both):		