

**OASAS 2013 Planning Supplement
Young Adult Residential Treatment**

February 2013



NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

**OASAS 2013 Planning Supplement
Young Adult Residential Treatment**

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I. Introduction

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announces the issuance of the 2013 Planning Supplement – Young Adult Residential Treatment.

A significant element driving this supplement’s intent is the increase in prescription and illicit opioid abuse in the young adult population. During 2008, nonmedical use of pain relievers among persons aged 12 or older in the United States was a leading form of drug abuse, second only to marijuana. The 2007 ‘Monitoring the Future’ survey, funded by the National Institute on Drug Abuse (NIDA), surveyed over 48,000 students concerning teenage drug abuse. The study showed there has been a dramatic increase in the use of prescription drugs for nonmedical purposes. Of 12th graders surveyed, an alarming 15% reported using a prescription drug non-medically within the past year. The study also showed that students are now choosing to abuse prescription drugs instead of street drugs.

Recent figures from the Partnership for a Drug-Free America also reveal that teen prescription drug abuse is on the rise. The Partnership states that 1 in 5 teens report abusing a prescription pain medication and an equal number report abusing a prescription stimulant or tranquilizer. According to the Partnership, every day 2,500 teenagers use a prescription drug for the first time to get high. Adding to the concern, teens in some communities are engaging in a dangerous activity called “pharm parties” where teens gather up whatever medications they can find – old prescriptions of their own, pills from their families’ medicine cabinet –and share them. With a computer and a credit card, it’s also easy for teens to obtain prescription drugs from illegal Internet sites.

The nature of the prescription misuse problem can be due to many factors: diversion of pharmaceuticals, misuse of pharmaceuticals or inappropriate prescribing. Regardless of cause, a targeted response for this ongoing crisis is the focus of this Planning Supplement. Proposals should demonstrate developmentally appropriate patient centered care and consideration of medication assisted treatment.

While many communities across the state have reported increased incidence, two areas known to be significantly impacted are Long Island and Western New York. Thus this supplement will award fifty new intensive residential beds, specifically, one twenty-five bed project in Long Island (Nassau/Suffolk Counties) and one twenty-five bed project in Western NY (Erie/Niagara Counties).

Funding for the capital development costs associated with the establishment of these new beds is available from appropriations enacted in the 2007-08 and the 2008-09 State Budget. It is expected that funding to support the on-going operational needs of the programs would be made available from future appropriations. However, applicants are reminded that funding to support the operation of these programs and the continuation of current year funding for capital development are contingent upon the continued availability of State appropriations.

II. Eligible Applicants and Programs

OASAS intends to fund projects that can demonstrate an ability to provide the appropriate need based residential services that will be able to complete the capital project in a timely manner. Capital project costs will be developed by the selected applicants and the OASAS Capital Bureau after further analysis of each individual project. Capital funding will be made available to selected applicants after approval of the capital project costs by the Division of the Budget (DOB).

OASAS, through this 2013 Planning Supplement – Young Adult Residential Treatment, is seeking funding proposals from Local Governmental units and voluntary agencies that currently operate OASAS-certified chemical dependence residential services as follows:

<u>Program Type</u>	<u>OASAS Certification Part</u>
Intensive residential	Part 819
Methadone residential	Part 822-5

Applicants are advised that only those residential providers with a valid OASAS operating certificate **and** in good standing at the time of award will be accepted for possible funding through the 2013 Planning Supplement – Young Adult Residential Treatment.

For purposes of this solicitation the following definitions apply:

Voluntary Agencies: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, 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.

Local Governmental Unit: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “*means the unit of local government given authority in accordance with this chapter by local government to provide local services.*”

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 or 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 or substantial compliance.

III. Program Components

Intensive Residential

OASAS seeks proposals to expand intensive residential capacity to treat young adults (ages 18 – 25) with substance use disorders and/or co-occurring mental health disorders, with a specific emphasis on youth who are Opiate Dependent or poly substance dependent where opiates are one of the primary substances of use. A provider seeking to develop or expand residential services for this population should have an understanding of the unique developmental needs of young adults, demonstrate a knowledge of current drug use patterns for this population; have an understanding of the development of substance use disorders in young adults; and be able to demonstrate the ability to provide clinically and developmentally appropriate residential services that support recovery and treatment goals.

"Intensive residential rehabilitation services" means residential services requiring twenty four hours a day, seven days per week treatment in a structured environment for individuals whose potential for independent living in recovery is contingent upon substantial social habilitation or rehabilitation. This level of residential service requires established written agreements with other appropriately certified providers to furnish psychiatric and health care services, in addition to educational, social and vocational services. These services need to be developmentally appropriate for young adults with a substance use disorder and/or co-occurring mental health disorder who require chemical dependence services in a residential setting due to the severity of their addiction, previous non-compliance, or relapse that is unable to be managed in a lower level of care, including outpatient service settings, or their life skills deficits require sustained intensive rehabilitation.

The purpose of an intensive residential program is to provide an intensive treatment experience to support the whole person to achieve and maintain recovery from chemical dependency. Applicants should consider the needs of the individual and community in early recovery. The program proposal must include a discussion of how the provider will coordinate physical healthcare, mental healthcare, education and vocational services and other community-based care and support early recovery by facilitating services to improve activities of daily living skills, engagement in mutual support group(s), and development of a healthy lifestyle, including social, recreational, spiritual, and wellness components. All community and recovery support services should be developmental appropriate and focus on the uniqueness of young adults.

Proposals should identify the developmental needs of young adults and include a discussion of the unique needs of this targeted population including a discussion of the program components needed to provide effective treatment designed to promote recovery. This discussion should include the following:

- **Comprehensive Planning** - The proposal should describe how all aspects of the young persons' life will be addressed by the program. The program should identify the specific services to be offered or arranged by the program to meet the needs of the specific population. For example, the provision of medication assisted treatment, if appropriate; access to age/developmentally appropriate education and vocational services; provision of services for co-occurring mental health and co-existing medical conditions; family therapy with the youth's self defined family; preparation for Independent Living and transition planning; and the inclusion of recovery supports that provide for pro-social and developmentally appropriate activities that promote recovery.
- **Programming Developmentally Appropriate to Young Adults** - The proposal should describe the specific way in which the program will use the community and milieu to effect patient change. The proposal should describe specific group and individual counseling including the use of evidence-based practices.
- **Engaging and Retaining Patients in Treatment** - The proposal should describe how the program will address issues related to engaging and retaining the patients in treatment. It should include a discussion of specific models and techniques that will be utilized by the program for this purpose. Include a discussion of any specific engagement needs of the identified population.
- **Gender and Cultural Competence** - The proposal should describe the specific needs of the gender(s) proposed to be served, as well as cultural issues that would apply to the populations that the program serves. Identify any specific needs of the identified population.
- **Family and Children Care** - The proposal should describe any special services that will be provided to families and how the program will address the visitation needs of parents separated from children.
- **Coordination of Care** - The proposal should identify the specific steps the program will take to ensure coordination with the outpatient treatment provider, medical provider(s), mental health provider(s) and other needed services.
- **Continuing Care** - The proposal should describe how the program will transition patients from the level of care provided to the next level of care.
- **Vocational Services and Transitional Services** - The proposal should describe how the program will prepare residents for community living including vocational planning. Discharge planning should begin at admission and long-term recovery goals should be a part of treatment planning from the initial plan.
- **Addiction Medicine** - This proposal should indicate how the program would support Medication assisted treatment and the use of Addiction Medication in the treatment of opiate dependent young adults.

Expected Outcomes:

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

- Recovery from chemical dependency
- Improved family functioning
- Improved daily living skills
- Improved educational and vocational related skills
- Improved social skills
- Improved rates of retention
- Improved completion rate
- Improved access to needed non-residential services

IV. Review and Rating Criteria

Listed below are the multi-tiered criteria that OASAS will use to review and to evaluate each application submitted under the *2013 Planning Supplement – Young Adult Residential Treatment* for purposes of making funding awards.

A. Application 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 *2013 Planning Supplement – Young Adult Residential Treatment*?
2. Is the applicant entity eligible to apply as set forth in Section II of this planning supplement?
3. Is the application complete with all required signatures and appendices attached?

See the *Application Completeness Checklist* (Appendix A) that will be used by OASAS reviewers to determine whether the application is complete.

B. Proposal Review/Rating Criteria

Applications passing the *Application 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 based on a maximum of **60 Points** for the Capital Plan (Part I) and **40 Points** for the Program Proposal (Part II).

Part I - Capital Plan

The proposal must provide a detailed description of the proposed site if one has been identified, including a description of the vacant land and surrounding area, name of the property owner, acquisition plan (if necessary), and the renovations that will be necessary. Preference will be given to proposals that have site control and can demonstrate a more rapid site development capability. If the timeframe for site development becomes problematic, OASAS retains the right to withdraw the award. Scoring points will be given for the following components:

1. **Site Control - 30 points** - Does the applicant have control of the site? Control is defined as ownership of the site by the applicant or a closely allied entity. If the site is controlled, are there any outstanding liens (other than OASAS) on the property that would prevent a State lien on the site?
2. **Site Acquisition - 5 points** - If the site is not owned by the provider, has a specific site been identified with an adequate and reasonable explanation of how the property will be acquired? Higher points will be awarded for sites (or adjacent sites) certified for chemical dependence programs.
3. **Site Information - 5 points** - For the site identified, are the dimensions of the land and/or vacant building sufficient to provide a program for the proposed number of beds that fall within existing OASAS space guidelines?
 - a. **4. Zoning - 10 points** - Is the vacant land or building zoned to permit the program to operate at the site or would a special use permit or variance have to be granted?
4. **Experience - 10 points** - Include a description of the applicant's previous capital experience and projected timeline for the project.

Part II - Program Proposal

Program Narrative

The program narrative must demonstrate the applicants understanding of Young Adults with a Substance Use Disorder and/or a Co-occurring Mental Health Disorder and the current drug use trends of this population and the unique treatment needs associated with these trends and the developmental needs of this age group.

Applicants will be scored by how completely they answer the following sections of the program narrative. Scoring points will be given for the following components:

1. **Need Justification (2 pages max) - 5 points** - The proposal must clearly describe the unmet service need for young adults' ages 18- 25 years old in the community. The Justification of Need should include the following:

- A description of the nature of the problem in the community and documentation of the extent of the need (e.g., current prevalence rates and incidence data) for the population.
- A discussion of existing service gaps and how this project will help to eliminate health disparities in the population to be serviced.
- A description and justification of the population to be served and describe any specific substance use and co-occurring substance use and mental health disorders treatment and recovery supports needed.
- A description of how the following issues in the population(s) of focus will be addressed:
 - Demographics - race, ethnicity, religion, gender, age, geography, socioeconomic status, language and literacy;
 - Sexual identity - sexual orientation and gender identity; and Disability.

2. **Operational Capacity (4 pages max) - 10 points** - The proposal must demonstrate the agency's organizational capacity to develop, implement, and operate the proposed residential beds for young adults. It should also demonstrate an understanding of, and ability to deliver discrete services to the proposal.

- The applicant should describe their experience with developing new residential beds for specialty populations.
- The applicant should describe the agencies experience for providing residential services for specialty populations.
- The applicant should describe their experience for providing physical and mental health care for individuals in residential care.
- The applicant should describe their experience in providing services for young adults and their families.
- The applicant should describe the experience of agency leadership in developing residential programming and with the young adults.
- The applicant should describe their experience in linking with community resources; to include any signed qualified services agreements that would enhance services to young adults.
- The applicant should describe their experience in developing pro-social activities and recovery support services to meet the developmental and cultural needs of target populations; they should specify any experience in developing the services for young adults.
- The applicant should describe any specific training or staff experience around providing services for young adults.

3. **Program Description (5 pages max) - 15 points** - The proposal must demonstrate a good understanding of the major program objectives, the services to be provided, how those services should be delivered, and the developmental appropriateness of those services All applicants must:

- Clearly describe their experience in developing and implementing residential services; specifically discuss any experience in providing programming specific to young adults ages 18 - 25.

- Clearly describe their approach to residential treatment as a milieu. To include their treatment philosophy and program structure to include; anticipated length of stay and milestones in treatment.
 - Clearly describe their approach to clinical services for young adults.
 - Clearly describe how they will provide for Medication assisted treatment, if appropriate.
 - Clearly describe their experience with providing trauma informed care and for providing a safe and supportive environment for participants.
 - Describe any experience that they have with the implementation of evidenced based practices and if they will be used in providing treatment services.
 - Clearly describe how they will provide for educational and vocational services.
 - Clearly describe how they will provide for other community based services as needed i.e., physical health, mental health.
 - Clearly describe the recovery support services that will be developed and how they are specific to the needs of young adults.
 - Describe any potential barriers to treatment and discuss ways to overcome those barriers.
 - Describe any programmatic concerns regarding providing residential treatment to young adults. Please include any identified training needs.
4. **Performance Measures (1 page max) - 5 points** - The proposal must identify program specific performance measures that will be used to demonstrate successful client outcomes and that will be incorporated into the program's IPMES/Work scope Objective Attainment System. The applicant should also indicate its willingness to collaborate in broader evaluation efforts.
5. **Operating Funding Request - 3 points** - The proposal must include an operating funding request that supports the program proposal. The Operational Funding Request will be reviewed for reasonableness consistent with the program proposal. Applicants are reminded that the operational funding request is for review purposes only. Awardees will negotiate a final actual operational budget with their OASAS Field Office prior to the opening of the program.
6. **Staffing Plan - 2 points** - The proposal must include a staffing plan that supports the program proposal. The staffing plan must include detailed staffing information on each person that will provide the services described in the program proposal, including title, full-time-equivalency (FTE), salary, and responsibilities.

C. Reserved Rights

OASAS reserves the right to:

- Reject any or all proposals received in response to this Supplement;
- Not make an award to any applicant who is not in Good Standing at the time of award;
- Withdraw the supplement at any time, at the agency's sole discretion;
- Make an award under this supplement in whole or in part;

- Make awards based on geographical or regional consideration to best serve the interests of the state;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this supplement;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the supplement;
- Prior to the bid opening, amend the supplement to correct errors of oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent supplement amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidder within the scope of the supplement in the best interests of the state;
- Conduct contract negotiations with the next responsible bidder, should OASAS be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received, and
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation.

V. Application Components

The following components must be included in the application.

A. Application Completeness Checklist (Appendix A)

B. Letter of Support and/or Local Contract Commitment Form (Appendix B)

The *LGU Letter of Support and/or Local Contract Commitment* form is **required of all applicants**. Applicants, whose existing OASAS state aid funding support is provided through a contract agreement with an LGU must complete Part I of the form which indicates that they have the LGU's support for the operational funding proposal and guarantees that the LGU will modify the applicant's existing contract.

If the applicant receives their OASAS state aid funding through a direct contract agreement with OASAS, Part II of the form must be completed which indicates that the LGU fully supports the need for the project and the location.

The first three items on the *LGU Letter of Support and Local Contract Commitment* form should be filled out by the Applicant submitting a proposal under the OASAS *2013 Planning Supplement – Young Adult Residential Treatment*. The remainder of the document, either **Part I** or **Part II** must be completed by the Applicant’s appropriate LGU, and not by the Applicant entity.

Failure by the Applicant to include a completed, signed, and dated *LGU Letter of Support and Local Contract Commitment* form with its *2013 Planning Supplement – Young Adult Residential Treatment* application submission will result in **immediate disqualification** of the application submission, without exception.

C. Initiative Funding Request Form (IFR2009-1) (Appendix C) INSTRUCTIONS

PROVIDER INFORMATION – is the same for the top section of Part I, II & III

1. **Legal Name of Applicant Entity** – Enter the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR2009-1 form and on any additional pages that are attached. This is the name that appears on the OASAS Operating Certificate(s). **Do not enter the common name or acronym.**
2. **Name of Local Governmental Unit, if Applicable** – Enter the complete name of the County or City of New York 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 5-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 (IFR2009-1) 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 IFR2009-1.

PART I – CAPITAL PROJECT DESCRIPTION

Page 1

- 1-4. Enter full Project Site Address.
5. Enter the proposed service category.
6. Enter existing PRU number if proposed site is in an existing licensed service.
7. Enter county of proposed site.
- 8-11. Enter name, title, phone, and e-mail of the contact person.
12. Enter proposed bed capacity.
13. Indicate if the proposed site is already owned by the provider or a related entity.
14. Indicate if there are outstanding liens on the property. Specify who holds the lien and the amount and term of the lien.
15. Provide owners name and estimated acquisition cost. Describe how the property will be acquired, including any options to buy.
16. Indicate if the proposed site is vacant land or an existing building.
17. Indicate if the site is appropriately zoned for the service. If not, please describe the process anticipated to gain zoning approval. Please understand that OASAS cannot participate in the predevelopment costs. They must be borne by the provider.

Page 2

18. Indicate if the vacant land is adjacent to an existing certified chemical dependence program. Give dimension of land and a description of the site and surrounding area.
19. Indicate if the proposed site is within a building currently certified as a chemical dependence program. Give gross and net square footage of the total building. Describe the building and any necessary renovations.
20. Describe the provider's past capital experience, demonstrating the organization's capacity to successfully complete a capital project in a timely and cost effective manner, including a projected timeline for project completion, assuming an April 2013 funding award.

PART II – PROGRAM PROPOSAL

See Section IV, Subsection B, Part II of the Supplement for further descriptions

1. Need Justification - Provide a brief description of the problem to be addressed by this proposal. Include the target population this proposal is intended to serve.
2. Operational Capacity - Provide a brief description of your agency's capacity to deliver the needed services to the identified population.
3. Program Description - Provide a brief description of the program proposal, including objectives, discrete services to be provided, and system linkages.
4. Performance Measures - Provide a brief description of each program-specific performance measure that will be used to demonstrate successful client and program outcomes.
5. Provide a staffing plan for the program, including titles, salaries, FTE, and general responsibilities.

PART III – OPERATIONAL FUNDING REQUEST

1. **Date Program 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.

Requested Operating Budget for Proposal

Applicants are reminded that the submitted operational funding request is for review purposes only. Awardees will negotiate a final actual operating budget with their OASAS Field Office prior to the opening of the project.

Requested operating budget amounts must represent **12-month, full annual costs**, revenues, net deficit and OASAS State aid funding requested. **(ALL AMOUNTS REQUESTED 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:
 - 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 annual projected amounts that they anticipate receiving to offset costs attributable to the proposed program.

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

4. **Operating Budget Net Deficit** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget**.
5. **OASAS State Aid Funding Requested** - Enter the amount of OASAS State aid funding being requested for this initiative. 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.

Applicant Official

Enter the printed name and title of the applicant agency representative submitting the proposal.

The IFR2009-1 must be signed and dated by the applicant agency representative.

VI. Funding Availability and Awards

The enacted 2007-08 and 2008-09 State Budget for OASAS provides Capital Projects appropriation authority. Operational funding for these beds will be made available through the State's annual budget process.

The Applicant is reminded that continuation of Capital Projects appropriations and appropriations for operational funding are contingent upon the continued availability of State Budget appropriations for this purpose. Continuation of operational funding is also contingent upon the results of OASAS' annual Prospective Budget and Performance Review process.

Applicants are reminded that the submitted operational funding request is for review purposes only. Awardees will negotiate a final actual operating budget with their OASAS Field Office prior to the opening of the project.

OASAS will review and evaluate funding proposals submitted by an eligible applicant according to the criteria set forth in Section IV of this planning supplement. OASAS will select successful applicants, at its sole discretion, based on the scoring of all applications and consideration of a number of other factors, including but not necessarily limited to:

- Amount of available State appropriation authority,
- Eligible program services distribution.

Capital funding award grant amounts will be determined and made by OASAS to a successful and selected applicant after capital project costs are determined and the Division of the Budget (DOB) approval is received.

A successful and selected applicant is reminded that capital grant award funding **is not final or approved for expenditure** until such time as the DOB and the Office of the State Comptroller (OSC) has approved the specific project and its associated 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 *2013 Planning Supplement – Young Adult Residential Treatment*.

VII. Designated Contact Agent

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

The designated contact agent is:

P. David Sawicki
Bureau of Capital Management
NYS Office of Alcoholism and Substance Abuse Services
4th Floor, 1450 Western Avenue
Albany, New York 12203-3526
E-mail: LindaSchneider@OASAS.ny.gov
Fax: (518) 457-3231 Phone: (518) 457-2545

VIII. Questions and Responses

Any questions or requests for clarification about this Planning Supplement must be submitted in writing or e-mail by 3:00 p.m. on **2/22/13** and must be directed to the designated contact agent referenced above. All inquiries must be typed and include your name, organization, mailing address, e-mail address, and fax number. Please reference the 2013 Young Adult Residential Treatment Planning Supplement. To the degree possible, each inquiry should cite the Planning Supplement 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 will be posted on the OASAS website (www.oasas.ny.gov) on or about **3/1/13**.

IX. Initiative Application Process

An interested applicant should submit **SEVEN COPIES** of a completed application containing all required components to the following address. All applications must be received by 3:00 p.m. on **Friday, 3/22/13**.

Young Adult Residential Treatment Initiative
Bureau of Financial Management
NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, NY 12203-3526

Appendix A
Application Completeness Checklist

- LGU Letter of Support and/or Local Contractor Commitment**
- Initiative Funding Request Form (IFR2009-1):**
 - Part I (Page 1), Capital Project Description (include attachments, if necessary)**
 - Part I (Page 2), Capital Project Description (include attachments, if necessary)**
 - Part II, Program Proposal (include attachments, if necessary)**
 - Part III, Operational Funding Request**

Appendix B
LGU Letter of Support and/or Local Contract Commitment

Legal Name of Applicant:

Applicant's Local Governmental Unit:

Funding Proposals Submitted by Applicant

As a duly authorized official of the above named Applicant's Local Governmental Unit, I attest to the following **(Please Check as Appropriate)**:

PART I – State Aid

I fully support the operational funding proposal submitted by the Applicant and guarantee that if the Applicant is successful in obtaining a Capital Projects award and is funded through a local contract agreement, the Applicant's local contract agreement will be amended to accommodate any subsequent operational funding.

I **do not** support the operational funding proposal submitted by the Applicant, **and will not** amend the Applicant's local contract agreement to accommodate funding in the event that OASAS makes a funding award to the Applicant. Reasons for this non-support are as follows:

Part II – Direct Contract

I fully support the Applicant's proposal in regard to need and location.

I **do not** support the Applicant's proposal in regard to need and location. Reasons for this non-support are as follows:

Title of Authorized LGU Official:

Signature of Authorized LGU Official:

Date:

Appendix C

OASAS 2013 PLANNING SUPPLEMENT - INITIATIVE FUNDING REQUEST FORM

1. Legal Name of Applicant Entity:			
2. 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. Name of Applicant Contact Person:		9. Title of Contact:	10. Contact Telephone Number:

PART I - CAPITAL PROJECT DESCRIPTION (Page 1)

Project Site Description			
1. Street/P.O. Box:		2. City:	3. State:
			4. Zip:
5. Service Category:		6. PRU:	7. County:
8. Contact Person:		9. Title:	
10. Telephone:	11. E-mail:		12. Proposed Capacity:
13. Is the proposed site owned by this provider?			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If the site is owned by this provider, are there any liens on the property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes",	Name on Lien:	Amount of Lien:	Term of Lien:
15. If the site is not owned by this provider, provide the following information on the owner and property acquisition plan: Name of property owner: _____ Estimated cost to acquire the building or land: _____ Property to be acquired in the following manner: (Attach an additional page, if necessary)			
16. Is the proposed site vacant land or an existing building?			<input type="checkbox"/> Vacant land <input type="checkbox"/> Existing building
17. Is the proposed site currently zoned to allow the proposed program to operate there?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", Please describe how the appropriate zoning approvals will be obtained.			

Appendix C
OASAS 2013 PLANNING SUPPLEMENT - INITIATIVE FUNDING REQUEST FORM

1. Legal Name of Applicant Entity:			
2. 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. Name of Applicant Contact Person:		9. Title of Contact:	10. Contact Telephone Number:

PART I - CAPITAL PROJECT DESCRIPTION (Page 2)

Project Site Description			
1. Street/P.O. Box:		2. City:	3. State:
			4. Zip:
5. Service Category:		6. PRU:	7. County:
18. If the site is vacant land, is the adjacent property a certified chemical dependence program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dimensions of the vacant land:			
Description of the vacant land and surrounding area: (Attach an additional page, if necessary)			
19. If the site is an existing building, is the building a certified chemical dependence program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross square footage of the existing building:		Net square footage of the existing building:	
Description of building <u>and</u> any renovations that will be necessary: (Attach an additional page, if necessary)			
20. Describe the provider's past capital experience, demonstrating the organization's capacity to successfully complete a capital project in a timely and cost effective manner, including a projected timeline for project completion, assuming an October 2010 funding award.			

Appendix C
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1. Legal Name of Applicant Entity:		
2. 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. Name of Applicant Contact Person:	9. Title of Contact:	10. Contact Telephone Number:

PART II - PROGRAM PROPOSAL

<p>1. Need Justification - Provide a brief description of the problem to be addressed by this proposal. Include the target population this proposal is intended to serve. (Attach an additional page, if necessary)</p>
<p>2. Operational Capacity - Provide a brief description of your agency's capacity to deliver the needed services to the identified population. (Attach an additional page, if necessary)</p>
<p>3. Program Description - Provide a brief description of the program proposal, including objectives, discrete services to be provided, and system linkages. (Attach an additional page, if necessary)</p>
<p>4. Performance Measures - Provide a brief description of each program-specific performance measure that will be used to demonstrate successful client and program outcomes. (Attach an additional page, if necessary)</p>
<p>5. Staffing Plan - Provide a staffing plan for the program, including titles, salaries, FTE, and general responsibilities. (Attach an additional page, if necessary)</p>

**OASAS 2013 PLANNING SUPPLEMENT
INITIATIVE FUNDING REQUEST (IFR) FORM
(Annual Operating Budget)**

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	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	
Donations	
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: _____	