

OASAS 2007
Planning Supplement

NEW YORK/NEW YORK III
SCATTER-SITE
TRANSITIONAL HOUSING
INITIATIVE
NOVEMBER 2007

Eliot Spitzer
Governor

Karen M. Carpenter-Palumbo
Commissioner

**OASAS 2007 Planning Supplement
NEW YORK/NEW YORK III
SCATTER-SITE TRANSITIONAL HOUSING INITIATIVE**

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**NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
HOMELESS & HOUSING SERVICES**

**2007 PLANNING SUPPLEMENT
NEW YORK/NEW YORK III**

**SCATTER-SITE, SMALL CLUSTERS OF
LONG-TERM SUPPORTIVE, TRANSITIONAL HOUSING
FOR
HOMELESS SINGLE ADULTS WHO HAVE COMPLETED
SUBSTANCE ABUSE TREATMENT
FUNDING GOAL: PROGRAMS IN BLOCKS OF 25 BEDS
GRANT PARAMETERS: \$400,000 FOR A BLOCK OF 25 BEDS**

**ELIGIBLE APPLICANTS: OASAS-CERTIFIED AGENCIES
WITH DEMONSTRATED SUCCESSFUL EXPERIENCE
WORKING WITH HOMELESS ADULTS
AND
MANAGING SCATTER-SITE TRANSITIONAL OR PERMANENT
SUPPORTIVE HOUSING PROGRAMS**

I. INTRODUCTION

A. *NY/NY III Supportive Housing Agreement Overview*

In November 2005, New York City (NYC) and New York State (NYS) announced the *New York/New York III Supportive Housing* agreement, a pact between the City and State to jointly develop and fund 9,000 new units of supportive housing in NYC over the next ten years. Pursuant to two prior *New York/New York* agreements, the City and State produced over 5,000 units of supportive housing. Those housing units, however, were solely for single adults with serious and persistent mental illness who had some history of homelessness. *New York/New York III*, on the other hand, targets a much broader range of eligible clients that more accurately reflects the people living on the NYC streets and in NYC shelters today.

The NYC Department of Health and Mental Hygiene (DOHMH) is the lead agency contracting for the ongoing operation and support services for the City's share of *New York/New York III* housing, with the exception of the units designated for individuals with HIV/AIDS. These units are the responsibility of the NYC Human Resources Administration (HRA). NYC DOHMH also is contracting for the ongoing operation and support services with respect to a portion of the State's share of *New York/New York III* supportive housing.

The *New York/New York III* agreement provides for the development and funding of both congregate (single-site) and scattered-site supportive housing models.

This **OASAS Planning Supplement** is a companion to the NYC DOHMH Request for Proposal (RFP) issued in March 2007 for 250 beds of scatter-site, long-term Supportive Transitional Housing designed for homeless single adults who have completed substance abuse treatment. The NYC RFP and this OASAS Planning Supplement are components of the *New York/New York III* Agreement that has brought together many State and City agencies and departments. This year is the first year in what will be a multi-year effort to address homelessness. Up to \$6 million in the OASAS 2007-08 State Budget is available to support this initiative. The number of programs and beds funded will depend on the number of awards made.

B. The Target Population for this Planning Supplement is:

Homeless single adults who have completed a course of treatment for a substance abuse disorder, who are at risk of street homelessness or sheltered homelessness, and who need long-term transitional supportive housing to sustain sobriety and to achieve independent living.

“Have completed a course of treatment” means successful completion/participation – as attested (in writing) by the provider – in one or more of the following substance abuse treatment programs: (1) residential treatment, or (2) outpatient treatment programs.

“At risk of street homelessness or sheltered homelessness” means having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing requires written attestation by the treatment provider.)

C. General Definitions

“Chronically homeless” means anyone who has a disability and has been homeless for at least 365 days of the last two years, not necessarily consecutively.

Documentation of chronic homelessness is established in one of the following ways:

A client is identified as meeting the above criteria based on his/her lodging history as contained in the Department of Homeless Services (DHS) Shelter Care Information Management System (SCIMS). Other emergency lodging history must be documented by a written attestation by an employee of the applicable agency included as part of the supportive housing application.

An outreach team or drop-in program provides a written attestation that its staff has been working with a client for the period of time that satisfies the above criteria.

A combination of shelter lodging history, street engagement, and/or HIV/AIDS Services Administration (HASA) documentation that satisfies the above criteria. It will be the responsibility of the referral source to provide verifiable documentation of time spent in an institution and verifiable documentation of the homeless history prior and subsequent to the time spent in an institution, as part of the application.

“Homeless” means anyone who is sleeping in an emergency shelter or drop-in center; in public or other places not meant for human habitation; living in transitional/supportive housing but having come from the streets or emergency shelters; at risk of imminent homelessness due to a pending eviction or discharge with no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.

“Substance abuse disorder” means a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following circumstances occurring within a 12-month period: recurrent substance abuse resulting in failure to fulfill major role obligations at work, school or home; recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use); recurrent substance related legal problems (e.g., arrests for substance related disorderly conduct); or continued substance abuse despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of use.

II. ELIGIBLE APPLICANTS AND PROGRAMS

A. Eligible Applicants

OASAS intends to fund projects that can demonstrate an ability to provide the appropriate services for the populations identified.

OASAS, through its *2007 Planning Supplement – New York/New York III Scatter-Site Transitional Housing Initiative* -- is seeking funding proposals from **voluntary agencies and Local Governmental Units (LGUs) that operate OASAS-certified chemical dependence outpatient and residential services in New York City** as follows:

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

Applicants are advised that only those programs with a valid OASAS operating certificate will be accepted for possible funding through the *2007 Planning Supplement – New York/New York III Scatter-Site Transitional Housing Initiative*.

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.

Local Governmental Unit: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 6, local governmental unit “*means the unit of local government given authority in accordance with this chapter by local government to provide local or unified 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 Parts 819 and 822 of the *Official Compilation of Rules and Regulations* of the State of New York

B. Program Components

Contractor Qualifications

1. The contractor would have successful experience providing housing and/or services to the target population(s).
2. The contractor would 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.

Staffing and Training

1. The contractor would 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 contractor would initially train staff and conduct ongoing training.
2. Program Directors overseeing case managers would 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 contractor would have the capacity to provide training to staff that would include, but not be limited to: health education and infectious disease prevention, nutrition, relationship skills, crisis intervention, counseling techniques and motivational interviewing, depression screening, street drugs and their effects, symptoms of overdose and withdrawal, best practices in employment services, harm reduction and housing first service approaches, including safe injection, safe sex practices, availability of naloxone to prevent death from opioid overdose, addiction treatment and recovery, the stages of change model, and trauma and relapse prevention.

Client Eligibility and Placement

The eligibility of an individual seeking housing under *New York New York III* will be determined by HRA upon electronic submission of the supportive housing application by the client or anyone acting on behalf of the client such as an outreach worker, case manager, shelter or drop-in center staff, etc. DHS will be responsible for placing approved applicants by sending *New York New York III* housing providers a limited, but reasonable, number of eligible clients from which they will be required to select tenants.

Support Services

To deliver the core services required for this Program Initiative, the contractor would:

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 stably housed in the community.
4. Coordinate all support services for each client directly with the contractor'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, help in the establishment of the household including, if apartment mates are involved, facilitating cooperative apartment mate agreements on bill payments, division of household responsibilities, and other matters.
6. 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.
7. Make programming available during evenings and on weekends to accommodate the work, training, and/or treatment requirements of clients.
8. 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. Where feasible, actively seek qualified clients to employ as housing support staff.
9. Train staff in housing placement in order to assist clients who would like to move on to a more independent setting.
10. For individuals with substance abuse disorders, many of whom have been victimized or abused as children or later in life, ensure that all supportive services are trauma-informed in order to address the underlying issues of addiction.
11. Provide services in a culturally- and linguistically-competent and sensitive manner.
12. 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 lease shall be maintained in client file
13. Require clients to contribute 30% of their household income toward rent and utilities (electric and gas, at minimum).
 14. Allocate contingency funds in the budget to cover events that may lead to non-payment of rent, such as hospitalization. The contractor should make every effort to preserve the client's/family's housing in the event of hospitalization or relapse.
 15. 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 contractor would identify alternate appropriate placement. Due process procedures and NYC's landlord/tenant law would be followed. Programs are urged to develop a positive and effective means of transitioning clients to independent or other long-term permanent housing, as appropriate.
 16. Track clients who have moved on from the program to non-supported independent housing or other placements by maintaining contact with such clients for a period of one year following their departure from the program. At a minimum, contact with the client would be made at three months, six months and one year after departure.
 17. If/when required by OASAS, conduct a consumer perception of care survey using a survey instrument to be provided by DOHMH. Failure to conduct the survey (if required by OASAS) would result in liquidated damages under the contract.
 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; reduction in hospitalization; and reduction in rate of incarceration.

Additional Requirements for:

Target Population – Homeless Single Adults who have Completed a Course of Substance Abuse Treatment

1. 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.
2. Address the substance abuse recovery related needs of the clients as well as those skills and services that the clients would require to sustain sobriety and avoid relapse.

3. Focus on recovery planning and relapse prevention using individual counseling and support provided by substance abuse and mental health professionals and peer counselors.
4. Assist each client in planning for and locating appropriate independent housing or, where appropriate, other supportive housing placement. Although there would be no length of stay restrictions, the program should expect clients to move on.
5. Provide directly or through linkages the following support services for each client, including, but not limited to, peer counseling and advocacy; relapse prevention; crisis intervention; Alcoholics Anonymous, Narcotics Anonymous and similar groups, spirituality, social and community building activities, individual and group counseling, home visits, and recreation opportunities.

III. OPERATING PROGRAM ASSUMPTIONS

A. Program Design

1. While Program participants all will have started a course of substance abuse treatment as homeless, they will have been involved in different levels of care. A person may have completed long-term residential care, intensive outpatient services while living in a homeless shelter,—or only have completed a course of inpatient rehabilitation. Therefore, some Program participants may clinically require ongoing outpatient treatment services while living in this Supportive Housing Program,—while others will be involved in aftercare-and/or relapse prevention services.
2. Similarly, some Program participants already will have completed vocational preparation activities and will have begun employment, while others will still be receiving Public Assistance support.
3. This Program is Transitional rather than Permanent Supportive Housing – the length of stay 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).
4. Where possible, apartments that have an original lease between the sponsoring 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 sponsoring agency would locate and secure a replacement apartment to maintain the required number of apartments needed to serve 25 active Program participants.
5. All apartments must meet federal Housing and Urban Development (HUD) Housing Quality Standards. Leases must be secured at or slightly below the HUD 2007 Fair Market Rental rates: \$988 per month for a studio, \$1,069 for a one bedroom, and \$1,189 for a two bedroom apartment.

6. A small cluster of apartments in one building is an acceptable practice in developing this Scatter-site Program. No more than 20% of apartments in a given building should be leased for this program.
7. Two bedroom apartments can be leased for the placement of two single adults. When a small cluster of two or three such units is leased in the same building, the result 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.
8. One bedroom apartments can also be clustered, and 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; One bedroom apartments also can be “turn-keyed” and become permanent housing of choice for that individual.
9. Studio apartments can be clustered, and do offer the “turn-key” option. Size does limit the opportunity to share space with a partner or a child.
10. Sponsoring agencies may propose a wide range of apartment configurations to serve 25 single adults. Unless a sponsoring agency has already secured funding for the leasing costs for the necessary number of apartments needed, the leasing costs will be the single largest element in an operating budget. The constraints of a \$400,000 grant limit for each block of 25 beds (\$16,000 per bed) rule out apartment configurations that result in more than two-thirds of the total operating cost allocated to leasing costs.

Additional Information for Applicant Agencies – Questions and Answers

1. How will the referral process work for the various population options?
Response: Referrals to housing providers under the *New York/New York III Initiative* will be made only through DHS, the sole agency responsible for placement. In general, the placement agencies will forward the provider a panel of three HRA-approved prospective clients from which the provider is expected to pick one. In cases where a provider has many units to fill, the placement agencies may forward a larger group of prospective clients or match the provider with a shelter or other program that has a large number of eligible individuals. The provider, however, will still be expected to accept applicants at the one to three ratio.
2. Clarify the “clustering” of apartments in a single building.
Response: Because the scattered-site model seeks to emulate normal community living, the OASAS prefers that units not be overly concentrated in a single building. If the provider has access to a number of apartments in a single building and wants to take advantage of economies of scale, it may cluster apartments, but only up to a maximum of 20% of the building’s units.

3. Is there a limit to the length of stay in this transitional housing program?
Response: Housing for homeless single adults who have completed substance abuse treatment (Population Option III in the New York/New York III Agreement) is intended to be transitional, although no absolute time limits will be imposed through the contracts. “The programming goals for these clients are to ensure housing stability in a non-judgmental, safe, and supported environment; to enable them to sustain sobriety and to transition to independent living outside of a supportive housing setting; and to enable clients to achieve the maximum possible recovery and integration into the workforce and the community.”
4. Is it acceptable practice for “graduates” of these programs to remain in their apartments and take them over independently?
Response: Yes, OASAS and the City Departments involved prefer that graduates be allowed to retain their apartments rather than having to uproot themselves and move. The provider would then rent another apartment for the new incoming client. This is a “turn-key” approach which would effectively result in apartment units becoming permanent supportive housing units.
5. What should a provider do in the event a client is incarcerated or hospitalized?
Response: In general, the provider should strive to preserve the client’s housing for as long as possible if, by all indications, the client may return within a few months. OASAS expects providers to use the contingency funds (discussed further in the Budgeting Section below) to cover the client’s rent contribution for a minimum of three months.
6. If a client is in the hospital, but will be returning to his or her apartment, is that considered a vacancy?
Response: No, not if the client is returning. Where it is not clear or the absence is prolonged, the determination will be handled on a case-by-case basis, and providers are encouraged to approach OASAS for guidance.
7. Must providers adhere to the HUD fair market rates for rent or are they allowed to pay market rents? How should they calculate what portion of the maximum funding amount is the rental cost and what portion is for services?
Response: The proposer should look to the HUD fair market rents as a guide. Providers, however, should carefully consider the nature and cost of specific services needed and allocate sufficient funding for services. Be advised that if the provider includes an agency contribution in its proposed budget and is awarded a contract, it will be expected to include the agency contribution in each year’s budget thereafter.
8. Are providers supposed to pay the 30% client contribution if the client does not pay it? How much in contingency funds should providers allocate per client? How should such funds be presented in the budget proposal?
Response: Providers are responsible for covering the client contribution if the client fails to pay. Contingency funds should be budgeted at about \$400-\$600 per client, per year. That amount should cover two to three months of

a single client's rent contribution. The provider can make funds not spent on one client available for other clients.

9. Does the budget cover food, clothing, and other daily needs?

Response: No, but part of the provider's role is to link clients to community resources such as food pantries and assist them in applying for food stamps, public assistance, and other benefits for which they may be eligible.

10. Historically, individuals who are receiving medically-assisted treatment may be in treatment for a number of years. Must those persons have to complete medically-assisted treatment in order to be eligible for placement?

Response: No. The individual is eligible for placement as long as he/she is a patient in an OASAS-certified medically assisted treatment program.

IV. MODEL PROGRAM GUIDELINES

The following presentation is intended as guidelines for applicant agencies. If required elements of supportive services are not funded by the grant, then the sponsoring agency will need to support such services through either another grant source or as a service match.

Budget projections are displayed which cover all components of the Operating Budget.

Leasing Costs:

Model A	Model B	Model C
20 Studio Apts = \$988/mo x 20 apts = \$19,760 x 12 mos. = \$237,120 plus 5 One Bedroom Apts = \$1,069 x 5 apts = \$5,345 x 12 mos = \$64,140 Total Gross Lease Cost = \$301,260	7 Two Bedroom Apts = \$1,189 x 7 apts = \$8,323 x 12 mos = \$99,876 plus 11 One Bedroom apts = \$1,069 x 11 apts = \$11,759 x 12 mos = \$141,108 Total Gross Lease Cost = \$240,984	3 Two Bedroom Apts = \$1,189 x 3 apts = \$,3,567 x 12 mos = \$42,804 plus 19 One Bedroom apts = \$1,069 x 19 apts = \$20,311 x 12 mos = \$243,732 Total Gross Lease Cost = \$286,536
Client Contribution = \$225/mo x 25 clients = \$5,625 x 12 mos = \$67,500	Client Contribution = \$67,500	Client Contribution = \$67,500
Net Lease Cost = \$233,760	Net Lease Cost = \$173,484	Net Lease Cost = \$219,036

Other Occupancy Costs:

Model A	Model B	Model C
Contingency Fund = \$500/ client x 25 clients = \$12,500	Contingency Fund = \$500/ client x 25 clients = \$12,500	Contingency Fund = \$500/ client x 25 clients = \$12,500
Legal = 5 eviction events @\$1,500/event = \$7,500	Legal = 5 eviction events @ \$1,500/event = \$7,500	Legal = 5 eviction events @ \$1,500/event = 7,500
Repairs = 5 events @ \$1,000/ event = \$5,000	Repairs = 5 events @ \$1,000/ event = \$5,000	Repairs = 5 events @ \$1,000/ event = \$5,000
	Air Conditioners = \$500/ unit x 18 apts = \$9,000	
Furniture & Furnishings = \$1,000/apt = \$25,000 (25 apts)	Furniture & Furnishings = \$20,000 (18 apts)	Furniture & Furnishings = \$25,000 (22 apts)
Total Other Occupancy Costs = \$50,000	Total Other Occupancy Costs = \$54,000	Total Other Occupancy Costs = \$50,000

Total Occupancy Costs:

Model A	Model B	Model C
\$283,760	\$227,484	\$269,036

OTPS Costs:

Model A	Model B	Model C
Equipment = 2 Laptops @ \$1,500 each = \$3,000 Plus 2 Printers @ \$200 each = \$400 Plus 2 Desk setups @ \$800 each = \$1,600 Total Equipment = \$5,000	Equipment = 4 Laptops @ \$1,500 each = \$6,000 Plus 4 Printers @ \$200 each = \$800 Plus 4 Desk setups @ \$800 each = \$3,200 Total Equipment = \$10,000	Equipment = 2 Laptops @ \$1,500 each = \$3,000 Plus 2 Printers @ \$200 each = \$400 Plus 2 Desk setups @ \$800 each = \$1,600 Total Equipment = \$5,000
Supplies = Office = \$1,500 Plus Program = \$3,500 Total Supplies = \$5,000	Supplies = Office = \$1,500 Plus Program = \$3,500 Total Supplies = \$5,000	Supplies = Office = \$1,500 Plus Office = \$3,500 Total Supplies = \$5,000
Travel = Staff = \$1,000 Plus Clients = \$2,000 Total Travel = \$3,000	Travel = Staff = \$1,000 Plus Clients = \$2,000 Total Travel = \$3,000	Travel = Staff = \$1,000 Plus Clients = \$2,000 Total Travel = \$3,000
Total OTPS = \$13,000	Total OTPS = \$18,000	Total OTPS = \$13,000

Personal Services Costs:

Model A	Model B	Model C
Program Supervisor = 0.1 FTE = \$70,000 x 0.1 FTE = \$7,000	Program Supervisor = 0.1 FTE = \$70,000 x 0.1 FTE = \$7,000	Program Supervisor = 0.1 FTE = \$70,000 x 0.1 FTE = \$7,000
Senior Case Manager = 1.0 = \$38,000	Senior Case Manager = 1.0 = \$40,000	Senior Case Manager = 1.0 = \$40,000
Admin. Assistant = 0.25 = \$32,000 x 0.25 = \$8,000	Admin. Assistant = 0.25 = \$32,000 x 0.25 = \$8,000	Admin. Assistant = 0.25 = \$32,000 x 0.25 = \$8,000
	Vocational Services = 0.35 = \$44,000 x 0.35 = \$15,400	Vocational Services = 0.25 = \$44,000 x 0.25 = \$11,000
	Mental Health/Family Social Worker = 0.25 = \$46,000 x 0.25 = \$11,500	
	Weekend Case Manager = 0.3 = \$35,000 x 0.3 = \$10,500	
	Evening Case Manager = 0.2 = \$35,000 x 0.2 = \$7,000	
Total PS Costs = \$53,000	Total PS Costs = \$99,400	Total PS Costs = \$66,000

Fringe Costs:

Model A	Model B	Model C
Program Supervisor = 11% of PS = \$770	Program Supervisor = 11% of PS = \$770	Program Supervisor = 11% of PS = \$770
Senior Case Manager = 30% of PS = \$11,400	Senior Case Manager = 30% of PS = \$12,000	Senior Case Manager = 30% of PS = \$12,000
Admin. Assistant = 11% of PS = \$880	Admin. Assistant = 11% of PS = \$880	Admin. Assistant = 11% of PS = \$880
	Vocational Services = 11% of PS = \$1,694	Vocational Services = 11% of PS = \$1,210
	MH/Family = 11% of PS = \$1,265	
	Weekend Case Manager = 11% of PS = \$1,155	
	Evening Case Manager = 11% of PS = \$770	
Total Fringe Costs = \$13,050	Total Fringe Costs = \$18,534	Total Fringe Costs = \$14,860

NOTES:

- Fringe for less than half-time staff = FICA @ 7.65% + Unemployment/Disability @ 3.35%, total = 11%
- Fringe for full-time staff = FICA @ 7.65%, Health Ins. @ 16%, Unemployment @ 2.35%, Other @ 4%, total = 30%

Total PS + Fringe Costs:

Model A	Model B	Model C
\$66,050	\$117,934	\$80,860

Direct Costs, Administrative Costs, & Total Operating Costs:

Model A	Model B	Model C
Total Occupancy = \$233,760	Total Occupancy = \$227,484	Total Occupancy = \$269,036
OTPS = \$13,000	OTPS = \$18,000	OTPS = \$13,000
PS + Fringe = \$66,050	PS + Fringe = \$117,934	PS + Fringe = \$80,860
Total Direct = \$312,810	Total Direct = \$363,418	Total Direct = \$362,896
Admin. @ 10% of Direct = \$31,281	Admin. @ 10% of Direct = \$36,342	Admin. @ 10% of Direct = \$36,290
Total Operating Costs = \$344,091	Total Operating Costs = \$399,760	Total Operating Costs = \$399,186
Net Cost/Bed = \$13,763.64	Net Cost/Bed = \$15,990.40	Net Cost/Bed = \$15,967.44

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

Proposal Submission Instructions: All proposals must meet the requirements listed below. 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, if any, and the proposed key staff, in providing the program described in the scope of services of this planning supplement.

Specifically address the following:

1. **Program**

- a. Describe the proposer's successful experience providing services to the target population, homeless single adults who have completed substance abuse treatment, including the specific nature of those services and when and where they are/were provided.
- b. If the proposer has limited or no experience with this target population, describe the proposer's successful experience providing services to other populations and demonstrate the relevance of that experience to serving homeless substance abusers. Include the specific nature of those populations and the services provided and when and where they are/were provided.
- c. Describe the proposer's successful experience providing services in or related to supported housing settings (either transitional or permanent). Include the specific nature of those services and when and where they are/were provided.
- d. Describe the successful experience of the proposer and/or housing management agency, whichever is applicable, in managing the ongoing operations of a supportive housing project and/or other residential setting.

In addition:

- Attach a listing of at least two relevant references (other than employees of NYC DOHMH or NYS OASAS for the proposer, including the name of the reference entity, a brief statement describing the relationship between the proposer/entity and the reference entity, and the name, title and telephone number of a contact person at the reference entity.
- Attach for each key staff position a resume and/or description of the qualifications and experience that will be required. In addition, state extent of staff expertise in relevant cultures and languages.

2. Organizational Capability

Demonstrate the proposer's organizational (i.e., programmatic, managerial and financial) capability to provide an appropriate site and successfully perform the services described in the scope of services of this planning supplement. Specifically address the following:

- a. State whether or not the proposer has submitted or plans to submit multiple proposals to operate programs in more than one building site. If either is so, indicate the total number of separate programs for which the proposer has submitted and/or intends to submit a proposal and demonstrate the proposer's capability to successfully operate the total number of multiple proposed programs concurrently.
- b. Demonstrate that the proposer has an appropriate staffing plan with sufficient numbers of staff for the number of clients to be served and with salaries commensurate with these qualifications.
- c. Demonstrate that the proposer has an appropriate staff training program.
- d. Demonstrate that the proposer has an appropriate client record keeping and data management system, in view of both efficient internal management as well as meeting the *NY/NY III Supportive Housing* evaluation and the other client-tracking and data-reporting responsibilities set forth under the subsection C(4) in Section III – Scope of Services of this planning supplement.
- e. Demonstrate that the proposer 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.

In addition:

Attach documentation demonstrating not-for-profit status.

- Attach a chart showing where, or an explanation of how, the proposed services would fit into the proposer’s organization
- Attach a copy of the proposer’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 proposer will provide the services set forth in the section on scope of services and 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 “Supportive 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. (How will OASAS measure them?)
4. Describe and demonstrate the effectiveness of the applicant agency’s approach to transitioning clients into permanent supported housing.
5. Describe and demonstrate that the applicant agency has actively participated in community- and city-wide consortia and networks appropriate to the needs of program participants.
6. 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, are encouraged to propose a different approach that they believe would most likely achieve OASAS’ goals and objectives. Applicant agencies may propose more than one approach. If an alternative approach affects other areas of the proposal such as experience, organizational capability or price, that alternative approach should be submitted as a complete and separate proposal providing all the information specified in this section.

D. Initiative Funding Request

The payment structure for the contracts awarded will be a combination of a line-item, reimbursable budget with annual performance-based incentives. Outcome indicators will include occupancy rate; housing retention; reduction in hospitalization; and reduction in rate of incarceration. Failure to meet the requisite outcome level for any of the aforementioned indicators will result in liquidated damages. OASAS will consider proposals to structure payment in a different manner. OASAS reserves the right to select or modify the payment structure to one that is in the State's best interest.

1. Funding Request

The funding request should include the following for providing the scope of services:

- The funding request for each of the budget components in a line item budget is included in this Planning Supplement as **Appendix B.**

In addition:

State the proposed annual per unit rate. If requesting the maximum per unit rate, demonstrate that the proposer has no other financial source for services and/or operating funds.

- If this project will have additional funding beyond the OASAS state aid, 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.
- State whether or not the proposer has secured or is applying for other federal or NYS sources of funding for support services. If so, specify each such source and the amount.
- **Itemize start-up** funds (i.e., non-recurring costs for the first three months of the program), which would include, but are not limited to, purchasing furniture and other household items; hiring program staff; recruiting clients; and other costs to be incurred by the provider to operationalize the program.
- State the proposed **annual** operating and program service expenses for a **typical full year** which shall not exceed the maximum available annual funding level per unit for services.

2. Performance Outcome Measures and Financial Incentives and/or Disincentives

List and describe potential performance-based payment components (i.e., specific performance-based outcome measures and related financial incentives and/or disincentives, unit payments tied to outcomes, milestone payments tied to outcomes, and/or liquidated damages tied to outcomes) for providing the work to be performed by the proposer under the contract that could potentially be applied to the contract, in whole or part, as a reliable means for measuring and paying for success, as described in the scope of services.

E. Proposal Package Contents ("Checklist")

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

A sealed envelope containing **four copies** of the documents listed below in the following order:

1. Proposal Cover Letter
2. Program Proposal
 - a. Narrative
 - b. References for the Proposer and, if applicable, each Housing Manager and Sub-Contractor
 - c. Resumes and/or Description of Qualifications for Key Staff Positions
 - d. Organizational Chart (including proposed services)
 - e. Financial Audit Report or Certified Financial Statement
3. LGU Letter of Support (Appendix A)
4. Initiative Funding Request (Appendix B)

VI. 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 *OASAS 2007 Planning Supplement New York/New York III Scatter-Site Transitional Housing Initiative*?
2. Is the applicant entity eligible to apply as set forth in Section II of this planning supplement?
3. Is there a completed, signed, and dated Letter of Support (Appendix A) from the applicant’s LGU included with the submitted application?
4. Does this transitional housing program meet the eligibility criteria as defined in Section II of this planning supplement?
5. Appendix B: ---Is Initiative Funding Request Form (IFR2007-IV) completed, signed, dated?

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 (Part II, Page 3 of the IFR2007-IV Form). The budget narrative should adequately describe all expenses and revenue. The full annual operating funding request for the proposed program must not exceed \$400,000.

Evaluation Criteria

Demonstrated quantity and quality of successful relevant experience
30%

Demonstrated level of organizational capability
20%

Quality of proposed approach
50%

C. Description of Appendices:

1. **Local Governmental Unit (LGU) Letter of Support (Appendix A)**
The LGU Letter of Support is required from an applicant submitting a proposal under *the OASAS 2007 Planning Supplement – New York/New York III Scatter-Site Transitional Housing Initiative*. The first two sections must be filled out by the applicant entity submitting a proposal. Failure by the applicant to include a completed, signed, and dated LGU Letter of Support and Local Contract Commitment document with its application submission will result in immediate disqualification of the application, without exception.
2. **Initiative Funding Request Form (IFR2007-IV) – Appendix B**
Instructions for Completing Transitional Housing Program Initiative Funding Request (IFR) 2007-IV Form (Appendix B)

Initiative Funding Request Form (IFR2007-IV)

PROVIDER INFORMATION

1. **Legal Name of Applicant Entity** – Enter the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR2007IV 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 (IFR2007IV) 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 IFR2007IV.

PART I – PROGRAM PROPOSAL

1. **Need Justification** - Provide a brief description of the target population and the unmet service need in the community that this proposal will address.
2. **Operational Capacity** - Provide a brief description of your agency's organizational capacity to deliver the needed services to the target population. What is the extent of experience and expertise your agency and staff have in providing services to these individuals?
3. **Program Proposal** - Provide a brief description of the program proposal, as it is reflected in this document including major objectives, discrete services, and linkages with other systems.
4. **Performance Measures** - Provide a brief description of the performance measures that will be used to demonstrate successful client outcomes. You should also indicate your agency's willingness to work with OASAS in the development of broader evaluation criteria.
5. **Staffing Plan/Budget Narrative** - Provide a brief description of the staff that will be employed by this program, including titles, salaries, and general responsibilities. Include both the total number of individuals and the FTE for each position.

PROVIDER/PROGRAM INFORMATION

1. **PROVIDER Name** – Enter the incorporated or legal name of the agency at the top of page. The common name or acronym may be placed in parentheses.
2. **Program County** – Enter the name of the county in which the proposed program will be located.
3. **Date Prepared** – Enter the date the IFR2007-IV Form was prepared.

PART II – OPERATIONAL FUNDING REQUEST

The request for the following operational budget is for proposal review purposes only. The actual operational budget will be determined prior to program opening in discussion with the appropriate field office.

1. **Proposed Start Date** – Enter the date (MM/DD/YYYY) that the proposed program will begin operation.
2. **Proposed Date of Full Operation** (MM/DD/YYYY) that the proposed program is expected to be operational and will require Aid to Localities funding from OASAS

3. **Program Code of Participating Program** – Enter the six-digit program code of the outpatient program that will be participating in the program.
4. **PRU Code of Participating Program** – Enter the Program Reporting Unit of the participating program.

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). DO NOT SUBMIT PARTIAL YEAR OR LESS THAN FULL ANNUAL AMOUNTS.**

5. **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 - Items of equipment costing over \$500 and having a useful life of one year or more should be included in the Capital funding request.
 - Property/Space
 - Agency Administration
6. **Revenue Budget** – The applicants should refer to the CFR Manual for an explanation of each revenue category and enter applicable annual projected amounts that it anticipates 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.
7. **Operating Budget Net Deficit** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget**.
8. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the proposal. This amount **should equal** the **Operating Budget Net Deficit** amount.
9. **Full-Time Equivalent (FTE) Staff Requested** – Staff requested must be fully justified, including proposed salaries and titles, in the **Supplementary Operating Budget Information** section in Part II of the IFR2007IV.

Agency Official

Enter the name and title of the applicant agency representative submitting the proposal. The IFR2007 form must be signed and dated by the applicant agency representative.

VII. Funding Availability and Awards

The enacted 2007-08 State Budget for OASAS provides for up to six million dollars to support this 250 bed initiative. Operational funding for these additional beds will be made available through the State's annual budget process.

Applicants are reminded that continuation of operational funding is contingent upon 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 IV of this planning supplement. OASAS will select successful applicants, at its sole discretion, based on consideration of a number of factors, including but not necessarily limited to:

- Amount of available State appropriation authority,
- Eligible program services distribution
- Successful and selected applicants are 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 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 *2007 Planning Supplement – New York/New York III Scatter-Site Transitional Housing Initiative*.

VIII. Questions about the 2007 Planning Supplement

Any questions about the *2007 Planning Supplement -- New York/New York III Scatter-Site Transitional Housing Initiative* –must be submitted in writing by **November 23, 2007 to:**

Addiction Planning Unit
NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203-3526
Email: ogasplanning@ogas.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 2007 Planning Supplement – New York/New York III Scatter-Site Transitional Housing Initiative* -- in your submission. Questions may be submitted at any time prior to the 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 will be posted on the OASAS website (www.oasas.state.ny.us) **on or about November 30, 2007**. 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. APPLICATION SUBMISSION PROCESS

Interested applicants should submit **FOUR COPIES** of a completed **Scatter-Site Transitional Housing Initiative Application and the Initiative Funding Request Form (IFR2007-IV)** to the following address:

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

All applications must be received by **close of business Friday, December 14, 2007**

Appendix A
LGU Letter of Support and Local Contract Commitment

Legal Name of Applicant:	
Applicant's Local Governmental Unit:	
<p>As a duly authorized official of the above named Applicant's Local Governmental Unit, I attest to the following (Please Check as Appropriate):</p> <p><input type="checkbox"/> I fully support the operational funding proposal submitted by the Applicant and guarantee that if the Applicant is successful in obtaining a funding award, the Applicant's local contract agreement will be amended to accommodate any subsequent operational funding.</p> <p style="padding-left: 40px;">Please provide a brief narrative to justify your support of the identified program to provide long-term transitional housing for homeless single adults who have completed substance abuse treatment.</p> <p><input type="checkbox"/> I do not support this proposal.</p>	
Name of Authorized LGU Official:	
Title of Authorized LGU Official:	
Signature of Authorized LGU Official:	Date:

**Appendix B OASAS 2007 Planning Supplement – Scatter-Site Transitional Housing
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 - PROGRAM PROPOSAL (Page 1)

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)

2. Operational Capacity – Provide a brief description of your agency's capacity to deliver the needed services to the identified population. (Identify specific performance targets to be accomplished) (Attach an additional page, if necessary)

**Appendix B OASAS 2007 Planning Supplement – Scatter-Site Transitional Housing -
INITIATIVE FUNDING REQUEST FORM**

1. Provider Name:	2. Program County:	3. Date Prepared:
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PART I - PROGRAM PROPOSAL (Page 2)

3 Program Proposal: Provide a brief description of the program proposal, including goals, objectives, and discrete services to be provided (Attach an additional page, if necessary)

4) Performance Measures – Provide a brief description of each performance measure that will be used to demonstrate successful client and program outcomes (Attach an additional page, if necessary)

5. Staffing Plan/ Budget Narrative - Provide a staffing plan for the program, including titles, salaries, general responsibilities, and budget. (Attach an additional page, if necessary)

**Appendix B OASAS 2007 Planning Supplement – Scatter-Site Transitional Housing
- INITIATIVE FUNDING REQUEST FORM**

1. Provider Name:	2. Program County:	3. Date Prepared:
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PART II – OPERATIONAL FUNDING REQUEST (Page 3)

1. Proposed Start Date :(MM/DD/YYYY): / /	2. Projected Date of Full Operation: (MM/DD/YYYY): / /	
3. Program Code of Participating Program:	4. PRU Number of Participating Program:	
REQUESTED OPERATING BUDGET FOR PROPOSAL		CURRENT ANNUAL OPERATING BUDGET
5. Gross Expense Budget: (see instructions for details)		
Personal Services		
FICA and Fringe Benefits		
Other than Personal Services (OTPS)		
Equipment		
Property/Space		
Agency Administration		
TOTAL GROSS EXPENSES		
6. Revenue: (see instructions for details)		
Patient Fees		
SSI and SSA		
Public Assistance		
Medicaid		
Medicare		
3 rd Party/Private Pay		
Food Stamps		
Other Revenue:	Specify:	
Closely Allied Entity Contributions		
Other Donations		
Non-OASAS Federal Grants:	Specify:	
	Specify:	
Non-OASAS State Grants:	Specify:	
	Specify:	
TOTAL REVENUE		
7. NET DEFICIT (PROFIT)		
8. Deficit Financing: (see instructions for details)		
State Aid		
Local Government:	Tax Levy	
Agency Voluntary Contributions:	Specify:	
9. New/Additional Staff (FTEs)		
Agency Official:		
Name:	Title:	
Signature:	Date:	