



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

**Andrew M. Cuomo**  
Governor

**Arlene González-Sánchez**  
Commissioner

**Request for Proposal**

**Restoration of Opioid Treatment Program  
(OTP) Services in Nassau County**

**November 2014**

**OASAS 2014 Request for Proposals:  
Restoration of Opioid Treatment Programs (OTP) Services in Nassau County**

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

**Restoration of Opioid Treatment Programs (OTP) Services in Nassau County**

**Expected Timetable for Key Events:**

Release Date .....November 18, 2014  
Letter of Intent **MANDATORY** ..... 5:00 PM EST December 2, 2014  
Closing Date for Submission of Bidder Inquiries..... 5:00 PM EST December 9, 2014  
Answers to Bidder’s Inquiries on or about ..... December 19, 2014  
Closing Date for Receipt of Bidder’s Proposals ..... 5:00 PM EST January 5, 2015  
Anticipated Evaluation and Selection..... January 23, 2015

**All Inquiries to:**

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5<sup>th</sup> Floor  
Albany, New York 12203-3526  
[procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)

Reference: “Restoration of OTP Services in Nassau County RFP”

**Submission of Proposal to:**

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
5<sup>th</sup> Floor  
Albany, New York 12203-3526

Reference: “Restoration of OTP Services in Nassau County RFP”

**Please be aware that any expenses your agency incurs in the preparation and submission of the proposal(s) will not be reimbursed by the State. Your agencies continued interest in providing services to the State of New York is appreciated.**

**TARGET POPULATION:**

**I. INTRODUCTION AND BACKGROUND**

**A. Purpose of Request for Proposals (RFP)**

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announce the availability of funds for opioid treatment program services to serve adults, young adults and adolescents in Nassau County. Long Beach Medical Center (LBMC) methadone clinic in Nassau County closed on October 29, 2012 as a result of Hurricane Sandy and has never re-opened. The purpose of this RFP is to provide initial operations assistance to a provider that is willing and able to site and implement opioid treatment services serving the impacted communities within and adjacent to the Long Beach area.

OASAS is the state agency responsible for planning, developing, and regulating one of the nation's largest addiction service systems that includes prevention, treatment, and recovery services. OASAS defines Opioid Treatment Program (OTP) services as a comprehensive treatment model employing the use of medication assisted treatment (MAT) as well as behavioral therapy to provide short and long-term treatment for individual with opioid dependency. OASAS oversees one of the nation's largest addiction services systems with more than 1,600 prevention, treatment, and recovery programs. OASAS treatment programs assist about 100,000 people on any given day and more than 240,000 individuals every year. The agency also operates 12 Addiction Treatment Centers that provide direct services to those addicted to drugs or alcohol. It maintains Field Offices across the state to monitor the delivery of services by its licensed provider network. Specific to Opioid Treatment Program services, there are currently 109 OTPs statewide; comprised of 95 outpatient maintenance, 5 OTP residential, 3 OTP KEEP, and 6 OTP medical maintenance, with a capacity to treat 40,176 individuals and a CY 2012 average daily enrollment of 36,000. Since Medical Maintenance programs are not certified, the total number of these individuals is not included in total capacity to treat.

Although NYS has the largest OTP provider system in the country, there is still tremendous unmet need regarding OTP services. Based on OASAS' Treatment Need Methodology, there is an estimated statewide need for an additional 23,616 OTP slots. In Nassau County, there is currently an estimated need for an additional 1,170 OTP slots.

LBMC methadone clinic had a census of 207 patients when it closed. These 207 patients have been either absorbed in the other Nassau County OTP services, surrounding OTPs outside Nassau County, or lost to contact. Before Hurricane Sandy, Nassau County had 4 OTPs; as of this RFP, Nassau County only has 2 OTPs.

Maintaining Opioid Treatment Programs within their existing communities can often be a challenge. Even more challenging is the ability to site new OTPs. New York State is not unlike other states across the country where stigma attached to the use of methadone in treating opioid dependency is often a barrier to successful and quality treatment service provision. Unlike other areas however, Long Beach's community has consistently supported the provision of OTP services; the Long Beach OTP had been serving the Long Beach community for 43 years, since 1969 and was recognized nationally as the "first suburban OTP in the United States". The loss of this clinic is significant for both Nassau County and the Long Beach communities.

As per the NYS Department of Health Emergency Department evaluation report (2012), New York State has had 2200 opioid overdose deaths in calendar year 2011. Statistics for Nassau County that justify need for opioid treatment services, show that based on data from the 1998

NYS Heroin Study applied to the 2011 population 16 years and older, there are an estimated 5900 heroin users in Nassau County. Based on data from the National Survey on Drug Use and Health (NSDUH) for the three-year average of surveys conducted on Long Island between 2008 and 2010, applied to the 2011 population 12 and older, there are an estimated 49,450 individuals in Nassau County that have used prescription pain relievers non-medically in the past year.

Nassau County Medical Examiner (NCME) cases are consistently mirroring national observations. Based on the Department of Forensic Toxicology, Supplemental Opioid Report, January 2012, in 2005 prescription opioids was detected in 53% of NCME drug and alcohol fatalities. By 2009 the number had risen to 75%. In 2008 the death rate for prescription opioids was 7.1/100K in Nassau County. Since 2008 the death rate associated with prescription opioid abuse in Nassau has decreased dropping to 5.2/100K in 2010, a decrease of almost 25% but still above the 2008 national average.

Based on the gap in opioid treatment services since the closure of the LBMC OTP and recent statistics of a heroin / prescription opiate epidemic significantly impacting Nassau County this OASAS RFP' intent is to select an appropriate provider who will site and operate a Part 822-5 Opioid Treatment Program (OTP) in Nassau County, Long Island that can serve 200 individuals. The due date for application submission is January 5, 2015. The Successful Bidder will receive federal monies totaling up to \$272,249.22 be used towards the start-up operational costs associated with the siting of this OTP. These funds are available for expenditures made between the awarding of this contract until January 26, 2016. Potential future net deficit funding, post the expiration of these federal funds, will be considered by OASAS dependent on the development of an efficient budget with efforts to minimize cost and revenues.

The target population is those individuals residing in Nassau County and surrounding areas who are in need of opioid dependency treatment. Individuals targeted must have a primary diagnosis of opioid dependency, having a physiological dependence on opioids for at minimum the previous 12-month period. The Successful Bidder must target for recruitment and provide OTP services to adult consumers, adolescents (14-17 years old) and young adults (18-24 years old).

Bidders should be familiar with the current OASAS Part 822 General Service Standards for Chemical Dependency Outpatient and Opioid Treatment Program Regulations and for assuring that their proposals are fully consistent with the requirements therein. The terms and requirements of these Regulations will be incorporated into all contracts awarded under this RFP. The OASAS Part 822 Regulations are located on the OASAS website at: <http://www.oasas.ny.gov/regs/documents/822.pdf> .

## **B. Funding**

The Bidder will be expected to finance all preliminary site costs associated with locating and ensuring that the physical space of the OTP service meets all state and federal requirements. While the Bidder will be expected to use their own funding to secure a site, federal monies are being made available to help with initial operation costs.

NYS OASAS has received "Supplemental Emergency Recovery (SERG)" grant funding from the United States Substance Abuse and Mental Health Services Administration / Center for

Substance Abuse Treatment (SAMHSA / CSAT) for this project totaling \$272,249.22. These funds will be available towards operational costs during the implementation and initial start up of the OTP service (i.e., personnel, equipment, and supplies.) **Capital costs cannot be reimbursed through this funding.** SERG funding is available through January 26, 2016. The allowable breakdown of expenditures of SERG monies by the Successful Bidder is:

Personnel:	Up to \$193,668
FICA/Fringe:	Up to \$52,290
Equipment / Other:	Up to \$26,291.22

The SERG monies can ONLY be used in the categories identified above. Any other operational expenses including but not limited to, non-personal services, property/space costs and agency administration must be supported by other revenues.

It is NYS OASAS' expectation that post SERG funding expiration, state funding in the form of net deficit funding to support the ongoing operations of the OTP will be considered by OASAS dependent on the development of an efficient budget with efforts to minimize costs and maximize revenues.

### **C. Geographic Distribution**

The identified Nassau County towns to be targeted for this grant opportunity are located on the southern edge of the county and were directly impacted by Hurricane Sandy. These communities currently do not have OTP services. The site location under consideration must be in a town along the south shore of Nassau County and northeast of Long Beach. In addition to siting in Long Beach, the towns where OTP services are needed and can be considered for siting include: Atlantic Beach, Oceanside, Baldwin Harbor, Freeport, Merrick, Bellmore, Wantagh, Seaford, Massapequa, East Massapequa, and Massapequa Park.

### **D. Availability of the RFP**

The RFP will be available on the OASAS website and on New York State Grants Gateway Grant Opportunity Portal at:

[https://grantsgateway.ny.gov/Intelligrants\\_NYSGG/module/nysgg/goportal.aspxin](https://grantsgateway.ny.gov/Intelligrants_NYSGG/module/nysgg/goportal.aspxin). An announcement regarding the RFP will be e-mailed to all known potential eligible agencies and will be advertised in the NYS Contract Reporter.

## **II. PROPOSALS AND SUBMISSIONS**

### **A. Mandatory Letters of Intent**

**Agencies interested in responding to the Request for Proposals are required to submit a non-binding Letter of Intent.** The letter of intent to bid must be mailed, sent via delivery service or hand delivered by the organization or the organization's representative to the Designated Contact Agent. Letters that are mailed must be

postmarked by December 2, 2014. Letters that are sent by delivery service or hand delivered must be received by 5:00 p.m., Eastern Standard Time December 2, 2014. The letter of intent to bid must include the vendor's name, mailing address, a valid electronic mail address, fax number, telephone number, bidder's designated contact, a statement of intent to bid for the subject Request for Proposals, and an authorizing signature. Electronic mail and faxed letters of intent to bid will not be accepted. A letter of Intent to Bid form has been included for your convenience (Appendix B).

Any amendments to the RFP will be sent only to the designated contacts of organizations who timely submit a letter of intent to bid.

Please address the Letter of Intent to:

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue,  
5th Floor  
Albany, New York 12203-3526  
Attn: Letter of Intent -  
Restoration of Opioid Treatment Programs (OTP) Services in Nassau County

**B. Designated Contact Agent**

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

Karen Stackrow  
New York State Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue  
Albany, New York 12203-3526  
[procurements@oasas.ny.gov](mailto:procurements@oasas.ny.gov)

**C. Inquiries Related to the RFP**

Any questions or requests for clarification about this RFP must be received in writing by 5:00 p.m. on December 9, 2014 and must be directed to the designated contact agent referenced above. All inquiries must be typed and include your name, organization, mailing address, email address, and fax number. Please reference the **Restoration of Opioid Treatment Program Services in Nassau County RFP**. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by mail or e-mail. OASAS will not entertain inquiries via telephone, made to anyone other than the designated contact agent or received after the deadline date. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the

deadline date and all questions asked at the Bidders' Conference will be emailed to all potential applicants that submitted a mandatory letter of intent.

**D. Addenda to the RFP**

In the event that it becomes necessary to revise any part of the RFP, an addendum will be posted on the OASAS website and in the grants gateway and emailed to those organizations that have submitted a timely Letter of Intent.

**E. Key Events/Timeline**

RFP Release Date	November 18, 2014
Mandatory Letter of Intent Due	December 2, 2014
Questions Due	December 9 2014
Questions and Answers Email	December 19, 2014 <sub>(on or about)</sub>
Proposals Due	January 5, 2015

**F. Eligible Applicants**

OASAS is seeking funding proposals from OASAS-funded voluntary agencies and Local Governmental Units (LGUs) that operate NYS OASAS certified Part 822 Opioid Treatment Programs (OTPs). The bidder must be an OTP in **good standing** and have completed the not-for-profit prequalification process. Bidders are advised that only those programs with a valid OASAS operating certificate at the time of contract award will be eligible for funding through this Request for Proposals.

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.” .

**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.”

**In good standing:** All of a provider’s operating certificates that are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three year) compliance. Applicants are advised that OASAS certified or funded agencies must be in good standing to submit an application.

**NYS 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 *Opioid Treatment Programs* as defined in Part 822-5 (formerly Part 828) of the Official Compilation of Rules and Regulations of the State of New York.

## **G. Format of Proposal and Instructions for Submission**

### **Format**

The proposal should be typed double-spaced on both sides of 8 ½" x 11" paper. Pages should be paginated. The proposal will be evaluated on the basis of its content, not length. Each proposal should contain:

1. 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. The letter should include a designated agency contact name, phone number and e-mail address.
2. Proposal Narrative  
The Proposal Narrative should be concise (no more than 17 pages, not including attachments).
3. Information regarding how the applicant complies with criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations. (e.g. policies and procedures)
4. Program Budget Form – Appendix A

### **Submission Process**

**ONE ORIGINAL AND FOUR COPIES** in a sealed envelope of complete proposals must be mailed, sent via delivery service or hand delivered by the organization or the organization's representative to address below:

Karen Stackrow  
New York State Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue,  
Albany, New York 12203-3526  
Attn: Proposal -  
Restoration of Opioid Treatment Programs (OTP) Services in Nassau County RFP

The cover of the sealed envelope should be labeled **“Restoration of Opioid Treatment Programs (OTP) Services in Nassau County RFP”**. **All applications must be received by 5 p.m. January 5, 2015.**

## **III. Administrative Information**

### **A. Vendor Responsibility**

Pursuant to New York State Finance Law section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility

includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://osc.state.ny.us/vendrep/documents/system/checklist.pdf> or go directly to the VendRep System online at <http://portal.osc.state.ny.us>.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

## **B. Prequalification Requirement for Not-for-profit Applicants -- MANDATORY**

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

**Proposals received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of 05:00 PM on 01/05/2015 cannot be evaluated. Such proposals will be disqualified from further consideration.**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

### **1) Register for the Grants Gateway.**

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov) . If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

## 2) Complete your Prequalification Application.

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

## 3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity**

### C. Reserved Rights

OASAS reserves the right to:

- Reject any or all proposals received in response to this RFP;
- Not make an award to any applicant who is not in good standing at the time a contract is awarded;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under this RFP in whole or in part;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the State;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- 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 RFP;
- Prior to the bid opening, amend the RFP 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 RFP 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;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received;
- 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;

- Accept submissions after the due date, if OASAS in its sole discretion, determines there is good cause shown for delay in the submission(s); and
- Cancel or modify contracts due to the insufficiency of appropriations.

#### **D. Debriefing**

A debriefing is available to any Bidder that submitted a proposal in response to this RFP. Bidders will be accorded fair and equal treatment with respect to its opportunity for debriefing. A debriefing must be requested in writing by the unsuccessful Bidder within ten (10) business days of the date of the letter notifying the unsuccessful Bidder that another vendor was selected.

An unsuccessful Bidder must make a written request for a debriefing to the designated contact agent referenced above by electronic mail, or first class mail. The debriefing will be limited to only the evaluation results as they apply to the proposal of the Bidder receiving the debriefing. The debriefing may be in writing, by telephone, by videoconference or in person, at the sole discretion of OASAS.

#### **E. Funding Availability and Awards**

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

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

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

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

OASAS intends to enter into an agreement with the successful applicant that will terminate on January 26, 2016, subject to funding availability and appropriations.

### **IV. Scope of Work**

#### **A. Target Population**

The target population is those individuals residing in Nassau County and surrounding areas who are in need of opioid dependency treatment. Individuals targeted must have a primary diagnosis

of opioid dependency, having a physiological dependence on opioids for at minimum the previous 12-month period. Applicants must target and be prepared to serve adult consumers, adolescent (14-17 years old) consumers and young adults (18-24 years old).

## **B. Program Components and Requirements**

The applicant will be expected to site an OTP wellness center that can serve 200 individuals in a town along the south shore of Nassau County and northeast of Long Beach, within 90 days from contract execution. The expectation is that the provision of services shall begin within 6 months after siting has occurred, or as soon thereafter as feasible. Due to the time limitations associated with the federal SERG grant funding, the expeditious siting and conducting of readiness / preparation activities towards opening and providing treatment are critical to this grant opportunity.

The proposed new OTP service in Nassau County, while certified as an OTP, must be a comprehensive, “Wellness Center”, comprising the use of evidence-based practices (EBPs) that include the use of addiction medications, behavioral therapies, and wellness activities towards provision of a holistic substance use disorder (SUD) treatment model that meets the varying needs of individual with opioid dependency. The following 8 elements listed below **MUST** be addressed in the proposal. Applicants should consider implementing an “integrated care” approach when designing their programs, which incorporates all mandatory program design elements. Applicants will be expected to develop a program model which will:

1. **Include the provision of services to adolescent (ages 14-17) and Young Adult Consumers (ages 18-24) as well as adult consumers:** Opioid use among adolescents and young adults has risen dramatically in the past two decades to epidemic proportions. Nonmedical use of prescription drugs, including opioids, has become the second most frequently used illicit drug among 14-to-17-year-olds. This age group was second only in rates of use of opioids to the 18-to-24-year-old group. Since New York State has seen a significant increase in heroin and prescription opiate abuse amongst the adolescent and young adult community, and often services do not adequately provide services to this unique treatment population, targeted services to this specialized treatment population are a priority of this grant funding.

Preliminary clinical evidence supports the integration of pharmacotherapy into psychosocial treatment for youth, including the use of opioid receptor partial agonists and antagonists to block the effects of exogenous opioids and reduce urges and cravings that may lead to relapse. The use of pharmacologically-assisted treatment has a higher likelihood of effectiveness if successfully implemented into youth-specific models. The two medications that hold the greatest promise for successful integration into youth treatment delivery settings and care continuums are buprenorphine (Suboxone, a partial agonist) and extended release naltrexone (Vivitrol, an antagonist.)

Interventions for this population should focus on key elements in creating pathways to not only sustainable recovery from addictive substances, but also school, career, and life success. Services to this targeted population should include a combination of family counseling, educational / vocational and youth development services.

2. **Provide Evidence-Based Practices (EBPs):** Applicants will be expected to provide substance use disorder services that have a demonstrated evidence base and that are appropriate for the target population. Applicants should design a treatment program that provides individualized programming that addresses patient’s psychosocial problems and skills deficiencies and all EBPs should be identified; with a discussion that shows the evidence that the practice is effective with the target population.

- a. Addiction Medications: The use of Methadone, Buprenorphine, and Vivitrol are required of this grant funding opportunity. Other approved addiction medications may be included (e.g., Acamprosate, Antabuse, etc.)
- b. Clinical Supervision is a required EBP of this grant funding opportunity.
- c. Other behavioral therapy EBP, which employ cognitive-behavioral interventions and / or enhance intrinsic motivation (e.g., MI, CBT, Trauma Informed Care, etc.), should be described and how the evidence supports inclusion in your program model.

3. **Provide Patient Centered Care Programming:** Patient centered care programming is defined as services that involve patient decision making and active participation, with the inherent acknowledgment on the part of the provider, that there are varying, individual paths towards recovery. Patient centered care is a collaborative care approach to individualized treatment resulting in developing a treatment / recovery plan that is respectful of patients needs and choices, provides treatment to individuals “where they are at”, and employs a range of interventions, with varying dosages and intensity of services that is predicated on patient preferences and produced in partnership between patient and the provider. Some patients are able to quickly move through treatment and achieve abstinence, and others require smaller, incremental steps towards behavior change in their recovery path. In addition, some individuals may seek to receive opioid maintenance services for a short time frame; flexibility regarding length of maintenance services must be included when delivering patient centered care.

4. **Provide Ancillary Withdrawal Services:** A medical protocol developed to address the symptoms associated with mild to moderate or persistent withdrawal. Applicants must offer ambulatory withdrawal services and demonstrate their intent to comply with the additional requirements contained in the NYS OASAS Clinical Practice Guidance Number 2012.1: Medication Management of Mild to Moderate Withdrawal in Part 822-4 and 822-5 Programs.

5. **Support a Comprehensive Range of Recovery / Peer Support Services:** Applicants are encouraged to make available a comprehensive range of recovery support services. Peer support services, utilizing recovery coach and peer specialists, are a requirement of this grant opportunity and are defined as a face-to-face service provided by a peer advocate to a current patient and its purpose is to connect patients to community based recovery supports consistent with the recovery/treatment planning process. In addition, development of a Patient Advisory Committee (PAC) that includes adolescent, young adult and adult patients is a requirement of this grant opportunity. Other recovery services to be described may include:

- Vocational rehabilitation and job placement;
- Family and parent-child relationships / enhance family reunification; and
- Housing services

6. **Target Outreach to Working Poor, Under-Insured, and Non-Medicaid Patients:** Most Nassau County OTP patients currently receiving services are not Medicaid eligible, and are utilizing third party insurance to pay for treatment costs, or are paying out-of-pocket, with fees based on a sliding scale fee that is calculated based by their income. The Applicant must indicate that a minimum of 25% of their census will include this population and describe the mechanisms to be deployed to recruit from and market to this targeted community.
7. **Provide an Array of Wellness Services:** The applicant must include examples of wellness activities that will be provided by the program that may include: nutrition, yoga, medication, acupuncture, recreational, and other wellness services. Wellness services are considered a component of chronic disease management. Chronic disease management encompasses the oversight and a variety of education activities conducted by providers to help patients with chronic diseases and health conditions such as diabetes, high blood pressure, and mental health / substance use disorders learn to understand their condition and live successfully with it. Wellness services are designed to enhance regular treatment and involves developing a mechanism of chronic disease self management to motivate patients to persist in necessary therapies and interventions towards achieving an ongoing, reasonable quality of life.
8. **Provide Integrated Care: SUD, Mental Health and Primary Care Access:** As defined by the World Health Organization, *integrated care* is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion, where integration is a means to improve services in relations to access, quality, user satisfaction, and efficiency. In the context of OTP services, integrated models unite and align evidence based treatment approaches to provide seamless SUD, MAT, mental health and primary care services that address the treatment and recovery needs of New York State.

### C. Reporting Requirements

A required feature in NYS receiving the SERG grant is the need to conduct an outcome evaluation that will measure the impact of the siting of OTP wellness services in Nassau County. Both quantitative and qualitative methods will be employed with data collection clearly tied to measureable outcomes. As noted above, SERG funds will be used to complete the activities necessary to site an OTP Wellness Center in Nassau County and actively provide opioid treatment services. For the duration of the SERG project, OASAS will monitor and assess progress, identify barriers, identify any corrective action needed to ensure the successful siting and operation of this new service.

In conducting the outcome evaluation using quantitative means, the OASAS Client Data System (CDS), which is a data collection system utilized by all substance abuse treatment providers in New York State to report program utilization on a monthly basis, will be used by the Successful Bidder to report program service information. The information recorded in the system will give OASAS information on the number of patients admitted and served in the program on a month-to-month basis.

Given the nature of this new OTP model, OASAS is interested in collecting more detailed information on the actual services provided through this new mechanism. A separate Provider Report will be required of the Successful Bidder that will include monthly information on the number and types of services provided beyond basic admission and capacity reporting found in the CDS. The monthly report will include how many of each of the types of medical services are used (e.g., physical exams, toxicology reports, medication dispensing); the number of group and individual counseling sessions conducted and a count of how many referrals were made to off-site services. Both the CDS and the Provider Report information will be collected monthly for consistent, real-time analysis of service operations that can inform any needed changes in program implementation.

In conducting the outcome evaluation qualitatively, OASAS will develop a patient satisfaction / perception of care survey as this new OTP offers a new variant in opioid treatment services and as such will have unique aspects to assess compared to other opioid programs. The patient satisfaction survey will be a brief, closed-ended questionnaire to obtain patient perception of service accessibility and quality. The survey will be administered by the Successful Bidder program staff on a quarterly basis. All surveys will be completed anonymously by patients; none of the information collected will be tied to a particular patient or their treatment provision. OASAS will analyze this information collected by the Successful Bidder, in the aggregate, to inform program operations.

## **V. Evaluation Factors for Awards**

### **A. Threshold Review Criteria**

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to determine whether the application meets specific thresholds.

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 *Restoration of Opioid Treatment Program (OTP) Services in Nassau County RFP*?
2. Is the applicant entity eligible to apply as set forth in Section II H. Eligible Applicants of this RFP?
3. Is the Program Budget Form completed, signed, dated?
4. Did the applicant include documentation of having a process in place for complying with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations?
5. Was the mandatory Letter of Intent received by OASAS by the stated deadline?

### **B. Review Criteria**

Proposals passing the Threshold Review will be reviewed, rated and ranked in order of highest score based on an evaluation of each applicant’s written submission.



- Provide job descriptions of existing staff to be hired for the service or proposed position descriptions for all management and medical / clinical staff members to be hired (*not counted against page limit.*)
- Provide a brief statement detailing your experience with the mandatory activities and responsibilities of the program design detailed in Section IV(B)

B. Program Approach, Services and Supports – 45 points (*up to 11 pages*)

- Describe the **Planning Activities** associated with the siting and implementation of OTP services. Provide a **Description of the Site** for the clinic, including its location, the layout of the facility, any renovations required and a timeframe for when the building would have appropriate local zoning approvals and a Certificate of Occupancy. Also note whether the site is currently under control of your organization and if not what actions are needed to obtain control. If a potential site is not yet available, indicate that steps the Applicant will take to locate and secure an appropriate site for this OTP service within the funding timeframe under this RFP.
- Address the **Program Design: Mandatory Activities and Responsibilities** (as per Section IV.(B) noted above)
- Provide a description of **Patient Recruitment, Marketing, and Identification** to the new OTP service.)
- Provide a **Project Timeline** with each project goal, related objective, activity and expected completion date, responsible person, or organization described. The Project Timeline should reflect a two year time period.

C. Outcomes and Goals – 10 points (*up to 2 pages*)

- Describe the proposed OTP purpose, goals and objectives.
- Describe the mechanisms that will be put in place to ensure accountability of the service delivery system on an ongoing basis. Accountability mechanisms should reflect those notes regarding SERG funding requirements as well as those general accountability processes (as per Section IV.(B) noted above)

D. Budget – 20 points

OASAS places greater value on those applicants having a greater reach within communities, as this would maximize the impact of resources and return on investment. Limited funding resources dictate that those applicants which can provide additional resources, budget program, and/ or staff supports would have the greater capacity to provide more comprehensive OTP services.

## **Budget – Appendix A (20 Points)**

The Budget submitted should reflect the operational period AFTER expiration of this contract (January 27, 2015 – December 15, 2015). It is expected that State Aid funding for periods beyond this contract will be paid to the program by funds allocated to Nassau County.

Applicants should identify in the budget section, additional budgetary resources you are able to leverage to increase your own service capacity. Identify and include the source of revenue, the amount, and information from the other funding source documenting this level of support.

Program budget scores will be determined by awarding the maximum points to the most cost effective budget. Remaining budgets will be compared to the most cost effective budget and awarded points based on the percentage difference the cost is from the most cost effective budget. The most cost effective budget is defined as the budget that can serve the 200 anticipated individuals with the least amount of state aid. This will be determined by dividing total amount of state aid requested (line 5 of Appendix A) by the number of estimated individuals (200) to be served (line 7 of Appendix A).

Applicants are advised that all fiscal policies and procedures of this Service must be in accordance with New York State Mental Hygiene Law; New York State Finance Law; the Not-for-Profit Corporation Law; Consolidated Budgeting Reporting and Claiming Manual; Consolidated Fiscal Reporting Manual: OASAS Funding Requirements; Contract Documents; Administrative and Fiscal Guidelines for Funded Providers; Local Services Bulletins; all other applicable Federal and State laws and regulations as well as local County/LGU requirements and policies. Please see the Administrative and Fiscal Guidelines for OASAS Funded Programs as a reference source to all applicable fiscal requirements and Local Services Bulletins. agency's financial statement and history of OASAS contracts.

## **APPENDIX A**

### **Instructions for Completing the Initiative Funding Request Form (IFR) – Appendix A (Start-up and Annual Operating Budgets)**

#### **PROVIDER INFORMATION**

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**
2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity's local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**
3. **Applicant's OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is

the same as the *Agency Code* number used when submitting Consolidated Fiscal Report (CFR) documents.

- 4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
7. **Date Prepared** – Enter the date the IFR was prepared.
- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

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

1. **Date Initiative Expected To Require State Aid** – This information has been pre-populated – do not change it. The period is January 27, 2016 – December 31, 2016 (Do not indicate the date during which operations will be sustained with SERG grant funding).

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

Requested operating budget amounts must represent:

The pro-rated 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested for the period January 27, 2016 – December 31, 2016. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

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

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

4. **Net Operating Cost:** 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 the 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.
7. **Unique Individuals Served:** 200 individuals are expected to be served during the 12 month period anticipated by this budget. Do NOT change the number of unique individuals served.

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

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

**APPENDIX B - OASAS 2014 REQUEST FOR PROPOSALS  
Restoration of Opioid Treatment Programs (OTP) Services in Nassau County  
INITIATIVE FUNDING REQUEST (IFR) FORM  
(Start-up and Annual Operating Budgets)**

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

**PART II – OPERATIONAL FUNDING REQUEST**

<b>1. Date Initiative expected to be operational:</b>		
<b>REQUESTED OPERATING BUDGET FOR PROPOSAL</b>		<b>ANNUAL OPERATING BUDGET</b>
<b>2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest \$100.</b>		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
<b>TOTAL GROSS EXPENSE BUDGET</b>		
<b>3. Revenue Budget (see instructions for details): Round Amounts to the nearest \$100.</b>		
Patient Fees		
SSI and SSA		
Public Assistance (Safety Net & TANF)		
Medicaid		
Medicare		
Third Party Insurance/Private Pay		
Food Stamps		
Closely Allied Entity Contributions		
Donations		
Other: Specify:		
Specify:		
Specify:		
<b>TOTAL REVENUE BUDGET</b>		
<b>4. NET OPERATING COST</b>		
<b>5. OASAS State Aid Funding Requested</b>		
<b>6. Full-Time Equivalent (FTE) Staff Requested:</b>		
<b>7. Number of Unique Individuals Served:</b>		
Applicant Official:		
Printed Name:	Printed Title:	
<b>Signature:</b>	<b>Date:</b>	

**Appendix C**

**LETTER OF INTENT TO BID (To be completed by the Bidder)**

**Date:** \_\_\_\_\_

**Karen Stackrow  
New York State Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue, 4th Floor  
Albany, New York 12203-3526**

**RFP Reference:**

**OASAS 2014 Request for Proposals:  
New York City Alcohol and Substance Abuse Prevention Services**

**Dear Ms. Stackrow:**

**This is to notify you of our non-binding intent to submit a bid response on the above noted RFP.**

**The individual to whom all information regarding this RFP (e.g. addenda) should be transmitted is:**

**Sincerely,**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Organization, Street Address, City, State, and Zip Code**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Fax #**

**E-mail Address:** \_\_\_\_\_