



ACACIA NETWORK, INC. AS SPONSOR, COMMUNITY ASSOCIATION OF  
PROGRESSIVE DOMINICANS, INC. AS OPERATOR

Application #: 2021-068

Page 1

**New York State Office of Addiction Services and Supports  
Bureau of Certification (OASAS)**

**M E M O R A N D U M**

**TO:** Dena Holmes, Director  
Bureau of Certification

**FROM:** Michele Woods

**DATE:** February 3, 2023

**SUBJECT: Application Review**

Applicant: Acacia Network, Inc. as Sponsor, Community Association of  
Progressive Dominicans, Inc. as Operator

Application #: 2021-068

Purpose: New OASAS Provider

County: New York

**Project Summary:**

Acacia Network, Inc. as Sponsor, Community Association of Progressive Dominicans, Inc. as Operator (ACDP) submitted a Certification Application requesting New York State Office of Addiction Services and Supports' (OASAS) approval to become a new OASAS provider of Part 822 Outpatient Treatment services at 3940 Broadway, 2<sup>nd</sup> floor, New York, New York 10032-1534.

The Part 822 outpatient clinic will become integrated with ACDP's Office of Mental Health (OMH) Article 31 Outpatient Clinic once approved, which employs bilingual and bicultural staff. Services will be available to existing clients as well as to members of the community.

According to the applicant "With the Article 32 license, ACDP will serve clients including individuals, children and families in the community who have presented with additional needs in substance abuse. This service will reach our population to include Hispanic and other minority populations that often find it challenging to obtain services that are culturally sensitive to their specific needs."

Services will include individualized person-centered psychotherapy, wellness and self-management, group therapy, assessment, medication assisted treatment, symptom management, harm reduction, psychiatric evaluations, psycho education, relapse prevention, crisis intervention and telehealth services.

Hours of operation will be Monday through Thursday 9:00 am to 8:00 pm and Friday and Saturday 9:00 am to 6:00 pm. ACDP has an off hour on call system that allows them to connect with medical and clinical teams in case of an emergency.

**Need:**

On May 3, 2021, Community Board #12 submitted a letter of support for the integrated outpatient substance use disorder and mental health services to address the unmet needs of the Washington Heights community.

The Certification Bureau received the New York City Department of Health and Mental Hygiene Local Governmental Unit Review Recommendation (PPD-6) on December 13, 2022, signed by Nilova Saha, recommending approval.

OASAS New York City Regional Office submitted a recommendation to support this application on January 12, 2023.

The New York City Department of Health and Mental Hygiene continues to identify substance use disorder services as a priority as evidenced in their county plan.

**Character and Competence:**

ACDP became incorporated in 1980 as the first not-for-profit to focus on the needs of New York Dominican immigrants and the communities in which they live. The ACPD Board of Directors consists of six individuals.

According to the applicant "In 2013, ACDP entered into a reorganization agreement with Acacia Network, Inc. ("Acacia"), whereby Acacia became ACDP's sole corporate member. Each entity remains legally and financially separate and distinct. However, Acacia assists with the day-to-day operations of ACDP and all other entities within the Acacia Network."

ACDP holds one OMH license which is in good standing.

**Overall Financial Condition of the Provider:**

OASAS Fiscal Audit and Review Unit (FARU) reviewed ACDP's fiscal status and determined they are fiscally viable and have demonstrated their asset to liability ratio will support the proposed program for the first six months of operation.

**Adequacy:**

The Part 822 outpatient clinic will be co-located with the current Office of Mental Health (OMH) Article 31 Outpatient Clinic in currently leased space. No renovations are required.

OMH and OASAS services will be in separate and distinct space.

OASAS Facility Evaluation and Inspection Unit (FEIU) reviewed proposed floor plans on August 23, 2022, and completed a State Environmental Quality Review (SEQR) on August 25, 2022. Both are determined to meet OASAS requirements.

FEIU completed a facility inspection on September 22, 2022, in which no deficiencies were noted.

**Compliance:**

OASAS staff will include a part-time Medical Director, full-time Clinic Supervisor (QHP), two part-time Nurse Practitioners, one part-time Nurse, one full-time CASAC, two full-time and two part-time Counselors, one full-time CRPA, and two part-time Case Managers.

Policies and procedures have been reviewed for regulatory compliance and are accepted by OASAS.

**Continuity of Care:**

ACDP has several Memorandums of Understanding with service providers to ensure continuity of care which includes mental health services, residential substance abuse services for men and women with or without children, primary health services, and medical withdrawal services.

**Recommendation:**

OASAS' recommendation is to approve the request from Acacia Network, Inc. as Sponsor, Community Association of Progressive Dominicans, Inc. as Operator with the following contingencies:

- Verification of the hiring of sufficient staff to meet regulatory requirements
- Copy of filing receipt from the NYS Department of State indicating that the amended Certificate of Incorporation, including the OASAS required language, have been filed
- Addition of a board member who can demonstrate, and can substantiate, prior experience providing or managing substance use disorder treatment services.

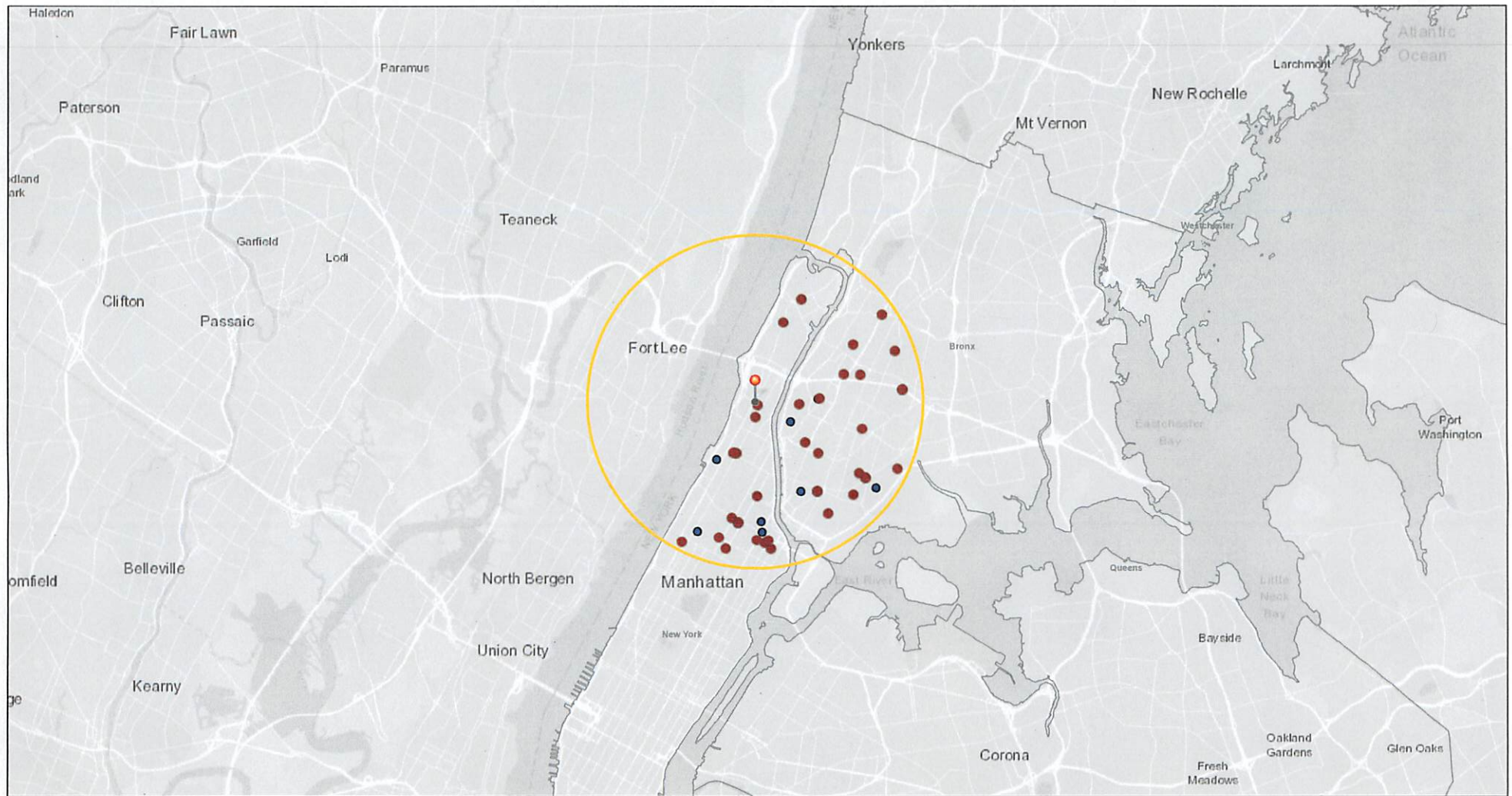
NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS  
**LOCAL GOVERNMENTAL UNIT REVIEW REPORT**  
 (Addiction Disorder Services Certification Actions)

Applicant's Legal Name Acacia Network as Sponsor, Community Association of Progressive Dominicans	Application No. 2021-068
Local Governmental Unit New York City Department of Health and Mental Hygiene	
<p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p>	
<b>1.</b> Consistency of Program Description and Site Location with Local/OASAS Requirements	<p>In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below.</p> <p>Acacia Network as Sponsor, Community Association of Progressive Dominicans, a program that provides culturally sensitive services to the Latinx community, is applying to become a new provider of substance use disorder treatment services including medication for addiction treatment with on-site access to buprenorphine, harm reduction education and Narcan distribution. Provider's goal is to get an integrated license to increase their capacity to serve individuals with co-occurring MH and SUD.</p>
<b>2.</b> Provider Operational Performance	<p>Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable          Regardless of the answer, provide a description of the operational performance of the provider below.</p> <p>Applicant is not an allocated provider and the Department can only look at the information provided in the application, which appears to be satisfactory.</p>
<b>3.</b> Adequacy of Financial Plans	<p>Is the financial plan in the proposal adequate and acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable          Provide explanation below.</p> <p>Applicant is not an allocated provider and the Department can only look at the information provided in the application, which appears to be satisfactory.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.          N/A</p>
<b>4.</b> Consistency with Local Plans and Local/Community Needs	<p>Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          Provide explanation below.</p> <p>This program is located in Upper Manhattan, which is in proximity to the top four neighborhoods with the highest overdose death rates of unintentional drug poisoning (overdose) deaths by neighborhood of residence, New York City, 2020.</p>
<b>5.</b> Provider Standing in the Community	<p>Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable          Regardless of the answer, provide all known information below or on additional sheets attached to this report.</p> <p>Manhattan Community Board #12 vouches for the applicant as a trusted, well-known provider in the Washington Heights community that has historically provided outstanding, culturally sensitive services to the individuals it serves, and whose goal is to become an IOS Provider.</p>

<p>6.</p> <p><b>Program Location</b></p>	<p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.</p> <hr/> <p>Please check one box.</p> <p><input type="checkbox"/> LGU has visited the proposed location. Date of Visit: _____</p> <p><input checked="" type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.</p> <p><input type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response.</p> <p>This site is located in proximity to the IRT #1 and IND A subway lines (168th and Broadway) as well as bus routes (M4, M5, M100, and M101). Given the neighborhood's composition of residential and business, there is limited parking. Columbia Presbyterian Hospital and numerous clinical are within walking distance.</p>		
<p>7.</p> <p><b>Current Status of Existing Programs</b></p>	<p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program's current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p> <p>There are no known issues to the Department.</p>		
<p>8.</p> <p><b>Community Response</b></p>	<p>Please describe your knowledge of the applicant's outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>The Provider received a letter dated 5/3/2021 from Community Board #12 acknowledging their proposal to become a new provider of OASAS licensed SUD services; recognizing them as a high-quality SUD treatment clinic responsive to clients' needs; well trusted and known in the Washington Heights community for historically providing outstanding, culturally sensitive services to the individuals it serves.</p>		
<p>9.</p> <p><b>Other Comments</b></p>	<p>Provide additional comments.</p> <p>N/A</p>		
<p>10.</p> <p><b>LGU Recommendation</b></p>	<p><input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>	<p>Signature of Authorized LGU Official</p> <p><i>Mil Sah</i></p>	<p>Date</p> <p>12/13/22</p>



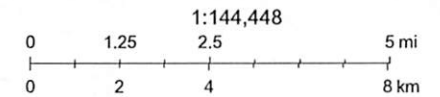
# Acacia Network, Inc. As Sponsor, Community Association of Progressive Dominicans as Operator



1/12/2023, 2:10:17 PM

County

- 5. Outpatient: Outpatient Clinic
- AllCert - Outpatient Additional Location



NYC OpenData, State of New Jersey, Esri, HERE, Garmin, USGS, EPA, NPS, Esri, HERE, NPS

**New York State Office of Addiction Services and Supports  
Bureau of Certification (OASAS)**

**MEMORANDUM**

**TO:** Dena Holmes, Director  
Certification Bureau

**FROM:** Michele Woods

**DATE:** February 3, 2023

**SUBJECT:** *Application Review*

Applicant: Save the Michaels of the World, Inc.

NYSE CON: 224019

Application #: 2022-077

Purpose: New OASAS Provider

County: Niagara

---

**Project Summary:**

Save the Michaels of the World, Inc. (STM) is requesting Office of Addiction Services and Supports' (OASAS) approval to become a new provider of Part 820 Residential Reintegration Services (12 beds) in a congregate setting at 2600 William Street, Newfane, NY, 14108.

STM will continue their work with local and County social services and criminal justice agencies to provide services for men who are homeless and/or involved in the criminal justice system.

Residents will adapt to living independently in the community while receiving peer support as well as substance use disorder (SUD) outpatient treatment at Horizon Health Services in Niagara County and other social services as needed.

Services will include housing in a person-centered, recovery oriented, community-based setting in which individual and group recovery support, relapse prevention, life skills activities, vocational support, housing and family unification services will be provided.

STM intends to serve 30 individuals annually.

**Need:**

Niagara County Department of Mental Health Services continues to identify substance use disorder services as a priority as evidenced in their county plan. Specifically, there is a lack of detox, inpatient and residential programming resulting in waiting lists. Additionally, there are delays in movement between levels of care due to insufficient bed availability, as well as transitional and supportive housing options.

The Niagara County Department of Mental Health submitted a recommendation to support this application on February 1, 2023, signed by Director of Community Services, Laura Keleman. Statements in support of this recommendation include: "Proposed services are consistent with local plans and will meet some of the community needs for expanded access to residential reintegration services."

OASAS Western Regional Office submitted a recommendation to support this application on February 1, 2023.

STM met with New York State Senator Robert G. Ort on April 9, 2021 and Becky Wydysh, Niagara County Chairman of the Legislature 2<sup>nd</sup> District, on April 29, 2021 and May 6, 2021, and John Syracuse, Niagara County 14<sup>th</sup> District of the Legislature on May 18, 2021, all of whom, according to the applicant, verbalized their full support of the proposed action.

The applicant reports that a community meeting was held on July 26, 2021 at the proposed location and the Newfane Town Hall on September 21, 2021, in which no community members voiced concern. Additionally, advertisements were run in local newspapers and again, the applicant did not receive any comments regarding the proposed service.

**Character and Competence:**

STM became established as a not-for-profit corporation in 2012 to collect and disseminate information about the prevalence of addiction of controlled substances and prescription medications, particularly opiates.

They currently provide referral and placement in SUD and mental health treatment, transportation assistance, assistance to individuals experiencing insurance barriers to treatment, recovery coaching, family support services, peer-led recovery groups and access to community resources.

The Board of Directors consists of ten members, one of which is a physician with a specialty in addiction medicine, who meets the requirements as outlined in OASAS' regulation.

**Overall Financial Condition of the Provider:**

A fiscal viability determination was completed on December 12, 2022, which determined the current and overall financial position of STM is viable.

The applicant received a Legislative Member Item in the amount of \$500,000 to support the program financially for the first six months of operation.

The proposed operating budget identifies \$792,000 in revenue and \$754,000 in expenses, resulting in a surplus of \$38,000.



**Adequacy:**

The 12-bed program will be in leased space by Recovery Center of Niagara, LLC., an OASAS provider of Part 816.7 Medically Supervised Withdrawal and Stabilization Service and Part 818 Inpatient Rehabilitation Service provider. The Amendment to the Agreement of Sublease includes the OASAS required right to re-entry language.

OASAS Facility Evaluation and Inspection Unit (FEIU) completed a State Environmental Quality Review (SEQR), floor plan review and facility inspection on January 26, 2023. The facility was determined to be in compliance.

**Compliance:**

Proposed staffing includes a full-time Program Director who is an Advanced Credentialed Alcoholism and Substance Abuse Counselor (CASAC), one full-time CASAC, one full-time Recovery Coach/Certified Recovery Peer Advocate, four full-time and one part-time Counseling Aides, and one full-time Coaching Assistant. Staff will provide coverage 24/7.

Policies and procedures submitted by STMOTW were reviewed and accepted by OASAS.

**Continuity of Care:**

According to the applicant, STM has a long-standing and cooperative relationships with local and County social service and criminal justice agencies and will continue to provide specialized services for men who are homeless and or involved in the criminal justice system.

Linkages for services are with Horizon Health Services, Northpoint Council, Niagara County Department of Social Services, Erie County Department of Social Services, BOCES, ACCES-VR and the Mental Health Association.

A copy of a signed and dated Referral Agreement was submitted between STM and Horizon Health Services to promote a unified, integrated and coordinated system of service delivery for SUD outpatient services.

STM will accept referrals from SUD inpatient treatment providers in the Western New York area.

**Recommendation:**

The OASAS recommendation is to approve Save the Michael's of the World, Inc.'s request to become a new OASAS provider of Residential Treatment Services at 2600 William Street, Newfane, NY, 14108, with the following contingencies:


- Copy of filing receipt from the NYS Department of State indicating that the amended Certificate of Incorporation, including the OASAS required language, have been filed
- Verification of the hiring of sufficient staff to meet regulatory requirements

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

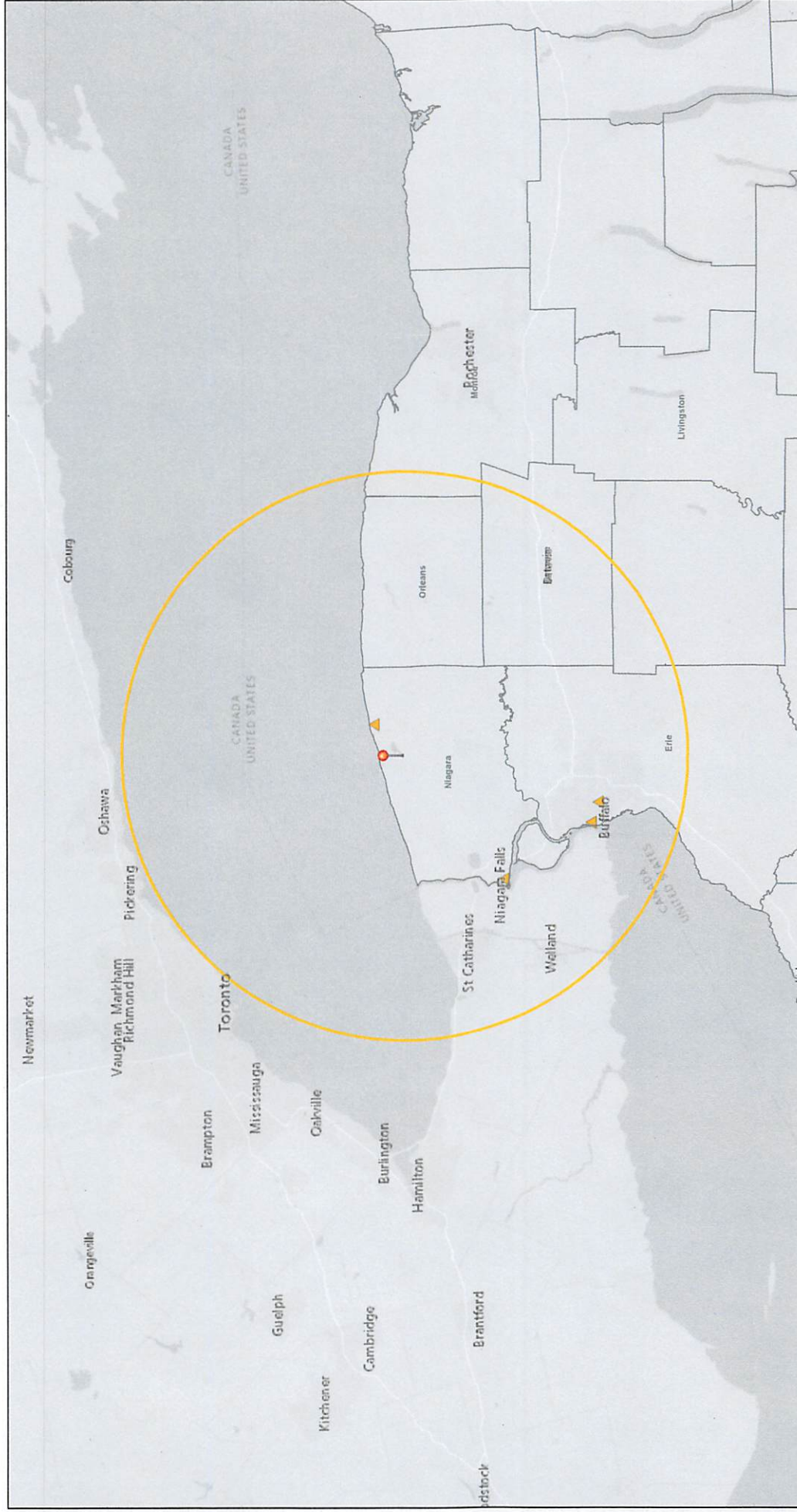
## LOCAL GOVERNMENTAL UNIT REVIEW REPORT

(Addiction Disorder Services Certification Actions)

Applicant's Legal Name Save the Michaels of the World, Inc.	Application No. NYSE CON: 224019 CA: 2022-077
Local Governmental Unit Laura Kelemen, Director, Niagara County Department of Mental Health	
<p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p>	
<b>1.</b>  <b>Consistency of Program Description and Site Location with Local/OASAS Requirements</b>	<p>In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below.</p> <p>The program description and site location is consistent with local / OASAS requirements.</p>
<b>2.</b>  <b>Provider Operational Performance</b>	<p>Is the operational performance of this provider satisfactory? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable          Regardless of the answer, provide a description of the operational performance of the provider below.</p> <p>This provider is an established 501(c)(3) entity that has expanded programming to provide supportive services to individuals, and their families, with substance use disorders over the past several years in response to community need and by way of securing donations and grant funding.</p>
<b>3.</b>  <b>Adequacy of Financial Plans</b>	<p>Is the financial plan in the proposal adequate and acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable          Provide explanation below.</p> <p>Revenue projections appear reasonable relative to DSS and medicaid reimbursement to be collected. Budget projects revenue to be greater than expenses, but includes a small amount of donation/ legislative funds. CSB reviewed 3 yr history of these as evidence/reassurance of ongoing funds.</p> <p>Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below.</p> <p>The entity would be a new OASAS licensed / certified entity establishing Medicaid reimbursement practices.</p>
<b>4.</b>  <b>Consistency with Local Plans and Local/Community Needs</b>	<p>Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          Provide explanation below.</p> <p>Proposed services are consistent with local plans and will meet some of the community needs for expanded access to residential reintegration services.</p>
<b>5.</b>  <b>Provider Standing in the Community</b>	<p>Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable          Regardless of the answer, provide all known information below or on additional sheets attached to this report.</p> <p>Based upon available information, the provider is reputable and in good standing with the communities in which they have locations and offer services. The Newfane community, including local leadership, has responded positively to the proposed facility plans and community engagement efforts.</p>

<p>6.</p> <p><b>Program Location</b></p>	<p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted.</p> <p>Existing space that was the administrative building of a small community hospital has been remodeled. The space is well suited for the proposed purpose.</p> <p>There is sufficient access to the facility / program which is located just off a main route and has adequate parking.</p>	
<p>7.</p> <p><b>Current Status of Existing Programs</b></p>	<p>Please check one box.</p> <p><input checked="" type="checkbox"/> LGU has visited the proposed location. Date of Visit: <u>8/26/21 &amp; 11/3/22</u></p> <p><input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.</p> <p><input type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an "N/A" response.</p> <p>The facility appears suitable for the proposed program.</p>	
<p>8.</p> <p><b>Community Response</b></p>	<p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program's current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues.</p> <p>Please describe your knowledge of the applicant's outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations.</p> <p>Between April-May 2021 contact made with Senator Robert Ort &amp; Rebecca Wydysh, Chairman of the Niagara County Legislature, to discuss proposed project. On 7/22/21 &amp; 7/23/21 STM publicized &amp; then held a Community Forum on 7/26/21 at the facility location in which 14 Newfane residents were listed in attendance. On 7/28/21 Avi Israel presented an overview of intended proposal to the Newfane Town Board, in which the NCDMH Deputy Director attended, &amp; the Town Board expressed their support. On 9/21/21 the entity presented to the Newfane Business &amp; Professional Association. NCDMH received a letter of support dated 7/27/22 from the Newfane Town Supervisor &amp; other Town leadership.</p>	
<p>9.</p> <p><b>Other Comments</b></p>	<p>Provide additional comments.</p> <p>The Niagara County Community Services Board, after reviewing the application and receiving satisfactory responses from attending STM representatives to their questions on the application, voted unanimously to recommend approval of the application on January 23, 2023.</p>	
<p>10.</p> <p><b>LGU Recommendation</b></p>	<p><input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>	<p>Signature of Authorized LGU Official</p> <p></p> <p>Date <u>1/29/23</u></p>

# Save the Michaels of the World, Inc.



1/12/2023, 2:39:44 PM

County

3. Residential: 820 Residential Reintegration

1:1,155,581

0 10 20 30 40 mi  
0 15 30 60 km

Esri, HERE, NPS, Esri, HERE, Garmin, USGS, EPA, NPS

Web AppBuilder for ArcGIS  
Esri, HERE, Garmin, USGS, EPA, NPS | Department of City Planning, | Esri, HERE, NPS |

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

## LOCAL GOVERNMENTAL UNIT REVIEW REPORT

(Addiction Disorder Services Certification Actions)

Applicant's Legal Name Save the Michaels of the World, Inc.	Application No. NYSE CON: 224019 CA :2022-077
Local Governmental Unit Mark O'Brien, Commissioner, Erie County Department of Mental Health	
<p>In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of addiction disorder services in your jurisdiction. Your comments are important in evaluating the merits of the action(s). In completing the responses, use additional sheets as necessary. <b>Your cooperation in providing complete and thorough responses is appreciated as incomplete replies will delay the processing of this application.</b></p>	
<b>1.</b> Consistency of Program Description and Site Location with Local/OASAS Requirements	In the case of new providers and/or new services, is the program description and site location consistent with local/OASAS requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below. The Save the Michaels of the World, Inc. (STM) service will be located in Niagara County. Niagara County approved this project and location.
<b>2.</b> Provider Operational Performance	Is the operational performance of this provider satisfactory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable Regardless of the answer, provide a description of the operational performance of the provider below. ECDMH is currently providing technical assistance after a site review to STM to ensure they are following all OASAS Administrative and Fiscal Guidelines. Areas that needs support include: Fiscal, Policies and Procedures, Board of Directors, Program Oversight, Outcome reporting and Documentation.
<b>3.</b> Adequacy of Financial Plans	Is the financial plan in the proposal adequate and acceptable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable Provide explanation below. There will be no OASAS funding to support the project. The budget is very tight and revenue from Medicaid may fluctuate. Cash donations and grants are part of the proposed budget. There is some concern for the service to remain viable if cash donations and grants are not awarded. Where applicable, please note any comments related to Medicaid policy and/or reimbursement practices below. This is the first service in which STM will be billing Medicaid. It is recommended that STM connect with an consultant/other provider to ensure that there is good understanding of Medicaid requirements.
<b>4.</b> Consistency with Local Plans and Local/Community Needs	Is the action consistent with local plans and/or does it meet community needs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Provide explanation below. This Project was approved by Niagara County LGU
<b>5.</b> Provider Standing in the Community	Is there any known information regarding the provider's standing in the community? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Regardless of the answer, provide all known information below or on additional sheets attached to this report. In Erie County, STM provides the following services transportation, case management and family support.



<p>6.</p> <p><b>Program Location</b></p>	<p>In answering this question, the following should be taken into consideration:</p> <ul style="list-style-type: none"> <li>(a) the location is suitable for an Addiction Disorder Treatment Program;</li> <li>(b) the accessibility of public transportation and adequate parking; and</li> <li>(c) any other notable observations.</li> </ul> <p>Please describe your assessment of the circumstances noted. The Niagara County LGU has approved this project.</p> <hr/> <p>Please check one box.</p> <p><input type="checkbox"/> LGU has visited the proposed location. <span style="float: right;">Date of Visit: _____</span></p> <p><input type="checkbox"/> LGU has not visited, but has sufficient personal knowledge to attest to its suitability.</p> <p><input checked="" type="checkbox"/> N/A – Please explain, for example, N/A may be appropriate in applications that involve relocation within an existing building. However, factors such as capacity increase, even in an existing building, would not be appropriate for an “N/A” response.</p> <p>The Erie County Department of Mental Health (ECDMH) has not viewed the location. Niagara County has reviewed and approved the location for this services. ECDMH has reviewed the application due to STM's administrative office being located in Erie County and subsequently application is required by OASAS to review and approve the application.</p>		
<p>7.</p> <p><b>Current Status of Existing Programs</b></p>	<p>Are you aware of any community issues with other programs operated by this provider, or in the case of relocation, this program's current location? (i.e., any issues around loitering, public safety, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please describe any issues. The Community in Erie County does not appear to have concerns with STM.</p>		
<p>8.</p> <p><b>Community Response</b></p>	<p>Please describe your knowledge of the applicant's outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize your knowledge of community input, including any existing or likely community concerns, as well as any recommendations. Per the application, STM reported meeting with multiple Senators and Legislators. Per application, there were 2 community meetings in which there were no concerns.</p>		
<p>9.</p> <p><b>Other Comments</b></p>	<p>Provide additional comments. STM provides an important service to the community. There is some concern related to the budget. In the event that cash donations, grants, medicaid reimbursements are not what STM estimates there is some concern that STM will not be able to provide the much needed services in the community. It is recommended that STM work with an entitiy to ensure that Medicaid reimbursement is maximized.</p> <p>Based on the submission, ECDMH is unable to approve/disapprove this application based on the above mentioned items.</p>		
<p>10.</p> <p><b>LGU Recommendation</b></p>	<p><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>	<p>Signature of Authorized LGU Official</p> <p><i>Tara Kaur Rishi, LMC</i></p>	<p>Date</p> <p>2/1/2023</p>