

Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Susan H. Daley Deputy Director

September 30, 2020

Honorable Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a contract in 2021 with Homeless and Travelers Aid Society (HATAS) for the provision of supported housing, transportation bridger and outreach services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to HATAS through Albany County Department of Mental Health in the amount of \$463,046. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Feel free to contact Sarah Cantwell or me if you have any questions concerning this request.

Sincerely.

Stephen Giordano, Ph.D.

Director

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Majority Counsel

Minority Counsel



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1931, Version: 1		
REQUEST FOR LEGISLATIVE AC	CTION	
Description (e.g., Contract Authorization for Homeles	orization for Information Services): as and Travelers Aid society	
Date:	September 30, 2020	
Submitted By:	Mark Gleason	
Department:	Mental Health	
Title:	Operations Analyst	
Phone:	518-447-3014	
Department Rep.		
Attending Meeting:	Dr. Stephen Giordano, Ph.D.	
Purpose of Request:		
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Proce □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	edure Click or tap here to enter text.	
CONCERNING BUDGET AMEND Increase/decrease category (cho ☐ Contractual		
☐ Equipment ☐ Fringe		
☐ Personnel		
☐ Personnel Non-Individual		

File #: TMP-1931, Version: 1	
☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHOR	<u>IZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☑ Other: (state if not listed)	
Contract Terms/Conditions:	
Party (Name/address): Homeless and Travelers Aid Society 13	88 Central Ave. Albany, NY 12206
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: transportation and MICA (mentally ill chemica	\$463,046 Provides outreach, supported housing, case management, I abuser) Homeless services to indivduals suffering from mental illness.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

File #: TMP-1931, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 Revenue Amount: \$463,046

Appropriation Account and Line: A94322.44479 **Appropriation Amount:** \$463,046

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021-12/31/2021

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation Yes □ No 🏻

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number:

Date of Adoption: 11/12/19

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Homeless and Travelers Aid Society (HATAS) for the provision of supported housing, transportation bridger and outreach services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to HATAS through Albany County Department of Mental Health in the amount of \$463,046, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.



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3	Local											C				
Provider	Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	<u>Carry</u> Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	<u>Value</u>
43660 - Albany County Department for	Children,	Υ														
001A - Local Assistance															•	
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$199,304	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$0	\$0	\$19,652	\$0
Totals For FS 001A		0.00	0.00	0	0	\$199,304	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$0	\$0	\$19,652	\$0
044 - CMHS Block Grant C&F																
1400 - Single Point of Access (SPO	A)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$33,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,052	\$0
Totals For FS 044	•	0.00	0.00	0	0	\$33,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,052	\$0
046A - Clinical Infrastructure-C&F																
1400 - Single Point of Access (SPOA	۹)															
00 NO_SUBCODE	Albany	0.00	0.00	0 -	. 0	-\$92,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,096	\$0
Totals For FS 046A		0.00	0.00	0	0	\$92,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,096	\$0
046L - Community Support Programs-	C&F															
2100 - Clinic Treatment	A.U.	0.00					••		•			••	•		00.045	**
00 NO_SUBCODE	Albany -	0.00	0.00	0	0	\$8,845	\$0		\$0	\$0	\$0	\$0	\$0		\$8,845	\$0
Totals For FS 046L		0.00	0.00	0	0	\$8,845	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,845	\$0
200 - Com. Reinvestment																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$35,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,401	\$0
Totals For FS 200	-	0.00	0.00	0	0	\$35,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,401	\$0
												i.				

NEW YORK STATE Mental Health

County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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Aid to Lo	calities l	Financial	System
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	Local					T-1-16	1611		CCI	84-4114	Other	Carry	Non	One Time	Total	Annualized
Provider	Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	<u>Other</u>	<u>Over</u>		Adjustment	State Aid	Value
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	Amount	Revenue	Revenue	<u>Funded</u>	Aujustment	State Alu	value
43660 - Albany County Department fo	r Children,	Y														
570K - Kids Health Home Care Mana	gement															
2620 - Health Home Non-Medicaid	Care Man	agement														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$99,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,055	\$0
2740 - Health Home Care Manage	nent Servi	ce Dollars														
00 NO_SUBCODE	Albany	0.00	0.00	Ø	0	\$47,153	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,153	\$0
2850 - Health Home Care Managei	nent Servi	ce Dollar A	Admini	stratio	n										100	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,239	\$0
Totals For FS 570K		0.00	0.00	0	0	\$151,447	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$151,447	\$0
Totals For 43660 - Albany County Department for Children, Y	:	0.00	0.00	0	0	\$520,145	\$19,652	\$0	\$0	\$160,000	\$0	\$0	. \$0	\$0	\$340,493	\$0



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Local Carry Contract Units of Total Gross <u>LGU</u> **Voluntary** SSI Medicaid Other Over Non One Time Total **Annualized** FS/Program/CBR Index/Team Type Number Managers Slots Beds Expenses Share Amount Amount Revenue Revenue Funded Adjustment State Aid <u>Value</u> <u>Service</u> <u>Share</u> 70520 - Albany County Department of Mental Healt 001A - Local Assistance 0890 - Local Governmental Unit (LGU) Administration 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$26.088 \$13.044 \$0 \$0 \$0 \$0 \$0 \$13,044 \$0 \$0 \$0 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE 0.00 0.00 0 0 \$48,268 Albany \$24,134 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$24,134 \$0 2100 - Clinic Treatment 00 NO_SUBCODE 0.00 0 \$172,459 \$86,229 Albany 0.00 0 \$86,230 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$57,585 \$28,792 \$0 \$0 \$0 \$0 \$0 \$0 \$28,793 \$0 Totals For FS 001A 0.00 0.00 \$304,400 \$152,200 \$152,200 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 014 - Community Support Services 0690 - Outreach 00 NO_SUBCODE Albany 0.00 0.00 0 \$103,510 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$103,510 \$0 0870 - Monitoring and Evaluation, CSS Albany 00 NO_SUBCODE 0.00 0.00 0 \$59,366 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$59,366 \$0 1760 - Advocacy/Support Services 01 NO_SUBCODE Albany 0.00 0.00 0 0 \$7,657 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$7,657 \$0 2100 - Clinic Treatment 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$97,108 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$97,108 \$0 2680 - Crisis Intervention 00 NO_SUBCODE 0 0.00 \$576,878 \$330,000 \$246,878 Albany 0.00 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 014 0.00 0.00 0 0 \$844,519 \$330,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$514,519 \$0



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	Local											Carry				
Provider	Contract					Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	Annualized
FS/Program/CBR Index/Team Type	Number	Manager	s Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	Share	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
70520 - Albany County Department	of Mental He	alt														
034J - Adult Case Management & A	ACT															
0800 - ACT																
00 48 Slot	Albany	6.00	0.00	0	600	\$737,466	\$0	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$46,854	\$0
1230 - Flexible Recipient Service	e Dollars															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,533	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,533	\$0
2720 - Non-Medicaid Care Coord	lination Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$101,296	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,296	\$0
8810 - Assertive Community Tre	atment-Serv	ice Dollai	rs													
00 48 Slot	Albany	0.00	0.00	0	0	\$22,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,156	\$0
Totals For FS 034J		6.00	0.00	0	600	\$866,451	\$0	\$0	- \$0	\$690,612	\$0	\$0	\$0	\$0	\$175,839	\$0
039J - Forensics																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
Totals For FS 039J		0.00	0.00	0	0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
039P - Clinical Infrastructure-Adult																
1400 - Single Point of Access (S	POA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$85,555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,555	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$73,381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,381	\$0
Totals For FS 039P	-	0.00	0.00	0	0	\$158,936	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$158,936	\$0
041 - CMHS Block Grant Adult																
1400 - Single Point of Access (Si	POA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$9,240	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,240	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$98,948	\$0	\$0	\$0 .	\$0	\$0	\$0	\$0	\$0	\$98,948	\$0
Totals For FS 041	-	0.00	0.00	0	0	\$108,188	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,188	\$0



-	Local											Carry			10 6	
Provider	Contract	• • • • • • • • • • • • • • • • • • • •	Cl-4-	n - d -	Units of	Total Gross	<u>LGU</u>	Voluntary	<u>SSI</u>	Medicaid	Other	Over	<u>Non</u> Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type		Managers	Slots	<u>Beds</u>	Service	Expenses	<u>Share</u>	Share	<u>Amount</u>	Amount	Revenue	Revenue	runded	Aujustment	State Alu	value
70520 - Albany County Department of	f Mental He	alt														
170B - Trans. Mgmt. Kendra's																
1970 - Transition Management Se													•		****	**
	Albany	0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0		\$0		\$81,268	\$0
Totals For FS 170B		0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$81,268	\$0
170C - MGP Admin Kendra's																
0860 - Local Governmental Unit (L	.GU) Admir	n OMH F	Reinves	tment	Only							*				
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
Totals For FS 170C		0.00	0.00	0	0	\$11,740	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
200 - Com. Reinvestment																
0870 - Monitoring and Evaluation,	CSS															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$162,574	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$162,574	\$0
1760 - Advocacy/Support Services	S															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$46,251	\$0	. \$0	\$0	\$0	\$0	\$0	\$0) \$0	\$46,251	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$92,975	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$92,975	\$0
2680 - Crisis Intervention							4								0444.750	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$114,752	\$0		\$0	\$0	\$0		\$0			\$0
Totals For FS 200		0.00	0.00	0	0	\$416,552	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$416,552	\$0
300 - Homeless/MICA																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,184	.\$0
Totals For FS 300	-	0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,184	\$0
400 - Commissioner's Perf.																
2100 - Clinic Treatment							nije.									
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0
Totals For FS 400	-	0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0



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Local Carry Other <u>Over</u> Non One Time **Total Annualized Provider** Contract Units of Total Gross <u>LGU</u> **Voluntary** SSI FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share <u>Share</u> Amount Amount Revenue Revenue <u>Funded</u> **Adjustment** State Aid Value 70520 - Albany County Department of Mental Healt 570 - Health Home 2620 - Health Home Non-Medicaid Care Management \$53,119 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 689 \$53,119 \$0 \$0 \$0 \$0 \$0 \$0 \$0 2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE \$0 \$0 \$0 \$0 \$0 \$0 \$83,040 \$0 0.00 0 0 \$83,040 \$0 \$0 Albany 0.00 2850 - Health Home Care Management Service Dollar Administration 00 NO_SUBCODE 0 \$9,228 \$0 \$0 \$0 \$0 \$0 \$0 \$9,228 \$0 Albany 0.00 0.00 0 \$0 \$0 Totals For FS 570 \$145,387 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$145,387 \$0 0.00 0.00 0 689 \$0 965 - Funding Reduction/COLA 0690 - Outreach 00 NO_SUBCODE \$1,107 \$0 \$0 \$0 \$0 \$0 \$0 \$1,107 \$0 Albany 0.00 0.00 0 0 \$0 \$0 0860 - Local Governmental Unit (LGU) Admin. - OMH Reinvestment Only 00 NO_SUBCODE Albany 0.00 0 \$85 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$85 \$0 1400 - Single Point of Access (SPOA) \$1,317 01 NO_SUBCODE 0.00 0.00 0 0 \$1,317 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 1760 - Advocacy/Support Services \$1,697 \$0 \$0 01 NO_SUBCODE Albany 0.00 0.00 Ó 0 \$1,697 \$0 \$0 \$0 \$0 \$0 \$0 \$0 1970 - Transition Management Services \$552 \$0 \$0 \$0 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$552 \$0 \$0 \$0 \$0 \$0 2680 - Crisis Intervention \$0 \$0 \$0 \$5,785 \$0 \$0 00 NO SUBCODE 0.00 0.00 0 \$5.785 \$0 \$0 \$0 \$0 Albany 0 Totals For FS 965 \$0 \$0 \$10,543 \$0 \$0 0.00 0.00 0 0 \$10,543 \$0 \$0 \$0 \$0 \$0 Totals For 70520 - Albany County \$0 \$3,017,928 \$0 6.00 0.00 0 1,289 \$4,190,740 \$482,200 \$0 \$0 \$690,612 \$0 \$0 \$0 **Department of Mental Healt**



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Local Carry Annualized <u>Provider</u> Units of Total Gross <u>LGU</u> One Time Contract Voluntary SSI Medicaid Other Over Non <u>Total</u> FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share Share Amount Amount Revenue Revenue Funded Adjustment State Aid <u>Value</u> 25460 - Catholic Charities Housing Office 034J - Adult Case Management & ACT 2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.00 0.00 0 1,985 \$39,624 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$39,624 \$0 Totals For FS 034J 0.00 1,985 \$39,624 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$39,624 \$0 0.00 0 \$0 Totals For 25460 - Catholic Charities \$39,624 \$0 0.00 \$39,624 \$0 0.00 0 1,985 \$0 \$0 \$0 \$0 \$0 \$0 \$0 **Housing Office**



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Provider FS/Program/CBR Index	/Team Type	Local Contract Number	<u>Managers</u>	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
11620 - Community L	iving Assn Progra	am															
014 - Community Su	pport Services																
1760 - Advocacy/S	and the second second second second																
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$35,315	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,315	\$0
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$58,859	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$58,859	\$0
1770 - Drop In Cei																	
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$176,868	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$176,868	\$0
Totals For FS 014		-	0.00	0.00	0	0	\$271,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$271,042	\$0
078 - Supported Hou 7080 - Apartment/	Support																
	NO_SUBCODE	Albany	0.00	0.00	9	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$0	\$0	\$0
Totals For FS 078			0.00	0.00	9	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$0	\$0	\$0
200 - Com. Reinvesti	ment																
1760 - Advocacy/S	Support Services																
04	NO_SUBCODE	Albany	0.00	0.00	0	0	\$28,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,960	\$0
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$4,148	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,148	\$0
1770 - Drop In Cer	nters																
00 1	NO_SUBCODE	Albany	0.00	0.00	0	0 -	\$13,189	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,189	\$0
Totals For FS 200			0.00	0.00	0	. 0	\$46,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$46,297	\$0
400 - Commissioner's	s Perf.																
1760 - Advocacy/S	Support Services																
04 1	NO_SUBCODE	Albany	0.00	0.00	0	0	\$24,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,000	\$0
02 1	NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,523	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,523	\$0
03 1	NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,860	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,860	\$0
Totals For FS 400			0.00	0.00	0	0	\$69,383	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,383	\$0



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Provider FS/Program/CBR Inde	ex/Team Type	Local Contract Number	<u>Managers</u>	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
11620 - Community	Living Assn Progra	am															
965 - Funding Red	uction/COLA																
1760 - Advocacy	/Support Services																
04	NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,492	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,492	\$0
1770 - Drop in C	enters																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,757	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,757	\$0
Totals For FS 965			0.00	0.00	0	0	\$7,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,249	\$0
965S - Personnel S	ervices Enhancem	ents															
1760 - Advocacy	/Support Services								1.0								
04	NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,464	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,464	\$0
1770 - Drop In C	enters																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,833	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,833	\$0
Totals For FS 965S			0.00	0.00	0	0	\$15,297	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$15,297	\$0
Totals For 11620 - C Assn Program	ommunity Living		0.00	0.00	9	3,285	\$614,997	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$(\$0	\$409,268	\$0



Maternity Services

County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH
Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
42100 - Community Maternity Services	s															
034K - C&F Case Management																
2720 - Non-Medicaid Care Coordin	nation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$	0 \$0	\$17,093	\$0
Totals For FS 034K		0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$17,093	\$0
200 - Com. Reinvestment																
0650 - Respite Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$100,350	\$0
Totals For FS 200		0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$100,350	\$0
965 - Funding Reduction/COLA 0650 - Respite Services						•										
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$669	\$0
Totals For FS 965	•	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$(0 \$0	\$669	\$0
Totals For 42100 - Community		0.00	0.00	0	0	\$118,112	\$0	\$0	\$0	\$0	\$0	\$0	\$(0 \$0	\$118,112	\$0



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<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
35350 - Counseling Care and Services	, Inc															
200 - Com. Reinvestment																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$6,363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50 \$0	\$6,363	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$15,156	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,156	\$0
Totals For FS 200	i.	0.00	0.00	0	0	\$21,519	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,519	\$0
965 - Funding Reduction/COLA																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$261	\$0
Totals For FS 965		0.00	0.00	0	0	\$363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$363	\$0
Totals For 35350 - Counseling Care and Services, Inc		0.00	0.00	0	0	\$21,882	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,882	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14510 - Equinox, Inc.																
014 - Community Support Services																
1760 - Advocacy/Support Service	5															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
Totals For FS 014		0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$10,130	\$0
037P - PROS State Aid																
6340 - Comprehensive PROS with	Clinical Tr	eatment														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
Totals For FS 037P		0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
078 - Supported Housing														1		
6060 - Supported Housing																
01 NO_SUBCODE	Albany	0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,607	\$0
Totals For FS 078	-	0.00	0.00	12	0	\$123,607	\$0	. \$0	\$0	\$0	\$0	\$0	\$(\$0	\$123,607	\$0
200 - Com. Reinvestment																
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,283	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$43,262	\$0
1760 - Advocacy/Support Services	1															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,671	\$0
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,688	\$0
2620 - Health Home Non-Medicaid	Care Mana	gement														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,266	\$0
2740 - Health Home Care Managen	nent Servic															
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$123	. \$0
6070 - Congregate/Treatment																
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,451	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,451	\$0
Totals For FS 200	_	0.00	0.00	0	0	\$207,482	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$188,461	\$0



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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	<u>Manager</u>	s <u>Slots</u>	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14510 - Equinox, Inc.																
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$41,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,017	\$0
6070 - Congregate/Treatment										1	4 6 6	500		1000		
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,337	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$11,337	\$0
Totals For FS 400		0.00	0.00	0	. 0	\$52,354	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,354	\$0
570 - Health Home																
2620 - Health Home Non-Medicaid	Care Mana	agement														
01 NO_SUBCODE	Albany	10.00	200.00	0	0	\$719,475	\$0	\$0	. \$0	\$478,880	\$0	\$0	\$0	\$0	\$240,595	\$0
2740 - Health Home Care Manager	nent Servi															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$40,000	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000	\$0
2850 - Health Home Care Manager																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$33,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,350	\$0
Totals For FS 570		10.00	200.00	0	0	\$792,825	\$0	\$0	\$0	\$478,880	\$0	\$0	\$0	\$0	\$313,945	\$0
965 - Funding Reduction/COLA																
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,591	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,591	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,976	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,976	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965	_	0.00	0.00	0	0	\$4,122	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,122	\$0
965S - Personnel Services Enhancen	nents															
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$534	\$0
Totals For FS 965S	_	0.00	0.00	0	0	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$534	\$0
Totals For 14510 - Equinox, Inc.	. =	10.00	200.00	12	0	\$1,259,150	\$0	\$0	\$0	\$478,880	\$19,021	\$0	\$0	\$0	\$761,249	. \$0



Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
17630 - Homeless and Travelers Aid S																
034J - Adult Case Management & AC																
2720 - Non-Medicaid Care Coordin		•				2						4.0	•		* 47.070	
02 NO_SUBCODE	Albany	0.00	0.00	0	1,530	\$47,972	\$0		\$0	\$0	\$0	\$0	. \$0		\$47,972	\$0
.01 NO_SUBCODE	Albany	0.00	0.00	0,	4,970	\$124,253	\$0		\$0	\$0	\$0	\$0	\$0		\$124,253	\$0
Totals For FS 034J		0.00	0.00	0	6,500	\$172,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,225	\$0
039Q - Innovative Psychiatric Rehabi	litation															
1380 - Assisted Competitive Emplo	yment															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$49,162	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,162	\$0
Totals For FS 039Q		0.00	0.00	0	0	\$49,162	\$0	\$0	- \$0	\$0	\$0	\$0	\$0	\$0	\$49,162	\$0
078 - Supported Housing													•			
6060 - Supported Housing 01 NO_SUBCODE	Albany	0.00	0.00	26	107	\$145,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,106	\$0
Totals For FS 078	Albany -	0.00	0.00	26	107	\$145,106	\$0	· -	\$0	\$0	\$0	\$0	\$0		\$145,106	\$0
		0.00	0.00	26	107	\$145,106	, \$0	\$ 0	φu	90	ψU	φu	φu	40	\$145,100	φ0.
200 - Com. Reinvestment																
0670 - Transportation 01 NO_SUBCODE	Albany	0.00	0.00	0	846	\$1,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,805	\$0
0690 - Outreach	Albany	0.00	0.00	U	040	\$1,005	φU	φU	\$0	φU	φυ	φU	φυ	φυ	φ1,000	ΨΟ
01 NO_SUBCODE	Albany	0.00	0.00	0	930	\$25,404	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,404	\$0
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	576	\$11,976	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$11,976	\$0
Totals For FS 200	-	0.00	0.00	0	2,352	\$39,185	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,185	\$0
300 - Homeless/MICA																
6060 - Supported Housing																
02 NO_SUBCODE	Albany	0.00	0.00	0	768	\$34,245	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$34,245	\$0
Totals For FS 300	-	0.00	0.00	0	768	\$34,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,245	\$0

NEW YORK STATE Mental Health

Aid to Localities Financial System

Travelers Aid Society

County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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		Local											Carry				
<u>Provider</u>		Contract				Units of	Total Gross	LGU	Voluntary	<u>SSI</u>	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/	Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
17630 - Homeless and	Travelers Aid S	ociety															
965 - Funding Reduct	tion/COLA																
0690 - Outreach																	
01 N	NO_SUBCODE	Albany	0.00	0.00	0	0	\$249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$249	\$0
1380 - Assisted Co	mpetitive Emplo	oyment															
01 N	NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965			0.00	0.00	0	0	\$804	\$0	\$0	\$0	\$0	\$0	\$0	.\$0	\$0	\$804	\$0
Totals For 17630 - Hon	neless and	:	0.00	0.00	26	9,727	\$440,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$440,727	\$0



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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
27100 - Mental Health Empowerment P	roject, In	c.														
200 - Com. Reinvestment																
1760 - Advocacy/Support Services										40	•	40			#20.000	40
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,082	\$0	T -	\$0	\$0	\$0		\$0		\$30,082	\$0
Totals For FS 200		0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$30,082	\$0
300 - Homeless/MICA																
1760 - Advocacy/Support Services 08 NO SUBCODE	Albany	0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
Totals For FS 300		0.00	0.00	0	0	\$51,316	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
Totals For FS 400		0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services		0.00	0.00	•	•		20					60	. \$0	\$0	\$2,361	\$0
08 NO_SUBCODE Totals For FS 965	Albany	0.00	0.00	0	0	\$2,361	\$0		\$0	\$0	\$0					\$0 \$0
		0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
965S - Personnel Services Enhancem	ents															
1760 - Advocacy/Support Services 08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For FS 965S		0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For 27100 - Mental Health Empowerment Project, Inc.	:	0.00	0.00	0	0	\$111,443	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$111,443	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	<u>SSI</u> <u>Amount</u>	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Child & Family Cente	r															
001A - Local Assistance																
0200 - Day Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	12,186	\$879,140	\$0	\$0	\$0	\$879,140	\$0	\$0	\$0	\$0	\$0	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	8,640	\$884,279	. \$0	\$0	\$0	\$788,863	\$95,416	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A		0.00	0.00	0	20,826	\$1,763,419	\$0	\$0	\$0	\$1,668,003	\$95,416	\$0	\$0	\$0	\$0	\$0
044 - CMHS Block Grant C&F																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$8,400	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,400	\$0
1510 - School- based Mental Healt	h															
01 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	, \$0	\$73,846	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,846	\$0
1650 - Family Peer Support Service	es (Childre	n and Fan	nily)													
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,740	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$93,506	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,506	\$0
2680 - Crisis Intervention												- 1				••
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$31,132	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$31,132	\$0
Totals For FS 044		0.00	0.00	0	4,506	\$284,470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,470	\$0
046G - Emergency Services C&F																
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0
Totals For FS 046G	-	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0



<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized <u>Value</u>
40400 - Parsons Child & Family Cen																
046L - Community Support Progra	ns-C&F															
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$7,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,616	\$0
0650 - Respite Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$4,589	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,589	\$0
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$60,208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,208	\$0
1320 - Vocational and Education (Non-Licensed Program)				ily												
00 NO_SUBCODE	Albany	0.00	0.00	. 0	471	\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496	\$0
1510 - School- based Mental Hea																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
1650 - Family Peer Support Servi	ces (Childre	n and Fan	nily)													
00 NO_SUBCODE	Albany	0.00	0.00	0	1,644	\$82,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,049	\$0
1760 - Advocacy/Support Service	s															
00 NO_SUBCODE	Albany	0.00	0.00	0	247	\$39,629	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,629	\$0
2990 - Coordinated Childrens Se	vice Initiativ	/e														
00 NO_SUBCODE	Albany	0.00	0.00	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L		0.00	0.00	0	5,323	\$386,752	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$386,752	\$0
090 - Non Funded																
1080 - Residential Treatment Fac	lity - Childre	en & Youth	1													
00 NO_SUBCODE	Albany	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 090	-	0.00	0.00	0	7,359	\$2,902,778	\$0	* \$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number		Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized <u>Value</u>
40400 - Parsons Child & Family Center																
200 - Com. Reinvestment																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$12,736	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$12,736	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$48,022	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$48,022	\$0
Totals For FS 200		0.00	0.00	0	0	\$60,758	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	0 \$0	\$60,758	\$0
400 - Commissioner's Perf.																
0910 - Crisis Residence																
01 NO_SUBCODE	Albany	0.00	0.00	0	69	\$104,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0
Totals For ES 400		0.00	0.00	_	60	6404.060	60	***	*0	60	**	¢0	¢.	2 60	\$104 060	\$0



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Provider FS/Program/CBR Index	x/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Chil	ld & Family Center	•															
965 - Funding Redu	iction/COLA																
0610 - Recreation	n																
00	NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$289	\$0
0690 - Outreach																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0
1320 - Vocational (Non-Licensed P	l and Educational	Services -	Children	& Fam	ily												
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,727	\$0
1510 - School- ba	ased Mental Health	1															
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
1650 - Family Pee	er Support Service	s (Childre	n and Far	nily)													
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$896	\$0
1760 - Advocacy/	Support Services																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,195	\$0
2680 - Crisis Inte	ervention																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,623	\$0	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$2,623	\$0
2990 - Coordinate	ed Childrens Servi	ce Initiativ	/e											10.			
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0
Totals For FS 965		-	0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0
Totals For 40400 - Pa Family Center	rsons Child &	-	0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0



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7.110 10 10 10 11																	
		Local											Carry				
<u>Provider</u>		Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	Annualized
FS/Program/CBR Inde	ex/Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	Value
14370 - Rehabilitation	on Support Svcs, I	nc															
001A - Local Assis	tance																
2100 - Clinic Tre	atment																
03	NO_SUBCODE	Albany	0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 001	1		0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$(\$0	\$0	\$0
014 - Community S	Support Services																
0670 - Transpor	tation																
. 01	NO_SUBCODE	Albany	0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$136,472	\$0
Totals For FS 014			0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
037P - PROS State	Aid																
6340 - Compreh	ensive PROS with	Clinical Tr	eatment														
01	NO_SUBCODE	Albany	0.00	145.0C	0	0	\$1,054,456	\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
Totals For FS 037F			0.00	145.00	0	0	\$1,054,456	\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
078 - Supported Ho	ousing																
6060 - Supporte	d Housing																
42	NO_SUBCODE	Albany	0.00	0.00	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,709	\$0
44	NO_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
12	NO_SUBCODE	Albany	0.00	0.00	8	173	\$266,419	\$0	\$0	\$0	. \$0	\$0	\$0	.\$0	\$0	\$266,419	\$0
29	NO_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
. 17	NO_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
26	NO_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,361	\$0
13	NO_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,509	\$0
28	NO_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,738	\$0
22	NO_SUBCODE	Albany	0.00	0.00	88	1,685	\$717,741	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,741	\$0
18	NO_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,871	\$0
25	NO_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,805	\$0
Totals For FS 078			0.00	0.00	239	5,532	\$2,539,282	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,539,282	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Manager	s Slots	<u>Beds</u>		Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14370 - Rehabilitation Support Svcs, I	nc															
142A - Expanded Community Suppo	rt Adult															
0690 - Outreach																
03 NO_SUBCODE	Albany	0.00	0.00	0	0	\$215,430	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$215,430	\$0
1230 - Flexible Recipient Service D	Dollars															
05 NO_SUBCODE	Albany	0.00	0.00	0	0	\$15,030	\$0	\$0	\$0	\$0	\$0	. \$0	\$0) \$0	\$15,030	\$0
Totals For FS 142A		0.00	0.00	0	0	\$230,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$230,460	\$0
200 - Com. Reinvestment																
0690 - Outreach			.*													
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$36,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,964	\$0
1760 - Advocacy/Support Services	;															
08 NO_SUBCODE	Albany	0.00	0.00	0	933	\$39,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,026	\$0
5990 - MICA Network																••
00 NO_SUBCODE	Albany	0.00	5.00	0	400	\$26,983	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$26,983	\$0
6060 - Supported Housing					_					••					£462.040	60
22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$163,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$163,042	\$0
6070 - Congregate/Treatment	A II	0.00	40.00		0	¢20,000	60	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$38,002	\$0
24 NO_SUBCODE	Albany	0.00	10.00		0	\$38,002	\$0									\$0
Totals For FS 200		0.00	15.00	0	1,333	\$304,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$304,017	\$0
200C - Supported Housing - Workford	ce RIV															
6060 - Supported Housing												•	•		004.047	C O
17 NO_SUBCODE	Albany	0.00	0.00	0	0	\$61,847	\$0	<u> </u>	\$0	\$0	\$0	\$0	\$0		\$61,847	\$0
Totals For FS 200C		0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
300 - Homeless/MICA																
6060 - Supported Housing																
26 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,909	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0
Totals For FS 300	_	0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0



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	Local											Carry		5		
Provider	Contract					Total Gross	<u>LGU</u>	Voluntary	<u>SSI</u>	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	<u>Value</u>
14370 - Rehabilitation Support Svcs, In	С															
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
12 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$1,787	\$0
Totals For FS 400		0.00	0.00	0	. 0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787	\$0
580 - MRT Supported Housing Beds																
6060 - Supported Housing																
41 NO_SUBCODE	Albany	0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077	\$0
Totals For FS 580		0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077	\$0
965 - Funding Reduction/COLA																
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,556	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,556	\$0
0690 - Outreach																a.
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,301	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,301	\$0
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,489	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,489	\$0
5990 - MICA Network		TO 100001		-			2000	1000			0					
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$831	\$0		\$0	\$0	\$0	\$0	\$0		\$831	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,177	\$0
965S - Personnel Services Enhancement	ents															
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	. 0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For 14370 - Rehabilitation Support Svcs, Inc	=	0.00	160.00	249	21,413	\$4,866,178	\$0	\$0	\$0	\$1,325,500	\$8,000	\$0	\$0	\$0	\$3,532,678	\$0



County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH

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Local Carry **Annualized** Provider Contract Units of Total Gross <u>LGU</u> **Voluntary** SSI Medicaid Other <u>Over</u> Non One Time <u>Total</u> FS/Program/CBR Index/Team Type Number Managers Slots Beds <u>Service</u> Expenses Share **Share** <u>Amount</u> <u>Amount</u> Revenue Revenue <u>Funded</u> <u>Adjustment</u> State Aid **Value** 14350 - St. Anne Institute 001A - Local Assistance 1510 - School- based Mental Health 00 NO_SUBCODE \$0 \$65,571 \$0 Albany 0.00 0.00 0 2,534 \$131,142 \$0 \$65,571 \$0 \$0 \$0 \$0 \$0 Totals For FS 001A \$0 \$0 \$0 \$65,571 \$0 0.00 0.00 0 2,534 \$131,142 \$0 \$65,571 \$0 \$0 \$0 044 - CMHS Block Grant C&F 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE \$0 \$65,245 \$0 Albany 0.00 0.00 0 1.708 \$65,245 \$0 \$0 \$0 \$0 \$0 \$0 \$0 **Totals For FS 044** \$0 \$0 \$65,245 \$0 \$0 \$0 \$0 0.00 0.00 0 1,708 \$65.245 \$0 \$0 \$0 046L - Community Support Programs-C&F 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE 0.00 0 \$22,621 \$0 0.00 613 \$22.621 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 046L 0.00 0.00 0 613 \$22,621 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$22,621 \$0 965 - Funding Reduction/COLA 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE 0.00 0.00 0 0 \$2,580 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,580 \$0 1510 - School- based Mental Health 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$1,042 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,042 \$0 **Totals For FS 965** 0.00 0.00 0 0 \$3,622 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$3,622 \$0 965S - Personnel Services Enhancements 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE 0.00 0.00 0 \$279 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$279 \$0 Albany 0 **Totals For FS 965S** 0.00 0.00 0 \$279 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$279 \$0 0 Totals For 14350 - St. Anne Institute \$0 0.00 0.00 4,855 \$222,909 \$0 \$65,571 \$0 \$0 \$0 \$0 \$0 \$157,338 0 \$0



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	Local											carry				
Provider	Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	Service	Expenses	Share	Share	<u>Amount</u>	Amount	Revenue	Revenue	Funded	<u>Adjustment</u>	State Aid	Value
14360 - St. Catherine's Center for Child	Iren															
001A - Local Assistance																
0200 - Day Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	0 \$0	\$0	50 \$0
Totals For FS 001A		0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$(0 \$0	\$0	0 \$0
Totals For 14360 - St. Catherine's Center for Children	:	0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$(0 \$0	\$0	50



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	Local											Carry				
<u>Provider</u>	Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	Share	Amount	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
40240 - The Workshop, Inc.																
001A - Local Assistance																
6140 - Transformed Business Mod	lel															
00 NO_SUBCODE	Albany	0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	. \$0	\$0	\$0	\$0	\$0	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$0
014 - Community Support Services																
6140 - Transformed Business Mod	lel															
00 NO_SUBCODE	Albany	0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
Totals For FS 014		0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
037P - PROS State Aid																
7340 - Comprehensive PROS with	out Clinica	I Treatmer	nt													
00 NO_SUBCODE	Albany	0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
Totals For FS 037P		0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
046L - Community Support Programs	-C&F															
1320 - Vocational and Educational (Non-Licensed Program)	Services -	Children	& Fami	ily												
00 NO_SUBCODE	Albany	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
Totals For FS 046L	•	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
200 - Com. Reinvestment																
5340 - Supported Education																
00 NO_SUBCODE	Albany	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0
Totals For FS 200	•	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



Print Date : 10/1/2020 10:59:08 © Printed By: | Ipalmeg | Page : Page 27 of 27

Aid to Localities Fire	ancial System -																
<u>Provider</u>	-	Local Contract		o! .		Units of	Total Gross	<u>LGU</u>	<u>Voluntary</u>	<u>ssi</u>	Medicaid	Other	Carry Over	<u>Non</u>	One Time	Total	Annualized
FS/Program/CBR Inde	x/Team Type	Number	<u>Managers</u>	Slots	<u>Beds</u>	Service	Expenses	<u>Share</u>	Share	Amount	Amount	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	Value
40240 - The Worksho	op, Inc.																
965 - Funding Redu	iction/COLA																
1320 - Vocationa (Non-Licensed P	l and Educational (Services -	Children	& Fam	ily												
	NO_SUBCODE	Albany	0.00	0.00	0	-0	\$1,032	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,032	\$0
5340 - Supported	l Education																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$693	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$693	\$0
6140 - Transform	ed Business Mode	l ·															
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$642	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$642	\$0
Totals For FS 965			0.00	0.00	0	0	\$2,367	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,367	\$0
965S - Personnel Se	ervices Enhanceme	ents															
6140 - Transform	ed Business Mode	ı															
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,429	\$0
Totals For FS 965S		-	0.00	0.00	0	0	\$3,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,429	\$0
Totals For 40240 - Th	e Workshop, Inc.	=	0.00	0.00	0	24,897	\$1,059,490	\$0	\$55,413	\$0	\$650,000	\$100	\$0	\$0	\$0	\$353,977	\$0
Report 7	Γotals	=	16.00	360.00	296	105,534	\$19,198,505	\$501,852	\$120,984	\$93,525	\$8,075,773	\$234,741	\$0	\$0	\$0\$	10,171,630	\$0



Daniel P. McCoy County Executive

Daniel C Lynch,, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Susan H. Daley Deputy Director

September 30, 2020

Honorable Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a contract in 2021 with Hope House for the provision of residential and treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Hope House through Albany County Department of Mental Health in the amount of \$3,070,660.00. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Feel free to contact me or Sarah Cantwell if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph D

Director

cc:

Hon. Dennis Feeney, Majority Leader Hon. Frank Mauriello, Minority Leader Majority Counsel Minority Counsel



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1932, Version: 1							
REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): Contract Authorization for Hope House							
Submitted By:	Mark Gleason						
Department:	Mental Health						
Title:	Operations Analyst						
Phone:	518-447-3014						
Department Rep.							
Attending Meeting:	Dr. Stephen Giordano, Ph.D.						
Purpose of Request:							
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Proce □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	edure Click or tap here to enter text.						
CONCERNING BUDGET AMEND Increase/decrease category (cho							
☐ Contractual	,						
☐ Equipment							
☐ Fringe							
☐ Personnel							
☐ Personnel Non-Individual							

File #: TMP-1932, Version: 1							
☐ Revenue							
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.						
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>						
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability	or tap to enter a date.						
☐ Other: (state if not listed)	Pass through of NYS OASAS funding						
Contract Terms/Conditions:							
Party (Name/address): Hope House 573 Livingston Ave. Albany	, NY 12206						
Additional Parties (Names/addresses): Click or tap here to enter text.							
Amount/Raise Schedule/Fee: Scope of Services: children's residential, intensive adult residentia	\$3,070,660 Provides chemical dependence outpatient services, women and I rehabilitation for youth and shelter plus care management.						
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.						
CONCERNING ALL REQUESTS							
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.						
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □						

File #: TMP-1932, Version: 1

County Budget Accounts:

Revenue Account and Line: A94230.03486 and A44230.04486

Revenue Amount: \$3,070,660

Appropriation Account and Line: A94230.44412 **Appropriation Amount:** \$3,070,660

Source of Funding - (Percentages)

Federal: 56% State: 44%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021-12/31/2021

Length of Contract: 12 months

Yes □ No ☒ Impact on Pending Litigation

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 501 Date of Adoption: 11/12/19

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Hope House for the provision of residential and treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Hope House through Albany County Department of Mental Health in the amount of \$3,070,660.00, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

New York State Office of Addiction Services and Supports State Aid Funding Authorization

07/03/2020 10:32 SBRRPALB100

26330 00651 00170 Family & Children's Service of the Capital Trinity Alliance of the Capital Region, Inc. 24440 Equinox, Inc. 14510 Pearl Street Counseling Center, Inc. Region: Hudson County: Albany (1) Hospitality House T.C., Agency Number/Name Init Program
Code Code/Index PRU Direct 12 ω Agency 26330 Total: Agency 24440 Total: Agency 14510 Total: Agency 00651 Total: Agency 00170 Total: 3600 00 53244 2780 00 52034 3520 00 52689 3600 00 53452 3520 00 3560 00 1694 692 2,320,714 2,320,714 241,035 599,066 732,910 644,006 241,035 599,066 644,006 732,910 Gross 0 1,419,076 1,419,076 Revenue 339,625 339,625 283,012 221,667 221,667 283,012 3,827 3,827 Fiscal Year: 2020 0 237,208 377,399 393,285 360,994 901,638 393,285 901,638 237,208 377,399 360,994 Net 0 **Approved Budgeted Amounts** 237,208 377,399 393,285 393,285 360,994 377,399 901,638 901,638 Funded Funding Net Code/Source 360,994 237,208 ₽ ≧ ₽ ₽ ≧ 013S 013S 013S 013S 013S One-time Approved State Aid 237,208 377,399 377,399 360,994 393,285 901,638 237,208 393,285 360,994 901,638 As of: 07/03/2020 Local Share 0 0 0 0 0 0 0 0 0 0 0 Funded Non-0 0 0 0 0 0 0 0 0 0 Restr. Code

Region, Inc.

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

2020

As of: 07/03/2020

Adgency Number/Name Code Code/Index Code/Index PRU Direct Gross Revenue Net Funded Net Code/Source Net Code/Source	Program: 606,511	פַר וּ	2.924.438	2,924,438	4,013,775	6,938,213	Agency 35300 Total:	A	
y PriName Code CodeIndex PRU Direct Gross Revenue Net Funded CodeSour Funded CodeSour ons Care Center Invy, Inc. 0810 00 52256 20,000 0 20,000 20,000 0 76,886 76,886 0 76,886 76,886 0 76,886 0 76,886 0 76,886 0 135 12 3600 00 53027 103,076 0 103,076 0 103,076 0 103,076 0 103,776 0 0135 12 3600 00 53222 1,221,721 710,000 611,721 611,721 0135 12 3600 00 53384 159,767 0 101,117 0 101,117 0 101,117 0 135 18 4778 00 53090 53384 159,767 0 50,000 0 135,767 0135 JB 4778 00 5200 90051 235,697 0 235,697 035 50,000 0135 Schoharie-Schdy ge BOCES 5520 00 90052 152,027 29,749 132,78 132,278 0135 Schoharie-Schdy Agency 35240 Total: 240,312 29,749 132,278 132,278 0135 Schoharie-Schdy Agency 35240 Total: 240,312 93,534 </td <td>0</td> <td></td> <td>606,511</td> <td>606,511</td> <td>620,627</td> <td>1,227,138</td> <td>3600 01 53471</td> <td></td> <td></td>	0		606,511	606,511	620,627	1,227,138	3600 01 53471		
y Name Init Code Program Code index Gross Revenue Net Net CodeSour Funded CodeSour viv 0810 07 52594 20,000 0 20,000 20,000 20,000 0 335 ons Care Center Invy, Inc. 08810 07 52595 76,886 0 76,886 76,886 0 76,886 76,886 0 033 12 3600 00 53312 1,321,721 710,000 611,721 611,721 013,76 013,76 12 3600 00 53384 159,767 1,225,565 459,927 459,927 0135 18 4080 00 53384 159,767 0 115,117 0 111,117 013,117 0135 JB 4778 00 90051 235,697 0 235,697 0135 Agency 35090 Total: 3,753,756 1,935,565 1,818,191 1,818,191 1,818,191 All Schoharie-Schdy 39 BOCES 5520 00 90052 162,027 29,749 132,278 0135 Schoharie-Schdy 39 BOCES 162,027 29,749 132,278 14,500 0135 Schoharie-Schdy 39 BOCES 68,136 68,136			485,368	485,368	1,281,846	1,767,214	8		
y menName Init Code Code/Index PRU Direct Gross Revenue Net Net Code/Source Funded Funding Net Code/Source ons Care Center Iny, Inc. 0810 07 52994 20,000 0 20,000 0 20,000 0 20,000 013S 12 3600 00 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 00 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 00 53384 159,767 122,565 459,927 459,927 013S 12 3600 00 53384 159,767 0 1101,117 0 101,117 013S 18 4778 00 5520 00 90051 5520 00 90051 235,687 0 1,937,67 013S 5520 00 90052 162,027 29,749 132,278 0,938,97 013F -schoharie-Schdy ga BOCES 5520 00 90868 78,285 63,785 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 <	Program:	P,							
y er/Name Init Code Program Code/Index PRU Direct PRU Direct Gross Revenue Net Funded Net Funded Code/Source ons Care Center Iny, Inc. VV 0810 00 52394 20,000 0 20,000 20,000 20,000 013S Iny, Inc. 12 3600 0 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 0 533459 1,885,492 1,225,565 459,927 459,927 013S 12 3600 0 53384 159,767 0 101,117 101,117 013S JB 4080 0 53384 159,767 0 159,767 159,767 013S JB 478 0 90051 235,697 0 235,697 235,697 013S Agency 35090 1041:1 3,753,756 1,935,585 1,818,191 1,818,191 All Agency 35090 1042:2 29,749 132,278 132,278	0	013F							
y en/Mame Init Code Program Code/Index PRU Direct PRU Direct Gross Revenue Net Net Funded Code/Source Funded Vex Code/Source Funded Code/Source Code/Source Code/Source 0 20,000 20,000 013S 100 0810 01 52256 76,886 0 76,886 770,387 70,000 611,721 611,721 613,721 7013S 7013S <t< td=""><td></td><td>013F</td><td>840,992</td><td>840,992</td><td>413,352</td><td>1,254,344</td><td>8</td><td></td><td></td></t<>		013F	840,992	840,992	413,352	1,254,344	8		
y er/Mame Code Code/Index PRU Direct Code Code/Index PRU Direct Gross Revenue Net Funded Code/Source Funding Net Code/Source ons Care Center Invy, Inc. 0810 01 52286 20,000 0 20,000 0 20,000 20,000 013S 12 3600 00 53212 1,03,076 0 103,076 0 103,076 103,076 013S 12 3600 03 53459 1,685,492 1,225,565 459,927 013S 1013,77 12 3600 03 533459 1,685,492 1,225,565 459,927 013S 12 3600 03 533459 1,685,492 1,225,565 459,927 013S 12 3600 03 53384 159,767 0 101,117 101,117 101,117 013S JB 4778 00 5520 00 9051 235,697 0 159,767 159,767 013S 5520 00 9052 162,027 29,749 132,278 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 1,818,191 14,500 013S -Schoharie-Schdy ga Bocks 5520 00 90652 <			526,170	526,170	264,003	790,173	급		
y miniter Code Program Code/Index Revenue Net Funded Net Code/Source Funded Code/Source ons Care Center Inly, Inc. 0810 01 52296 20,000 0 20,000 20,000 20,000 20,000 013S 12 3600 02 5337 103,076 0 103,076 013,772 <td< td=""><td></td><td></td><td>344,550</td><td>344,550</td><td>1,433,947</td><td>1,778,497</td><td>8</td><td></td><td></td></td<>			344,550	344,550	1,433,947	1,778,497	8		
y mint Init Program Code Gross Revenue Net Funded Net Funding Net Funding Net Funding Net Funding Net Funding Net Funding Net Code Source Funding Net Code Source PRU Direct Net Code Source 20,000 20,000 20,000 013S 10			68,136	68,136	0	68,136	8		Hope House, Inc.
Init			52,711	52,711	0	52,711	8		35300
Properation		A	146,778	146,778	93,534	240,312	gency 35240 Total:		Saratoga BUCES
Init Program Code Code/Index PRU Direct Code Gross Revenue Net Net Net Net Code/Source Net			14,500	14,500	63,785	78,285	5550 00 90868		Albany-Schoharie-Schdy
Init Code Program Code/Index Gross Revenue Net Funded Net Code/Source Funding Net Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 013S 2 Center 0850 00 53037 103,076 0 103,076 013S 12 3600 00 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 03 53459 1,685,492 1,225,565 459,927 459,927 013F CC 4075 00 53384 159,767 0 101,117 013S JB 4778 00 50,000 0 159,767 013S 5520 00 90051 235,697 0 235,697 013F Agency 35090 Total: 3,753,756 1,935,565 1,818,191 1,818,191 All		013F	132,278	132,278	29,749	162,027	8		35240
Init Code Program Code/Index Gross Revenue Net Funded Net Funding Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 013S 2 Center 0810 01 52256 76,886 0 76,886 76,886 013F 12 3600 00 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 03 53459 1,685,492 1,225,565 459,927 459,927 013F CC 4075 00 53384 159,767 0 101,117 013S JB 4080 00 53384 159,767 0 159,767 159,767 013S JB 4778 00 50,000 0 50,000 50,000 013S 5520 00 90051 235,697 0 235,697 235,697 013F		All	1,818,191	1,818,191	1,935,565	3,753,756	gency 35090 Total:	Ą	
Init Code Program Code/Index Gross Revenue Net Funded Net Code/Source Funding Net Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 013S 2 Center 0810 01 52256 76,886 0 76,886 76,886 013F 12 3600 053037 103,076 0 103,076 013S 12 3600 0 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 0 53459 1,685,492 1,225,565 459,927 459,927 013F CC 4075 0 53090 101,117 0 101,117 013S JB 4080 0 53384 159,767 0 159,767 159,767 013S JB 4778 0 50,000 50,000 50,000 613S			235,697	235,697	0	235,697	8		
Init Code Program Code Code Index PRU Direct Gross Revenue Net Funded Net Code/Source Funding Net Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 013S Center 0810 01 52256 76,886 0 76,886 013F 12 3600 00 53037 103,076 0 103,076 013S 12 3600 00 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 03 53459 1,685,492 1,225,565 459,927 459,927 013F CC 4075 00 53090 101,117 0 101,117 101,117 013S JB 4080 00 53384 159,767 0 159,767 159,767 013S	0		50,000	50,000	0	50,000	8		
Init Code Program Code/Index Gross Revenue Net Net Code/Source Funded Net Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 013S 2 Center 0810 01 52256 76,886 0 76,886 76,886 013F 12 3600 00 53212 1,321,721 710,000 611,721 611,721 013S 12 3600 03 53459 1,685,492 1,225,565 459,927 459,927 013F CC 4075 00 53090 101,117 0 101,117 101,117 013S			159,767	159,767	0	159,767	8		
Init Program Code Code/Index PRU Direct Gross Revenue Net Funded Net Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 20,000 013S 2 Center 0850 00 53037 103,076 0 103,076 103,076 013S 12 3600 03 53459 1,685,492 1,225,565 459,927 459,927 013F			101,117	101,117	0	101,117	8		
Init Program Gross Revenue Net Funded Net Funding Net VV 0810 00 52994 20,000 0 20,000 20,000 013S 9 Center 0850 00 53037 103,076 0 103,076 103,076 013S 12 3600 00 53212 1,321,721 710,000 611,721 611,721 013S			459,927	459,927	1,225,565	1,685,492	ဒ		
Init Program Code Code/Index PRU Direct Gross Revenue Net Funded Net Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 013S 9 Center 0810 01 52256 76,886 0 76,886 76,886 013F 0850 00 53037 103,076 0 103,076 103,076 013S		0138	611,721	611,721	710,000	1,321,721	8		
Init Program Funded Funding Code Code/Index PRU Direct Gross Revenue Net Net Code/Source			103,076	103,076	0	103,076	8		of Albany, Inc.
Init Program Funded Funding Code Code/Index PRU Direct Gross Revenue Net Net Code/Source VV 0810 00 52994 20,000 0 20,000 20,000 20,000 013S			76,886	76,886	0	76,886	2		Addictions Care Center
Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Source			20,000	20,000	0	20,000	8		35090
	One- time	Funding Code/Source	Funded Net	Net	Revenue	Gross		!	Agency NumberName

County: Albany (1) Fiscal Year: 2020 As of: 07/03/2020

Region: Hudson

	,			App	Approved Budgeted Amounts	ted Amounts					
Agency Number/Name C	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	ided Funding Net Code/Source	One- time	Approved State Aid	Local Share	Non- Funded C	Restr. Code
42720	5520 01 90059	46,648	4,202	42,446	42,446	013F		42,446	0	0	
Albany Diocesan School Board	Agency 42720 Total:	46,648	4,202	42,446	42,446	All		42,446	0	0	
45240	3520 00 52134	543,778	324,825	218,953	218,953	0138		218,953	0	0	
Senior Hope Counseling, Inc.	Agency 45240 Total:	543,778	324,825	218,953	218,953	All		218,953	0	0	
49470	0950 00 53045	151,942	0	151,942	151,942	0138		151,942	0	0	
Catholic Charities Care Coordination Services	Agency 49470 Total:	151,942	0	151,942	151,942	All		151,942	0	0	
70520	0890 00 70011	249,147	27,235	221,912	221,912	013S		121,568	100,344	0	
Albany County Department of Mental Health	Agency 70520 Total:	249,147	27,235	221,912	221,912	All		121,568	100,344	0	
83060		71,901	22,613	49,288	49,288	0138		49,288	0	0	
St. Peter's Hospital of the	3570 00 50234	584,801	311,772	273,029	273,029	013F		273,029	0	0	
City of Albany	Agency 83060 Total:	656,702	334,385	322,317	322,317	All		322,317	0	ο.	

SBRRPALB100 07/03/2020 10:32

As of: 07/03/2020

Region: Hudson County: Albany (1) Fiscal Year: 2020

Agency Number/Name Approved LGU Funding: County Albany (1) Summary - All Agencies: Less Direct Contracts/DASNY: Init Program
Code Code/Index PRU Direct 17,118,229 17,118,229 Gross 0 9,000,728 9,000,728 Revenue 8,117,501 8,117,501 Net **Approved Budgeted Amounts** 8,117,501 8,117,501 Funded Funding Net Code/Source ₽ ₽ ≧ One-time Approved State Aid 8,017,157 8,017,157 100,344 100,344 Local Share Non-Funded Restr. Code

Signature

Date



Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Susan H. Daley Deputy Director

September 30, 2020

Honorable Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a contract in 2021 with Hospitality House for the provision of intensive residential services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Hospitality House through Albany County Department of Mental Health in the amount of \$946,720. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Feel free to contact Sarah Cantwell or me if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.

Director

cc:

Hon. Dennis Feeney, Majority Leader Hon. Frank Mauriello, Minority Leader Majority Counsel Minority Counsel



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1933, Version: 1		
REQUEST FOR LEGISLATIVE AG	CTION	
Description (e.g., Contract Authorization for Hospitali	orization for Information Services): ty House	
Date:	September 30, 2020	
Submitted By:	Mark Gleason	
Department:	Mental Health	
Title:	Operations Analyst	
Phone:	518-447-3014	
Department Rep.		
Attending Meeting:	Dr. Stephen Giordano, Ph.d	
Purpose of Request:		
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Proce □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	edure Click or tap here to enter text.	
CONCERNING BUDGET AMEND		
Increase/decrease category (cho ☐ Contractual	ose all that apply):	
☐ Equipment		
☐ Fringe		
□ Personnel		
☐ Personnel Non-Individual		

File #: TMP-1933, Version: 1	
☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☑ Other: (state if not listed)	or tap to enter a date. Pass through of NYS OASAS State Funding
Contract Terms/Conditions:	1 das through of NTS OASAS State Fulluling
Party (Name/address): Hospitality House 271 Central Ave. Alba	any, NY 12206
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: chemical dependencies.	\$946,720 Provides intensive rehabilitation services for men suffering from
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

File #: TMP-1933, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486 Revenue Amount: \$946,720

Appropriation Account and Line: A94230.44416

Appropriation Amount: \$946,720

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021-12/31/2021

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation Yes □ No ☒

If ves. explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 502

Date of Adoption: 11/12/19

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Hospitality House for the provision of intensive residential services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Hospitality House through Albany County Department of Mental Health in the amount of \$946,720, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Region: Hudson County: Albany (1) Fiscal Year: 2020 As of: 07/03/2020

		7										
				v	Appi	Approved Budge	Budgeted Amounts					
Agency NumberName	Init Prog Code Code/	Program Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	nded Funding Net Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
00170	3560	00 692	0	0	0	0				0		
Hospitality House T.C.,	12 3600 00	00 53452	2,320,714	1,419,076	901,638	901,638	0138		901,638	0	0	
Inc.	Agency	Agency 00170 Total:	2,320,714	1,419,076	901,638	901,638	All		901,638	0	0	
00651	3520	00 1694	644,006	283,012	360,994	360,994	0138		360,994	0	0	
Pearl Street Counseling Center, Inc.		Agency 00651 Total:	644,006	283,012	360,994	360,994	All		360,994	0	0	
14510	3520	00 52689	732,910	339,625	393,285	393,285	0138		393,285	0	0	
Equinox, Inc.	Agency	Agency 14510 Total:	732,910	339,625	393,285	393,285	All		393,285	0	0	
24440	3 3600	00 53244	599,066	221,667	377,399	377,399	013S		377,399	0	0	
Trinity Alliance of the Capital Region, Inc.	Agency	Agency 24440 Total:	599,066	221,667	377,399	377,399	All		377,399	0	0	
26330	2780	00 52034	241,035	3,827	237,208	237,208	0138		237,208	0	0	
Family & Children's Service of the Capital Region, Inc.	Agency	Agency 26330 Total:	241,035	3,827	237,208	237,208	All		237,208	0	0	

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

As of: 07/03/2020

	0	0	2,924,438		All	2,924,438	2,924,438	4,013,775	6,938,213	Agency 35300 Total:	Ager	
	0	0	606,511	Program:	_							
	0		-122,954	0	0138							
	0	0	729,465		0138	606,511	606,511	620,627	1,227,138	0 01 53471	23 3600	
	0	0	485,368		013F	485,368	485,368	1,281,846	1,767,214	0 00 53446	23 3600	
	0	0	840,992	Program:	-							
	0		122,954	0	013F							
	0	0	718,038		013F	840,992	840,992	413,352	1,254,344	0 00 51834	P 3570	
	0	0	526,170		013F	526,170	526,170	264,003	790,173	0 01 53380	3560	
	0	0	344,550		013F	344,550	344,550	1,433,947	1,778,497	8	Y 3551	
	0	0	68,136		0138	68,136	68,136	0	68,136	0 00 53381	3470	Hope House, Inc.
	0	0	52,711		0138	52,711	52,711	0	52,711	8 00 52258	3078	35300
						,						
	0	0	146,778		AII	146,778	146,778	93,534	240,312	Agency 35240 Total:	Ager	Saratoga BOCES
	0	0	14,500		0138	14,500	14,500	63,785	78,285	0 00 90868	5550	Albany-Schoharie-Schdy
	0	0	132,278		013F	132,278	132,278	29,749	162,027	0 00 90052	5520	35240
			21									
	0	0	1,818,191		All	1,818,191	1,818,191	1,935,565	3,753,756	Agency 35090 Total:	Ager	
	0	0	235,697		013F	235,697	235,697	0	235,697	20 00 90051	5520	
	0	0	50,000	0	0138	50,000	50,000	0	50,000	78 00	JB 4778	
	0	0	159,767		0138	159,767	159,767	0	159,767	30 00 53384	JB 4080	
	0	0	101,117		013S	101,117	101,117	0	101,117	75 00 53090	CC 4075	
	0	0	459,927		013F	459,927	459,927	1,225,565	1,685,492	0 03 53459	12 3600	
	0	0	611,721		0138	611,721	611,721	710,000	1,321,721	00 53212	12 3600	
	0	0	103,076		0138	103,076	103,076	0	103,076	50 00 53037	0850	of Albany, Inc.
	0	0	76,886		013F	76,886	76,886	0	76,886	0 01 52256	0810	Addictions Care Center
	0	0	20,000		013S	20,000	20,000	0	20,000	0 00 52994	VV 0810	35090
Restr. Code	Non- Funded	Local Share	Approved State Aid	One- time	ded Funding Net Code/Source	Funded Net	Net	Revenue	Gross	Program Code/Index PRU Direct	Init Pro Code Cod	Agency Number/Name
				ts	Budgeted Amounts	Approved Budge	>					

SBRRPALB100 07/03/2020 10:32

County: Albany (1) Fiscal Year: 2020 As of: 07/03/2020

Region: Hudson

				App	Approved Budgeted Amounts	ted Amounts					
Agency NumberName	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	ded Funding Net Code/Source	One- time	Approved State Aid	Local Share	Non- R	Restr. Code
42720	5520 01 90059	46,648	4,202	42,446	42,446	013F		42,446	0	0	
Albany Diocesan School Board	Agency 42720 Total:	46,648	4,202	42,446	42,446	All		42,446	0	0	
45240	3520 00 52134	543,778	324,825	218,953	218,953	0138		218,953	0	0	
Senior Hope Counseling, Inc.	Agency 45240 Total:	543,778	324,825	218,953	218,953	All	3	218,953	0	0	
49470	0950 00 53045	151,942	0	151,942	151,942	0138		151,942	0	0	
Catholic Charities Care Coordination Services	Agency 49470 Total:	151,942	0	151,942	151,942	All		151,942	0	0	
70520	0890 00 70011	249,147	27,235	221,912	221,912	0138		121,568	100,344	0	
Albany County Department of Mental Health	Agency 70520 Total:	249,147	27,235	221,912	221,912	All		121,568	100,344	0	
83060	3078 01 52261	71,901	22,613	49,288	49,288	0138		49,288	0	0	
St. Peter's Hospital of the	3570 00 50234	584,801	311,772	273,029	273,029	013F		273,029	0	0	
City of Albany	Agency 83060 Total:	656,702	334,385	322,317	322,317	All		322,317	0	0	

SBRRPALB100 07/03/2020 10:32

Region: Hudson County: Albany (1) Fiscal Year: 2020 As of: 07/03/2020

NumberName Code CodeIndex PRU Direct County Albany (1) Summary - All Agencies:	Gross 17,118,229	9,000,728	Net 8,117,501	8,117,501 All	Net Code/Source time ,117,501 All	time	State Aid 8,017,157	Share 100,344	Funded Code 0	Code
Agency Init Program			Ą	Approved Budgete Funded	Budgeted Amounts	One-	Approved	Local	N o n	Restr
ıy (1) Sum	1	9,000,728	8,117,501	8,117,501	All	and a	8,017,157	100,344	0	Cone
Less Direct Contracts/DASNY:	0	0	0	0	All		0	0	0	
Approved LGU Funding:	17,118,229	9,000,728	8,117,501	8,117,501	All		8,017,157	100,344	0	



Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Susan H. Daley Deputy Director

September 30, 2020

Honorable Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a contract in 2021 with Mental Health Empowerment Project (MHEP) for the provision of MICA Homeless peer advocacy and support to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to MHEP through Albany County Department of Mental Health in the amount of \$117,375. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Feel free to contact Sarah Cantwell or me if you have any questions concerning this request.

Sincerely,

tephen Giordano, Ph.D.

Director

cc:

Hon. Dennis Feeney, Majority Leader Hon. Frank Mauriello, Minority Leader Majority Counsel Minority Counsel



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1934, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authoriza Contract Authorization for Mental Health	•
Date:	September 30, 2020
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Ph.D.
Purpose of Request:	
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Procedure □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) CONCERNING BUDGET AMENDMEN	Click or tap here to enter text.
Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):

File #: TMP-1934, Version: 1	
□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHOR	<u>IZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☑ Other: (state if not listed)	
Contract Terms/Conditions:	
Party (Name/address): Mental Health Empowerment Project 3	3 Atrium Dr. Suite 205 Albany, NY 12205
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: care management peer services to individuals	\$117,375 Provides MICA (mentally ill chemical abuser) homeless and health home suffering from mental illness.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

File #: TMP-1934, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 Revenue Amount: \$117,375

Appropriation Account and Line: A94322.44495 **Appropriation Amount:** \$117,375

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021-12/31/2021

Length of Contract: 12 months

Yes □ No ☒ Impact on Pending Litigation

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 495 Date of Adoption: 11/12/19

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Mental Health Empowerment Project (MHEP) for the provision of MICA(mentally ill chemical abuser) Homeless peer advocacy and support to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to MHEP through Albany County Department of Mental Health in the amount of \$117,375, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.



Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
43660 - Albany County Department for	Children,	Υ														
001A - Local Assistance																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$199,304	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$0	\$0	\$19,652	\$0
Totals For FS 001A		0.00	0.00	0	0	\$199,304	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$0	\$0	\$19,652	\$0
044 - CMHS Block Grant C&F																
1400 - Single Point of Access (SPO	A)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$33,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,052	\$0
Totals For FS 044	-	0.00	0.00	0	0	\$33,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,052	\$0
046A - Clinical Infrastructure-C&F																
1400 - Single Point of Access (SPO	A)															
00 NO_SUBCODE	Albany	0.00	0.00	0 -	. 0	\$92,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,096	\$0
Totals For FS 046A	-	0.00	0.00	0	0	\$92,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,096	\$0
046L - Community Support Programs-	-C&F															
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$8,845	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,845	\$0
Totals For FS 046L	-	0.00	0.00	0	0	\$8,845	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,845	\$0
200 - Com. Reinvestment																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$35,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,401	\$0
Totals For FS 200	-	0.00	0.00	0	0	\$35,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,401	\$0

NEW YORK STATE Mental Health

Aid to Localities Financial System

County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

Print Date : 10/1/2020 10:59:08. Printed By: Ipalmeg

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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
43660 - Albany County Department fo	r Children	, Υ														
570K - Kids Health Home Care Mana	gement							1								
2620 - Health Home Non-Medicaid	Care Man	agement														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$99,055	\$0	\$0	\$0	\$0	\$0) \$0) \$	0 \$0	\$99,055	\$0
2740 - Health Home Care Managen	nent Servi	ce Dollars														
00 NO_SUBCODE	Albany	0.00	0.00	O	0	\$47,153	\$0	\$0	\$0	\$0	\$0) \$0) \$	0 \$0	\$47,153	\$0
2850 - Health Home Care Managen	nent Servi	ce Dollar A	dmini	stratio	n										1.0	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,239	\$0	\$0	\$0	\$0	\$0) \$0) \$	0 \$0	\$5,239	\$0
Totals For FS 570K		0.00	0.00	0	0	\$151,447	\$0	\$0	\$0	\$0	\$0) \$0) \$	0 \$0	\$151,447	\$0
Totals For 43660 - Albany County Department for Children, Y		0.00	0.00	0	0	\$520,145	\$19,652	\$0	\$0	\$160,000	\$0) \$0). \$	0 \$0	\$340,493	\$0



Print Date : 10/1/2020 10:59:08, 2 Printed By: | Ipalmeg Page: Page 3 of 27

Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> <u>State Aid</u>	Annualized Value
70520 - Albany County Department of	f Mental He	alt														
001A - Local Assistance																
0890 - Local Governmental Unit (LGU) Adm	inistration														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,088	\$13,044	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,044	\$0
1400 - Single Point of Access (SF	POA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$48,268	\$24,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,134	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,459	\$86,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,229	\$0
2720 - Non-Medicaid Care Coordi	nation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0
Totals For FS 001A		0.00	0.00	0	0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$152,200	\$0
014 - Community Support Services																
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$103,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,510	\$0
0870 - Monitoring and Evaluation	, CSS															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$59,366	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$59,366	\$0
1760 - Advocacy/Support Service	s															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,657	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,657	\$0
2100 - Clinic Treatment						•										
00 NO_SUBCODE	Albany	0.00	0.00	0	0 -	\$97,108	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,108	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$576,878	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$246,878	\$0
Totals For FS 014		0.00	0.00	0	0	\$844,519	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$514,519	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Manager	s Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
70520 - Albany County Department of	f Mental He	alt														
034J - Adult Case Management & A	CT															
0800 - ACT																
00 48 Slot	Albany	6.00	0.00	0	600	\$737,466	\$0	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$46,854	\$0
1230 - Flexible Recipient Service	Dollars															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,533	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,533	\$0
2720 - Non-Medicaid Care Coordi	nation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$101,296	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,296	\$0
8810 - Assertive Community Treat	tment-Serv	ice Dollai	rs													
00 48 Slot	Albany	0.00	0.00	0	0	\$22,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,156	\$0
Totals For FS 034J		6.00	0.00	0	600	\$866,451	\$0	\$0	- \$0	\$690,612	\$0	\$0	\$0	\$0	\$175,839	\$0
039J - Forensics																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
Totals For FS 039J		0.00	0.00	0	0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
039P - Clinical Infrastructure-Adult																
1400 - Single Point of Access (SP	OA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$85,555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,555	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$73,381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,381	\$0
Totals For FS 039P	•	0.00	0.00	0	0	\$158,936	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$158,936	\$0
041 - CMHS Block Grant Adult																
1400 - Single Point of Access (SPC	OA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$9,240	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,240	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$98,948	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$98,948	\$0
Totals For FS 041	-	0.00	0.00	0	0	\$108,188	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,188	\$0



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Carry Local Units of Total Gross <u>LGU</u> **Voluntary** Medicaid Other <u>Over</u> Non One Time Total **Annualized** <u>Provider</u> Contract FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share <u>Share</u> <u>Amount</u> **Amount** Revenue Revenue **Funded** Adjustment State Aid Value 70520 - Albany County Department of Mental Healt 170B - Trans, Mgmt, Kendra's 1970 - Transition Management Services \$0 \$0 \$81,268 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$81,268 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 170B \$0 \$0 \$0 \$81,268 \$0 0.00 0.00 0 0 \$81,268 \$0 \$0 \$0 \$0 \$0 170C - MGP Admin Kendra's 0860 - Local Governmental Unit (LGU) Admin. - OMH Reinvestment Only \$0 \$0 \$11,740 \$0 00 NO_SUBCODE 0 \$11,740 \$0 \$0 \$0 \$0 \$0 Albany 0.00 \$0 0.00 0 **Totals For FS 170C** 0.00 0.00 \$11,740 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,740 \$0 \$0 0 200 - Com. Reinvestment 0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE \$162,574 \$0 0.00 0.00 0 0 \$162,574 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Albany 1760 - Advocacy/Support Services \$0 \$0 \$0 \$46,251 \$0 01 NO_SUBCODE 0.00 0.00 0 \$46,251 \$0 \$0 \$0 \$0 \$0 Albany 2100 - Clinic Treatment 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$92,975 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$92,975 \$0 2680 - Crisis Intervention \$114,752 00 NO_SUBCODE 0.00 0.00 0 0 \$114,752 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Albany Totals For FS 200 0.00 \$416,552 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$416,552 \$0 0.00 300 - Homeless/MICA 2100 - Clinic Treatment 00 NO_SUBCODE 0.00 0.00 0 \$172,184 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$172,184 \$0 Albany 0 Totals For FS 300 0.00 0.00 0 0 \$172,184 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$172,184 \$0 400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE Albany \$0 \$0 \$0 \$0 \$62,992 \$0 0.00 0.00 0 0 \$62,992 \$0 \$0 \$0 \$0 Totals For FS 400 \$0 \$0 \$0 \$62,992 \$0 0.00 0.00 0 \$62,992 \$0 \$0 \$0 \$0 \$0 0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds		Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	<u>Carry</u> <u>Over</u> Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
70520 - Albany County Department of			51015	Dead	<u> </u>	EXPENSES	<u>snare</u>	<u> </u>	<u> </u>	111100111						
570 - Health Home	montal mo	uit														
2620 - Health Home Non-Medicaid	Care Mana	anement														
00 NO SUBCODE	Albany	0.00	0.00	0	689	\$53,119	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,119	\$0
2740 - Health Home Care Manager				-	-	400,770	**	***	**	**	-					
00 NO SUBCODE	Albany	0.00	0.00	0	0	\$83.040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$83,040	\$0
2850 - Health Home Care Manager	•			stratio	n	400,010	**		**							
00 NO SUBCODE	Albany	0.00	0.00	0	0	\$9,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,228	\$0
Totals For FS 570		0.00	0.00	0	689	\$145,387	\$0		\$0	\$0	\$0	\$0	\$() \$0	\$145,387	\$0
		0.00	0.00	٠	003	φ143,307	φυ	40	40	ΨΟ	40		Ψ.	•	4.10,00 7	**
965 - Funding Reduction/COLA																
0690 - Outreach												••	•	3 \$0	64 407	* 0
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,107	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$1,107	\$0
0860 - Local Governmental Unit (L	•				-							••		•	005	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$85	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85	\$0
1400 - Single Point of Access (SPC	•															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,317	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,317	\$0
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	Ó	0	\$1,697	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$1,697	\$0
1970 - Transition Management Ser	vices															,
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$552	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$552	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,785	\$0
Totals For FS 965	_	0.00	0.00	0	0	\$10,543	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,543	\$0
Totals For 70520 - Albany County Department of Mental Healt	=	6.00	0.00	0	1,289	\$4,190,740	\$482,200	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$3,017,928	\$0



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	Local											Carry				
<u>Provider</u>	Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	Amount	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	<u>Value</u>
25460 - Catholic Charities Housing Off	ice															
034J - Adult Case Management & AC	T															
2720 - Non-Medicaid Care Coordin	ation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$39,624	\$0
Totals For FS 034J		0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$39,624	\$0
Totals For 25460 - Catholic Charities Housing Office		0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$39,624	\$0



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Local Carry Contract Units of Total Gross <u>LGU</u> Voluntary SSI Medicaid Other Over Non One Time Total **Annualized** FS/Program/CBR Index/Team Type Number Managers Slots Beds Expenses Share <u>Share</u> Amount Amount Revenue Revenue Funded Adjustment State Aid <u>Value</u> <u>Service</u> 11620 - Community Living Assn Program 014 - Community Support Services 1760 - Advocacy/Support Services 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$35,315 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$35.315 \$0 01 NO_SUBCODE Albany 0.00 0.00 0 0 \$58,859 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$58,859 \$0 1770 - Drop In Centers 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$176,868 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$176,868 \$0 Totals For FS 014 0.00 0.00 0 \$271,042 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$271,042 \$0 078 - Supported Housing 7080 - Apartment/Support 00 NO_SUBCODE Albany 0.00 0.00 9 3,285 \$205,729 \$0 \$0 \$93,525 \$0 \$112,204 \$0 \$0 \$0 \$0 \$0 Totals For FS 078 0.00 0.00 9 3,285 \$205,729 \$0 \$0 \$93,525 \$0 \$112,204 \$0 \$0 \$0 \$0 \$0 200 - Com. Reinvestment 1760 - Advocacy/Support Services 04 NO_SUBCODE Albany 0.00 0.00 0 0 \$28,960 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$28,960 \$0 01 NO_SUBCODE Albany 0.00 0.00 0 0 \$4,148 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$4,148 \$0 1770 - Drop In Centers 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$13,189 \$0 \$0 \$0 \$0 \$0 \$0 \$13,189 \$0 \$0 \$0 Totals For FS 200 \$46,297 0.00 0.00 0 0 \$46,297 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 400 - Commissioner's Perf. 1760 - Advocacy/Support Services 04 NO_SUBCODE Albany 0.00 0.00 0 0 \$24,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$24,000 \$0 02 NO_SUBCODE Albany 0.00 0.00 0 0 \$30,523 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$30,523 \$0 NO_SUBCODE 03 Albany 0.00 0.00 0 0 \$14,860 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$14,860 \$0 Totals For FS 400 0.00 0.00 0 \$69,383 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$69,383 \$0



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Ala to Localities Financial System																
<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	<u>Carry</u> <u>Over</u> <u>Revenue</u>	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
11620 - Community Living Assn Progra	am														•	
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services																
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,492	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,492	\$0
1770 - Drop in Centers 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,757	\$0	\$0	\$0	\$0	\$0	\$0	\$() \$0	\$3,757	\$0
Totals For FS 965	,	0.00	0.00	0	0	\$7,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,249	\$0
965S - Personnel Services Enhancem	ents															
1760 - Advocacy/Support Services								5.0								
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,464	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,464	\$0
1770 - Drop In Centers																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,833	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,833	\$0
Totals For FS 965S	is.	0.00	0.00	0	0	\$15,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,297	\$0
Totals For 11620 - Community Living Assn Program		0.00	0.00	9	3,285	\$614,997	\$0	\$0	\$93,525	\$0	\$112,204	\$0	. \$0	\$0	\$409,268	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> <u>State Aid</u>	Annualized Value
42100 - Community Maternity Services																
034K - C&F Case Management																
2720 - Non-Medicaid Care Coordina	ation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$17,093	\$0
Totals For FS 034K		0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$17,093	\$0
200 - Com. Reinvestment																
0650 - Respite Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$100,350	\$0
Totals For FS 200		0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$1	0 \$0	\$100,350	\$0
965 - Funding Reduction/COLA						4										
0650 - Respite Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$669	\$0
Totals For FS 965	-	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$(0 \$0	\$669	\$0
Totals For 42100 - Community Maternity Services	=	0.00	0.00	0	0	\$118,112	\$0	\$0	\$0	\$0	\$0	\$0	\$(0 \$0	\$118,112	\$0



<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
35350 - Counseling Care and Services	, Inc															
200 - Com. Reinvestment																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$6,363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$6,363	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$15,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$15,156	\$0
Totals For FS 200	0.	0.00	0.00	0	0	\$21,519	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$21,519	\$0
965 - Funding Reduction/COLA																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$261	\$0
Totals For FS 965		0.00	0.00	. 0	0	\$363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$363	\$0
Totals For 35350 - Counseling Care and Services, Inc		0.00	0.00	0	0	\$21,882	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,882	\$0



Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>		Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14510 - Equinox, Inc.																
014 - Community Support Services																
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
Totals For FS 014		0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$10,130	\$0
037P - PROS State Aid																
6340 - Comprehensive PROS with	Clinical Tr	eatment														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
Totals For FS 037P		0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
078 - Supported Housing 6060 - Supported Housing																
01 NO_SUBCODE	Albany	0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,607	\$0
Totals For FS 078	-	0.00	0.00	12	0	\$123,607	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,607	\$0
200 - Com. Reinvestment																
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,283	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$43,262	\$0
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,671	\$0
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,688	\$0
2620 - Health Home Non-Medicaid (Care Mana	gement														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,266	\$0
2740 - Health Home Care Managem	ent Servic															
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$123	. \$0
6070 - Congregate/Treatment															20070071 5777000	
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,451	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,451	\$0
Totals For FS 200	_	0.00	0.00	0	0	\$207,482	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$188,461	\$0



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Local Carry <u>Provider</u> Contract Units of Total Gross <u>LGU</u> Voluntary SSI Medicaid Other Over Non One Time **Total Annualized** FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share <u>Share</u> Amount Funded Adjustment State Aid <u>Value</u> <u>Amount</u> Revenue Revenue 14510 - Equinox, Inc. 400 - Commissioner's Perf. 1760 - Advocacy/Support Services 01 NO_SUBCODE Albany 0.00 0.00 0 0 \$41.017 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$41,017 \$0 6070 - Congregate/Treatment 04 NO_SUBCODE 0.00 0.00 0 0 \$11,337 \$0 \$0 \$0 \$0 \$11,337 \$0 Albany \$0 \$0 \$0 \$0 **Totals For FS 400** 0.00 0.00 \$52,354 0 \$0 \$0 \$0 \$0 \$0 \$0 \$52,354 \$0 0 \$0 \$0 570 - Health Home 2620 - Health Home Non-Medicaid Care Management 01 NO_SUBCODE \$719,475 \$478,880 \$240,595 Albany 10.00 200.00 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00 0.00 \$40,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$40,000 \$0 2850 - Health Home Care Management Service Dollar Administration NO_SUBCODE Albany 0.00 0.00 0 \$33,350 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$33,350 \$0 Totals For FS 570 10.00 200.00 0 \$792,825 \$313,945 \$0 0 \$0 \$0 \$0 \$478,880 \$0 \$0 \$0 \$0 965 - Funding Reduction/COLA 0380 - Transitional Employment 01 NO_SUBCODE 0.00 0.00 0 0 \$1,591 Albany \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,591 \$0 1760 - Advocacy/Support Services Albany 02 NO_SUBCODE 0.00 0.00 0 0 \$1,976 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,976 \$0 NO_SUBCODE 01 Albany 0.00 0.00 0 0 \$555 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$555 \$0 **Totals For FS 965** 0.00 0.00 0 0 \$4,122 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$4,122 \$0 965S - Personnel Services Enhancements 1760 - Advocacy/Support Services 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$534 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$534 \$0 Totals For FS 965S 0.00 0.00 0 0 \$534 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$534 \$0 Totals For 14510 - Equinox, Inc. 10.00 200.00 12 0 \$1,259,150 \$478,880 \$19,021 \$0 \$0 \$0 \$761,249 \$0



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Local Carry Medicaid Other Non One Time Total **Annualized** <u>Provider</u> Contract Units of Total Gross <u>LGU</u> **Voluntary** <u>SSI</u> Over FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share Share Amount Amount Revenue Revenue <u>Funded</u> <u>Adjustment</u> State Aid Value 17630 - Homeless and Travelers Aid Society 034J - Adult Case Management & ACT 2720 - Non-Medicaid Care Coordination Managers \$47,972 \$0 02 NO_SUBCODE Albany 0.00 0.00 0 1,530 \$47,972 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Albany .01 NO_SUBCODE 0.00 0.00 0 4,970 \$124,253 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$124,253 \$0 Totals For FS 034J 0.00 0.00 0 6,500 \$172,225 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$172,225 \$0 039Q - Innovative Psychiatric Rehabilitation 1380 - Assisted Competitive Employment 01 NO_SUBCODE 0.00 0.00 0 0 \$49,162 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$49,162 \$0 Totals For FS 039Q 0.00 0.00 \$49,162 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$49,162 \$0 078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE 0.00 0.00 26 107 \$145,106 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$145,106 \$0 Albany Totals For FS 078 0.00 0.00 26 107 \$145,106 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$145,106 \$0 \$0 200 - Com. Reinvestment 0670 - Transportation 01 NO_SUBCODE 846 \$1,805 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,805 \$0 Albany 0.00 0.00 0 \$0 0690 - Outreach 01 NO_SUBCODE 0.00 0.00 0 930 \$25,404 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25,404 \$0 Albany 1760 - Advocacy/Support Services 01 NO_SUBCODE 0.00 0.00 0 576 \$11,976 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11.976 \$0 Totals For FS 200 0.00 0.00 0 2,352 \$39,185 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$39,185 \$0 300 - Homeless/MICA 6060 - Supported Housing 02 NO_SUBCODE 0.00 0.00 0 768 \$34,245 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$34,245 \$0 Albany Totals For FS 300 0.00 0.00 0 768 \$34,245 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$34,245 \$0

NEW YORK STATE Mental Health

Aid to Localities Financial System

County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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<u> </u>						9											
Provider FS/Program/CBR Index	x/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
17630 - Homeless an	d Travelers Aid S	Society															
965 - Funding Redu	ction/COLA																
0690 - Outreach																	
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$249	\$0
1380 - Assisted C	Competitive Empl	oyment															
01	NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965			0.00	0.00	0	0	\$804	\$0	\$0	\$0	\$0	\$0	\$0	.\$0	\$0	\$804	\$0
Totals For 17630 - Ho			0.00	0.00	26	9,727	\$440,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$440,727	\$0



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	Local											Carry				
Provider	Contract		Class	Dada	Units of	Total Gross	<u>LGU</u>	Voluntary	SSI Amount	Medicaid	Other Revenue	Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	runueu	Aujustinent	State Alu	value
27100 - Mental Health Empowerment P	roject, Inc	: .														
200 - Com. Reinvestment																
1760 - Advocacy/Support Services				_						40	•	40			¢20,000	60
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,082	\$0		\$0	\$0	\$0		\$0		, ,	\$0
Totals For FS 200		0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,082	\$0
300 - Homeless/MICA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
Totals For FS 300		0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
Totals For FS 400		0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
Totals For FS 965		0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
965S - Personnel Services Enhancem	ents															
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For FS 965S		0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For 27100 - Mental Health Empowerment Project, Inc.	=	0.00	0.00	0	0	\$111,443	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$111,443	\$0



<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share		Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Child & Family Cente	r																
001A - Local Assistance		3															
0200 - Day Treatment																	
00 NO_SUBCODE	Albany	0.00	0.00	0	12,186	\$879,140		\$0	\$0	\$0	\$879,140	\$0	\$0	\$0	\$0	\$0	\$0
2100 - Clinic Treatment 00 NO_SUBCODE	Albany	0.00	0.00	0	8,640	\$884,279		\$0	\$0	\$0	\$788,863	\$95,416	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A		0.00	0.00	0	20,826	\$1,763,419		\$0	\$0	\$0	\$1,668,003	\$95,416	\$0	\$0	\$0	\$0	\$0
044 - CMHS Block Grant C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$8,400		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,400	\$0
1510 - School- based Mental Healtl	1																
01 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,846	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,846	\$0
1650 - Family Peer Support Service	s (Childre	en and Fan	nily)														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,740		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,740	\$0
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$93,506		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,506	\$0
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$31,132		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,132	\$0
Totals For FS 044		0.00	0.00	0	4,506	\$284,470		\$0	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,470	\$0
046G - Emergency Services C&F 2680 - Crisis Intervention																	
. 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0
Totals For FS 046G	-	0.00	0.00	0	0	\$19,136		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0



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Local Carry **Provider** Contract Units of Total Gross LGU Voluntary SSI Medicaid Other Over Non One Time Total **Annualized** FS/Program/CBR Index/Team Type Number Managers Slots Beds Expenses <u>Share</u> Amount Funded Adjustment State Aid <u>Value</u> Service **Share** <u>Amount</u> Revenue Revenue 40400 - Parsons Child & Family Center 046L - Community Support Programs-C&F 0610 - Recreation 00 NO_SUBCODE Albany 0.00 0.00 0 332 \$7 616 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$7.616 \$0 \$0 0650 - Respite Services 00 NO_SUBCODE 0.00 0.00 0 \$4,589 Albany 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$4,589 \$0 0690 - Outreach 00 NO_SUBCODE 0.00 0.00 \$60,208 Albany 0 0 \$60,208 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 1320 - Vocational and Educational Services -Children & Family (Non-Licensed Program) 00 NO_SUBCODE Albany 0.00 0.00 471 \$94,496 \$0 \$0 \$Ó \$0 \$0 \$0 \$0 \$0 \$94,496 \$0 1510 - School- based Mental Health 01 NO_SUBCODE 0.00 0.00 0 0 \$10,471 \$10,471 \$0 Albany \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$10,471 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$10,471 \$0 1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.00 0 1,644 \$82,049 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$82.049 \$0 1760 - Advocacy/Support Services 00 NO SUBCODE 247 \$39,629 0.00 0.00 0 \$39,629 \$0 \$0 Albany \$0 \$0 \$0 \$0 \$0 \$0 \$0 2990 - Coordinated Childrens Service Initiative 00 NO_SUBCODE Albany 0.00 0.00 0 2.629 \$77.223 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$77,223 \$0 Totals For FS 046L 0.00 0.00 0 5,323 \$386,752 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$386,752 \$0 090 - Non Funded 1080 - Residential Treatment Facility - Children & Youth 00 NO_SUBCODE Albany 0 7,359 \$2,902,778 \$0 \$0 0.00 0.00 \$0 \$0 \$0 \$2,902,778 \$0 \$0 \$0 \$0 Totals For FS 090 7,359 \$2,902,778 \$0 \$0 \$0 0.00 0.00 0 \$0 -\$0 \$0 \$2,902,778 \$0 \$0 \$0



<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	<u>Slots</u>	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Child & Family Center 200 - Com. Reinvestment																
0610 - Recreation 00 NO SUBCODE	Albany	0.00	0.00	0	0	\$12,736	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,736	\$0
2680 - Crisis Intervention 00 NO_SUBCODE	Albany	0.00	0.00	0	0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$48,022	\$0
Totals For FS 200		0.00	0.00	0	0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$60,758	\$0
400 - Commissioner's Perf. 0910 - Crisis Residence						•										
01 NO_SUBCODE	Albany	0.00	0.00	0	69	\$104,969	\$0		\$0	\$0	\$0	\$0	\$0		\$104,969	\$0
Totals For FS 400		0.00	0.00	0	69	\$104,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Child & Family Center																
965 - Funding Reduction/COLA																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$289	\$0
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0
1320 - Vocational and Educational Services - Children & Family																
(Non-Licensed Program) 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,727	\$0
1510 - School- based Mental Health																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
1650 - Family Peer Support Servi	ces (Childre	en and Far	mily)													
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$896	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,195	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,623	\$0	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$2,623	\$0
2990 - Coordinated Childrens Service Initiative																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0
Totals For FS 965	-	0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0
Totals For 40400 - Parsons Child & Family Center	=	0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0



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Provider FS/Program/CBR Index,	/Team Type	Local Contract Number	Managers	s <u>Slots</u>	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	<u>SSI</u> <u>Amount</u>	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized <u>Value</u>
14370 - Rehabilitation	ıc																
001A - Local Assista	ance																W
2100 - Clinic Treat																	
	NO_SUBCODE	Albany .	0.00	0.00	0	800	\$400,000	\$(\$0	\$400,000	\$0		\$0		\$0	\$0
Totals For FS 001A			0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$0	\$0	\$0	\$0
014 - Community Su	pport Services																
0670 - Transporta																	
	NO_SUBCODE	Albany	0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$136,472	\$0
Totals For FS 014			0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
037P - PROS State A	Aid																
6340 - Comprehen		Clinical Tr	eatment														
	NO_SUBCODE	Albany	0.00	145.0C	0	0	\$1,054,456	. \$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
Totals For FS 037P			0.00	145.00	0	0	\$1,054,456	\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
078 - Supported Hou	sing														•		
6060 - Supported I	Housing																
	NO_SUBCODE	Albany	0.00	0.00	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$63,709	\$0
44	NO_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
12	NO_SUBCODE	Albany	0.00	0.00	8	173	\$266,419	\$0	\$0	\$0	. \$0	\$0	\$0	\$C	\$0	\$266,419	\$0
29 1	NO_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
. 17	NO_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
	NO_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$58,361	\$0
13 1	NO_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$24,509	\$0
28 1	NO_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,738	\$0
22 1	NO_SUBCODE	Albany	0.00	0.00	88	1,685	\$717,741	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,741	\$0
18 1	NO_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	, \$0	\$0	\$0	\$0	\$0	\$243,871	\$0
25 N	NO_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,805	\$0
Totals For FS 078		-	0.00	0.00	239	5,532	\$2,539,282	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,539,282	\$0



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Provider	<u>Local</u> Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	<u>Carry</u> Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type		Managers	Slots	<u>Beds</u>	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
14370 - Rehabilitation Support Svcs	, Inc															
142A - Expanded Community Supp	ort Adult															
0690 - Outreach														200		
03 NO_SUBCODE	Albany	0.00	0.00	0	0	\$215,430	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$215,430	\$0
1230 - Flexible Recipient Service															*45.000	•
05 NO_SUBCODE	Albany	0.00	0.00	0	0	\$15,030	\$0	\$0	\$0		\$0		\$0		\$15,030	
Totals For FS 142A		0.00	0.00	0	0	\$230,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$230,460	\$0
200 - Com. Reinvestment																
0690 - Outreach																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$36,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,964	\$0
1760 - Advocacy/Support Service								-					•		***	
08 NO_SUBCODE	Albany	0.00	0.00	. 0	933	\$39,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,026	\$0
5990 - MICA Network				_		***	•				••		\$0	\$0	\$26,983	\$0
00 NO_SUBCODE	Albany	0.00	5.00	0	400	\$26,983	\$0	\$0	\$0	\$0	\$0	\$0	ΦC	5 0	\$20,903	20
6060 - Supported Housing 22 NO SUBCODE	، المسالة	0.00	0.00	0	0	\$163,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$163.042	\$0
6070 - Congregate/Treatment	Albany	0.00	0.00	U	U	\$103,042	\$0	ΦU	Φ0	φυ	Φ0	φ0	Ψ	ΨΟ	ψ105,042	ΨΟ
24 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$38,002	\$0
Totals For FS 200	- Tibuliy	0.00					\$0	\$0	\$0	\$0	\$0		\$0			\$0
		0.00	15.00	0	1,333	\$304,017	\$0	\$0	φu	φu	φu	φu	φu	φ0	\$304,017	40
200C - Supported Housing - Workfo	rce RIV															
6060 - Supported Housing 17 NO SUBCODE	A III- a service	0.00	0.00	^	0		**		\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
Totals For FS 200C	Albany	0.00	0.00	0	0	\$61,847	\$0	. \$0								\$0
Totals For FS 200C		0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
300 - Homeless/MICA																
6060 - Supported Housing					90										044600	
26 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,909	. \$0	\$0	\$0		\$0	\$0	\$0		\$14,909	
Totals For FS 300		0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0



	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14370 - Rehabilitation Support Svcs, Inc																
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
	Albany -	0.00	0.00	0	. 0	\$1,787	\$0		\$0	\$0	\$0		\$0		\$1,787	\$0
Totals For FS 400		0.00	0.00	0	. 0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787	\$0
580 - MRT Supported Housing Beds																
6060 - Supported Housing																
	Albany -	0.00	0.00	10	480	\$103,077	\$0		\$0	\$0	\$0		\$0		\$103,077	\$0
Totals For FS 580		0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077	\$0
965 - Funding Reduction/COLA																
0670 - Transportation																
	Albany	0.00	0.00	0	0	\$2,556	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,556	\$0
0690 - Outreach 02 NO SUBCODE A	A II	0.00	0.00	•		05.004		**	00	00		00	\$0	\$0	#F 204	\$0
	Albany	0.00	0.00	0	0	\$5,301	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,301	\$0
1760 - Advocacy/Support Services 08 NO_SUBCODE A	Albany	0.00	0.00	0	Ó	\$1,489	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$Ò	\$1,489	\$0
5990 - MICA Network	libarry	0.00	0.00	Ü	Ū	ψ1, 1 00	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	Ψ	Ψ1,400	ΨŪ
	Albany	0.00	0.00	0	0	\$831	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$831	\$0
Totals For FS 965	-	0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,177	\$0
965S - Personnel Services Enhancement	te					*,	**	**	**	**	**	**	**	•	****	
0670 - Transportation																
•	Albany	0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For 14370 - Rehabilitation Support Svcs, Inc	=	0.00	160.00	249	21,413	\$4,866,178	\$0	\$0	\$0 \$	1,325,500	\$8,000	\$0	\$0	\$0	\$3,532,678	\$0



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<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14350 - St. Anne Institute			,													
001A - Local Assistance																
1510 - School- based Mental Healti	h															
00 NO_SUBCODE	Albany	0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0) \$0	\$65,571	\$0
Totals For FS 001A		0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$65,571	\$0
044 - CMHS Block Grant C&F																
1320 - Vocational and Educational (Non-Licensed Program)	Services	- Children	& Fam	ily												
(Non-Licensed Program) 00 NO_SUBCODE	Albany	0.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,245	\$0
Totals For FS 044		0.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,245	\$0
046L - Community Support Programs	-C&F															
1320 - Vocational and Educational	Services -	- Children	& Fam	ily												
(Non-Licensed Program) 00 NO_SUBCODE	Albany	0.00	0.00	0	613	\$22,621	\$0	\$0	\$0	. \$0	\$0	\$0.	\$0	\$0	\$22,621	\$0
Totals For FS 046L		0.00	0.00	0	613	\$22,621	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$22,621	\$0
965 - Funding Reduction/COLA																
1320 - Vocational and Educational	Services -	Children	& Fami	ily												
(Non-Licensed Program) 00 NO SUBCODE	Albany	0.00	0.00	0	0	\$2,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,580	\$0
1510 - School- based Mental Health	,	0.00	0.00	U	U	φ2,300	ΨΟ		40	. 40	. 40	ΨΟ	Ψ	φυ	Ψ2,500	ΨΟ
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,042	\$0
Totals For FS 965		0.00	0.00	0	0	\$3,622	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,622	\$0
965S - Personnel Services Enhancem	ents															
1320 - Vocational and Educational (Non-Licensed Program)				•	•	#070			***		,				\$279	60
00 NO_SUBCODE	Albany -	0.00	0.00	0	0	\$279	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
Totals For FS 965S		0.00	0.00	0	0	\$279	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$279	\$0
Totals For 14350 - St. Anne Institute	=	0.00	0.00	0	4,855	\$222,909	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$157,338	\$0



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	Local											Carry				
Provider	Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	<u>Annualized</u>
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	Share	Share	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	Funded	<u>Adjustment</u>	State Aid	<u>Value</u>
14360 - St. Catherine's Center for Chil	dren															
001A - Local Assistance																
0200 - Day Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	0 \$0	\$0	\$0
Totals For FS 001A		0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	0 \$0	\$0	\$0
Totals For 14360 - St. Catherine's Center for Children		0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$(0 \$0	\$0	\$0



	Local							9				Carry		3	4	
Provider	Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non.	One Time	<u>Total</u>	Annualized
FS/Program/CBR Index/Team Type	<u>Number</u>	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	Share	Amount	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
40240 - The Workshop, Inc.																
001A - Local Assistance																
6140 - Transformed Business Mod	el															
00 NO_SUBCODE	Albany	0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	. \$0	\$0	\$0	\$0	\$0	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$0
014 - Community Support Services																
6140 - Transformed Business Mode	el .															
00 NO_SUBCODE	Albany	0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
Totals For FS 014		0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$73,694	\$0
037P - PROS State Aid																
7340 - Comprehensive PROS without	ut Clinica	l Treatmer	nt													
00 NO_SUBCODE	Albany	0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
Totals For FS 037P	•	0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
046L - Community Support Programs	-C&F															
1320 - Vocational and Educational (Non-Licensed Program)	Services -	Children	& Fami	ily												
00 NO_SUBCODE	Albany	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
Totals For FS 046L	•	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
200 - Com. Reinvestment																
5340 - Supported Education																
00 NO_SUBCODE	Albany	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0
Totals For FS 200	-	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH

Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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Local Carry <u>Provider</u> Units of Total Gross <u>LGU</u> **Voluntary** Medicaid **Other** <u>Over</u> Non One Time <u>Total</u> **Annualized** Contract SSI FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share Share <u>Amount</u> **Amount** Revenue Revenue <u>Funded</u> <u>Adjustment</u> State Aid Value 40240 - The Workshop, Inc. 965 - Funding Reduction/COLA 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE \$1,032 \$0 0.00 \$1,032 \$0 \$0 \$0 \$0 Albany 0.00 0 .0 \$0 \$0 \$0 \$0 5340 - Supported Education 00 NO_SUBCODE 0.00 0 \$693 \$0 \$0 \$0 \$0 \$0 \$0 \$693 \$0 0.00 \$0 \$0 Albany 0 6140 - Transformed Business Model 00 NO_SUBCODE 0.00 0.00 0 0 \$642 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$642 \$0 Albany Totals For FS 965 \$0 \$0 \$0 \$0 \$2,367 \$0 0.00 0.00 0 0 \$2,367 \$0 \$0 \$0 \$0 965S - Personnel Services Enhancements 6140 - Transformed Business Model Albany \$0 \$0 \$3,429 \$0 00 NO_SUBCODE 0.00 0.00 0 0 \$3,429 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 965S \$0 \$3,429 \$0 \$3,429 \$0 \$0 \$0 \$0 \$0 0.00 0.00 0 0 \$0 \$0 Totals For 40240 - The Workshop, Inc. \$353,977 \$0 24,897 \$1,059,490 \$0 \$55,413 \$650,000 \$100 \$0 \$0 \$0 0.00 0.00 \$0 0 Report Totals 16.00 360.00 296 105,534 \$19,198,505 \$501,852 \$120,984 \$93,525 \$8,075,773 \$234,741 \$0 \$0 \$0\$10,171,630 \$0



Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Susan H. Daley Deputy Director

September 30, 2020

Honorable Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a contract in 2021 with Northeast Career Planning (The Workshop) for the provision of supported education, transformed business model, PROS and sheltered workshop services to Albany County citizens suffering from mental illness or developmental disabilities. NYS Office of Mental Health (OMH) and Office for People with Developmental Disabilities (OPWDD) shall provide pass through funding to Northeast Career Planning through Albany County Department of Mental Health in the amount of \$372,169. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Feel free to contact Sarah Cantwell or me if you have any questions concerning this request.

Sincerely.

Stephen Giordano, Ph.D.

Director

cc:

Hon. Dennis Feeney, Majority Leader Hon. Frank Mauriello, Minority Leader Majority Counsel Minority Counsel



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1935, Version: 1		
· · · · · · · · · · · · · · · · · · ·		
REQUEST FOR LEGISLATIVE AC	TION	
Description (e.g., Contract Autho Contract Authorization for Northeas	rization for Information Services): t Career Planning	
Date:	September 30, 2020	
Submitted By:	Mark Gleason	
Department:	Mental Health	
Title:	Operations Analyst	
Phone:	518-447-3014	
Department Rep.		
Attending Meeting:	Dr. Stephen Giordano, Ph.D.	
Purpose of Request:		
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Proced □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	dure Click or tap here to enter text.	
CONCERNING BUDGET AMENDA Increase/decrease category (choo □ Contractual □ Equipment □ Fringe □ Personnel		
☐ Personnel Non-Individual		

File #: TMP-1935, Version: 1	
☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability	or tap to enter a date.
☑ Other: (state if not listed)	Pass through of NYS OMH State Aid
Contract Terms/Conditions:	
Party (Name/address): Northeast Career Planning 339 Broadw	ay Menands, NY 12204
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: (Personalized Recovery Oriented Services), inno suffering from mental illness or developmental	\$372,169 Provides supported education, transitional business model, PROS ovative rehabilitation and sheltered workshop services to individuals disabilities.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

File #: TMP-1935, Version: 1

County Budget Accounts:

Revenue Account and Line: A34233.03490 Revenue Amount: \$372,169

Appropriation Account and Line: A94322.44441 Appropriation Amount: \$372,169

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Click or tap here to enter text. Local:

Term

Term: (Start and end date) 1/1/2021-12/31/2021

Length of Contract: 12 months

Impact on Pending Litigation Yes □ No ☒

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action: Resolution/Law Number: 496 Date of Adoption: 11/12/19

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Northeast Career Planning (The Workshop) for the provision of supported education, transformed business model, PROS (Personalized Recovery Oriented Services) and sheltered workshop services to Albany County citizens suffering from mental illness or developmental disabilities. NYS Office of Mental Health (OMH) and Office for People with Developmental Disabilities (OPWDD) shall provide pass through funding to Northeast Career Planning through Albany County Department of Mental Health in the amount of \$372,169, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.



County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH

Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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Local Carry **Annualized** Contract Units of Total Gross <u>LGU</u> Voluntary <u>SSI</u> Medicaid Other Over Non One Time **Total** FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share Share Amount Amount Revenue Funded Adjustment State Aid <u>Value</u> Revenue 43660 - Albany County Department for Children, Y 001A - Local Assistance 2100 - Clinic Treatment 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$199.304 \$19,652 \$0 \$0 \$160,000 \$0 \$0 \$0 \$0 \$19,652 \$0 Totals For FS 001A \$19,652 0.00 0.00 0 \$199,304 \$19,652 \$0 \$0 \$160,000 \$0 \$0 \$0 \$0 \$0 n 044 - CMHS Block Grant C&F 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE 0.00 0.00 0 \$0 \$0 \$0 \$33.052 \$0 Albany 0 \$33,052 \$0 \$0 \$0 \$0 \$0 Totals For FS 044 \$33,052 0.00 \$33,052 \$0 \$0 \$0 0.00 \$0 \$0 \$0 \$0 \$0 \$0 0 0 046A - Clinical Infrastructure-C&F 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE Albany \$92.096 0.00 0.00 0 0 \$92,096 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 046A 0.00 0.00 n 0 \$92,096 \$0 \$0 \$0 \$0 \$92,096 \$0 \$0 \$0 \$0 \$0 046L - Community Support Programs-C&F 2100 - Clinic Treatment 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$8,845 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$8,845 \$0 Totals For FS 046L 0.00 0.00 \$0 \$8,845 \$0 0 0 \$8,845 \$0 \$0 \$0 \$0 \$0 \$0 \$0 200 - Com. Reinvestment 2100 - Clinic Treatment 00 NO_SUBCODE Albany \$35,401 \$0 0.00 0.00 0 0 \$35,401 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 200 0.00 0.00 0 0 \$35,401 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$35,401 \$0



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							·									
Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
43660 - Albany County Department for	Children,	Υ														
570K - Kids Health Home Care Manag	ement															
2620 - Health Home Non-Medicaid	Care Man	agement														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$99,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,055	\$0
2740 - Health Home Care Managem	ent Servi	ce Dollars														
00 NO_SUBCODE	Albany	0.00	0.00	O	0	\$47,153	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,153	\$0
2850 - Health Home Care Managem	ent Servi	ce Dollar A	Admini	stratio	n										141	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	, \$0	\$5,239	\$0
Totals For FS 570K		0.00	0.00	0	0	\$151,447	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$151,447	\$0
Totals For 43660 - Albany County Department for Children, Y		0.00	0.00	0	0	\$520,145	\$19,652	\$0	\$0	\$160,000	\$0	\$0	. \$0	\$0	\$340,493	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
70520 - Albany County Department o	f Mental He	alt														
001A - Local Assistance																
0890 - Local Governmental Unit (-GU) Admi	inistration														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,088	\$13,044	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,044	\$0
1400 - Single Point of Access (SP	OA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$48,268	\$24,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,134	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,459	\$86,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,229	\$0
2720 - Non-Medicaid Care Coordi	nation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0
Totals For FS 001A		0.00	0.00	0	0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$152,200	\$0
014 - Community Support Services																
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$103,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,510	\$0
0870 - Monitoring and Evaluation,	CSS															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$59,366	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$59,366	\$0
1760 - Advocacy/Support Services	;															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,657	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,657	\$0
2100 - Clinic Treatment						•										
00 NO_SUBCODE	Albany	0.00	0.00	0	0 -	\$97,108	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,108	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$576,878	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$246,878	\$0
Totals For FS 014	-	0.00	0.00	0	0	\$844,519	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$514,519	\$0



Provider		Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index	x/Team Type	Number	Managers	Slots	Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
70520 - Albany Coun	ity Department of	Mental Hea	ılt														
034J - Adult Case N																0	
0800 - ACT	•																
00	48 Slot	Albany	6.00	0.00	0	600	\$737,466	\$0	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$46,854	\$0
1230 - Flexible R	ecipient Service [Oollars															
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,533	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,533	\$0
2720 - Non-Medic	caid Care Coordin	ation Mana	gers														
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$101,296	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,296	\$0
8810 - Assertive	Community Treat	ment-Servi	ce Dollars	S													
. 00	48 Slot	Albany	0.00	0.00	0	0	\$22,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,156	\$0
Totals For FS 034J		-	6.00	0.00	0	600	\$866,451	\$0	\$0	- \$0	\$690,612	\$0	\$0	\$0	\$0	\$175,839	\$0
039J - Forensics																	
2100 - Clinic Trea	ıtment																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
Totals For FS 039J			0.00	0.00	0	0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
039P - Clinical Infra	structure-Adult																
1400 - Single Poir	nt of Access (SPC	DA)															
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$85,555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,555	\$0
01	NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$73,381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,381	\$0
Totals For FS 039P		_	0.00	0.00	0	0	\$158,936	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$158,936	\$0
041 - CMHS Block G	irant Adult																
1400 - Single Poir	nt of Access (SPC	(A)															
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$9,240	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,240	\$0
2100 - Clinic Trea	tment																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$98,948	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$98,948	\$0
Totals For FS 041			0.00	0.00	0	0	\$108,188	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,188	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	Total State Aid	Annualized Value
70520 - Albany County Department of	Mental He	alt														
170B - Trans. Mgmt. Kendra's																
1970 - Transition Management Sei											Page 1					
•••	Albany	0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0		\$(\$81,268	
Totals For FS 170B		0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$81,268	\$0
170C - MGP Admin Kendra's																
0860 - Local Governmental Unit (L	.GU) Admir	1 OMH F	Reinves	tment	Only							•				
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
Totals For FS 170C		0.00	0.00	0	0	\$11,740	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
200 - Com. Reinvestment																
0870 - Monitoring and Evaluation,	css															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$162,574	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$162,574	\$0
1760 - Advocacy/Support Services	;															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$46,251	\$0	. \$0	\$0	\$0	\$0	\$0	\$0) \$0	\$46,251	\$0
2100 - Clinic Treatment													200			
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$92,975	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,975	\$0
2680 - Crisis Intervention					_		4				40		•		0444.750	60
00 NO_SUBCODE	Albany _	0.00	0.00	0	0	\$114,752	\$0		\$0	\$0	\$0		\$0		\$114,752	\$0
Totals For FS 200		0.00	0.00	0	0	\$416,552	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$416,552	\$0
300 - Homeless/MICA																
2100 - Clinic Treatment															A-10000000 None-1000	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,184	\$0
Totals For FS 300	-	0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$172,184	\$0
400 - Commissioner's Perf. 2100 - Clinic Treatment							v									
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0
Totals For FS 400	´ -	0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0



Totals For 70520 - Albany County

Department of Mental Healt

6.00

0.00 0

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\$0

\$0 \$3,017,928

Local Carry Other <u>Over</u> Non One Time **Total Annualized Provider** Contract Units of Total Gross <u>LGU</u> **Voluntary** SSI FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share <u>Share</u> Amount Amount Revenue Revenue <u>Funded</u> **Adjustment** State Aid Value 70520 - Albany County Department of Mental Healt 570 - Health Home 2620 - Health Home Non-Medicaid Care Management \$53,119 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 689 \$53,119 \$0 \$0 \$0 \$0 \$0 \$0 \$0 2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE \$0 \$0 \$0 \$0 \$0 \$0 \$83,040 \$0 0.00 0 0 \$83,040 \$0 \$0 Albany 0.00 2850 - Health Home Care Management Service Dollar Administration 00 NO_SUBCODE 0 \$9,228 \$0 \$0 \$0 \$0 \$0 \$0 \$9,228 \$0 Albany 0.00 0.00 0 \$0 \$0 Totals For FS 570 \$145,387 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$145,387 \$0 0.00 0.00 0 689 \$0 965 - Funding Reduction/COLA 0690 - Outreach 00 NO_SUBCODE \$1,107 \$0 \$0 \$0 \$0 \$0 \$0 \$1,107 \$0 Albany 0.00 0.00 0 0 \$0 \$0 0860 - Local Governmental Unit (LGU) Admin. - OMH Reinvestment Only 00 NO_SUBCODE Albany 0.00 0 \$85 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$85 \$0 1400 - Single Point of Access (SPOA) \$1,317 01 NO_SUBCODE 0.00 0.00 0 0 \$1,317 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 1760 - Advocacy/Support Services \$1,697 \$0 \$0 01 NO_SUBCODE Albany 0.00 0.00 Ó 0 \$1,697 \$0 \$0 \$0 \$0 \$0 \$0 \$0 1970 - Transition Management Services \$552 \$0 \$0 \$0 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$552 \$0 \$0 \$0 \$0 \$0 2680 - Crisis Intervention \$0 \$0 \$0 \$5,785 \$0 \$0 00 NO SUBCODE 0.00 0.00 0 \$5.785 \$0 \$0 \$0 \$0 Albany 0 Totals For FS 965 \$0 \$0 \$10,543 \$0 \$0 0.00 0.00 0 0 \$10,543 \$0 \$0 \$0 \$0 \$0

\$0

\$0 \$690,612

\$0

\$0

\$0

1,289 \$4,190,740 \$482,200



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<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> <u>Share</u>	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> <u>State Aid</u>	Annualized Value
25460 - Catholic Charities Housing Off 034J - Adult Case Management & AC																
2720 - Non-Medicaid Care Coordin	ation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0
Totals For FS 034J		0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0
Totals For 25460 - Catholic Charities Housing Office	:	0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0



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	Local												Carry				
Provider FS/Program/CBR Index/Team Type	Contract		Class	D = 4 =		Total Gross	LGU	Volunta	_	<u>SSI</u>	Medicaid	Other	Over	<u>Non</u>	One Time	Total	Annualized
		Managers	31015	<u>Beds</u>	Service	Expenses	Share	Share		Amount	Amount	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	<u>Value</u>
11620 - Community Living Assn Progr	am																
014 - Community Support Services																	
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$35,315	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$35,315	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$58,859	\$0)	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$58,859	\$0
1770 - Drop In Centers																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$176,868	\$0)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$176,868	\$0
Totals For FS 014		0.00	0.00	0	0	\$271,042	\$0)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$271,042	\$0
078 - Supported Housing																	
7080 - Apartment/Support																	
00 NO_SUBCODE	Albany	0.00	0.00	9	3,285	\$205,729	\$0)	\$0	\$93,525	\$0	\$112,204	. \$0	\$0	\$0	\$0	\$0
Totals For FS 078	-	0.00	0.00	9	3,285	\$205,729	\$0)	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$0	\$0	\$0
200 - Com. Reinvestment																	
1760 - Advocacy/Support Services																	
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$28,960	\$0)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,960	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$4,148	\$0)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,148	\$0
1770 - Drop In Centers																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0 -	\$13,189	\$0) ;	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,189	\$0
Totals For FS 200		0.00	0.00	0	. 0	\$46,297	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$46,297	\$0
400 - Commissioner's Perf.																	
1760 - Advocacy/Support Services																	
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$24,000	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,000	\$0
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,523	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,523	\$0
03 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,860	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,860	\$0
Totals For FS 400	_	0.00	0.00	0	0	\$69,383	\$0	;	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,383	\$0

NEW YORK Mental Health

Aid to Localities Financial System

Totals For 11620 - Community Living

Assn Program

0.00

3,285

\$614,997

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\$0 \$409,268

\$0

	Local											Carry				
<u>Provider</u>	Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	<u>Annualized</u>
FS/Program/CBR Index/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	Service	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
11620 - Community Living Assn Progra	am															
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services																
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,492	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,492	\$0
1770 - Drop In Centers																
00 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$3,757	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,757	\$0
Totals For FS 965		0.00	0.00	0	0	\$7,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,249	\$0
965S - Personnel Services Enhancem	ents															
1760 - Advocacy/Support Services																
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,464	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,464	\$0
1770 - Drop In Centers																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,833	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,833	\$0
Totals For FS 965S		0.00	0.00	0	0	\$15,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,297	\$0

\$93,525

\$0 \$112,204



Maternity Services

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Ala to Localities Financial System																
	Local				2							Carry				
Provider	Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI .	Medicaid	Other	Over	Non	One Time	<u>Total</u>	<u>Annualized</u>
FS/Program/CBR Index/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
42100 - Community Maternity Services	i															
034K - C&F Case Management																
2720 - Non-Medicaid Care Coordin	ation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$17,093	\$0	0 . \$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$17,093	\$0
Totals For FS 034K		0.00	0.00	0	0	\$17,093	\$0	0 \$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$17,093	\$0
200 - Com. Reinvestment																
0650 - Respite Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$100,350	\$0
Totals For FS 200		0.00	0.00	0	0	\$100,350	\$(0 \$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$100,350	\$0
965 - Funding Reduction/COLA						*)										
0650 - Respite Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$669	\$0
Totals For FS 965		0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$669	\$0
Totals For 42100 - Community		0.00	0.00	0	0	\$118 112	\$() \$0	\$0	\$0	\$0	\$0	\$() \$0	\$118,112	\$0



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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
35350 - Counseling Care and Services	, Inc															
200 - Com. Reinvestment																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$6,363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,363	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$15,156	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,156	\$0
Totals For FS 200		0.00	0.00	0	0	\$21,519	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,519	\$0
965 - Funding Reduction/COLA																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$261	\$0
Totals For FS 965		0.00	0.00	0	0	\$363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$363	. \$0
Totals For 35350 - Counseling Care	•	0.00	0.00	0	0	\$21,882	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,882	\$0



Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14510 - Equinox, Inc.																
014 - Community Support Services																
1760 - Advocacy/Support Service	5															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
Totals For FS 014		0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$10,130	\$0
037P - PROS State Aid																
6340 - Comprehensive PROS with	Clinical Tr	eatment														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
Totals For FS 037P		0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
078 - Supported Housing														1		
6060 - Supported Housing																
01 NO_SUBCODE	Albany	0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,607	\$0
Totals For FS 078	-	0.00	0.00	12	0	\$123,607	\$0	. \$0	\$0	\$0	\$0	\$0	\$(\$0	\$123,607	\$0
200 - Com. Reinvestment																
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,283	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$43,262	\$0
1760 - Advocacy/Support Services	1															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,671	\$0
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,688	\$0
2620 - Health Home Non-Medicaid	Care Mana	gement														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,266	\$0
2740 - Health Home Care Managen	nent Servic															
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$123	. \$0
6070 - Congregate/Treatment																
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,451	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,451	\$0
Totals For FS 200	_	0.00	0.00	0	0	\$207,482	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$188,461	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Manager	s <u>Slots</u>	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> <u>Share</u>	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> <u>State Aid</u>	Annualized Value
14510 - Equinox, Inc.																
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$41,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,017	\$0
6070 - Congregate/Treatment																
04 NO_SUBCODE	Albany .	0.00	0.00	0	0	\$11,337	\$0		\$0	\$0	\$0	\$0	. \$0	\$0	\$11,337	\$0
Totals For FS 400		0.00	0.00	0	. 0	\$52,354	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,354	\$0
570 - Health Home																
2620 - Health Home Non-Medicaid	Care Mana	gement														
01 NO_SUBCODE	Albany	10.00	200.00	0	0	\$719,475	\$0	\$0	. \$0	\$478,880	\$0	\$0	\$0	\$0	\$240,595	\$0
2740 - Health Home Care Managem																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$40,000	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000	\$0
2850 - Health Home Care Managem																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$33,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,350	\$0
Totals For FS 570		10.00	200.00	0	0	\$792,825	\$0	\$0	\$0	\$478,880	\$0	\$0	\$0	\$0	\$313,945	\$0
965 - Funding Reduction/COLA																
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,591	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,591	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,976	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,976	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965	_	0.00	0.00	0	0	\$4,122	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,122	\$0
965S - Personnel Services Enhancem	ents															
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$534	\$0
Totals For FS 965S	_	0.00	0.00	0	0	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$534	\$0
Totals For 14510 - Equinox, Inc.	. =	10.00	200.00	12	0	\$1,259,150	\$0	\$0	\$0	\$478,880	\$19,021	\$0	\$0	\$0	\$761,249	\$0



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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	s Slots	<u>Beds</u>		Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
17630 - Homeless and Travelers Ai	d Society															
034J - Adult Case Management &	ACT															
2720 - Non-Medicaid Care Coor		•														
02 NO_SUBCODE	Albany	0.00	0.00	0	1,530	\$47,972	\$0		\$0	\$0	\$0	\$0	\$0		\$47,972	\$0
.01 NO_SUBCODE	Albany	0.00	0.00	0,	4,970	\$124,253	\$0		\$0	\$0	\$0	\$0	\$0		\$124,253	\$0
Totals For FS 034J		0.00	0.00	0	6,500	\$172,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,225	\$0
039Q - Innovative Psychiatric Reh	abilitation															
1380 - Assisted Competitive Em	ployment															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$49,162	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$49,162	\$0
Totals For FS 039Q		0.00	0.00	0	0	\$49,162	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,162	\$0
078 - Supported Housing 6060 - Supported Housing													,			
01 NO_SUBCODE	Albany	0.00	0.00	26	107	\$145,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,106	\$0
Totals For FS 078		0.00	0.00	26	107	\$145,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,106	\$0.
200 - Com. Reinvestment																
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	0	846	\$1,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,805	\$0
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	930	\$25,404	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,404	\$0
1760 - Advocacy/Support Service															044.070	40
01 NO_SUBCODE	Albany	0.00	0.00	0	576	\$11,976	\$0	\$0	\$0	\$0	\$0	\$0	. \$0		\$11,976	\$0
Totals For FS 200		0.00	0.00	0	2,352	\$39,185	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,185	\$0
300 - Homeless/MICA																
6060 - Supported Housing																
02 NO_SUBCODE	Albany	0.00	0.00	0	768	\$34,245	\$0	\$0	. \$0	\$0	\$0	\$0	\$0		\$34,245	\$0
Totals For FS 300		0.00	0.00	0	768	\$34,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,245	\$0

NEW YORK Mental Health

Aid to Localities Financial System

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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
17630 - Homeless and Travelers Aid S	ociety															
965 - Funding Reduction/COLA																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$249	\$0
1380 - Assisted Competitive Emplo	yment															
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965		0.00	0.00	0	0	\$804	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$804	\$0
Totals For 17630 - Homeless and Travelers Aid Society		0.00	0.00	26	9,727	\$440,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$440,727	\$0



<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
27100 - Mental Health Empowerment P	roject, Ind	:.														
200 - Com. Reinvestment																
1760 - Advocacy/Support Services					8										*** ***	••
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,082	\$0		\$0	\$0	\$0		\$0		\$30,082	
Totals For FS 200		0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,082	\$0
300 - Homeless/MICA																
1760 - Advocacy/Support Services											5	6				
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0		\$0		\$51,316	
Totals For FS 300		0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$25,986	
Totals For FS 400		0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$2,361	\$0
Totals For FS 965		0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
965S - Personnel Services Enhancement	ents															
1760 - Advocacy/Support Services																2200
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For FS 965S	_	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For 27100 - Mental Health Empowerment Project, Inc.	=	0.00	0.00	. 0	0	\$111,443	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$111,443	\$0



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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>		Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> <u>Amount</u>	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Child & Family Center																
001A - Local Assistance		2														
0200 - Day Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	12,186	\$879,140	\$	0 \$0	\$0	\$879,140	\$0	\$0	\$0	\$0	\$0	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	8,640	\$884,279	\$	0 \$0	\$0	\$788,863	\$95,416	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A		0.00	0.00	0	20,826	\$1,763,419	\$	50	\$0	\$1,668,003	\$95,416	\$0	\$0	\$0	\$0	\$0
044 - CMHS Block Grant C&F																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$8,400	. \$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,400	\$0
1510 - School- based Mental Health																
01 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,846	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,846	\$0
1650 - Family Peer Support Service	s (Childre	n and Far	nily)													
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,740	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,740	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$93,506	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,506	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$31,132	\$1	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$31,132	\$0
Totals For FS 044	-	0.00	0.00	0	4,506	\$284,470	\$(\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,470	\$0
046G - Emergency Services C&F																
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0
Totals For FS 046G	-	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0



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Local Carry **Provider** Contract Units of Total Gross LGU Voluntary SSI Medicaid Other Over Non One Time Total **Annualized** FS/Program/CBR Index/Team Type Number Managers Slots Beds Expenses Share Amount Funded Adjustment State Aid <u>Value</u> Service **Share** <u>Amount</u> Revenue Revenue 40400 - Parsons Child & Family Center 046L - Community Support Programs-C&F 0610 - Recreation 00 NO_SUBCODE Albany 0.00 0.00 0 332 \$7 616 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$7.616 \$0 \$0 0650 - Respite Services 00 NO_SUBCODE 0.00 0.00 0 \$4,589 Albany 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$4,589 \$0 0690 - Outreach 00 NO_SUBCODE 0.00 0.00 \$60,208 Albany 0 0 \$60,208 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 1320 - Vocational and Educational Services -Children & Family (Non-Licensed Program) 00 NO_SUBCODE Albany 0.00 0.00 471 \$94,496 \$0 \$0 \$Ó \$0 \$0 \$0 \$0 \$0 \$94,496 \$0 1510 - School- based Mental Health 01 NO_SUBCODE 0.00 0.00 0 0 \$10,471 \$10,471 \$0 Albany \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$10,471 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$10,471 \$0 1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.00 0 1,644 \$82,049 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$82.049 \$0 1760 - Advocacy/Support Services 00 NO SUBCODE 247 \$39,629 0.00 0.00 0 \$39,629 \$0 \$0 Albany \$0 \$0 \$0 \$0 \$0 \$0 \$0 2990 - Coordinated Childrens Service Initiative 00 NO_SUBCODE Albany 0.00 0.00 0 2.629 \$77.223 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$77,223 \$0 Totals For FS 046L 0.00 0.00 0 5,323 \$386,752 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$386,752 \$0 090 - Non Funded 1080 - Residential Treatment Facility - Children & Youth 00 NO_SUBCODE Albany 0 7,359 \$2,902,778 \$0 \$0 0.00 0.00 \$0 \$0 \$0 \$2,902,778 \$0 \$0 \$0 \$0 Totals For FS 090 7,359 \$2,902,778 \$0 \$0 \$0 0.00 0.00 0 \$0 -\$0 \$0 \$2,902,778 \$0 \$0 \$0



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Ald to Loculties Financial System																
<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number		Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
40400 - Parsons Child & Family Center 200 - Com. Reinvestment																
0610 - Recreation 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$12,736	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,736	\$0
2680 - Crisis Intervention 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$48,022	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$48,022	\$0
Totals For FS 200		0.00	0.00	0	0	\$60,758	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$60,758	\$0
400 - Commissioner's Perf.																
0910 - Crisis Residence 01 NO_SUBCODE	Albany	0.00	0.00	0	69	\$104,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0
Totals For FS 400		0.00	0.00	0	69	\$104.969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0



Family Center

0.00

0.00

0

38,083 \$5,533,108

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\$0

\$0

\$0

\$866,911

\$0

Local Carry Units of Total Gross Voluntary Medicaid Other Over Non One Time **Total Annualized** Contract SSI FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share <u>Share</u> Amount Amount Revenue Revenue <u>Funded</u> <u>Adjustment</u> State Aid Value 40400 - Parsons Child & Family Center 965 - Funding Reduction/COLA 0610 - Recreation \$289 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$289 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 0690 - Outreach 00 NO_SUBCODE 0.00 \$0 \$0 \$0 \$0 \$480 \$0 Albany 0.00 0 0 \$480 \$0 \$0 \$0 \$0 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE 0.00 0.00 0 0 \$1,727 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,727 \$0 Albany \$0 1510 - School- based Mental Health 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$1,707 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,707 \$0 01 NO_SUBCODE \$1,707 \$0 Albany 0.00 0.00 0 0 \$1,707 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE \$0 \$0 \$0 \$896 \$0 Albany 0.00 0.00 0 0 \$896 \$0 \$0 \$0 \$0 \$0 1760 - Advocacy/Support Services 00 NO_SUBCODE \$0 \$0 \$0 \$1,195 \$0 0.00 0.00 0 0 \$1,195 \$0 \$0 \$0 Albany \$0 \$0 2680 - Crisis Intervention \$0 \$2,623 \$0 00 NO_SUBCODE Albany 0.00 0.00 0 0 \$2,623 \$0 \$0 \$0 \$0 \$0 \$0 \$0 2990 - Coordinated Childrens Service Initiative 00 NO_SUBCODE \$202 \$0 \$0 \$202 \$0 Albany 0.00 0.00 0 0 \$0 \$0 \$0 \$0 \$0 \$0 **Totals For FS 965** \$0 \$0 \$10,826 \$0 \$10,826 \$0 \$0 \$0 \$0 0.00 0.00 0 0 \$0 \$0 Totals For 40400 - Parsons Child &

\$0

\$0

\$0 \$4,570,781

\$95,416



Ald to Loculties I	manciai system																
		Local											Carry				
<u>Provider</u>		Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	Annualized
FS/Program/CBR Inde	ex/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	Value
14370 - Rehabilitati	on Support Svcs, I	nc															
001A - Local Assis	stance																
2100 - Clinic Tre																0.000	Source
	NO_SUBCODE	Albany	0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$(
Totals For FS 001/	4		0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$0	\$0	\$0	\$0
014 - Community S	Support Services																
0670 - Transpor	tation																
. 01	NO_SUBCODE	Albany	0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
Totals For FS 014			0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
037P - PROS State	Aid																
6340 - Compreh	ensive PROS with	Clinical T	reatment														
01	NO_SUBCODE	Albany	0.00	145.0C	0	0	\$1,054,456	\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
Totals For FS 037F	•		0.00	145.00	0	. 0	\$1,054,456	\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
078 - Supported He	ousing														*		
6060 - Supporte	d Housing																
42	NO_SUBCODE	Albany	0.00	0.00	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,709	
44	NO_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$284,640	
12	NO_SUBCODE	Albany	0.00	0.00	8	173	\$266,419	\$0	\$0	\$0	. \$0	\$0	\$0	.\$0	\$0	\$266,419	
29	NO_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$408,264	\$0
. 17	NO_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$303,225	\$0
26	NO_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$58,361	\$0
13	NO_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. , .	\$24,509	\$0
28	NO_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$42,738	
22	NO_SUBCODE	Albany	0.00	0.00	88	1,685	\$717,741	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$717,741	\$0
18	NO_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	. \$0	\$0	\$0	\$0		\$243,871	\$0
25	NO_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$125,805	\$0
Totals For FS 078			0.00	0.00	239	5,532	\$2,539,282	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,539,282	\$0



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Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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Carry Local Units of Total Gross <u>LGU</u> **Voluntary** Medicaid Other Over Non One Time **Total Annualized** Contract FS/Program/CBR Index/Team Type Number Managers Slots Beds <u>Service</u> Expenses Share <u>Share</u> Amount <u>Amount</u> Revenue Revenue <u>Funded</u> Adjustment State Aid Value 14370 - Rehabilitation Support Svcs, Inc 142A - Expanded Community Support Adult 0690 - Outreach \$0 \$0 \$215,430 \$0 03 NO_SUBCODE Albany 0.00 0.00 0 0 \$215,430 \$0 \$0 \$0 \$0 \$0 1230 - Flexible Recipient Service Dollars 05 NO_SUBCODE \$15,030 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$15,030 \$0 0.00 0.00 0 0 \$0 Albany **Totals For FS 142A** \$230,460 \$0 \$0 \$0 \$0 \$230,460 \$0 0.00 0.00 0 0 \$0 \$0 \$0 \$0 200 - Com. Reinvestment 0690 - Outreach \$0 \$0 \$0 \$0 \$0 \$36,964 \$0 02 NO_SUBCODE 0.00 0 0 \$36,964 \$0 \$0 \$0 Albany 0.00 1760 - Advocacy/Support Services 08 NO_SUBCODE 933 \$0 \$0 \$0 \$0 \$0 \$0 \$39,026 \$0 Albany 0.00 0.00 \$39,026 \$0 \$0 5990 - MICA Network 00 NO_SUBCODE Albany 0.00 5.00 0 400 \$26,983 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$26,983 \$0 6060 - Supported Housing \$163,042 \$0 22 NO_SUBCODE Albany 0.00 0.00 0 0 \$163,042 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 6070 - Congregate/Treatment \$0 \$38,002 \$0 \$0 24 NO_SUBCODE Albany 0.00 10.00 0 0 \$38,002 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 200 \$304,017 \$0 \$0 0.00 15.00 0 1,333 \$304,017 \$0 \$0 \$0 \$0 \$0 \$0 200C - Supported Housing - Workforce RIV 6060 - Supported Housing 17 NO_SUBCODE \$0 0.00 0.00 0 0 \$61,847 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$61.847 **Totals For FS 200C** \$0 \$61,847 \$0 0.00 0.00 0 0 \$61,847 \$0 \$0 \$0 \$0 \$0 \$0 \$0 300 - Homeless/MICA 6060 - Supported Housing \$0 \$14.909 \$0 26 NO_SUBCODE Albany 0.00 0.00 0 0 \$14,909 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 300 0.00 0.00 0 0 \$14,909 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$14,909



	Local											Carry		5		
Provider	Contract					Total Gross	<u>LGU</u>	Voluntary	<u>SSI</u>	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	<u>Value</u>
14370 - Rehabilitation Support Svcs, In	С															
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
12 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$1,787	\$0
Totals For FS 400		0.00	0.00	0	. 0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787	\$0
580 - MRT Supported Housing Beds																
6060 - Supported Housing																
41 NO_SUBCODE	Albany	0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077	\$0
Totals For FS 580		0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077	\$0
965 - Funding Reduction/COLA																
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,556	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,556	\$0
0690 - Outreach																a.
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,301	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,301	\$0
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,489	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,489	\$0
5990 - MICA Network		TO 100001		-			2000	1000			0					
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$831	\$0		\$0	\$0	\$0	\$0	\$0		\$831	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,177	\$0
965S - Personnel Services Enhancement	ents															
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	. 0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For 14370 - Rehabilitation Support Svcs, Inc	=	0.00	160.00	249	21,413	\$4,866,178	\$0	\$0	\$0	\$1,325,500	\$8,000	\$0	\$0	\$0	\$3,532,678	\$0



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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	_	oluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14350 - St. Anne Institute																	
001A - Local Assistance																	
1510 - School- based Mental Healt	h																
00 NO_SUBCODE	Albany	0.00	0.00	0	2,534	\$131,142	\$	0 \$	\$65,571	\$0	\$0	\$0	\$0	\$1	0 \$0	\$65,571	\$0
Totals For FS 001A		0.00	0.00	0	2,534	\$131,142	\$	0 \$	\$65,571	\$0	\$0	\$0	\$0	\$	0 \$0	\$65,571	\$0
044 - CMHS Block Grant C&F																	•
1320 - Vocational and Educational Services - Children & Family																	
(Non-Licensed Program) 00 NO_SUBCODE	Albany	0.00	0.00	0	1,708	\$65,245	\$	^	\$0	\$0	\$0	\$0	\$0	Si	0 \$0	\$65,245	\$0
Totals For FS 044	Albany	0.00	0.00	0	1,708	\$65,245	\$		\$0	\$0	\$0	\$0		\$1		\$65,245	\$0
	005	0.00	0.00	U	1,700	\$05,245	Þ	U	φU	φu	φU	φu	φU	φ	J \$0	φ03, 2 43	φ0
046L - Community Support Programs-C&F																	
1320 - Vocational and Educational (Non-Licensed Program)	Services	Children	& Fam	ily													
00 NO_SUBCODE	Albany	0.00	0.00	0	613	\$22,621	. \$	0	\$0	\$0	. \$0	\$0	\$0.	\$0	\$0	\$22,621	\$0
Totals For FS 046L		0.00	0.00	0	613	\$22,621	\$1	0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$22,621	\$0
965 - Funding Reduction/COLA																	
1320 - Vocational and Educational	Services -	Children	& Fami	ily													
(Non-Licensed Program) 00 NO SUBCODE	A II	0.00	0.00	•	0	60 500		^	00	60	•••			Ф.	\$0	¢0 500	\$0
	Albany	0.00	0.00	0	0	\$2,580	\$0	U	\$0	\$0	. \$0	. \$0	\$0	\$0) \$0	\$2,580	φU
1510 - School- based Mental Health 00 NO_SUBCODE	n Albany	0.00	0.00	0	0	\$1,042	\$(^	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$1,042	\$0
Totals For FS 965	Albany .						•						\$0	\$(\$0
		0.00	0.00	0	0	\$3,622	\$0	U	\$0	\$0	\$0	\$0	\$0	\$t) \$U	\$3,622	\$0
965S - Personnel Services Enhancem																	
1320 - Vocational and Educational (Non-Licensed Program) 00 NO SUBCODE	Services -	0.00	& Fami 0.00	ly 0	0	\$279	\$(n	\$0	\$0	\$0	\$0	\$0	\$() \$0	\$279	\$0
Totals For FS 965S	Albally -	0.00	0.00		0	\$279	\$(\$0	\$0	\$0	\$0	\$0	\$(\$279	\$0
	_	0.00	0.00	0	0	\$219	\$(,	φu	ÞU	20	\$0	Φ U		, şu	\$419	φ υ
Totals For 14350 - St. Anne Institute	-	0.00	0.00	0	4,855	\$222,909	\$0) \$(65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$157,338	\$0



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Provider Con	<u>tract</u> nber <u>N</u>	<u> Managers</u>	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized <u>Value</u>
14360 - St. Catherine's Center for Children																
001A - Local Assistance																
0200 - Day Treatment																
00 NO_SUBCODE AIL	any	0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A		0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For 14360 - St. Catherine's Center for Children	_	0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0



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	Local							3				Carry		3	4	
Provider	Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	Annualized
FS/Program/CBR Index/Team Type	<u>Number</u>	Managers	<u>Slots</u>	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	Share	Amount	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
40240 - The Workshop, Inc.																
001A - Local Assistance																
6140 - Transformed Business Mod	el															
00 NO_SUBCODE	Albany	0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	. \$0	\$0	\$0	\$0	\$0	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$0
014 - Community Support Services																
6140 - Transformed Business Mode	el .															
00 NO_SUBCODE	Albany	0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
Totals For FS 014		0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$73,694	\$0
037P - PROS State Aid																
7340 - Comprehensive PROS without	ut Clinica	l Treatmer	nt													
00 NO_SUBCODE	Albany	0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
Totals For FS 037P	•	0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
046L - Community Support Programs	-C&F															
1320 - Vocational and Educational (Non-Licensed Program)	Services -	Children	& Fami	ily												
00 NO_SUBCODE	Albany	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
Totals For FS 046L	•	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
200 - Com. Reinvestment																
5340 - Supported Education																
00 NO_SUBCODE	Albany	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0
Totals For FS 200	-	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



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7 11 4 10 20 04 11 11 11 11																	
Provider FS/Program/CBR Index/Te	eam Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40240 - The Workshop,	Inc.																
965 - Funding Reduction	ion/COLA																
1320 - Vocational ar		Services	- Children	& Fam	ily												
(Non-Licensed Prog 00 No	gram) O_SUBCODE	Albany	0.00	0.00	0	-0	\$1,032	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,032	\$0
5340 - Supported Ed	ducation																
00 NO	O_SUBCODE	Albany	0.00	0.00	0	0	\$693	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$693	\$0
6140 - Transformed	Business Mode	el															
00 NC	O_SUBCODE	Albany	0.00	0.00	0	0	\$642	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$642	\$0
Totals For FS 965			0.00	0.00	0	0	\$2,367	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,367	\$0
965S - Personnel Servi	ices Enhancem	ents															
6140 - Transformed	Business Mode	ı															
00 NC	O_SUBCODE	Albany	0.00	0.00	0	0	\$3,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,429	\$0
Totals For FS 965S			0.00	0.00	0	0	\$3,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,429	\$0
Totals For 40240 - The V	Workshop, Inc.	:	0.00	0.00	0	24,897	\$1,059,490	\$0	\$55,413	\$0	\$650,000	\$100	\$0	\$0	\$0	\$353,977	\$0
Report Tota	als	: :	16.00	360.00	296	105,534	\$19,198,505	\$501,852	\$120,984	\$93,525	\$8,075,773	\$234,741	\$0	\$0	\$0\$	10,171,630	\$0



Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Susan H. Daley Deputy Director

September 30, 2020

Honorable Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a contract in 2021 with Parsons Child and Family Center for the provision of crisis intervention, recreation, family support, school support and juvenile justice to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Parsons through Albany County Department of Mental Health in the amount of \$912,852. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Feel free to contact Sarah Cantwell or me if you have any questions concerning this request.

Sincerely.

Stephen Giordano, Ph.D.

Director

cc:

Hon. Dennis Feeney, Majority Leader Hon. Frank Mauriello, Minority Leader Majority Counsel Minority Counsel



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1936, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authoriza Contract Authorization for Parsons Chil	•
Date:	September 30, 2020
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Ph.D.
Purpose of Request:	
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Procedure □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) CONCERNING BUDGET AMENDMEN	Click or tap here to enter text.
Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):

File #: TMP-1936, Version: 1	
□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHOR	RIZATIONS
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☑ Other: (state if not listed)	
Contract Terms/Conditions:	- uss timough of this own state ma
Party (Name/address): Parsons Family & Children Center 60	Academy Rd. Albany NY 12208
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: juvenile justice services to children and their f	\$912,852 Provides crisis intervention, school support, respite, recreation and families suffering from mental illness.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

File #: TMP-1936, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 and A44322.04490

Revenue Amount: \$912,852

Appropriation Account and Line: A94322.44435 **Appropriation Amount:** \$912,852

Source of Funding - (Percentages)

31% Federal: State: 69%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021-12/31/2021

Length of Contract: 12 months

Yes □ No ☒ Impact on Pending Litigation

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 497 Date of Adoption: 11/12/19

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Parsons for the provision of crisis intervention, recreation, family support, school support and juvenile justice to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Parsons through Albany County Department of Mental Health in the amount of \$912,852, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.



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<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	<u>Managers</u>	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized <u>Value</u>
43660 - Albany County Department for	r Children,	Υ														
001A - Local Assistance																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$199,304	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$(\$0	\$19,652	\$0
Totals For FS 001A		0.00	0.00	0	0	\$199,304	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$(\$0	\$19,652	\$0
044 - CMHS Block Grant C&F																
1400 - Single Point of Access (SPC	DA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$33,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,052	\$0
Totals For FS 044	•	0.00	0.00	0	0	\$33,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,052	\$0
046A - Clinical Infrastructure-C&F																
1400 - Single Point of Access (SPC	DA)															
00 NO_SUBCODE	Albany	0.00	0.00	0 -	. 0	-\$92,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,096	\$0
Totals For FS 046A	-	0.00	0.00	0	0	\$92,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,096	\$0
046L - Community Support Programs	-C&F															
2100 - Clinic Treatment										1						
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$8,845	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,845	\$0
Totals For FS 046L	-	0.00	0.00	0	0	\$8,845	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,845	\$0
200 - Com. Reinvestment																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$35,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,401	\$0
Totals For FS 200	-	0.00	0.00	0	0	\$35,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,401	\$0



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															7	
	Local										0.1	Carry	New	One Time	Total	Annualized
<u>Provider</u>	Contract	•			Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	<u>Over</u>	Non	One Time	Total	
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	Service	Expenses	<u>Share</u>	Share	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	<u>Value</u>
43660 - Albany County Department	for Children	, Y														
570K - Kids Health Home Care Ma	nagement															
2620 - Health Home Non-Medica	id Care Mar	agement														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$99,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$99,055	\$0
2740 - Health Home Care Manag	ement Serv	ice Dollars														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$47,153	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$47,153	\$0
2850 - Health Home Care Manag	ement Serv	ice Dollar /	Admin	istratio	n											
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$5,239	\$0
Totals For FS 570K		0.00	0.00	0	0	\$151,447	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$151,447	\$0
Totals For 43660 - Albany County Department for Children, Y		0.00	0.00	0	0	\$520,145	\$19,652	\$0	\$0	\$160,000	\$0	\$0	. \$0	0 \$0	\$340,493	\$0



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	Local Contract Number	<u>Managers</u>	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	Total State Aid	Annualized Value
70520 - Albany County Department of M	ental Hea	ılt														
001A - Local Assistance																
0890 - Local Governmental Unit (LGI	U) Admin	nistration														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,088	\$13,044	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,044	\$0
1400 - Single Point of Access (SPOA	١)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$48,268	\$24,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,134	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,459	\$86,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,229	\$0
2720 - Non-Medicaid Care Coordinat	ion Mana	gers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0
Totals For FS 001A	_	0.00	0.00	0	0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$152,200	\$0
014 - Community Support Services																
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$103,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,510	\$0
0870 - Monitoring and Evaluation, CS	ss															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$59,366	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$59,366	\$0
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,657	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,657	\$0
2100 - Clinic Treatment						*										
00 NO_SUBCODE	Albany	0.00	0.00	0	0 -	\$97,108	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,108	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$576,878	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$246,878	\$0
Totals For FS 014		0.00	0.00	0	0	\$844,519	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$514,519	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Manager	s Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
70520 - Albany County Department of	f Mental He	alt														
034J - Adult Case Management & A	CT															
0800 - ACT																
00 48 Slot	Albany	6.00	0.00	0	600	\$737,466	\$0	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$46,854	\$0
1230 - Flexible Recipient Service																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,533	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,533	\$0
2720 - Non-Medicaid Care Coordi	nation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$101,296	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,296	\$0
8810 - Assertive Community Trea	tment-Serv	ice Dollaı	rs													
00 48 Slot	Albany	0.00	0.00	0	0	\$22,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,156	\$0
Totals For FS 034J		6.00	0.00	0	600	\$866,451	\$0	\$0	- \$0	\$690,612	\$0	\$0	\$0	\$0	\$175,839	\$0
039J - Forensics																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
Totals For FS 039J		0.00	0.00	0	0	\$1,007,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,007,580	\$0
039P - Clinical Infrastructure-Adult																
1400 - Single Point of Access (SP	OA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$85,555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,555	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$73,381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,381	\$0
Totals For FS 039P	-	0.00	0.00	0	0	\$158,936	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$158,936	\$0
041 - CMHS Block Grant Adult																
1400 - Single Point of Access (SPC	OA)															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$9,240	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,240	\$0
2100 - Clinic Treatment	,						•		-							
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$98,948	\$0	\$0	\$0 .	\$0	\$0	\$0	\$0	\$0	\$98,948	\$0
Totals For FS 041	-	0.00	0.00	0	0	\$108,188	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,188	\$0



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	Local											Carry				
Provider	Contract				Units of	Total Gross	LGU	<u>Voluntary</u>	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	Annualized Value
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	Service	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	Amount	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	value
70520 - Albany County Department of	f Mental He	alt														
170B - Trans, Mgmt. Kendra's																
1970 - Transition Management Se	rvices															
	Albany	0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$81,268	
Totals For FS 170B		0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$81,268	\$0
170C - MGP Admin Kendra's																
0860 - Local Governmental Unit (I	_GU) Admii	n OMH R	einves	tment	Only							*				
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
Totals For FS 170C		0.00	0.00	0	0	\$11,740	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
200 - Com. Reinvestment																
0870 - Monitoring and Evaluation,	CSS															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$162,574	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$162,574	\$0
1760 - Advocacy/Support Service	s						141							2.5000		
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$46,251	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$46,251	\$0
2100 - Clinic Treatment								1211							*** ***	•
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$92,975	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,975	\$0
2680 - Crisis Intervention						****				20	00	00	\$0	\$0	\$114,752	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$114,752	\$0		\$0	\$0	\$0	\$0				
Totals For FS 200		0.00	0.00	0	0	\$416,552	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$416,552	\$0
300 - Homeless/MICA																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,184	
Totals For FS 300	-	0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$172,184	\$0
400 - Commissioner's Perf.																
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0
Totals For FS 400	_	0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds		Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	<u>Carry</u> <u>Over</u> Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
70520 - Albany County Department of			51015	Dead	<u> </u>	EXPENSES	<u>snare</u>	<u> </u>	<u> </u>	111100111						
570 - Health Home	montal mo	uit														
2620 - Health Home Non-Medicaid	Care Mana	anement														
00 NO SUBCODE	Albany	0.00	0.00	0	689	\$53,119	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,119	\$0
2740 - Health Home Care Manager				-		400,770	**	***	**	**	-					
00 NO SUBCODE	Albany	0.00	0.00	0	0	\$83.040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$83,040	\$0
2850 - Health Home Care Manager				stratio	n	400,010	**		**							
00 NO SUBCODE	Albany	0.00	0.00	0	0	\$9,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,228	\$0
Totals For FS 570		0.00	0.00	0	689	\$145,387	\$0		\$0	\$0	\$0	\$0	\$() \$0	\$145,387	\$0
		0.00	0.00	٠	003	φ143,307	φυ	40	40	ΨΟ	40		Ψ.	•	4.10,00 7	**
965 - Funding Reduction/COLA																
0690 - Outreach												••	•	3 \$0	64 407	* 0
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,107	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$1,107	\$0
0860 - Local Governmental Unit (L	•				-							••		•	005	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$85	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85	\$0
1400 - Single Point of Access (SPC	•															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,317	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,317	\$0
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	Ó	0	\$1,697	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$1,697	\$0
1970 - Transition Management Ser	vices															,
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$552	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$552	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,785	\$0
Totals For FS 965	_	0.00	0.00	0	0	\$10,543	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,543	\$0
Totals For 70520 - Albany County Department of Mental Healt	=	6.00	0.00	0	1,289	\$4,190,740	\$482,200	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$3,017,928	\$0



<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other_ Revenue	<u>Carry</u> <u>Over</u> Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
25460 - Catholic Charities Housing Off 034J - Adult Case Management & AC																
2720 - Non-Medicaid Care Coordin	ation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0
Totals For FS 034J		0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0
Totals For 25460 - Catholic Charities Housing Office	;	0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0



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Provider	<u>Local</u> Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	<u>Carry</u> Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number		Slots	<u>Beds</u>	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
11620 - Community Living Assn	Program															
014 - Community Support Servi	ces															
1760 - Advocacy/Support Ser	vices															
00 NO_SUBCO	DE Albany	0.00	0.00	0	0	\$35,315	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,315	\$0
01 NO_SUBCO	DE Albany	0.00	0.00	0	0	\$58,859	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$58,859	\$0
1770 - Drop In Centers																
00 NO_SUBCOL	DE Albany	0.00	0.00	0	0	\$176,868	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$176,868	\$0
Totals For FS 014		0.00	0.00	0	0	\$271,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$271,042	\$0
078 - Supported Housing																
7080 - Apartment/Support																
00 NO_SUBCOD	DE Albany	0.00	0.00	9	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	. \$0	\$0	\$0	\$0	\$0
Totals For FS 078		0.00	0.00	9	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$0	\$0	\$0
200 - Com. Reinvestment																
1760 - Advocacy/Support Ser	vices															
04 NO_SUBCOD	E Albany	0.00	0.00	0	0	\$28,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,960	\$0
01 NO_SUBCOD	E Albany	0.00	0.00	0	0	\$4,148	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,148	\$0
1770 - Drop In Centers																
00 NO_SUBCOD	E Albany	0.00	0.00	0	0 -	\$13,189	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,189	\$0
Totals For FS 200		0.00	0.00	0	. 0	\$46,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$46,297	\$0
400 - Commissioner's Perf.																
1760 - Advocacy/Support Ser	vices															
04 NO_SUBCOD	E Albany	0.00	0.00	0	0	\$24,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,000	\$0
02 NO_SUBCOD	E Albany	0.00	0.00	0	0	\$30,523	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,523	\$0
03 NO_SUBCOD	E Albany	0.00	0.00	0	0	\$14,860	* \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,860	\$0
Totals For FS 400	-	0.00	0.00	0	0	\$69,383	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,383	\$0

NEW YORK STATE Mental Health Aid to Localities Financial System

County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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Provider FS/Program/CBR Index	/Team Type	Local Contract Number	<u>Managers</u>	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
11620 - Community L	iving Assn Progra	am														•	
965 - Funding Redu	ction/COLA																
1760 - Advocacy/	Support Services																
04	NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,492	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,492	\$0
1770 - Drop In Ce	nters																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,757	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,757	\$0
Totals For FS 965			0.00	0.00	0	0	\$7,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,249	\$0
965S - Personnel Se	rvices Enhancem	ents															
1760 - Advocacy/s	Support Services								5.9								
. 04	NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,464	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,464	\$0
1770 - Drop In Cer	nters																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,833	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,833	\$0
Totals For FS 965S			0.00	0.00	0	0	\$15,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,297	\$0
Totals For 11620 - Co Assn Program	mmunity Living		0.00	0.00	9	3,285	\$614,997	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$(, \$0	\$409,268	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
42100 - Community Maternity Services	i															
034K - C&F Case Management																
2720 - Non-Medicaid Care Coordin	ation Man	agers														
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,093	\$0
Totals For FS 034K		0.00	0.00	0	0	\$17,093	\$(\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,093	\$0
200 - Com. Reinvestment 0650 - Respite Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$0
Totals For FS 200		0.00	0.00	0	0	\$100,350	\$(\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$0
965 - Funding Reduction/COLA 0650 - Respite Services						÷										
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$669	\$0
Totals For FS 965	•	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$669	\$0
Totals For 42100 - Community Maternity Services	=	0.00	0.00	0	0	\$118,112	\$(\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$118,112	\$0



<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> <u>Amount</u>	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
35350 - Counseling Care and Services,	Inc															
200 - Com. Reinvestment																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$6,363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$6,363	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$15,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$15,156	\$0
Totals For FS 200		0.00	0.00	0	0	\$21,519	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0 \$0	\$21,519	\$0
965 - Funding Reduction/COLA																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$261	\$0
Totals For FS 965		0.00	0.00	0	0	\$363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$363	\$0
Totals For 35350 - Counseling Care and Services, Inc	=	0.00	0.00	0	0	\$21,882	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,882	\$0



Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14510 - Equinox, Inc.																
014 - Community Support Services																
1760 - Advocacy/Support Service	s															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
Totals For FS 014		0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$10,130	\$0
037P - PROS State Aid																
6340 - Comprehensive PROS with	Clinical Ti	reatment														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
Totals For FS 037P		0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
078 - Supported Housing														•		
6060 - Supported Housing																
01 NO_SUBCODE	Albany	0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,607	\$0
Totals For FS 078		0.00	0.00	12	0	\$123,607	\$0	. \$0	\$0	\$0	\$0	\$0	\$(\$0	\$123,607	\$0
200 - Com. Reinvestment																
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,283	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$43,262	\$0
1760 - Advocacy/Support Service	s															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,671	\$0
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,688	\$0
2620 - Health Home Non-Medicaid	Care Mana	-														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,266	\$0
2740 - Health Home Care Manage	nent Servic															
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$123	. \$0
6070 - Congregate/Treatment																
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,451	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,451	\$0
Totals For FS 200	_	0.00	0.00	0	0	\$207,482	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$188,461	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Manager	s <u>Slots</u>	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> <u>Share</u>	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> <u>State Aid</u>	Annualized Value
14510 - Equinox, Inc.																
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$41,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,017	\$0
6070 - Congregate/Treatment																
04 NO_SUBCODE	Albany .	0.00	0.00	0	0	\$11,337	\$0		\$0	\$0	\$0	\$0	. \$0	\$0	\$11,337	\$0
Totals For FS 400		0.00	0.00	0	. 0	\$52,354	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,354	\$0
570 - Health Home																
2620 - Health Home Non-Medicaid	Care Mana	gement														
01 NO_SUBCODE	Albany	10.00	200.00	0	0	\$719,475	\$0	\$0	. \$0	\$478,880	\$0	\$0	\$0	\$0	\$240,595	\$0
2740 - Health Home Care Managem																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$40,000	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000	\$0
2850 - Health Home Care Managem																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$33,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,350	\$0
Totals For FS 570		10.00	200.00	0	0	\$792,825	\$0	\$0	\$0	\$478,880	\$0	\$0	\$0	\$0	\$313,945	\$0
965 - Funding Reduction/COLA																
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,591	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,591	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,976	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,976	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965	_	0.00	0.00	0	0	\$4,122	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,122	\$0
965S - Personnel Services Enhancem	ents															
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$534	\$0
Totals For FS 965S	_	0.00	0.00	0	0	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$534	\$0
Totals For 14510 - Equinox, Inc.	. =	10.00	200.00	12	0	\$1,259,150	\$0	\$0	\$0	\$478,880	\$19,021	\$0	\$0	\$0	\$761,249	\$0



County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH

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Local Carry Medicaid Other Non One Time Total **Annualized** <u>Provider</u> Contract Units of Total Gross <u>LGU</u> **Voluntary** <u>SSI</u> Over FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share Share Amount Amount Revenue Revenue <u>Funded</u> <u>Adjustment</u> State Aid Value 17630 - Homeless and Travelers Aid Society 034J - Adult Case Management & ACT 2720 - Non-Medicaid Care Coordination Managers \$47,972 \$0 02 NO_SUBCODE Albany 0.00 0.00 0 1,530 \$47,972 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Albany .01 NO_SUBCODE 0.00 0.00 0 4,970 \$124,253 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$124,253 \$0 Totals For FS 034J 0.00 0.00 0 6,500 \$172,225 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$172,225 \$0 039Q - Innovative Psychiatric Rehabilitation 1380 - Assisted Competitive Employment 01 NO_SUBCODE 0.00 0.00 0 0 \$49,162 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$49,162 \$0 Totals For FS 039Q 0.00 0.00 \$49,162 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$49,162 \$0 078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE 0.00 0.00 26 107 \$145,106 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$145,106 \$0 Albany Totals For FS 078 0.00 0.00 26 107 \$145,106 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$145,106 \$0 \$0 200 - Com. Reinvestment 0670 - Transportation 01 NO_SUBCODE 846 \$1,805 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,805 \$0 Albany 0.00 0.00 0 \$0 0690 - Outreach 01 NO_SUBCODE 0.00 0.00 0 930 \$25,404 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25,404 \$0 Albany 1760 - Advocacy/Support Services 01 NO_SUBCODE 0.00 0.00 0 576 \$11,976 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11.976 \$0 Totals For FS 200 0.00 0.00 0 2,352 \$39,185 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$39,185 \$0 300 - Homeless/MICA 6060 - Supported Housing 02 NO_SUBCODE 0.00 0.00 0 768 \$34,245 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$34,245 \$0 Albany Totals For FS 300 0.00 0.00 0 768 \$34,245 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$34,245 \$0

NEW YORK STATE Mental Health

Aid to Localities Financial System

County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

Provider FS/Program/CBR Index/Team Type	<u>Local</u> <u>Contract</u> <u>Number</u>		Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
17630 - Homeless and Travelers A	id Society															
965 - Funding Reduction/COLA																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$249	\$0
1380 - Assisted Competitive E	nployment															
01 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965		0.00	0.00	0	0	\$804	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$804	\$0
Totals For 17630 - Homeless and Travelers Aid Society		0.00	0.00	26	9,727	\$440,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$440,727	\$0



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	Local											Carry			T-4-1	A
Provider	Contract		Class	Dad.		Total Gross	<u>LGU</u>	Voluntary	<u>SSI</u>	Medicaid	Other Pours	Over	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
FS/Program/CBR Index/Team Type	Number	Managers	Siots	Beas	Service	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	runaea	Aujustment	State Alu	value
27100 - Mental Health Empowerment P	roject, Inc															
200 - Com. Reinvestment																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,082	\$0
Totals For FS 200	-	0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$30,082	\$0
300 - Homeless/MICA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
Totals For FS 300	_	0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
Totals For FS 400	-	0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
Totals For FS 965	_	0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
965S - Personnel Services Enhanceme	ents															
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For FS 965S	_	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For 27100 - Mental Health Empowerment Project, Inc.	=	0.00	0.00	. 0	0	\$111,443	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$111,443	\$0



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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Child & Family Cente	r															
001A - Local Assistance																
0200 - Day Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	12,186	\$879,140	\$0	\$0	\$0	\$879,140	\$0	\$0	\$0	\$0	\$0	\$0
2100 - Clinic Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	8,640	\$884,279	\$0	\$0	\$0	\$788,863	\$95,416	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A		0.00	0.00	0	20,826	\$1,763,419	\$(\$0	\$0	\$1,668,003	\$95,416	\$0	\$0	\$0	\$0	\$0
044 - CMHS Block Grant C&F																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$8,400	. \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,400	\$0
1510 - School- based Mental Healt	h															
01 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	, \$0	\$73,846	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,846	\$0
1650 - Family Peer Support Servic	es (Childre	n and Far	nily)													
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,740	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$93,506	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,506	\$0
2680 - Crisis Intervention												- 1				••
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$31,132	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$31,132	\$0
Totals For FS 044		0.00	0.00	0	4,506	\$284,470	\$0	- \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,470	\$0
046G - Emergency Services C&F																
2680 - Crisis Intervention																
OO NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0
Totals For FS 046G	-	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0



Provider FS/Program/CBR Inde	x/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized <u>Value</u>
40400 - Parsons Chi	ld & Family Center																
046L - Community	Support Programs	-C&F															
0610 - Recreatio	n																
00	NO_SUBCODE	Albany	0.00	0.00	0	332	\$7,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,616	\$0
0650 - Respite S	ervices																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$4,589	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,589	\$0
0690 - Outreach																	
00	NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$60,208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,208	\$0
(Non-Licensed P					•												
	NO_SUBCODE	Albany	0.00	0.00	. 0	471	\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496	\$0
	ased Mental Health																
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
•	er Support Service	s (Childre		• •													
00	NO_SUBCODE	Albany	0.00	0.00	0	1,644	\$82,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,049	\$0
	/Support Services																
00	NO_SUBCODE	Albany	0.00	0.00	0	247	\$39,629	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$39,629	\$0
	ed Childrens Servi	ce Initiativ															
	NO_SUBCODE	Albany	0.00	0.00	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L			0.00	0.00	0	5,323	\$386,752	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$386,752	\$0
090 - Non Funded																	
1080 - Residentia	I Treatment Facilit	y - Childre	en & Youth	1													
00	NO_SUBCODE	Albany	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 090		-	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0



Provider	<u>Local</u> <u>Contract</u>				Units of	Total Gross	<u>LGU</u>	Voluntary	<u>ssi</u>	Medicaid	Other	Carry Over	Non	One Time	<u>Total</u>	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	Amount	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
40400 - Parsons Child & Family Center																
200 - Com. Reinvestment																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$12,736	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,736	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$48,022	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$48,022	\$0
Totals For FS 200		0.00	0.00	0	0	\$60,758	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$60,758	\$0
400 - Commissioner's Perf.																
0910 - Crisis Residence																
01 NO_SUBCODE	Albany	0.00	0.00	0	69	\$104,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0
Totals For FS 400		0.00	0.00	0	69	\$104,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0



Family Center

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		Local											Carry				
<u>Provider</u>		Contract				Units of	Total Gross	<u>LGU</u>	Voluntary	<u>SSI</u>	Medicaid	Other	<u>Over</u>	Non	One Time	Total	Annualized
FS/Program/CBR Inde	ex/Team Type	Number	Managers	<u>Slots</u>	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	Amount	Amount	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	Value
40400 - Parsons Chi	ild & Family Center																
965 - Funding Red	uction/COLA																
0610 - Recreatio	n																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$289	\$0
0690 - Outreach																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0
	al and Educational	Services	- Children	& Fam	ily												
(Non-Licensed F	Program) NO_SUBCODE	A II	0.00	0.00	•	0	#4 707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,727	\$0
	_	Albany	0.00	0.00	0	0	\$1,727	\$0	\$0	\$0	\$ U	Φ0	φυ	φυ	, <u>\$</u> 0	φ1,727	φ0
1510 - School- b	ased Mental Health NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	# 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	. \$0
	-	,			-			\$0						\$0		\$1,707	\$0
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0	3 0	\$1,707	\$0
	er Support Service				•	•	*****	**	**	* 0	0.0	c 0	40	\$0	\$0	\$896	\$0
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	φu	φ0	\$090	φυ
	/Support Services	A II	0.00	0.00	•	•	04.405				00	00	00	\$0	\$0	\$1,195	\$0
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,195	Φ0
2680 - Crisis Inte		A 11-	0.00	0.00	•		40.000			40				\$0	\$0	¢0.603	\$0
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,623	\$0	\$0	\$0	\$0	. \$0	\$0	\$0	\$ 0	\$2,623	φυ
	ed Childrens Service				•		****				20				\$0	\$202	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$202	\$0		\$0	\$0	\$0	\$0	\$0		,	\$0
Totals For FS 965			0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0
Totals For 40400 - Pa	arsons Child &		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0



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Provider FS/Program/CBR Index,	/Team Type	Local Contract Number	Managers	s <u>Slots</u>	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	<u>SSI</u> <u>Amount</u>	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized <u>Value</u>
14370 - Rehabilitation	n Support Svcs, Ir	ıc															
001A - Local Assista	ance																W
2100 - Clinic Treat																	
	NO_SUBCODE	Albany .	0.00	0.00	0	800	\$400,000	\$(\$0	\$400,000	\$0		\$0		\$0	\$0
Totals For FS 001A			0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$0	\$0	\$0	\$0
014 - Community Su	pport Services																
0670 - Transporta																	
	NO_SUBCODE	Albany	0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$0	\$136,472	\$0
Totals For FS 014			0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
037P - PROS State A	Aid																
6340 - Comprehen		Clinical Tr	eatment														
	NO_SUBCODE	Albany	0.00	145.0C	0	0	\$1,054,456	. \$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
Totals For FS 037P			0.00	145.00	0	. 0	\$1,054,456	\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$120,956	\$0
078 - Supported Hou	sing														•		
6060 - Supported I	Housing																
	NO_SUBCODE	Albany	0.00	0.00	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$63,709	\$0
44	NO_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
12	NO_SUBCODE	Albany	0.00	0.00	8	173	\$266,419	\$0	\$0	\$0	. \$0	\$0	\$0	\$C	\$0	\$266,419	\$0
29 1	NO_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
. 17	NO_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
	NO_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$58,361	\$0
13 1	NO_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$24,509	\$0
28 1	NO_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,738	\$0
22 1	NO_SUBCODE	Albany	0.00	0.00	88	1,685	\$717,741	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,741	\$0
18 1	NO_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	, \$0	\$0	\$0	\$0	\$0	\$243,871	\$0
25 N	NO_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,805	\$0
Totals For FS 078		-	0.00	0.00	239	5,532	\$2,539,282	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,539,282	\$0



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	Local											Carry				1 22 12
Provider FS/Program/CBR Index/Team Type	Contract Number	Manager	s Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14370 - Rehabilitation Support Svcs	, Inc															
142A - Expanded Community Supp	ort Adult															
0690 - Outreach																
03 NO_SUBCODE	Albany	0.00	0.00	0	0	\$215,430	\$0	\$0	\$0	\$0	\$0	\$0	\$0) \$0	\$215,430) \$0
1230 - Flexible Recipient Service																
05 NO_SUBCODE	Albany	0.00	0.00	0	0	\$15,030	\$0	\$0	\$0	\$0	\$0		\$(
Totals For FS 142A		0.00	0.00	0	0	\$230,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$230,460	\$0
200 - Com. Reinvestment																
0690 - Outreach																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$36,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,964	\$0
1760 - Advocacy/Support Servic	es															
08 NO_SUBCODE	Albany	0.00	0.00	. 0	933	\$39,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,026	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	5.00	0	400	\$26,983	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,983	\$ \$0
6060 - Supported Housing												••			0400 040	
22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$163,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50 \$0	\$163,042	\$0
6070 - Congregate/Treatment						***	•			•			0.0		#20 000	
24 NO_SUBCODE	Albany	0.00	10.00		0	\$38,002	\$0		\$0	\$0	\$0		\$0		\$38,002	
Totals For FS 200		0.00	15.00	0	1,333	\$304,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$304,017	\$0
200C - Supported Housing - Workfo	rce RIV															
6060 - Supported Housing																10000
17 NO_SUBCODE	Albany	0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
Totals For FS 200C		0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
300 - Homeless/MICA																
6060 - Supported Housing																
26 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,909	. \$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$14,909	\$0
Totals For FS 300		0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0



	Local								•			Carry				
Provider	Contract			_	Units of	Total Gross	<u>LGU</u>	Voluntary	<u>SSI</u>	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	Amount	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
14370 - Rehabilitation Support Svcs, Ir	ıc															
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
12 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787	\$0
Totals For FS 400		0.00	0.00	0	. 0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787	\$0
580 - MRT Supported Housing Beds																
6060 - Supported Housing																
41 NO_SUBCODE	Albany	0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077	\$0
Totals For FS 580		0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077	\$0
965 - Funding Reduction/COLA																
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,556	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,556	\$0
0690 - Outreach																<i>x</i>
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,301	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,301	\$0
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,489	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,489	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$831	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$831	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,177	\$0
965S - Personnel Services Enhancem	ents															
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,694	\$0
Totals For 14370 - Rehabilitation Support Svcs, Inc		0.00	160.00	249	21,413	\$4,866,178	\$0	\$0	\$0	\$1,325,500	\$8,000	\$0	\$0	\$0	\$3,532,678	\$0



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	Local											Carry				
<u>Provider</u>	Contract					Total Gross	<u>LGU</u>	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	<u>Share</u>	Amount	Amount	Revenue	Revenue	<u>Funded</u>	Adjustment	State Aid	<u>Value</u>
14350 - St. Anne Institute																
001A - Local Assistance																
1510 - School- based Mental Healt	:h															
00 NO_SUBCODE	Albany	0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$65,571	\$0
Totals For FS 001A		0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$0	\$0	\$0	\$0	\$(\$0	\$65,571	\$0
044 - CMHS Block Grant C&F																
1320 - Vocational and Educational	Services -	- Children	& Fam	ily												
(Non-Licensed Program) 00 NO_SUBCODE	Albany	0.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,245	\$0
Totals For FS 044		0.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$(\$0	\$65,245	\$0
046L - Community Support Programs	s-C&F															
1320 - Vocational and Educational	Services -	Children	& Fam	ily							(2)					
(Non-Licensed Program)					0.40	***	••		••			••	•		****	**
00 NO_SUBCODE	Albany	0.00	0.00	0	613	\$22,621	\$0		\$0	\$0	\$0		\$(\$22,621	\$0
Totals For FS 046L		0.00	0.00	0	613	\$22,621	\$0	\$0	\$0	\$0	\$0	\$0	\$0	, \$0	\$22,621	\$0
965 - Funding Reduction/COLA																
1320 - Vocational and Educational	Services -	Children	& Fami	ily												
(Non-Licensed Program) 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,580	\$0	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$2,580	\$0
1510 - School- based Mental Healtl		0.00	0.00	U	U	\$2,560	φυ	40	4 0	. 40	. 90	φυ	Ψ	, φυ	Ψ2,300	ΨΟ
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,042	\$0
Totals For FS 965	Albany -															
		0.00	0.00	0	0	\$3,622	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,622	\$0
965S - Personnel Services Enhancem	nents															
1320 - Vocational and Educational (Non-Licensed Program)	Services -	Children	& Fami	ly												
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$279	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$279	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$279	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$279	\$0
Totals For 14350 - St. Anne Institute	=	0.00	0.00	0	4,855	\$222,909	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$157,338	\$0



Paradidan	Local					T					0.1	Carry		O Ti	T-4-1	
Provider	Contract				Units of	Total Gross	<u>LGU</u>	<u>Voluntary</u>	SSI	Medicaid	Other	Over	Non	One Time	<u>Total</u>	<u>Annualized</u>
FS/Program/CBR Index/Team Type	Number	<u>Managers</u>	Slots	<u>Beds</u>	<u>Service</u>	Expenses	<u>Share</u>	Share	<u>Amount</u>	<u>Amount</u>	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	Value
14360 - St. Catherine's Center for Chil	dren															
001A - Local Assistance																
0200 - Day Treatment																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A		0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For 14360 - St. Catherine's Center for Children		0.00	0.00	0	0	\$200,000	\$0	\$0	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0



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		-														
Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
40240 - The Workshop, Inc.																
001A - Local Assistance																
6140 - Transformed Business Mod	el															
00 NO_SUBCODE	Albany	0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$0
014 - Community Support Services								•							•	
6140 - Transformed Business Mod	el															
00 NO_SUBCODE	Albany	0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
Totals For FS 014	-	0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
037P - PROS State Aid																
7340 - Comprehensive PROS witho	ut Clinica	l Treatmer	nt													
00 NO_SUBCODE	Albany	0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
Totals For FS 037P		0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$650,000	\$100	\$0	\$0	\$0	\$86,908	\$0
046L - Community Support Programs	-C&F															
1320 - Vocational and Educational (Non-Licensed Program)	Services -	Children	& Fam	ily												
00 NO_SUBCODE	Albany	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
Totals For FS 046L	•	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
200 - Com. Reinvestment																
5340 - Supported Education																
00 NO_SUBCODE	Albany	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0
Totals For FS 200		0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



County Allocation Tracker Detail Report Year - 2020 County - Albany (01) Letter Type - DMH

Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

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Local Carry <u>Provider</u> Units of Total Gross <u>LGU</u> **Voluntary** Medicaid **Other** <u>Over</u> Non One Time <u>Total</u> **Annualized** Contract SSI FS/Program/CBR Index/Team Type Number Managers Slots Beds Service Expenses Share Share <u>Amount</u> **Amount** Revenue Revenue <u>Funded</u> <u>Adjustment</u> State Aid Value 40240 - The Workshop, Inc. 965 - Funding Reduction/COLA 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE \$1,032 \$0 0.00 \$1,032 \$0 \$0 \$0 \$0 Albany 0.00 0 .0 \$0 \$0 \$0 \$0 5340 - Supported Education 00 NO_SUBCODE 0.00 0 \$693 \$0 \$0 \$0 \$0 \$0 \$0 \$693 \$0 0.00 \$0 \$0 Albany 0 6140 - Transformed Business Model 00 NO_SUBCODE 0.00 0.00 0 0 \$642 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$642 \$0 Albany Totals For FS 965 \$0 \$0 \$0 \$0 \$2,367 \$0 0.00 0.00 0 0 \$2,367 \$0 \$0 \$0 \$0 965S - Personnel Services Enhancements 6140 - Transformed Business Model Albany \$0 \$0 \$3,429 \$0 00 NO_SUBCODE 0.00 0.00 0 0 \$3,429 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 965S \$0 \$3,429 \$0 \$3,429 \$0 \$0 \$0 \$0 \$0 0.00 0.00 0 0 \$0 \$0 Totals For 40240 - The Workshop, Inc. \$353,977 \$0 24,897 \$1,059,490 \$0 \$55,413 \$650,000 \$100 \$0 \$0 \$0 0.00 0.00 \$0 0 Report Totals 16.00 360.00 296 105,534 \$19,198,505 \$501,852 \$120,984 \$93,525 \$8,075,773 \$234,741 \$0 \$0 \$0\$10,171,630 \$0



Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Susan H. Daley Deputy Director

September 30, 2020

Honorable Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a contract in 2021 with Pearl Street Counseling for the provision of outpatient treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Pearl Street Counseling through Albany County Department of Mental Health in the amount of \$379,044. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

Feel free to contact me or Sarah Cantwell if you have any questions concerning this request.

Sincerely.

Stephen Giordano, Ph.D.

Director

cc:

Hon. Dennis Feeney, Majority Leader Hon. Frank Mauriello, Minority Leader Majority Counsel Minority Counsel



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1937, Version: 1		
REQUEST FOR LEGISLATIVE AG	CTION	
Description (e.g., Contract Authorization for Pearl Str	orization for Information Services): reet Counseling	
Date:	September 30, 2020	
Submitted By:	Mark Gleason	
Department:	Mental Health	
Title:	Operations Analyst	
Phone:	518-447-3014	
Department Rep.		
Attending Meeting:	Dr. Stephen Giordano, Ph.D.	
Purpose of Request:		
☐ Adopting of Local Law☐ Amendment of Prior Legislation		
☐ Approval/Adoption of Plan/Proce	edure	
☐ Bond Approval		
☐ Budget Amendment		
☐ Contract Authorization		
☐ Countywide Services		
☐ Environmental Impact/SEQR		
☐ Home Rule Request		
☐ Property Conveyance ☐ Other: (state if not listed)	Click or tap here to enter text.	
CONCERNING BUDGET AMEND	MENTS	
Increase/decrease category (cho	oose all that apply):	
☐ Contractual	11 3/	
☐ Equipment		
☐ Fringe		
☐ Personnel		
☐ Personnel Non-Individual		

File #: TMP-1937, Version: 1	
□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHOR	IZATIONS
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☑ Other: (state if not listed)	
Contract Terms/Conditions:	
Party (Name/address): Pearl Street Counseling 109 State St. A	lbany, NY 12207
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: chemical dependency	\$379,044 Provides an outpatient treatment program to individuals suffering from
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ☒ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

File #: TMP-1937, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486 Revenue Amount: \$379,044

Appropriation Account and Line: A94230.44415
Appropriation Amount: \$379,044

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021-12/31/2021

Length of Contract: 12 months

Impact on Pending Litigation Yes □ No ☒

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 500
Date of Adoption: 11/12/19

<u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Pearl Street Counseling for the provision of outpatient treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Pearl Street Counseling through Albany County Department of Mental Health in the amount of \$379,044, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

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Region: Hudson County: Albany (1) Fiscal Year: 2020 As of: 07/03/2020

				Apı	Approved Budge	Budgeted Amounts			
Agency NumberName	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	nded Funding O Net Code/Source ti	One- Approved time State Aid	Local Share	Non- Restr. Funded Code
00170	3560 00 692	0	0	0	0			0	
Hospitality House T.C.,	12 3600 00 53452	2,320,714	1,419,076	901,638	901,638	0138	901,638	0	0
Inc.	Agency 00170 Total:	2,320,714	1,419,076	901,638	901,638	All	901,638	0	0
00651	3520 00 1694	644,006	283,012	360,994	360,994	013S	360,994	0	0
Pearl Street Counseling Center, Inc.	Agency 00651 Total:	644,006	283,012	360,994	360,994	All	360,994	0	0
14510	3520 00 52689	732,910	339,625	393,285	393,285	0138	393,285	0	0
Equinox, Inc.	Agency 14510 Total:	732,910	339,625	393,285	393,285	All	393,285	0	0
24440	3 3600 00 53244	599,066	221,667	377,399	377,399	013S	377,399	0	0
Trinity Alliance of the Capital Region, Inc.	Agency 24440 Total:	599,066	221,667	377,399	377,399	All	377,399	0	0
26330	2780 00 52034	241,035	3,827	237,208	237,208	0138	237,208	0	0
Family & Children's Service of the Capital Region, Inc.	Agency 26330 Total:	241,035	3,827	237,208	237,208	A	237,208	0	0

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County: Albany (1)

Region: Hudson

Fiscal Year: 2020

As of: 07/03/2020

						Apı	Approved Budget	Budgeted Amounts					
Agency	Init	Program				į	Funded	Funding		Approved	200		000
Number/Name	Code	Code/Index	PRU Direct	Gross	Revenue	Net	Net (Net Code/Source	time	State Aid	Share	Funded	Code
35090	\$	0810 00 5	52994	20,000	0	20,000	20,000	0138		20,000	0	0	
Addictions Care Center		0810 01 5	52256	76,886	0	76,886	76,886	013F		76,886	0	0	
of Albany, Inc.		0850 00 5	53037	103,076	0	103,076	103,076	0138		103,076	0	0	
	12	3600 00 5	53212	1,321,721	710,000	611,721	611,721	013S		611,721	0	0	
	12	3600 03 5	53459	1,685,492	1,225,565	459,927	459,927	013F		459,927	0	0	
	ဂ္ဂ	4075 00 5	53090	101,117	0	101,117	101,117	0138		101,117	0	0	
	Ë	4080 00 5	53384	159,767	0	159,767	159,767	0138		159,767	0	0	
	Б	4778 00		50,000	0	50,000	50,000	0138	0	50,000	0	0	
		5520 00 9	90051	235,697	0	235,697	235,697	013F		235,697	0	0	
		Agency 35090 Total:	Total:	3,753,756	1,935,565	1,818,191	1,818,191	All		1,818,191	0	0	
35240		5520 00 9	90052	162,027	29,749	132,278	132,278	013F		132,278	0	0	
Albany-Schoharie-Schdy		5550 00 9	90868	78,285	63,785	14,500	14,500	0138		14,500	0	0	
Saratoga BOCES		Agency 35240 Total:	Total:	240,312	93,534	146,778	146,778	A		146,778	0	0	
35300		3078 00 5	52258	52,711	0	52,711	52,711	0138		52,711	0	0	
Hope House, Inc.		3470 00 5	53381	68,136	0	68,136	68,136	0138		68,136	0	0	
	~	3551 00	5001	1,778,497	1,433,947	344,550	344,550	013F		344,550	0	0	
		3	53380	790,173	264,003	526,170	526,170	013F		526,170	0	0	
	ס	3570 00 5	51834	1,254,344	413,352	840,992	840,992	013F	0	718,038 122,954	0	0 0	
								Pr	Program:	840,992	0	0	
	23	3600 00 5	53446	1,767,214	1,281,846	485,368	485,368	013F		485,368	0	0	
	23	3600 01 5	53471	1,227,138	620,627	606,511	606,511	0138)	729,465	0	0	
								0138	0	-122,954		0	
								Pro	Program:	606,511	0	0	
		Agency 35300 Total:	Total:	6,938,213	4,013,775	2,924,438	2,924,438	All		2,924,438	0	0	
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County: Albany (1) Fiscal Year: 2020 As of: 07/03/2020

Region: Hudson

				App	Approved Budgeted Amounts	ted Amounts					
Agency Number/Name	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	ded Funding Net Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
42720	5520 01 90059	46,648	4,202	42,446	42,446	013F		42,446	0	0	
Albany Diocesan School Board	Agency 42720 Total:	46,648	4,202	42,446	42,446	All		42,446	0	0	
45240	3520 00 52134	543,778	324,825	218,953	218,953	0138		218,953	0	0	
Senior Hope Counseling, Inc.	Agency 45240 Total:	543,778	324,825	218,953	218,953	All		218,953	0	0	
49470	0950 00 53045	151,942	0	151,942	151,942	013S	-	151,942	0	0	
Catholic Charities Care Coordination Services	Agency 49470 Total:	151,942	0	151,942	151,942	All		151,942	0	0	
70520	0890 00 70011	249,147	27,235	221,912	221,912	013S		121,568	100,344	0	
Albany County Department of Mental Health	Agency 70520 Total:	249,147	27,235	221,912	221,912	All		121,568	100,344	0	
83060	3078 01 52261	71,901	22,613	49,288	49,288	0138		49,288	0	0	
St. Peter's Hospital of the	3570 00 50234	584,801	311,772	273,029	273,029	013F		273,029	0	0	
City of Albany	Agency 83060 Total:	656,702	334,385	322,317	322,317	All		322,317	0	0.	

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Region: Hudson County: Albany (1) Fiscal Year: 2020

			Ap	Approved Budge	udaeted Amounts					
Agency Init Program NumberName Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	Funded Funding One- Net Code/Source time	One- time	Approved State Aid	Local Share	Non- Restr	Restr. Code
County Albany (1) Summary - All Agencies:	17,118,229	9,000,728	8,117,501	8,117,501	All		8,017,157	100,344	0	
Less Direct Contracts/DASNY:	0	0	0	0	All		0	0	0	
Approved LGU Funding:	17,118,229	9,000,728	8,117,501	8,117,501	A		8,017,157	100,344	0	

Signature

Date