

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 A	CTION	
Description (e.g., Contract Auth Contract Authorization for Hope H	orization for Information Services): louse	
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/Prod □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 		
CONCERNING BUDGET AMENI Increase/decrease category (ch □ 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	ZATIONS
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	y, 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

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: 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.

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

07/03/2020 10:32 SBRRPALB100

Region: Hudson County: Albany (1)

Fiscal Year: 2020

As of: 07/03/2020

				Ap	Approved Budge	Budgeted Amounts					
Agency NumberName	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	unded Funding Net Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
00170	3560 00 692	0	0	0	0	minute.			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	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 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	0138		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	

SBRRPALB100 07/03/2020 10:32

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

As of: 07/03/2020

					Ap	Approved Budgeted Amounts	ted Amounts					
Agency NumberName	Init Code	Program Code/Index PRU Direct	ect Gross	Revenue	Net	Funded Net	ded Funding Net Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
35090	{	0810 00 52994	20,000	0	20,000	20,000	0138		20,000	0	0	
Addictions Care Center		0810 01 52256	76,886	0	76,886	76,886	013F		76,886	0	0	
of Albany, Inc.		0850 00 53037	103,076	0	103,076	103,076	013S		103,076	0	0	
	12	3600 00 53212	1,321,721	710,000	611,721	611,721	013S		611,721	0	0	
	12	3600 03 53459	1,685,492	1,225,565	459,927	459,927	013F		459,927	0	0	
	႙	4075 00 53090	101,117	0	101,117	101,117	0138		101,117	0	0	
	В	4080 00 53384	159,767	0	159,767	159,767	0138		159,767	0	0	
	ЪВ	4778 00	50,000	0	50,000	50,000	0138	0	50,000	0	0	
		5520 00 90051	235,697	0	235,697	235,697	013F		235,697	0	0	
		Agency 35090 Total:	3,753,756	1,935,565	1,818,191	1,818,191	All		1,818,191	0	0	
35240		5520 00 90052	162,027	29,749	132,278	132,278	013F		132,278	0	0	
Albany-Schoharie-Schdy		5550 00 90868	78,285	63,785	14,500	14,500	013S		14,500	0	0	
Saratoga BOCES		Agency 35240 Total:	240,312	93,534	146,778	146,778	All		146,778	0	0	
35300		3078 00 52258	52,711	0	52,711	52,711	013S		52,711	0	0	
Hope House, Inc.		3470 00 53381	68,136	0	68,136	68,136	013S		68,136	0	0	
	~	3551 00 5001	1,778,497	1,433,947	344,550	344,550	013F		344,550	0	0	
		9	790,173	264,003	526,170	526,170	013F		526,170	0	0	
	ס	3570 00 51834	1,254,344	413,352	840,992	840,992	013F 013F	0	718,038 122,954	0	0 0	
							Pr	Program:	840,992	0	0	
	23	3600 00 53446	1,767,214	1,281,846	485,368	485,368	013F		485,368	0	0	
	23	3600 01 53471	1,227,138	620,627	606,511	606,511	013S	o	729,465 -122,954	0	0 0	
								Program:	606,511	0	0	
		Agency 35300 Total:	6,938,213	4,013,775	2,924,438	2,924,438	All		2,924,438	0	0	

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As of: 07/03/2020

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

				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	013S		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 As of: 07/03/2020

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

Date

RESOLUTION NO. 407

AUTHORIZING AN AGREEMENT WITH HOPE HOUSE, INC. REGARDING RESIDENTIAL AND TREATMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Hope House, Inc. regarding the provision of residential and treatment services for individuals with chemical dependencies in the amount of \$3,070,660 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Addiction Services and Supports, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Hope House, Inc., Albany, NY 12206 regarding the provision of residential and treatment services for individuals with chemical dependencies, in an amount not to exceed \$3,070,660 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 A	CTION	
Description (e.g., Contract Authorization for Hospital	orization for Information Services): ity 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 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)	Pass through of NYS OASAS State Funding
Contract Terms/Conditions:	
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.

<u>Term</u>

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: 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.

SBRRPALB100 07/03/2020 10:32

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

	-								
				Ap	Approved Budge	Budgeted Amounts			
Agency NumberName	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	Funded Funding C Net Code/Source ti	One- Approved time State Aid	Local Share	Non- Restr.
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	013S	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

SBRRPALB100 07/03/2020 10:32

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

As of: 07/03/2020

						Aρ	Approved Budget	Budgeted Amounts					
Agency NumberîName	Init Code	Program CodeIndex PRU Direct	PRU Direct	Gross	Revenue	Net	Funded Net (Funding Code/Source	One- time	Approved State Aid	Local Share	Non-	Restr. Code
35090	5	0810 00 5	52994	20,000	0	20,000	20,000	0138		20,000	0		
Addictions Care Center		0810 01 6	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	
	8	4075 00 6	53090	101,117	0	101,117	101,117	0138		101,117	0	0	
	æ	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	013S		14,500	0	0	
Saratoga BOCES		Agency 35240 Total:	Total:	240,312	93,534	146,778	146,778	¥		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	013S		68,136	0	0	
	~	3551 00	5001	1,778,497	1,433,947	344,550	344,550	013F		344,550	0	0	
		91	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 013F	0	718,038 122,954	0	00	
								P	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	013S 013S	0	729,465 -122,954	0	0 0	
								Pr	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	

As of: 07/03/2020

County: Albany (1) Fiscal Year: 2020

Region: Hudson

				App	Approved Budgeted Amounts	ted Amounts					
Agency I Number/Name C	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	ΑII		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 Charilies 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	A		121,568	100,344	0	
83060	3078 01 52261	71,901 584 801	22,613	49,288 273 029	49,288	013S		49,288	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

			Ap	Approved Budgeted Amount	ed 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	

Date

RESOLUTION NO. 408

AUTHORIZING AN AGREEMENT WITH HOSPITALITY HOUSE TC, INC. REGARDING INTENSIVE SUBSTANCE ABUSE TREATMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Hospitality House TC, Inc. regarding intensive residential care services for individuals with chemical dependencies in the amount of \$946,720 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Addiction Services and Supports, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the Hospitality House TC, Inc., Albany, NY 12206 regarding intensive residential care services for individuals with chemical dependencies in an amount not to exceed \$946,720 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 ACT	TION	
Description (e.g., Contract Author Contract Authorization for Mental He	· · · · · · · · · · · · · · · · · · ·	
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) 	ure Click or tap here to enter text.	
CONCERNING BUDGET AMENDM	<u>ENTS</u>	
Increase/decrease category (choo ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	se 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 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

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: 495
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 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.

NEW Office of YORK Mental Health Aid to Localities Financial System

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

Print Date : 10/1/2020 10:59:08. ^Θ
Printed By: |palmeg
Page: Page 1 of 27

<u>Annualized</u> <u>Value</u>	0\$	0\$	\$0	\$0	\$	\$0	0\$	\$0	0\$	0\$
Total /	\$19,652	\$19,652	\$33,052	\$33,052	\$92,096	\$92,096	\$8,845	\$8,845	\$35,401	\$35,401
One Time Adjustment	0\$	\$0	0\$	\$0	\$	\$0	0\$	\$0	0\$	0\$
Non Funded A	0\$	\$0	0\$	\$	0\$	0\$	0\$	\$0	0\$	\$0
Carry Over Revenue	0\$	0\$	0\$	\$0	0\$	\$0	0\$	\$0	0\$	0\$
Other Revenue	0\$	\$0	\$0	\$0	\$0	\$0	0\$	0\$	0\$	0\$
Medicaid Amount	\$160,000	\$160,000	0\$	\$0	0\$	\$0	· •	0\$	0\$	\$0
SSI Amount	0\$	\$0	0\$	\$0	0\$	\$0	0\$	\$0	0\$	0\$
Voluntary Share	0\$	0\$	80	\$0	0\$	0\$	0\$	\$0	0\$	\$0
Share	\$19,652	\$19,652	\$0	\$0	0\$	0\$	80	0\$	0\$	0\$
Total Gross Expenses	\$199,304	\$199,304	\$33,052	\$33,052	\$92,096	\$92,096	\$8,845	\$8,845	\$35,401	\$35,401
Units of T	0	0	0	0	0	0	0	0	0	0
Beds	0	0	0	0	. 0	0	0.	0	0	0
Slots	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>Local</u> <u>Contract</u> Number Managers Slots	, ⊀ 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Local Contract Number	or Children, Albany		OA) Albany		OA) Albany		is-C&F Albany		Albany	
Index/Team Type	43660 - Albany County Department for Children, Y 001A - Local Assistance 2100 - Clinic Treatment 00 NO_SUBCODE Albany	01A	4 - CMHS Block Grant C&F 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE A	44	046A - Clinical Infrastructure-C&F 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE	46A	046L - Community Support Programs-C&F 2100 - Clinic Treatment 00 NO_SUBCODE Alba	46L	nvestment Treatment 00 NO_SUBCODE	00
Provider FS/Program/CBR Index/Team Type	43660 - Albany County Dep 001A - Local Assistance 2100 - Clinic Treatment	Totals For FS 001A	044 - CMHS Block Grant C&F 1400 - Single Point of Acce 00 NO_SUBC	Totals For FS 044	046A - Clinical I 1400 - Single 〔	Totals For FS 046A	046L - Community Suppor 2100 - Clinic Treatment 00 NO_SU	Totals For FS 046L	200 - Com. Reinvestment 2100 - Clinic Treatment 00 NO_SI	Totals For FS 200

YORK Office of 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

Print Date: 10/1/2020 10:59:08. © Printed By: |palmeg Page: Page 2 of 27

	Annualized	Value				\$0		\$0		\$0	\$0	\$0
	-,	state Aid				\$99,055		\$47,153		\$5,239	\$151,447	\$340,493
	One Time	djustment				\$0		\$0		\$0	\$0	0\$
		Funded				\$0		\$0		\$0	\$0	\$0
Carry	Over	Revenue				\$0		\$0		\$0	\$0	0\$
	Other	Revenue				\$0		\$0		\$0	\$0	\$0
		Amount				\$0		\$0		\$0	0\$	\$160,000
	SSI	Amount				\$0		\$0		\$0	\$0	0\$
	Voluntary	Share				\$0		\$0		\$0	\$0	0\$
	091	Share				\$0		\$0		\$0	\$0	\$19,652
	Units of Total Gross	Expenses				\$99,055		\$47,153		\$5,239	0 \$151,447	0 \$520,145
	Units of	Service				0		0	_	0	0	0
		Beds				0		Ö	stratio	0	0	0
		Slots				0.00		0.00	dmini	0.00	0.00	0.00
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Local	Contract	Number	r Children,	gement	Care Mana	Albany	ment Servic	Albany	ment Servic	Albany	•	"
	Provider	FS/Program/CBR Index/Team Type	43660 - Albany County Department for Children, Y	570K - Kids Health Home Care Management	2620 - Health Home Non-Medicaid Care Management	00 NO_SUBCODE Albany 0.00	2740 - Health Home Care Management Service Dollars	00 NO_SUBCODE Albany 0.00 0.00 0	2850 - Health Home Care Management Service Dollar Administration	00 NO_SUBCODE	Totals For FS 570K	Totals For 43660 - Albany County Department for Children, Y

VORK Office of 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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	Annualized	Value				\$0		\$0		\$0		\$0	\$0			\$0		\$0		\$0		\$0		\$0	\$0
		State Aid				\$13,044		\$24,134		\$86,229		\$28,793	\$152,200			\$103,510		\$59,366		\$7,657		\$97,108		\$246,878	\$514,519
		Adjustment				\$0		\$0		\$0		\$0	\$0			\$0		\$0		\$0		\$0		\$0	0\$
		Funded				\$0		\$0		\$0		\$0	\$0			\$0		\$0		\$0		\$0		0\$	\$0
Carry	Over	Revenue				\$0		\$0		\$0		\$0	\$0			\$0		\$0		\$0		\$0		\$0	\$0
		Revenue				\$0		\$0		\$0		\$0	\$0			\$0		\$0		\$0		\$0		\$0	\$0
		Amount				\$0		\$0		\$0		\$0	\$0			\$0		\$0		\$0		\$0		\$0	\$0
		Amount				\$0		\$0		\$0		\$0	\$0			\$0		\$0		80		\$0		\$0	\$0
	×	Share				\$0		\$0		\$0		\$0	\$0			\$0		\$0		80		\$0		\$0	0\$
	7 100 100	Share				\$13,044		\$24,134		\$86,230		\$28,792	\$152,200			\$0		\$0		\$0		\$0		\$330,000	\$330,000
	Total Gross	Expenses				\$26,088		\$48,268		\$172,459		\$57,585	\$304,400			\$103,510		\$59,366		\$7,657		\$97,108		\$576,878	\$844,519
		Service				0		0		0		0	0			0		0		0		0		0	0
		Beds				0		0		0		0	0			0		0		0		0		0	0
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Local	Contract	Number	Mental He		GU) Admi	Albany	OA)	Albany		Albany	ation Man	Albany	•			Albany	css	Albany		Albany		Albany		Albany	•
	Provider	FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt	001A - Local Assistance	0890 - Local Governmental Unit (LGU) Administration	00 NO_SUBCODE	1400 - Single Point of Access (SPOA)	00 NO_SUBCODE	2100 - Clinic Treatment	00 NO_SUBCODE	2720 - Non-Medicaid Care Coordination Managers	00 NO_SUBCODE	Totals For FS 001A	014 - Community Support Services	0690 - Outreach	00 NO_SUBCODE	0870 - Monitoring and Evaluation, CSS	00 NO_SUBCODE	1760 - Advocacy/Support Services	01 NO_SUBCODE	2100 - Clinic Treatment	00 NO_SUBCODE	2680 - Crisis Intervention	00 NO_SUBCODE	Totals For FS 014

YORK Office of STATE Mental Health Aid to Localities Financial System

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

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1230 - Flexible Recipient Service 00 NO_SUBCODE 2720 - Non-Medicaid Care Coordii 00 NO_SUBCODE	8810 - Assertive Community Trea 00 48 Slot	lotals For FS 034J 39J - Forensics 2100 - Clinic Treatment 00 NO_SUBCODE	rotals For FS 039J 39P - Clinical Infrastructure-Adult 1400 - Single Point of Access (SPI 00 NO_SUBCODE		41 - CMHS Block Grant Adult 1400 - Single Point of Access (SPC 00 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 041
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New Office of STATE Mental Health Aid to Localities Financial System

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

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Printed By: Ipalmeg
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I gram/CBR Index/Team Type	Local Contract Number Managers Slots Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary <u>Share</u>	<u>SSI</u> <u>Amount</u>	<u>Medicaid</u> <u>Amount</u>	Other Revenue	<u>Carry</u> <u>Over</u> Revenue	Non	One Time Adjustment	Total State Aid	Annualized <u>Value</u>
Albany County Department of I	Vental Healt												

One Time Total	N)		\$0 \$81,268	\$0 \$81,268		\$0 \$11,740	\$0 \$11,740		\$0 \$162,574	\$0 \$46,251	\$0 \$92,975	\$0 \$114,752	\$0 \$416,552	\$0 \$172,184	\$0 \$172,184		\$0 \$62,992	\$0 \$62.992
noN no	731		\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0	0\$	0\$	\$0		\$0	\$0
Carry	미		\$0	0\$		\$0	\$0		\$0	\$0	\$0	\$0	\$0	0\$	\$0		\$0	\$0
Other	. 601		\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0	0\$	\$0	\$0		\$0	\$0
Modicaid			\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	0\$		\$0	80
133	티		\$0	0\$		\$0	\$0		\$0	\$0	\$0	\$0	0\$	\$	\$0		\$0	\$0
Voluntary	Share		\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0	0\$	\$0	\$0		\$0	\$0
	Share		\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0\$	\$0	\$0	\$0		\$0	\$0
Total Gross	Expenses		\$81,268	\$81,268		\$11,740	\$11,740		\$162,574	\$46,251	\$92,975	\$114,752	\$416,552	\$172,184	\$172,184		\$62,992	\$62,992
I laite of	Service		0	0	N N	0	0		0	0	0	0	0	0	0		0	0
	Beds		0	0	tment	0	0		0	0	0	0	0	0	0		0	0
	Slots		0.00	0.00	einves	00.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
	Number Managers Slots	salt	0.00	0.00	n - OMH R	00.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Local	Number	f Mental He	rvices Albany		LGU) Admi	Albany		sso,	Albany	s Albany	Albany	Albany		Albany			Albany	
, and in the second	FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt 170B - Trans. Mgmt. Kendra's	1970 - Transition Management Services 00 NO_SUBCODE Alb	Totals For FS 170B	170C - MGP Admin Kendra's 0860 - I ocal Governmental Unit (I GU) Admin - OMH Reinvestment Only	00 NO_SUBCODE	Totals For FS 170C	200 - Com. Reinvestment 0870 - Monitoring and Evaluation, CSS	00 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA 2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 300	400 - Commissioner's Perf. 2100 - Clinic Treatment	00 NO_SUBCODE	Totals For FS 400

NEW Office of 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

Annualized Value		\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0	. 0\$	80	\$0	\$0
Total State Aid		\$53,119	\$83,040	\$9,228	\$145,387		\$1,107	,	\$82	\$1,317	\$1,697	\$552	\$5,785	\$10,543	\$0 \$3,017,928
One Time Adjustment		\$0	\$0	\$0	\$0		\$0	;	\$0	\$0	\$0	\$0	\$0	0\$	\$ 0\$
Non		\$0	\$0	\$0	\$0	•	\$0	,	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
Carry Over Revenue		\$0	\$0	\$0	\$0		\$0		\$ 0	\$	\$0	\$0	\$0	\$0	\$0
Other Revenue		\$0	\$0	\$0	\$0		\$0		9	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid Amount		\$0	\$0	\$0	0\$		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$690,612
SSI Amount		\$0	\$0	\$0	\$0		\$0		\$0	\$0	8	\$0	\$0	\$0	0\$
<u>Voluntary</u> <u>Share</u>		\$0	\$0	\$0	0\$		\$0		\$0	0 \$	80	\$0	\$0	80	0\$
LGU Share		\$0	0\$	\$0	\$0		\$0		\$0	\$0	0\$	\$	\$0	\$0	\$482,200
Total Gross Expenses		\$53,119	\$83,040	\$9,228	\$145,387		\$1,107		\$85	\$1,317	\$1,697	\$552	\$5,785	\$10,543	\$4,190,740
Units of Service		689	0	0 u	689		0	Only	0	0	0	0	0	0	1,289 \$
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s Slots		0.00	s 0.00	Admini 0.00	0.00		0.00	Reinve	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Managers Slots	#	gement 0.00	e Dollar 0.00	e Dollar 0.00	0.00		0.00	-OMH	0.00	0.00	0.00	0.00	0.00	0.00	6.00
Contract Number	f Mental Hea	d Care Mana Albany	ment Service Albany	ment Servico Albany	1		Albany	_GU) Admin.	Albany	OA) Albany	s Albany	rvices Albany	Albany	I	
Provider FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt 570 - Health Home	2620 - Health Home Non-Medicaid Care Management 00 NO_SUBCODE Albany 0.00	2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE Albany 0.00	2850 - Health Home Care Management Service Dollar Administration 00 NO_SUBCODE Albany 0.00 0.00 0	Totals For FS 570	965 - Funding Reduction/COLA 0690 - Outreach	00 NO_SUBCODE		00 NO_SUBCODE	1400 - Single Point of Access (SPOA) 01 NO_SUBCODE /	1760 - Advocacy/Support Services 01 NO_SUBCODE	1970 - Transition Management Services 00 NO_SUBCODE Alb	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 965	Totals For 70520 - Albany County Department of Mental Healt

Aid to Localities Financial System

NEW Office of STATE Mental Health

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

Θ Print Date : 10/1/2020 10:59:08*t* Θ Printed By: |palmeg Page: Page 7 of 27

	nnualized				\$0
	Total An				\$39,624
	One Time	d 			\$0
	Non G	:1		. '	\$0
Carry	Over				\$0
	Other				\$0
	Medicaid				\$0
	SSI Amount				\$0
	Voluntary Share				0\$
	Share				\$0
	Total Gross Expenses				\$39,624
	Units of Service				1,985
	Beds				0
	Slots				0.00
	Managers Slots Beds			agers	0.00
Local	Contract	ffice	CT.	nation Mar	Albany
	idex/Team Type	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
	Provider FS/Program/CBR Index/Team Type	25460 - Catholic C	034J - Adult Cas	2720 - Non-Me	0

ממונים ביותר אות ביותר אות ביותר אותר אותר אותר אותר אותר אותר אותר א		\$0 \$39,624 \$0	\$0 \$39,624 \$(\$0 \$39,624 \$0
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The state of the s		jers 0.00 0.	0.00 0.	0.00 0.
	fice :T	i ation Manaç Albany	1	II
741	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	Totals For FS 034J	Totals For 25460 - Catholic Charities Housing Office

New Office of 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

\$0	0\$ 0\$	\$0	%	\$0		\$0	\$0	. 0\$	\$0		\$0	\$0	\$0	\$0
\$35,315	\$58,859	\$271,042	0\$	0\$		\$28,960	\$4,148	\$13,189	\$46,297		\$24,000	\$30,523	\$14,860	\$69,383
\$0	0\$ \$	0\$	0\$	\$0		\$0	\$0	\$0	0\$		\$0	\$0	\$0	0\$
\$0	80	\$0	\$0	\$0		\$0	\$0	\$0	\$0		\$0	\$0	\$0	0\$
\$0	0\$	\$0	\$	\$0		\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
\$0	\$0	0\$	\$112,204	\$112,204		\$0	\$0	\$0	\$0		\$0	\$0	\$0	0\$
\$0	0\$	\$0	0\$	\$0		\$0	\$0	\$0	\$0		\$0	\$0	\$0	0\$
\$0	0\$ 0\$	0\$	\$93,525	\$93,525		\$0	\$0	\$0	\$0		\$0	\$0	\$0	0\$
\$0	0\$	0\$	\$0	0\$		\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
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\$35,315	\$58,859 \$176,868	\$271,042	\$205,729	\$205,729		\$28,960	\$4,148	\$13,189	\$46,297		\$24,000	\$30,523	\$14,860	\$69,383
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	Albany	1	Albany	1		Albany	Albany	Albany			Albany	Albany	Albany	1
1760 - Advocacy/Support Services	01 NO_SUBCODE 1770 - Drop In Centers 00 NO_SUBCODE	otals For FS 014	78 - Supported Housing 7080 - Apartment/Support 00 NO_SUBCODE	otals For FS 078	00 - Com. Reinvestment 1760 - Advocacy/Support Services	04 NO_SUBCODE	01 NO_SUBCODE	1770 - Drop in Centers 00 NO_SUBCODE	otals For FS 200	00 - Commissioner's Perf. 1760 - Advocacy/Support Services	04 NO_SUBCODE	02 NO_SUBCODE	03 NO_SUBCODE	Totals For FS 400
	ses Albany 0.00 0.00 0 0 \$35,315 \$0 \$0 \$0 \$0 \$0 \$0 \$35,315	Albany 0.00 0.00 0 \$35,315 \$0 \$0 \$0 \$0 \$0 \$58,859 Albany 0.00 0.00 0 \$176,868 \$0	Albany 0.00 0.00 0 \$35,315 \$0 \$0 \$0 \$6 \$55,315 \$0 \$25,315 Albany 0.00 0.00 0 \$58,859 \$0 \$0 \$6 \$6 \$76 \$6 \$58,859 Albany 0.00 0.00 0 \$176,868 \$0 \$0 \$0 \$0 \$6 \$176,868 Albany 0.00 0.00 0 \$2271,042 \$0 \$0 \$0 \$0 \$6 \$0 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$771,042	V/Support Services V/Support Services String but Services String but Services String but Subscited String but Subs	Ort Services Out Services Services	Ort Services Albany 0.00 0.00 0 455,315 \$0 \$0 \$0 \$6,85,315 \$0 \$0 \$0 \$6,85,315 \$0 \$0 \$0 \$6,85,315 \$0 \$0 \$0 \$6,85,315 \$0	ort Services Albany 0.00	ort Services Albany 0.00	OFT Services Albany 0.00	OH Services Albany 0.00	yy/Support Services No_Subscode Albany 0.00	House Albany Color Col	House Hous	Coording Coording

NEW Office of STATE Mental Health

Aid to Localities Financial System

County Allocation Tracker Detail Report
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Printed By: |palmeg
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	<u>Annualized</u> <u>Value</u>		\$0	\$0	\$0		0\$	0\$	\$0	\$
	Total A		\$3,492	\$3,757	\$7,249		\$7,464	\$7,833	\$15,297	\$409,268
	One Time Adjustment		\$0	\$0	\$0		0\$	0\$	0\$	0\$
	Non Funded		\$0	\$0	\$0		\$0	\$0	\$0	0\$
Carry	Over Revenue		\$0	\$0	0\$		\$	\$0	\$0	0\$
	Other Revenue		\$0	0\$	\$0		\$0	\$0	\$0	\$112,204
	<u>Medicaid</u> <u>Amount</u>		\$0	\$0	\$0		\$0	\$0	\$0	0\$
	SSI I		\$0	\$0	\$0		\$0	\$0	\$0	\$93,525
	Voluntary Share		\$0	\$0	\$0		\$0	\$0	0\$	\$0
	Share		\$0	\$0	\$0		\$0	\$0	\$0	\$0
	Total Gross Expenses		\$3,492	\$3,757	\$7,249		\$7,464	\$7,833	\$15,297	\$614,997
	Units of Service		0	0	0		0	0	0	3,285
	Slots Beds		0	0	0		0	. 0	0	6
	Slots		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Contract Number Managers		0.00	0.00	0.00		0.00	0.00	0.00	0.00
Local	Contract	ram	Albany	Albany		nents	Albany	Albany		
	Provider FS/Program/CBR Index/Team Type	11620 - Community Living Assn Program 965 - Funding Reduction/COLA	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop in Centers 00 NO_SUBCODE	Totals For FS 965S	Totals For 11620 - Community Living Assn Program

NEW Office of STATE Mental Health

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	Annualized	Value	
	Total	State Aid	
	One Time	<u>Adjustment</u>	
	Non	Funded	
Carry	Over	Revenue	
	Other	Revenue	
	Medicaid	Amount	
	SSI	Amount	
	Voluntary	Share	
	<u>1</u>	Share	
	Total Gross	Expenses	
	Units of	Service	
		Beds	
		Slots	
		/lanagers	
		<1	
Local	Contract	Number	
			vices
		eam Type	ternity Ser

	Local											Carry				
Provider	Contract				s of To	(al	I'en	×	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Number Managers Slots Beds	Slots	eds Service		Expenses S	hare	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	<u>Value</u>
42100 - Community Maternity Services																
034K - C&F Case Management																
2720 - Non-Medicaid Care Coordination Managers	ation Man	agers														
00 NO_SUBCODE	Albany	Albany 0.00 0.00 0	00.0	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\$	0\$	\$17,093	\$0
200 - Com. Reinvestment																
0650 - Respite Services																
00 NO_SUBCODE	Albany	Albany 0.00 0.00 0	00.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	0\$
Totals For FS 200		0.00	00.00	0	0	\$100,350	\$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	0	699\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	699\$	\$0
Totals For FS 965	•	0.00	0.00	0	0	699\$	\$0	\$0	\$0	0\$	\$0	\$0	0\$	0\$	699\$	\$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

NEW Office of STATE Mental Health

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Annualized Value		0\$	\$0	\$0	C E	O	\$0	0\$
Total State Aid		\$6,363	\$15,156	\$21,519	6	\$261	\$363	\$21,882
One Time Adjustment		\$0	\$0	\$0	6	0 0\$	0\$	\$0
Non Funded A		\$	\$0	\$0	ć	O	0\$	0\$
Carry Over Revenue		\$0	\$0	\$0	É	0 9	\$0	0\$
Other Revenue		\$0	\$0	\$0		9 9	0\$	\$0
<u>Medicaid</u> <u>Amount</u>		\$0	\$	\$0	6	9 9	\$0	\$0
SSI Amount		\$0	\$0	\$0	6	9 9	\$0	0\$
<u>Voluntary</u> <u>Share</u>		\$0	\$0	\$0	. 6	0 0	0\$	0\$
LGU Share		\$0	\$0	\$0	.	♀ ♀	\$0	0\$
Total Gross Expenses		\$6,363	\$15,156	\$21,519	£ 5	\$261	\$363	\$21,882
Units of Service		0	0	0	c		0	0
Beds		0	0	0	c	0	0	0
Slots		0.00	0.00	0.00		0.00	0.00	0.00
<u>Managers</u> <u>Slots</u>		00:00	0.00	0.00	c		00.00	0.00
Local Contract Number	s, Inc	Albany	s Albany		Vicedia			
Provider FS/Program/CBR Index/Team Type	35350 - Counseling Care and Services, Inc 200 - Com. Reinvestment	0690 - Outreach 01 NO_SUBCODE	1760 - Advocacy/Support Services 02 NO_SUBCODE	Totals For FS 200	965 - Funding Reduction/COLA 0690 - Outreach	1760 - Advocacy/Support Services	Totals For FS 965	Totals For 35350 - Counseling Care and Services, Inc

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Annualized Value	0\$	\$0	0\$	\$0	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$0	\$0
Total State Aid	\$10,130	\$10,130	\$68,096	\$68,096	\$123,607	\$123,607	\$43,262	\$25,671	\$82,688	\$10,266	\$123	\$26,451	\$188,461
One Time Adjustment	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0\$
Non Funded A	\$0	\$0	\$	\$0	80	0\$	\$0	\$0	\$0	\$0	\$0	\$0	0\$
Carry Over Revenue	O \$	\$0	\$	\$0	\$	\$0	0	\$0	\$0	\$0	\$0	\$0	0\$
Other Revenue	9	\$0	\$	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$0	\$0	\$19,021
<u>Medicaid</u> <u>Amount</u>	80	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SSI Amount	0\$	\$0	\$0	\$0	\$0	\$0	8	\$0	\$0	\$0	\$0	\$0	\$0
<u>Voluntary</u> <u>Share</u>	0\$	\$0	\$	\$0	0\$	0\$	0\$	\$0	\$	\$0	\$0	\$0	0\$
<u>LGU</u> <u>Share</u>	0\$	\$0	0\$	\$0	\$	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$
Total Gross Expenses	\$10,130	\$10,130	\$68,096	\$68,096	\$123,607	\$123,607	\$62,283	\$25,671	\$82,688	\$10,266	\$123	\$26,451	\$207,482
Units of Service	0	0	0	0	0	0	0	0	0	. 0	0	0	0
Beds	0	0	0	0	4	12	0	0	0	0	0	0	0
Slots	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Managers	0.00	0.00	eatment 0.00	0.00	0.00	00.00	0.00	0.00	0.00	gement 0.00	e Dollars 0.00	0.00	0.00
Local Contract Number	Albany	•	Clinical Tr Albany	•	Albany	•	Albany	Albany	Albany	Care Mana Albany	ent Servic Albany	Albany	
Provider FS/Program/CBR Index/Team Type	14510 - Equinox, Inc. 014 - Community Support Services 1760 - Advocacy/Support Services 01 NO_SUBCODE	Totals For FS 014	037P - PROS State Aid 6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	Totals For FS 037P	078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	Totals For FS 078	200 - Com. Reinvestment 0380 - Transitional Employment 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	02 NO_SUBCODE	2620 - Health Home Non-Medicaid Care Management 01 NO_SUBCODE Albany 0.00	2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	6070 - Congregate/Treatment 04 NO_SUBCODE	Totals For FS 200

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<u>alized</u> <u>ue</u>		\$0	\$0	\$0		80	0\$		\$0	\$0	C \$. O	\$0	\$0		0	\$	\$0
Annualized <u>Value</u>		~				.~	_		_			<u>.</u>						
Total State Aid		\$41,017	\$11,337	\$52,354		\$240,595	\$40,000		\$33,350	\$313,945	\$1.591	81.976	\$555	\$4,122		\$534	\$534	\$761,249
One Time Adjustment		\$0	\$0	\$0		\$0	0\$		\$0	\$0	C.	€	\$0	\$0		G	\$0\$	0\$
Non Funded A		\$0	\$0	\$0		0\$	0\$		\$0	\$0	₩.	. Ç	\$0	\$0		9	\$0\$	0\$
Carry Over Revenue		\$0	\$0	\$0		0\$	0\$		\$0	\$0	C) (\$0	\$0		9	0\$	\$0
Other Revenue R		\$0	\$0	0\$		80	8		\$0	\$0	C.	Ç	\$0\$	\$0		Ç	\$0	\$19,021
Medicaid Amount R		\$0	\$0	\$0		\$478,880	\$0		\$0	\$478,880	O\$) C	0\$	\$0		C \$	0\$	\$478,880
SSI N Amount A		\$0	\$0	\$0		80\$	0\$		\$0	\$ 0\$	(Ç.	\$0	\$0		0	0\$	\$ 0\$
Voluntary <u>Share</u> A		\$0	\$0	\$0		0\$	\$0		\$0	\$0	G	÷ €	0\$	\$0		Ç.	0\$	\$0
LGU Vo		\$0	\$0	\$0		80	0\$		\$0	\$0	Ç.	Ç	\$0	0\$		Ç.	\$0	0\$
Total Gross Expenses		841,017	\$11,337	\$52,354		\$719,475	\$40,000		\$33,350	\$792,825	8. 7.00			\$4,122		\$534	\$534	\$1,259,150
Units of To Service		0	0	0 .		0	0		0	0.	O	c	0	0		. 0	0	÷ 0
Beds		0	0	0		0	0	tration	0	0	o	· c	0	0		c	0	12
Slots		0.00	0.00	0.00		200.00	0.00	Adminis	0.00	200.00	00 0	000	0.00	0.00		00.0	0.00	200.00
Managers		0.00	0.00	0.00		gement 10.00	e Dollars 0.00	e Dollar /	0.00	10.00	00.00	00 0	0.00	0.00		00.0	0.00	10.00
Local Contract Number		Albany	Albany	ı		Care Mana Albany	nent Servic Albany	ent Servic	Albany	I	Albany		Albany	I	ents	Albany	,	
Provide <u>r</u> FS/Program/CBR Index/Team Type	14510 - Equinox, Inc. 400 - Commissioner's Perf.	1760 - Advocacy/Support Services 01 NO_SUBCODE	6070 - Congregate/Treatment 04 NO_SUBCODE	Totals For FS 400	570 - Health Home	2620 - Health Home Non-Medicaid Care Management 01 NO_SUBCODE Albany 10.00	2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	2850 - Health Home Care Management Service Dollar Administration	01 NO_SUBCODE	Totals For FS 570	965 - Funding Reduction/COLA 0380 - Transitional Employment 01 NO SUBCODE	1760 - Advocacy/Support Services		Totals For FS 965	965S - Personnel Services Enhancements	1760 - Advocacy/Support Services		Totals For 14510 - Equinox, Inc.

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Annualized	Value				\$0	\$0	\$0		\$0	\$0		\$	\$0		\$0	\$0	\$0	\$0		\$0	\$0
Total	٦				\$47,972	\$124,253	\$172,225		\$49,162	\$49,162		\$145,106	\$145,106		\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34,245
One Time	Adjustment				\$0	\$0	0\$		\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0		\$0	0\$
uoN uoN	701				\$0	\$0	\$0		\$0	\$0		\$0	0\$		\$0	\$0	\$0	\$0		\$0	\$0
Carry	ΦĮ				0\$	\$0	\$0		\$0	\$0		\$0	0\$		\$0	\$0	\$0	\$0		\$0	0\$
Other	. ພ				\$0	\$0	\$0		\$0	\$0		\$0	0\$		\$0	\$0	\$0	\$0		0\$	\$0
Medicaid					\$0	\$0	\$0		\$0	0\$		\$0	0\$		0\$	\$0	\$0	\$0		\$0	\$0
100	빔				\$0	\$0	0\$		\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0		\$0	\$0
Voluntary					\$0	\$0	\$0		\$0	\$0		\$0	0\$		\$0	\$0	\$0	\$0		\$0\$	0\$
	Share				\$0	\$0	\$0		\$0	\$0		\$0	0\$		\$0	\$0	\$0	\$0		\$0	\$0
Total Groce	Expenses				\$47,972	\$124,253	\$172,225		\$49,162	\$49,162		\$145,106	\$145,106		\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34,245
Unite of					1,530	4,970	6,500		0	0		107	107		846	930	929	2,352		768	768
	Beds				0	0	0		0	0		56	26		0	0	0	0		0	0
	Slots				0.00	0.00	0.00		0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00		0.00	0.00
	Managers			agers	0.00	0.00	0.00		0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00		0.00	0.00
Local	Number	Society	5	nation Man	Albany	Albany		ilitation	loyment Albany			Albany	•		Albany	Albany	s Albany			Albany	•
Dravidor	FS/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society	034J - Adult Case Management & ACT	2720 - Non-Medicaid Care Coordination Managers	02 NO_SUBCODE	.01 NO_SUBCODE	Totals For FS 034J	039Q - Innovative Psychiatric Rehabilitation	1500 - Assisted Competitive Employment 01 NO_SUBCODE Alban	Totals For FS 039Q	078 - Supported Housing 6060 - Supported Housing	01 NO_SUBCODE	Totals For FS 078	200 - Com. Reinvestment 0670 - Transportation	01 NO_SUBCODE	0690 - Outreach 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA	6060 - Supported Housing 02 NO_SUBCODE	Totals For FS 300

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al Annualized	'				\$249 \$0	\$555	\$804 \$0	,727 \$0
	nent State Aid				0\$	\$0	\$0	\$0 \$440
n One Time	' « I				\$0	\$0	\$0	\$0
Carry	venue Funded				\$0	\$0	\$0	\$0
	Revenue Rev				\$0	\$0	\$0	0\$
	Amount				\$0	\$0	\$0	0\$
188	Amount				\$0	\$0	\$0	0\$
Voluntary	Share				\$0	\$0	\$0	0\$
10	Share				\$0	\$0	0\$	0\$
Total Gross	Expenses				\$249	\$555	\$804	\$440,727
Unite of					0	0	0	9,727 \$44
	Beds				0	0	0	26
	Slots				0.00	0.00	0.00	0.00 0.00 26
	Number Managers Slots Beds Service				0.00	ment Albany 0.00 0.00 0	0.00 0.00 0	0.00
Contract	Number	Society			Albany	loyment Albany		
Provider	FS/Program/CBR Index/Team Type	17530 - Homeless and Travelers Aid Society	965 - Funding Reduction/COLA	0690 - Outreach	01 NO_SUBCODE	1380 - Assisted Competitive Employment 01 NO_SUBCODE Alban	Totals For FS 965	Totals For 17630 - Homeless and Travelers Aid Society

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Annualized	Value			\$0	\$0		\$0	80		\$0		80		6	0.0	\$0			\$0	\$0	0\$	
<u>Total</u>	State Aid			\$30,082	\$30,082	(4)	\$51,316	\$51,316		\$25,986		\$25,986		6	\$2,301	\$2,361			\$1,698	\$1,698	\$111,443	
One Time	Adjustment			\$0	\$0		\$0	\$0		\$0		\$0		é	0#	0\$			\$0	\$0	0\$	
Non				\$0	\$0		\$0	\$0		O\$	2	\$0			O#	0\$			\$0	\$0	0\$	
Carry	Revenue			\$0	0\$		\$0	0\$		0\$)	\$0		ć	0.9	\$0			\$0	\$0	\$0	
Other	Revenue			\$0	\$0		\$0	\$0		Ç	2	0\$			0\$	\$0			\$0	\$0	0\$	
Medicaid	Amount			\$0	\$0	•	\$0	\$0		€	9	0\$		(\$0	\$0	٠,		\$0	\$0	\$0	
SS	Amount			\$0	\$0		\$0	\$0		\$		\$0		(\$0	0\$			\$0	0\$	\$0	
Voluntary	Share			\$0	\$0		\$0	\$0		9		0\$		•	\$0	\$0			\$0	0\$	0\$	
091	Share			\$0	\$0		\$0	0\$		Ç.	•	0\$			\$0	0\$			\$0	0\$	0\$	
Total Gross	Expenses			\$30,082	\$30,082		\$51,316	\$51,316		\$25 986	450,000	\$25,986	٠		\$2,361	\$2,361			\$1,698	\$1,698	\$111,443	
Units of	Service			0	0		0	0		c	>	0		•	0	0			0	0	0	
	Beds			0	0		0	0		c		0			0	0			0	0	0	
	s Slots			0.00	0.00		0.00	0.00		0	9	0.00		•	0.00	0.00			0.00	0.00	0.00	
	Managers	ن ن		0.00	0.00		0.00	0.00		0	0.0	0.00			0.00	0.00			0.00	0.00	0.00	
Local Contract	Number	roject, In		Albany			Albany			Albany	, incarry			;	Albany		ents		Albany	•		
<u>Provider</u>	FS/Program/CBR Index/Team Type	27100 - Mental Health Empowerment Project, Inc.	200 - Colli. Relinesullelli. 1760 - Advocacy/Support Services	08 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA	1760 - Advocacy/Support Services 08 NO_SUBCODE	Totals For FS 300	400 - Commissioner's Perf.	1760 - Advocacy/Support Services		Totals For FS 400	965 - Funding Reduction/COLA	~	08 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	1760 - Advocacy/Support Services	08 NO_SUBCODE	Totals For FS 965S	Totals For 27100 - Mental Health Empowerment Project. Inc.	

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One Time <u>Total Annualized</u> Adiustment State Aid <u>Value</u>		0\$ 0\$	0\$ 0\$ 0\$	0\$ 0\$ 0\$		\$0 \$8,400 \$0	\$0 \$73.846 \$0	\$73,846	\$0 \$3,740 \$0	\$0 \$93,506 \$0	\$0 \$31,132 \$0	\$0 \$284,470 \$0	\$0 \$19,136 \$0	\$0 \$19,136 \$0
Non One Funded Adju		\$0	\$0	\$0		\$0	Ç.	\$0	\$0	\$0	\$0	\$0	0\$	\$0
Carry Over Revenue		\$	\$0	\$0		\$	C#	\$0	\$0	\$0	\$0	0\$	0\$	\$0
Other Revenue		\$0	\$95,416	\$95,416		\$0	9	\$0\$	\$0	\$0	\$0	\$0	0\$	\$0
Medicaid Amount		\$879,140	\$788,863	\$0 \$1,668,003		\$	€	\$0\$	\$0	\$0	\$0	0\$	0\$	\$0
SSI Amount		\$0	\$0	\$0\$		\$0	G	0\$	\$	\$0	\$0	\$0	0\$	\$0
Voluntary Share		\$0	\$0	\$0		\$0	9	\$	\$	\$0	\$0	\$0	0\$	\$0
LGU Share		\$0	\$0	\$0		\$0	Ç	0\$	\$0	\$0	\$0	\$0	0\$	\$0
Total Gross Expenses		\$879,140	\$884,279	\$1,763,419		\$8,400	£73.846	\$73,846	\$3,740	\$93,506	\$31,132	\$284,470	\$19,136	\$19,136
Units of Service		12,186	8,640	20,826		332	2 087	2,087		0	0	4,506	0	0
Beds		0	0	0		0	c		0	0	0	0	0	0
Slots		0.00	0.00	0.00		0.00	0	0.00	nily) 0.00	0.00	0.00	0.00	0.00	0.00
Managers		0.00	0.00	0.00		0.00	0		en and Far 0.00	0.00	0.00	0.00	0.00	0.00
Local Contract Number	.	Albany	Albany			Albany	t h Albany	Albany	es (Childra Albany	Albany	Albany		Albany	
Provider F5/Program/CBR Index/Team Type	40400 - Parsons Child & Family Center 001A - Local Assistance	0200 - Day Treatment 00 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 001A	044 - CMHS Block Grant C&F	0610 - Recreation 00 NO_SUBCODE	1510 - School- based Mental Health	00 NO_SUBCODE	1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.0	1760 - Advocacy/Support Services	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 044	046G - Emergency Services C&F 2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 046G

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Provider	Contract				Unite of T	Total Gross		Voluntary	155	Modicaid	Other.	Carry	g	One Time	Total	Annualized
F5/Program/CBR Index/Team Type	Number	Managers	Slots	Beds Se			Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
40400 - Parsons Child & Family Center	_															
046L - Community Support Programs-C&F	s-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	Albany	0	0	c	c	2002	\$	Ç	₩	Ğ	<i>\tau</i>	₩	Ç #	Ç	\$4 580	Ç
0690 - Outreach	(man)) ;) :	,)	5)))	€	P	3	}	}	•)))
00 NO_SUBCODE	Albany	0.00	00.00	0	0	\$60,208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,208	\$
1320 - Vocational and Educational Services - Children & Family	Services -	Children	& Family													
(Non-Licensed Frogram) 00 NO_SUBCODE	Albany	0.00	0.00	0	471	\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496	80
1510 - School- based Mental Health																
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	00.0	00.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
1650 - Family Peer Support Services (Children and Family)	es (Childre	n and Far	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 Services 00 NO_SUBCODE	Albany	0.00	0.00	0	247	\$39,629	\$0	. \$	\$0	\$0	\$0	\$0\$	\$0	\$0	\$39,629	0\$
2990 - Coordinated Childrens Service Initiative	ice Initiativ	ē														
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	1,	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	ty - Childre	en & Yout	_													
00 NO_SUBCODE	Albany	0.00	0.00		7,359 \$	\$2,902,778	\$0	\$0	\$0	\$0 \$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 090	l	0.00	0.00	0	7,359 \$	\$2,902,778	\$0	\$0	\$0	\$0 \$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0

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Annualized <u>Value</u>		\$0	\$0	\$0	O \$	0\$
Total Estate Aid		\$12,736	\$48,022	\$60,758	\$104,969	\$104,969
One Time Adjustment		\$0	\$0	\$0	0\$	0\$
Non Funded A		\$0	80	\$0	0\$	0\$
Carry Over Revenue		\$0	\$0	0\$	0\$	0\$
Other Revenue		\$0	\$0	0\$. 0\$	\$
Medicaid Amount		\$0	\$0	\$0	\$0	0\$
SSI Amount		\$0	\$0	\$0	0\$	0\$
Voluntary <u>Share</u>		\$0	\$	80	0\$	0\$
LGU Share		\$0	\$0	\$0	80	\$0
<u>Fotal Gross</u> Expenses		\$12,736	\$48,022	\$60,758	\$104,969	\$104,969
Units of Total Gross Service Expenses		0	0	0	69	69
Beds		0	0	0	0	0
Slots		0.00	0.00	0.00	0.00	0.00
Local Contract Number Managers Slots Beds		0.00	0 00:0 00:0	0.00 0.00	0 00 0 00 0	0.00
Local Contract Number	e	Albany	Albany		Albany	
<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	40400 - Parsons Child & Family Center 200 - Com. Reinvestment	0610 - Recreation 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 200	400 - Commissioner's Perf. 0910 - Crisis Residence 01 NO_SUBCODE	Totals For FS 400

YORK STATE Mental Health Aid to Localities Financial System

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Annualized Value										
Total A	\$480	\$1,727	\$1,707	\$1,707	\$896	\$1,195	\$2,623	\$202	\$10,826	\$866,911
One Time Adjustment St	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0\$
Non G	\$0	\$0	\$0	\$0	\$0	\$0	80	80	\$0	0\$
Carry. Over Revenue \$0	\$0	\$0	\$0	\$0	\$0	0\$	\$0	\$0	0\$	0\$
Other Revenue	80	0 \$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$95,416
Medicaid Amount \$\\$\$	\$0	\$	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$0 \$4,570,781
SSI Amount SMOOTH	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$	0\$	\$ 0\$
Voluntary Share \$\\$500000000000000000000000000000000000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0\$
<u>LGU</u> <u>Share</u> \$0	\$0	\$	\$0	\$0	\$0	\$0	\$0	\$0	0\$	0\$
Total Gross Expenses	\$480	\$1,727	\$1,707	\$1,707	\$896	\$1,195	\$2,623	\$202	\$10,826	\$5,533,108
Units of Service	0	0	0	0	0	0	0	0	0	38,083 (
Beds	0 y ii	0	0	0	0	0	0	0	0	0
Slots 0.00	0.00 & Fam	0.00	0.00	0.00	mily) 0.00	0.00	0.00	0.00	0.00	0.00
Managers 0.00	0.00 - Children	0.00	0.00	0.00	en and Fa	0.00	0.00	ve 0.00	00'0	0.00
Local Contract Number er	Albany Il Services	Albany fh	Albany	Albany	ses (Childr Albany	s Albany	Albany	vice Initiati Albany		
Frovider ES/Program/CBR Index/Team Type 40400 - Parsons Child & Family Center 965 - Funding Reduction/COLA 0610 - Recreation 00 NO_SUBCODE 0690 - Outreach	00 NO_SUBCODE Albany 0.00 0.00 1320 - Vocational and Educational Services - Children & Family	(NOII-LICENSED FIOGRAM) 00 NO_SUBCODE 1510 - School- based Mental Health	00 NO_SUBCODE	01 NO_SUBCODE	1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.0	1760 - Advocacy/Support Services 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	2990 - Coordinated Childrens Service Initiative 00 NO_SUBCODE Albany	Totals For FS 965	Totals For 40400 - Parsons Child & Family Center

YORK YORK STATE Mental Health Aid to Localities Financial System

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Provider ES/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds S	Units of T	Total Gross Expenses	LGU N	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
14370 - Rehabilitation Support Svcs, Inc	2															
142A - Expanded Community Support Adult	t Adult															
0690 - Outreach		o o	Ċ	c	Ċ	1	6	6	é	ć	6	é	6		404	e e
03 NO_SUBCODE	Albany	0.00	0.00	0	>	\$215,430	⊃ ∌	O.≱	⊋) A	O#	O _A	P P	O ¢		0
1230 - Flexible Recipient Service Dollars 05 NO SUBCODE Alba	ollars Albany	000	0		c	\$15.030	G	9	Ç	G.	0\$	0\$	80	\$0	\$15.030	\$0
_	-		0.00	, 0	, 0	\$230,460	0\$	0\$	0\$	0\$	0\$	0\$	0\$		₩	\$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	\$39,026	\$
5990 - MICA Network																
00 NO_SUBCODE	Albany	00.0	2.00	0	400	\$26,983	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,983	\$0
6060 - Supported Housing 22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$153,042	\$0	\$0	\$0	\$0	\$0	\$0	80	. 80	\$163,042	\$0
6070 - Congregate/Treatment 24 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	0\$	80	. 0\$	0\$	\$0	\$	\$	\$0	\$38,002	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 - Workforce RIV	e RIV															
6060 - Supported Housing 17 NO_SUBCODE	Albany	0.00	0.00	0	0	\$61,847	80	\$0	\$0	0\$	\$0	\$0	\$0	\$	\$61,847	0\$
Totals For FS 200C	1	0.00	00.0	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	00.00	0.00	0	0	\$14,909	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0
Totals For FS 300	ı	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					
iider	Contract	Units of	Total Gross	097	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized	
'Program/CBR Index/Team Type	Number Managers Slots Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value	
70 - Rehabilitation Support Svcs,	nc													

Provider FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid	Other Revenue	Over	Non	One Time Adjustment	Total State Aid
14370 - Rehabilitation Support Svcs, Inc 400 - Commissioner's Perf.	nc nc														
1760 - Advocacy/Support Services 12 NO_SUBCODE	s Albany	0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$	***************************************	\$0	\$1,787
Totals For FS 400	•	0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$0	\$1,787
580 - MRT Supported Housing Beds 6060 - Supported Housing 41 NO_SUBCODE	Albany	0.00	0.00	10	480	\$103,077	\$	0\$	0\$	\$0	\$	0\$	\$	9	\$103,077
Totals For FS 580	•	00.0	0.00	19	480	\$103,077	0\$	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077
965 - Funding Reduction/COLA 0670 - Transportation 01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,556	0\$	\$	0\$	\$	0\$	0\$	0\$	9	\$2,556
0690 - Outreach 02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,301	\$0	\$0	\$0	\$0	. \$0	\$0	8	\$0	\$5,301
1760 - Advocacy/Support Services 08 NO_SUBCODE	Albany	00.00	0.00	0	0	\$1,489	0\$	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$1,489
5990 - MICA Network 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$831	\$0	\$0	\$0	\$0	\$	\$0	\$	\$0	\$831
Totals For FS 965	1	0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	0\$	\$0	0\$	\$0	0\$	\$10,177
965S - Personnel Services Enhancements 0670 - Transportation 01 NO_SUBCODE Alb	nents Albany	0.00	0.00	0 0	0	\$9.694	0\$	9	0\$	0\$	0\$	09	9	0\$	\$9,694
Totals For FS 965S		00.0	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$9,694
Totals For 14370 - Rehabilitation Support Svcs, Inc		0.00	0.00 160.00 249	249	21,413	\$4,866,178	\$0	0\$	0\$	\$0 \$1,325,500	\$8,000	0\$	0\$		\$0 \$3,532,678

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Provider ES/Program/CBR Index/Team Type	Local Contract Number	Managers Slots		Beds	Units of Service	Total Gross Expenses	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
14350 - St. Anne Institute																
001A - Local Assistance																
10		6	6	•			•		;	;	•					•
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 Services - Children & Family	Services -	. Children	& Fami	<u>~</u>												
(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	-C&F															
1320 - Vocational and Educational Services - Children & Family	Services -	. Children	& Famil	>												
(NOIL-LICENSED FOUR) 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 & Family	Services -	Children	& Famil	>												
(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																
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	ents															
1320 - Vocational and Educational Services - Children & Family	services -	Children	& Famil	_												
(Non-Licensed Frogram) 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$279	\$	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$279	\$
Totals For FS 965S	i.	0.00	0.00	0	0	\$279	\$0	0\$	\$0	\$0	0\$	0\$	0\$	0\$	\$279	\$0
Totals For 14350 - St. Anne Institute	H	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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	Annualized	Value				\$0	80	0\$
	Total					\$0	\$0	0\$
	One Time	0,1				\$0	0\$	\$0
		Funded		-		\$0	0\$	0\$
Carry	Over	Revenue				\$0	\$0	\$0
	Other	Revenue				\$0	\$0	\$0
	Medicaid	Amount				\$200,000	\$200,000	\$200,000
	SSI	Amount				\$0	0\$	0\$
	Voluntary	Share				\$0	0\$	0\$
	160	Share		•		\$0	\$0	\$0
	Total Gross	Service Expenses				\$200,000	\$200,000	0 \$200,000
	Units of	Service				0	0	0
		Beds				0	0	0
		Slots				0.00	0.00	0.00
		Managers Slots				Albany 0.00 0.00 0	0.00 0.00	0.00 0.00
Local	Contract	Number	ldren			Albany		
	Provider	FS/Program/CBR Index/Team Type	14360 - St. Catherine's Center for Children	001A - Local Assistance	0200 - Day Treatment	00 NO_SUBCODE	Totals For FS 001A	Totals For 14360 - St. Catherine's Center for Children
	4	ш	14	ی			_	ٽ≍

YORK STATE Mental Health Aid to Localities Financial System

County Allocation Tracker Detail Report
Year - 2020 County - Albany (01) Letter Type - DMH
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Annualized Value Total State Aid One Time Adjustment Non Carry Over Revenue Revenue Other Medicaid Amount SSI Amount <u>Voluntary</u> <u>Share</u> Share Units of Total Gross Expenses Service Beds Local
Contract
Number Managers Slots FS/Program/CBR Index/Team Type 40240 - The Workshop, Inc. 001A - Local Assistance Provider

6140 - Transformed Business Model	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	1	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 Model 00 NO_SUBCODE	l Albany		0.00 0.00 0	0	4	\$73,694	\$0	0\$	\$	0\$	0\$	0\$	0\$	\$0	\$73,694	0\$
Totals For FS 014	1	00.0	0.00	0	14	\$73,694	\$0	0\$	0\$	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
037P - PROS State Aid 7340 - Comprehensive PROS without Clinical Treatment	ut Clinical	Treatmer	*											-		
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	l	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	C&F															
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	ervices - (Children	& Family	_												
SCODE	Albany	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
Totals For FS 046L	l	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																
DE	Albany	0.00 0.00 0	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	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0

YORK YORK STATE Mental Health Aid to Localities Financial System

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Annualized Value		\$0 \$0		12 \$0	0\$ 2	0\$	0\$ 6;	2.	0\$ 0:
Total State Aid		\$1.032	869\$	\$642	\$2,367	\$3,429	\$3,429	\$353,977	\$0\$10,171,630
One Time Adjustment		09	* \$	\$0	\$0	\$	0\$	\$0	\$0\$
Non Funded		09	0\$	0\$	\$0	\$	\$0	\$0	0\$
Carry Over Revenue		9	\$0\$	\$0	\$0	\$0	\$0	\$0	0\$
Other Revenue		C \$	\$ \$	\$0	0\$	80	\$0	\$100	\$234,741
Medicaid Amount		O\$	0\$	\$0	\$0	\$	\$0	\$650,000	\$93,525 \$8,075,773
SSI Amount		¥	9	\$0	\$0	9	\$0	\$0	\$93,525 \$
Voluntary Share		€	0\$	\$0	\$0	0\$	0\$	\$55,413	\$120,984
LGU Share		G.	0	\$0	\$0	0\$	\$0	\$0	\$501,852 \$120,984
Total Gross Expenses		\$1.032	\$693	\$642	\$2,367	\$3,429	\$3,429	24,897 \$1,059,490	19,198,505
Units of Total Gross Service Expenses		Ç	0	0	0	0	0	24,897	16.00 360.00 296 105,534 \$19,19
Beds				0	0	0	0	0	296
Slots		& Famil	0.00	0.00	0.00	0.00	0.00	0.00	360.00
Managers Slots		- Children		0.00	00.0	0.00	00.0	0.00	16.00
Local Contract Number		Il Services -	Albany	del Albany		ments del Albany			11
Provider FS/Program/CBR Index/Team Type	40240 - The Workshop, Inc. 965 - Funding Reduction/COLA	1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) On NO SUBCODE Albany 0.00 0.00	5340 - Supported Education 00 NO_SUBCODE	6140 - Transformed Business Model	Totals For FS 965	965S - Personnel Services Enhancements 6140 - Transformed Business Model 00 NO_SUBCODE Alb	Totals For FS 965S	Totals For 40240 - The Workshop, Inc.	Report Totals

RESOLUTION NO. 409

AUTHORIZING AN AGREEMENT WITH MENTAL HEALTH EMPOWERMENT PROJECT REGARDING HOMELESS PEER ADVOCACY SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Mental Health Empowerment Project regarding the provision of homeless peer advocacy services for individuals with mental illness in the amount of \$117,375 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Mental Health, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Mental Health Empowerment Project, Albany, NY 12205 regarding the provision of homeless peer advocacy services for individuals with mental illness in an amount not to exceed \$117,375 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 A	CTION	
Description (e.g., Contract Auth Contract Authorization for Northea	norization for Information Services): ast 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/Prod □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 		
CONCERNING BUDGET AMENI Increase/decrease category (ch ☐ 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.
☐ Release of Liability ☐ Other: (state if not listed)	Pass through of NYS OMH State Aid
Contract Terms/Conditions:	
Party (Name/address): Northeast Career Planning 339 Broadw Additional Parties (Names/addresses):	ay Menands, NY 12204
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 evative 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. Local: Click or tap here to enter text.

<u>Term</u>

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.

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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Local Contract Number Managers Slots	Slots	Beds S	Units of Service	<u>Total Gross</u> <u>Expenses</u>	LGU Share	Voluntary <u>Share</u>	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
43660 - Albany County Department for Children, Y 001A - Local Assistance	· Children,	≻ _														
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 (SPOA) 00 NO_SUBCODE)A) Albany	0.00	0.00	0	0	\$33,052	8	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) 00 NO_SUBCODE A	A) Albany	0.00	0.00	0	0	\$92,096	0\$	0\$	\$0	9	0\$	0\$	0\$	80	\$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 Alba	-C&F 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	\$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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	Annualized	Value				\$0	;	80		\$0	\$0	\$0
	-,	tate Aid				\$99,055	!	\$47,153		\$5,239	\$151,447	\$340,493
		djustment				\$0	;	\$0		\$0	0\$	0\$
		Funded Ac				\$0	:	\$0		\$0	0\$	\$0
Carry	Over	Revenue				\$0		8		\$0	\$0	\$0
		Revenue				\$0		\$0		\$0	0\$	\$0
	1	Amount				\$0		\$0		\$0	0\$	\$160,000
	SSI	Amount				\$0		\$0		\$0	\$0	0\$
	'oluntary	Share		•		\$0		\$0		\$0	\$0	0\$
	7 091	Share				\$0		\$0		\$0	\$0	\$19,652
	otal Gross	Expenses				\$99,055		\$47,153		\$5,239	0 \$151,447	\$520,145
	Units of Total Gross	Service				0		0		0	0	0
		Beds				0		Ö	tration	0	0	0
		Slots				0.00		0.00	\dminis	0.00	0.00	0.00
		Number Managers Slots Beds	>		agement	0.00	ce Dollars	0.00	ce Dollar A	Albany 0.00 0.00 0	0.00 0.00 0	0.00 0.00 0
Local	Contract	Number	r Children,	gement	Care Man	Albany	ment Servi	Albany	ment Servi	Albany		
	Provider	FS/Program/CBR Index/Team Type	43660 - Albany County Department for Children, Y	570K - Kids Health Home Care Management	2620 - Health Home Non-Medicaid Care Management	00 NO_SUBCODE Albany 0.00 0.00	2740 - Health Home Care Management Service Dollars	00 NO_SUBCODE Albany 0.00 0.00 0	2850 - Health Home Care Management Service Dollar Administration	00 NO_SUBCODE	Totals For FS 570K	Totals For 43660 - Albany County Department for Children, Y

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Provider FS/Program/CBR Index/Team Type	Local Contract Number	<u>Local</u> <u>Contract</u> <u>Number Managers Slots</u>		Beds Se	Units of I	Units of Total Gross Service Expenses	LGU V	<u>Voluntary</u> <u>Share</u>	SSI Amount	<u>Medicaid</u> <u>Amount</u>	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
70520 - Albany County Department of Mental Healt 001A - Local Assistance	Mental He	alt														
0890 - Local Governmental Unit (LGU) Administration 00 NO_SUBCODE Albany 0.00	.GU) Admi Albany	nistration 0.00	0.00	0	0	\$26,088	\$13,044	\$0	\$0	\$	\$0	\$	\$0	\$0	\$13,044	\$0
1400 - Single Point of Access (SPOA)	oA) Albany	00:00	0.00	0	0	\$48,268	\$24,134	\$0	\$0	0 \$	\$0	0 \$	8	\$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	\$86,229	0\$
2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	l ation Man a Albany	agers 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	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 Alt	css Albany	0.00	0.00	0	0	\$59,366	\$0	\$0	0\$	0\$	\$0	\$0	80	\$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\$	80	\$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	\$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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0\$	\$0	0\$	0\$	8 0	\$0	\$0	0\$
\$5,533	\$22,156	\$175,839	1,007,580 \$85,555	\$73,381 \$158,936	\$9,240	\$98,948	\$108,188
\$0\$	0\$	0	0 \$	8 0	\$	\$0	0\$
0\$	\$0	0 \$	0\$	90	\$0	\$0	0\$
0\$	\$0	0 \$	0\$	80	**************************************	\$0	0\$
0 0 0	\$0	0	0 \$	\$0	\$0	\$0	0\$
0 %	0\$	\$690,612	0 \$	9	0\$	\$0	0\$
0\$	\$0	0\$ 0\$	0 \$	0 \$	\$	\$0	0\$
0\$	\$0	0 \$ 0\$	0\$	90	\$0	\$0	0\$
0\$ 0\$	\$0	0\$	0 \$	%	0\$	\$0	0\$
\$5,533	\$22,156	\$866,451 \$1,007,580	\$1,007,580 \$85,555	\$73,381 \$158,936	\$9,240	\$98,948	\$108,188
0 0	0	009	o 0	0 0	0	0	0
0 0	0	o o	o 0	0	0	0	0
0.00		0.00	0.00	0.00	0.00	0.00	0.00
0.00 agers 0.00	ice Dollars 0.00	00.00	00.00	0.00	0.00	0.00	0.00
Dollars Albany nation Man Albany	tment-Serv Albany	Albany	D A) Albany	Albany _	DA) Albany	Albany	
1230 - Flexible Recipient Service 00 NO_SUBCODE 2720 - Non-Medicaid Care Coordii 00 NO_SUBCODE	8810 - Assertive Community Trea 00 48 Slot	lotals For FS 034J 39J - Forensics 2100 - Clinic Treatment 00 NO_SUBCODE	rotals For FS 039J 39P - Clinical Infrastructure-Adult 1400 - Single Point of Access (SPU 00 NO_SUBCODE		41 - CMHS Block Grant Adult 1400 - Single Point of Access (SPC 00 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 041
1.1. EIVOINIA DAAINIAN EANINA IIAINA	Albany 0.00 0.00 0 0 \$5,533 \$0 \$0 \$0 \$0 \$0 \$0 \$5,533 Albany 0.00 0.00 0 0 \$101,296 \$0 \$0 \$0 \$0 \$101,296	Recipient Service Dulars NO_SUBCODE Albany 0.00 0 \$6,533 \$0 \$0 \$0 \$6,533 Icaid Care Coordination Managers NO_SUBCODE Albany 0.00 0 \$101,296 \$0 \$0 \$0 \$101,296 Community Treatment-Service Dollars Community Treatment-Service Dollars \$0 \$22,156 \$0 \$0 \$0 \$22,156	Section Dullars Section Du	State Stat	Many Many	Column C	Part Part

YORK YORK Mental Health Aid to Localities Financial System

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e Total Annualized ent State Aid Value	\$0 \$81,268 \$0	\$0 \$81,268 \$0	\$0 \$11,740 \$0	\$0 \$11,740 \$0	\$0 \$162,574 \$0	\$0 \$46,251 \$0	\$0 \$92,975 \$0	\$0 \$114,752 \$0	\$0 \$416,552 \$0		\$0 \$172,184 \$0	\$172,184 \$172,184	\$172,184 \$172,184	\$172,184 \$172,184 \$62,992	\$172,184 \$172,184 \$62,992	\$172,184 \$172,184 \$62,992	\$172,184 \$172,184 \$62,992	\$172,184 \$172,184 \$62,992	\$172,184 \$172,184 \$62,992 \$62.992	\$172,184 \$172,184 \$62,992 \$62.992	\$172,184 \$172,184 \$62,992 \$62,992	\$172,184 \$172,184 \$62,992 \$62,992	\$172,184 \$172,184 \$62,992 \$62,992
Non One Time Funded Adjustment	0\$	\$0	0\$	\$0	0\$	0\$	0\$	0\$	0\$	Ç		-	-			-	-						
Carry Over Revenue	0\$	0\$ 0	. 0	0\$ 0	0\$	0\$ 0	0\$	0\$ 0	0\$ 0	0\$									-				
d Other Revenue	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$		\$0 \$0											
Medicaid ot Amount	0\$	\$ 0\$	0\$	\$ 0\$	\$ 0\$	\$0\$	\$0\$	\$ 0\$	\$ 0\$	9		\$ 0\$											
ntary <u>SSI</u> <u>rre</u> Amount	0\$	\$0	0\$	\$0		\$0	\$0	0\$	0\$	\$0		\$0	\$0										
LGU Voluntary Share Share	0	\$0	0\$	\$0	0\$	\$0	\$0	. 0\$	\$0	90		\$0	0\$	0\$	0\$	0\$	0\$	0\$	0\$ 0\$	0\$	0\$	0\$ 0\$	0\$
Total Gross Expenses	\$81,268	\$81,268	\$11,740	\$11,740	\$162,574	\$46,251	\$92,975	\$114,752	\$416,552	\$172,184		\$172,184	\$172,184	\$172,184 \$62,992	\$172,184 \$62.992	\$172,184 \$62,992	\$172,184	\$172,184 \$62,992	\$172,184	\$172,184 \$62,992 \$62,992	\$172,184 \$62,992 \$62,992	\$172,184 \$62,992 \$62,992	\$172,184 \$62,992 \$62,992
Units of Service	0	0	rt Only	0	0	0	0	0	0	0		•	•	o c	o o	o 0	• 0	o 0	0 0	0 0	0 0	0 0	0 0
Slots Beds	0.00	0.00	sinvestmen 0.00 0	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00											
Managers SI	0.00	0.00	OMH Reir 0.00 0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	l	0.00											
Local Contract Number	f Mental Hea ervices Albany	•	L GU) Admin Albany		, CSS Albany	s Albany	Albany	Albany	I	Albany	1			Albany	Albany	Albany	Albany	Albany	Albany	Albany	Albany	Albany	Albany
<u>Provider</u> F5/Program/CBR Index/Team Typ <u>e</u>	70520 - Albany County Department of Mental Healt 170B - Trans. Mgmt. Kendra's 1970 - Transition Management Services 00 NO_SUBCODE Albany	Totals For FS 170B	170C - MGP Admin Kendra's 0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only 00 NO_SUBCODE Albany 0.00 0.00 0	Totals For FS 170C	200 - Com. Reinvestment 0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE Alk	1760 - Advocacy/Support Services 01 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA 2100 - Clinic Treatment 00 NO_SUBCODE	T-4-1- 1-200	lotals rol rs suo	1 otals for rs soo 400 - Commissioner's Perf.	101 - Commissioner's Perf. 2100 - Clinic Treatment	400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO SUBCODE	400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO SUBCODE	400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE	400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE	10tals For FS 300 400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE Totals For FS 400	101als For F3 300 400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE Totals For FS 400	10tals For F3 300 400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE Totals For FS 400	10tals For FS 300 400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE Totals For FS 400	400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE

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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Annualized Value		\$0	\$	\$0	\$0	0\$	8	\$0	\$0	. 0\$	\$0	\$0	80
Total State Aid		\$53,119	\$83,040	\$9,228	\$145,387	\$1,107	\$85	\$1,317	\$1,697	\$552	\$5,785	\$10,543	\$0 \$3,017,928
One Time Adjustment		\$0	\$0	\$0	\$0		0\$	\$0	\$0	\$0	\$0	\$0	\$ 0\$
Non Funded A		\$0	\$0	\$0	\$0	. 09	0\$	\$0	8	\$0	\$0	\$0	\$0
Carry Over Revenue		\$	\$0	\$0	\$0	C#	. 0\$	\$	\$0	\$0	\$0	0\$	0\$
Other Revenue		\$0	\$0\$	\$0	\$0	0 \$	0\$	0\$	\$0	\$0	\$0	\$0	\$0
Medicaid Amount		\$0	\$0	\$0	\$0	Ç.	0\$	\$0	\$0	\$0	\$0	80	\$690,612
SSI Amount		\$0	\$0	\$0	\$0	G.	0\$	0\$	\$0	\$0	\$0	\$0	0\$
<u>Voluntary</u> <u>Share</u>		\$	\$	\$0	0\$	6	0\$	0\$	\$0	\$0	\$0	.0\$	\$0
LGU Share		\$0	\$	\$0	\$0	G	0\$	0\$	\$0	\$	\$0	0\$	\$482,200
Total Gross Expenses		\$53,119	\$83,040	\$9,228	\$145,387	51 107	\$85	\$1,317	\$1,697	\$552	\$5,785	\$10,543	\$4,190,740
Units of Service		689	0	0	689	c		0	0	0	0	0	1,289
Beds		0	0	istratio 0	0	c	stment 0	0	Ó	0	0	0	0
s Slots		0.00	0.00	Admini 0.00	0.00	00	Reinves 0.00	0.00	0.00	0.00	0.00	0.00	0.00
Managers	alt	gement 0.00	e Dollar 0.00	e Dollar 0.00	0.00	0	OMH	0.00	0.00	0.00	0.00	0.00	9.00
Local Contract Number	f Mental He	d Care Mana Albany	ment Servic Albany	ment Servic Albany	•	Albany	.GU) Admin	OA) Albany	s Albany	rvices Albany	Albany	1	
Provide <u>r</u> FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt 570 - Health Home	2620 - Health Home Non-Medicaid Care Management 00 NO_SUBCODE Albany 0.00	2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE Albany 0.00	2850 - Health Home Care Management Service Dollar Administration 00 NO_SUBCODE Albany 0.00 0.00 0	Totals For FS 570	965 - Funding Reduction/COLA 0690 - Outreach	0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only 00 NO SUBCODE Albany 0.00 0.00 0	1400 - Single Point of Access (SPOA)	1760 - Advocacy/Support Services 01 NO_SUBCODE	1970 - Transition Management Services 00 NO_SUBCODE Alba	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 965	Totals For 70520 - Albany County Department of Mental Healt

New Office of STATE Mental Health

County Allocation Tracker Detail Report

ος Print Date : 10/1/2020 10:59:08*t* ση Printed By: |palmeg Page: Page 7 of 27 Carry Year - 2020 County - Albany (01) Letter Type - DMH Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM Local Aid to Localities Financial System

	nnualized	<u>Value</u>				\$0	\$0	0\$
	<u>Total</u> An					\$39,624	\$39,624	\$39,624
		Adjustment Si				\$0	0\$	\$0
		Funded Ad				\$0	\$0	\$0
Carr	Over					\$0	0\$	\$0
		Revenue				\$0	\$0	0\$
	Medicaid	Amount				\$0	\$0	0\$
		Amount				\$0	\$0	0\$
	×	Share				\$0	\$0	\$0
	160	Share				\$0	0\$	\$0
	Fotal Gross	Expenses				\$39,624	\$39,624	\$39,624
	Units of	Service Expenses				Albany 0.00 0.00 0 1,985	0.00 0.00 0 1,985	1,985
		Beds				0	0	0
		Slots				0.00	0.00	0.00
		Managers Slots Beds			agers	0.00	0.00	0 000 000
E C	Contract	Number	fice	۲,	nation Man	Albany		
	Provider	FS/Program/CBR Index/Team Type	25460 - Catholic Charities Housing Office	034J - Adult Case Management & ACT	2720 - Non-Medicaid Care Coordination Managers	00 NO_SUBCODE	Totals For FS 034J	Totals For 25460 - Catholic Charities Housing Office

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Provider	Contract			=	Units of T	Total Gross		Voluntary	3	Medicaid	Other.	Carry		One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers Slots		Beds S		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
11620 - Community Living Assn Program	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	\$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	\$271,042	\$0
078 - Supported Housing 7080 - Apartment/Support 00 NO_SUBCODE	Albany	0.00	0.00	თ	3,285	\$205,729	\$0	\$0	\$93,525	0\$	\$112,204	80	0\$	80	\$0	0\$
Totals For FS 078		0.00	0.00	6	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$0	\$	\$0
200 - Com. Reinvestment																
1760 - Advocacy/Support Services 04 NO_SUBCODE	Albany	0.00	00.0	0	0	\$28,960	\$0	0\$	\$0	0\$	\$0	0\$	\$0	9	\$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	\$	\$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	00.00	0.00	0	0	\$14,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,860	\$0
Totals For FS 400	1	00.0	0.00	0	0	\$69,383	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,383	\$0

NEW Office of 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

	<u>Annualized</u> <u>Value</u>		\$0	\$0	0\$	\$0	\$	\$0	0\$
	Total A		\$3,492	\$3,757	\$7,249	\$7,464	\$7,833	\$15,297	\$409,268
	One Time Adjustment		\$	\$0	\$0	\$0	\$0	0\$	0\$
	Non		\$0	\$0	\$0	· 0\$	\$0	\$0	\$0
Carry	Over Revenue		\$0	\$0	\$0	0\$	\$0	\$0	0\$
	Other Revenue		\$0	0\$	\$0	\$0	\$0	0\$	\$112,204
	Medicaid		80	\$0	\$0	0\$	\$0	\$0	\$0
	SSI N Amount A	•	\$0	\$0	\$0	80	\$0	0\$	\$93,525
	Voluntary Share		\$0	\$0	\$0	0\$	0 \$	\$0	0\$
	LGU Share		\$0	\$	\$0	0\$	\$0	0\$	0\$
	Total Gross Expenses		\$3,492	\$3,757	\$7,249	\$7,464	\$7,833	\$15,297	\$614,997
	Units of Service		0	0	0	0	0	0	3,285
	Beds		0	0	0	0	. 0	0	6
	Slots		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Contract Number Managers Slots		0.00	0.00 0.00	0.00	0.00	0.00	00.00	0.00
Local	Contract	am	Albany	Albany		nents ; Albany	Albany	7	
	Provider FS/Program/CBR Index/Team Type	11620 - Community Living Assn Program 965 - Funding Reduction/COLA	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements 1760 - Advocacy/Support Services 04 NO_SUBCODE Alb	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965S	Totals For 11620 - Community Living Assn Program

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				
닒	Contract			•		Total Gross	160	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized
ogram/CBR Index/Team Type	Number	Managers	Slots	Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	<u>Adjustment</u>	State Aid	Value
- Community Maternity Service	Š															

Local Contract Contract Number Managers Slots Beds Service Expenses Share Ion Managers Albany 0.00 0.00 0 \$17,093 \$0 Albany 0.00 0.00 0 \$17,093 \$0 Albany 0.00 0.00 0 \$100,350 \$0 Albany 0.00 0.00 0 \$100,350 \$0 Albany 0.00 0.00 0 \$669 \$0 0.00 0.00 0 \$669 \$0 0.00 0.00 0 \$669 \$0 0.00 0.00 0 \$669 \$0 0.00 0.00 0 \$118,112 \$0	gers Slots Beds Service Expenses Share 0 0.00 0 \$17,093 0 0.00 0 \$17,093 0 0.00 0 \$10,350 0 0.00 0 \$100,350 0 0.00 0 \$669 0 0.00 0 \$669 0 0.00 0 \$669 0 0.00 0 \$118,112	L Provider College Index/Team Type Nu	42100 - Community Maternity Services 034K - C&F Case Management 2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	Totals For FS 034K	200 - Com. Reinvestment 0650 - Respite Services 00 NO_SUBCODE All	Totals For FS 200	965 - Funding Reduction/COLA 0650 - Respite Services 00 NO_SUBCODE Alk	Totals For FS 965	Totals For 42100 - Community
gers Slots Beds Service Expenses Share 0 0.00 0 \$17,093 0 0.00 0 \$17,093 0 0.00 0 \$10,350 0 0.00 0 \$100,350 0 0.00 0 \$669 0 0.00 0 \$669 0 0.00 0 \$118,112	gers Slots Beds Service Expenses Share Volunta Share 0 0.00 0 \$17,093 \$0 0 0.00 0 \$17,093 \$0 0 0.00 0 \$17,093 \$0 0 0.00 0 \$17,093 \$0 0 0.00 0 \$100,350 \$0 0 0.00 0 \$100,350 \$0 0 0.00 0 \$100,350 \$0 0 0 0 \$100,350 \$0 0 0 \$669 \$0 0 0 \$669 \$0 0 0 \$118,112 \$0	Local Contract Number	n Manae bany	I	Albany	1	Albany		II
Units of Service Total Gross LGU Service Expenses Share 0 \$17,093 0 \$100,350 0 \$669 0 \$669 0 \$669 0 \$118,112	Units of Service Total Gross LGU Share Volunta Share Service Expenses Share Share 0 \$17,093 \$0 0 \$100,350 \$0 0 \$669 \$0 0 \$669 \$0 0 \$118,112 \$0	Vanagers	gers 0.00	0.00		0.00			0.00
Units of Service Total Gross LGU Service Expenses Share 0 \$17,093 0 \$100,350 0 \$100,350 0 \$669 0 \$669 0 \$669 0 \$118,112 0 \$118,112	Units of Service Total Gross LGU Share Volunta Share Service Expenses Share Share 0 \$17,093 \$0 0 \$100,350 \$0 0 \$669 \$0 0 \$669 \$0 0 \$118,112 \$0	Slots	00.00	0.00	0.00	0.00	0.00	0.00	0.00
Expenses Share Expenses Share \$17,093 \$17,093 \$100,350 \$100,350 \$669 \$669	Expenses LGU Volunta Expenses Share Share \$17,093 \$0 \$17,093 \$0 \$100,350 \$0 \$669 \$0 \$669 \$0 \$118,112 \$0		0	0		0	0	0	0
Share Share	Share	nits of ervice	0	0		0	0	0	0
	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	•	\$17,093		\$100,350	\$100,350	699\$	699\$	\$118,112
	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	LGU Share	0\$	\$0	\$0	0\$	\$0	\$0	\$0
\$0 \$0\$ \$0\$ \$0\$ \$0\$ \$0\$		Medicaid		\$0		\$0	0	0\$	\$0
Medicai Amoun 80 60 60 60 60	Amoun	Other Revenue		\$	₩	\$	₩	\$	\$
Medicaid Other Amount Revenu. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	### Whedicaid Other Amount Revenu. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Carry Over Revenue	0\$	0\$ 0	0\$	0\$ (0\$	0\$ 0	0\$
## Amount Revenue Revenue Amount Revenue Reven	Medicaid Other Over Over Over Namount Carry Over Namount \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Non							
Medicaid Other Over Over Over Over Over Over Over Ov	Medicaid Other Amount Revenue Revenue Funded \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	One Time Adjustment							
Medicaid Other Over Over Over Over Over Over Over Over	Medicaid Other Amount Revenue Revenue Funded Adjustme \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Total State Aid		1					
Medicaid Other Over Over Over Over Over Over Over Over	Medicaid Other Over Amount Non One Time One Time State Total Amount Revenue Revenue Funded Adjustment State \$0 \$0 \$0 \$0 \$1 \$0 \$0 \$0 \$1 \$1 \$0 \$0 \$0 \$1 \$1 \$0 \$0 \$0 \$1 \$1 \$0 \$0 \$0 \$1 \$1 \$0 \$0 \$0 \$0 \$1 \$0 \$0 \$0 \$0 \$1 \$0 \$0 \$0 \$0 \$1 \$0 \$0 \$0 \$0 \$1	Annualized Value	0\$	\$0	0\$	\$0	\$	0\$	\$0

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County Allocation Tracker Detail Report
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Socileitan	Value				\$0		\$0	\$0			\$0		\$0	0\$	\$
Total	State Aid				\$6,363		\$15,156	\$21,519			\$102		\$261	\$363	\$21,882
ono Timo	Adjustment				\$0		\$0	\$0			\$0		\$0	0\$	\$0
	Funded				\$0		\$0	\$0			\$0		\$0	\$0	0\$
Carry	Revenue				\$0		\$0	\$0			\$0		\$0	\$0	\$0
O. the	Revenue				\$0		\$0	\$0			\$0		\$0	\$0	0\$
Medicaid	Amount				\$0		\$0	\$0			\$0		\$0	\$0	\$0
50	Amount				\$0		\$0	\$0			\$0		\$0	\$0	\$0
Voluntary	Share				\$0		\$0	\$0			\$0		\$0	\$0	\$0
<u>.</u>	Share				\$0		\$0	\$0			\$0		\$0	0\$	\$0
otal Gross	Expenses				\$6,363		\$15,156	\$21,519			\$102		\$261	\$363	\$21,882
Units of	Service				0		0	0			0		0	0	0
	Beds				0		0	0			0		0	0	0
	Slots				0.00		0.00	0.00			0.00		0.00	0.00	0.00
	Number Managers Slots				00:00		00.00	00.00			0.00		0.00	0.00	0.00
Local	Number	s, Inc			Albany	"	Albany				Albany		Albany		
Provider	FS/Program/CBR Index/Team Type	35350 - Counseling Care and Services, Inc	200 - Com. Reinvestment	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services	02 NO_SUBCODE	Totals For FS 200	965 - Funding Reduction/COLA	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services	02 NO_SUBCODE	Totals For FS 965	Totals For 35350 - Counseling Care and Services, Inc

YORK YORK Mental Health Aid to Localities Financial System

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

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<u>Carry</u> d Other Over Non One Time Total Annualized	Revenue Revenue Funded Adjustment State Aid		\$0 \$0 \$0 \$0 \$10,130 \$0	\$0 \$0 \$0 \$0 \$10,130 \$0		0\$ 960'89\$ 0\$ 0\$ 0\$ 0\$	0\$ 960'89\$ 0\$ 0\$ 0\$ 0\$	\$0 \$0 \$0 \$123,607 \$0	\$0 \$0 \$0 \$0 \$123,607 \$0		\$0 \$19,021 \$0 \$0 \$43,262 \$0	\$0 \$0 \$0 \$25,671 \$0	\$0 \$0 \$0 \$0 \$82,688 \$0	\$0 \$0 \$0 \$10,266 \$0	\$0 \$0 \$0 \$0 \$123 \$0	\$0 \$0 \$0 \$0 \$26,451 \$0	\$0 \$40,000 \$0 \$0 \$488.484 \$0
SSI Medicaid	빔		\$0	\$0		0\$	0\$	0\$	3 0\$		0\$	0\$	\$0	\$0\$	0\$	\$0\$	\$ 00
il Voluntary	-		0\$ 0\$	0\$ 0\$		0\$ 0\$	0\$ 0\$	0\$	0\$ 0\$		0\$	0\$	0\$ 0\$	\$0	0\$	0\$	\$0
Total Gross	Expenses		\$10,130	\$10,130		\$68,096	\$68,096	\$123,607	\$123,607		\$62,283	\$25,671	\$82,688	\$10,266	\$123	\$26,451	£207 400
Units of	Beds Service		0 0	0 0		0	0 0		12 0		0	0	0 0	0 0	0	0	
	Managers Slots		0.00 00.00	0.00 0.00		tment 0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00		0.00 00.00	0.00 0.00	00.0	ent 00 0.00	llars 00 0.00	00.00	9
Contract			Albany 0.	o O		Clinical Treatm Albany 0.	0.	Albany 0.0	Ö		Albany 0.0	Albany	Albany 0.00	Care Management Albany 0.00	nent Service Dollar Albany 0.00	Albany 0.00	
Provider	FS/Program/CBR Index/Team Type	14510 - Equinox, Inc. 014 - Community Support Services 1760 - Advocacy/Support Services	01 NO_SUBCODE	Totals For FS 014	037P - PROS State Aid	6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	Totals For FS 037P	078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	Totals For FS 078	200 - Com. Reinvestment	0380 - Transitional Employment 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	02 NO_SUBCODE	2620 - Health Home Non-Medicaid Care Management 01 NO_SUBCODE Albany 0.00	2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	6070 - Congregate/Treatment 04 NO_SUBCODE	Totals For ES 200

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Provider	<u>Local</u> Contract			ر	Units of .	Total Gross		Voluntary	SSI	Medicaid	Other	Carry	No	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds 5		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
14510 - Equinox, Inc.													-			
400 - Commissioner's Perf.		•														
1760 - Advocacy/Support Services 01 NO_SUBCODE	s Albany	0.00	0.00	0	0	841,017	\$0	\$0	\$0	\$0	\$	\$0	\$0	\$	\$41,017	8
6070 - Congregate/Treatment 04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,337	\$0	\$0	\$0	\$	\$	\$0	0\$	\$0	\$11,337	\$0
Totals For FS 400		00.0	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 Management	Care Mana	agement														
01 NO_SUBCODE	Albany	10.00	200.00	0	0	\$719,475	\$0	\$0	\$0	\$478,880	\$0	\$	\$0	\$0	\$240,595	\$0
2740 - Health Home Care Management Service Dollars	nent Servic	e Dollars														
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$40,000	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000	0\$
2850 - Health Home Care Management Service Dollar Administration	nent Servic	e Dollar	Administ	tration												
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	8	\$0	80	\$0 *	\$0	80	\$1,591	\$0
1760 - Advocacy/Support Services 02 NO SUBCODE	Albany	0.00	0.00	0	0	\$1,976	\$0	\$0	80	09	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 Enhancements	ents															
=																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$534	0\$	\$0	80	\$0	\$0	\$0	\$0	\$0	\$534	\$0
Totals For FS 965S	ı	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

YORK YORK STATE Mental Health Aid to Localities Financial System

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in a second	Value				.2 \$0	3 \$0	30 \$0		25 \$0	25 \$0	99	0\$ 90	. \$0 12	4 \$0	9.	20 \$0		5 \$0	5 \$0
To to E	State Aid				\$47,972	\$124,253	\$172,225		\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34 245
F	Adjustment				\$0	\$0	\$0		\$0	\$0	0\$	\$0	0 \$	\$0	\$0	0\$		\$0	\$0
1	Funded				\$0	\$0	\$		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	8
Carry	Revenue				\$0	\$0	\$0		\$0	\$0	0\$	\$0	0\$	\$0	\$0	0\$		\$0	0\$
į	Revenue I				\$0	\$0	0\$		\$0	0\$	0\$	\$0	0\$	\$0	\$0	\$0		0\$	9
1	Amount				\$0	\$0	\$0		\$0	0\$	0\$	0\$	0\$	\$0	\$0	\$0		\$0	00
	Amount 1				\$0	\$0	\$0		\$0	\$0	0\$	\$0	0\$	\$	\$0	\$0		\$0	6
	Voluntary Share 4				\$0	\$0	\$0		\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$0		\$0	6
	Share V				\$0	\$0	\$0		\$0	\$0	0\$	0\$	0\$	\$0	\$0	\$0		\$0	5
<u>.</u>	Expenses				\$47,972	\$124,253	\$172,225		\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$24 24E
	Service				1,530	4,970	6,500		0	0	107	107	846	930	576	2,352		768	760
	Beds				0	0	0		0	0	26	26	0	0	0	0		0	
	Slots				0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	000
	Managers			agers	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.00		0.00	000
Local	Number	society	Ħ	nation Man	Albany	Albany		ilitation	oyment Albany		Albany	•	Albany	Albany	Albany			Albany	1
	rovide <u>r</u> FS/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society	034J - Adult Case Management & ACT	2720 - Non-Medicaid Care Coordination Managers	02 NO_SUBCODE	.01 NO_SUBCODE	'S 034J	039Q - Innovative Psychiatric Rehabilitation	1380 - Assisted Competitive Employment 01 NO_SUBCODE Albar	S 039Q	078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	S 078	200 - Com. Reinvestment 0670 - Transportation 01 NO_SUBCODE	treach 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	S 200	ess/MICA	6060 - Supported Housing 02 NO_SUBCODE	300
	FS/Program/C	17630 - Home	034J - Adult	2720 - No			Totals For FS 034J	039Q - Inno	1380 - As	Totals For FS 039Q	oddnS - 870 InS - 0909	Totals For FS 078	200 - Com. F 0670 - Tra	0690 - Outreach 01	1760 - Ad	Totals For FS 200	300 - Homeless/MICA	ins - 0909	Totals For ES 300

NEW Office of STATE Mental Health

Aid to Localities Financial System

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

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\$0 \$0 \$ \$ Annualized Value \$249 \$555 \$804 \$440,727 State Aid Total \$0 စ္တ Adjustment \$0 \$ One Time \$ ŝ 0\$ S Non Funded \$ \$ \$0 \$0 Over Revenue Carry \$0 \$0 8 \$ Revenue Other \$0 \$ \$ င္တ Medicaid Amount \$ \$ \$0 \$0 Amount SSI \$ \$0 စ္တ \$0 Voluntary Share \$ \$0 \$0 \$ LGU Share \$249 \$555 \$804 \$440,727 Total Gross Expenses 0 0 0 Units of 9,727 Service Beds 56 0 0 0 Number Managers Slots 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Local Contract Albany Albany 1380 - Assisted Competitive Employment
01 NO_SUBCODE Alban 17630 - Homeless and Travelers Aid Society NO_SUBCODE Totals For 17630 - Homeless and Travelers Aid Society 965 - Funding Reduction/COLA FS/Program/CBR Index/Team Type 0690 - Outreach Totals For FS 965 Provider

VORK Office of STATE Mental Health

Aid to Localities Financial System

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\$0 \$ 0\$ \$0 0\$ \$0 100 \$0 \$0 Annualized Value \$1,698 \$30,082 \$51,316 \$51,316 \$1,698 \$30,082 \$25,986 \$25,986 \$2,361 \$111,443 State Aid Total \$0 \$ \$0 \$0 \$0 \$0 \$0 8 င္တ \$ \$0 Adjustment \$ \$0 \$0 \$0 \$ \$0 \$ 8 \$0 80 \$0 Non Funded \$ \$0 \$ \$0 \$0 \$ \$ \$0 8 \$ ŝ Over Revenue \$ \$ \$0 \$0 80 \$0 \$ \$0 \$0 \$ \$0 Revenue \$ \$0 \$ \$0 \$ \$0 \$ 8 \$ \$0 \$0 Medicaid Amount \$ \$0 \$0 င္တ \$0 \$0 \$ \$0 \$0 \$0 \$ Amount SS \$0 \$ \$0 \$0 \$ \$0 \$ \$0 \$ \$0 \$ Voluntary Share 8 \$0 ဇ္တ 0\$ 80 \$0 \$ S \$ 8 \$ LGU Share \$51,316 \$51,316 \$30,082 \$30,082 \$25,986 \$1,698 \$25,986 \$1,698 \$2,361 \$2,361 \$111,443 **Total Gross** Expenses 0 0 0 0 0 0 0 0 0 Service 0 Units of Beds 0 0 0 0 0 0 0 0 0 Number Managers Slots 0.00 0.00 0.00 0.0 0.00 0.00 0.00 0.00 0.00 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 27100 - Mental Health Empowerment Project, Inc. Local Contract Albany Albany Albany Albany Albany 965S - Personnel Services Enhancements 1760 - Advocacy/Support Services NO_SUBCODE NO_SUBCODE NO_SUBCODE NO_SUBCODE NO_SUBCODE 965 - Funding Reduction/COLA FS/Program/CBR Index/Team Type Totals For 27100 - Mental Health 400 - Commissioner's Perf. Empowerment Project, Inc. 200 - Com. Reinvestment 300 - Homeless/MICA Totals For FS 965S Totals For FS 300 Totals For FS 200 **Fotals For FS 400 For FS 965**

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Provide <u>r</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds S	Units of 3	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
40400 - Parsons Child & Family Center 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	\$
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	\$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 Health 01 NO_SUBCODE	Albany	0.00	0.00	0	2,087	\$73,846	80	\$0	\$0	\$0	90	\$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 Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.0	s (Childre Albany	n and Far 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	ı	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	00.0	0.00	0	. 0	\$19.136	0\$	9	0\$	08	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

STATE Mental Health

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8 8 \$ \$00 \$ Annualized Value \$7,616 \$4,589 \$60,208 \$94,496 \$10,471 \$10,471 State Aid Total One Time Adjustment \$0 \$ \$0 \$ \$0\$ \$ \$ \$ \$0 \$0 Non Funded \$ \$ ŝ \$0 \$0 Over Revenue Carry \$ \$ \$ \$ \$0 Revenue Other \$0 \$ 80 \$0 \$0 Medicaid Amount \$0 \$0 \$ \$0 \$0 Amount SSI \$ \$ \$ \$0 \$0 Voluntary Share ŝ \$ \$ 8 \$0\$ LGU Share \$7,616 \$4,589 \$60,208 \$94,496 \$10,471 \$10,471 Total Gross Expenses Units of Service 0 0 471 0 0 332 Beds 0 0 0 0 0 0 1320 - Vocational and Educational Services - Children & Family Local
Contract
Number Managers Slots 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Albany Albany Albany Albany Albany Albany 046L - Community Support Programs-C&F 1510 - School- based Mental Health 40400 - Parsons Child & Family Center 00 NO_SUBCODE (Non-Licensed Program)
00 NO_SUBCODE NO_SUBCODE NO_SUBCODE NO_SUBCODE 00 NO_SUBCODE FS/Program/CBR Index/Team Type 0650 - Respite Services 0610 - Recreation 8 8 0690 - Outreach Provider

1650 - Family Peer Support Services (Children and Family)	t Services	s (Children	and Far	nily)	c		\$80,040	€	Ç	Ş	Ç	Ç	. €	6	6	070 040	Ç
	700	ZIDAII.	5	0.00		† 5		9	2	9	O	9	9	9	9	\$07,049	9
1760 - Advocacy/Support Services 00 NO_SUBCODE Albany	Services CODE	Albany		0.00 0.00	0	247	\$39,629	\$0	. \$	\$0	\$0	\$0	\$0	\$0	\$0	\$39,629	\$0
2990 - Coordinated Childrens Service Initiative 00 NO_SUBCODE Albany 0.00 0.00 0 2,629 \$77,	ens Servic	e Initiative 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	0.00 0.00 0 5,323 \$386	\$386,752	0\$	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$386,752	\$0
090 - Non Funded	÷																
1080 - Residential Treatment Facility - Children & Youth	nt Facility	/ - Childrer	ı & Yout	۔													
00 NO_SUBCODE Albany 0.00 0.00 0 7,359 \$2,902,	ODE	Albany	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0 \$2,902,778	2,778	\$0	\$0	\$0	\$0	80	\$0
Totals For FS 090		1	0.00	0.00	0	0.00 0.00 0 7,359 \$2,902,	\$2,902,778	0\$	\$0	\$0 \$2,902,778	2,778	0\$	0\$	0\$	\$0	0\$	\$0

YORK YORK STATE Mental Health Aid to Localities Financial System

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	Annualized	Value				\$0		\$0	\$0			\$0	0\$	
	Total					\$12,736		\$48,022	\$60,758			\$104,969	\$104,969	
	One Time	djustment				\$0		\$0	0\$			\$0	0\$	
		Funded				\$0		\$0	0\$			\$0	0\$	
Carry	Over	Revenue				\$0		\$0	\$0			\$0	0\$	
	Other	Revenue				\$0		\$0	\$0			\$0	0\$	
	Medicaid	Amount				\$0		\$0	\$0			\$0	\$0	
	SSI	Amount				\$0		\$0	\$0			\$0	0\$	
100	Voluntary	Share				\$0		\$0	\$0			0\$	0\$	
	ren	Share				\$0		\$0	\$0			\$0	0\$	
	Fotal Gross	Expenses				\$12,736		\$48,022	\$60,758			\$104,969	\$104,969	
	Units of	Service				0		0	0			69	69	
		Beds				0		0	0			0	0	
		rs Slots				0.00		0.0	0.00 00.00			0.00	0.00	
		Number Managers Slots Beds				0.00		0.00	0.00			0.00	0.00	
Local	Contract	Number	-			Albany		Albany 0.00 0.00 0	•			Albany 0.00 0.00 0	•	
	Provider	FS/Program/CBR Index/Team Type	40400 - Parsons Child & Family Center	200 - Com. Reinvestment	0610 - Recreation	00 NO_SUBCODE	2680 - Crisis Intervention	00 NO_SUBCODE	Totals For FS 200	400 - Commissioner's Perf.	0910 - Crisis Residence	01 NO_SUBCODE	Totals For FS 400	

YORK Office of STATE Mental Health Aid to Localities Financial System

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Provider FS/Program/CBR Index/Team Type	Local Contract Number	<u>Local</u> <u>Contract</u> <u>Number Managers Slots</u>		Beds S	Inits of ervice	Units of Total Gross Service Expenses	LGU V	Voluntary <u>Share</u>	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	<u>Total</u> State Aid	<u>Annualized</u> <u>Value</u>
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	80
0690 - Outreach	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	Services	Children	& Family	_												
(Non-Licensed Frogram) 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 Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.00	es (Childre Albany	on and Fa	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$896	\$0
1760 - Advocacy/Support Services 00 NO_SUBCODE	s Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	8	80	80	0\$	8	\$0	\$1,195	\$0
2680 - Crisis Intervention 00 NO SUBCODE	Albany	0.00	00.00	0	0	\$2.623	80	80	\$0	0\$	\$0	80	\$	\$0	\$2,623	0\$
2990 - Coordinated Childrens Service Initiative	, /ice Initiati															
00 NO_SUBCODE	Albany	0.00	00.00	0	0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	0\$
Totals For FS 965	•	00.00	0.00	0	0	\$10,826	\$0	\$0	0\$	0\$	\$0	\$0	\$	\$0	\$10,826	\$0
Totals For 40400 - Parsons Child & Family Center		0.00	00.0	0	38,083	\$5,533,108	\$0	\$0	\$ 0\$	\$0 \$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0

NEW Office of STATE Mental Health Aid to Localities Financial System

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Drowing	Local				I hite of T	Total Gross		Voluntany	5	hisoihaM	ç ta	Carry	S	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds	-1	uses	Share		Amount	Amount	Revenue	Revenue	Funded	Adjustment	ы	Value
14370 - Rehabilitation Support Svcs, Inc 001A - Local Assistance	s, Inc					•										
2100 - Clinic Treatment 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 001A		0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	0\$	\$	\$0	\$0	0\$
014 - Community Support Services 0670 - Transportation 01 NO_SUBCODE	SAlbany	0.00	0.00	0	13,268	\$136,472	\$0	0\$	\$0	\$0	0\$	\$0	0	0\$	\$136,472	0\$
Totals For FS 014		00.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
037P - PROS State Aid 6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	th Clinical Tr Albany	eatment 0.00	145.0C	0	0	\$1,054,456	\$0	80	\$0	\$925,500	\$8,000	80	0\$	0\$	\$120,956	0
Totals For FS 037P		0.00	145.00	0	0	0 \$1,054,456	\$0	\$0	\$0	\$925,500	\$8,000	\$0	0\$	\$0	\$120,956	\$0
078 - Supported Housing																
6060 - Supported Housing	Alk	c c	ć	7	000	700	6	é	é	6	é	é	6	6	\$63 700	€
	Albany	8 6	9 6	- - -	200	\$287,709 \$287,640	⊋ <i>⊊</i>) ¢	⊋ ¢	⊋ <i>⊊</i>	9 6	9 6	9 €	9 6	\$284.640	Q
	Albany	00.0	0.00	2 ∞	173	\$266,419	Q Q	0 \$	Q Q	9 0	9 9	Ş Ş	Ç ₩ ₩	Q\$ Q\$	\$266,419	0 \$
29 NO_SUBCODE	Albany	0.00	0.00	42	206	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
17 NO_SUBCODE	Albany	00.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
26 NO_SUBCODE	Albany	00.0	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,361	\$0
13 NO_SUBCODE	Albany	00.00	0.00	ო	92	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,509	\$0
28 NO_SUBCODE	Albany	00.00	0.00	=======================================	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	00.00	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	\$0 \$2,539,282	\$0

YORK Office of STATE Mental Health Aid to Localities Financial System

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

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8 \$0 8 \$ \$ \$0 8 0\$ \$ 8 \$0 \$0 Annualized Value \$215,430 \$36,964 \$39,026 \$15,030 \$26,983 \$163,042 \$38,002 \$14,909 \$230,460 \$304,017 \$61,847 State Aid Total \$0 \$0 \$0 \$0 \$ 8 \$0 8 8 \$0 \$0 8 \$ Adjustment One Time \$0 \$ \$0 \$ \$ 8 \$ \$ \$ \$ 8 \$0 \$0 Non Funded \$0 8 \$0 \$ \$0 \$ 8 \$ \$0 \$ \$0 \$0 \$0 Revenue Over \$ \$ \$0 \$ 8 \$0 8 80 \$0 \$0 \$3 \$ \$0 \$0 \$ \$0 \$ \$0 \$0 \$ \$ \$ 80 \$ \$ \$ Medicaid \$ \$0 \$0 \$ 8 \$0 80 \$ \$ \$0 \$0 \$ \$ Amount SSI \$ 8 \$ \$0 \$ \$0 \$ \$0 \$0 \$ \$0 \$0 \$0 Voluntary Share \$0 8 \$0 \$0 8 \$ \$ \$0 \$ \$0 \$0 \$0 \$0 LGU Share \$230,460 \$215,430 \$15,030 \$36,964 \$26,983 \$61,847 \$14,909 \$153,042 \$38,002 \$61,847 \$39,026 \$304,017 \$14,909 **Total Gross** Expenses 0 400 1,333 0 0 0 0 0 933 0 0 0 0 Units of Service Beds 0 0 0 0 0 0 0 0 0 0 Slots 10.00 15.00 0.00 0.00 0.00 0.00 0.00 5.00 0.00 0.00 0.00 0.00 0.0 Number Managers 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 0.0 0.00 Local Contract Albany Albany Albany Albany Albany Albany Albany Albany Albany 142A - Expanded Community Support Adult 1230 - Flexible Recipient Service Dollars 200C - Supported Housing - Workforce RIV 14370 - Rehabilitation Support Svcs, Inc 1760 - Advocacy/Support Services NO_SUBCODE NO_SUBCODE NO_SUBCODE NO_SUBCODE 6060 - Supported Housing
22 NO_SUBCODE NO_SUBCODE NO_SUBCODE NO_SUBCODE NO_SUBCODE 6070 - Congregate/Treatment 6060 - Supported Housing 6060 - Supported Housing 200 - Com. Reinvestment 5990 - MICA Network 300 - Homeless/MICA **Fotals For FS 142A** 0690 - Outreach Fotals For FS 200C 0690 - Outreach **Totals For FS 200**

VORK 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

Provider FS/Program/CBR Index/Team Type	Local Contract Number	Local Contract Number Managers	Slots	<u>U</u> Beds S	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
14370 - Rehabilitation Support Svcs, Inc 400 - Commissioner's Perf.	v															
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	1	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\$	9	\$103,077	0\$
Totals For FS 580	ı	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	00.0	000	c	O	\$2.556	(Ç.	C \$	0\$	C	C \$	9	. 09	\$2,556	09
0690 - Outreach 02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,301	0\$	0\$	\$ 0\$	9	\$ \$	0\$	0\$	0\$	\$5,301	. \$
1760 - Advocacy/Support Services 08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,489	\$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	\$831	0\$
Totals For FS 965	ı	0.00	0.00	0	0	\$10,177	\$0	\$0	0\$	0\$	\$0	0\$	\$0	\$0	\$10,177	\$0
965S - Personnel Services Enhancements 0670 - Transportation	ents					,										
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	ļ	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		1,413 \$	21,413 \$4,866,178	\$0	\$0	\$ 0\$	\$0 \$1,325,500	\$8,000	\$0\$	0\$	0\$	\$0 \$3,532,678	0\$

NEW Office of STATE Mental Health Aid to Localities Financial System

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

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<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	Local Contract Number	Managers	Slots	Beds 5	Units of I	Total Gross Expenses	LGU V	Voluntary <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
14350 - St. Anne Institute			,													
001A - Local Assistance																
1510 - School- based Mental Health	t h 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 Services - Children & Family	Services -	- Children	& Famil	^												
(Non-Licensed Frogram) 00 NO_SUBCODE	Albany	00.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$65,245	\$0
Totals For FS 044		00.00	0.00	0	1,708	\$65,245	\$0	0\$	\$0	0\$	\$0	0\$	0\$	\$0	\$65,245	\$0
046L - Community Support Programs-C&F	s-C&F															
1320 - Vocational and Educational Services - Children & Family	Services -	- Children	& Famil	>							,					
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 & Family	Services -	Children	& Family	>												
(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																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,042	\$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	nents															
1320 - Vocational and Educational Services - Children & Family	Services -	Children	& Family													
(NOIL-LICEIISCU FIOGIAIII) 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	ıı	0.00	00.0	0	4,855	\$222,909	0\$	\$65,571	0\$	0\$	0\$	0\$	0\$	0\$	\$157,338	0\$

NEW Office of STATE Mental Health Aid to Localities Financial System

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Annualized Value				\$0	\$0	0\$
Total State Aid				\$0	\$0	0\$
One Time Adjustment				\$0	\$0	0\$
Non		-		\$0	\$0	0\$
Carry Over Revenue				\$0	0\$	80
Other Revenue				\$0	\$0	\$0
Medicaid Amount				\$200,000	\$200,000	\$200,000
SSI Amount				\$0	\$0	\$0
Voluntary <u>Share</u>				\$0	\$0	\$0
LGU Share		٠		\$0	\$0	0\$
Units of Total Gross Service Expenses				\$200,000	\$200,000	\$200,000
Units of Service				0	0	0
Beds				0	0	0
Slots				0.00	0.00	0.00
Local Contract Number Managers Slots				Albany 0.00 0.00 0	0.00 0.00 0	0.00 0.00 0
Local Contract Number	ldren			Albany		
Provide <u>r</u> FS/Program/CBR Index/Team Type	14360 - St. Catherine's Center for Children	001A - Local Assistance	0200 - Day Treatment	00 NO_SUBCODE	Totals For FS 001A	Totals For 14360 - St. Catherine's Center for Children

New Office of STATE Mental Health Aid to Localities Financial System

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

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	Local											Carry				
Provider	Contract					Total Gross	100	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Number Managers Slots		Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
40240 - The Workshop, Inc. 001A - Local Assistance																
6140 - Transformed Business Model	el 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		00.0	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 Model	el Albany	0.00	0.00	0	1	\$73,694	9	0\$	0\$	0\$	0\$	0\$	0\$	0\$	\$73,694	0\$
Totals For FS 014		00.0	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
037P - PROS State Aid														-		
7340 - Comprehensive PROS without Clinical Treatment 00 NO_SUBCODE Albany 0.00 (out Clinical Albany	I Treatme 0.00	nt 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 Services - Children & Family	-C&F Services -	Children	& Famil	<u>></u>					٠							
(Non-Licensed Program) 00 NO_SUBCODE	Albany	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$
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	\$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

YORK Office of STATE Mental Health Aid to Localities Financial System

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	Ā	Value				32 \$0		93 \$0	ç		92 \$0			78 PO	63	22 \$0	30 \$0
	Total	State Aid				\$1.032	•	\$693	9	\$04 <i>C</i>	\$2,367			\$3,429	\$3,429	\$353,977	\$0\$10,171,630
	One Time	Adjustment				\$0		\$0		O#	0\$			\$0	0\$	\$0	\$0\$
	Non	Funded				80		\$0	. C	O#	\$0		· •	O\$	\$0	\$0	0\$
Carry	Over	Revenue				9		\$0	ć	O _A	\$0		ţ	\$0	\$0	\$0	\$0
	Other	Revenue				0\$		\$0) #	\$0		į	0\$	0\$	\$100	\$234,741
	Medicaid	Amount				0\$	}	\$0	ć	O#	\$0			\$0	\$0	\$650,000	\$93,525 \$8,075,773 \$234,741
	SSI	Amount				- G	1	\$0	6	0.5	0\$			\$0	0\$	0\$	\$93,525 \$8
	Voluntary	Share				9	:	\$0	6	0.9	0\$			% 0	\$0	\$55,413	\$120,984
	<u></u>	Share				9		\$0	é	04	\$0			80	\$0	\$0	\$501,852 \$120,984
	otal Gross	Expenses				\$1 032	1	\$693	0	\$642	\$2,367			\$3,429	\$3,429	24,897 \$1,059,490	9,198,505
	Units of Total Gross	Service				Ç	•	0	Ċ	0	0			0	0	24,897 \$	16.00 360.00 296 105,534 \$19,198,505
		Beds			<u>~</u>	c		0		0	0			0	0	0	296
		Slots			& Fam	000		0.00	o o	0.00	0.00			0.00	0.00	0.00	360.00
		Number Managers Slots			- Children	000		0.00		0.00	00'0			0.00 0.00	0.00	00.00	16.00
Local	Contract	Number			Services	Albany		Albany		Albany		nents		Albany			 Il
	Provider	FS/Program/CBR Index/Team Type	40240 - The Workshop, Inc.	965 - Funding Reduction/COLA	1320 - Vocational and Educational Services - Children & Family	(Non-Licensed Program) ON NO SUBCODE	5340 - Supported Education	. 00 NO_SUBCODE	6140 - Transformed Business Model	00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	6140 - Transformed Business Model	00 NO_SUBCODE	Totals For FS 965S	Totals For 40240 - The Workshop, Inc.	Report Totals

RESOLUTION NO. 410

AUTHORIZING AN AGREEMENT WITH NORTHEAST CAREER PLANNING REGARDING EDUCATIONAL AND CAREER SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Northeast Career Planning (The Workshop) for the provision of Personal Recovery Oriented System (PROS) and vocational services to individuals with mental illness or developmental disabilities in the amount of \$372,169 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Mental Health and Office for People with Developmental Disabilities, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Northeast Career Planning (The Workshop), Menands, NY 12204 for the provision of PROS and vocational services to individuals with mental illness or developmental disabilities in an amount not to exceed \$372,169 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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.

Stephen Giordano, Ph.D.

Director

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

cc:



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1936, Version: 1		
REQUEST FOR LEGISLATIVE AC	CTION	
Description (e.g., Contract Authorization for Parsons	orization for Information Services): Child and Family Center	
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 AMENDE Increase/decrease category (cho ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel		
☐ Personnel Non-Individual		

F'1. # TMD 4000 Ware's a 4	
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 Amendmen ☐ 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): Parsons Family & Children Center 60 A	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 amilies 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)

Federal: 31% 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

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: 497
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 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.

YORK STATE Mental Health Aid to Localities Financial System

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

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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Local Contract Number Managers Slots	Slots B	Di Seds Se	Units of T	Total Gross Expenses	LGU V	Voluntary <u>Share</u>	SSI Amount	<u>Medicaid</u> <u>Amount</u>	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
43660 - Albany County Department for Children, Y 001A - Local Assistance	· Children,	>														
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	\$160,000	\$0	\$0	\$0	\$0	\$19,652	\$0
044 - CMHS Block Grant C&F 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE A)A) Albany	0.00	00.0	0	0	\$33,052	9	0\$	0\$	9	0\$	0\$	0\$	\$0	\$33,052	0\$
Totals For FS 044	1	00.00	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) 00 NO_SUBCODE	A) 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 Alba	-C&F Albany	0.00	0.00	0	0	\$8,845	0\$	0\$	0\$	0\$	0\$	80	0\$	0\$	\$8,845	0\$
Totals For FS 046L	1	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	ı	0.00	0.00	0	0	\$35,401	\$0	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$35,401	\$0

YORK Office of STATE Mental Health Aid to Localities Financial System

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	Annualized	Value				\$0		\$0		\$0	\$0	\$0
	Total	State Aid				\$99,055		\$47,153		\$5,239	\$151,447	\$340,493
	One Time	djustment				\$0		\$0		\$0	\$0	\$0
	-	Funded				\$0		\$0		\$0	\$0	\$0
Carry	Over	Revenue				\$0		\$0		\$0	\$0	* 0\$
	Other	Revenue				\$0		\$0		\$0	\$0	0\$
	Medicaid	Amount				\$0		\$0		\$0	\$0	\$160,000
		Amount /				\$0		\$0		\$0	\$0	\$0
	/oluntary	Share				\$0		\$0		\$0	\$0	0\$
	N N	Share				\$0		\$0		\$0	0\$	\$19,652
	otal Gross	Expenses				\$99,055		\$47,153		\$5,239	\$151,447	\$520,145
	Units of Total Gross					0		0	_	0	0	0
		Beds				0		Ö	stratior	0	0	0
		Slots				0.00		0.00	\dmini	0.00	0.00	0.00
		Number Managers Slots Beds Service	>		agement	0.00	e Dollars	0.00	e Dollar	Albany 0.00 0.00 0	0.00 0.00 0	0.00 0.00 0
Local	Contract	Number	r Children,	gement	Care Man	Albany	nent Servic	Albany	nent Servic	Albany	•	
	Provider	FS/Program/CBR Index/Team Type	43660 - Albany County Department for Children, Y	570K - Kids Health Home Care Management	2620 - Health Home Non-Medicaid Care Management	00 NO_SUBCODE Albany 0.00 0.00	2740 - Health Home Care Management Service Dollars	00 NO_SUBCODE Albany 0.00 0.00 0	2850 - Health Home Care Management Service Dollar Administration	00 NO_SUBCODE	Totals For FS 570K	Totals For 43660 - Albany County Department for Children, Y

New Office of STATE Mental Health Aid to Localities Financial System

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Provider	<u>Local</u> Contract			Š	Units of	Total Gross		Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number Managers Slots	Managers		Beds Se		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
70520 - Albany County Department of Mental Healt	Mental Hea	=														
001A - Local Assistance													•			
0890 - Local Governmental Unit (LGU) Administration 00 NO_SUBCODE Albany 0.00	.GU) Admin Albany	istration 0.00	0.00	0	0	\$26,088	\$13,044	80	\$0	80	\$0	8	8	0\$	\$13,044	\$0
1400 - Single Point of Access (SPOA)	JA) Albany	0.00	0.00	ő	0	\$48,268	\$24,134	9	\$	\$	\$0	0\$	8		\$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	\$86,229	0\$
2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	i ation Mana Albany	gers 0.00	0.00	0	0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0
Totals For FS 001A	i	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	80	\$0	\$0	\$103,510	\$0
0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE Alt	css Albany	0.00	0.00	0	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	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\$	\$514,519	0\$

YORK Office of STATE Mental Health Aid to Localities Financial System

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0\$	\$0	0\$	0\$	8 0	\$0	\$0	0\$
\$5,533	\$22,156	\$175,839	1,007,580 \$85,555	\$73,381 \$158,936	\$9,240	\$98,948	\$108,188
\$0\$	0\$	0	0 \$	8 0	\$	\$0	0\$
0\$	\$0	0 \$	0\$	90	\$	\$0	0\$
0\$	\$0	0 \$	0\$	80	**************************************	\$0	0\$
0 0 0	\$0	0	0 \$	\$0	\$0	\$0	0\$
0 %	0\$	\$690,612	0 \$	9	0\$	\$0	0\$
0\$	\$0	0\$ 0\$	0 \$	0 \$	\$	\$0	0\$
0\$	\$0	0 \$ 0\$	0\$	90	\$0	\$0	0\$
0\$ 0\$	\$0	0\$	0 \$	%	0\$	\$0	0\$
\$5,533	\$22,156	\$866,451 \$1,007,580	\$1,007,580 \$85,555	\$73,381 \$158,936	\$9,240	\$98,948	\$108,188
0 0	0	009	o 0	0 0	0	0	0
0 0	0	o o	o 0	0	0	0	0
0.00		0.00	0.00	0.00	0.00	0.00	0.00
0.00 agers 0.00	ice Dollars 0.00	00.00	00.00	0.00	0.00	0.00	0.00
Dollars Albany nation Man Albany	tment-Serv Albany	Albany	D A) Albany	Albany _	DA) Albany	Albany	
1230 - Flexible Recipient Service 00 NO_SUBCODE 2720 - Non-Medicaid Care Coordii 00 NO_SUBCODE	8810 - Assertive Community Trea 00 48 Slot	lotals For FS 034J 39J - Forensics 2100 - Clinic Treatment 00 NO_SUBCODE	rotals For FS 039J 39P - Clinical Infrastructure-Adult 1400 - Single Point of Access (SPU 00 NO_SUBCODE		41 - CMHS Block Grant Adult 1400 - Single Point of Access (SPC 00 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 041
1.1. EIVOINIA DAAINIAN EANINA IIAINA	Albany 0.00 0.00 0 0 \$5,533 \$0 \$0 \$0 \$0 \$0 \$0 \$5,533 Albany 0.00 0.00 0 0 \$101,296 \$0 \$0 \$0 \$0 \$101,296	Recipient Service Dulars NO_SUBCODE Albany 0.00 0 \$6,533 \$0 \$0 \$0 \$6,533 Icaid Care Coordination Managers NO_SUBCODE Albany 0.00 0 \$101,296 \$0 \$0 \$0 \$101,296 Community Treatment-Service Dollars Community Treatment-Service Dollars \$0 \$22,156 \$0 \$0 \$0 \$22,156	Section Dullars Section Du	State Stat	Many Many	Column C	Part Part

NEW Office of STATE Mental Health Aid to Localities Financial System

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Total Annualized State Aid Value	\$81,268 \$0	\$81,268 \$0	\$11,740 \$0	\$11,740 \$0	\$162,574 \$0	\$46,251	\$92,975	\$114,752	\$416,552 \$0	\$172,184 \$0	\$172,184 \$0	\$62,992 \$0	
One Time Adjustment	0\$ 0\$	0\$ 0\$	0\$ 0\$	\$0 \$0	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	\$0 \$0	0\$ 0\$	\$0 \$0	0\$ 0\$	
Non Funded	€	\$	₩	₩	•	↔	↔	↔	\$	₩	\$	€	
Carry Over Revenue	9	\$0	0\$	\$	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Revenue	0 \$	0\$	80	\$0	\$	\$	\$0	\$0	\$0	0\$	\$0	\$0	
Medicaid Amount	0\$	\$0	\$0	\$0	8	\$0	\$0	\$0	\$0	0\$	\$0	\$0	
<u>SSI</u> Amount	\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$0	\$0	0\$	0\$	\$0	
Voluntary Share	80	\$0	0\$	\$0	0\$	\$0	\$0	\$0	\$0	0\$	\$0	\$0	
LGU Share	\$0	\$0	\$0	0\$	0\$	0\$	\$0	\$0	0\$	0\$	\$0	0\$	٠
Total Gross Expenses	\$81,268	\$81,268	\$11,740	\$11,740	\$162,574	\$46,251	\$92,975	\$114,752	\$416,552	\$172,184	\$172,184	\$62,992	
Units of To	0	0	o vluc	0	0	0	0	0	0	0	0	, 0	
Beds	0	0	stment (0	0	0	0	0	0	0	0	0	
s Slots	0.00	0.00	Reinves 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	:
<u>Local</u> Contract Number Managers	ealt 0.00	0.00	n OMH 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Local Contract Number	f Mental He rvices Albany		-GU) Admi Albany	٠	. CSS Albany	s Albany	Albany	Albany		Albany		Albany	
<u>Provider</u> ES/Program/CBR Index/Team Typ <u>e</u>	70520 - Albany County Department of Mental Healt 170B - Trans. Mgmt. Kendra's 1970 - Transition Management Services 00 NO_SUBCODE Albany	Totals For FS 170B	170C - MGP Admin Kendra's 0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only 00 NO_SUBCODE Albany 0.00 0.00 0	Totals For FS 170C	200 - Com. Reinvestment 0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE Alk	1760 - Advocacy/Support Services 01 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA 2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 300	400 - Commissioner's Perf. 2100 - Clinic Treatment 00 NO_SUBCODE	

VORK STATE Mental Health

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	<u>Annualized</u> <u>Value</u>				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$0
	Total An State Aid				\$53,119	\$83,040		\$9,228	\$145,387			\$1,107		\$85	\$1,317		\$1,697		\$552		\$5,785	\$10,543	\$0 \$3,017,928
	One Time Adjustment S			;	80	0\$		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$ 0\$
	Non Or Funded Adj			;	\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$0
arry	Over Revenue Fi				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$0
O,	Other Revenue Re				\$	\$0\$		\$0	\$0			\$0		80	\$0		\$0		\$0		\$0	0\$	0\$
	Medicaid C Amount Re				\$	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$690,612
	SSI Me				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	9\$ 0\$
	Voluntary Share An				\$0	\$0		\$0	\$0			\$0		\$0	0\$		\$0		\$0		\$0	\$0	\$0
	LGU Vo				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	0\$	\$482,200
	Total Gross Expenses				\$53,119	\$83,040		\$9,228	\$145,387			\$1,107		\$85	\$1,317		\$1,697		\$552		\$5,785	\$10,543	li
	Units of To				689	0		0	689			0	nly	0	0		0		0		0	0	1,289 \$4,190,740
	Beds				0	0	stration	0	0			0	tment O	0	0		0		0		0	0	0
	Slots				0.00	0.00	Adminis	0.00	0.00			0.00	einvest	0.00	0.00		00.00		0.00		0.00	0.00	0.00
	Managers	±		gement	0.00	Dollars 0.00	Dollar,	0.00	0.00			0.00	- OMH F	0.00	0.00		0.00		0.00		0.00	0.00	9.00
Local	Contract Number	Mental Hea		l Care Manae	Albany	nent Service Albany	nent Service	Albany	I			Albany	GU) Admin.	Albany	OA) Albany	40	Albany	vices	Albany		Albany	1	11
	Provider FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt	570 - Health Home	2620 - Health Home Non-Medicaid Care Management	00 NO_SUBCODE	2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE Albany 0.00	2850 - Health Home Care Management Service Dollar Administration	00 NO_SUBCODE	Totals For FS 570	965 - Funding Reduction/COLA	0690 - Outreach	00 NO_SUBCODE	0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only	00 NO_SUBCODE	1400 - Single Point of Access (SPOA) 01 NO_SUBCODE	1760 - Advocacy/Support Services	01 NO_SUBCODE	1970 - Transition Management Services	00 NO_SUBCODE	2680 - Crisis Intervention	00 NO_SUBCODE	Totals For FS 965	Totals For 70520 - Albany County Department of Mental Healt

NEW Office of STATE Mental Health

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

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<u>Provider</u> FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds §	Units of T	Total Gross Expenses	LGU V	Voluntary Share	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
11620 - Community Living Assn Program	ram															
014 - Community Support Services																
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	00.00	0.00	0	0	\$35,315	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,315	\$0
01 NO_SUBCODE	Albany	00.00	00.00	0	0	\$58,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,859	\$0
1770 - Drop In Centers		-														
00 NO_SUBCODE	Albany	00.00	0.00	0	0	\$176,868	\$0	\$0	\$0	\$0	\$0	80	\$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	6	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	80	\$0	\$0	\$0	\$0
Totals For FS 078	1	0.00	0.00	6	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		00.0	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	00.00	0.00	0	0	\$14,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,860	\$0
Totals For FS 400	I	00.0	0.00	0	0	\$69,383	0\$	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$69,383	0\$

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	<u>Annualized</u> <u>Value</u>		0\$	0\$	\$0		0\$	0\$	\$0	0\$
	Total Ar State Aid		\$3,492	\$3,757	\$7,249		\$7,464	\$7,833	\$15,297	\$409,268
	One Time Adjustment		\$0	\$0	\$0		\$0	\$0	\$0	0\$
	Non Funded		0\$	\$0	\$0		0\$	\$0	0\$	\$0
Carry	Over Revenue		\$0	\$0	0\$		\$0	\$0	\$0	\$0
	Other Revenue		\$0	0 \$	\$0		\$0	\$0	\$0	\$112,204
	Medicaid Amount		\$0	\$0	\$0		\$0	80	\$0	0\$
	SSI Amount		\$0	\$0	\$0		\$0	\$0	\$0	\$93,525
	<u>Voluntary</u> <u>Share</u>		\$0	\$0	\$0		0\$	0\$	\$0	\$0
	LGU Share		\$	\$0	\$0		\$0	\$0	0\$	0\$
	Fxpenses		\$3,492	\$3,757	\$7,249		\$7,464	\$7,833	\$15,297	\$614,997
	Units of Total Gross Service Expenses		0	0	0		0	0	0	3,285
	Beds		0	0	0		0	. 0	0	6
	Slots		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	<u>Contract</u> <u>Number Managers Slots Beds</u>		0.00	0.00 0.00	0.00		0.00	0 00:0 00:0	0.00 0.00	0.00 0.00
Local	Contract Number	ram	s Albany	Albany		nents	s Albany	Albany		
	<u>Provider</u> <u>F5/Program/CBR Index/Team Type</u>	11620 - Community Living Assn Program 965 - Funding Reduction/COLA	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop in Centers 00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965S	Totals For 11620 - Community Living Assn Program

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	Local											Carry				:
Provider FS/Program/CBR Index/Team Type	Contract	Contract Number Managers Slots	Slots	Beds S	Units of Service	Units of Total Gross Service Expenses	LGU V	Voluntary <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized Value
42100 - Community Maternity Services	ý															
2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	nation Mana Albany	ion Managers Albany 0.00 0.00 0	0.00	0	0	\$17,093	\$0	\$0	\$0	9	0\$	0\$	80	0\$	\$17,093	\$0
Totals For FS 034K		0.00	0.00 0.00	0	0	\$17,093	\$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 0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	80	\$100,350	\$0
Totals For FS 200		0.00	0.00 00.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$0
965 - Funding Reduction/COLA 0650 - Respite Services																
00 NO_SUBCODE	Albany		0.00 00.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$669	\$0
Totals For FS 965	•	0.00	0.00 0.00	0	0	699\$	\$0	\$0	0\$	0\$	\$0	0\$	\$0	0\$	699\$	\$0
Totals For 42100 - Community Maternity Services		0.00	0.00 0.00	0	0	\$118,112	0\$	0\$	\$0	\$0	\$0	\$0	0\$	0\$	\$118,112	0\$

YORK Office of STATE Mental Health Aid to Localities Financial System

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	Annualized <u>Value</u>				0\$		\$0	\$0			\$0		\$0	0\$	\$0
	Total Estate Aid				\$6,363		\$15,156	\$21,519			\$102		\$261	\$363	\$21,882
	One Time Adjustment				\$0		\$0	\$0			\$0		\$0	0\$	\$0
	Non Funded				\$0		\$0	\$0			\$0		\$0	\$0	0\$
Carry	Over Revenue				\$0		\$0	\$0			\$0		\$0	0\$	0\$
	Other Revenue				\$0		\$0	\$0			\$0		\$0	\$0	0\$
	Medicaid				\$0		\$0	\$0			\$0		\$0	0\$	\$0
	SSI Amount				\$0		\$0	\$0			\$0		\$0	0\$	\$0
	Voluntary Share				\$0		\$0	\$0			\$0		\$0	\$0	\$0
	<u>LGU</u> Share				\$0		\$0	\$0			\$0		\$0	\$0	\$0
	Total Gross Expenses				\$6,363		\$15,156	\$21,519			\$102		\$261	\$363	\$21,882
	Units of Service				0		0	0			0		0	0	0
	Beds				0		0	0			0		0	0	0
	Slots				0.00		0.00	0.00			0.00		0.00	0.00	0.00
	Contract Number Managers Slots				00:00		0.00	0.00			0.00		0.00	0.00	0.00
Local	Contract	i, Inc			Albany	40	Albany				Albany		Albany		
	Provider F\$/Program/CBR Index/Team Type	35350 - Counseling Care and Services, Inc	200 - Com. Reinvestment	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services	02 NO_SUBCODE	Totals For FS 200	965 - Funding Reduction/COLA	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services	02 NO_SUBCODE	Totals For FS 965	Totals For 35350 - Counseling Care and Services, Inc

YORK Office of STATE Mental Health

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Provider F5/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	U Beds S	Units of Service	Total Gross Expenses	LGU N	<u>Voluntary</u> <u>Share</u>	<u>SSI</u> <u>Amount</u>	<u>Medicaid</u> <u>Amount</u>	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized <u>Value</u>
14510 - Equinox, Inc. 014 - Community Support Services 1760 - Advocacy/Support Services 01 NO_SUBCODE	S	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	\$0	\$10,130	\$0
037P - PROS State Aid 6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	Clinical Tr Albany	eatment 0.00	00.0	0	0	\$68,096	\$0	0\$	9	0\$	9	0\$	80	\$	\$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	. 2	0	\$123,607	\$0	0\$	0\$	0\$	\$0	0\$	0\$	\$	\$123,607	\$
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	\$25,671	\$0
02 NO_SUBCODE	Albany	00.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,688	\$0
2620 - Health Home Non-Medicaid Care Management 01 NO_SUBCODE Albany 0.00	Care Mana Albany	gement 0.00	0.00	0	. 0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,266	\$0
2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	nent Servic Albany	e Dollars 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	\$	\$188,461	\$0

NEW Office of YORK Mental Health Aid to Localities Financial System

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Annualized <u>Value</u>		\$0	\$0	\$0		\$0	O#)	\$0	\$0		80	é	O# :	\$0	\$0			\$0	\$0	0\$
Total State Aid		\$41,017	\$11,337	\$52,354		\$240,595	\$40,000	0	\$33,350	\$313,945		\$1,591	0	0/6'	\$555	\$4,122			\$534	\$534	\$761,249
One Time Adjustment		\$0	\$0	\$0		\$0	9	}	\$0	\$0		0\$	Ç) A	\$0	\$0			\$0	\$0	0\$
Non Funded A		\$	0\$	\$0		\$0	€.	}	\$0	0\$		8	é	O# :	\$0	\$0			\$0	\$0	\$0
Carry Over Revenue		\$0	\$0	\$0		\$0	0)	\$0	\$0		°0	Ç	<u></u>	\$0 \$	\$0			\$0	\$0	0\$
Other Revenue		\$0	\$0	\$0		\$0	Ç.	}	\$0	\$0		0\$		<u> </u>	\$0	\$0			\$0	\$0	\$19,021
<u>Medicaid</u> <u>Amount</u>		\$0	\$0	\$0		\$478,880	9)	\$0	\$478,880		\$	6) A	\$0	\$0			\$0	\$0	\$478,880
SSI Amount		\$0	\$0	\$0		0\$	9)	\$0	0\$		\$0	é	2	\$0	\$0			\$0	\$0	0\$
<u>Voluntary</u> <u>Share</u>		\$0	\$0	\$0		\$0	9	}	\$0	\$0		\$0	ć	⊋ . ∶	\$	\$0			\$0	\$0	\$0
LGU Share		\$0	\$0	\$0		\$0	G.		\$0	\$0		\$0	Ç) *	\$ 0	\$0			\$0	0\$	\$0
Total Gross Expenses		\$41,017	\$11,337	\$52,354		\$719,475	\$40,000		\$33,350	\$792,825		\$1,591	6 0 1	0/6'14	\$555	\$4,122			\$534	\$534	\$1,259,150
Units of Service		0	0	0		0	C		0	0		0	c	o	0	0			0	0	\$ 0
Beds		0	0	0		0	C	stration	0	0		0	ć	5	0	0			0	0	12
Slots		0.00	00.00	0.00		200.00	000	Admini	0.00	200.00		0.00	ć	0.0	0.00	0.00			0.00	0.00	200.00
Managers		0.00	0.00	0.00		lagement 10.00	ice Dollars	ice Dollar	0.00	10.00		0.00	c c	0.00	0.00	0.00			0.00	00'0	10.00 200.00
Local Contract Number		es Albany	Albany			d Care Mana Albany	ment Servi	ment Serv	Albany			Albany		Albany	Albany		ments	s	Albany		
<u>Provider</u> FS/Program/CBR Index/Team Type	14510 - Equinox, Inc. 400 - Commissioner's Perf.	1760 - Advocacy/Support Services 01 NO_SUBCODE	6070 - Congregate/Treatment 04 NO_SUBCODE	Totals For FS 400	570 - Health Home	2620 - Health Home Non-Medicaid Care Management 01 NO_SUBCODE Albany 10.00	2740 - Health Home Care Management Service Dollars	-	01 NO_SUBCODE	Totals For FS 570	965 - Funding Reduction/COLA	0380 - Transitional Employment 01 NO_SUBCODE	1760 - Advocacy/Support Services		01 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	1760 - Advocacy/Support Services	00 NO_SUBCODE	Totals For FS 965S	Totals For 14510 - Equinox, Inc.

YORK Office of STATE Mental Health Aid to Localities Financial System

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<u>Annualized</u> <u>Value</u>		\$0	\$0	\$0	\$	\$0	\$	\$0	0\$	\$0	\$0	\$0		\$0	0\$
Total State Aid		\$47,972	\$124,253	\$172,225	\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34,245
One Time Adjustment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$	0\$		\$0	\$0
Non Funded A		\$0	\$0	\$0	\$0	0\$	\$0	0\$	\$0	\$0	0\$	\$0		\$0	\$0
Carry Over Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$	\$0	0\$	0\$		\$0	0\$
Other Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$	\$0
Medicaid		\$0	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$0	\$0	0\$		0\$	0\$
SSI Amount		\$0	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$		0\$	0\$
<u>Voluntary</u> <u>Share</u>		\$0	\$0	\$0	0\$	\$0	\$	\$0	\$	\$0	\$0	\$0		\$0	0\$
LGU Share		\$0	\$0	\$0	\$	\$	\$	\$0	0\$	\$0	\$0	\$0		\$0	0\$
Total Gross Expenses		\$47,972	\$124,253	\$172,225	\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34,245
Units of Service	•	1,530	4,970	6,500	0	0	107	107	846	930	576	2,352		768	768
Beds		0	o`	0	0	0	26	56	0	0	0	0		0	0
S Slots		0.00	0.00	0.00	0.00	0.00	0.00	00.00	0.00	0.00	0.00	0.00		0.00	0.00
Managers		agers 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0		0.00	00.0
Local Contract Number	Society	n ation Man Albany	Albany		ilitation loyment Albany		Albany		Albany	Albany	Albany			Albany	•
Provider FS/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society 034J - Adult Case Management & ACT	2720 - Non-Medicaid Care Coordination Managers 02 NO_SUBCODE Albany 0.0	.01 NO_SUBCODE	Totals For FS 034J	039Q - Innovative Psychiatric Rehabilitation 1380 - Assisted Competitive Employment 01 NO_SUBCODE Alban	Totals For FS 039Q	078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	Totals For FS 078	200 - Com. Reinvestment 0670 - Transportation 01 NO_SUBCODE	0690 - Outreach 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA	6060 - Supported Housing 02 NO_SUBCODE	Totals For FS 300

Aid to Localities Financial System

YORK STATE Mental Health

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Dravider	Contract			Ξ	nite of	otal Gross	10	Voluntary	193	Medicaid	Other	Carry	No	One Time	Total	Annualized
FS/Program/CBB Index/Team Tyne		Managare Slote Rode Service	Slote	ام م	orvice	Service Evnences	Share	Share	Amount	Amount	Revenue	Revenue	Finded	Adjustment	State Aid	Value
יאריים וויין כמני ווימבאל ובמוון באורי		Mariabar	3			ראליווזכז					1000	200				
17630 - Homeless and Travelers Aid Society	ociety															
965 - Funding Reduction/COLA																
0690 - Outreach																
01 NO_SUBCODE	Albany	0.00 0.00	0.00	0	0	\$249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$249	0\$
1380 - Assisted Competitive Employment	yment															
01 NO_SUBCODE	Albany 0.00 0.00 0	0.00	0.00		0	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965	I	0 000 0000	0.00	0	0	\$804	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$0	\$804	\$0
Totals For 17630 - Homeless and Travelers Aid Society	li .	0.00 0.00 26	0.00	26	9,727 \$44	\$440,727	0\$	\$0	0\$	0\$	\$0	\$0	\$0	\$0	\$440,727	\$0

NEW Office of STATE Mental Health Aid to Localities Financial System

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ne <u>Total Annualized</u> <u>ient State Aid Value</u>		\$0 \$30,082 \$0	\$0 \$30,082 \$0	\$0 \$51,316 \$0	\$0 \$51,316 \$0	\$0 \$25,986 \$0	\$0 \$25,986 \$0	\$0 \$2,361 \$0	\$0 \$2,361 \$0	\$0 \$1,698 \$0	\$0 \$1,698 \$0	\$0 \$111,443 \$0
Non One Time Funded Adjustment		\$0	\$0	0\$	0\$	0\$	0\$	O\$	0\$	0\$	0\$	0\$
Carry ner Over		0\$ 0\$	0\$ 0\$	0\$	0\$ 0\$	0\$	0\$ 0\$	0\$	\$ 0\$	0\$	0\$ 0\$	0\$ 0\$
Medicaid Other Amount Revenue		\$0	\$0	0\$	\$0	9	\$0	09	\$0	0\$	\$0	0\$
ry <u>SSI</u> Amount		0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	\$0 \$0	0\$ 0\$	\$0 \$0	0\$ 0\$	0\$ 0\$	0\$ 0\$
LGU Voluntary Share Share		0\$	\$0	0\$	\$0	O \$	0\$	0\$	\$0	0\$	\$0	0\$
Total Gross Expenses		\$30,082	\$30,082	\$51,316	\$51,316	\$25,986	\$25,986	\$2,361	\$2,361	\$1,698	\$1,698	\$111,443
Units of Service		0 0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0 0
Slots		00.00	00.00	00.00	00.00	00.00	0.00	0.00	0.00	0.00	0.00	0.00
Local Contract Number Managers	ect, Inc.	Albany 0.00	0.00	Albany 0.00	0.00	Albany 0.00	0.00	Albany 0.00	0.00	nts Albany 0.00	0.00	0.00
Provider ES/Program/CBR Index/Team Type	27100 - Mental Health Empowerment Project, Inc. 200 - Com. Reinvestment	1760 - Advocacy/Support Services 08 NO_SUBCODE /	Totals For FS 200	300 - Homeless/MICA 1760 - Advocacy/Support Services 08 NO_SUBCODE A	Totals For FS 300	400 - Commissioner's Perf. 1760 - Advocacy/Support Services 08 NO_SUBCODE A	Totals For FS 400	965 - Funding Reduction/COLA 1760 - Advocacy/Support Services 08 NO_SUBCODE A	Totals For FS 965	965S - Personnel Services Enhancements 1760 - Advocacy/Support Services 08 NO_SUBCODE Alb	Totals For FS 965S	Totals For 27100 - Mental Health

New Office of STATE Mental Health Aid to Localities Financial System

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VORK STATE Mental Health

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Annualized Value				\$0	0\$		\$0		\$0		\$0	\$0	é	O A	\$0		\$0	0\$			\$0	\$0
Total Anı State Aid				\$7,616	\$4.589		\$60,208		\$94,496		\$10,471	\$10,471	0.00	\$82,049	\$39,629		\$77,223	\$386,752			\$0	\$0
One Time Adjustment St.				\$0	09	:	\$0		\$0		\$0	\$0) #	\$0		\$0	\$ 0\$			\$0	\$0
Non One Funded Adju				\$0	0	<u>.</u>	\$0		\$0		\$0	\$0	é	0	\$0		\$0	\$0			\$0	\$0
				\$0	O\$		\$0		\$0		\$0	\$0	. 6	O #	0\$		\$0	\$0			\$0	\$0
Carry Over e Revenue				\$0	O \$:	\$0		\$0		\$0	\$0	Ç	⊃ #	\$0		\$0	\$0			\$0	\$0
Other Revenue																						
Medicaid				\$0	O \$	}	\$0		\$0		\$0	\$0	6	O#	\$0		\$0	0\$			\$0 \$2,902,778	\$0 \$2,902,778
SSI Amount				\$0	\$;	\$0		\$0		\$0	\$0		⊃ #	\$0		\$0	\$0			\$0\$	\$ 0\$
Voluntary Share				\$0	9		\$0		\$0		\$0	\$0	é) #	\$0		\$0	0\$			\$0	80
LGU V				\$0	€		\$0		\$0		\$0	\$0	.) #	\$0		\$0	0\$			\$0	\$0
Total Gross Expenses				\$7,616	\$4 589	: : :	\$60,208		\$94,496		\$10,471	\$10,471	0,00	\$82,049	\$39,629		\$77,223	\$386,752			\$2,902,778	7,359 \$2,902,778
Units of Service				332	C		0		471		0	0	7	1,044	247		2,629	5,323			7,359	7,359 \$
Beds				0	C		0	ii V	0		0	0	c	>	0		0	0			0	0
<u>Slots</u>				0.00	00 0		0.00	ı & Farr	0.00		0.00	0.00	mily)	0.00	0.00		0.00	0.00		£	0.00	0.00
Managers				0.00	0.00		0.00	Childre	0.00		0.00	0.00	n and Fa	0.00	0.00	ġ.	0.00	0.00		ın & You	0.00	0.00
Local Contract Number	L	S-C&F		Albany	Albany		Albany	Services -	Albany		Albany	Albany	S (Childre	Albany	Albany	ice Initiativ	Albany	1,		ty - Childre	Albany	I
x/Team Type	ild & Family Cente	Support Programs	Ē	NO_SUBCODE	ervices NO SUBCODE		NO_SUBCODE	1320 - Vocational and Educational Services - Children & Family	ed Program) 00 NO_SUBCODE	1510 - School- based Mental Health	01 NO_SUBCODE	00 NO_SUBCODE	1650 - Family Peer Support Services (Children and Family)		1760 - Advocacy/Support Services 00 NO_SUBCODE	2990 - Coordinated Childrens Service Initiative	00 NO_SUBCODE			1080 - Residential Treatment Facility - Children & Youth	NO_SUBCODE	
Provide <u>r</u> ES/Program/CBR Index/Team Typ <u>e</u>	40400 - Parsons Child & Family Center	046L - Community Support Programs-C&F	0610 - Recreation	00	0650 - Respite Services	0690 - Outreach	00	1320 - Vocationa	(Non-Licensed Program) 00 NO_SUB	1510 - School- b	01	00	1650 - Family Pe	20	1760 - Advocacy	2990 - Coordinat	00	Totals For FS 046L	090 - Non Funded	1080 - Residentia	00	Totals For FS 090

YORK YORK STATE Mental Health Aid to Localities Financial System

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Annualized	Agine		\$0	\$0	\$0	0 \$	0\$
Total A	State Ald		\$12,736	\$48,022	\$60,758	\$104,969	\$104,969
One Time	alastment		\$0	\$0	\$0	0\$	0\$
Non	Z 1		\$0	\$0	\$0	0\$	9\$
Carry Over	Kevenue		\$0	\$0	\$0	\$	0\$
Other			\$0	\$0	\$0	. 0\$	0\$
Medicaid	Amount		\$0	\$0	\$0	0\$	\$0
SSI	Amount		\$0	\$0	\$0	0\$	\$0
×	Suare		\$0	0\$	\$0	0\$	0\$
NE LGU	Share		\$0	\$0	\$0	9	\$0
otal Gross	expenses		\$12,736	\$48,022	\$60,758	69 \$104,969	\$104,969
Units of Total Gross	Service		0	0	0	69	69 \$10
	peds		0	0	0	0	0
<u>.</u>	SIOTS		0.00	0.00	0.00 0.00 0	0.00	0.00 0.00
200	Number Managers Slots beds		0.00	Albany 0.00 0.00 0	0.00	Albany 0.00 0.00 0	0.00
Contract	Number	<u>.</u>	Albany	Albany		Albany	
Provider Es/Boggram (FBB ladov/Toom Tuno	FS/ Program/ CBK Index/ Ieam Type	40400 - Parsons Child & Family Center 200 - Com. Reinvestment	0610 - Recreation 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 200	400 - Commissioner's Perf. 0910 - Crisis Residence 01 NO_SUBCODE	Totals For FS 400

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	Total Annualized State Aid Value		\$289 \$0	\$480 \$0	\$1,727 \$0	\$1,707 \$0	\$1,707 \$0	0\$ 968\$	\$1,195	\$2,623 \$0	\$202	\$10,826 \$0	\$866,911 \$0
	One Time I		\$0	\$	0\$	0 \$	\$0	\$	\$	0\$	\$0	\$ 0\$	\$ 0\$
	Non Funded		\$0	\$0	\$	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Carry	Over Revenue		\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Other Revenue		\$0	\$0	0\$	8	\$0	\$0	\$0	\$	\$0	\$0	\$95,416
	Medicaid		\$0	\$0	\$0	\$	\$0	\$0	\$0	\$	\$0	\$0	\$0 \$4,570,781 \$95,416
	SSI Manumi Amount		\$0	\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$	\$0	\$0 \$4
	Voluntary Share		\$0	\$0	\$0	\$0	\$0	\$	\$	\$0	\$0	\$0	\$0
	LGU Share		\$0	\$0	\$0	80	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Gross Expenses		\$289	\$480	\$1,727	\$1,707	\$1,707	\$896	\$1,195	\$2,623	\$202	\$10,826	\$5,533,108
	Units of To Service		0	0	0	0	0	0	0	0	0	0	38,083 \$
	Beds		0	0	ii 0	0	0	0	0	0	0	0	0
	Slots		0.00	0.00	& Fam 0.00	0.00	0.00	mily) 0.00	0.00	0.00	0.00	0.00	0.00
	Managers		0.00	0.00	Children 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Local	Contract Number	L	Albany	Albany	Services - 0		Albany	e s (Childre n Albany	Albany	Albany	ice Initiative Albany	l	II
	Provider FS/Program/CBR Index/Team Type	40400 - Parsons Child & Family Center 965 - Funding Reduction/COLA	0610 - Recreation 00 NO_SUBCODE	0690 - Outreach 00 NO_SUBCODE	1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE Albany 0.00 0.00	1510 - School- based Mental Health	01 NO_SUBCODE	1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.0	1760 - Advocacy/Support Services 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	2990 - Coordinated Childrens Service Initiative 00 NO_SUBCODE Albany	Totals For FS 965	Totals For 40400 - Parsons Child &

NEW Office of 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 Contract E5/Program/CBR Index/Team Type Number Managers 14370 - Rehabilitation Support Svcs, Inc
0.00
0.00 0.00 0 800
0.00 0.00 0 13,268
0.00 0.00 0 13,268
7P - PROS State Aid 6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00 145.0C 0
0.00 145.00 0 0
0.00 0.00 11 238
0.00 0.00 10 800
0.00 0.00 8 173
0.00 0.00 42 907
0.00 0.00 21 454
0.00 0.00 7 151
0.00 0.00 3 65
0.00 0.00 11 238
0.00 0.00 88 1,685
0.00 28 605
0.00 10 216
0.00 239 5,532

NEW YORK STATE Mental Health

County Allocation Tracker Detail Report
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Provider F5/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	U Beds S	Units of Service	Total Gross Expenses	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
14370 - Rehabilitation Support Svcs, Inc 142A - Expanded Community Support Adult	nc 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 Dollars 05 NO_SUBCODE Alba	Sollars Albany	0.00	0.00	0	0	\$15,030	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,030	\$0
Totals For FS 142A		00.0	0.00	0	0	\$230,460	\$0	\$0	0\$	\$0	\$0	\$0	\$0	0\$	\$230,460	\$0
200 - Com. Reinvestment			٠													
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$36,964	\$0	\$0	\$0	\$0	\$0	80	\$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	\$
6060 - Supported Housing 22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$153,042	\$	\$0	\$0	\$0	\$0	\$0	\$0	. \$	\$163,042	\$0
6070 - Congregate/Treatment 24 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	\$0	\$0	***************************************	\$0	80	\$0	0\$	80	\$38,002	\$0
Totals For FS 200	•	0.00	15.00	0	1,333	\$304,017	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$0	\$304,017	\$
200C - Supported Housing - Workforce RIV 6060 - Supported Housing 17 NO_SUBCODE Alba	se RIV Albany	0.00	0.00	0	0	\$61,847	0\$	\$	\$	0\$	0\$	0\$	0\$	9	\$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	\$
300 - Homeless/MICA 6060 - Supported Housing 26 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,909	9	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

New Office of 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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Annualized <u>Value</u>	0\$	\$0	0\$	\$0	\$	***************************************	\$0	\$0	\$0		\$0	\$0	0\$
Total /	\$1,787	\$1,787	\$103,077	\$103,077	\$2,556	\$5,301	\$1,489	\$831	\$10,177		\$9,694	\$9,694	\$0 \$3,532,678
One Time Adjustment	0\$	\$0	0\$	\$0	8	\$0	\$0	\$0	\$0		\$0	0\$	\$ 0\$
Non G Funded Ac	9 9	\$0	0\$	\$0	\$	\$0	\$0	\$0	0\$		\$0	\$0	0\$
Carry Over Revenue	0\$	\$0	0\$	\$0	0\$	\$0	\$0	\$0	0\$		*0 \$	0\$	0\$
Other Revenue R	. 0\$	\$0	0\$	\$0	0\$. \$0	\$0	\$	\$0		\$0	\$0	\$8,000
Medicaid Amount R	9	\$0	0\$	\$0	0\$	\$0	0\$	\$0	0\$		\$0	\$0	\$0 \$1,325,500
SSI M Amount A	0\$	\$0	80	\$0	0\$	\$0	\$0	\$0	\$0		\$0	\$0	\$0 \$1,
Voluntary Share A	0\$	\$0	0\$	0\$	0\$	\$0	\$0	\$0	\$0		\$0	\$0	0\$
LGU V.	0\$	\$0	0\$	\$0	0\$	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Total Gross Expenses	\$1,787	\$1,787	\$103,077	\$103,077	\$2,556	\$5,301	\$1,489	\$831	\$10,177		\$9,694	\$9,694	\$4,866,178
Units of Service	0	0	480	480	0	0	0	0	0		0	0	21,413 \$
Beds	0	0	10	10	0	0	0	0	0		0	0	249
Slots	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.00	0.00		0.00	0.00	160.00 249
Managers	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
Local Contract Number	nc Albany		Albany	i	Albany	Albany	Albany	Albany	1	ents	Albany		
Provider FS/Program/CBR Index/Team Type	14370 - Rehabilitation Support Svcs, Inc 400 - Commissioner's Perf. 1760 - Advocacy/Support Services	Totals For FS 400	580 - MRT Supported Housing Beds 6060 - Supported Housing 41 NO_SUBCODE	Totals For FS 580	965 - Funding Reduction/COLA 0670 - Transportation 01 NO_SUBCODE	0690 - Outreach 02 NO_SUBCODE	1760 - Advocacy/Support Services 08 NO_SUBCODE	5990 - MICA Network 00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	06/0- Transportation 01 NO_SUBCODE	Totals For FS 965S	Totals For 14370 - Rehabilitation Support Svcs, Inc

YORK STATE 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	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
14350 - St. Anne Institute 001A - Local Assistance																
1510 - School- based Mental Health	h 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												٠				
1320 - Vocational and Educational Services - Children & Family	Services .	- Children	& Fami	<u>~</u>												
(NOIT-LICEISEU FIOGIAIII) 00 NO_SUBCODE	Albany	00.00	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	S-C&F															
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	Services -	. Children	& Famil	<u>~</u>							*			_		
00 NO_SUBCODE	Albany	00.00	00:00	0	613	\$22,621	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,621	\$0
Totals For FS 046L	•	00.0	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	Services -	Children	& Famil	<u>~</u>												
O NO_SUBCODE	Albany	0.00	00.00	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	ents															
1320 - Vocational and Educational Services - Children & Family	Services -	Children	& Famil	^												
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$279	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$279	\$0
Totals For FS 965S	ı	0.00	0.00	0	0	\$279	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$0	\$279	\$0
Totals For 14350 - St. Anne Institute	II	0.00	0.00	0	4,855	\$222,909	\$0	\$65,571	0\$	0\$	0\$	\$0	\$0	\$0	\$157,338	\$0

New Office of STATE Mental Health Aid to Localities Financial System

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			\$0	\$0	80
			\$0	0\$	\$0
			\$0	\$0	0\$
	-		\$0	\$0	\$0
			\$0	\$0	0\$
			\$0	\$0	\$0
			\$200,000	\$200,000	\$200,000
			\$0	\$0	0\$
			\$0	\$0	0\$
	٠		\$0	\$0	0\$
			\$200,000	\$200,000	\$200,000
			0	0	0
			0	0	0
			0.00	0.00	0.00
			00.00	0.00	0.00 0.00
ldren			Albany		
14360 - St. Catherine's Center for Chi	001A - Local Assistance	0200 - Day Treatment	00 NO_SUBCODE	Totals For FS 001A	Totals For 14360 - St. Catherine's Center for Children
	14360 - St. Catherine's Center for Children	14360 - St. Catherine's Center for Children 001A - Local Assistance	14360 - St. Catherine's Center for Children 001A - Local Assistance 0200 - Day Treatment	oany 0.00 0.00 0 0 \$200,000 \$0 \$0 \$0 \$0 \$0 \$0	oany 0.00 0.00 0 0 \$200,000 \$0 \$0 \$200,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

VORK STATE Mental Health

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

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<u>Total</u> <u>Annualized</u> State Aid <u>Value</u>	6 K K A 4 3 8 6 0		\$73,694 \$0	\$73,694 \$0	0\$ 806'90\$	\$86,908	454 R62		7007	
	ç		\$0\$	\$ 0\$	\$0\$	\$ 0\$	Ç	1	Ç	
n One Time ed Adjustment	Ç	0 9	0\$	\$0	0\$	0\$	V	0\$	6	0
Non se Funded	Ç	0\$	0\$	0\$	\$0	\$0	Ç	0\$	G	9
Carry Over Revenue	Ç		0\$	\$0						
Other Revenue		A 6	€9	\$	\$100	\$100	₩	0\$	6	9
Medicaid Amount	e	0 .	0\$	\$0	\$650,000	\$650,000	Ç	\$ 0\$. 6	Q#
SSI Amount	é	0.5	0\$	\$0	\$0	\$0	U	0\$	6	0
Voluntary <u>Share</u>	8 7 7 7 7 7		\$0	\$0	0\$	0\$	g	0\$	G	9
LGU Share	·	Q .	\$0	\$0	\$0	\$0	e e	\$0\$	6	9
Total Gross Expenses	6110 806	\$110,826	\$73,694	\$73,694	\$737,008	\$737,008	\$54 862	\$54,862	277 204	‡00°,77 0
Units of 3	Ç	13	41	14	22,503	22,503	301	321	970	2,040
Beds	c		0	0	0	0	.		c	
Slots		0.00	0.00	0.00	o.00	0.00	& Fam	0.00	ć	5
Local Contract Number Managers Slots	c		0.00	0.00	l Treatme 0.00	0.00	Children	0.00	C	9.9
Local Contract Number	el Albany	Albany	el Albany	-	out Clinical Albany	•	Services -		, acdit	ליושטר
Provider FS/Program/CBR Index/Team Type	40240 - The Workshop, Inc. 001A - Local Assistance 6140 - Transformed Business Model	Totals For FS 001A	014 - Community Support Services 6140 - Transformed Business Model 00 NO_SUBCODE	Totals For FS 014	037P - PROS State Aid 7340 - Comprehensive PROS without Clinical Treatment 00 NO_SUBCODE Albany 0.00 (Totals For FS 037P	046L - Community Support Programs-C&F 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) ON NO SUBCODE Albany ON NO SUBCODE		200 - Com. Reinvestment 5340 - Supported Education	

YORK Office of STATE Mental Health

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

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\$ \$ O\$ 0\$ \$0 \$0 \$0 Annualized Value \$1,032 \$693 \$642 \$3,429 \$3,429 \$2,367 \$353,977 Total State Aid \$0 \$0 \$ \$ \$0 \$ \$ Adjustment One Time \$ \$0 \$ \$ \$ \$0 \$0 Non Funded \$ ŝ 8 \$ 8 \$ \$ Over Revenue \$100 \$ \$ \$ \$0 \$0 ŝ Revenue \$0 8 \$ \$ \$ \$0 \$650,000 Medicaid Amount \$0 8 \$ \$0 \$0 \$0 \$0 Amount SSI \$ \$ 8 \$0 \$ \$0 \$55,413 Voluntary Share \$0 \$ \$ \$ \$0 \$ \$0 LGU Share \$3,429 \$1,032 \$693 \$642 \$3,429 \$2,367 24,897 \$1,059,490 Total Gross Expenses Ó 0 0 0 0 0 Units of Service Beds 0 0 0 0 0 1320 - Vocational and Educational Services - Children & Family Slots 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Managers 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Number Contract Albany Albany Albany Albany Local 965S - Personnel Services Enhancements 6140 - Transformed Business Model 6140 - Transformed Business Model Totals For 40240 - The Workshop, Inc. (Non-Licensed Program)
00 NO_SUBCODE 00 NO SUBCODE NO_SUBCODE NO_SUBCODE 965 - Funding Reduction/COLA 5340 - Supported Education FS/Program/CBR Index/Team Type 40240 - The Workshop, Inc. **For For FS 965S For FS 965** Provider

\$0

\$0\$10,171,630

\$0

\$

\$93,525 \$8,075,773 \$234,741

16.00 360.00 296 105,534 \$19,198,505 \$501,852 \$120,984

Report Totals

RESOLUTION NO. 411

AUTHORIZING AN AGREEMENT WITH PARSONS CHILD AND FAMILY CENTER REGARDING CRISIS INTERVENTION SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Parsons Child and Family Center regarding the provision of crisis services, advocacy, recreation, and vocational services to children with mental illness in the amount of \$912,852 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Mental Health, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Parsons Child and Family Center, Albany, NY 12208 regarding the provision of crisis services, advocacy, recreation, and vocational services to children with mental illness, in an amount not to exceed \$912,852 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 AC	CTION	
Description (e.g., Contract Authorization for Pearl Str	orization for Information Services): eet 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 □ 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 AMENDI Increase/decrease category (cho □ Contractual □ 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	<u>IZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant	
☐ Other: (state if not listed)	Pass through of NYS OASAS State Aid
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.

07/03/2020 10:32 SBRRPALB100

County: Albany (1) Region: Hudson			Fiscal Ye	Fiscal Year : 2020			·	As of: 07/03/2020	3/2020
				Ap	Approved Budgeted Amounts	ted Amounts			
Agency Number/Name	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	ded Funding One- Net Code/Source time	Approved State Aid	Local Share	Non- Restr.
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	013S	901,638	0	0
Inc.	Agency 00170 Total:	2,320,714	1,419,076	901,638	901,638	AII	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 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	0138	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	All	237,208	0	0

SBRRPALB100 07/03/2020 10:32

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

20

As of: 07/03/2020

					Ap	Approved Budgeted Amounts	ted Amounts					
Agency Number/Name	Init Code	Program Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	ded Funding Net Code/Source	One- time	Approved State Aid	Local Share	Non-	Restr. Code
35090	\$	0810 00 52994	20,000	0	20,000	20,000	0138		20,000	0	_	
Addictions Care Center	•	0810 01 52256	76,886	0	76,886	76,886	013F		76,886	0	0	
of Albany, Inc.		0850 00 53037	103,076	0	103,076	103,076	0138		103,076	0	0	
	12	3600 00 53212	1,321,721	710,000	611,721	611,721	0138		611,721	0	0	
	12	3600 03 53459	1,685,492	1,225,565	459,927	459,927	013F		459,927	0	0	
	င္ပ	4075 00 53090	101,117	0	101,117	101,117	013S		101,117	0	0	
	В	4080 00 53384	159,767	0	159,767	159,767	0138		159,767	0	0	
	JB	4778 00	50,000	0	50,000	50,000	0138	0	50,000	0	0	
		5520 00 90051	235,697	0	235,697	235,697	013F		235,697	0	0	
		Agency 35090 Total:	3,753,756	1,935,565	1,818,191	1,818,191	All		1,818,191	0	0	
35240		5520 00 90052	162,027	29,749	132,278	132,278	013F		132,278	0	0	
Albany-Schoharie-Schdy	ل اً 	5550 00 90868	78,285	63,785	14,500	14,500	0138		14,500	0	0	
Saratoga BOCES		Agency 35240 Total:	240,312	93,534	146,778	146,778	All		146,778	0	0	
35300		3078 00 52258	52,711	0	52,711	52,711	013S		52,711	0	0	
Hope House, Inc.		3470 00 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	
		3560 01 53380	790,173	264,003	526,170	526,170	013F		526,170	0	0	
	ס	3570 00 51834	1,254,344	413,352	840,992	840,992	013F		718,038	0	0	
							013F	0	122,954		0	
							Prog	Program:	840,992	0	0	
	23	3600 00 53446	1,767,214	1,281,846	485,368	485,368	013F		485,368	0	0	
	23	3600 01 53471	1,227,138	620,627	606,511	606,511	0138)	729,465	0	0	
							0133 Prog	Program:	-122,954 606,511	0	o c	
		Agency 35300 Total:	6,938,213	4,013,775	2,924,438	2,924,438	AI		2,924,438	0	0	

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As of: 07/03/2020

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

				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	013S		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 As of: 07/03/2020

Approved Local Non- Restr State Aid Share Funded Code 8,017,157 100,344 0	red Budgeted Amounts Funded Funding One- Net Code/Source time ,117,501 All 0 All 117,501 All	Approved Budg Funded Net 8,117,501 0 8 117,501	8,117,501 0 8,117,501	Revenue 9,000,728 0 9.000.728	Gross 17,118,229 0 17,118,229	Agency Init Program Number/Name Code Code/Index PRU Direct County Albany (1) Summary - All Agencies: Less Direct Contracts/DASNY: Approved LGU Funding:
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RESOLUTION NO. 412

AUTHORIZING AN AGREEMENT WITH PEARL STREET COUNSELING REGARDING OUTPATIENT TREATMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Pearl Street Counseling regarding the provision of outpatient treatment services for individuals with chemical dependencies in the amount of \$379,044 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Addiction Services and Supports, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Pearl Street Counseling, Albany, NY 12207 regarding the provision outpatient treatment services for individuals with chemical dependencies in an amount not to exceed \$379,044 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 Rehabilitation Support Services (RSS) for the provision of supported housing, outreach, transportation, PROS and MICA homeless services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to RSS through Albany County Department of Mental Health in the amount of \$3,807,783. 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-1938, Version: 1		
REQUEST FOR LEGISLATIVE ACT	ION	
Description (e.g., Contract Authorical Contract Authorization for Rehabilitat	•	
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/Procedu □ 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 AMENDME	<u>ENTS</u>	
Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	se all that apply):	

File #: TMP-1938, 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 AUTHORIZ	<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 of Settlement of a Claim	or tap to enter a date.
□ Release of Liability☑ Other: (state if not listed)	Pass through of NYS OMH State Aid
Contract Terms/Conditions:	
Party (Name/address): Rehabilitation Support Services 5172 W Additional Parties (Names/addresses): Click or tap here to enter text.	/estern Tpke. Altamont, NY 12009
Amount/Raise Schedule/Fee: Scope of Services: Oriented Services), case management and MICA suffering from mental illness.	\$3,807,783 Provides outreach, supported housing, PROS (Personalized Recovery (Mentally III Chemically Addicted) homeless services to individuals
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-1938, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 Revenue Amount: \$3,807,783

Appropriation Account and Line: A94322.44437
Appropriation Amount: \$3,807,783

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.

<u>Term</u>

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: 498
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 Rehabilitation Support Services (RSS) for the provision of supported housing, outreach, transportation, PROS and MICA homeless services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to RSS through Albany County Department of Mental Health in the amount of \$3,807,783, 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 Office of STATE Mental Health Aid to Localities Financial System

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

	eq		
	Annualized	Value	
	Total	State Aid	
	One Time	Adjustment	
	Non	Funded	
Carry	Over	Revenue	
	Other	Revenue	
	Medicaid	Amount	
	SSI	Amount	
	Voluntary	Share	
	<u>160</u>	Share	
	Total Gross	Expenses	
		Service	
	_,	Beds	
		Slots	
		nagers	
	Contract	Ma	en, Y
Loca	Contr	Num	r Childr
		Program/CBR Index/Team Type	13660 - Albany County Department for Childrer
		<u>e</u>	₹ .

001A - Local Assistance

2100 - Clinic Treatment 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$199,304	\$19,652	\$	\$0	\$160,000	\$0	. 0\$	\$0	\$0	\$19,652	\$0
Totals For FS 001A	1	0.00	0.00	0	0	\$199,304	\$19,652	0\$	\$0	\$160,000	\$0	\$0	\$0	\$0	\$19,652	\$
044 - CMHS Block Grant C&F 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE A	A) Albany	0.00	0.00	0	0	\$33,052	0\$	0\$	\$0	9	0\$	0\$	0\$	\$0	\$33,052	\$0
Totals For FS 044	1	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)	Albany	000	00			900 08	C	Ç	Ç	Ç	Ç	Ç	Ç.	Ç	890 698	C
Totals For FS 046A	1	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 Alba	-c&F Albany	0.00	0.00	0	0	\$8,845	0\$	0\$	\$0	0\$	\$0	\$0	\$0	\$0	\$8,845	0\$
Totals For FS 046L	I	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	80	\$0	\$0	\$0	0\$	80	\$0	0\$	\$35,401	80

YORK Office of 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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	Annualized	Value				\$0	6	9		\$0	\$0	0\$
	Total	State Aid				\$99,055	447 453	447,133		\$5,239	\$151,447	\$340,493
	One Time	djustment				\$0	6	0		\$0	0\$	\$0
	Non	Funded				\$0	6	0		\$0	\$0	\$0
Carry	Over	Revenue				\$0	6	₽		\$0	\$0	0\$
	Other	Revenue				\$0	é	O A		\$0	\$0	\$0
	Medicaid	Amount				\$0	ć	O #		\$0	0\$	\$160,000
	SSI	Amount				\$0	é	O A		\$0	\$0	\$0
	Voluntary	Share				\$0	Ç	0.4		\$0	\$0	0\$
	ופח	Share				\$0	6	O#		\$0	\$0	\$19,652
	otal Gross	Expenses				\$99,055	41	\$47,153		\$5,239	0 \$151,447	\$520,145
	Units of Total					0	ć	0	_	0	0	0
		Beds				0	ď	0	stratio	0	0	0
		Slots				0.00	0	0.00	Admini	0.00	0.00	0.00
		Number Managers Slots Beds Service	> _		agement	0.00	ce Dollars	0.00	ce Dollar	Albany 0.00 0.00 0	0.00 0.00	0.00 0.00
Local	Contract	Number	or Children	gement	d Care Man	Albany	ment Servi	Albany	ment Servi	Albany		
	Provider	FS/Program/CBR Index/Team Type	43660 - Albany County Department for Children, Y	570K - Kids Health Home Care Management	2620 - Health Home Non-Medicaid Care Management	00 NO_SUBCODE Albany 0.00 0.00	2740 - Health Home Care Management Service Dollars	00 NO_SUBCODE Albany 0.00 0.00 0	2850 - Health Home Care Management Service Dollar Administration	00 NO_SUBCODE	Totals For FS 570K	Totals For 43660 - Albany County Department for Children, Y

New Office of 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	Local Contract Number	Local Contract Number Managers Slots		Beds S	Units of Service	Total Gross Expenses	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized <u>Value</u>
70520 - Albany County Department of Mental Healt 001A - Local Assistance	Mental He	alt														
0890 - Local Governmental Unit (LGU) Administration 00 NO_SUBCODE Albany 0.00	GU) Admi Albany	inistration 0.00	0.00	0	0	\$26,088	\$13,044	\$0	\$0	80	0\$	0\$	80	0\$	\$13,044	80
1400 - Single Point of Access (SPOA)	OA) Albany	0.00	0.00	0	0	\$48,268	\$24,134	0\$	\$0	\$0	\$0	0\$	80	\$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	\$86,229	0\$
2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	ation Man Albany	agers 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	0	0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	0\$	\$0	\$0	\$152,200	\$0
014 - Community Support Services																
0690 - Outreach	Albany	0.00	0.00	0	0	\$103,510	\$0	\$0	\$0	\$0	* 0\$	\$0	\$0	***************************************	\$103,510	0\$
0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE All	c ss Albany	0.00	0.00	0	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	\$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	00.00	0	0	\$844,519	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$514,519	\$0

YORK Office of STATE Mental Health Aid to Localities Financial System

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

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<u>Annualized</u> <u>Value</u>		\$0	\$	0\$	\$0	0\$		\$	\$0	0\$	\$0	0\$	0\$	0\$	0\$
Total State Aid		\$46,854	\$5,533	\$101,296	\$22,156	\$175,839		\$0 \$1,007,580	\$0 \$1,007,580	\$85,555	\$73,381	\$158,936	\$9,240	\$98,948	\$108,188
One Time Adjustment		\$0	\$0	\$0	\$0	\$0		\$0	\$0	0\$	\$0	\$0	0 \$	\$0	0\$
Non Funded		\$0	\$0	\$0	\$0	0\$		\$0	0\$	0\$	\$0	\$0	\$0	\$0	\$
Carry Over Revenue		\$0	0 \$	\$0	\$0	0\$		8	\$0	0\$	\$0	\$0	\$0	\$	\$0
Other Revenue		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	80	\$0	0\$
<u>Medicaid</u> <u>Amount</u>		\$690,612	\$0	\$0	\$0	\$690,612		\$	\$0	0\$	\$0	\$0	9	\$0	0\$
<u>SSI</u> <u>Amount</u>		\$0	0\$	\$	\$0	\$0		\$0	\$0	0\$	\$0	\$0	\$0	80	0\$
Voluntary Share		\$0	0\$	\$0	\$0	\$0		\$0	\$0	0\$	\$0	\$0	80	\$0	0\$
<u>LGU</u> Share		\$0	\$0	\$0	\$0	0\$		\$0	\$0	80	\$0	\$0	0\$	\$0	0\$
Total Gross Expenses		\$737,466	\$5,533	\$101,296	\$22,156	\$866,451		\$1,007,580	\$1,007,580	\$85,555	\$73,381	\$158,936	\$9,240	\$98,948	\$108,188
Units of Service		009	0	0	0	009		0	0	0	0	0	0	0	0
Beds		0	0	0	0	0		0	0	0	0	0	0	0	0
Slots		0.00	0.00	0.00	s 0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Managers	aalt	6.00	0.00	lagers 0.00	rice Dollar 0.00	9.00		0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00
Local Contract Number	of Mental Ho CT	Albany	Dollars Albany	ination Man Albany	itment-Serv Albany			Albany		OA) Albany	Albany		OA) Albany	Albany	
Provider FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt 034J - Adult Case Management & ACT	0600 - ACT 00 48 Slot	1230 - Flexible Recipient Service Dollars 00 NO_SUBCODE Alba	2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	8810 - Assertive Community Treatment-Service Dollars 00 48 Slot Albany 0.00	Totals For FS 034J	039J - Forensics	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 039J	039P - Clinical Infrastructure-Adult 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE A	01 NO_SUBCODE	Totals For FS 039P	041 - CMHS Block Grant Adult 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 041

YORK Office of STATE Mental Health Aid to Localities Financial System

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Provider Contract Sprogram/CBR Index/Team Type Number Martal Healt	Local Contract Number Managers	gers Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized <u>Value</u>
20 - Albany County Department of Mental Healt OB - Trans. Mgmt. Kendra's 1970 - Transition Management Services OO NO_SUBCODE Albany 0.00	. 0	0.00	0	0	\$81,268	\$	\$	8	\$	0\$	0\$	\$	0\$	\$81,268	0\$
0.00	İ.	0.00	0 0	0	\$81,268	\$0	\$0	\$0	\$0	0\$	\$0	0\$	0\$	\$81,268	0\$
OC - MGP Admin Kendra's 0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only 00 NO_SUBCODE Albany 0.00 0.00 0	IH Rein 0 0.	inves 0.00	estment O	only 0	\$11,740	\$0	\$	0\$	\$0	\$0	\$0	\$0	8	\$11,740	80
0.00		0.00	0 0	0	\$11,740	\$0	0\$	\$0	\$0	\$0	\$0	0\$	0\$	\$11,740	\$0
\$ S Albany 0.00 0.00		2	0	0	\$162,574	0\$	0\$	9	0\$	\$0	0\$	0\$	0\$	\$162,574	0\$
Albany 0.00 0.00		\sim	0	0	\$46,251	\$0\$	\$0	\$0	\$0	\$0	\$0	80	\$0	\$46,251	0\$
Albany 0.00 0.00			0	0	\$92,975	\$0	\$0	\$0	\$0	\$0	\$0	\$0	80	\$92,975	\$0
Albany 0.00 0.00			0	0	\$114,752	\$0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$114,752	\$0
0.00 0.00			0	0	\$416,552	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$416,552	\$0
Albany 0.00 0.00		_	0	0	\$172,184	\$0	0\$	\$	\$0	\$0	0\$	\$	\$0	\$172,184	\$0
0.00 0.00			0	0	\$172,184	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$	\$172,184	\$0
Albany 0.00 0.00		_	0	. 0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$62,992	\$0
0.00 0.00		10	0 1	0	\$62,992	0\$	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0

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Carry Local

P	Local			-	I ac of I	2000		Valuatani	133	Modicaid	, the	Carry	2	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number Managers Slots	anagers		Beds Ser	_	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
70520 - Albany County Department of Mental Healt	Mental Healt															
570 - Health Home																
2620 - Health Home Non-Medicaid Care Management 00 NO SUBCODE Albany 0.00	Care Manage Albany	ement 0.00	0.00	0	689	\$53.119	\$0	\$0	\$0	0\$	0\$	0\$	\$0	8	\$53,119	0\$
2740 - Health Home Care Management Service Dollars	nent Service	Dollars														
00 NO_SUBCODE	Albany	00.0	0.00	0	0	\$83,040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$83,040	\$0
2850 - Health Home Care Management Service Dollar Administration	nent Service	Dollar Ac	Aminist	ration												
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	1	0.00	0.00	0	689	\$145,387	\$0	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$145,387	\$0
965 - Funding Reduction/COLA																
0690 - Outreach																
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 (LGU) Admin OMH Reinvestment Only	GU) Admin	OMH Re	investn	nent Only	>											
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$85	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85	80
1400 - Single Point of Access (SPOA)	Albany	0.00	00.0	0	0	\$1,317	\$0	80	80	\$0	80	80	0\$	0\$	\$1,317	0\$
occing Agama Stronger A 027)			:	:	:	·			-			
01 NO_SUBCODE	Albany	0.00	00.0	0	0	\$1,697	\$	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$1,697	\$0
1970 - Transition Management Services										;	;	;	•			
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$552	80	80	\$ 0	\$0	\$0	\$0	80	8	\$552	O\$
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		00.0	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		9.00	0.00	0 1	\$ 682,	1,289 \$4,190,740	\$482,200	0\$	\$0	\$690,612	\$0	\$0	0\$		\$0 \$3,017,928	0\$

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	Annualized	Value				0\$	\$0	0\$
	Total	State Aid				\$39,624	\$39,624	\$39,624
	One Time	Adjustment				\$0	0\$	0\$
	Non	Funded				\$0	\$	0\$
Carry	Over	Revenue				\$0	0\$	\$0
	Other	Revenue				\$0	\$0	\$0
	Medicaid	Amount				\$0	\$0	0\$
	SSI	Amount				\$0	0\$	0\$
	Voluntary	Share				\$0	0\$	\$0
	<u>160</u>	Share				\$0	0\$	\$0
	Units of Total Gross	Expenses				\$39,624	\$39,624	\$39,624
	Units of	Service				Albany 0.00 0.00 0 1,985	1,985	1,985
		Beds				0	0	0
		Slots				0.00	0.00 0.00	0 000 0000
		Number Managers Slots Beds			lagers	00.00	0.00	0.00
Local	Contract	Number	fice	۲.	nation Mar	Albany		
	Provider	FS/Program/CBR Index/Team Type	25460 - Catholic Charities Housing Office	034J - Adult Case Management & ACT	2720 - Non-Medicaid Care Coordination Managers	00 NO_SUBCODE	Totals For FS 034J	Totals For 25460 - Catholic Charities Housing Office

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Provider	<u>Local</u> Contract			-	Units of T	Total Gross		Voluntary	ISS	Medicaid	Other	Carry	No	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds S			Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
11620 - Community Living Assn Program	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 \$	\$0	\$35,315	\$0
01 NO_SUBCODE	Albany	0.00	00.00	0	0	\$58,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
1770 - Drop In Centers 00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$176,868	\$0	\$0	\$0	\$0	\$0	80	\$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	ი	3,285	\$205,729	\$0	\$0	\$93,525	0\$	\$112,204	0\$	0\$	0\$	\$	0 \$
Totals For FS 078	•	0.00	0.00	6	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	80	\$0	\$28,960	0\$
01 NO_SUBCODE	Albany	00.0	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\$
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	1	0.00	0.00	0	0	\$69,383	0\$	\$0	\$0	\$0	0\$	\$0	\$0	0\$	\$69,383	0\$

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	<u>Annualized</u> <u>Value</u>		\$0	\$0	\$0	\$	\$0	\$0	0\$
	Total State Aid		\$3,492	\$3,757	\$7,249	\$7,464	\$7,833	\$15,297	\$409,268
	One Time Adjustment		\$0	\$0	\$0	\$0	\$0	\$0	0\$
	Non Funded		\$	\$0	\$0	\$0	\$0	0\$	0\$
Carry	Over Revenue		\$0	\$0	\$0	\$0	\$0	\$0	0\$
	Other Revenue		\$0	\$0	\$0	0\$	\$0	\$0	\$112,204
	Medicaid Amount		\$0	\$0	\$0	8	\$0	0\$	\$0
	SSI Amount		\$0	\$0	\$0	\$	\$0	\$0	\$93,525
	<u>Voluntary</u> <u>Share</u>		\$0	\$0	\$0	8	\$0	\$0	\$0
	LGU Share		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Gross Expenses		\$3,492	\$3,757	\$7,249	\$7,464	\$7,833	\$15,297	\$614,997
	Units of Service		0	0	0	0	0	0	3,285
	Beds		0	0	0	0	. 0	0	6
	Slots		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Contract Number Managers Slots Beds		0.00	0.00 0.00	0.00	0.00	0.00 0.00	00.00	0.00
Local	Contract	ram	s Albany	Albany		nents s Albany	Albany		
	<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u>	11620 - Community Living Assn Program 965 - Funding Reduction/COLA	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements 1760 - Advocacy/Support Services 04 NO_SUBCODE Alb	1770 - Drop in Centers 00 NO_SUBCODE	Totals For FS 965S	Totals For 11620 - Community Living Assn Program

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	Provider FS/Program/CBR Index/Team Type	42100 - Community Maternity Services	034K - C&F Case Management	2720 - Non-Medicaid Care Coordination Managers	1 00	Totals For FS 034K	200 - Com. Reinvestment	0650 - Respite Services	00	Totals For FS 200	965 - Funding Reduction/COLA	0650 - Respite Services	1 00 1	Totals For FS 965	Totals For 42100 - Community Maternity Services	
	Team Type	aternity Services	nagement	id Care Coordin	00 NO_SUBCODE		nent	vices	00 NO_SUBCODE		tion/COLA	vices	00 NO_SUBCODE		nmunity	
FOCA	Contract	Ø		nation Man	Albany				Albany				Albany			
	Contract Number Managers Slots Beds			lagers	Albany 0.00	0.00			Albany 0.00 0.00 0	0.00			Albany 0.00 0.00 0	0.00	0.00	
	Slots				0.00	0.00			00.00	0.00 00.00			0.00	0.00	0.00	
					0	0			0	0			0	0	0	
	Units of Service				0	0			0	0			0	0	0	
. 1	Total Gross Expenses				\$17,093	\$17,093			\$100,350	\$100,350			\$669	699\$	\$118,112	
	Share				\$0	\$0			\$0	\$0			\$0	\$0	\$0	
	Voluntary Share				\$0	\$0			\$0	\$0			\$0	\$0	\$0	
į	Amount				\$0	\$0			\$0	\$0			\$0	\$0	\$0	
:	Medicaid				\$0	\$0			\$0	\$0			\$0	0\$	\$0	
	Revenue				\$0	\$0			\$0	\$0			\$0	0\$	\$0	
, carry	Revenue				\$0	\$0			\$0	\$0			\$0	\$0	\$0	
	Funded				\$0	\$0			\$0	\$0			\$0	\$0	\$0	
i	One Time Adjustment				\$0	0\$			80	\$0			\$0	\$0	100 mm	
F	State Aid				\$17,093	\$17,093			\$100,350	\$100,350			\$699	699\$	\$0 \$118,112	
A	Value				u,				,							

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	Annualized Value				\$0	9	\$0\$			\$0	6) P	80	\$0
	<u>Total</u> State Aid				\$6,363	\$15,156	\$21,519			\$102	£30.	070	\$363	\$21,882
	One Time Adjustment				\$0	* 0\$	0\$			\$0	é	9	\$0	80
	Non Funded A				\$0	80	0\$			\$0	Ę	9	\$0	0\$
Carry	Over Revenue				\$0	\$0	\$0			\$0	é	9	\$0	0\$
	Other Revenue				\$0	\$0	\$0			\$0	é	2	\$0	0\$
	Medicaid				\$0	9	\$0			\$0	G	9	\$0	\$0
	SSI Amount				\$0	\$0	0\$			\$0	é	9	\$0	\$0
	<u>Voluntary</u> <u>Share</u>				\$0	\$0	\$0			\$0	Ş	9	\$0	0\$
	LGU Share				\$0	* 0\$	\$0			\$0	¥	•	\$0	0\$
	Total Gross Expenses				\$6,363	\$15,156	\$21,519			\$102	4064	0 4	\$363	\$21,882
	Units of Service				0		0			0		>	0	0
	Beds				0	0	0			0	-		0	0
	Slots				0.00	0.00	0.00			0.00		5	0.00	0.00
	Contract Number Managers Slots				0.00	0.00	00.00			0.00	0	0.0	00.0	0.00
Local	Contract	i, Inc			Albany	Albany				Albany	Albany	, man		
	Provider FS/Program/CBR Index/Team Type	35350 - Counseling Care and Services, Inc	200 - Com. Reinvestment	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services 02 NO_SUBCODE	Totals For FS 200	965 - Funding Reduction/COLA	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services		Totals For FS 965	Totals For 35350 - Counseling Care and Services, Inc

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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds S	Units of Service	Total Gross Expenses	LGU N	Voluntary Share	<u>SSI</u> <u>Amount</u>	Medicaid	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized <u>Value</u>
14510 - Equinox, Inc. 014 - Community Support Services 1760 - Advocacy/Support Services 01 NO_SUBCODE	s 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	\$0	\$10,130	\$0
037P - PROS State Aid 6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	Clinical Tr Albany	eatment 0.00	0.00	0	0	960'89\$	\$0	80	\$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	5	0	\$123,607	\$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	00.00	0.00	0	0	\$62,283	\$0	\$0	\$0	\$	\$19,021	\$	\$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 Management 01 NO_SUBCODE Albany 0.00	Care Mana Albany	igement 0.00	0.00	0	. 0	\$10,266	\$0	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$10,266	\$0
2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	nent Servic Albany	e Dollars 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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Provide <u>r</u> ES/Program/CBR Index/Team Typ <u>e</u>	Local Contract Number	Managers Slots		U Beds S	Units of Service	Total Gross Expenses	<u>LGU</u> Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized Value
14510 - Equinox, Inc. 400 - Commissioner's Perf.																
1760 - Advocacy/Support Services 01 NO_SUBCODE	; Albany	00.00	0.00	0	0	841,017	\$0	80	\$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
Totals For FS 400	•	00.0	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 Management 01 NO_SUBCODE Albany 10.00	Care Mana Albany	igement 10.00	200.00	0	0	\$719,475	\$0	80	0\$	\$478,880	80	\$0	80	8	\$240,595	\$0
2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	nent Servic Albany	e Dollars 0.00	0:00	0	0	\$40,000	\$0	\$0	80	\$0	\$0	9	80	0\$	\$40,000	0\$
2850 - Health Home Care Management Service Dollar Administration	ent Servic	e Dollar	Adminis	tration					•					•		
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	00 0	00	c	C	6. 7. 9. 7.	(Ç	Ģ	G	Ç	Ç	,	€	19	Ç.
1760 - Advocacy/Support Services	Δlhany			· c	· c	20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	9 6	} <i>⊊</i>) ¢	} <i>6</i>	} <i>€</i>	€	} <i>€</i>) <i>\(\text{\tin}\text{\tex{\tex</i>	\$ 100,00	}
	Albany	0.00	0.00	0	0	\$555	\$ \$	8. €	Q\$	0 \$	0\$ \$	° \$	Q\$	0 \$ \$	\$555	0\$
Totals For FS 965	•	00.0	0.00	0	0	\$4,122	\$0	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$4,122	0\$
965S - Personnel Services Enhancements	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	80
Totals For FS 965S	I	00.00	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	\$

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Annualized <u>Value</u>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$0	\$0	\$0	\$0
Total State Aid		\$47,972	\$124,253	\$172,225	\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185	\$34,245	\$34,245
One Time Adjustment		\$0	\$0	\$0	\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$0	\$	\$0
Non Funded A		\$0	\$0	\$0	\$	\$0	\$	\$0	\$	\$0	0\$	\$0	\$	0\$
Carry Over Revenue		\$0	\$0	0\$	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	80	\$0
Other Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid Amount		\$0	\$0	\$0	\$0	0\$	80	\$0	0\$	\$0	\$0	\$0	\$	\$0
SSI Amount		\$0	\$0	\$0	\$	\$0	\$	\$0	\$0	\$0	\$0	0\$	0\$	0\$
<u>Voluntary</u> <u>Share</u>		\$0	\$0	\$0	0 \$	\$0	\$	\$0	\$0\$	0\$	\$0	\$0	\$0	\$0
<u>LGU</u> Share		\$0	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$	\$0
Total Gross Expenses		\$47,972	\$124,253	\$172,225	\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185	\$34,245	\$34,245
Units of Service	•	1,530	4,970	6,500	0	0	107	107	846	930	929	2,352	768	768
Beds		0	0	0	0	0	26	26	0	0	0	0	0	0
Slots		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Managers	agers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.00	0.00	0.00
Local Contract Number	Society ST nation Man	Albany	Albany		ilitation loyment Albany	•	Albany	•	Albany	Albany	s Albany		Albany	•
Provider F5/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society 034J - Adult Case Management & ACT 2720 - Non-Medicaid Care Coordination Managers	02 NO_SUBCODE	01 NO_SUBCODE	Totals For FS 034J	039Q - Innovative Psychiatric Rehabilitation 1380 - Assisted Competitive Employment 01 NO_SUBCODE Albar	Totals For FS 039Q	078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	Totals For FS 078	200 - Com. Reinvestment 0670 - Transportation 01 NO_SUBCODE	0690 - Outreach 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA 6060 - Supported Housing 02 NO_SUBCODE	Totals For FS 300

NEW Office of YORK STATE Mental Health

Aid to Localities Financial System

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	Annualized	Value				\$0		\$0	\$0	\$
	Total	State Aid				\$249		\$555	\$804	\$440,727
	One Time	djustment				\$0		\$0	\$0	0\$
	Non	-				\$0		\$0	0\$	0\$
Carry	Over	Revenue				\$0		\$0	0\$	0\$
	Other	Revenue				\$0		\$0	\$0	0\$
	Medicaid	Amount				\$0		\$0	\$0	0\$
	SSI	Amount				\$0		\$0	0\$	0\$
	Voluntary	Share				\$0		\$0	\$0	\$0
	097	Share				\$0		\$0	\$0	\$0
	Total Gross	Expenses				\$249		\$555	\$804	\$440,727
	Units of Tota	Service				0		0	0	9,727
		Beds				0		0	٥	26
		Slots				0.00		0.00	0.00	0.00
		Number Managers Slots Beds				0.00 00.00		Albany 0.00 0.00 0	0.00 0.00	0.00 0.00 26
Local	Contract	Number	Society			Albany	loyment	Albany		
	der	FS/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society	965 - Funding Reduction/COLA	0690 - Outreach	01 NO_SUBCODE	1380 - Assisted Competitive Employment	01 NO_SUBCODE	Totals For FS 965	Totals For 17630 - Homeless and Travelers Aid Society
	Provider	FS/I	1763	965	J		τ-		Tot	Tota Trave

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ne <u>Total Annualized</u> <u>ient State Aid Value</u>		\$0 \$30,082 \$0	\$0 \$30,082 \$0	\$0 \$51,316 \$0	\$0 \$51,316 \$0	\$0 \$25,986 \$0	\$0 \$25,986 \$0	\$0 \$2,361 \$0	\$0 \$2,361 \$0	\$0 \$1,698 \$0	\$0 \$1,698 \$0	\$0 \$111,443 \$0
Non One Time Funded Adjustment		\$0	\$0	0\$	0\$	0\$	0\$	O\$	0\$	0\$	0\$	0\$
Carry ner Over		0\$ 0\$	0\$ 0\$	0\$	0\$ 0\$	0\$	0\$ 0\$	0\$	\$ 0\$	0\$	0\$ 0\$	0\$ 0\$
Medicaid Other Amount Revenue		\$0	\$0	0\$	\$0	9	\$0	09	\$0	0\$	0\$	0\$
ry <u>SSI</u> Amount		0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	0\$ 0\$	\$0 \$0	0\$ 0\$	\$0 \$0	0\$ 0\$	0\$ 0\$	0\$ 0\$
LGU Voluntary Share Share		0\$	\$0	0\$	\$0	O \$	0\$	0\$	\$0	0\$	\$0	0\$
Total Gross Expenses		\$30,082	\$30,082	\$51,316	\$51,316	\$25,986	\$25,986	\$2,361	\$2,361	\$1,698	\$1,698	\$111,443
Units of Service		0 0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0 0
Slots		00.00	00.00	00.00	00.00	00.00	0.00	0.00	0.00	0.00	0.00	0.00
Local Contract Number Managers	ect, Inc.	Albany 0.00	0.00	Albany 0.00	0.00	Albany 0.00	0.00	Albany 0.00	0.00	nts Albany 0.00	0.00	0.00
Provider ES/Program/CBR Index/Team Type	27100 - Mental Health Empowerment Project, Inc. 200 - Com. Reinvestment	1760 - Advocacy/Support Services 08 NO_SUBCODE /	Totals For FS 200	300 - Homeless/MICA 1760 - Advocacy/Support Services 08 NO_SUBCODE A	Totals For FS 300	400 - Commissioner's Perf. 1760 - Advocacy/Support Services 08 NO_SUBCODE A	Totals For FS 400	965 - Funding Reduction/COLA 1760 - Advocacy/Support Services 08 NO_SUBCODE A	Totals For FS 965	965S - Personnel Services Enhancements 1760 - Advocacy/Support Services 08 NO_SUBCODE Alb	Totals For FS 965S	Totals For 27100 - Mental Health

YORK Office of STATE Mental Health

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	Local											Carry				
Provider FS/Program/CBR Index/Team Type	Contract	Contract Number Managers Slots Beds	Slots	Beds	Juits of Jervice	Units of Total Gross Service Expenses S	LGU N	/oluntary Share	SSI Amount	Medicaid	Other Revenue	Over Revenue	Non Funded	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
40400 - Parsons Child & Family Center	ř							e e								
001A - Local Assistance		٠														
0200 - Day Treatment	A 14	ć	ć	c	2	9	É	6	É		. 6	Ç	မ်	ç V	¥	€
UU NO_SUBCODE	Albany	Aibany ∪.∪∪ ∪.∪∪ ∪ 1∠,18b \$8/9,14∪	0.00	-	12,186	\$878,140) #	O #	O _A	48/9,140	OA A	O#	P P		9	○
2100 - Clinic Treatment 00 NO_SUBCODE	Albany	Albany 0.00 0.00 0	0.00	0	8,640	8,640 \$884,279	\$0	\$0	\$0	\$788,863	\$95,416	\$0	\$0	0\$	\$0	\$0
Totals For FS 001A		0.00	0.00 0.00	0	20,826 \$1,763	\$1,763,419	\$0	\$0	\$0	\$0 \$1,668,003	\$95,416	\$0	\$0	\$	\$0	\$0
044 - CMHS Block Grant C&F						• .										
0610 - Recreation																
00 NO_SUBCODE	Albany		0.00 0.00 0	0	332	\$8,400	\$0	\$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	\$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 Services (Children and Family)	es (Childre	en and Far	nily)													

80

\$3,740

8

\$0

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Albany

NO_SUBCODE

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\$93,506

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Albany

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1760 - Advocacy/Support Services

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\$31,132 **\$284,470**

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\$31,132 **\$284,470**

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Albany

00 NO_SUBCODE

2680 - Crisis Intervention

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\$19,136

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\$19,136 **\$19,136**

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Albany

NO_SUBCODE

Totals For FS 046G

046G - Emergency Services C&F

Totals For FS 044

2680 - Crisis Intervention

100

\$19,136

8

\$0

\$

8

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	Local									Carry				
ovider	Contract		Units of	Total Gross	091	Voluntary	SSI	Medicaid	Other	Over	Non	One Time	Total	Annualized
S/Program/CBR Index/Team Type	Number Managers Slots	ots Beds			Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
400 - Parsons Child & Family Center	Ŀ													
46L - Community Support Programs-C&	3-C&F													

7	Focal					(-	į		į	:		Carry		i	
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds	Service	Expenses	Share	Voluntary Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid
40400 - Parsons Child & Family Center	_														
046L - Community Support Programs-C&F	s-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
0650 - Respite Services 00 NO_SUBCODE	Albany	0.00	00.00	0	0	\$4,589	0\$	\$0	\$	\$0	0\$	\$0	\$0	\$0	\$4,589
0690 - Outreach															
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$60,208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,208
1320 - Vocational and Educational Services - Children & Family	Services -	Children	& Fami	<u>~</u>											
(Non-Licensed Program) 00 NO_SUBCODE	Albany	00.00	0.00	0	471	\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496
1510 - School- based Mental Health															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471
00 NO_SUBCODE	Albany	00.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471
1650 - Family Peer Support Services (Children and Family)	es (Childre	n and Fan	ıly)												
00 NO_SUBCODE	Albany	0.00	0.00	0	1,644	\$82,049		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,049
1760 - Advocacy/Support Services	Albany	0.00	0.00	0	247	\$39,629	\$0	. 0\$	\$0	0\$	80	80	\$0	\$0	\$39,629
2990 - Coordinated Childrens Service Initiative	ice Initiativ	ø													
00 NO_SUBCODE	Albany	0.00	0.00	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223
Totals For FS 046L	1.	00'0	0.00	0	5,323	\$386,752	0\$	0\$	\$0	\$0	\$0	\$0	0\$	\$0	\$386,752
090 - Non Funded															
	ty - Childre	n & Youth	_												
00 NO_SUBCODE	Albany	0.00	0.00	0	7,359	\$2,902,778	0	\$ 0	\$ 0	\$0 \$2,902,778	\$0	\$0	\$0	₩	\$0
Totals For FS 090		0.00	00'0	0	7,359	\$2,902,778	\$0	\$0	\$0	\$0 \$2,902,778	\$0	\$0	\$0	0\$	\$0

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Annualized Value		\$0	\$0	\$0	\$0	0\$
Total State Aid		\$12,736	\$48,022	\$60,758	\$0 \$104,969	\$104,969
One Time		\$0	\$0	\$0	0\$	0\$
Non Funded A		\$0	\$0	\$0	0	0\$
Carry Over Revenue		\$0	\$0	\$0	0\$	0\$
Other Revenue		\$0	\$0	0\$. 9	\$0
Medicaid Amount		\$0	\$0	0\$	0\$	0\$
SSI M		\$0	\$0	0\$	0\$	0\$
Voluntary <u>Share</u>		\$0	\$	\$0	0\$	0\$
LGU V		\$0	\$0	\$0	0\$	\$0
Total Gross Expenses		\$12,736	\$48,022	\$60,758	\$104,969	\$104,969
Units of Service		0	0	0	69	69
Beds		0	0	0	0	0
Slots		0.00	0.00	0.00	0.00	0.00
Local Contract Number Managers Slots Beds		0.00	0.00 0.00	0.00 0.00	Albany 0.00 0.00 0	0.00
Local Contract Number	i.	Albany	Albany		Albany	
Provider FS/Program/CBR Index/Team Type	40400 - Parsons Child & Family Center 200 - Com. Reinvestment	U610 - Recreation 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 200	400 - Commissioner's Perf. 0910 - Crisis Residence 01 NO_SUBCODE	Totals For FS 400

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F5/Program/CBR Index/Team Type	Number	Managers	Slots	Beds S	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	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	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	00.0	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
1650 - Family Peer Support Services (Children and Family)	es (Childre	n and Fan	(Klj													
00 NO_SUBCODE	Albany	00.00	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	ice Initiativ	δī														
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	I	00.00	0.00	0	0	\$10,826	\$0	\$0	\$0	0\$	\$0	\$0	\$0	0\$	\$10,826	\$0
Totals For 40400 - Parsons Child & Family Center	II	0.00	0.00	0	38,083 \$	\$5,533,108	0\$	\$0	\$ 0\$	\$0 \$4,570,781	\$95,416	0\$	0\$	0\$	\$866,911	0\$

Office of Mental Health NEW YORK STATE

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\$ \$0 80 \$0 S |S Annualized Value \$0 \$0 \$136,472 \$136,472 \$120,956 \$284,640 \$266,419 \$303,225 \$58,361 \$24,509 \$120,956 \$63,709 \$408,264 \$42,738 \$125,805 \$0 \$2,539,282 \$717,741 \$243,87 State Aid Total 80 \$0 \$ \$0 \$0 \$0 \$0 \$00 \$0 \$0 \$0 **Adjustment** One Time \$ \$0 \$ \$0 \$ 8 ဒ္ဓ Non Funded 8 \$ \$0 \$0 \$0 \$0 \$0 Revenue Over \$0 80 \$ \$0 \$8,000 \$8,000 \$ Revenue Other \$400,000 \$400,000 80 \$0 \$925,500 \$925,500 \$0 Medicaid Amount \$0 80 ŝ \$0 80 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Amount SSI \$0 \$0 80 \$0 \$ \$0 Voluntary Share \$ \$0 \$ \$0 \$ \$0 \$0 Share 9 \$400,000 \$400,000 \$136,472 \$136,472 \$1,054,456 \$1,054,456 \$63,709 \$266,419 \$58,361 \$24,509 \$42,738 384,640 \$408,264 \$303,225 \$717,741 \$125,805 Total Gross \$243,871 Expenses 13,268 0 13,268 800 800 238 ,685 5,532 173 907 454 Units of Service 151 65 605 216 Beds 0 0 0 0 0 0 10 ω 42 21 7 3 7 88 28 145.0C 145.00 0.00 Number Managers Slots 0.00 0.00 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 0.00 0.00 0.00 0.00 6340 - Comprehensive PROS with Clinical Treatment 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Contract Albany Local Albany Albany Albany 14370 - Rehabilitation Support Svcs, Inc 014 - Community Support Services 03 NO_SUBCODE FS/Program/CBR Index/Team Type 6060 - Supported Housing 2100 - Clinic Treatment 078 - Supported Housing 001A - Local Assistance 0670 - Transportation 037P - PROS State Aid Totals For FS 001A **Totals For FS 037P Totals For FS 014** 12 29 17 17 26 28 28 22 8 Totals For FS 078

\$0

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\$2,539,282

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Provide <u>r</u> FS/Program/CBR Index/Team Typ <u>e</u>	Local Contract Number	Managers	Slots	U Beds S	Units of T	Total Gross Expenses	LGU V	Voluntary Share	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
14370 - Rehabilitation Support Svcs, Inc 142A - Expanded Community Support Adult	nc 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 Dollars 05 NO_SUBCODE Alba	ollars Albany	0.00	0.00	0	0	\$15,030	\$0	\$0	\$0	\$0	\$0	\$0	\$0	80	\$15,030	0\$
Totals For FS 142A	1	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	9\$
5990 - MICA Network 00 NO_SUBCODE	Albany	0.00	5.00	0	400	\$26,983	\$0	0\$	\$0	\$0	0\$	\$0	\$	\$	\$26,983	\$0
6060 - Supported Housing 22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$153,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$	\$163,042	\$0
6070 - Congregate/Treatment 24 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	\$0	\$0	80	\$0	80	\$0	\$	80	\$38,002	\$0
Totals For FS 200	ı	0.00	15.00	0	1,333	\$304,017	\$0	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$304,017	\$0
200C - Supported Housing - Workforce RIV 6060 - Supported Housing 17 NO_SUBCODE Alba	e RIV Albany	0.00	0.00	0	0	\$61,847	\$0	\$	0\$	0\$	0\$	O\$	0\$	0\$	\$61,847	0\$
Totals For FS 200C	1	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	\$	80	\$0	0\$	0\$	\$14,909	0\$
Totals For FS 300	I	0.00	0.00	0	0	\$14,909	0\$	\$0	0\$	0\$	\$0	\$0	\$0	0\$	\$14,909	\$0

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<u>Provider</u> FS/Program/CBR Index/Team Typ <u>e</u>	Contract	Contract Number Managers Slots	Slots	Beds	Units of Service	Total Gross Expenses	LGU	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized Value
14370 - Rehabilitation Support Svcs, Inc	v															
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	•	00.00	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																
ODE	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	9	\$0	\$0	0\$	9	\$0	\$0	\$0	\$2,556	\$0
0690 - Outreach	•															
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	\$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		00.00	0.00	0	0	\$10,177	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,177	\$0
965S - Personnel Services Enhancements	nts															
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	I	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\$	\$0 \$1,325,500	\$8,000	\$0	0\$	\$0	\$0 \$3,532,678	0\$

YORK STATE Mental Health Aid to Localities Financial System

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

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<u>Provider</u> ES/Program/CBR Index/Team Type	Local Contract Number	Managers Slots		Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized Value
14350 - St. Anne Institute																
001A - Local Assistance																
1510 - School- based Mental Health 00 NO_SUBCODE	Albany	0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$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 Services - Children & Family	Services -	Children	& Fami	<u>~</u>												
SCODE	Albany	0.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,245	80
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	C&F															
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	services -	Children	& Famil	>												
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	1	0.00	0.00	0	613	\$22,621	\$0	\$0	\$0	\$0	\$0	0\$	\$	0\$	\$22,621	\$0
965 - Funding Reduction/COLA																
1320 - Vocational and Educational Services - Children & Family	services -	Children	& Famil	>												
(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																
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	ents															
1320 - Vocational and Educational Services - Children & Family	ervices -	Children	& Famil	>												
SCODE	Albany	00.00	0.00	0	0	\$279	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$279	\$0
Totals For FS 965S	I	0.00	0.00	0	0	\$279	0\$	\$0	\$0	\$0	\$0	0\$	\$0	\$0	\$279	\$0
Totals For 14350 - St. Anne Institute	II	0.00	0.00	0	4,855	\$222,909	\$0	\$65,571	0\$	\$0	\$0	0\$	\$	\$0	\$157,338	\$0

YORK Office of 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

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

VORK 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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	Annualized Value		3 \$0	3 \$0	\$0	4 \$0	0\$	8 \$0			04		4 \$0	1 \$0
•	Total State Aid		\$55,413	\$55,413	\$73,694	\$73,694	\$86,908	\$86,908		\$54,862	\$54,862		\$77,304	\$77,304
	One Time Adjustment		\$0	0\$	0\$	\$0	0 \$	0\$		0\$) *		\$0	\$0
	Non Funded		0\$	\$0	0\$	\$0	0\$	\$0	:	0\$?		\$0	\$
Carry	Over		0\$	\$0	0\$	\$0	0\$	\$0	:	0\$	O.≱		\$0	\$0
,	Other		0\$	\$0	0\$	\$0	\$100	\$100		0\$	0\$		\$0	\$0
;	Medicaid		80	\$0	0\$	\$0	\$650,000	\$650,000	;	\$0	0\$		\$0	\$0
	Amount		\$0	\$0	0\$	\$0	0\$	\$0		\$0\$	0.		\$0	\$0
	Voluntary Share		\$55,413	\$55,413	0\$	\$0	0\$	\$0	;	0\$	0,		\$0	\$0
	Share		\$0	\$0	\$0	\$0	0\$	\$0		0\$	0.		\$0	\$0
	Total Gross Expenses		\$110,826	\$110,826	\$73,694	\$73,694	\$737,008	\$737,008		\$54,862	\$54,862		\$77,304	\$77,304
	Units of Service		5	13	41	14	22,503	22,503		321	321		2,046	2,046
	Beds		0	0	0	0	0	0	<u>`</u>	0 6	>		0	0
	Slots		0.00	0.00	0.00	0.00	nt 0.00	0.00	& Fam	0.00	0.00		0.00	0.00
	Contract Number Managers Slots		0.00	0.00	0.00	0.00	I Treatme	0.00	. Children	0.00	0.00		0.00	0.00
Local	Contract		del Albany		del Albany		out Clinica Albany		s-C&F Services -	Albany			Albany	•
	Provide <u>r</u> FS/Program/CBR Index/Team Type	40240 - The Workshop, Inc. 001A - Local Assistance	6140 - Transformed Business Model 00 NO_SUBCODE	Totals For FS 001A	014 - Community Support Services 6140 - Transformed Business Model 00 NO_SUBCODE	Totals For FS 014	037P - PROS State Aid 7340 - Comprehensive PROS without Clinical Treatment 00 NO_SUBCODE Albany 0.00	Totals For FS 037P	~ = =	00 NO_SUBCODE		200 - Com. Reinvestment 5340 - Supported Education	00 NO_SUBCODE	Totals For FS 200

YORK 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

	Total Annualized State Aid Value				\$1,032 \$0	\$693	\$642 \$0	\$2,367 \$0	\$3,429	\$3,429 \$0	\$353,977 \$0	71,630 \$0
	One Time Tadjustment Star				\$0	\$0	\$0	\$0	\$0	0\$	\$0 \$3	\$0\$10,171,630
	Non O Funded Ad				\$0	\$0	0\$	\$0	<i>,</i>	0\$	\$0	0\$
Carry	Over Revenue				\$0	\$0	\$0	\$0	80	0\$	0\$	\$0
	Other Revenue				\$0	\$0	80	\$0	\$	\$0	\$100	\$234,741
	Medicaid				\$0	\$0	\$0	\$0	\$	\$0	\$650,000	\$93,525 \$8,075,773
	SSI Amount				\$0	\$0	\$0	\$0	0\$	0\$	0\$	\$93,525 \$
	Voluntary Share				\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$501,852 \$120,984
	<u>LGU</u> Share				0\$	\$0	\$0	\$0	0\$	\$0	0\$	\$501,852
	Units of Total Gross Service Expenses				\$1,032	\$693	\$642	\$2,367	\$3,429	\$3,429	24,897 \$1,059,490	16.00 360.00 296 105,534 \$19,198,505
					Ó	0	0	0	0	0	24,897	105,534 \$
	Beds			ij	0	0	0	0	0	0	0	296
	Slots			& Fam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	360.00
	Contract Number Managers			- Children	0.00	0.00	0.00	00.0	0.00 0.00	00.00	0.00	16.00
Local	Contract			al Services	Albany	Albany	del Albany		ments del Albany		ı;	1
	Provider FS/Program/CBR Index/Team Type	40240 - The Workshop, Inc.	965 - Funding Reduction/COLA	1320 - Vocational and Educational Services - Children & Family	(Non-Licensed Program) 00 NO_SUBCODE	5340 - Supported Education 00 NO_SUBCODE	6140 - Transformed Business Model	Totals For FS 965	965S - Personnel Services Enhancements 6140 - Transformed Business Model 00 NO_SUBCODE Alb	Totals For FS 965S	Totals For 40240 - The Workshop, Inc.	Report Totals

RESOLUTION NO. 413

AUTHORIZING AN AGREEMENT WITH REHABILITATION SUPPORT SERVICES REGARDING SUPPORTIVE HOUSING AND OUTREACH SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Rehabilitation Support Services for the provision of supported housing, personal recovery oriented system (PROS) services, transportation, and mental illness and chemical addiction (MICA) services for individuals with mental health issues in the amount of \$3,807,783 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Mental Health, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Rehabilitation Support Services, Altamont, NY 12009 for the provision of supported housing, PROS services, transportation, and MICA services for individuals with mental health issues in an amount not to exceed \$3,807,783 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 Senior Hope Counseling for the provision of medically supervised outpatient treatment to Albany County citizens age 50 and older with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Senior Hope through Albany County Department of Mental Health in the amount of \$229,901. 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-1939, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	ON .
Description (e.g., Contract Authoriza Contract Authorization for Senior Hope	•
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 AMENDMENT	Click or tap here to enter text.
Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	

File #: TMP-1939, 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): Senior Hope Counseling 650 Warren St	reet, Albany, NY 12208
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: 50 or older suffering from chemical dependence	\$229,901 Provides outpatient substance use treatment services to individuals age cies.
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-1939, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486 Revenue Amount: \$229,901

Appropriation Account and Line: A94230.44433
Appropriation Amount: \$229,901

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) 1/1/2021-12/31/2020

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: 487

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 Senior Hope Counseling for the provision of medically supervised outpatient treatment to Albany County citizens age 50 and older with substance abuse and narcotic addiction related issues. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Senior Hope through Albany County Department of Mental Health in the amount of \$229,901, 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.

SBRRPALB100 07/03/2020 10:32

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

	7										
				Ap	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- /	Approved State Aid	Local Share	Non- Funded	Restr. Code
00170	3560 00 692	0	0	0	0	A STATE OF THE STA			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	013S		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	0138		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	All		237,208	0	0	

SBRRPALB100 07/03/2020 10:32

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

As of: 07/03/2020

Aderbiny (and brinding of the National Code (and br		0	0	2,924,438		All	2,924,438	2,924,438	4,013,775	6,938,213	Agency 35300 Total:	
Init		0	0	606,511	Program:							
Init Program Code CodeIndex PRU Direct Gross Revenue Net Code CodeIndex PRU Direct Code CodeIndex PRU Direct Net CodeIndex Net CodeIndex Net CodeIndex Net CodeIndex Net		0		-122,954	0	013S						
Init		0	0	729,465		013S	606,511	606,511	620,627	1,227,138	3600 01	
Init Program Code Code/Index PRU Direct Gross Revenue Net Funded Funding Cone State Abproved Share Funded Funded Funded Funded Funded Funded Funded Share Funded Share Funded Funded Funded Share Funded Share Funded Share Funded Share Share Funded VV 0810 00 52394 20,000 0 0 20,000 20,000 0.0135 20,000 0 0 0 0 0 0 0 0		0	0	485,368		013F	485,368	485,368	1,281,846	1,767,214	3600 00	
Init Program Code		0	0	840,992	Program:							
Init Program Code		0		122,954	0	013F						
Init		0	0	718,038		013F	840,992	840,992	413,352	1,254,344	3570 00	
Init Program Code CodeIndex PRU Direct Code CodeIndex CodeIndex Code C		0	0	526,170		013F	526,170	526,170	264,003	790,173	2	
Init Program Code CodeIndex PRU Direct CodeIndex CodeIndex PRU Direct CodeIndex PRU Direct CodeIndex		0	0	344,550		013F		344,550	1,433,947	1,778,497	3551 00	
Init Program Code Code Index PRU Direct Gross Revenue Net Code Source Emailing Net Code Source Emailing Net Net Code Source Emailing Net		0	0	68,136		0138	68,136	68,136	0	68,136	8	Hope House, Inc.
Init Program Code CodeIndex PRU Direct Code CodeIndex PRU Direct Code CodeIndex PRU Direct V 0810 00 52994 20,000 0 20,000 20,000 0 20,000 0 135 20,000 0 0 0 0 0 0 0 0 0		0	0	52,711		0138	52,711	52,711	0	52,711	8	35300
Init		•				i	, .					
Init Program Code Code Index PRU Direct Gross Revenue Net Net Code Net Code Source time State Aid Share Funded Net Net Code Source time State Aid Share Net		0	0	146,778		<u>≥</u>	146,778	146,778	93,534	240,312	Agency 35240 Total:	Saratoga BOCES
Init Program Code Code Index PRU Direct Gross Revenue Revenu		0	0	14,500		0138	14,500	14,500	63,785	78,285	8	Albany-Schoharie-Schdy
Init Program Code Code/Index PRU Direct Code Code/Index PRU Direct Code Code/Index PRU Direct Code Code/Index PRU Direct Code/Index		0	0	132,278		013F	132,278	132,278	29,749	162,027	8	35240
Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Source time State Aid Share Funded Funding One- Net		c	c	1,010,191		¥	1,010,101	1,010,101	1,000,000	oji ooji oo	general	
Init		, ,	•	4 040 404			1 818 101	1 818 101	1 025 565	3 753 756	Agency 35090 Total:	
Init Program Code Code/Index PRU Direct PRU Direct Code/Index Code/		0	0	235,697		013F	235,697	235,697	0	235,697	8	
Init Program Code PRU Direct Gross Revenue Net Net Net Net Code/Source time State Aid Share Funded Net N		0	0	50,000	0	013S	50,000	50,000	0	50,000	4778	
Init Program Code/Index PRU Direct Gross Revenue Net Net Net Code/Index PRU Direct Gross Revenue Net Net Net Net Code/Index Net		0	0	159,767		0138	159,767	159,767	0	159,767	4080 00	
Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Index PRU Direct Gross Revenue Net Net Code/Index Funding Net Code/Index Net Net Net Net Code/Index Net N		0	0	101,117		013S	101,117	101,117	0	101,117	4075 00	
Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Source time State Aid Share Funded Share Funded State Aid Share Funded Share Shar		0	0	459,927		013F	459,927	459,927	1,225,565	1,685,492	3600 03	
Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Source Time State Aid Share Funded Funding One- Net Net Code/Source Time State Aid Share Funded Net Code/Source Time		0	0	611,721		013S	611,721	611,721	710,000	1,321,721	3600 00	
Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Source time State Aid Share Funded Funding One- Approved State Aid Share Funded Share Funded State Aid Share Funded One-		0	0	103,076		013S	103,076	103,076	0	103,076	8	of Albany, Inc.
Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Source time State Aid Share Funded VV 0810 00 52994 20,000 0 20,000 20,000 013S 20,000 0 0		0	0	76,886		013F	76,886	76,886	0	76,886	2	Addictions Care Center
Approved Budgeted Amounts Init Program Code Code/Index PRU Direct Gross Revenue Net Net Code/Source time State Aid Share Funded		0	0	20,000		0138	20,000	20,000	0	20,000	0810 00	35090
	Restr. Code		Local Share	Approved State Aid		Funding Code/Sour	Funded Net	Net	Revenue	Gross	į.	
					ıts	ted Amour	pproved Budge	>				

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

As of: 07/03/2020

				Apı	Approved Budge	Budgeted 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	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	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 Agency Number/Name County: Albany (1) Gross Revenue Fiscal Year: 2020 Net **Approved Budgeted Amounts** Funded Funding
Net Code/Source One-time Approved State Aid As of: 07/03/2020 Local Share

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 9,000,728 9,000,728 8,117,501 8,117,501 8,117,501 8,117,501 ₽ ₽ ₽ 8,017,157 8,017,157 100,344 100,344 Non- Restr.

Date

RESOLUTION NO. 414

AUTHORIZING AN AGREEMENT WITH SENIOR HOPE COUNSELING, INC. REGARDING THE PROVISION OF MEDICALLY SUPERVISED OUTPATIENT TREATMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Senior Hope Counseling, Inc. for the provision of medically supervised outpatient treatment for individuals over the age of fifty years with chemical dependencies in the amount of \$229,901 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Addiction Services and Supports, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Senior Hope Counseling, Inc., Albany, NY 12208 for the provision of medically supervised outpatient treatment for individuals over the age of fifty years with chemical dependencies in the amount of \$229,901 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 St. Anne Institute for the provision of day treatment and vocational services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to St. Ann Institute through Albany County Department of Mental Health in the amount of \$165,778. 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-1940, Version: 1		
REQUEST FOR LEGISLATIVE AG	CTION	
Description (e.g., Contract Authorization for St. Anne	orization for Information Services): Institute	
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	ose all that apply):	
☐ Contractual		
☐ Equipment		
☐ Fringe		
☐ Personnel		
☐ Personnel Non-Individual		

File #: TMP-1940, 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): St. Anne Institute 160 North Main Ave.	. Albany, NY 12206
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: families suffering from mental illness.	\$165,778 Provides day treatment and vocational services to children and their
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-1940, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490
Revenue Amount: \$165,778

Appropriation Account and Line: A94322.44419
Appropriation Amount: \$165,778

Source of Funding - (Percentages)

Federal: 39% State: 61%

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: 499
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 St. Anne Institute for the provision of day treatment and vocational services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to St. Ann Institute through Albany County Department of Mental Health in the amount of \$165,778, 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 Office of STATE Mental Health Aid to Localities Financial System

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

Print Date : 10/1/2020 10:59:08. O Printed By: |palmeg Page: Page 1 of 27

	<u>Annualized</u> <u>Value</u>			\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
	Total Ann State Aid V			\$19,652	\$19,652		\$33,052	\$33,052		\$92,096	\$92,096		\$8,845	\$8,845		\$35,401	\$35,401
	One Time Adjustment Si			\$0	\$0		80	\$0		\$0	\$0		\$0	\$0		\$0	\$0
	Non Funded A			\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
Carry	Over Revenue			\$ 0	\$0		\$0	\$0		\$	0\$		\$0	\$0		\$0	\$0
	Other Revenue			\$0	0\$		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
	Medicaid Amount F			\$160,000	\$160,000		\$0	\$0		\$	\$0		\$0	\$0		\$0	0\$
	SSI N Amount A			0\$	\$ 0\$		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
	Voluntary Share A			\$0	0\$		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
	LGU V			\$19,652	\$19,652		\$0	\$0		\$0	0\$		\$0	0\$		\$0	0\$
	Total Gross Expenses			\$199,304	\$199,304		\$33,052	\$33,052		\$92,096	\$92,096		\$8,845	\$8,845		\$35,401	\$35,401
	Units of To Service E			0	0		0	0		0	0		0	0		0	0
	Beds			0	0		0	0		0	0		0	0		0	0
				0.00	0.00		0.00	0.00		0.00	0.00		0.00	0.00		0.00	0.00
	Managers Slots	>		0.00	0.00		0.00	00.0		0.00	0.00		0.00	0.00		0.00	0.00
Local	Contract	r Children,		Albany			5A) Albany	•		OA) Albany		-C&F	Albany	•		Albany	•
	Jex/Team Type	43660 - Albany County Department for Children, Y	istance	on No_SUBCODE	4	k Grant C&F	1400 - Single Point of Access (SPOA)		rastructure-C&F	1400 - Single Point of Access (SPOA) 00 NO_SUBCODE	4	046L - Community Support Programs-C&F 2100 - Clinic Treatment	00 NO_SUBCODE		stment	NO_SUBCODE	
	Provider FS/Program/CBR Index/Team Type	43660 - Albany County De	2400 Clinia T	ZION - CIMIC I FEATMENT OO NO_SU	Totals For FS 001A	044 - CMHS Block Grant C&F	1400 - Single P 00	Totals For FS 044	046A - Clinical Infrastructure-C&F	1400 - Single P 00	Totals For FS 046A	046L - Community Suppor 2100 - Clinic Treatment	00	Totals For FS 046L	200 - Com. Reinvestment	00	Totals For FS 200

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. De Printed By: | palmeg Page: Page 2 of 27

	<u>Annualized</u> <u>Value</u>		0\$	\$0	. 0\$	\$0	\$0
	Total Au State Aid		\$99,055	\$47,153	\$5,239	\$151,447	\$340,493
	One Time djustment		\$0	\$0	\$0	0\$	0\$
	Non Funded A		\$0	\$0	\$0	0\$	0\$
Carry	Over Revenue		80	\$0	\$0	\$0	. 0\$
	Other Revenue		\$0	\$0	\$0	\$0	0\$
	Medicaid Amount		\$0	\$	\$0	\$0	\$160,000
	SSI Amount		\$0	\$0	\$0	\$0	0\$
	Voluntary Share	,	\$0	\$0	\$0	\$0	0\$
	Share		\$0	\$0	\$0	\$0	\$19,652
	otal Gross Expenses		\$99,055	\$47,153	\$5,239	0 \$151,447	0 \$520,145
	Units of Service		0	0	0 •	0	0
	Beds		0	ď	stratio	0	0
	Slots		0.00	0.00	Admini 0.00	0.00	0.00
	Contract Number Managers Slots Beds	> .	agement 0.00	ice Dollars 0.00	nt Service Dollar Administratio Albany 0.00 0.00 0	0.00 0.00 0	0.00 0.00 0
Local	Contract	or Children agement	d Care Man Albany	ment Servi Albany	ment Servi Albany		
	<u>Provider</u> FS/Program/CBR Index/Team Type	43660 - Albany County Department for Children, Y 570K - Kids Health Home Care Management	2620 - Health Home Non-Medicaid Care Management 00 NO_SUBCODE Albany 0.00 0.00	2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE Albany 0.00 0.00 0	2850 - Health Home Care Management Service Dollar Administration 00 NO_SUBCODE Albany 0.00 0.00 0	Totals For FS 570K	Totals For 43660 - Albany County Department for Children, Y

New Office of 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>Local</u> Contract			Units of		Total Gross		Voluntary	SS	Medicaid	Other	Carry	No	One Time	Total	Annualized
Number Managers Slots	lanagers Slot	Slot	S B	Beds Service		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
70520 - Albany County Department of Mental Healt																
0890 - Local Governmental Unit (LGU) Administration	stration															
Albany 0.00 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) 00 NO_SUBCODE Albany 0.00 0.00		0.00		0	0	\$48,268	\$24,134	\$0	\$0	\$0	\$	\$0	\$0	\$0	\$24,134	80
Albany 0.00 0.00		0.00		0	0	\$172,459	\$86,230	0\$	\$0	0\$	\$0	0\$		\$0	\$86,229	\$0
2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.00 0.00	0	0.00		0	0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0
0.00 0.00		0.00	1	0	0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$152,200	0\$
Albany 0.00 0.00		0.00	_	. 0	0	\$103,510	9	80	90	\$0	90	80	\$0	. 0\$	\$103,510	0\$
0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE Albany 0.00 0.00		00.00	_	0	0	\$59,366	0\$	0\$	***************************************	9	\$0	0\$	80		\$59,366	0\$
Albany 0.00 0.00		0.00	_	0	0	\$7,657	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,657	\$0
Albany 0.00 0.00		0.00		0	. 0	\$97,108	\$0	\$	\$0	\$0	\$0	\$0	\$0	\$0	\$97,108	0\$
Albany 0.00 0.00		0.00		0	0	\$576,878	\$330,000	\$	\$0	0\$	\$0	\$0	\$0	\$0	\$246,878	\$0
0.00 0.00		0.00	٦	0	0	\$844,519	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$514,519	\$0

YORK Office of 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. 9
Printed By: |palmeg
Page: Page 4 of 27

<u>Annualized</u> <u>Value</u>		80	0\$	0\$	0\$	\$0		\$0	\$0	0\$	\$0	\$		\$0	0\$	0\$
<u>Total</u> State Aid		\$46,854	\$5,533	\$101,296	\$22,156	\$175,839		\$0 \$1,007,580	\$0 \$1,007,580	\$85,555	\$73,381	\$158,936		\$9,240	\$98,948	\$108,188
One Time Adjustment		90	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0		\$0	\$0\$	0\$
Non Funded		\$0	\$0	\$0	\$0	0\$		0\$	\$0	\$0	\$0	\$0		80	\$0	0\$
Carry Over Revenue		\$0	0\$	\$0	\$0	\$0		\$	\$0	8	\$0	\$0		\$0	\$0	0\$
<u>Other</u> Revenue		0\$	· \$	\$	\$0	\$0		\$	\$0	\$0	\$0	\$0		\$0	\$0	0\$
Medicaid Amount		\$690,612	0\$	\$0	\$0	\$690,612		\$0	\$0	\$0	\$0	\$0		\$0	\$0	0\$
SSI Amount		0\$. \$	0\$	\$0	\$0		\$0	\$0	\$0	\$0	\$0		\$0	\$0	0\$
<u>Voluntary</u> <u>Share</u>		0\$	\$0	0\$	\$0	\$0		\$0	\$0	0\$	\$0	\$0		\$0	\$0	\$0
LGU Share		9	\$	\$	\$0	\$0		\$0	\$0	\$0	\$0	\$0		0\$	\$0	\$0
<u>Total Gross</u> <u>Expenses</u>		\$737,466	\$5,533	\$101,296	\$22,156	\$866,451		\$1,007,580	\$1,007,580	\$85,555	\$73,381	\$158,936		\$9,240	\$98,948	\$108,188
Units of Service		009	. 0	0	0	009		0	0	0	0	0		0	0	0
Beds			0	0	0	0		0	0		0	0		0	0	0
Slots		0.00	0.00	0.00	s 0.00	0.00		00.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
Managers	#	9.00	00.0	gers 0.00	ce Dollar 0.00	9.00		0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
Local Contract Number	f Mental Hea CT	Albany	Dollars Albany	nation Mana Albany	tment-Servi Albany	1		Albany	•	oA) Albany	Albany	ı	1	Albany	Albany	
Provider FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt 034J - Adult Case Management & ACT	0800 - ACT 00 48 Slot	1230 - Flexible Recipient Service Dollars 00 NO_SUBCODE Alba	2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	8810 - Assertive Community Treatment-Service Dollars 00 48 Slot Albany 0.00	Totals For FS 034J	039J - Forensics	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 039J	039P - Clinical Infrastructure-Adult 1400 - Single Point of Access (SPOA) 00 NO_SUBCODE	01 NO_SUBCODE	Totals For FS 039P	041 - CMHS Block Grant Adult	00 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 041

YORK Office of 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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Print Date : 10/1/2020 10:59:08, C Printed By: Ipalmeg Page: Page 5 of 27

Annualized	Value			\$0	0\$		80	\$0		\$0	\$0	\$0	. 0\$	\$0	0\$	\$0		\$0	0\$
Total Ann	ы			\$81,268	\$81,268		\$11,740	\$11,740		\$162,574	\$46,251	\$92,975	\$114,752	\$416,552	\$172,184	\$172,184		\$62,992	\$62,992
One Time				\$0	0\$		\$0	\$0		0\$	\$0	0\$			09	\$0		\$0	\$0
	Funded Ac			\$0	0\$		\$0	\$0		\$0	\$0	O S	08	\$	0 \$	\$		\$0	\$0
Carry	Revenue			\$0	\$0		\$0	\$0		\$0	\$0	G	9 0	0\$	09	0\$		\$0	\$0
Other	. aut			\$0	0\$		80	\$0		\$0	\$0	9	9 9	\$0	09	\$0		\$0	\$0
Medicaid	Amount			\$0	\$0		\$0	\$0		\$0	\$0	€:	9	0\$	09	\$0		\$0	\$0
SSI	Amount			\$0	\$0		\$0	\$0		\$0	90	· #	\$ 6	\$0	9	\$0		\$0	\$0
Voluntary	Share			\$0	\$0		\$0	0\$		\$0	0	. G	9 6	0\$	9	0\$		\$0	0\$
180	Share			\$0	\$0		\$0	\$0		\$0	0\$	· #) (F	0\$	9	0\$		\$0	\$0
Total Gross	Expenses			\$81,268	\$81,268		\$11,740	\$11,740		\$162,574	\$46,251	492 975		\$416,552	\$172,184	\$172,184		\$62,992	\$62,992
Units of T	Service			0	0		Only 0	0		0	o	C) c	0	. 0	0		, 0	0
	Beds			0	0		stment 0	0		0	0	c			o	0		0	0
	S Slots			0.00	0.00		Reinves 0.00	0.00		0.00	0.00			0.00	0.00	0.00		0.00	0.00
ن ن	Number Managers	ealt		0.00	0.00		in OMH 0.00	0.00		0.00	00.0	000	000	0.00	00.0	0.00		0.00	0.00
Local	Number	f Mental H		rvices Albany			LGU) Admi Albany			, css Albany	s Albanv	Albany	Albany		Albany			Albany	
Provider	FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt	170B - Trans. Mgmt. Kendra's	1970 - Transition Management Services 00 NO_SUBCODE Alb	Totals For FS 170B	170C - MGP Admin Kendra's	0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only 00 0.00 0.00 0 0.00 0	Totals For FS 170C	200 - Com. Reinvestment	0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE AIL	1760 - Advocacy/Support Services	2100 - Clinic Treatment	2680 - Crisis Intervention		300 - Homeless/MICA 2100 - Clinic Treatment 00 NO SUBCODE		400 - Commissioner's Perf.	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 400

NEW Office of 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/ Thinted By: |palmeg|

	Local											Carry		1		:
rovider FS/Program/CBR Index/Team Type	Contract	Contract Number Managers	Slots	Beds	Units of Service	Total Gross Expenses	Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Over Revenue	Funded	One Time Adjustment	Total State Aid	Annualized Value
70520 - Albany County Department of Mental Healt	Mental He	alt														
570 - Health Home																
2620 - Health Home Non-Medicaid Care Management	Care Mana	agement														
00 NO_SUBCODE	Albany	0.00	0.00	0	689	\$53,119	\$0	\$0	\$0	\$0	\$	\$	80	\$0	\$53,119	0\$
2740 - Health Home Care Management Service Dollars	nent Servic	e Dollars		c	c	0,00	•		ě	é			6	e e	483 040	Ş
UN NO_SUBCODE Albany 0.00 0.00 0	Albany	0.00	0.00		>	483,040	O _A	₽	○	P	O p	O p	Ť) }
O 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	\$0	\$0	\$145,387	\$0
965 - Funding Reduction/COLA																
0690 - Outreach																
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 (LGU) Admin OMH Reinvestment Only	GU) Admin	OMH F	einvest	ment 0	nly											
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 (SPOA)	OA)	ć	6	c	c	40.7	6		6	G	e e		9	€	\$1.317	€
NO SUBCODE	Albany	0.00	0.00	>	o) (a)	O A	O _P	O A	0	→		A			?
1760 - Advocacy/Support Services 01 NO_SUBCODE	, Albany	0.00	0.00	0	0	\$1,697	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,697	0\$
1970 - Transition Management Services	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	80	\$0	\$0	\$0	\$0	\$5,785	\$0
Totals For FS 965	ı	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	11	00'9	0.00	0	1,289	1,289 \$4,190,740	\$482,200	\$0	0\$	\$690,612	0\$	\$0	0\$		\$0 \$3,017,928	\$

NEW Office of STATE Mental Health Aid to Localities Financial System

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	Annualized	Value				\$0	\$0	0\$
	Total					\$39,624	\$39,624	\$39,624
	One Time	djustment				\$0	\$0	0\$
		Funded			. '	\$0	\$0	0\$
Carry	Over	Revenue				\$0	0\$	0\$
	Other	Revenue				\$0	\$0	0\$
	Medicaid	Amount				\$0	\$0	0\$
	SSI	Amount				\$0	\$0	0\$
		Share				\$0	\$0	0\$
	Ten	Share				\$0	\$0	\$0
	Fotal Gross	Expenses				\$39,624	\$39,624	\$39,624
	Units of	Service Expenses				Albany 0.00 0.00 1,985 \$3	0.00 0.00 0 1,985	1,985
		Beds				0	0	0
		Slots				0.00	0.00	0.00
		Managers Slots Beds			agers	00.00	0.00	0.00 0.00 0
Local	Contract	Number	ffice	۲.	nation Man	Albany		
	Provider	FS/Program/CBR Index/Team Type	25460 - Catholic Charities Housing Office	034J - Adult Case Management & ACT	2720 - Non-Medicaid Care Coordination Managers	00 NO_SUBCODE	Totals For FS 034J	Totals For 25460 - Catholic Charities Housing Office

New Office of STATE Mental Health Aid to Localities Financial System

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	Local											Carry				
Provider FS/Program/CBR Index/Team Type	Contract	Contract Number Managers	Slots	<u>U</u> Beds S	Units of Service	Total Gross Expenses	Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized Value
11620 - Community Living Assn Program	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	\$0	\$35,315	\$0
01 NO_SUBCODE	Albany	0.00	00.00	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	6	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$0	\$0	\$0
Totals For FS 078	•	0.00	0.00	6	3,285	\$205,729	\$0	\$0	\$93,525	\$0	\$112,204	\$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	80	\$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
0																
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	80
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	1	0.00	0.00	0	0	\$69,383	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,383	\$0

NEW Office of Stare Mental Health

Aid to Localities Financial System

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	Annualized Value		\$0	\$0	\$0	\$0	0\$	\$0	0\$
	Total A		\$3,492	\$3,757	\$7,249	\$7,464	\$7,833	\$15,297	\$409,268
	One Time Adjustment		\$0	\$0	\$0	\$	\$0	\$0	0\$
	Non Funded		80	\$0	\$0	80	\$0	\$0	\$0
Carry	Over Revenue		0\$	0\$	0\$	0\$	\$0	\$0	\$0
	Other Revenue		\$0	\$0 \$	\$0	\$	\$0	0\$	\$112,204
	Medicaid		\$0	\$0	\$0	\$0	\$0	0\$	\$0
	SSI N		\$0	\$0	\$0	\$	\$0	0\$	\$93,525
	/oluntary Share		\$0	\$0	\$0	0\$	\$0\$	\$0	0\$
	LGU Share		\$0	\$0	\$0	\$	\$0	0\$	0\$
	Total Gross Expenses		\$3,492	\$3,757	\$7,249	\$7,464	\$7,833	\$15,297	\$614,997
	Units of Service		0	0	0	0	0	0	3,285
	Beds		0	0	0	0	. 0	0	6
	Slots		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Contract Number Managers Slots		0.00	0.00 0.00	0.00	0.00	0.00	0.00	0.00
Local	Contract	ram	Albany	Albany		nents i Albany	Albany	7	
	Provider FS/Program/CBR Index/Team Type	11620 - Community Living Assn Program 965 - Funding Reduction/COLA	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements 1760 - Advocacy/Support Services 04 NO_SUBCODE Alb	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965S	Totals For 11620 - Community Living Assn Program

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Provider E5/Program/CBR Index/Team Type 42100 - Community Maternity Services 034K - C&F Case Management		Local Contract Number Managers Slots	Slots	Beds S	Units of Service	Units of Total Gross Service Expenses	Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	<u>Medicaid</u> <u>Amount</u>	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> <u>State Aid</u>	Annualized <u>Value</u>
2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	lination Man Albany	ion Managers Albany 0.00	0.00	. 0	0	\$17,093	\$0	\$0	\$0	\$0	0\$	\$0	\$0	\$0	\$17,093	_
Totals For FS 034K		0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	0\$	\$0	0\$	0\$	\$17,093	
200 - Com. Reinvestment 0650 - Respite Services 00 NO_SUBCODE	Albany	Albany 0.00 0.00 0	0.00	0	0	\$100,350	0\$	0\$	0\$	0\$	0\$	9	0\$	\$	\$100,350	_
Totals For FS 200	*	0.00	00.0	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	 _
965 - Funding Reduction/COLA 0650 - Respite Services 00 NO_SUBCODE	Albany		0.00 0.00	0	0	699\$	8	0\$	0\$	0\$	0\$	\$0	0\$	0\$	699\$	~
Totals For FS 965		0.00	0.00 0.00	0	0	699\$	\$0	\$0	\$0	0\$	\$0	\$0	0\$	0\$	699\$	
Totals For 42100 - Community Maternity Services		0.00	0.00	0	0	\$118,112	0\$	0\$	0\$	0\$	0\$	\$0	\$0	80	\$118,112	۱.

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Annualized <u>Value</u>		\$0	\$
<u>Total</u> State Aid		\$6,363	\$15,156
One Time Adjustment		\$0	***************************************
Non Funded		\$0	\$0
Carry Over Revenue		\$0	\$0
Other Revenue		\$0	\$0
<u>Medicaid</u> <u>Amount</u>		0\$	\$0
SSI Amount		\$0	0\$
Voluntary Share		80	\$0
LGU Share		\$	\$0
<u> Cotal Gross</u> <u>Expenses</u>		\$6,363	\$15,156
Units of Total Gross Service Expenses		0	0
Beds		0	0
s Slots		0.00	0.00
Managers Slots		00:00	0.00
Local Contract Number	luc	Albany 0:00 0:00	Albany 0.00 0.00 0
Provider FS/Program/CBR Index/Team Type	35350 - Counseling Care and Services, Inc 200 - Com. Reinvestment	0690 - Outreach 01 NO_SUBCODE	1760 - Advocacy/Support Services 02 NO_SUBCODE

Alli (cook loo billo date dillo - occor	2															
200 - Com. Reinvestment																
0690 - Outreach																
01 NO_SUBCODE /	Albany	00:00	0.00 0.00 0	0	9\$ 0	\$6,363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,363	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE A	Albany 0.00 0.00 0	0.00	0.00	0	0 \$15,	\$15,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,156	\$0
Totals For FS 200		0.00	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 A	Albany	0.00	0.00 0.00	0	0	\$102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102	\$0
1760 - Advocacy/Support Services																
02 NO_SUBCODE A	Albany 0.00 0.00 0	0.00	0.00	0	0	\$261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$261	\$0
Totals For FS 965	l	0.00	0.00 0.00 0	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 0.00 0	0	0	\$21,882	\$0	\$0	0\$	0\$	\$0	0\$	0\$	0\$	\$21,882	\$0

YORK Office of STATE Mental Health

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Annualized <u>Value</u>	0\$	\$0	0\$	\$0	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0
Total State Aid	\$10,130	\$10,130	\$68,096	\$68,096	\$123,607	\$123,607	\$43,262	\$25,671	\$82,688	\$10,266	\$123	\$26,451	\$188,461
One Time Adjustment	0\$	\$0	\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0
Non Funded	9	\$0	\$0	\$0	80	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0
Carry Over Revenue	9	\$0	\$0	0\$	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0
Other Revenue	0\$	\$0	\$	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$0	\$0	\$19,021
<u>Medicaid</u> <u>Amount</u>	80	\$0	. 0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0\$
SSI Amount	0\$	\$0	\$	\$0	0\$	\$0	8	\$0	\$0	\$0	\$0	\$0	0\$
Voluntary Share	0\$	\$0	\$	\$0	0\$	0\$	0\$	\$0	\$0	\$0	\$0	\$0	0\$
LGU Share	0\$	\$0	0\$	\$0	9	\$0	9	\$0	\$0	\$0	\$	\$	0\$
Total Gross Expenses	\$10,130	\$10,130	\$68,096	\$68,096	\$123,607	\$123,607	\$62,283	\$25,671	\$82,688	\$10,266	\$123	\$26,451	\$207,482
Units of Service	0	0	0	0	0	0	0	0	0	. 0	0	0	0
Beds	0	0	0	0	5	12	0	0	0	0	0	0	0
Slots	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Managers	0.00	0.00	eatment 0.00	0.00	0.00	0.00	00.00	0.00	0.00	yement 0.00	Dollars 0.00	0.00	0.00
Local Contract Number	s Albany	•	Clinical Tre Albany	i	Albany	•	Albany	Albany	Albany	Care Mana g Albany	nent Service Albany	Albany	
Provider FS/Program/CBR Index/Team Type	14510 - Equinox, Inc. 014 - Community Support Services 1760 - Advocacy/Support Services 01 NO_SUBCODE	Totals For FS 014	037P - PROS State Aid 6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	Totals For FS 037P	078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	Totals For FS 078	200 - Com. Reinvestment 0380 - Transitional Employment 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	02 NO_SUBCODE	2620 - Health Home Non-Medicaid Care Management 01 NO_SUBCODE Albany 0.00	2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	6070 - Congregate/Treatment 04 NO_SUBCODE	Totals For FS 200

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Provider FS/Program/CBR Index/Team Type	Local Contract Number	Local Contract Number Managers Slots		Beds	Units of Service	Total Gross Expenses	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized <u>Value</u>
14510 - Equinox, Inc. 400 - Commissioner's Perf.													·			
1760 - Advocacy/Support Services 01 NO_SUBCODE	Albany	0.00	0.00	0	0	841,017	\$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 Management 01 NO_SUBCODE Albany 10.00	Care Mana Albany	are Management Albany 10.00 200.00	200.00	0	0	\$719,475	\$0	\$0	\$0	\$478,880	80	\$	80	0\$	\$240,595	\$0
2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	ent Service Albany	e Dollars 0.00	0.00	0	0	\$40,000	0\$	80	0\$	\$0	80	0\$	0\$	0\$	\$40,000	\$0
2850 - Health Home Care Management Service Dollar Administration	ent Service	e Dollar /	Adminis	tration	c	433 350	€	¥	Ğ	6	¥	₩	G	e H	¢32 350	V
Totals For FS 570	l finalis		10.00 200.00	,	0	\$792.825	0\$	0\$	0\$	\$478.880	0\$	OS	0\$		169	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\$	\$1,591	\$0
1760 - Advocacy/Support Services	Albany	00	00	c	c	81 976	€	Ç	V	Ç	÷	¥	V	₩	\$1 976	6
01 NO SUBCODE	Albany	0.00	0.00	0	0	\$555	98	9. 8	0\$) \$	\$0	9 08	\$0			0\$
Totals For FS 965		0.00	0.00	0	0	\$4,122	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	*	\$
965S - Personnel Services Enhancements	ents									•						

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Albany

NO_SUBCODE

1760 - Advocacy/Support Services

80 \$0

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\$761,249

\$0

\$19,021

\$478,880

\$0 \$0 \$

0 \$1,259,150

12

200.00

10.00

Totals For 14510 - Equinox, Inc.

Totals For FS 965S

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<u>Nalue</u>			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
			\$47,972	\$124,253	\$172,225	\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34,245
			\$0	\$0	\$0	\$0	0\$	0\$	\$0	\$	\$0	\$0	\$0		\$0	0\$
Non Funded			\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$	\$0	\$0	\$0		\$0	\$0
Over Revenue			\$0	\$0	\$0	\$0	\$0	0\$	\$0	\$	\$0	0\$	\$0		\$0	\$0
Other Revenue			\$0	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Medicaid			\$0	\$0	\$0	0\$	\$0	\$0	\$0	0\$	\$0	80	\$0		\$0	\$0
SSI Amount			\$0	\$0	\$0	0\$	\$0	\$	\$0	0\$	\$0	\$0	\$0			\$0
Voluntary Share			\$0	\$0	\$0	0\$	\$0	\$	\$0	\$	\$0	\$0	0\$		\$0	\$
Share			\$0	\$0	\$0	08	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
otal Gross Expenses			\$47,972	\$124,253	\$172,225	\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34,245
Units of Service			1,530	4,970	6,500	0	0	107	107	846	930	929	2,352		768	292
Beds			0	0	0		0	56	26	0	0	0	0		0	0
Slots			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
		nagers	0.00	0.00	0.00	00.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		00.00	0.00
Contract	Society	ر ، nation Maı	Albany	Albany		ollitation loyment Albany	•	Albany		Albany	Albany	s Albany			Albany	
rovide <u>r</u> <u>FS/Program/CBR Index/Team Type</u>	7630 - Homeless and Travelers Aid	2720 - Non-Medicaid Care Coordii	02 NO_SUBCODE	01 NO_SUBCODE	Totals For FS 034J	039Q - Innovative Psychiatric Rehab 1380 - Assisted Competitive Empl 01 NO SUBCODE	Totals For FS 039Q	078 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	Totals For FS 078	200 - Com. Reinvestment 0670 - Transportation 01 NO_SUBCODE	0690 - Outreach 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA 6060 - Supported Housing	02 NO_SUBCODE	Totals For FS 300
	Units of Total Gross LGU Voluntary SSI Medicaid Other Over Non One Lime Lotal Art Service Expenses Share Share Amount Amount Revenue Revenue Funded Adjustment State Aid	Contract Contract Units of Total Gross LGU Voluntary SSI Medicaid Other Over Non Une lime lotal Total Gross Managers Slots Beds Service Expenses Share Amount Amount Revenue Revenue Funded Adjustment State Aid Homeless and Travelers Aid Society	ract <u>Units of Total Gross LGU Voluntary SSI Medicaid Other Over Non One lime lotal</u> ber Managers Slots <u>Beds Service Expenses Share Share Amount Amount Revenue Revenue Funded Adjustment State Aid</u> Managers	Units of Total Gross	Units of Total Gross LGU Voluntary SSI Medicald Other Over Non One lime Lotal Annualize An	Name Units of Total Gross LGU Voluntary SSI Medicaid Other Over Non One Inme Index Adjustment State Aid Adjustment State Aid Value Amount Amount Amount Revenue Revenue Revenue Funded Adjustment State Aid Value Amount Amount Amount Revenue Revenue Revenue Revenue Adjustment State Aid Value Amount Amount Amount Amount Revenue Revenue Revenue Adjustment State Aid Value Amount Amount Amount Revenue Revenue Adjustment State Aid Value Amount Amount Amount Revenue Revenue Revenue Adjustment State Aid Value Amount Amount Amount Revenue Revenue Adjustment State Aid Value Amount Amount Amount Amount Revenue Revenue Adjustment State Aid Value Value Adjustment State Aid Value Value Value Adjustment State Aid Value Value Value Value Adjustment State Aid Value Value	Managers Slots Beds Service Expenses LGU Voluntary SSI Medicaid Other Ot	Light Ligh	Lange Lang	Lange Lang	Manager Sint Service Expenses Share Share	Lange Lang	Managers Managers	Manageria Mana	Managers Juris et Loral Gross Loral	

New 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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Annualized	Value				0 \$		\$0	\$0	\$0
Total /	State Aid				\$249		\$555	\$804	\$440,727
One Time	djustment				\$0		\$0	\$0	0\$
Non	Funded A				\$0		\$0	0\$	0\$
Carry	Revenue				\$0		\$0	\$0	\$0
Other	Revenue				\$0		\$0	\$0	\$0
	Amount				\$0		\$0	\$0	0\$
SS	Amount				\$0		\$0	\$0	\$0
/oluntarv	J				\$0		\$0	0\$	\$0
n91	Share				\$0		\$0	\$0	\$0
Units of Total Gross	Expenses				\$249		\$555	\$804	\$440,727
Units of	Service				0		0	0	9,727 \$44
	Beds				0		0	0	26
	Slots				0.00		0.00	0.00	0.00
	Number Managers Slots				0.00 0.00		Albany 0.00 0.00 0	0.00 0.00 0	0.00 0.00 26
Local	Number	ociety			Albany	oyment	Albany	•	"
Provider	FS/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society	965 - Funding Reduction/COLA	0690 - Outreach	01 NO_SUBCODE Albany	1380 - Assisted Competitive Employment	01 NO_SUBCODE	Totals For FS 965	Totals For 17630 - Homeless and Travelers Aid Society

NEW Office of YORK Mental Health Aid to Localities Financial System

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Dravidor	Local	•		Ξ	I laite of	Total Groce	-	Voluntary	193	Madicaid	, the	Carry	Š	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds S		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
27100 - Mental Health Empowerment Project, Inc. 200 - Com. Reinvestment	Project, Inc	,;														
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	\$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 \$	8	\$51,316	O \$
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	9	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\$	80	\$0	\$	\$0	9	\$	\$2,361	0\$
Totals For FS 965	•	00.0	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$	0\$	\$2,361	0\$
965S - Personnel Services Enhancements 1760 - Advocacy/Sunnort Services	ents															
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	1	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.	ıí	0.00	0.00	0	0	\$111,443	0\$	\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$111,443	0\$

NEW Office of STATE Mental Health Aid to Localities Financial System

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	Local						į		č	1	, 1, 1,	Carry	2	Z	Loto	Application
<u>rovider</u> FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds	Service	Expenses	Share	Voluntary Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
40400 - Parsons Child & Family Center																
001A - Local Assistance																
0200 - Day Treatment 00 NO_SUBCODE	Albany	0.00	0.00	0	12,186	\$879,140	\$	\$0	\$0	\$879,140	\$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	80	0\$
		0.00	0.00	0	20,826	\$1,763,419	\$0	\$0	\$0	\$0 \$1,668,003	\$95,416	\$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 Health	Albany	0	0	c	7 00 0	472 846	Ş	e e	€	6	Ğ	¥		Ç#	\$73 846	Ç.
NO SUBCODE	Albany	00:0	00.0	o` c	2.007	473,846 473,846	\$ ₩	\$ ₩	₩ ₩	\$	Q €	0\$	Q €	•	\$73.846	OSF
1	, and any		9	>	7,00)) •	}	•	2	>))) })	
1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.0	s (Childre Albany	an and Far 0.00	0.00	0	0	\$3,740	\$0	\$0	8	\$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	80	\$0	\$31,132	\$0
	•	0.00	0.00	0	4,506	\$284,470	\$0	\$0	\$0	\$0	0\$	\$0	\$0	\$	\$284,470	\$
046G - Emergency Services C&F 2680 - Crisis Intervention																
NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0
	•	0.00	0.00	0	0	\$19,136	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0

YORK Office of STATE Mental Health Aid to Localities Financial System

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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> Vo Share	Voluntary Share	SSI Amount	<u>Medicaid</u> Amount	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized Value
40400 - Parsons Child & Family Center																
046L - Community Support Programs-C&F	S-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	\$4,589	0\$
0690 - Outreach	Albany	000	0	c		800 08\$	¥	€	₩	6		€	¥	₩	\$60.208	<i>\\</i>
	included in	3 :	; ; ;			0,000	>	2	?	?	€	2	•	}	,,,,,,) }
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE Albany 0.00 0.00	Services - Albany	Children 0.00	& Famil 0.00	≥ °	471	\$94,496	80	\$0	·0\$	\$0	\$0	\$0	\$0	\$0	\$94,496	8
1510 - School- based Mental Health		;	;			:		;						,		:
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	80	2 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 Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.01	es (Childre Albany	on and Far 0.00	nily) 0.00	0	1,644	\$82,049	0\$	\$0	\$0	\$0	\$0	80	\$0	\$0	\$82,049	\$
1760 - Advocacy/Support Services 00 NO_SUBCODE	Albany	00.00	0.00	0	247	\$39,629	\$0	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$39,629	0\$
2990 - Coordinated Childrens Service Initiative	ice Initiativ Albany	/e 0.00	0.00	0	2,629	\$77.223	\$0	\$0	\$0	\$0	\$0	80	80	\$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	\$
090 - Non Funded																
1080 - Residential Treatment Facility - Children & Youth 00 NO_SUBCODE Albany 0.00	ty - Childre Albany	en & Yout 0.00	h 0.00	. 0	7,359	\$2,902,778	\$0	\$0	\$ 0\$	\$0 \$2,902,778	\$0	\$0	\$0	\$0	\$0	0\$
Totals For FS 090	1	0.00	0.00	0	7,359	\$2,902,778	\$0	0\$	\$ 0\$	\$0 \$2,902,778	\$0	0\$	\$0	\$0	\$0	\$0

YORK STATE Mental Health

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

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<u>Annualized</u> <u>Value</u>		\$0	0\$	0\$	\$0	\$0	\$0	\$0	\$0	0\$	\$0	0\$
Total Ar		\$289	\$480	\$1,727	\$1,707	\$1,707	\$896	\$1,195	\$2,623	\$202	\$10,826	\$866,911
One Time Adjustment		\$0	\$0	0\$	\$	\$0	\$	\$0	\$0	\$0	0\$	0\$
Non		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	80	0\$	0\$
Carry Over Revenue		\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0	\$0	0\$	0\$
Other Revenue		\$0	\$0	\$	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$95,416
Medicaid Amount		\$0	\$0	8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 \$4,570,781 \$95,416
SSI Amount		\$0	\$0	\$0	\$0	\$0	\$	\$0	\$0	\$0	0\$	7\$ 0\$
Voluntary Share		\$0	\$0	0\$	\$	\$0	\$	\$	\$0	\$0	0\$	\$0
LGU V		\$0	\$0	0\$	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$0
otal Gross Expenses		\$289	\$480	\$1,727	\$1,707	\$1,707	\$896	\$1,195	\$2,623	\$202	\$10,826	5,533,108
Units of Total Gross Service Expenses		0	0	0	0	0	0	0	0	0	0	38,083 \$5,533,108
Beds		0	0	بَ	0	0	0	0	0	0	0	0
Slots		0.00	0.00	& Fam 0.00	0.00	0.00	nily) 0.00	0.00	00.00	00.00	0.00	0.00
Local Contract Number Managers Slots		0.00	0.00	- Children	0.00	0.00	en and Far 0.00	00.00	0.00	/e 0.00	0.00	0.00
Local Contract Number	Ŀ	Albany	Albany	Services ·	h Albany	Albany	es (Childre Albany	, Albany	Albany	i ce Initiativ Albany	•	"
<u>Provider</u> FS/Program/CBR Index/Team Type	40400 - Parsons Child & Family Center 965 - Funding Reduction/COLA	0610 - Recreation 00 NO_SUBCODE	0690 - Outreach	1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE Albany 0.00 0.00	1510 - School- based Mental Health	01 NO_SUBCODE	1650 - Family Peer Support Services (Children and Family) 00 NO_SUBCODE Albany 0.00 0.00	1760 - Advocacy/Support Services 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	2990 - Coordinated Childrens Service Initiative	Totals For FS 965	Totals For 40400 - Parsons Child & Family Center

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	Local			-	I pite of			Vacture	133	hicology	io4	Carry	Z C	One Time	Total	Annualized
ES/Program/CBR Index/Team Type	Number	Managers	Slots	Beds		Expenses Sh	Share		Amount	Amount	Revenue	Revenue	Funded	Adjustment	ы	Value
14370 - Rehabilitation Support Svcs, Inc	Inc			,		٠.										
001A - Local Assistance																
2100 - Clinic Treatment																
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 001A	•	0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$	\$	\$0	0\$
014 - Community Support Services																
0670 - Transportation																
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 - Comprehensive PROS with Clinical Treatment	Clinical Tr	eatment														
01 NO_SUBCODE	Albany		145.00	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 Housing																
6060 - Supported Housing																
42 NO_SUBCODE	Albany	0.00	0.00	7	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,709	\$0
44 NO_SUBCODE	Albany	00.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
12 NO_SUBCODE	Albany	00.00	0.00	&	173	\$266,419	\$0	\$0	\$0	\$	\$0	\$0	\$0	\$0	\$266,419	\$0
29 NO_SUBCODE	Albany	00.00	0.00	42	206	\$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	က	92	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,509	\$0
28 NO_SUBCODE	Albany	0.00	0.00	=	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	1	0.00	0.00	239	5,532 \$	\$2,539,282	\$0	\$0	\$0	0\$	\$0	\$0	\$0	\$0	\$0 \$2,539,282	\$

New Office of STATE Mental Health Aid to Localities Financial System

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Provider	Contract			_	. Juits of	Total Gross	16	Voluntary	155	Medicaid	Other	Carry	· NoN	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	S	Value
14370 - Rehabilitation Support Svcs, Inc	ınc															
142A - Expanded Community Support Adult	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	80
1230 - Flexible Recipient Service Dollars	Oollars															
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	•	00.00	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	00.00	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	80
6060 - Supported Housing	Albany	000	00.0	0	C	\$153.042	80	\$0	90	\$0	\$0	\$0	80	. \$	\$163,042	\$0
6070 - Congregate/Treatment				,	•	!	}			:						
24 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	\$0	\$0	\$0	\$0	80	\$0	\$0	\$0	\$38,002	\$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 - Workforce RIV	ce RIV															
6060 - Supported Housing) in the second	ć		c	c	047	e e	é	6	g	¥	¥	₩	€	\$61.847	€
	Albally	0.00	0.00	,	>	40.1.0¢	9	O	P	2	9	9	9		ı	3
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	9	0\$	0\$	\$0	\$0	80	0\$	\$14,909	8
	,							-								1
lotals For FS 300		0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	0\$ *	20	2	\$14,909	9

New Office of 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 PIN

Print Date : 10/1/2020 10:59:08 NO Printed By: | palmeg Page : Page 23 of 27

YORK YORK STATE Mental Health Aid to Localities Financial System

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

Print Date: 10/1/2020 10:59:08, CD Printed By: Ipalmeg Page: Page 24 of 27

<u>Provider</u> ES/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	<u>Medicaid</u> <u>Amount</u>	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
14350 - St. Anne Institute 001A - Local Assistance																
1510 - School- based Mental Health	th Albany	0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$65,571	80
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	Services	- Children	& Famil	<u>~</u>												
(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		00.00	0.00	0	1,708	\$65,245	\$0	0\$	\$0	0\$	\$0	0\$	0\$	\$0	\$65,245	\$0
046L - Community Support Programs-C&F	s-C&F															
1320 - Vocational and Educational Services - Children & Family	Services	· Children	& Famil	<u>~</u>							•			4		
00 NO_SUBCODE	Albany	0.00	00:00	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 & Family	Services -	Children	& Famil													
(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	_ _															
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	•	00.0	0.00	0	0	\$3,622	\$0	\$0	\$0	\$0	\$0	\$0	0\$	\$0	\$3,622	0\$
965S - Personnel Services Enhancements	nents															
1320 - Vocational and Educational Services - Children & Family	Services -	Children	& Family	>												
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	И	0.00	0.00	0	4,855	\$222,909	\$0	\$65,571	0\$	0\$	0\$	0\$	\$0	\$0	\$157,338	\$0

NEW Office of 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. (C)
Printed By: |palmeg
Page: Page 25 of 27

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

New Office of STATE Mental Health Aid to Localities Financial System

County Allocation Tracker Detail Report

Print Date : 10/1/2020 10:59:08 C

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

YORK Office of 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 (C)
Printed By: |palmeg
Page : Page 27 of 27

Annualized Value		0\$	0\$	\$	\$0	\$0	\$0	0\$	\$0
Total A		\$1,032	\$693	\$642	\$2,367	\$3,429	\$3,429	\$353,977	\$0\$10,171,630
One Time Adjustment		\$0	\$0	\$0	\$0	\$0	0\$	0\$	\$0\$
Non		\$0	\$0	0\$	\$0	, 0\$	\$0	\$0	0\$
Carry Over Revenue		\$0	\$0	\$0	\$0	0\$	\$0	0\$	0\$
Other Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$100	\$234,741
Medicaid Amount		\$0	\$0	\$0	\$0	\$	\$0	\$650,000	\$93,525 \$8,075,773 \$234,741
SSI I		S	\$0	\$0	\$0	0\$	\$0	0\$	\$93,525 \$
Voluntary Share		\$	\$0	\$0	\$0	\$0	0\$	\$55,413	\$120,984
Share		80	\$0	\$0	\$0	0\$	\$0	\$0	\$501,852 \$120,984
Total Gross Expenses		\$1,032	\$693	\$642	\$2,367	\$3,429	\$3,429	1,059,490	9,198,505
Units of Service		Ó	0	0	0	0	0	24,897 \$1,059,490	16.00 360.00 296 105,534 \$19,198,505
Beds		٥ ح	0	0	0	. 0	0	0	296
Slots		& Fami 0.00	00.00	0.00	0.00	0.00	0.00	0.00	360.00
Managers Slots Beds		Children 0.00	0.00	0.00	0.00	0.00 0.00 0	0.00	00.00	16.00
Local Contract Number		l Services	Albany	tel Albany		nents Iel Albany	•		"
Provider ES/Program/CBR Index/Team Type	40240 - The Workshop, Inc. 965 - Funding Reduction/COLA	1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO_SUBCODE Albany 0.00 0.00	5340 - Supported Education 00 NO_SUBCODE	6140 - Transformed Business Model	Totals For FS 965	965S - Personnel Services Enhancements 6140 - Transformed Business Model 00 NO_SUBCODE Alb	Totals For FS 965S	Totals For 40240 - The Workshop, Inc.	Report Totals

RESOLUTION NO. 415

AUTHORIZING AN AGREEMENT WITH ST. ANNE INSTITUTE REGARDING DAY TREATMENT AND VOCATIONAL SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with St. Anne Institute regarding the provision of day treatment and vocational services for children with mental illness and emotional disturbance in the amount of \$165,778 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Mental Health, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with St. Anne Institute, Albany, NY 12206 regarding the provision of day treatment and vocational services for children with mental illness and emotional disturbance in an amount not to exceed \$165,778 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 Trinity Alliance 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 Trinity Alliance through Albany County Department of Mental Health in the amount of \$396,269. 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-1942, Version: 1		
REQUEST FOR LEGISLATIVE	ACTION	
Description (e.g., Contract Aut Contract Authorization for Trinity	horization for Information Services): Alliance	
Date:	September 30, 2020	
Submitted By:	Mark Gleason	
Department:	Mental Health	
Title:	Operations Manager	
Phone:	518-447-3014	
Department Rep.		
Attending Meeting:	Dr. Stephen Giordano, Ph.D.	
Purpose of Request:		
 □ Adopting of Local Law □ Amendment of Prior Legislatio □ Approval/Adoption of Plan/Pro □ Bond Approval □ Budget Amendment ☒ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 		
· · · · · · · · · · · · · · · · · · ·		
CONCERNING BUDGET AMEN	<u>DMENTS</u>	
Increase/decrease category (cl ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	noose all that apply):	

File #: TMP-1942, 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)	Pass through of NYS OASAS State Aid
Contract Terms/Conditions:	
Party (Name/address): Trinity Alliance 15 Trinity Place Albany,	NY 12202
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: chemical dependencies.	\$396,269 Provides intensive residential services 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-1942, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486 Revenue Amount: \$396,269

Appropriation Account and Line: A94230.44422
Appropriation Amount: \$396,269

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: 12months

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: 489

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 Trinity Alliance 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 Trinity Alliance through Albany County Department of Mental Health in the amount of \$396,269, 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.

SBRRPALB100 07/03/2020 10:32

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

	7								
				Apı	Approved Budge	Budgeted Amounts			
Agency NumberName	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	nded Funding (Net Code/Source	One- Approved time State Aid	Local Share	Non- Restr.
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	013S	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	0138	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

County: Albany (1)

Region: Hudson

Fiscal Year: 2020

ar : 2020

As of: 07/03/2020

					Ap	Approved Budgeted Amounts	ted Amounts			
Agency NumberName	Init Code	Program Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	ded Funding One- Net Code/Source time	ie- Approved ie State Aid	Local Share	Non- Restr.
35090	\$	0810 00 52994	20,000	0	20,000	20,000	013S	20,000	0	0
Addictions Care Center		0810 01 52256	76,886	0	76,886	76,886	013F	76,886	0	0
of Albany, Inc.		0850 00 53037	103,076	0	103,076	103,076	013S	103,076	0	0
	12	3600 00 53212	1,321,721	710,000	611,721	611,721	013S	611,721	0	0
	12	3600 03 53459	1,685,492	1,225,565	459,927	459,927	013F	459,927	0	0
	င္ပ	4075 00 53090	101,117	0	101,117	101,117	0138	101,117	0	0
	Я	4080 00 53384	159,767	0	159,767	159,767	013S	159,767	0	0
	JB	4778 00	50,000	0	50,000	50,000	0138 0		0	0
		5520 00 90051	235,697	0	235,697	235,697	013F	235,697	0	0
		Agency 35090 Total:	3,753,756	1,935,565	1,818,191	1,818,191	All	1,818,191	0	0
35240		5520 00 90052	162,027	29,749	132,278	132,278	013F	132,278	0	0
Albany-Schoharie-Schdy	y	5550 00 90868	78,285	63,785	14,500	14,500	0138	14,500	0	0
Saratoga BOCES		Agency 35240 Total:	240,312	93,534	146,778	146,778	All	146,778	0	0
35300		3078 00 52258	52,711	0	52,711	52,711	013S	52,711	0	0
Hope House, Inc.		3470 00 53381	68,136	0	68,136	68,136	013S	68,136	0	0
	~	3551 00 5001	1,778,497	1,433,947	344,550	344,550	013F	344,550	0	0
		3560 01 53380	790,173	264,003	526,170	526,170	013F	526,170	0	0
	ס	3570 00 51834	1,254,344	413,352	840,992	840,992			0	0
							013F O		,	. 0
	3	3	1 10 201 1	200	405 000		Program:		0	0
	23		1,767,214	1,281,846	485,368	485,368	013F	485,368	0	0
	23	3600 01 53471	1,227,138	620,627	606,511	606,511	013S 013S 0	729,465 -122,954	0	0 0
							Program:		0	0
		Agency 35300 Total:	6.938.213	4.013.775	2 924 438	2 924 438		2 024 420	0	0

County: Albany (1)

Region: Hudson

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	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	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	3078 01 52261	71,901	22,613	49,288	49,288	0138		49,288	0	0	
St. Peter's Hospital of the	e 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

As of: 07/03/2020

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

Approved LGU Funding: County Albany (1) Summary - All Agencies: Agency Number/Name Less Direct Contracts/DASNY: Init Program
Code Code/Index PRU Direct 17,118,229 17,118,229 Gross 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- Restr.

Signature Date

RESOLUTION NO. 416

AUTHORIZING AN AGREEMENT WITH TRINITY ALLIANCE OF THE CAPITAL REGION, INC. REGARDING INTENSIVE RESIDENTIAL TREATMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Trinity Alliance of the Capital Region, Inc. regarding the provision of intensive residential adult treatment for individuals with chemical dependencies in the amount of \$396,269 for a term commencing January 1, 2021 and ending December 31, 20201, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Addiction Services and Supports, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Trinity Alliance of the Capital Region, Inc., Albany, NY 12202 regarding the provision of intensive residential adult treatment for individuals with chemical dependencies in an amount not to exceed \$396,269 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 Albany County Department for Children, Youth and Families (DCYF) for the provision of clinic, health home and Single Point of Access (SPOA) services to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to DCYF through Albany County Department of Mental Health in the amount of \$308,007. 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-1952, Version: 1	
REQUEST FOR LEGISLATIVE ACTI	ON
Description (e.g., Contract Authoriz Contract Authorization with Albany Co	zation for Information Services): bunty Department for Children, Youth and Families
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/Procedu □ 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 AMENDME	<u>ENTS</u>
Increase/decrease category (choos ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	e all that apply):

File #: TMP-1952, 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 Lightlity	or tap to enter a date.
☐ Release of Liability☑ Other: (state if not listed)	Pass through of NYS OMH State Aid
Contract Terms/Conditions:	
Party (Name/address): Albany County Department for Children	n, Youth and Families (DCYF)
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: families suffering from mental illness.	\$308,007 Provides clinic, health home and SPOA services to children and their
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-1952, Version: 1

County Budget Accounts:

Revenue Account and Line: A94322.03490 and A44322.04490

Revenue Amount: \$308,007

Appropriation Account and Line: A94322.44432
Appropriation Amount: \$308,007

Source of Funding - (Percentages)

Federal: 11% State: 89%

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 \square No \boxtimes

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 490

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 Albany County Department for Children, Youth and Families (DCYF) for the provision of clinic, health home and Single Point of Access (SPOA) services to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to DCYF through Albany County Department of Mental Health in the amount of \$308,007. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

NEW Office of YORK Mental Health Aid to Localities Financial System

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

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Page: Page 1 of 27

0014 - Local Assistance 2100 - Clinic Treatment Totals For FS 0014 Provider Contract E5/Program/CBR Index/Team Type Number IN 43660 - Albany County Department for Children, Y	Local Contract Number Children,	Local Contract Number Managers Slots shildren, Y	Slots	Beds S	Units of Service	Total Gross Expenses	LGU N	Voluntary <u>Share</u>	SSI Amount	<u>Medicaid</u> <u>Amount</u>	Other Revenue	<u>Carry</u> <u>Over</u> <u>Revenue</u>	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>	
any 0.00 0.00 0 \$199,304 \$19,652 \$0 \$0 \$180,000 \$0 \$199,304 \$19,652 \$0 \$0 \$0 \$0 \$199,304 \$19,652 \$0	CODE	Albany		0.00	0	0	\$199,304	\$19,652	0\$	0\$	\$160,000	9		\$		\$19,652	9
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TOUG 0.00 <th< td=""><td>F ess (SPOA CODE</td><td>\) Albany</td><td>0.00</td><td>0.00</td><td>0</td><td>0</td><td>\$33,052</td><td>. \$0</td><td>0\$</td><td>80</td><td></td><td></td><td></td><td>0\$</td><td></td><td>\$33,052</td><td>0</td></th<>	F ess (SPOA CODE	\) Albany	0.00	0.00	0	0	\$33,052	. \$0	0\$	80				0\$		\$33,052	0
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any 0.00 0.00 0 0 \$8,845 \$0 \$0 \$0 \$0 \$8,845			0.00	0.00	0	0	\$92,096	0\$	\$0	\$0		\$0	0\$	\$0		\$92,096	\$0
0.00 0.00 <th< td=""><td>Programs-C</td><td>C&F Albany</td><td>0.00</td><td>0.00</td><td>0</td><td>0</td><td>\$8,845</td><td>8</td><td>0\$</td><td>0\$</td><td>a</td><td>0\$</td><td>0\$</td><td>0\$</td><td></td><td>\$8,845</td><td>9</td></th<>	Programs-C	C&F Albany	0.00	0.00	0	0	\$8,845	8	0\$	0\$	a	0\$	0\$	0\$		\$8,845	9
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0.00 0 0 \$35,401 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$35,401		Albany	0.00	0.00	0	0	\$35,401	0\$	\$	\$	0 \$	\$	\$	\$		\$35,401	0\$
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YORK YORK STATE Mental Health

Aid to Localities Financial System

County Allocation Tracker Detail Report

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<u>nnualized</u> <u>Value</u>		\$0	\$0	0\$	\$0	\$0
Annı		ເດ	m		_	2
Total State Aid		\$99,055	\$47,153	\$5,239	\$151,447	\$340,493
One Time Adjustment		\$0	\$0	\$	\$0	\$0
Non O		\$0	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0	0
Carry Over Revenue		-				\$
Other Revenue		\$0	\$0	\$0	\$0	0\$
<u>Medicaid</u> <u>Amount</u>		\$0	\$0	\$0	\$0	\$160,000
21 7		\$0	\$0	\$0	\$0	\$ 0\$
SSI						
Voluntary Share		\$0	\$0	\$0	\$0	0\$
LGU Share		\$0	\$0	\$0	0\$	\$19,652
<u>Fotal Gross</u> <u>Expenses</u>		\$99,055	\$47,153	\$5,239	0 \$151,447	\$520,145
• •		0	0	0	0	0
Units of Service				uo		
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Local Contract Number Managers Slots Beds	Y Iqement	0.00	e Dollar	nt Service Dollar Administrati Albany 0.00 0.00 0	0.00 0.00 0	0.00
Local Contract Number	r Children, gement Care Mana	Albany	nent Servic Albany	nent Servic Albany		"
Provider FS/Program/CBR Index/Team Type	43660 - Albany County Department for Children, Y 570K - Kids Health Home Care Management 2620 - Health Home Non-Medicaid Care Management	00 NO_SUBCODE Albany 0.00 0.00	2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE Albany 0.00 0.00 0	2850 - Health Home Care Management Service Dollar Administration 00 NO_SUBCODE Albany 0.00 0.00 0	Totals For FS 570K	Totals For 43660 - Albany County Department for Children, Y

VORK Office of 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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	Contract				Units of	Total Gross	100	Voluntary	5	Medicaid	Other	Carry	S C	One Time	Total	Annualized
		Managers	Slots	Beds		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
	70520 - Albany County Department of Mental Healt	alt														
													*			
	U) Admi Albany	0890 - Local Governmental Unit (LGU) Administration 00 NO_SUBCODE Albany 0.00	0.00	0	0	\$26,088	3 \$13,044	9	\$	9	\$0	\$0	\$0	\$0	\$13,044	80
◂	1400 - Single Point of Access (SPOA) 00 NO_SUBCODE Albany	0.00	0.00	0	0	\$48,268			\$0		\$		8			0\$
	Albany	0.00	0.00	0	0	\$172,459	\$86,230	\$	\$0	\$0	\$0	\$0	0\$	0\$	\$86,229	\$0
Ħ	2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.0	igers 0.00	0.00	0	0	\$57,585	5 \$28,792	\$0	\$0	\$0	\$0	\$0 \$0	\$0	0\$ 0	\$28,793	\$0
	•	0.00	0.00	0	0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	0\$ (\$152,200	\$0
	Albany	0.00	0.00	0	0	\$103,510	\$0	\$0	\$0	80	\$0	\$0	\$0	\$0	\$103,510	\$0
8	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	\$
-	Albany	0.00	0.00	0	0	\$97,108	\$	\$	\$0	\$0	\$	\$	\$0	0\$	\$97,108	0\$
•	Albany	0.00	0.00	0	0	\$576,878	\$330,000	\$0	\$0	0\$	\$0	\$0	0\$	0\$	\$246,878	0\$
		00.0	0.00	0	0	\$844,519	\$330,000	\$0	\$0	0\$	0\$	\$0	0\$	0\$	\$514,519	0\$

YORK Office of STATE Mental Health Aid to Localities Financial System

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

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Printed By: |palmeg
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0\$ 0\$	\$0	\$0	\$0	\$0	0\$ 0\$	\$0	0\$	\$0	\$0
\$5,533 \$101,296	\$22,156	\$175,839	1,007,580	1,007,580	\$85,555 \$73,381	\$158,936	\$9,240	\$98,948	\$108,188
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\$5,533	\$22,156	\$866,451	\$1,007,580	\$1,007,580	\$85,555	\$158,936	\$9,240	\$98,948	\$108,188
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0.00 agers 0.00	ice Dollars 0.00	00.9	0.00	0.00	00.0	0.00	0.00	0.00	0.00
Albany nation Man	tment-Serv Albany		Albany	•	DA) Albany Albany		5A) Albany	Albany	
00 NO_SUBCODE 2720 - Non-Medicaid Care Coordi 00 NO_SUBCODE	8810 - Assertive Community Trea	otals For FS 034J	39J - Forensics 2100 - Clinic Treatment 00 NO_SUBCODE	otals For FS 039J	139P - Clinical Infrastructure-Adult 1400 - Single Point of Access (SP 00 NO_SUBCODE 01 NO_SUBCODE	otals For FS 039P	41 - CMHS Block Grant Adult 1400 - Single Point of Access (SPO 00 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 041
	Albany 0.00 0.00 0 0 \$5,533 \$0 \$0 \$0 \$0 \$0 \$0 \$5,533 Jination Managers Albany 0.00 0.00 0 0 \$101,296 \$0 \$0 \$0 \$0 \$0 \$101,296	0 0.00 0 0 \$5,533 \$0 \$0 \$0 \$6 \$5.533 \$0 0.00 0 0 \$101,296 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$101,296 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.00 0 \$5,533 \$0 <t< td=""><td>NO_SUBCODE Albany 0.00</td><td>dicated Care Coordination Managers 4 Illustry 6.00 0.00 0.00 \$5,533 \$0</td><td>NO_SUBCODE Albany 0.00 0.00 0.00 5.533 \$0 \$0 \$0 \$0 \$5.533 \$0 \$0 \$0 \$0 \$5.533 \$0</td><td>Albany 0.00 0.00 0.00 0 0 0 \$5,533 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0</td><td> Albany 0.00</td><td> DDE Albany 0.00 </td></t<>	NO_SUBCODE Albany 0.00	dicated Care Coordination Managers 4 Illustry 6.00 0.00 0.00 \$5,533 \$0	NO_SUBCODE Albany 0.00 0.00 0.00 5.533 \$0 \$0 \$0 \$0 \$5.533 \$0 \$0 \$0 \$0 \$5.533 \$0	Albany 0.00 0.00 0.00 0 0 0 \$5,533 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Albany 0.00	DDE Albany 0.00

YORK Office of 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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Porifician	Value			\$0	0\$		\$0	\$0		\$0	\$0	\$0	\$0	\$0	0\$	\$0		\$0	\$0
				\$81,268	\$81,268		\$11,740	\$11,740		\$162,574	\$46,251	\$92,975	\$114,752	\$416,552	\$172,184	\$172,184		\$62,992	\$62,992
F	State Aid															1			ļ
Ë	Adjustment			\$0	\$0		\$0	\$0		\$0	\$0	\$	\$0	\$0	\$	0\$		\$0	\$0
1	Funded			\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	0\$		\$0	0\$
Carry	Revenue			\$0	\$0		0\$	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
	Revenue			\$0	0\$	•	0\$	\$0		\$	\$0	\$0	\$0	\$0	\$0	\$0		\$0	0\$
1	Amount			\$0	\$0		80	\$0		\$0	\$	\$0	\$0	\$0	\$0	\$0		\$0	0\$
	Amount A			\$0	\$0		\$0	\$0		\$0	\$0	\$0	\$0	\$0	0\$	\$0		\$0	\$0
	Share A			\$0	\$0		\$0	\$0		\$0	0\$	\$	\$0	\$0	0\$	\$0		\$0	0\$
	Share Share			\$0	0\$		80	\$0		\$0	\$0\$	0\$	\$0	\$0	0\$	\$0		\$0	0\$
	Expenses			\$81,268	\$81,268		\$11,740	\$11,740		\$162,574	\$46,251	\$92,975	\$114,752	\$416,552	\$172,184	\$172,184		\$62,992	\$62,992
	Service E			0	0		0	0		0	0	0	0	0	. 0	0		. 0	0
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Local	Number Managers	/ental Heal		ices Albany	I		(U) Admin. Albany			: SS Albany	Albany	Albany	Albany	l	Albany			Albany	I
:	FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt	170B - Trans. Mgmt. Kendra's	1970 - Transition Management Services 00 NO_SUBCODE Alb	Totals For FS 170B	170C - MGP Admin Kendra's	0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Totals For FS 170C	200 - Com. Reinvestment	0870 - Monitoring and Evaluation, CSS 00 NO_SUBCODE All	1760 - Advocacy/Support Services 01 NO_SUBCODE	2100 - Clinic Treatment 00 NO_SUBCODE	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 200	300 - Homeless/MICA 2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 300	400 - Commissioner's Perf.	2100 - Clinic Treatment 00 NO_SUBCODE	Totals For FS 400

NEW Office of 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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	<u>Annualized</u> <u>Value</u>				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$0
	Total An State Aid				\$53,119	\$83,040		\$9,228	\$145,387			\$1,107		\$85	\$1,317		\$1,697		\$552		\$5,785	\$10,543	\$0 \$3,017,928
	One Time Adjustment S			;	80	0\$		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$ 0\$
	Non Or Funded Adj			;	\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$0
arry	Over Revenue Fi				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$0
O,	Other Revenue Re				\$	\$0\$		\$0	\$0			\$0		\$	\$0		\$0		\$0		\$0	0\$	0\$
	Medicaid C Amount Re				\$	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	\$690,612
	SSI Me				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	\$0	9\$ 0\$
	Voluntary Share An				\$0	\$0		\$0	\$0			\$0		\$0	0\$		\$0		\$0		\$0	\$0	\$0
	LGU Vo				\$0	\$0		\$0	\$0			\$0		\$0	\$0		\$0		\$0		\$0	0\$	\$482,200
	Total Gross Expenses				\$53,119	\$83,040		\$9,228	\$145,387			\$1,107		\$85	\$1,317		\$1,697		\$552		\$5,785	\$10,543	li
	Units of To				689	0		0	689			0	nly	0	0		0		0		0	0	1,289 \$4,190,740
	Beds				0	0	stration	0	0			0	tment O	0	0		0		0		0	0	0
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	Managers	±		gement	0.00	Dollars 0.00	Dollar,	0.00	0.00			0.00	- OMH F	0.00	0.00		0.00		0.00		0.00	0.00	9.00
Local	Contract Number	Mental Hea		l Care Manae	Albany	nent Service Albany	nent Service	Albany	I			Albany	GU) Admin.	Albany	OA) Albany		Albany	vices	Albany		Albany	1	11
	Provider FS/Program/CBR Index/Team Type	70520 - Albany County Department of Mental Healt	570 - Health Home	2620 - Health Home Non-Medicaid Care Management	00 NO_SUBCODE	2740 - Health Home Care Management Service Dollars 00 NO_SUBCODE Albany 0.00	2850 - Health Home Care Management Service Dollar Administration	00 NO_SUBCODE	Totals For FS 570	965 - Funding Reduction/COLA	0690 - Outreach	00 NO_SUBCODE	0860 - Local Governmental Unit (LGU) Admin OMH Reinvestment Only	00 NO_SUBCODE	1400 - Single Point of Access (SPOA) 01 NO_SUBCODE	1760 - Advocacy/Support Services	01 NO_SUBCODE	1970 - Transition Management Services	00 NO_SUBCODE	2680 - Crisis Intervention	00 NO_SUBCODE	Totals For FS 965	Totals For 70520 - Albany County Department of Mental Healt

NEW Office of STATE Mental Health Aid to Localities Financial System

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	Annualized	Value				0\$	\$0	0\$
	Total	State Aid				\$39,624	\$39,624	\$39,624
	One Time	Adjustment				\$0	0\$	\$0
	Non	Funded				\$0	\$	0\$
Carry	Over	Revenue				\$0	0\$	\$0
	Other	Revenue				\$0	\$0	\$0
	Medicaid	Amount				\$0	\$0	\$0
	SSI	Amount				\$0	\$0	\$
	Voluntary	Share				\$0	0\$	\$0
	ren	Share				\$0	0\$	\$0
	Fotal Gross	Expenses				\$39,624	\$39,624	\$39,624
	Units of	Service Expenses				1,985	1,985	1,985
		Beds				0	0	0
		Slots				0.00	0.00	0.00
		Number Managers Slots Beds			agers	Albany 0.00 0.00 1,985	0.00 0.00	0 000 0000
Local	Contract	Number	fice	۲.	nation Man	Albany	•	
		ex/Team Type	arities Housing Of	Management & AC	2720 - Non-Medicaid Care Coordination Managers	00 NO_SUBCODE		atholic Charities
	Provider	FS/Program/CBR Index/Team Type	25460 - Catholic Charities Housing Office	034J - Adult Case Management & ACT	2720 - Non-Medi	00	Totals For FS 034J	Totals For 25460 - Catholic Charities Housing Office

YORK Office of STATE Mental Health Aid to Localities Financial System

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<u>Annualized</u> <u>Value</u>		\$0	\$0	\$0	\$0	0\$	\$0		\$0	\$0	\$0	\$0			80	\$0	\$0	\$
Ann.		10	0	m		0			_	~	•				_	~	_	
Total State Aid		\$35,315	\$58,859	\$176,868	\$271,042	0\$	\$0		\$28,960	\$4,148	\$13,189	\$46,297			\$24,000	\$30,523	\$14,860	\$69,383
ime ment		\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0			\$0	\$0	\$0	\$0
One Time Adjustment				_														
Non Funded		\$	\$0	\$0	\$0	0\$	0\$		\$0	\$0	\$0	\$0			\$0	\$0	\$0	0\$
Carry Over Revenue		0\$	\$0	\$0	\$0	0\$	\$0		\$0	\$0	\$0	\$0			\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0	,204	,204		\$0	\$0	\$0	\$0			\$0	\$0	\$0	\$0
Other Revenue						\$112,204	\$112,204											
icaid		\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0			\$0	\$0	\$0	\$0
Medicaid Amount		_	_	_														
SSI Amount		\$0	\$0	\$0	0\$	\$93,525	\$93,525		\$0	\$0	\$0	\$0			\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0			\$0	\$0	\$0	\$0
Voluntary Share		0		0		0			_	_	_		•		_			
<u>LGU</u> Share		\$0	\$0	0\$	\$0	\$0	\$0		\$0	\$0	\$0	\$			\$0	\$0	\$0	0\$
		. 21	29	88	42	67	67		9	∞_	ద్ద	2			0	ص	, Q	e
Total Gross Expenses		\$35,315	\$58,859	\$176,868	\$271,042	\$205,729	\$205,729		\$28,960	\$4,148	\$13,189	\$46,297			\$24,000	\$30,523	\$14,860	\$69,383
		0	0	0	0				0	0	, 0	0			0	0	0	0
Units of Service						3,285	3,285											
Beds		. 0	0	0	0	თ	6		0	0	0	0			0	0	0	0
Slots		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00
Managers Slots		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00			0.00	00.00	00.00	0.00
Local Contract Number N		Albany	Albany	Albany		Albany	1		any	any	any				any	any	'n	
	ram		Alb	Alb		Alb			s Albany	Albany	Albany				Albany	Albany	Albany	
eam Type	ing Assn Prog port Services	1760 - Advocacy/Support Services 00 NO_SUBCODE	NO_SUBCODE	nters NO_SUBCODE		using /Support No_SUBCODE		ent	1760 - Advocacy/Support Services 04 NO_SUBCODE	01 NO_SUBCODE	inters NO_SUBCODE		Perf.	1760 - Advocacy/Support Services	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	
<u>ndex/T</u>	ity Liv	acy/Si	ž Š	in Cent	4	d Housi ment/Si 00 NC	82	vestm	: acy/Su 04 NC	N K	in Cente	9	oner's	ıcy/Su	04 NO	02 NC	03 NC	0
<u>Provider</u> FS/Program/CBR Index/Team Typ <u>e</u>	11620 - Community Living Assn Program 014 - Community Support Services	1760 - Advoc (J	1770 - Drop In Centers 00 NO_S	Totals For FS 014	078 - Supported Housing 7080 - Apartment/Support 00 NO_SUB	Totals For FS 078	200 - Com. Reinvestment	1760 - Advoc: 0	J	1770 - Drop in Centers	Totals For FS 200	400 - Commissioner's Perf.	1760 - Advoca	0	0	0	Totals For FS 400
٦١١	~						•					•	•					

NEW Office of STATE Mental Health

Aid to Localities Financial System

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

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	<u>Annualized</u> <u>Value</u>		\$0	\$0	\$0		0\$	0\$	\$0	0\$
	Total A		\$3,492	\$3,757	\$7,249		\$7,464	\$7,833	\$15,297	\$409,268
	One Time Adjustment		\$	\$0	\$0		\$0	\$0	\$0	\$
	Non Funded		\$0	\$0	\$0		\$0	\$0	0\$	\$0
Carry	Over Revenue		0\$	\$0	0\$		\$0	\$0	\$0	0\$
	Other Revenue		\$0	\$0	\$0		\$0	\$0	\$0	\$112,204
	Medicaid		\$0	\$0	\$0		\$0	\$0	\$0	0\$
	SSI Amount		\$0	\$0	\$0		\$0	\$0	0\$	\$93,525
	Voluntary <u>Share</u>		\$0	\$0	\$0		80	\$	\$0	0\$
	LGU Share		\$0	\$0	\$0		\$0	\$0	0\$	0\$
	Total Gross Expenses		\$3,492	\$3,757	\$7,249		\$7,464	\$7,833	\$15,297	\$614,997
	Units of Service		0	0	0		0	0	0	3,285
	Beds		0	0	0		0	. 0	0	6
	Slots		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Contract Number Managers Slots Beds		0.00	0.00 0.00	0.00		0.00	0.00 0.00	00.00	0.00
Local	Contract	ram	s Albany	Albany		nents	Albany	Albany	7	
	<u>Provider</u> FS/Program/CBR Index/Team Type	11620 - Community Living Assn Program 965 - Funding Reduction/COLA	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	1760 - Advocacy/Support Services 04 NO_SUBCODE	1770 - Drop In Centers 00 NO_SUBCODE	Totals For FS 965S	Totals For 11620 - Community Living Assn Program

NEW Office of STATE Mental Health

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Carry Local

												į	1	:
Contract Number Managers Slots Beds	Slots B	Units of Service		Gross	LGU Volt	Voluntary Share A	SSI Amount	Medicaid	Other Revenue	Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized Value
agers														
0.00		0	0	\$17,093	80	\$0	\$0	\$0	\$0	80	\$0			\$0
0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	0\$		\$17,093	\$0
	0.00	0	0	100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$100,350	\$0
0.00	0.00	0	0	3100,350	\$0	0\$	\$0	\$0	\$0	\$0	\$0		\$100,350	\$0
		0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$669	\$0
0.00	1	0	0	699\$	\$0	\$0	\$0	0\$	\$0	0\$	0\$		699\$	\$0
0.00	0.00	0	0	118,112	0\$	\$0	0\$	0\$	0\$	80	0\$		\$118,112	\$0
	4K - C&F Case Management 2720 - Non-Medicaid Care Coordination Managers 00 NO_SUBCODE Albany 0.00 tals For FS 034K 00 O_SUBCODE Albany 0.00 0 - Com. Reinvestment 0650 - Respite Services 00 NO_SUBCODE Albany 0.00 tals For FS 200 00 NO_SUBCODE Albany 0.00 tals For FS 200 00 NO_SUBCODE Albany 0.00 tals For FS 965 00 NO_SUBCODE Albany 0.00	lon Managers Albany 0.00 0.00 Albany 0.00 0.00 Albany 0.00 0.00 Albany 0.00 0.00 0.00 0.00 0.00 0.00	00 0.00 00.00 00.00 00.00 00.00 00.00 00.00	0 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00 0 0 \$1 0 0.00 0 0 \$10 0 0.00 0 0 \$10 0 0.00 0 0 \$10 0 0.00 0 0 \$11 0 0.00 0 0 \$11	10 0.00 0 \$17,093 10 0.00 0 \$17,093 10 0.00 0 \$100,350 0 0.00 0 \$100,350 0 0.00 0 \$400,350 0 0.00 0 \$669 0 0.00 0 \$669 0 0.00 \$118,112	10 0.00 0 \$17,093 \$0 10 0.00 0 \$17,093 \$0 10 0.00 0 \$17,093 \$0 10 0.00 0 \$100,350 \$0 10 0.00 0 \$100,350 \$0 10 0.00 0 \$100,350 \$0 10 0.00 0 \$669 \$0 10 0.00 0 \$669 \$0 10 0.00 0 \$118,112 \$0	10 0.00 0 \$17,093 \$0 \$0 10 0.00 0 \$17,093 \$0 \$0 10 0.00 0 \$100,350 \$0 \$0 0 0.00 0 \$100,350 \$0 \$0 0 0.00 0 \$100,350 \$0 \$0 0 0.00 0 \$100,350 \$0 \$0 0 0.00 0 \$100,350 \$0 \$0 0 0.00 0 \$100,350 \$0 \$0 0 0.00 0 \$669 \$0 \$0 0 0.00 0 \$118,112 \$0 \$0	10 0.00 0 \$17,093 \$0	10 0.00 0 \$17,093 \$0 <	10 0.00 0 \$17,093 \$0 <	10 0.00 0 \$17,093 \$0 <	10 0.00 0 \$17,093 \$0 <	10 0.00 0 \$17,093 \$0 \$0 \$0 \$0 \$0 \$0 \$17,093 \$0

NEW YORK STATE Mental Health

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	Annualized Value				\$0		\$0	\$0			\$0		\$0	\$0	0\$	
	Total /				\$6,363		\$15,156	\$21,519			\$102		\$261	\$363	\$21,882	
	One Time Adjustment				\$0		\$0	\$0			\$0		\$0	0\$	\$0	
	Non Funded				\$0		\$0	\$0			\$0		\$0	\$0	0\$	
Carry	Over Revenue				\$0		\$0	\$0			\$0		\$0	0\$	0\$	
	Other Revenue				\$0		\$0	\$0			\$0		\$0	\$0	0\$	
	Medicaid				\$0		\$0	\$0			\$0		\$0	\$0	\$0	
	SSI Amount				\$0		\$0	\$0			\$0		\$0	\$0	\$0	
	Voluntary Share				\$0		\$0	\$0			\$0		\$0	\$0	0\$	
	LGU Share				\$0		\$0	\$0			\$0		\$0	0\$	0\$	
	Total Gross Expenses				\$6,363		\$15,156	\$21,519			\$102		\$261	\$363	\$21,882	
	Units of Service				0		0	0			0		0	0	0	
	Beds				0		0	0			0		0	0	0	
	Slots				0.00		0.00	0.00			0.00		0.00	0.00	0.00	
	Contract Number Managers Slots				00:00		0.00	0.00			0.00		0.00	0.00	0.00	
Local	Contract	i, Inc			Albany		Albany				Albany		Albany			
	Provide <u>r</u> F\$/Program/CBR Index/Team Type	35350 - Counseling Care and Services, Inc	200 - Com. Reinvestment	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services	02 NO_SUBCODE	Totals For FS 200	965 - Funding Reduction/COLA	0690 - Outreach	01 NO_SUBCODE	1760 - Advocacy/Support Services	02 NO_SUBCODE	Totals For FS 965	Totals For 35350 - Counseling Care and Services, Inc	

VORK YORK STATE Mental Health

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Provider	<u>Local</u> Contract				Units of	Total Gross		Voluntary	SSI	Medicaid	Other	<u>Carry</u> Over	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type		Managers	Slots	Beds		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
14510 - Equinox, Inc. 014 - Community Support Services 1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	00.00	0.00	0	0	\$10,130	\$	\$0	\$0\$	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
Totals For FS 014	ı	0.00	0.00	0	0	\$10,130	\$0	0\$	\$0	0\$	\$0	0\$	\$0	0\$	\$10,130	\$0
037P - PROS State Aid	ŀ															
6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	Clinical Tre Albany	0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
Totals For FS 037P	ı	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	2	0	\$123,607	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 Management 01 NO_SUBCODE Albany 0.00	Care Mana e Albany	gement 0.00	0.00	0	0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$	\$10,266	0\$
2740 - Health Home Care Management Service Dollars 01 NO_SUBCODE Albany 0.00	nent Service Albany	Dollars 0.00	0.00	0	0	\$123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123	80
6070 - Congregate/Treatment 04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,451	\$0	80	\$0	\$0	80	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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	Focal			•					į	;		Carry	;	i		;
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds	Service	Expenses	Share	Voluntary Share	Amount	Medicaid	Other Revenue	Over Revenue	Funded	One lime Adjustment	State Aid	Annualized Value
14510 - Equinox, Inc.																
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services 01 NO_SUBCODE	s Albany	0.00	0.00	0	0	841,017	\$0	\$0	80	\$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	•	00.00	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 Management	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 Management Service Dollars	nent Servic	e Dollars														
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 Management Service Dollar Administration	nent Servic	e Dollar	\dminis	tration												
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	1	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	\$552	\$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	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	I	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\$

YORK YORK STATE Mental Health Aid to Localities Financial System

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Annualized					,2 \$0	33 \$0	30		25 \$0	25 \$0	90	0\$ 90	\$0\$	94 \$0	9.	15 \$0		:5 \$0	5 \$0
Total	State Aid				\$47,972	\$124,253	\$172,225		\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$34.245
One Time	Adjustment				\$0	\$0	0\$		\$0	\$0	\$	\$0	9	\$0	\$0	\$0		\$0	0\$
S	751				\$0	\$0	\$0		\$0	0\$	8	\$0	\$	\$0	\$0	\$0		\$0	8
Carry	Revenue				\$0	\$0	\$0		\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$0		\$0	0\$
Other	. wi				\$0	\$0	\$0		\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$0		\$0	9
Medicaid					\$0	\$0	\$0		\$0	\$0	0\$	\$0	0\$	\$0	\$	0\$		\$0	9
	Amount				\$0	\$0	\$0		\$0	\$0	0\$	\$0	0\$	\$0	\$0	\$0		\$0	4
Voluntary					\$0	\$0	\$0		\$0	\$0	8	0\$	0\$	\$0	\$0	\$0		\$0	9
	Share				\$0	\$0	\$0		\$0	0\$	0\$	0\$	0\$	\$0	\$0	\$0		\$0	\$
Total Groce	Expenses				\$47,972	\$124,253	\$172,225		\$49,162	\$49,162	\$145,106	\$145,106	\$1,805	\$25,404	\$11,976	\$39,185		\$34,245	\$24 9AE
I laite of		•			1,530	4,970	6,500		0	0	107	107	846	930	576	2,352		768	769
	Beds				0	0	0		0	0	26	26	0	0	0	0		0	
	Slots				0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	2
	Managers			agers	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0		0.00	000
Local	Number	ociety	h	nation Man	Albany	Albany		ilitation	oyment Albany		Albany	•	Albany	Albany	Albany			Albany	•
	FS/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society	034J - Adult Case Management & ACT	2720 - Non-Medicaid Care Coordination Managers	02 NO_SUBCODE	.01 NO_SUBCODE	S 034J	039Q - Innovative Psychiatric Rehabilitation	1380 - Assisted Competitive Employment 01 NO_SUBCODE Albar	s 039Q	8 - Supported Housing 6060 - Supported Housing 01 NO_SUBCODE	\$ 078	0 - Com. Reinvestment 0670 - Transportation 01 NO_SUBCODE	reach 01 NO_SUBCODE	1760 - Advocacy/Support Services 01 NO_SUBCODE	200	ss/MICA	6060 - Supported Housing 02 NO_SUBCODE	300
Drowider	FS/Program/Cl	17630 - Home	034J - Adult	2720 - Nor			Totals For FS 034J	039Q - Innov	1380 - Ass	Totals For FS 039Q	078 - Supported Housing 6060 - Supported Hous 01 NO_S	Totals For FS 078	200 - Com. Reinvestment 0670 - Transportation 01 NO_S	0690 - Outreach 01	1760 - Adv	Totals For FS 200	300 - Homeless/MICA	dns - 0909	Totals For FS 300

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Carry Local

ized	el el				\$0		\$0	\$0	\$0
Annualized	Value								
Total	State Aid				\$249		\$552	\$804	\$440,727
One Time	djustment				\$0		\$0	\$0	0\$
Non					\$0		\$0	0\$	0\$
Over	Sevenue				\$0		\$0	\$0	0\$
	Revenue F				\$0		\$0	\$0	\$0
	Amount				\$0		\$0	\$0	\$0
	Amount A				\$0		\$0	0\$	0\$
oluntary	Share A				\$0		\$0	\$0	0\$
>	Share				\$0		\$0	0\$	\$0
Total Gross	Expenses				\$249		\$555	\$804	\$440,727
Units of To					0		0	0	9,727 \$44
	Beds				0		0	0	26
	Slots				0.00		0.00	0.00	0.00
	Number Managers Slots Beds Service				00.00		Albany 0.00 0.00 0	0.00 0.00 0	0.00 0.00 26
Contract	Number	Society			Albany	loyment	Albany		
	ex/Team Type	nd Travelers Aid	uction/COLA	_	01 NO_SUBCODE	1380 - Assisted Competitive Employment	01 NO_SUBCODE		lomeless and ty
Provider	FS/Program/CBR Index/Team Type	17630 - Homeless and Travelers Aid Society	965 - Funding Reduction/COLA	0690 - Outreach	10	1380 - Assisted	10	Totals For FS 965	Totals For 17630 - Homeless and Travelers Aid Society

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	Local	•										Carry				
Provider FS/Program/CBR Index/Team Type	Contract	Contract Number Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid	Other Revenue	Over Revenue	Non	One Time Adjustment	Total State Aid	Annualized <u>Value</u>
27100 - Mental Health Empowerment Project, Inc.	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	\$30,082	0\$
Totals For FS 200	•	0.00	0.00	0	0	\$30,082	\$0	\$0	\$	\$0	\$0	0\$	\$0	\$0	\$30,082	80
300 - Homeless/MICA										-						
08 NO_SUBCODE	Albany	0.00	00.00	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																
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 Enhancements	ents									٠,						
-		. (0	ć	(6	•	•	•	•			•			
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	0\$	O\$	O.≱	0,	\$69,14	
Totals For FS 965S	Į	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.	II	0.00	0.00	0	0	\$111,443	0\$	0\$	\$0	0\$	0\$	\$0	\$	0\$	\$111,443	\$0

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ייים	Value Value			\$	\$0	\$0		·	\$0		\$0	\$0	\$0	80	\$	\$0		\$0	\$
	State Aid			\$0	0\$	\$0			\$8,400		\$73,846	\$73,846	\$3,740	\$93,506	\$31,132	\$284,470		\$19,136	\$19,136
i.	Adjustment			0\$	\$0	\$0			\$0		\$	\$0	0\$	\$0	\$0	\$0		\$0	80
1	Funded			\$0	· \$	\$0			\$0		\$0	\$0	\$0	***************************************	80	\$0		\$0	0\$
Carry	<u>Over</u> <u>Revenue</u>			\$0	0\$	\$0			\$0		0\$	\$0	\$0	0\$	\$0	\$0		\$0	0\$
: 100	Revenue F			O\$	\$95,416	\$95,416			\$0		\$0	\$0	\$0	. \$	\$	\$0		\$0	\$0
	Amount			\$879 140	\$788.863	\$0 \$1,668,003			\$0		\$0	\$0	\$0	- 0\$	\$0	0\$		\$0	\$0
	Amount A			Q.		\$0 \$1			\$0		\$0	\$0	9	0\$	0\$	\$0		\$0	0\$
	Voluntary Share	is .		Ç	9 9	\$0			\$0		\$0	\$0	0\$. 0\$	0\$	\$0		\$0	\$0
	Share V			0\$	09	\$			\$0		\$0	\$0	0\$. 0\$	0\$	0\$		\$0	\$0
	Expenses			\$879 140	\$884.279	\$1,763,419			\$8,400		\$73,846	\$73,846	\$3.740	\$93,506	\$31,132	\$284,470		\$19,136	\$19,136
	Units of Service			12 186	8.640	- 1			332		2,087	2,087		0	0	4,506		0	0
	Beds			c	. 0	0			0		0	0	0	0	0	0		0	0
	Slots			000	0.00	0.00			0.00		0.00	0.00	(ylir	0.00	0.00	0.00		0.00	0.00
	Managers			00 0					0.00		0.00	00.00	n and Fan 0.00	0.00	0.00	0.00		0.00	0.00
Local	Number	_		Albany	Albany				Albany	£	Albany	Albany	es (Childre Albany		Albany	•		Albany	
	Provider F5/Program/CBR Index/Team Type	40400 - Parsons Child & Family Center	001A - Local Assistance	0200 - Day Treatment	2100 - Clinic Treatment 00 NO SUBCODE	Totals For FS 001A	044 - CMHS Block Grant C&F	0610 - Recreation	00 NO_SUBCODE	1510 - School- based Mental Health	01 NO_SUBCODE	00 NO_SUBCODE	1650 - Family Peer Support Services (Children and Family) 00 NO SUBCODE Albany 0.00 0.00	1760 - Advocacy/Support Services	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 044	046G - Emergency Services C&F	2680 - Crisis Intervention 00 NO_SUBCODE	Totals For FS 046G

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Provider	Contract			=	Units of T	Total Gross		Voluntary	155	Medicaid	Other	Carry	Q Q	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds Se		Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value
40400 - Parsons Child & Family Center	-e															
046L - Community Support Programs-C&F	IS-C&F															
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	00.00	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 Educational Services - Children & Family	Services -	Children	& Family													
(Non-Licensed Program) 00 NO SUBCODE	Albany	0.00	0.00	0	471	\$94.496	80	\$0	80	90	90	\$0	\$0	\$0	\$94.496	9
1510 - School- based Mental Health						•				•						
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	00.00	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)	es (Childre	n and Far	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 Services 00 NO_SUBCODE	s Albany	0.00	0.00	0	247	\$39,629	\$0	. 0\$	\$0	\$0	\$0	9	\$0	\$0	\$39,629	0\$
2990 - Coordinated Childrens Service Initiative	vice Initiativ	ø														
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	1,	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	lity - Childre	n & Yout	_													
00 NO_SUBCODE	Albany	0.00	0.00	0	7,359 \$	\$2,902,778	\$0	\$0	\$0\$	\$0 \$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 090	ı	0.00	0.00	0	7,359 \$	\$2,902,778	\$0	\$0	\$ 0\$	\$0 \$2,902,778	\$0	0\$	\$0	0\$	\$0	\$0

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

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	Annualized Value				\$0		80		•	0.9		\$0	\$0		\$0		\$0		\$0		\$0	\$0	\$0
	Total A				\$289		\$480			\$1,727		\$1,707	\$1,707		\$896		\$1,195		\$2,623		\$202	\$10,826	\$866,911
	One Time Adjustment				\$0		\$0		;	0		\$0	\$0		\$0		\$0		\$0		\$0	0\$	0\$
	Non Funded A				\$0		\$0		;	0 \$		\$	\$0		\$0		\$0		\$0		\$0	\$0	0\$
Carry	Over Revenue				\$0		\$0		;	\$0		\$0	\$0		\$0		\$0		\$0		\$0	0\$	0\$
	Other Revenue				\$0		\$0		;	0		\$0	\$0		\$0		\$0		\$0		\$0	\$0	\$95,416
	Medicaid				\$0		\$0			80		\$0	\$0		\$0		\$0		\$0		\$0	0\$	\$0 \$4,570,781 \$95,416
	SSI MAMOUNT				\$0		\$0			\$0		\$0	\$0		\$0		\$0		\$0		\$0	\$0	\$0 \$4
	Voluntary Share				\$0		\$0			\$0		\$0	\$0		\$ 0		\$0		\$0		\$0	\$0	\$0
	LGU V				\$0		\$0			\$0		\$0	\$0		\$0		\$0		\$0		\$0	\$0	\$0
	Total Gross Expenses				\$289		\$480			\$1,727		\$1,707	\$1,707		\$896		\$1,195		\$2,623		\$202	\$10,826	\$5,533,108
	Units of To				0		0			0		0	0		0		0		0		0	0	38,083 \$
	Beds				0		0	ił V		0		0	0		0		0		0		0	0	0
	Slots				0.00		0.00	& Fam		0.00		0.00	0.00	nily)	0.00		0.00		0.00		0.00	0.00	0.00
	Managers				0.00		0.00	- Children		0.00		0.00	0.00	en and Far	0.00		0.00		0.00	e ×	0.00	0.00	0.00
Local	Contract	_			Albany		Albany	I Services	;	Albany	듄	Albany	Albany	es (Childre	Albany	10	Albany		Albany	/ice Initiati	Albany	•	
	Provider FS/Program/CBR Index/Team Type	40400 - Parsons Child & Family Center	965 - Funding Reduction/COLA	0610 - Recreation	00 NO_SUBCODE	0690 - Outreach	00 NO_SUBCODE	1320 - Vocational and Educational Services - Children & Family	(Non-Licensed Program)	00 NO_SUBCODE	1510 - School- based Mental Health	00 NO_SUBCODE	01 NO_SUBCODE	1650 - Family Peer Support Services (Children and Family)	00 NO_SUBCODE	1760 - Advocacy/Support Services	00 NO_SUBCODE	2680 - Crisis Intervention	00 NO_SUBCODE	2990 - Coordinated Childrens Service Initiative	00 NO_SUBCODE	Totals For FS 965	Totals For 40400 - Parsons Child & Family Center

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E Total Annualized of State Aid Value	0\$ 0\$ 0\$	0\$ 0\$ 0\$	\$0 \$136,472 \$0	\$0 \$136,472 \$0	\$0 \$120,956 \$0	\$0 \$120,956 \$0			\$0 \$63,709 \$0	\$0 \$284,640 \$0	\$0 \$266,419 \$0	\$0 \$408,264 \$0	\$0 \$303,225 \$0	\$0 \$58,361 \$0	\$0 \$24,509 \$0	\$0 \$42,738 \$0	\$0 \$717,741 \$0	\$0 \$243,871 \$0	\$0 \$125,805 \$0	\$0 \$2,539,282 \$0	
one Time Adjustment	0\$	\$ 0\$	\$0\$	\$ 0\$	\$0	\$ 0\$			\$0\$	\$ 0\$	\$0	\$0	\$0		\$ 0\$			\$ 0\$	\$0	\$ 0\$	
Carry Non Over Revenue Funded	0\$	0\$	0\$	\$0	\$	\$0			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	80	\$0	0\$	0\$	
Other C Revenue Re	0\$	\$0	\$0	\$0	\$8,000	\$8,000			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	80	\$0	\$0	
Medicaid	\$400,000	\$400,000	\$0	\$0	\$925,500	\$925,500			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
SSI Amount	0\$	\$0	0\$	\$0	0\$	\$0			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Voluntary Share	0\$ 0\$	\$ 0\$	0\$ 0\$	\$ 0\$	0\$ 0\$	0\$ 0\$			\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0\$ 0	
Share					·															2 \$0	
Total Gross Expenses	3400,000	0 \$400,000	3 \$136,472	3 \$136,472	0 \$1,054,456	0 \$1,054,456			\$ \$63,709	\$284,640	\$266,419	, \$408,264	\$303,225	\$58,361	\$24,509	\$42,738	\$717,741	\$243,871	\$125,805	\$2,539,282	
Units of Beds Service	0 800	0 800	0 13,268	0 13,268	0	-			1 238	008	173	2 907	1 454	151	65	1 238	3 1,685	3 605) 216	9 5,532	
Slots Be	0.00	00.0	0.00	0.00	145.00	145.00 0			0.00	0.00 10	0.00	0.00 42	0.00	0.00	0.00	0.00	0.00	0.00 28	0.00 10	0.00 239	
Managers	0.00	0.00	0.00	0.00		0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	
Local Contract Number	, inc Albany		Albany		h Clinical Tı Albany				Albany	Albany	Albany	Albany	Albany	Albany	Albany	Albany	Albany	Albany	Albany	•	
dex/Team Type	tion Support Svcs. istance reatment 3 NO_SUBCODE	4	014 - Community Support Services 0670 - Transportation 01 NO_SUBCODE		7P - PROS State Aid 6340 - Comprehensive PROS with Clinical Treatment 01 NO_SUBCODE Albany 0.00	ę.	Housing	ed Housing	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE	NO_SUBCODE		
<u>Provider</u> ES/Program/CBR Index/Team Type	14370 - Rehabilitation Support Svcs, Inc 001A - Local Assistance 2100 - Clinic Treatment 03 NO_SUBCODE	Totals For FS 001A	014 - Community Suppo 0670 - Transportation	Totals For FS 014	037P - PROS State Aid 6340 - Comprehensi 01 NO	Totals For FS 037P	078 - Supported Housing	6060 - Supported Housing	42	44	12	29	17	26	13	28	22	18	25	Totals For FS 078	

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<u>Loo</u> Provide <u>r</u> ES/Program/CBR Index/Team Type Num 14370 - Rehabilifation Support Svcs, Inc	Local Contract Number Managers S	Slots Beds	Units of Service	<u>Total Gross</u> <u>Expenses</u>	LGU V	<u>Voluntary</u> <u>Share</u>	SSI	Medicaid Amount	Other Revenue	Carry Over Revenue	Non	One Time Adjustment	Total State Aid	<u>Annualized</u> <u>Value</u>
142A - Expanded Community Support Adult 0690 - Outreach 03 NO_SUBCODE Albany 0.00 0.00 0			0	\$215,430	0\$	\$	0\$	\$0	0\$	\$0	\$0	0\$	\$215,430	0\$
1230 - Flexible Recipient Service Dollars 05 NO_SUBCODE Albany 0.00 0.00 0			0	\$15,030	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,030	\$0
0.00 0.00			0	\$230,460	0\$	0\$	0\$	\$0	0\$	0\$	\$0	\$0	\$230,460	\$0
									;		;	•		•
Albany 0.00 0.00 0	0 0	σ	0 0	\$36,964 \$39,026	O G	O G	9 6	O C) 9	O 69	O	O	\$39,026 \$39,026	O
0.00 5.00 0	0 0	9 4			0\$	0\$) \$	0\$	0\$	0\$	0\$	\$ 0\$		\$0
Albany 0.00 0.00 0			0	\$153,042	\$0	\$	\$0	\$0	\$0	\$0	\$0	. \$0	\$163,042	\$0
Albany 0.00 10.00 0			0	\$38,002	\$0	\$0	* 0\$	\$0	\$0	80	80	80	\$38,002	\$0
0.00 15.00 0 1,333	0	1,3	E	\$304,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$304,017	\$0
RIV			0	\$61,847	0\$	\$0	\$0	0\$	0\$	0	\$0	0\$	\$61,847	9
0.00 0.00			0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
Albany 0.00 0.00 0			0	\$14,909	0\$	\$0	\$	\$	80	0\$	0\$	80	\$14,909	\$0
0.00 0.00			0	\$14,909	0\$	0\$	0\$	0\$	80	\$0	\$0	\$0	\$14,909	\$0

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. 4	Local			;					į	:	;	Carry		i		:
Provider Fs/Program/CBR Index/Team Tune	Number	Managere	Slote	Reds O	Units of T	Fynances S	LGU Share	Voluntary	SSI Amount	Medicaid	Other	Over	Non	One Time	Total State Aid	Annualized
יאריים ביינון ביינון ביינון אוייניין אוייניין אוייניין אוייניין אוייניין אוייניין אוייניין אוייניין אוייניין		Mainaberra					200	2			TO STORY	ייבאכוומכ		The second second		
14370 - Rehabilitation Support Svcs, Inc	ပ္															
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services 12 NO_SUBCODE	Albany	0.00	0.00	0		\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	0 \$	\$0	\$1,787	\$0
Totals For FS 400	1	0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	0\$	\$0	0\$	\$1,787	\$0
																:
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	ı	0.00	0.00	5	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													.•	:		
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	\$831	0\$
Totals For FS 965	1	0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	0\$	\$0	\$0	\$0	0\$	\$10,177	\$0
965S - Personnel Services Enhancements	ents															
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	00.0	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\$	\$0 \$1,325,500	\$8,000	\$0	\$0	0\$	\$0 \$3,532,678	0\$

YORK Office of STATE Mental Health Aid to Localities Financial System

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

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<u>Annualized</u> <u>Value</u>	0\$	\$0		0\$	\$0			\$0	\$0			\$0		\$0	\$0			\$	0\$	\$0
Total State Aid	\$65,571	\$65,571		\$65,245	\$65,245			\$22,621	\$22,621			\$2,580		\$1,042	\$3,622			\$279	\$279	\$157,338
One Time Adjustment	0\$	\$0		\$0	\$0			\$0	\$0			\$0		\$0	0\$			\$0	\$0	\$0
Non Funded	9	\$0		\$0	\$0			\$0	0\$			\$0		\$0	\$0			\$0	\$0	\$0
Carry Over Revenue	0\$	\$0		\$0	0\$			\$0	\$0			\$0		\$0	\$0			\$0	0\$	\$0
Other Revenue	\$0	\$0		\$0	\$0			\$0	\$0			\$0		\$0	\$0			\$0	\$0	0\$
Medicaid Amount	0\$	\$0		\$0	0\$			\$0	\$0			\$0		\$0	0\$			\$0	\$0	\$0
<u>SSI</u> <u>Amount</u>	0\$	\$0		\$0	\$0			\$0	\$0			\$0		\$0	\$0			\$0	\$0	0\$
<u>Voluntary</u> <u>Share</u>	\$65,571	\$65,571		\$0	\$0			\$0	0\$			\$		\$0	\$0			\$0	\$0	\$65,571
LGU Share	9	\$0		\$0	\$0			\$0	\$0			\$0		\$0	\$0			0\$	\$0	\$0
Total Gross Expenses	\$131,142	\$131,142		\$65,245	\$65,245			\$22,621	\$22,621			\$2,580		\$1,042	\$3,622			\$279	\$279	\$222,909
Units of Service	2,534	2,534		1,708	1,708			613	613			0		0	0			0	0	4,855
Beds	0	0	<u>¥</u>	0	0		ξ	0	0		<u>~</u>	0		0	0		<u>~</u>	0	0	0
Slots	0.00	0.00	& Fam	0.00	0.00		& Fam	0.00	0.00		& Fami	0.00		0.00	0.00		& Fami	0.00	0.00	0.00
Managers	0.00	0.00	- Children	0.00	0.00		- Children	0.00	0.00		- Children	0.00		0.00	0.00		- Children	0.00	0.00	0.00
Local Contract Number	ith Albany		al Services	Albany	,	1s-C&F	al Services	Albany			Il Services	Albany		Albany		ments	l Services	Albany	•	
Provider FS/Program/CBR Index/Team Type	14350 - St. Anne Institute 001A - Local Assistance 1510 - School- based Mental Health 00 NO_SUBCODE	Totals For FS 001A	044 - CMHS Block Grant C&F 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	00 NO_SUBCODE	Totals For FS 044	046L - Community Support Programs-C&F	1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	00 NO_SUBCODE	Totals For FS 046L	965 - Funding Reduction/COLA	1320 - Vocational and Educational Services - Children & Family	(Non-Licensed Program) 00 NO_SUBCODE	1510 - School- based Mental Health	00 NO_SUBCODE	Totals For FS 965	965S - Personnel Services Enhancements	1320 - Vocational and Educational Services - Children & Family	(NOIL-LICENSED FIGURE) 00 NO_SUBCODE	Totals For FS 965S	Totals For 14350 - St. Anne Institute

VORK 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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	Annualized	Value				\$0	\$0	\$
	<u>Total</u> A					\$0	\$0	0\$
	One Time					\$0	\$0	0\$
	Non	-1		-		\$0	\$0	0\$
Carry	Over					\$0	\$0	0\$
	Other					\$0	\$0	\$
	Medicaid					\$200,000	\$200,000	\$200,000
	SSI	Amount				\$0	\$0	0\$
	Voluntary					\$0	0\$	0\$
	ren	Share				\$0	0\$	0\$
	Fotal Gross	Expenses				\$200,000	\$200,000	\$200,000
	Units of Total Gross	Service				0	0	0
		Beds				0	0	0
		Slots				0.00	0.00	0.00
		Number Managers Slots				Albany 0.00 0.00 0	0.00 0.00	0.00
Local	Contract	Number	ldren			Albany		
	Provider	F5/Program/CBR Index/Team Type	14360 - St. Catherine's Center for Children	001A - Local Assistance	0200 - Day Treatment	00 NO_SUBCODE	Totals For FS 001A	Totals For 14360 - St. Catherine's Center for Children

YORK YORK STATE Mental Health Aid to Localities Financial System Local

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

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Provider FS/Program/CBR Index/Team Type	Contract	Contract Number Managers Slots		Beds 5	Units of 3	Units of Total Gross Service Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
40240 - The Workshop, Inc. 001A - Local Assistance																
6140 - Transformed Business Model	del 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 Model 00 NO_SUBCODE	iei Albany	0.00	0.00	0	4	\$73,694	\$0	0\$	0\$	0\$	9	8	0\$	9	\$73,694	0\$
Totals For FS 014	1	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 without Clinical Treatment 00 NO_SUBCODE Albany 0.00 (out Clinical Albany	l Treatmen 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	ı	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 Services - Children & Family	s-C&F Services -	Children	& Family													
(NOI-LICEIISEU LIOUIAIII) 00 NO_SUBCODE	Albany	0.00	0.00 0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	80	\$0	8	\$54,862	\$0
Totals For FS 046L	l	0.00 0.00	0.00	0	321	\$54,862	\$0	0\$	\$0	0\$	\$0	\$0	\$0	\$0	\$54,862	\$0

\$ \$0

\$77,304 \$77,304

\$0 \$0

\$ \$

\$0 \$0

\$0 \$

\$ \$

\$0 \$0

\$0 \$0

\$0 \$

2,046 2,046

0 0

0.00 0.00

0.00 0.00

Albany

5340 - Supported Education
00 NO_SUBCODE

Totals For FS 200

200 - Com. Reinvestment

\$77,304 \$77,304

YORK Office of 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	<u>Local</u> Contract				Units of	Total Gross	160	Voluntary	ISS	Medicaid	Other	Over	Non	One Time	Total	Annualized	
FS/Program/CBR Index/Team Type	Number	Number Managers Slots	Slots	Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Revenue	Funded	Adjustment	State Aid	Value	
40240 - The Workshop, Inc.																	
965 - Funding Reduction/COLA																	
1320 - Vocational and Educational Services - Children & Family	Services -	Children	& Famil	_													
(Non-Licensed Program)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	Ģ	\$1,032	\$0	\$0	\$0	\$0	\$0	2 0	₩	\$0	\$1,032	0	
5340 - Supported Education													į		•	•	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$693	2 0	%	\$0	9 8	S	0	80	20\$	\$693	O#	
6140 - Transformed Business Model	•																
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 Services Enhancements	ents																
6140 - Transformed Business Model	Б																
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	ı	0.00	0.00	0	0	\$3,429	\$0	\$0	0\$	\$0	\$0	\$0	0\$	0\$	\$3,429	\$0	
Totals For 40240 - The Workshop, Inc.	II	00.0	0.00		24,897 \$1,059	\$1,059,490	\$0	\$55,413	\$0	\$650,000	\$100	\$0	0\$	\$0	\$353,977	0\$	
Report Totals	"	16.00	360.00	296 1	05,534 \$	16.00 360.00 296 105,534 \$19,198,505	\$501,852 \$120,984	\$120,984	\$93,525	\$93,525 \$8,075,773 \$234,741	\$234,741	\$0	0\$		\$0\$10,171,630	\$0	

RESOLUTION NO. 417

AUTHORIZING AN INTERDEPARTMENTAL AGREEMENT REGARDING SINGLE POINT OF ACCESS SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with the Albany County Department for Children, Youth and Families (DCYF) for the provision of health home care management, clinic, and single point of access (SPOA) services for children with mental illness, and their families, in the amount of \$308,007 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Mental Health, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement between the Department of Mental Health and DCYF for the provision of health home care management, clinic, and SPOA services for children with mental illness, and their families, in an amount not to exceed \$308,007 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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.ALBANY.COUNTY.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 Addictions Care Center of Albany for the provision of community residential, case management, prevention, family support and open access 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 Addictions Care Center through Albany County Department of Mental Health in the amount of \$1,856,601. 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,

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-1923, Version: 1		
REQUEST FOR LEGISLATIVE AC	TION	
Description (e.g., Contract Author	rization for Information Services):	
Date:	October 1, 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	ose ali that apply):	
☐ Equipment		
☐ Fringe		
□ Personnel		
☐ Personnel Non-Individual		

File #: TMP-1923, 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	ZATIONS
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)	Pass through of NYS OASAS State Aid
Contract Terms/Conditions:	
Party (Name/address): Addictions Care Center of Albany 90 M	cCarty Ave. Albany NY 12202
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: open access to individuals suffering from chem	\$1,856,601 Provides residential treatment, prevention services, family support and ical dependencies.
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-1923, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486 and A44230.04486

Revenue Amount: \$1,856,601

Appropriation Account and Line: A94230.44458
Appropriation Amount: \$1,856,601

Source of Funding - (Percentages)

Federal: 41% State: 59%

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: 505

Date of Adoption: 11/12/2019

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 with Addictions Care Center of Albany for the provision of community residential, case management, prevention, family support and open access 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 Addictions Care Center through Albany County Department of Mental Health in the amount of \$1,856,601, 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

County: Albany (1) Region: Hudson	æ			Fiscal Year : 2020	ar:2020					As of: 07/03/2020	12020	
				98	Apı	Approved Budgeted Amounts	ted Amounts			0000		
Agency Number/Name	Init Prog Code Code/	Program Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	Funding 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 53452	2,320,714	1,419,076	901,638	901,638	013S		901,638	0	0	
lnc.	Agenc	Agency 00170 Total:	2,320,714	1,419,076	901,638	901,638	All		901,638	0	0	
00651	3520	3520 00 1694	644,006	283,012	360,994	360,994	013S		360,994	0	0	
Pearl Street Counseling Center, Inc.	Agenc	Agency 00651 Total:	644,006	283,012	360,994	360,994	All		360,994	0	0	
14510	3520	3520 00 52689	732 910	339 625	393 285	303 285	0138		303 386	c	C	
<u>.</u>	V	A 4540 Tetal.	192040	200,000	201,000	203,000	22.0		092,260		0	
Equinox, Inc.	Agenc	Agency 14510 Total:	732,910	339,625	393,285	393,285	All		393,285	0	0	
24440	3 3600	00 53244	990'669	221,667	377,399	377,399	013S		377,399	0	0	
Trinity Alliance of the Capital Region, Inc.	Agenc	Agency 24440 Total:	599,066	221,667	377,399	377,399	Ψ		377,399	0	0	
26330	2780	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.	Agenc	Agency 26330 Total:	241,035	3,827	237,208	237,208	Ψ		237,208	0	0	

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

Restr. Code Non-Funded 0 0 0 0 0 0 As of: 07/03/2020 0 0 0 0 0 0 0 0 Local Share 0 0 0 0 0 0 0 0 0 0 Approved State Aid 20,000 76,886 50,000 14,500 526,170 611,721 459,927 718,038 103,076 132,278 146,778 52,711 122,954 840,992 159,767 68,136 344,550 101,117 235,697 1,818,191 One-time Program: 0 0 Funding Code/Source Approved Budgeted Amounts 013S 013S 013S 0138 013F 013F 013S 0138 013S 013F 0138 013S 013F 013F 013F 013F 013F ₹ ₹ 103,076 344,550 20,000 76,886 101,117 50,000 132,278 14,500 52,711 68,136 159,767 146,778 526,170 840,992 611,721 459,927 235,697 1,818,191 132,278 159,767 344,550 526,170 20,000 76,886 103,076 611,721 459,927 50,000 14,500 146,778 52,711 68,136 840,992 Net 101,117 235,697 1,818,191 Fiscal Year: 2020 0 0 710,000 0 0 0 0 29,749 63,785 93,534 0 413,352 1,225,565 1,935,565 1,433,947 264,003 Revenue 20,000 76,886 50,000 78,285 68,136 790,173 Gross 159,767 240,312 103,076 1,685,492 3,753,756 52,711 ,321,721 101,117 162,027 1,778,497 1,254,344 235,697 Init Program Code Code/Index PRU Direct Agency 35090 Total: Agency 35240 Total: 52256 53037 53212 53459 53090 53380 52994 53384 90051 5520 00 90052 52258 53381 5001 5550 00 90868 3570 00 51834 0810 00 0820 00 3600 00 3600 03 4075 00 4080 00 5520 00 5 3078 00 8 0810 01 3551 00 4778 00 3470 3560 > 2 12 8 목 목 ۵. Albany-Schoharie-Schdy Saratoga BOCES Addictions Care Center of Albany, Inc. County: Albany (1) Hope House, Inc. Region: Hudson Agency Number/Name 35090 35300 35240

00

00

485,368 729,465 122,954 **606,511**

013F 013S 013S

485,368

606,511

606,511

485,368

1,281,846 620,627

1,767,214

53446

8

3600

23

53471

3600 01

0

2,924,438

₹

2,924,438

2,924,438

4,013,775

6,938,213

Agency 35300 Total:

Program:

0

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

County: Albany (1)			Fiscal Year: 2020	ar: 2020					As of: 07/03/2020	3/2020	
Region: Hudson											
				Ap	Approved Budgeted Amounts	ted Amounts					
Agency Init Number/Name Code	it Program de Code/Index PRU Direct	Gross	Revenue	Net	Funded	Funding 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	7	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	3078 01 52261	71,901	22,613	49,288	49,288	013S		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	· o	

07/03/2020 10:32

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

County: Albany (1) Region: Hudson			Fiscal)	Fiscal Year: 2020					As of: 07/03/2020	3/2020	
				4	Approved Budgeted Amounts	eted Amounts					
Agency Init Program Number/Name Code Code/Index PRU Direct	RU Direct	Gross	Revenue	Net	Funded Net	Funded Funding One- Net Code/Source time	One- time	Approved State Aid	Local Share	Non- Restr. Funded Code	Restr. Code
County Albany (1) Summary - All Agencies:	J	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	ΑII		8,017,157	100,344	0	

Signature

Date

RESOLUTION NO. 418

AUTHORIZING AN AGREEMENT WITH ADDICTIONS CARE CENTER OF ALBANY REGARDING COMMUNITY RESIDENTIAL AND CASE MANAGEMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Addictions Care Center of Albany regarding the provision of community residential, case management, prevention, family support and open access services to Albany County citizens with substance abuse and narcotic addiction related issues in the amount of \$1,856,601 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated the New York State Office of Addiction Services and Supports will provide pass through funding to Addictions Care Center of Albany through the Albany County Department of Mental Health and the funding is anticipated in the 2021 County budget, and

WHEREAS, The Director has also indicated there is no County share associated with this contract, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Addictions Care Center of Albany, Albany, NY 12202 regarding the provision of community residential, case management, prevention, family support and open access services to Albany County citizens with substance abuse and narcotic addiction related issues in the amount of \$1,856,601 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.



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 St. Peter's Hospital/SPARC for the provision of community residential and case management 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 St. Peter's/SPARC through Albany County Department of Mental Health in the amount of \$338,433. 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-1941, Version: 1	
REQUEST FOR LEGISLATIVE AC	CTION
	orization for Information Services): 's Hospital SPARC (Saint Peter's Addiction Recovery Center)
Date:	September 30, 2020
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Click or tap here to enter text.
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 AMENDI	MENTS
GONGERNING BODGET AMENDI	WENTO
Increase/decrease category (cho	ose all that apply):
☐ Contractual	
☐ Equipment	
☐ Fringe	
□ Personnel	
☐ Personnel Non-Individual	

File #: TMP-1941, 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	ZATIONS
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	or tap to enter a date.
☑ Other: (state if not listed)	Pass through of NYS OASAS State Aid
Contract Terms/Conditions:	
Party (Name/address): St. Peter's Hospital SPARC 3 Mercycare	Ln. Guilderland, NY 12084
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	\$338,433 Provides residential and case management services to individuals
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 □
County Budget Accounts:	

File #: TMP-1941, Version: 1

Revenue Account and Line: A34230.03486 and A44230.04486

Revenue Amount: \$338,433

Appropriation Account and Line: A94230.44438
Appropriation Amount: \$338,433

Source of Funding - (Percentages)

Federal: 80% State: 20%

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

<u>Term</u>

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: 488

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 St. Peter's Hospital/SPARC (Saint Peter's Addiction Recovery Center) for the provision of community residential and case management 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 St. Peter's/SPARC through Albany County Department of Mental Health in the amount of \$338,433, 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

County: Albany (1) Region: Hudson				Fiscal Ye	Fiscal Year: 2020					As of: 07/03/2020	2020	
					Apı	Approved Budgeted Amounts	ted Amounts					
Agency Number/Name	Init Code C	Program Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	Funded 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 53452	2,320,714	1,419,076	901,638	901,638	013S		901,638	0	0	
lnc.	ĕ	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.	ď	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	013S		393,285	0	0	
Equinox, Inc.	Ă	Agency 14510 Total:	732,910	339,625	393,285	393,285	All		393,285	0	0	
		9. 1000 March 1997										
24440	6	3600 00 53244	990'669	221,667	377,399	377,399	013S	- Constitution - Cons	377,399	0	0	
Trinity Alliance of the Capital Region, Inc.	ĕ	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.	ĕ	Agency 26330 Total:	241,035	3,827	237,208	237,208	All		237,208	0	0	

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

Restr. Code Non-Funded 0 0 0 0 0 0 0 0 As of: 07/03/2020 0 0 0 0 0 0 0 0 Local Share 0 0 0 0 0 0 0 0 0 0 0 0 0 Approved State Aid 20,000 76,886 50,000 14,500 526,170 611,721 459,927 718,038 103,076 132,278 146,778 52,711 122,954 840,992 159,767 68,136 344,550 485,368 729,465 -122,954 606,511 101,117 235,697 1,818,191 2,924,438 One-time Program: Program: 0 0 0 Funding Code/Source Approved Budgeted Amounts 013S 013S 013S 0138 013F 013F 013S 0138 013S 013F 0138 013S 013F 013F 013F 013F 013F 013S 013S 013F ₹ ₹ ₹ 344,550 20,000 76,886 103,076 101,117 50,000 132,278 14,500 52,711 68,136 485,368 159,767 146,778 526,170 840,992 611,721 459,927 235,697 1,818,191 606,511 2,924,438 132,278 159,767 344,550 526,170 20,000 76,886 103,076 611,721 459,927 50,000 14,500 146,778 52,711 68,136 840,992 606,511 Net 101,117 235,697 485,368 2,924,438 1,818,191 Fiscal Year: 2020 0 0 710,000 0 0 0 0 29,749 63,785 93,534 0 413,352 1,225,565 1,935,565 1,433,947 264,003 1,281,846 620,627 4,013,775 Revenue 76,886 50,000 78,285 68,136 790,173 Gross 20,000 159,767 240,312 103,076 1,685,492 3,753,756 52,711 1,767,214 1,227,138 6,938,213 ,321,721 101,117 162,027 1,778,497 1,254,344 235,697 Init Program Code Code/Index PRU Direct Agency 35090 Total: Agency 35240 Total: Agency 35300 Total: 53446 52256 53037 53212 53459 53090 53380 53471 52994 53384 90051 5520 00 90052 52258 53381 5001 5550 00 90868 3570 00 51834 0810 00 0820 00 3600 00 3600 03 4075 00 4080 00 5520 00 5 3600 01 3078 00 8 8 0810 01 3551 00 4778 00 3470 3560 3600 23 > 2 12 8 목 목 ۵. Albany-Schoharie-Schdy Saratoga BOCES Addictions Care Center of Albany, Inc. County: Albany (1) Hope House, Inc. Region: Hudson Agency Number/Name 35090 35300 35240

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

County: Albany (1)			Fiscal Year: 2020	ar:2020					As of: 07/03/2020	3/2020	
Region: Hudson											
				Ap	Approved Budgeted Amounts	ted Amounts					
Agency I Number/Name Co	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded	Funding 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	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	₩.		121,568	100,344	0	
83060	3078 01 52261	71,901	22,613	49,288	49,288	013S		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	
	Marie 11 Confederation 1 (1)										

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

County: Albany (1) Region: Hudson			Fiscal Y	Fiscal Year : 2020					As of: 07/03/2020	12020	
				A	Approved Budgeted Amounts	ted Amounts					
Agency Number/Name	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded	Funded Funding One- Net Code/Source time	One- time	Approved State Aid	Local Share	Non- Restr. Funded Code	Restr. Code
County Albany (1) Summary - All Agencies:	mary - All Agencies:	17,118,229	9,000,728	8,117,501	8,117,501	All		8,017,157	100,344	0	
Less Dire	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	

Date

Signature

AUTHORIZING AN AGREEMENT WITH ST. PETER'S ADDICTION RECOVERY CENTER (SPARC) REGARDING THE PROVISION OF COMMUNITY RESIDENTIAL AND CASE MANAGEMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with St. Peter's Addiction Recovery Center (SPARC) regarding the provision of community residential services, case management, education and prevention services to individuals with substance abuse and narcotic addiction in the amount of \$338,433 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated that the aforementioned agreement will be financed through the provision of pass through funding from the New York State Office of Addiction Services and Supports, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with SPARC, Guilderland, NY 12084 regarding the provision of intensive residential services, case management, education and prevention services to individuals with substance abuse and narcotic addiction in an amount not to exceed \$338,433 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further



ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400 <u>WWW.ALBANYCOUNTYSHERIFF.COM</u>

CRAIG D. APPLE, SR. SHERIFF



WILLIAM M. RICE
UNDERSHERIFF

LEON A. BORMANN

SHAWN P. NOONAN CHIEF DEPUTY

EXECUTIVE INDERSHERIFF

September 27, 2020

Honorable Andrew Joyce Legislative Clerk's Office 112 State Street, Room 710 Albany, New York 12207

Dear Mr. Loyce:

The attached correspondence is forwarded for presentation to the Albany County Legislature.

Legislative approval is required in order to allow Albany County to apply for and enter into the contract for the FY 2020 Emergency Management Performance Grant with the Division of Homeland Security and Emergency Services. This grant is part of the ongoing SHSP (State Homeland Security Program) grant program. We were recently notified of our 2020 allocation under this program. While we don't actually apply to receive this grant, we must submit an application form showing how the money will be spent on emergency management functions.

The grant award allocated for Albany County is \$116,987 and covers the grant period 10/1/2019-9/30/2022. We usually receive this grant every year but there is no guarantee the program will continue in the future. Last year we received a grant of \$116,085. These grant funds will be utilized to cover equipment, supplies and preparedness items used in our ongoing emergency management activities and to provide equipment for the new Emergency Operations Center. The grant has a 50% matching requirement. We will use salaries of our emergency management personnel as the match.

Should there be any questions, do not hesitate to call.

Sincerely,

Craig D. Apple Si

Att.

cc: Hon. Daniel P. McCoy, County Executive
Hon. William Clay, Public Safety Chairman
Hon. Wanda Willingham, Audit & Finance Committee
Brandon Russell, Esq., Majority Counsel
Arnis Zilgme, Esq., Minority Counsel
Christian Barnes, Minority Conference

FOR COUNSEL USE ONLY DATE: RECEIVED: RECEIVED BY: REQUEST FOR LEGISLATIVE ACTION METHOD: HAND **COURIER** MAIL **SEPTEMBER 21, 2020** DATE: **DEPARTMENT:** ALBANY COUNTY SHERIFF'S DEPT CONTACT PERSON: **CRAIG D APPLE SR** 487-5440 TELEPHONE: DEPT. REPRESENTATIVE ATTENDING SHERIFF CRAIG D APPLE SR **COMMITTEE MEETING: PURPOSE OF REQUEST:** ADOPTION OF LOCAL LAW AMENDMENT OF PRIOR LEGISLATION APPROVAL/ADOPTION OF PLAN/PROCEDURE BOND APPROVAL BUDGET AMENDMENT(SEE BELOW) X X CONTRACT AUTHORIZATION (SEE BELOW) **ENVIRONMENTAL IMPACT** HOME RULE REQUEST PROPERTY CONVEYANCE OTHER: (STATE BRIEFLY IF NOT LISTED ABOVE) TO ACCEPT THE FY2020 EMPG GRANT- EMERGENCY MANAGEMENT PERFORMANCE GRANT IN THE AMOUNT OF \$116,987 AND THE CORRESPONDING BUDGET AMENDMENT **CONCERNING BUDGET AMENDMENTS** STATE, THE FOLLOWING A33110.03305EMP19 (CIVIL DEFENSE) INCREASE ACCOUNT/LINE NO. NYS DIVISION OF HOMELAND SECURITY SOURCE OF FUNDS: TITLE CHANGE: CONCERNING CONTRACT AUTHORIZATION, STATE THE FOLLOWING: TYPE OF CONTRACT CHANGE ORDER/CONTRACT AMENDMENT PURCHASE (EQUIPMENT/ SUPPLIES) LEASE (EQUIPMENT/SUPPLIES) REQUIREMENTS PROFESSIONAL SERVICES **EDUCATIONAL/TRAINING** Х **GRANT:** NEW RENEWAL SUBMISSION DEADLINE DATE SETTLEMENT OF A CLAIM RELEASE OF LIABILITY OTHER: (STATE BRIEFLY)

	NG.	CORT D)		
ATE THE FOLLOW		 PARTY (NAME/ADDRESS):		
CONTRACT TERMS				
	JOHN P MELVILLE, CO	IND SECURITY & EMERGENCY SER	VICES	
		VENUE, BLDG 7A, SUITE 710, ALBA	NT 12242	
	AMOUNT/RATE SCHEI			
		(50%MATCH FUNDING)		
	TERM:	10/1/2019-9/30/2022	BOENOV	
		SUPPORTS PLANNING AND EME	RGENCY	
	MANAGEMENT FUNCT	TIONS		
CONTRACT FUNDIN	1G.			
CONTRACTIONE	ANTICIPATED IN CURI	ENT BUDGET: YES	NO	Х
	FUNDING SOURCE:	NYS DIVISION OF HOMELAND SE	CURITY (DHSES)	
	COUNTY BUDGET ACC	COUNTS:		
	REVENUE:	A33110.04305 - CIVIL DEFENSE		

	APPROPRIATION:	A93110.22750 (SECURITY EQUIP	MENT)	
ONOCCUPIE ALL ST	BOND(RES. NO. & DAT	LE OF ADOPTION)		
ONCERNING ALL RE		- YES	NO-	х
IF MANDATED PROGR		123_	140	
	JRRENT ADOPTED BUDG	GET: YES	NO	X
	EVENUE APPROPRIATION			-
·				
FISCAL IMPACT - FL	JNDING:	_ (DOLLARS OR PERCENTAGES)		
FEDERAL				
STATE	100%	and the same of th		
COUNTY TERM/LENGTH OF F	ELINDING			
TERMILENGIN OF	-ONDING	10/01/2015 - 9/30/2022		
PREVIOUS REQUES	STS FOR IDENTICAL OR	SIMILAR ACTION:		
RESOLUTION/LAW		20-048 COPY ATTACHED		
DATE OF ADOPTION		2/10/2020		
JUSTIFICATION:		LEGISLATIVE ACTION IS REQUES		
SUPPORTS EMERG	ENCY MANAGEMENT O	FFICE AND ITS PROGRAMS PER A	WARD LETTER	
DATED 8/11/2020 (A	TTACHED)			
5.4.0.(OURSHITTER	(IE ADDITIONAL PROPERTY AND	TIACA CDALLETT	<u> </u>
BACK-UP MATERIAL		(I.E. APPLICATION/APPROVAL NO		
		PPROVAL NOTICE, PROGRAM ANN OR SUPPORT THE REQUEST FOR		
AND/OR ANY MATE	RIALS WHICH EXPLAIN	OR SUPPORT THE REQUEST FOR	LEGISLATIVE ACTI	ON.)
				
SUBMITTED BY:	CRAIG D APPLE SR			
TITI E.	SHEDIEE			

CREATE

DECREASE

INCREASE 116,987.00

2020 BUDGET AMENDMENT

0.00

116,987.00

116,987.00 CREATE

00.0

INCREASE

DECREASE

116,987.00

116,987.00

APPROPRIATIONS RESOLUTION DESCRIPTION	SECURITY EQUIPMENT	TOTAL APPROPRATIONS	REVENUES	RESOLUTION DESCRIPTION	CIVIL DEFENSE TOTAL REVENUES	GRAND TOTALS	Attn: Comptrollers Office - project code - EMP20 (Description "EMPG 2020 Grant")
NT NO.	2 2750 EMP20			NT NO.	EMP20		 (Description "E
Accou	2 2750			ACCOUNT NO.	03305		EMP20
	A9 3110				A3 3110		project code -
ВТСН				ВТСН			Office -
Š				Š			
RESOLUTION NO. BTCH				RESOLUTION NO. BTCH			 Attn: Comptre



ANDREW M. CUOMO Covernor

PATRICK A. MURPHY Commissioner

August 11, 2020

The Honorable Daniel F. McCoy Albany County Executive Harold L. Joyce Albany County Office Building 112 State Street, Room 900 Albany, NY 12207

Dear Mr. McCoy:

I am pleased to inform you that Albany County is awarded \$116,987 under the FY2020 Emergency Management Performance Grant (EMPG). Funding for this grant is provided by the U.S. Department of Horneland Security, Federal Emergency Management Agency (FEMA). The New York State Division of Homeland Security and Emergency Services (DHSES) will administer this funding on behalf of FEMA. The performance period for this grant is from October 1, 2019 through September 30, 2022.

The FY2020 EMPG application documents and grant guidance are being sent to your designated program points of contact. In order for DHSES to provide these critical funds to you as quickly as possible, your application must be submitted to DHSES no later than August 31, 2020. If you need assistance in completing your application, please contact the DHSES Grants Program Administration Office at (866) 837-9133.

Thank you for your continued support of New York State's homeland security efforts. DHSES remains committed to providing you with outstanding support in the administration of your homeland security programs. If you have any questions, please contact my Program Manager of Grants Program Administration, Eric Abramson, at (518) 402-2123.

Sincerely,

Patrick A Murphy Commissioner

cc: Brian Wood, Commander, Albany County Critical Incident Emergency Management Thomas M. Remmert, Deputy Director, Albany County Emergency Management

Emergency Management-Performance Grant (BMFG): Worlk Plan

Project Description: In the space below, please provide a short narrative summary (250 words or less) of the proposed project for which Local EMPG funds v

Abbany County will use \$116,987.00 of EMPG fonding to conduct planning and emergency management functions consistent with the grant guidelines and federal initiatives during the period October 1, 2019 through September 30, 2022. The project will include the acquision related software as well as other equipment and supplies related to the ongoing emergency management programs will be acquired with grant funds. We are in the process of equipment and related software as well as other equipment will be used to the outlet of the building. A portion of the grant will be used to fund salary and fringe!

Budget/Item Description	Grant Kunds	Matching Funds	Federal Spending Category	NYS Budget Category	Authorized Equipment List (AEL) Number	Total Cost	Deployable?*	Sharable?**	Sustaining or Developing New Capability?
Flat Panel monitors, 80°, with table mount, touch screen, for EOC - quantity 6	\$ 43,200.00	· \$	Equipment	Equipment	04MD-03-DISP	\$ 43,200.00	No	Yes	Sustaining capability developed without federal funds
Smart board system, for EOC	\$ 10,000.00	٠.	Equipment	Equipment	04MD-03-DISP	\$ 10,000.00 Yes	Yes	Yes	Sustaining capability developed without federal funds
Video conferencing equipment for remote viewsing of EOC	00'005'8 \$	ς,	Equipment	Equipment	06CP-05-VCNB	\$ 8,500.00 No	No	SS S	Sustaining capability developed without federal funds
Magnetic White Boards, for EOC, quantity 2	\$ 1,200.00	, ,	Equipment	Equipment	21GN-00-DCEQ	\$ 1,200,00	No	ON	Sustaining capability developed without federal funds
Smart Podium with AV Controls for EOC	\$ 2,500,00	- \$	Equipment	Equipment	21GN-00-0CEQ	\$ 2,500.00 No	No	No	Sustaining capability developed without federal funds
Portable emergency lighting for use at emergency scene command post	\$ 27,374,00	5	Equipment	Equipment	03.0E-03-LTPA	\$ 27,374.60 Yes	Yes	Yes	Sustaining capability developed without federal funds
Portable generators, 3,500 watt, quantity 6	00'000'6 \$	5	Equipment	Equipment	10GE-00-GENR	\$ 9,000.00	Yes	Yes	Sustaining capability developed without federal funds
50' LED TV's for offices for EOC personnel to monitor EOC and situational awareness and video conferencing, quantity 3	\$ 1,200.00		Equipment	Equipment	04MD-03-DISP	\$ 1,200.00	°N.	No	Sustaining capability developed without federal funds
Miscellaneous equipment and supplies needed to sussiln existin programs	00'E15'II \$, ss	Equipment	Equipment	21GN-80-0CEQ	\$ 11,513,00	Yes	No	Sustaining capability developed without federal funds
Personnel to conduct planning activities	\$ 2,000.00	\$ 83,562.00	Management & Administr Personnel	Personnel	NA	\$ 85,562.00	Yes	No	Sustaining capability developed without federal funds
Personnel to conduct planning activities	\$ \$00.00	\$ 33,425.00	Management & Administr Fringe Benefits	fringe Benefits	NA	\$ 33,925.00	Yes	No	Sustaining capability developed without federal funds

121	\$233,974	
Dvaralice	\$116,987	
nds Match	\$116,987 \$11	
Grant Fun	îî\$	

Totals:

*Note: FEMA identifies a deployable asset as any capability that is physically mobile and can be used anywhere in the United States. Examples would include response teams (e.g. HazMat, Tactical or CERT), mobile radios, CBRNE detection equipment, sheltening supplies, etc.

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY SERVICES REGARDING THE 2019 EMERGENCY MANAGEMENT PERFORMANCE GRANT AND AMENDING THE 2020 SHERIFF'S OFFICE BUDGET

Introduced: 2/10/20

By Audit and Finance Committee:

WHEREAS, The Albany County Sheriff has requested authorization to enter into an agreement with the New York State Division of Homeland Security and Emergency Services in order to accept 2019 Emergency Management Performance Grant funding in an amount of \$116,085 for a term commencing October 1, 2018 and ending September 30, 2021, and

WHEREAS, The Albany County Sheriff has indicated that the aforementioned grant funds will be utilized to pay for equipment, supplies and preparedness items used in the Sheriff's Office's ongoing emergency management activities, and

WHEREAS, The Sheriff has also requested a budget amendment to incorporate the 2019 Emergency Management Performance Grant funding into the 2020 Sheriff's Office Budget, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Division of Homeland Security and Emergency Services in order to accept 2019 Emergency Management Performance Grant funding in an amount of \$116,085 for a term commencing October 1, 2018 and ending September 30, 2021, and, be it further

RESOLVED, That the 2020 Sheriff's Office Budget is amended as follows:

Increase Revenue Account A3305 Civil Defense by \$116,085

Increase Appropriation Account A3110.2 by \$116,085 by increasing Line Item A3110 2 2750 Security Equipment by \$116,085

and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote – 2/10/20 Mr. A. Joyce abstained.

Please fill-in tl	he appropriate contact information requested below:
	Contact Information - Application
Jurisdiction Name	Albany County
Primary Point of Contact	Thomas M. Remmert
Responsible Agency	Albany County Sheriff's Office
Address	16 Eagle Street, Albany, NY 12207
Phone Number(s)	(518) 720-8026 Office and (518) 281-9961 Cellular
E-Mail Address	thomas.remmert@albanycountyny.gov
	Contact Information - Fiscal
Fiscal Point of Contact	John Cox
Responsible Agency	Albany County Sheriff's Office
Address	16 Eagle Street, Albany, NY 12207
Phone Number(s)	(518) 487-5887
E-Mail Address	john.cox@albanycountyny.gov
	Contact Information - Signatory
Authorized Signatory Contact	Daniel Lynch
Responsible Agency	Albany County Executive's Office
Address	112 State Street, Albany, NY 12207
Phone Number(s)	(518) 447-7040
E-Mail Address	daniel.lynch@albanycountyny.gov

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY SERVICES REGARDING THE 2020 EMERGENCY MANAGEMENT PERFORMANCE GRANT AND AMENDING THE 2020 SHERIFF'S OFFICE BUDGET

Introduced: 11/9/20

By Public Safety Committee:

WHEREAS, The Albany County Sheriff has requested authorization to enter into an agreement with the New York State Division of Homeland Security and Emergency Services in order to accept 2020 Emergency Management Performance Grant funding in an amount of \$116,987 for a term commencing October 1, 2019 and ending September 30, 2022, and

WHEREAS, The Albany County Sheriff has indicated that the aforementioned grant funds will be utilized to pay for equipment, supplies and preparedness items used in the Sheriff's Office's ongoing emergency management activities and provide equipment for the new Emergency Operations Center, and

WHEREAS, The Sheriff has also requested a budget amendment to incorporate the 2020 Emergency Management Performance Grant funding into the 2020 Sheriff's Office Budget, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Division of Homeland Security and Emergency Services in order to accept 2020 Emergency Management Performance Grant funding in an amount of \$116,987 for a term commencing October 1, 2019 and ending September 30, 2022, and, be it further

RESOLVED, That the 2020 Sheriff's Office Budget is amended as follows:

Increase Revenue Account A3305 Civil Defense by \$116,987

Increase Appropriation Account A3110.2 by \$116,987 by increasing Line Item A3110 2 2750 Security Equipment by \$116,987

and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further



ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400 WWW.ALBANYCOUNTYSHERIFF.COM





WILLIAM M. RICE
UNDERSHERIFF

LEON A. BORMANN
CHIEF DEPUTY

SHAWN P. NOONAN
CHIEF DEPUTY

EXECUTIVE UNDERSHERIFF

September 14, 2020

Honorable Andrew C. Joyce Legislative Clerk's Office 112 State Street, Room 710 Albany, New York 12207

Dear Mr. Joyce:

The attached correspondence is forwarded for presentation to the members of the Albany County Legislature.

Legislative approval is being requested authorizing the Albany County Sheriff's Office to purchase six vehicles from Websmart Chevrolet at \$23,840.56 each with a total cost of \$143,043.54.

Websmart Chevrolet was the lowest bidder for the vehicles.

Should there be any questions, please do not hesitate to contact me.

cc:

Hon. Daniel McCoy, County Executive Hon. William Clay, Public Safety Chairman Hon. Wanda Willingham, Audit & Finance Committee Brandon Russell, Esq., Majority Counsel Arnis Zilgme, Esq., Minority Counsel Christian Barnes, Minority Conference

FOR COUNSEL USE ONLY DATE: RECEIVED: REQUEST FOR LEGISLATIVE ACTION RECEIVED BY: METHOD: HAND COURIER **MAIL SEPTEMBER 15, 2020** DATE: ALBANY COUNTY SHERIFF'S OFFICE **DEPARTMENT:** CONTACT PERSON: SHERIFF CRAIG D APPLE SR TELEPHONE: 518-447-5440 DEPT. REPRESENTATIVE ATTENDING SHERIFF CRAIG D APPLE SR COMMITTEE MEETING: PUBLIC SAFETY PURPOSE OF REQUEST: ADOPTION OF LOCAL LAW AMENDMENT OF PRIOR LEGISLATION APPROVAL/ADOPTION OF PLAN/PROCEDURE BOND APPROVAL BUDGET AMENDMENT (SEE BELOW) CONTRACT AUTHORIZATION (SEE BELOW) Х **ENVIRONMENTAL IMPACT** HOME RULE REQUEST PROPERTY CONVEYANCE OTHER: (STATE BRIEFLY IF NOT LISTED ABOVE) THE SHERIFF'S OFFICE IS LOOKING TO PURCHASE EQUIPMENT TOTALING MORE THAN \$100,000. WE ARE PURCHASING 6 VEHICLES FROM WEBSMART CHEVROLET FOR \$143,043.54 CONCERNING BUDGET AMENDMENTS STATE, THE FOLLOWING INCREASE ACCOUNT/LINE NO. SOURCE OF FUNDS: TITLE CHANGE: CONCERNING CONTRACT AUTHORIZATION, STATE THE FOLLOWING: TYPE OF CONTRACT CHANGE ORDER/CONTRACT AMENDMENT PURCHASE (EQUIPMENT/ SUPPLIES) X LEASE (EQUIPMENT/SUPPLIES). REQUIREMENTS PROFESSIONAL SERVICES **EDUCATIONAL/TRAINING** GRANT: NEW RENEWAL SUBMISSION DEADLINE DATE SETTLEMENT OF A CLAIM ' RELEASE OF LIABILITY OTHER: (STATE BRIEFLY)

TATE THE EQUION	RACTAUTHURIZATION	<u> </u>	****		
CONTRACT TERMS		DADTY (NAME/ADDDESS)			
CONTRACT TERMS		PARTY (NAME/ADDRESS):			
	WEBSMART CHEVRO				
	5049 W. RIDGE ROAL				
•	SPENCERPORT, NY				
	AMOUNT/RATE SCH				
	\$143,043.5				
	TERM:	ONE TIME PURCHASE			
	SCOPE OF SERVICE	S: PURCHASE OF VEHICLES FOR	PATROL S	IAHON	
			····		
CONTRACT ELLIPS	\.\ <u>-</u>	·········			
CONTRACT FUNDI		DENT DUDOFF. VEO		NO	
	ANTICIPATED IN CUF		Υ	NO -	
	FUNDING SOURCE:	COUNTY BUDGET	···		
	0010177/0110077	2011)			
	COUNTY BUDGET AC	COUNTS:			
	REVENUE:		•		
	APPROPRIATION:	A93110.2.2400			
	BOND(RES. NO. & DA	TE OF ADOPTION)			
ONCERNING ALL R		_			
MANDATED PROGR		YES	3	NO _	X
IF MANDATED CITE					
	JRRENT ADOPTED BUD		X	NO	
IF YES, INDICATE F	REVENUE APPROPRIAT	ION ACCOUNTS:			
	A93110.2.2400				
FISCAL IMPACT - F	UNDING:	(DOLLARS OR PERCENTAGES)			
FEDERAL		·			
STATE					
COUNTY	100%	- Carrier			
TERM/LENGTH OF	FUNDING		_		
PREVIOUS REQUE	STS FOR IDENTICAL OF	R SIMILAR ACTION:			
RESOLUTION/LAW	NUMBER:				
DATE OF ADOPTIO	N: '				
JUSTIFICATION:	(STATE BRIEFLY WH	Y LEGISLATIVE ACTION IS REQUE	STED)		
LEGISLATIVE APPR	ROVAL IS NEEDED FOR	PURCHASES OF \$100,000 OR MO	RE.		
WEBSMART WAS T	HE LOWEST BIDDER F	OR THE VEHICLES			
BACK-UP MATERIA	L SUBMITTED	(I.E. APPLICATION/APPROVAL I	NOTICES F	ROM FUND	ING SOURCE
BID TABULATION S	HEET, CIVIL SERVICE A	PPROVAL NOTICE, PROGRAM AN			
		OR SUPPORT THE REQUEST FOR			
					,
Manama					
<u> </u>					
		· · ·			
SUBMITTED BY:	CRAIG D APPLE SR				

for Vehicle							
Price							
Revised NYS							
Seat Fabrid Drive Type Fuel Type NYS Base NYS Dasse NYS Aftern Total NumINVS Price fo Revised NYS Price for Vehicle	\$23,840.59	\$23,840.59	\$23,840.59	\$23,840.59	\$23,840.59	\$23,840.59	\$143,043.54
Total Numb	1	*	**	ţ	4-	***	
NYS Aftern	\$0.00	•	3	\$0.00	\$0.00	\$0.00	
NYS Base	14.37% \$23,840.59	14.37% \$23,840.59	\$23,840.59	14.37% \$23,840.59	14.37% \$23,840.59	14.37% \$23,840.59	
NYS Disco	14.37%						
NYS Base	\$27,841.40	\$27,841.40	\$27,841.40	\$27,841.40	\$27,841.40	\$27,841.40	
Fuel Type	GAS	GAS	GAS	GAS	GAS	GAS	
d Drive Type	AWD	AWD	AWD	AWD	AWD	AWD	
Seat Fabri							
o Interior Co	GRAY	GRAY	GRAY	GRAY	GRAY	GRAY	
Model & Tr Model Cod Exterior Co Interior Col	SILVER	BLACK	SILVER	BLACK	GRAY	BLACK	
r Model Co	11XXZ6	. L 1XX26	. L 1xx26	111XX26	111XX26	1 1 1 XX26	
Model &	2020 CHEVROL BEQUINOX I	2020 CHEVROLEEQUINOX	2020 CHEVROLEEQUINOX	2020 CHEVROL BEQUINOX	2020 CHEVROLEEQUINOX IL	2020 CHEVROLEEQUINOX U1XX26	
11 Make	O CHEVROL	0 CHEVROL	OCHEVROL	0 CHEVROL	O CHEVROL	O CHEVROL	
Model Year Make	202	202	202	202	202	202	

WEBSMART CheVROLET SOLY W. Ridse ROAD SPENCERPORT, NY 14559 (SPS) 353-3434

Rank	Name	Model Year
1	Websmart Chevrolet LLC	2020
1	Websmart Chevrolet LLC	2020
1	Websmart Chevrolet LLC	2020
1	Websmart Chevrolet LLC	2020
1	Websmart Chevrolet LLC	2020
6	Denooyer Chevrolet Inc	2020
6	Denooyer Chevrolet Inc 1	2020
6	Denooyer Chevrolet Inc	2020
6	Denooyer Chevrolet Inc	2020
6	Denooyer Chevrolet Inc	2020
6	Denooyer Chevrolet Inc	2020

Make	Model & Trim Level	Total Number of Vehicl	NYS Price for Vehicle
CHEVROLET	EQUINOX LS	1	\$23,840.59
CHEVROLET	EQUINOX LS	1	\$23,840.59
CHEVROLET	EQUINOX LS	1	\$23,840.59
CHEVROLET	EQUINOX LS	1	\$23,840.59
CHEVROLET	EQUINOX LS	1	\$23,840.59
chevrolet	equinox It	1	\$28,152.10
chevrolet	equinox It	1	\$28,152.10
chevrolet	equinox	1	\$28,152.10
chevrolet	equinox It	1	\$28,152.10
chevrolet	equinox It	1	\$28,152.10
chevrolet	equinox It	1	\$28,152.10

Phase
Evaluation

AUTHORIZING AN AGREEMENT WITH WEBSMART CHEVROLET FOR THE PURCHASE OF SIX VEHICLES FOR THE ALBANY COUNTY SHERIFF'S OFFICE

Introduced: 11/9/20

By Public Safety Committee:

WHEREAS, The Albany County Sheriff has requested authorization to enter into an agreement with Websmart Chevrolet for the purchase of six Chevrolet Equinox vehicles in an amount not to exceed \$143,044, and

WHEREAS, The Albany County Sheriff's Office, through the County Purchasing Agent, issued a request for bids regarding the purchase of six vehicles for the Patrol Station and two bids were received, and

WHEREAS, The Sheriff and Purchasing Agent reviewed said bids and recommended awarding the contract to Websmart Chevrolet as the lowest responsible bidder, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Websmart Chevrolet, Spencerport, NY 14559 regarding the purchase of six Chevrolet Equinox vehicles in an amount not to exceed \$143,044, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further



ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400 <u>WWW.ALBANYCOUNTYSHERIFF.COM</u>





WILLIAM M. RICE
UNDERSHERIFF

LEON A. BORMANN
CHIEF DEPUTY

SHAWN P. NOONAN CHIEF DEPUTY

EXECUTIVE UNDERSHERIFF

September 14, 2020

Honorable Andrew C. Joyce Legislative Clerk's Office 112 State Street, Room 710 Albany, New York 12207

Dear Mr. Joyce:

The attached correspondence is forwarded for presentation to the members of the Albany County Legislature.

Legislative approval is required in order to allow the Albany County Sheriff's Office to accept grant funding from the New York State Canal Corporation as reimbursement for expenses related to patrolling the waterways within Albany County which are contiguous to the New York State Canal System. The award is for \$6,000.00 with a \$2,000.00 match.

The term of this contract will be April 1, 2020 through March 31, 2021.

The authorization to apply for this grant is found in RLA 20-265.

Should there be any questions, please do not hesitate to contact me.

cc:

Hon. Daniel McCoy, County Executive
Hon. William Clay, Public Safety Chairman
Hon. Wanda Willingham, Audit & Finance Committee
Brandon Russell, Esq., Majority Counsel
Arnis Zilgme, Esq., Minority Counsel
Christian Barnes, Minority Conference

REQUEST FOR LEGISI	_ATIVE ACTION		FOR COUNSEL USE ONLY DATE: RECEIVED: RECEIVED BY: METHOD: HAND COURIER MAIL
DATE:	SEPTEMBER 2, 2020		
DEPARTMENT:	ALBANY COUNTY SHE	RIFF'S DEPT	-
CONTACT PERSON: TELEPHONE: DEPT. REPRESENTA	TIVE ATTENDING	SHERIFF CRAIG D APPLE SR 518-447-5440	
BOND APPROVAL BUDGET AMENDME! CONTRACT AUTHOF ENVIRONMENTAL IM HOME RULE REQUE PROPERTY CONVEY OTHER:(STATE BRIE TO ACCEPT GRANT 3/31/2021 AND ENTE CONCERNING BUDGE STATE, THE FOLLOW! INCREASE ACCOUN SOURCE OF FUNDS: TITLE CHANGE:	L LAW IOR LEGISLATION ON OF PLAN/PROCEDUP NT(SEE BELOW) RIZATION (SEE BELOW) IPACT ST YANCE FLY IF NOT LISTED ABO FUNDS FROM THE NYS R INTO A CONTRACT W T AMENDMENTS NG T/LINE NO.	RE .	X DD OF 4/1/2020 -
STATE THE FOLLOWIN	TONTRACT AMENDMENT MENT/ SUPPLIES) /SUPPLIES) RVICES NING NEW RENEWAL SUBMISSION DEADLIN	X X	
•			

CONCERNING CONTRACT AUTHORIZAT	ION (CONT'D)
STATE THE FOLLOWING:	
CONTRACT TERMS/CONDITIONS:	PARTY (NAME/ADDRESS):
NYS CANAL CO	
30 SOUTH PEAR	L STREET, ALBANY ,NY 12207
AMOUNT/RATE S	CHEDULE/FEE:
\$ 6,000 WITH A C	COUNTY MATCH OF \$ 2,000.
TERM:	4/1/2020 THRU 3/31/2021
SCOPE OF SERV	ICES: NYS CANAL CORP MATCH GRANT
PROGRAM	
"	
CONTRACT FUNDING:	•
ANTICIPATED IN	CURRENT BUDGET: YES X NO
FUNDING SOUR	CE: NYS CANAL CORPORATION
COUNTY BUDGE	T ACCOUNTS:
REVENUE:	A3110.03315
APPROPRIATION	PERSONNEL EXPENSE LINES
BOND(RES, NO. 8	& DATE OF ADOPTION)
CONCERNING ALL REQUESTS:	
MANDATED PROGRAM/SERVICE:	YES NO X
IF MANDATED CITE: AUTHORITY	
ANTICIPATED IN CURRENT ADOPTED	BUDGET: YES X NO
IF YES, INDICATE REVENUE APPROPE	
A33110.03315	
FISCAL IMPACT - FUNDING:	(DOLLARS OR PERCENTAGES)
FEDERAL	(
STATE 75%	
COUNTY 25%	
TERM/LENGTH OF FUNDING	
TERMINEERO TO	Belleville Control of the Control of
PREVIOUS REQUESTS FOR IDENTICA	L OR SIMILAR ACTION:
RESOLUTION/LAW NUMBER:	20-265
DATE OF ADOPTION:	8/10/2020
	
JUSTIFICATION: (STATE BRIEFLY	WHY LEGISLATIVE ACTION IS REQUESTED)
	FF'S DEPT. TO RECOUP SOME OF THE FUNDS
SPENT ON THE NORMAL PATROLLING	
Of EAT Of The Total Control of Eat of the Ea	
BACK-UP MATERIAL SUBMITTED	(I.E. APPLICATION/APPROVAL NOTICES FROM FUNDING SOURCE
	CE APPROVAL NOTICE, PROGRAM ANNOUNCEMENT, CONTRACTS
	_AIN OR SUPPORT THE REQUEST FOR LEGISLATIVE ACTION.)
ANDION ANT MATERIAGO WITTON EACH	- mit on total internaceout for Legiob miteriority
A STATE OF THE STA	
SUBMITTED BY: CRAIG D APPLE	SR
TITLE SHERIFF	V1.



ANDREW M. CUOMO Governor JOHN R. KOELMEL Chairman BRIAN U. STRATTON Director

May 28, 2020

Hon. Craig D. Apple Albany County Sheriff Albany County Courthouse Albany, NY 12207

Re: 2020 Marine Patrol Grant - Albany County

Dear Sheriff Apple:

The Canal Corporation is pleased to announce the availability of funding for 2020 for matching grants to support new and existing local patrols on the Canal and Canalway Trail. Matching grants of up to \$40,000 will be available for local agencies which establish, operate, or expand public safety patrols under the following criteria:

- Patrol services shall be provided during operational hours of the canals, and additional coverage during planned local events (many events have been cancelled this year, but we will do our best to keep you updated on events and activities as the season progresses). Standard hours of operation for the 2020 navigation season are 7:00 a.m. to 5:00 p.m. (exceptions to standard operating hours can be found on the "Hours of Operation" page on the Canal Corporation's website -- http://www.canals.ny.gov/boating/hours.html). We also recommend that you sign up for our Notices to Mariners, which will provide up-to-date information on progress we are making as we work toward a full reopening of the canals, as well as any other notices and alerts regarding water levels, construction or other conditions that will affect navigation (http://www.canals.ny.gov/wwwapps/tas/tascanals/index.aspx).
- Marine Patrols must patrol waters on, or contiguous to, the current and historical alignments of the New York State Canal System, cover the entirety of their determined jurisdiction, and provide supporting documentation of doing so.
- All officers assigned to patrols of the Canal or Canalway Trail supported by Canal Corporation funding must have appropriate certifications and accreditations for the operation of equipment utilized in the course of their public safety patrols.
- Local agencies must provide documentation of at least a 25 percent match of local funding to supplement that which is provided by the New York State Canal Corporation.
- All personnel must be familiar with, and have a working knowledge of, Canal Law and the Canal Corporation's Rules and Regulations.

If your agency is interested in applying for this funding for 2020, please send a letter of interest detailing the type and cost of patrol you will establish, operate, or expand with Canal Corporation funding, along with an amount of funding requested, by COB **June 19, 2020** to my attention at:

Brian U. Stratton, Director New York State Canal Corporation 30 South Pearl Albany, NY 12207

I hope you will not hesitate to contact my office with any questions regarding this opportunity to enhance the safety and overall experience of the users of our Canal System and Canalway Trail. Thank you.

Sincerely,

Brian U. Stratton

Brian U. Stratton Director

cc: J. Joyce

AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE NEW YORK STATE CANAL CORPORATION REGARDING REIMBURSEMENT FOR MARINE PATROL SERVICES

Introduced: 8/10/20
By Audit and Finance Committee:

WHEREAS. The Albany County Sheriff has requested authorization to submit a grant application to the New York State Canal Corporation regarding reimbursement for marine patrol services in the amount of \$8,000 for the term commencing April 1, 2020 and ending March \$1, 2021, and

WHEREAS, The Sheriff has indicated that this funding, which requires a County match of \$2,000, will be used to recuperate a portion of the funds spent on the patrolling of Albany County waterways which are contiguous to the New York State Canal System, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to submit a grant application to the New York State Canal Corporation regarding reimbursement for marine patrol in the amount of \$8,000 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said grant application as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote - 8/10/20

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE CANAL CORPORATION REGARDING THE MARINE PATROL GRANT

Introduced: 11/9/20

By Public Safety Committee:

WHEREAS, The Albany County Sheriff has requested authorization to enter into an agreement with the New York State Canal Corporation to accept funding in the amount of \$6,000 for reimbursement for marine patrol services for the term commencing April 1, 2020 and ending March 31, 2021, and

WHEREAS, The Sheriff has indicated that the funding, which requires a County match of \$2,000, will be used to recoup a portion of the funds spent on the patrolling of Albany County waterways which are contiguous to the New York State Canal System, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Canal Corporation to accept funding regarding reimbursement for marine patrol services in the amount of \$6,000 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further